

Families Care: Helping Families Cope and Relate Effectively

Handouts

Facilitators running a Families CARE program may freely download, print, photocopy and distribute these handouts for use with participants.

To print all the handouts in preparation for a specific module:

- right-click on the module in the Bookmarks tab
- choose “Print Pages” from the menu.

Pre-treatment survey

We would like to get an idea about your needs and hopes with regard to participating in Families CARE. To help us design the most useful program for you, please take a moment to answer the following questions.

What counselling or therapy you have received in the past to help you deal with a family member who has a substance use problem?

- individual counselling or therapy
- family counselling or therapy
- couple counselling or therapy
- group counselling or therapy
- information session
- support group
- other: _____

What would you like to get out of participating in Families CARE?

What skills or knowledge would you like to gain during Families CARE?

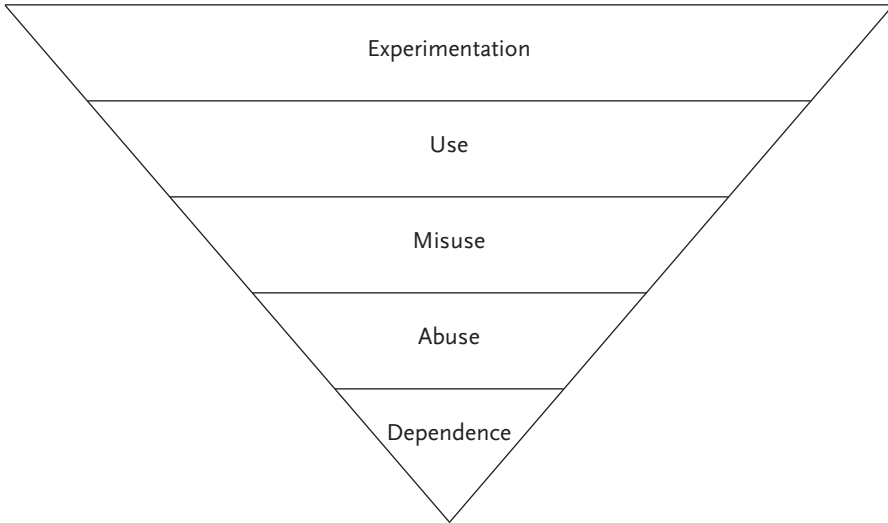
From the list below, please check any topics that you would like to cover in the program:

- understanding substance use problems and their effects on partners and other family members
- managing stress (from multiple sources)
- taking care of yourself
- getting social support and dealing with stigma
- finding and using religious and spiritual resources
- finding hope
- staying safe and managing crises
- grieving and coping with losses
- managing sadness and depression
- managing anxiety and worry

- managing shame and guilt
 - managing anger
 - communicating effectively with a person who has a substance use problem
 - responding to a family member with a substance use problem
 - supporting the recovery of a family member with a substance use problem
 - maintaining boundaries and setting limits
 - solving problems
 - setting goals and making changes
 - helping children affected by substance use in the family
 - other: _____
-

Substance use problems

Substance Use Problems: A Continuum



DEFINING SUBSTANCE ABUSE AND DEPENDENCE

Substance abuse

People who abuse substances regularly may have ongoing serious problems without being dependent on the substance. Some of these problems are:

- inability to fulfil responsibilities (e.g., being absent from work, doing poorly in school or neglecting duties at home)
- dangerous use (e.g., using substances in physically dangerous situations, such as when driving a car)
- legal problems (e.g., being arrested for disorderly conduct following substance use)
- social and family problems (e.g., arguing with family members about being intoxicated).

If one or more of these problems have a significant impact on a person's life, the person may be diagnosed with a substance abuse disorder.

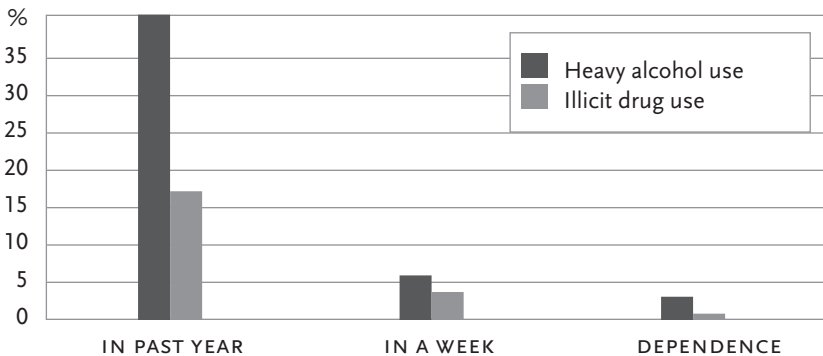
Substance dependence

People who are dependent on substances have major physical, mental and behaviour problems that can have serious effects on their lives. Some of the signs of substance dependence are:

- tolerance: the need to use larger and larger amounts of the substance to get the desired effect, such as intoxication
- withdrawal: having unpleasant symptoms if substance use stops; continued substance use with the same or similar drugs to avoid or reduce withdrawal symptoms
- desire to cut down or quit: many unsuccessful attempts to reduce or stop using the substance
- time investment: a great deal of time spent getting the substance, using it or recovering from its effects
- retreat from usual activities: giving up or reducing work, social or recreational activities, and withdrawing from family and friends to use the substance privately or to spend more time with friends who use substances
- ongoing use: substance use continues despite the negative effects.

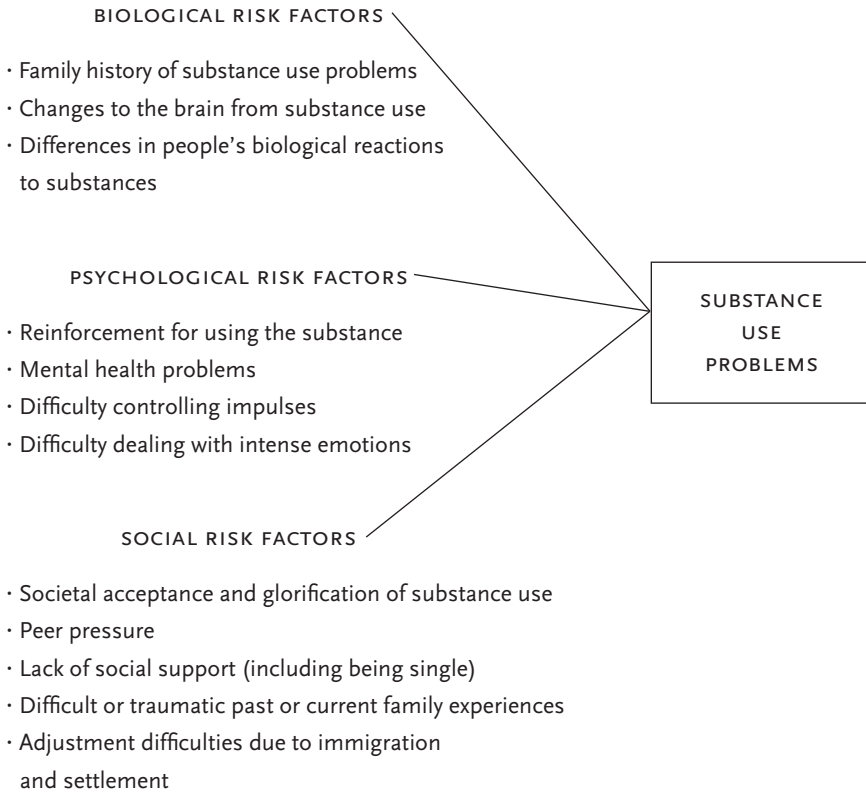
If three or more of these problems are ongoing during a 12-month period, a person may be diagnosed with a substance dependence disorder.

USE OF ALCOHOL AND OTHER DRUGS IN CANADA



Source: Statistics Canada. (2002). *Canadian Community Health Survey, Cycle 1.2*. Ottawa: Author. Interviewers asked 37,000 Canadians about their use of alcohol or other drugs during the past 12 months.

The biopsychosocial model of substance use problems



Coping with the effects of substance use

One person’s substance use can affect many people. We would like you to think about the effects of your relative’s substance use on you and other people in the family, and how you have been coping with these effects.

	EFFECTS OF THE SUBSTANCE USE	COPING EFFORTS
On you		
On your family		

Self-care

Seek social support

Engage in rest, relaxation and recreation

Let go of responsibility, guilt and anxiety

Feel and accept emotions

Commit to taking care of yourself daily

Allow yourself to experience love, joy, pride, peace, beauty and wonder

Respond to your physical, emotional, social and spiritual needs

Enjoy life

WHY SELF-CARE?

Taking care of your own health allows you to be:

- more healthy—physically, emotionally, spiritually, socially and in your relationships
- better able to respond to and support a relative with a substance use problem
- better able to parent and support children affected by familial substance use.

Self-care strategies

SELF-CARE ACTIVITIES

PERSONAL

Taking a bath	Sipping tea	Getting regular and sufficient sleep
Getting a massage	Keeping a journal	Enjoying a hobby
Applying body lotion	Gardening	Taking a vacation
Getting a manicure or pedicure	Watching a movie	Buying a new outfit
Getting a haircut	Doing a relaxation exercise	Practising mindfulness
Exercising	Reading a good book	Praying
Practising yoga	Listening to music	Writing poetry
Going for a walk	Playing music	Doing athletics
Eating a good meal	Doing art	Going for a swim
Eating a favourite food	Building or constructing something	Composing music
Lighting candles		Spending time in nature

SOCIAL

Spending time with family or friends	Contacting a long-lost friend	Joining an exercise class
Spending time with pets	Joining a yoga class	Playing in a band or ensemble
Talking to family	Asking for support or help	Singing in a choir
Talking to friends	Taking a vacation with friends or family	Exercising with a friend
Going out for a meal		Going camping
Going out for entertainment	Taking a course	
Writing a letter	Going back to school	
Playing a sport	Attending church, synagogue, mosque, etc.	

PROFESSIONAL SUPPORT

Becoming educated about addiction	Attending workshops	Talking to a spiritual leader
Attending a support or therapy group	Obtaining mental health treatment.	Receiving counselling
	Obtaining medical care	Reading self-help books

My self-care strategies

What activities am I doing that are enjoyable, nurturing and/or fulfilling?	
What other activities could I do that would be enjoyable, nurturing and/or fulfilling?	
What gets in the way of taking care of myself?	
How can I take better care of myself?	

Practising self-care

Engage in an activity every day that is pleasurable, nurturing or fulfilling.
Record the activity and how you felt before, during and after doing it.







MONDAY ACTIVITY
Feelings before:
Feelings during:
Feelings after:
TUESDAY ACTIVITY
Feelings before:
Feelings during:
Feelings after:
WEDNESDAY ACTIVITY
Feelings before:
Feelings during:
Feelings after:
THURSDAY ACTIVITY
Feelings before:
Feelings during:
Feelings after:

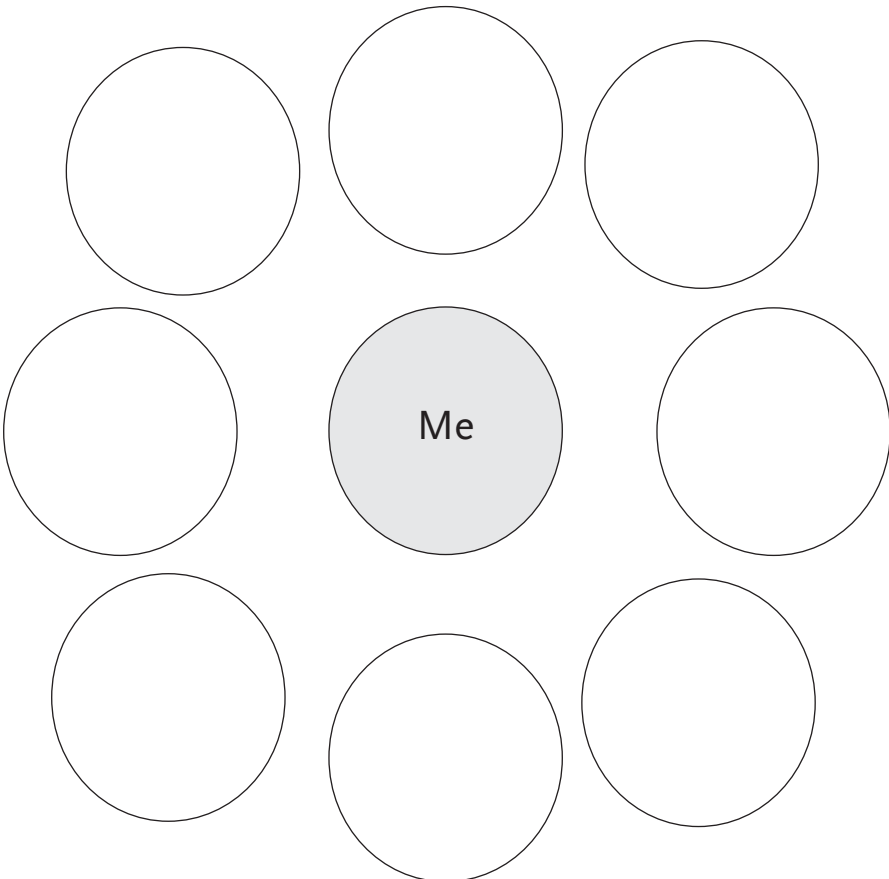
FRIDAY ACTIVITY
Feelings before:
Feelings during:
Feelings after:
SATURDAY ACTIVITY
Feelings before:
Feelings during:
Feelings after:
SUNDAY ACTIVITY
Feelings before:
Feelings during:
Feelings after:

My support system

Label each circle with a person or service that is part of your support network. Leave circles blank if there are too many or add circles if there are not enough.

Draw a line from each circle to “ME” in the middle in the following way:

- Make the line thick () for strong support and thin () for less strong support.
- Make the line solid () for more consistent support and broken () for less frequent and less consistent support.
- Make the line straight () for helpful support and wavy () for unhelpful or harmful support.



Recognizing and accessing support

Who has given me support?

Who else might I turn to for support?

What professional or support resources have been helpful?

What other professional or support resources might be helpful?

What gets in the way of accessing support from others?

How can I rely more on others for support?

What support will I access this week?

How I felt before, during and after accessing this support:

Before: _____

During: _____

After: _____

Stressor checklist

Check which of the following stressors you are experiencing *now* or have experienced *in the past year*:

FAMILIAL STRESSORS

- family member (includes partner or close friend) with a substance use problem
- family member with a mental health problem
- family member with a physical health problem
- family member with a gambling problem
- isolation from family member
- recent or upcoming separation from family member
- death of a family member
- family violence
- family conflict
- engagement or marriage
- children in the home
 - birth of a child
 - children under the age of five
 - children with emotional, behavioural or social difficulties
 - children with academic or learning difficulties
 - children with a physical health problem
- involvement with child welfare authorities
- other: _____

INTERNAL STRESSORS

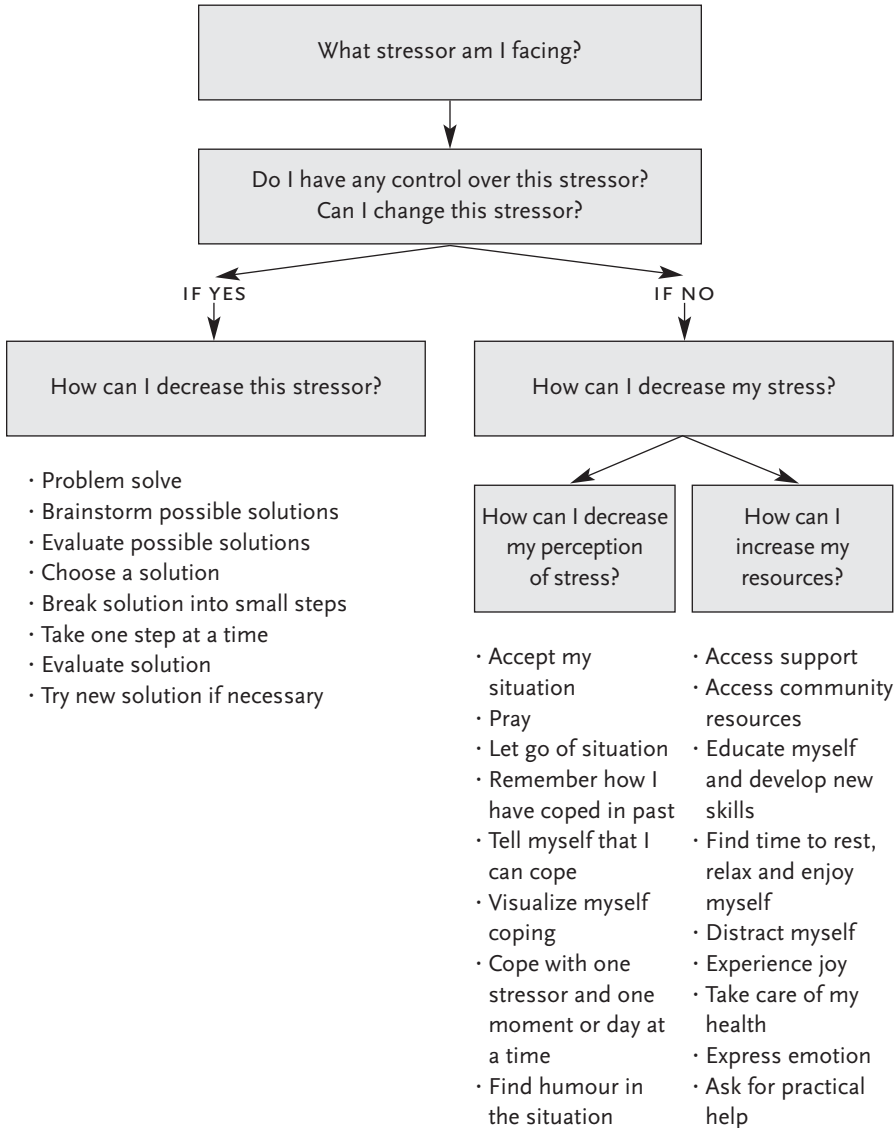
- pregnancy
- miscarriage or abortion
- substance use problems
- mental health problems
- physical health problems
- emotional problems (e.g., loneliness, grief, worry)
- dental problems
- chronic pain
- recent trauma or accident
- other: _____

EXTERNAL STRESSORS

- unemployment
- underemployment (working too few hours or having a job below your qualifications)
- overemployment (working more than one job or working more than 50 hours a week)
- poor or demanding working conditions
- new job or recent change in job
- pursuing an education
- preparation for an exam
- settlement to Canada
- recent or upcoming move
- homelessness
- poor housing conditions
- violent neighbourhood
- drug activity in neighbourhood
- exposure to violence
- encounter with police
- legal problems
- discrimination
- learning English
- poverty
- lack of health coverage
- other: _____

Managing stress

In deciding how to deal with a stressor, use the following as a guide:



Practising managing stress

Identify and describe a stressor: _____

Ask whether you have control over the stressor and can change it.

If the answer is yes

Think about how you could decrease this stressor. Identify possible solutions and write them in the space below.

Decide on one solution and write it in the space below.

Break down the solution into smaller steps:

1. _____

2. _____

3. _____

4. _____

Take the first step this week. Describe how you will reward yourself for taking this step.

Evaluate your first step. How did it go?

If the answer is no

1. Determine how you can decrease your perception of stress. Write down one way that you will work on decreasing your perception of stress this week.

Describe the first step that you will you take to do this.

Evaluate this step. How did it go?

2. Determine how you can increase your resources. Write down one way in which you will increase your resources this week.

Describe the first step you will you take to do this.

Evaluate this first step. How did it go?

My religion, spirituality or faith

How has your religion, spirituality or faith helped you in dealing with your relative's substance use problems?

How can you better use your religion, spirituality or faith as a resource in dealing with your relative's substance use?

What challenges have you faced in dealing with your relative's substance use, as a result of your religion, spirituality or faith?

How can you improve the way you deal with these challenges?

What step will you take this week to foster your religion, spirituality or faith?

Tips for managing crises

BE CALM

Be prepared

Exercise caution

Calm down

Assess the situation

Lessen the intensity of the situation

Model confidence and control

Be prepared

Try to foresee possible crises, and plan what you will do if a crisis occurs. If possible, involve the person with a substance use problem, as well as treatment providers, in developing a plan. Have a list of emergency phone numbers, including those of a doctor, a treatment provider, a hospital emergency department and the police. The list should also include the numbers of child care providers, family members or supportive friends.

Exercise caution

Be careful. If there is a risk of harm, avoid any action that will make the situation worse; remove yourself or others from the situation; and/or call for help (this includes calling the police or calling for an ambulance, if necessary).

Calm down

Control your emotions. Try to avoid intense feelings of anger or anxiety. Focus on your breathing. If necessary, remove yourself from the situation until you are more under control.

Assess the situation

Try to take the situation seriously without “catastrophizing” (automatically assuming the worst). Decide what plan will best allow you to deal with the situation. If you already have a plan, decide if it will work in this situation.

Lessen the intensity of the situation

Speak quietly. Slow down your breathing, thoughts and actions. Reduce distractions. Validate people's emotions (i.e., let them know that it's OK to feel how they feel and that their feelings make sense).

Model confidence and control

Act and speak with confidence and assertiveness. Take control of the situation and of your behaviour.

Tips for staying safe

BE SAFE

Be prepared

Exercise caution

Spot danger signs

Assess the situation

Figure out a solution

Enforce limits

Be prepared

Try to foresee situations in which you or someone else may become unsafe, and plan what you will do if this occurs. Have a list of emergency phone numbers, including those of a doctor, a treatment provider, a hospital emergency department, a child welfare agency (in Ontario, a Children's Aid Society), the police, child care providers, and family members or supportive friends. Have a getaway bag (including, for example, phone numbers, money, keys and clothing) hidden but easily accessible so you can take it with you in an emergency.

Exercise caution

If there is a risk of harm, do not take any action that will make the situation worse. Remove yourself or others from the situation and/or call for help (including calling for the police or for an ambulance). Try to control your emotions. Do not judge, argue, provoke, patronize, mock or invalidate (i.e., tell the person that his or her feelings are wrong or don't make sense) the person. Remember, your safety is more important than winning an argument.

Spot danger signs

Pay attention to any signs of increasing violence. Notice looks (e.g., glares), words (e.g., swearing, accusations, threats), behaviours (e.g., slamming doors) or other signs (e.g., several empty beer bottles) that someone may be unsafe.

Assess the situation

Assess the risk to your own safety and that of others. Recall previous situations, including what the person with a substance use problem has done in the past and what happened as a result. (Past behaviour is often a good predictor of current or future behaviour.) Respect your gut feeling about the seriousness of the situation.

Figure out a solution

Act quickly yet thoughtfully. Decide what plan would be best to use in dealing with the situation. If you already have a plan, decide if it will work in this situation.

Enforce limits

Stay firm in the limits you have set with regard to safety issues. If the person with a substance use problem does not respect those limits, enforce them by doing what you have said you will do (even if this might mean calling the police or reporting violence).

Planning for crises

What is a possible crisis that you might encounter?

What safety concerns might arise for you or others during this crisis?

Use the following as a guide to help you plan for how you will handle the situation:

Be prepared: _____

Exercise caution: _____

Calm down: _____

Assess the situation: _____

Lessen the intensity of the situation: _____

Model confidence and control: _____

Planning for safety

What is a possible unsafe situation that you might encounter?

What about the situation makes you feel unsafe?

What warning signs indicate that things are becoming unsafe?

Use the following as a guide to help you plan for how you will handle the situation:

Be prepared: _____

Exercise caution: _____

Spot danger signs: _____

Assess the situation: _____

Figure out a solution: _____

Enforce limits: _____

Understanding and managing grief

STAGES OF GRIEF

Grief is a natural and necessary reaction to loss. Here are some stages of grief¹ that people often experience, and typical statements that people in each stage may make. (These stages are not necessarily experienced one after the other, separately or in this order.)

SHOCK AND DISBELIEF

“My child must be going through a phase.”

“I can’t have married someone and not known that she had a problem with alcohol.”

BARGAINING

“Everything will be ok if I can just get her into treatment.”

“I will do whatever you [e.g., God, or the person with a substance use problem] want if you will just make things better.”

“I will work harder at being supportive so things will improve.”

ANGER

“Why is this happening to me?”

“She has wrecked my life.”

“I hate him for what he has done to me and my family.”

SADNESS

“I am overwhelmed with sadness about my relationship.”

“I feel so depressed. I don’t know if I will ever be happy again.”

“I am so disappointed for my child. He had such potential and is throwing that away.”

ACCEPTANCE

“This is not what I had hoped for in a partnership. I will try to figure out how I will cope and continue with my life.”

“I recognize that my child has a substance use problem and feel very sad about it. I need to take care of myself and figure out the best way to support him.”

1. Adapted from Kübler Ross, E. (1997). *On Death and Dying*. New York: Touchstone.

GRIEVING THE LOSSES ASSOCIATED WITH SUBSTANCE USE

Grieving because of a relative's substance use is often difficult because:

- you may not experience closure, because the problem may be ongoing
- you may keep your grief private, feeling unable to share the experience with others because of possible shame and stigma
- you often must carry on with your own and sometimes your relative's responsibilities, and so have little time to reflect and grieve
- society does not recognize and validate these losses and has no common rituals that you can use to cope with your grief.

DEALING WITH GRIEF

Here are some ways to help you deal with your grief:

- Acknowledge what you have lost.
- Validate and accept the grieving process.
- Share your grief with others.
- Develop rituals to help you deal with your grief.

Grieving and coping with losses

1. Circle the stages of grief that you have been in:

Shock and
disbelief

Bargaining

Anger

Sadness

Acceptance

2. Circle the stage(s) of grief that you are in now:

Shock and
disbelief

Bargaining

Anger

Sadness

Acceptance

3. What have you done to allow yourself to grieve the losses?

4. What is one way that you can help yourself to grieve this week?

5. What did you do and how did it go?

6. How have you coped with the losses?

7. What is one healthy way that you can help yourself to cope this week?

8. What did you do and how did it go?

Understanding our emotions

EMOTIONS SHOULD BE ACCEPTED

Emotions are a natural human phenomenon. We are more able to manage our emotions when we validate and accept them, rather than fighting, denying or continually suppressing them.

EMOTIONS MAY BE HIDDEN

Emotions may be hidden and yet may still affect our behaviour. We are able to manage our emotions better when we recognize them. We can often identify what we are feeling by pausing and paying attention to (being mindful of) our bodies, emotions and thoughts.

EMOTIONS VARY IN INTENSITY

Emotions often increase in intensity gradually. We are more able to deal with emotions at low intensities, so it is helpful to pay continual attention to (be mindful of) our bodies, emotions and thoughts, and to deal with emotions as soon as we become aware of them.

EMOTIONS SERVE A PURPOSE

One purpose of emotions is to convey to ourselves and others how we are doing and what might need to be changed in a certain situation.

EMOTIONS MAY NOT OCCUR ALONE

We may feel multiple emotions when dealing with complex situations.

EMOTIONS MAY BE PRIMARY OR SECONDARY

Secondary emotions often mask underlying primary emotions and complicate how we understand and manage our feelings. For example:

- anger can mask feeling hurt or disappointed
- anxiety can mask feeling sad or depressed
- shame can mask feeling anxious or worried
- anger at ourselves can mask feeling angry at someone else.

We need to determine what is our primary emotion.

EMOTIONS MAY BE MORE INTENSE WHEN WE ARE PHYSICALLY VULNERABLE

Emotions may be more difficult to deal with and seem more intense when we are physically vulnerable. We need to take care of ourselves by getting proper health care, sleep, food and exercise. We also need to manage or reduce our own substance use, because substances usually increase our vulnerability to emotions and prevent us from dealing with emotions effectively.

EMOTIONS MAY BE EXHAUSTING AND OVERWHELMING

We can take breaks from dealing with difficult emotions by temporarily distracting ourselves. For example, we can exercise, watch a movie, take a shower or read a book.

EMOTIONS CAN BE TOLERATED AND MANAGED

Emotions come and go and change their intensity over time. We can ride emotional experiences like a surfer rides waves. We can remind ourselves while experiencing emotions that the emotion will pass. We might be able to help ourselves tolerate difficult emotions by engaging in soothing activities (e.g., taking a bath, going for a walk, sipping herbal tea, listening to music).

EMOTIONS ARE MORE EASILY ADDRESSED WITH THE SUPPORT OF TRUSTED OTHERS

We can better deal with our emotions when we experience the validation and comfort of friends, family members, professionals or other group members. We do not have to manage alone.

EMOTIONS ARE INTERCONNECTED WITH OUR THOUGHTS AND BEHAVIOURS

How we feel, think and behave relate to and influence one another. Emotions are influenced by our thoughts, so we can change our emotions by changing our thoughts. Likewise, emotions are influenced by our behaviour, so we can change our emotions by changing our behaviour. We can often succeed at changing our emotion if we act the opposite way to how we feel.

EMOTIONS CAN BE REDUCED OR CHANGED

Emotions are valid, yet we may want to reduce the intensity or change them because:

- they may interfere with our health (e.g., we feel so anxious that we are chronically experiencing physiological symptoms)

- they may keep us from taking appropriate action (e.g., we feel so much rage that we are not able to think clearly enough to devise a plan to improve the situation)
- they may be too intense and overwhelming (e.g., we feel so sad that we feel helpless and hopeless about our situation)
- they may not be warranted by a situation (e.g., we might feel ashamed of our family member's substance use).

EMOTIONS CAN SIGNAL THAT WE NEED PROFESSIONAL HELP

We may need to seek mental health treatment for problems with anxiety, depression, shame or anger.

Managing emotions

BE MINDFUL OF YOUR EMOTIONS

ACKNOWLEDGE YOUR EMOTION

Pay attention to what you are feeling and when you are feeling that way.

ACCEPT THE FACT THAT YOU ARE EXPERIENCING A PARTICULAR EMOTION

Do not tell yourself that you should not be feeling that way. Do not fight or try to suppress the emotion.

PAY ATTENTION TO YOUR EMOTION

Notice how you are feeling, thinking and behaving.

CONSIDER WHAT THE EMOTION IS COMMUNICATING TO YOU

Determine if there is some action that you need to take. For example:

- What is my anger telling me about the situation? (E.g., does it indicate that I am tolerating too much from my partner?)
- What is my sadness telling me about myself? (E.g., does it indicate that I am neglecting myself?)
- What is my anxiety telling me about my life? (E.g., does it indicate that I am taking on too much responsibility?)

After becoming mindful of your emotions, you may choose to experience them or to reduce their intensity (see below).

EXPERIENCE YOUR EMOTIONS

EXPRESS YOUR EMOTIONS

Express your feelings by emoting (e.g., crying, laughing), talking about the feeling (e.g., sharing it with a friend), writing about it (e.g., in a journal) or artistically conveying the feeling (e.g., playing music, making art).

SURF YOUR EMOTIONS

Remind yourself that the intensity of your emotion will shift over time and that you will soon feel better.

NURTURE YOURSELF THROUGH YOUR EMOTIONS

Be kind and caring to yourself. For example, have a bath, get a massage, eat a favourite dessert, snuggle up with a good book, pray, accept the loving kindness of a friend.

NOTE: When allowing yourself to experience your feelings, do so cautiously and in a controlled manner. If your emotion seems too overwhelming, harmful or gets in the way of what you want to do, use the techniques discussed below to reduce the intensity of the emotion.

REDUCE THE INTENSITY OF YOUR EMOTIONS

DISTRACT YOURSELF FROM THE EMOTION

For example, watch a movie, go out with friends, wash dishes, play sports, play chess, meditate.

EXAMINE AND CHANGE YOUR THOUGHTS ASSOCIATED WITH THE EMOTION

For example:

- **Fear:** If you are assuming the worst-case scenario, try to determine realistically if that will occur, and then consider a more likely future scenario.
- **Depression:** If you are focusing on negative things in your life, try to be more balanced in your thinking and also notice what is going well.
- **Anxiety or depression:** If you believe that you will fail, try to remember times when you have succeeded, and use these memories to encourage yourself.
- **Anger:** If you are dwelling on all the negative characteristics of a person and all the ways he or she has wronged you, try to be more balanced in your thinking and also acknowledge what you like about the person and what that person has done well.

ACT OPPOSITE TO WHAT YOUR EMOTION IS TELLING YOU TO DO

If an emotion makes you to want to act in a particular way, resist it and act opposite to it. You will not only be acting differently, you will also begin to feel different.

For example:

- If you feel depressed and want to stay in bed all day, get out of bed, have a shower, get dressed, eat and go out.

- If you feel guilty and ashamed and want to hide away and be secretive, visit friends and tell them what is going on. Expose the shameful secret (perhaps about your relative's substance use).
- If you feel anxious about communicating your conflict with a relative and instead want to sweep it under the rug, push yourself to have this conversation.
- If you feel angry and want to yell or throw things at your relative, remove yourself from the situation and take time to calm down before addressing the matter.

LET GO OF THE EMOTION OR THOUGHTS

For example:

- Write down your emotions or thoughts and file them away.
- Mentally observe yourself letting go of the emotion or thoughts.
- Do something relaxing to let go of physical and emotional tension.
- Pray and give your emotions or thoughts to God (or a higher power).

FOR MORE INFORMATION

For more information on these techniques for dealing with emotions, which are based on cognitive-behavioural therapy, dialectical behaviour therapy and mindfulness, please refer to Handout 9-17: Books for Managing Emotions.

Managing difficult emotions

What have you felt this week in relation to your relative's substance use?

Which of these emotions have you had difficulty managing?

How have you been managing these emotions?

STRATEGIES FOR DEALING WITH EMOTIONS

Indicate which of the following strategies you have been using successfully in managing your emotions.

BEING MINDFUL OF YOUR EMOTIONS

- Acknowledge your emotion
- Accept your emotion
- Pay attention to your emotion
- Consider what your emotion is communicating to you

EXPERIENCING YOUR EMOTIONS

- Express your emotion
- Surf the emotion—remind yourself that the emotion's intensity will increase and decrease like a wave
- Nurture yourself as you experience the emotion

REDUCING THE INTENSITY OF YOUR EMOTIONS

- Distract yourself from your emotion
- Examine and change your thoughts
- Act opposite to your emotion
- Let go of your emotion

Practising managing emotions

The emotion I would like to practise managing this week:

The strategies I will use to manage the emotion this week:

In the table below, record your experience this week of using these strategies in at least one situation.

	FIRST SITUATION	SECOND SITUATION
What happened?		
How did you feel?		
How did you manage the feeling?		
How did you feel afterward?		

Managing anxiety

What worries, anxieties or fears do you have that are related to your relative's substance use?

STRATEGIES FOR DEALING WITH ANXIETY

Check off the strategies that you use successfully to manage your anxiety:

- Acknowledge and accept your anxiety
- Determine if you can make any changes to reduce what it is you fear (if so, set goals and take steps to do so)
- Distract yourself from your anxiety
- Help your body and mind to relax (e.g., listen to music, focus on your breathing, relax your muscles, exercise)
- Expose yourself to the fear (e.g., feel the fear and do what you dread anyway)
- Examine and change your thoughts (e.g., weigh the evidence, engage in positive self-talk)
- Contain your worrying (e.g., practise thought stopping, set aside worrying time, write down worries)
- Let go of your worries (e.g., pray, meditate, accept uncertainty)

Practising managing anxiety

Check off the approaches you would like to use to deal with your anxiety and, for each approach, note how you will do so.

- Acknowledge and accept your anxiety

- Determine what you can change

- Distract yourself from your anxiety

- Help your body and mind to relax

- Expose yourself to your fear

- Examine and change your thoughts

- Contain your worrying

- Practise letting go of the anxiety and worries

In the table below, record your experience this week using these strategies in at least one situation.

	FIRST SITUATION	SECOND SITUATION
What happened?		
How did you feel?		
How did you manage the feeling?		
How did you feel afterward?		

Cognitive-behavioural techniques for managing anxiety

BEHAVIOURAL TECHNIQUES

Breathing training

Regularly practise the following breathing exercises at times when you do not feel particularly anxious. Continue this practice until you are able to use these strategies when you feel more anxious.

MINDFUL BREATHING

Pay attention to your breathing. Concentrate on the breath going in and out. When you become distracted (particularly by worrisome thoughts), return your attention to your breathing.

ABDOMINAL BREATHING

Put your hand on your abdomen. Feel your abdomen (not your chest or shoulders) expanding and contracting. Abdominal breathing is more relaxing than chest breathing. If you notice that your abdomen is not moving, try lying down and breathing; then, when you have mastered this, practise breathing in the same way when standing.

SLOW BREATHING

Pay attention to the speed at which you are breathing. If it is fast, try to slow down your breathing, particularly when exhaling. Try to make your breathing as calm and natural as possible. You might want to internally recite the word *calm* as you exhale.

Relaxation training

Regularly practise the following physical relaxation exercises at times when you are not particularly anxious. Continue this practice until you are able to relax physically when you feel more anxious.

PROGRESSIVE MUSCLE RELAXATION

Sit or lie in a comfortable position. Start by tensing and then relaxing your toes or fingers. Notice the difference between how they feel when tense and how they feel when relaxed. Repeat this process, progressing through your whole body.

FOCUSED RELAXATION

Sit or lie in a comfortable position. Start by paying attention to your toes or fingers. Notice if they are tense. If they are, make them relax (it may help to imagine them becoming heavier). Apply this process to the rest of your body parts.

LISTENING TO MUSIC

Sit or lie in a comfortable position. Listen to a piece of music that you find relaxing. Use the music in combination with the method described under “Focused Relaxation.” Alternatively, focus on the music and allow yourself to become absorbed in it. If you become distracted, return your focus to the music.

Exposing yourself to the fear

When you want to avoid doing something (e.g., imposing a limit on your family member, sharing your feelings, asking for help) or to avoid a situation (e.g., a neighbourhood event, a family dinner) because you feel anxious, force yourself to confront it. Assuming that you are safe, do the thing you fear. Assuming that you are safe, stay in the place where you are anxious. The more often you do the thing you fear or the longer you stay in an anxiety-provoking situation, the more likely it is that your anxiety will decrease. This reduction in anxiety will help you feel less anxious when facing similar tasks or situations in the future.

COGNITIVE TECHNIQUES

Decatastrophizing

Notice what negative predictions you are making about the future. For example:

- “If I tell my friends about my partner’s substance use, they might think that I’m a bad person.”
- “If I set limits on my son, he may become angry with me.”
- “If I don’t call my partner’s boss and lie about why she is late for work, my partner may lose her job.”

Ask yourself the following questions:

- What if my fears actually come true?
- How could I cope with _____ if it were to occur?
- Would _____ really be as terrible as I think?

- Does this really matter in the big scheme of things?
- Will I care about this a month / a year from now?

Weighing the evidence

Notice what negative predictions you are making about the future. For example:

- “If I tell my son that he can’t drink in the house, I’m afraid he will leave and never come back again.”
- “If I tell my friends about my partner’s substance use, they might stop visiting me.”
- “If I stop giving my daughter money, I’m afraid she will start trading sex for money.”

Examine what evidence you have that these predictions will come true or that they will not come true.

Using the first example:

- Provide evidence *for* this prediction:
 - My son does get very angry when I talk to him about his drinking, and on a few occasions he has stormed out and not returned until the next day.
- Provide evidence *against* this prediction:
 - I have had to set limits about other things with my son and, although he has become angry, he has continued to remain in our family and our home.
 - I have a friend who told her son that he could not use substances in the house or come home while high, and he did not leave his family.
 - I have suggested in the past that my son move out and he refuses to do so.
 - I believe that setting this limit with my son demonstrates that I love him, and I believe he will be more likely to stay if he feels that we care about him.
- Choose a more realistic way of thinking:
 - It is possible that my son will leave temporarily, but that might not be a bad thing and it seems highly likely that he will return. Setting this limit may even help me not become resentful and exhausted, which may protect our relationship in the long run. Imposing this limit may also set my son on a path to recovery, because he will have to work harder to use substances and will have to face the consequences of his substance use.

Positive self-talk

Give yourself words of encouragement and words that will build your confidence. For example:

- “I can do this. I am a competent, smart woman. I have thought through this situation and come up with a good solution. I can communicate my intentions to my partner. I know that I am doing the right thing. I am normal in how I am feeling and responding.”

Reason with yourself. For example, tell yourself:

- “I can manage if he is angry with me.”
- “It is ok if I am anxious and become flustered while confronting her.”
- “Everyone does not have to like my plan.”

Thought stopping

- Notice yourself thinking the unwanted anxious thought.
- Say to yourself “Stop!” or “Get out of here!” or “Leave!”
- Repeat this process as many times as necessary. Eventually you will convince yourself that you do not have to put up with such worrisome thoughts.

Mindful contained worrying

- Set aside a certain time of the day, a certain place and a certain amount of time for worrying.
- During this time, pay attention to your worries. You may even want to write them down. Examine whether you can do anything about your worries. If you can, make a plan to stop the worrisome event from occurring. If you cannot, practise letting go of it. You may wish to do this visually (e.g., imagine the worries floating down a river or falling through a sieve), physically (e.g., crossing off or ripping up the worries you have written down) or spiritually (e.g., giving your worries to God or a higher power).
- If you worry outside of your designated worry time, use thought stopping to stop yourself. Remind yourself that you will get plenty of time to worry later.

Accepting uncertainty

- Acknowledge that you do not know the future and can never know with certainty all the risks involved in an action and its possible outcomes.
- Tell yourself that you can tolerate uncertainty and risk.

FOR MORE INFORMATION

For more information on these techniques for dealing with anxiety, and other techniques based on cognitive-behavioural therapy, dialectical behaviour therapy and mindfulness, please refer to Handout 9-17: Books for Managing Emotions.

Managing sadness and depression

What have you felt sad or depressed about in relation to your relative's substance use?

STRATEGIES FOR DEALING WITH SADNESS AND DEPRESSION

Check off the strategies that you use successfully to manage your sadness or depression:

- Acknowledge and accept your sadness or depression
- Determine if there is anything you can do to change what it is that is making you sad (if so, set goals and take steps to do so)
- Distract yourself from the sadness or depression (e.g., watch a comedy, volunteer, read a book, go for a walk)
- Be active (e.g., get out of bed, engage in positive events or activities, go for a walk, play sports, exercise)
- Be social (e.g., phone friends, go out to dinner, visit family, attend a religious service)
- Be productive (e.g., volunteer, clean your house, go to work)
- Examine and change your thoughts (e.g., challenge hopeless and negative statements, engage in positive self-talk)
- Nurture yourself (e.g., take a bath, get a haircut, drink tea, listen to music, get a massage)

Practising managing sadness and depression

Check off the approaches you would like to use to deal with your sadness or depression and, for each approach, note how you will do so.

- Acknowledge and accept your sadness or depression

- Determine what you can change

- Distract yourself from the sadness or depression

- Be active

- Be social

- Be productive

- Examine and change your thoughts

- Nurture yourself

In the table below, record your experience this week using these strategies in at least one situation.

	FIRST SITUATION	SECOND SITUATION
What happened?		
How did you feel?		
How did you manage the feeling?		
How did you feel afterward?		

Cognitive-behavioural techniques for managing depression

BEHAVIOURAL TECHNIQUE: ACTIVITY SCHEDULING

Schedule your days and weeks so they are as close as possible to your behaviour and schedule when you are not depressed (unless you have been overscheduled and overworked). Activity scheduling is most important when you least feel like being active. You may feel like staying in bed, but if you do, you will probably only become more depressed. By engaging in nurturing, fun, physical, productive and social activities, you will feel less depressed. If you are currently doing very few activities, you may need to start with small additions to your schedule and work up to a more active schedule.

PRACTISE REGULAR SELF-CARE

Make a list of self-care activities that you have previously engaged in (e.g., showering, grooming, eating, stretching, receiving massages, getting needed medical, dental or mental health care, getting a haircut, having baths). Choose which of these you will continue or pursue. Schedule when to do each of these.

HAVE FUN

Make a list of activities that you have previously enjoyed (e.g., cooking, playing a sport, watching movies, playing cards, painting). Choose at least one activity you will continue or pursue (even if you are not currently interested in doing it). Plan to do one of these each day.

EXERCISE

Make a list of forms of physical activity that you have previously engaged in (e.g., walking, swimming, dancing, playing hockey, practising yoga). Choose at least one form of exercise you will continue or pursue. Schedule one of these each day.

BE PRODUCTIVE

Make a list of responsibilities that you have previously had (e.g., walking the dog, vacuuming, helping children with homework, going to work, writing

letters, attending board meetings, volunteering). Choose which of these to continue or pursue, and plan a time when you will do it.

BE SOCIAL

Make a list of people whom you have previously interacted with and social engagements that you have previously enjoyed (e.g., going out for dinner; going to a church, synagogue or mosque; attending exercise classes; playing sports; attending parties; shopping; volunteering; talking on the phone). Choose which of these you would like to pursue and with whom. Schedule a time to do each of these.

COGNITIVE TECHNIQUE: CHALLENGING DISTORTED THINKING

Our thinking can affect how we feel. Sometimes our thinking causes us to be depressed. Use the following method to change your thinking so that you feel less depressed.

1. Identify when you are upset and what is upsetting you.
2. Notice how you are feeling.
3. Notice what you are thinking. Ask yourself what you are saying to yourself about the problem, about you, about others and about the future.
4. Notice if your thoughts are unbalanced, unrealistic, unfounded or excessively negative.
5. Consider what evidence exists to support and to counter this way of thinking.
6. Create and substitute a more rational way of thinking about the situation.

FOR MORE INFORMATION

For more information on these techniques for dealing with depression, and other techniques based on cognitive-behavioural therapy, dialectical behaviour therapy and mindfulness, please refer to Handout 9-17: Books for Managing Emotions.

Managing guilt and shame

What have you felt guilty or ashamed about in relation to your relative's substance use?

STRATEGIES FOR DEALING WITH GUILT AND SHAME

- Acknowledge and accept your feelings of guilt or shame.
- Determine if your feelings of guilt or shame are warranted by the situation.
- Determine the seriousness of the situation or problem.
- Determine your responsibility for the situation or problem.

If it is *appropriate* that you should feel guilty or ashamed, and to the degree that you do:

- make amends to the person you have wronged
- forgive yourself.

If it is *inappropriate* that you should feel guilty or ashamed, or if your guilt or shame is out of proportion to the situation, or if your guilt or shame persists despite your making amends:

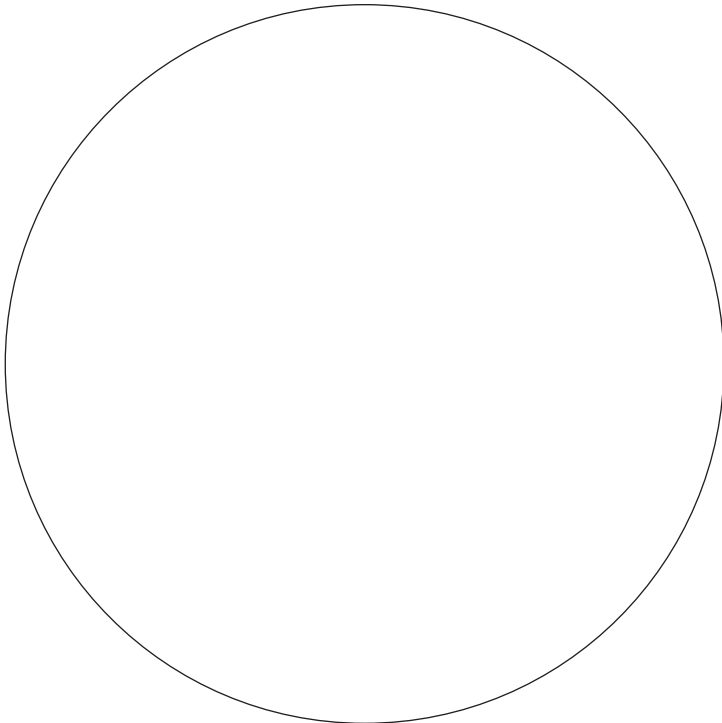
- let go of your guilt or shame, and of what you are not responsible for
- challenge any blaming or abusive thinking about yourself
- distract yourself from the guilt or shame (e.g., go swimming, watch a movie, bake, visit with a friend)
- act the opposite way to the emotion (e.g., nurture yourself, hold your head up, visit people, share your guilty or shameful secret).

Determining responsibility

1. Identify a negative event or situation about which you feel guilty or ashamed.

2. List the people and circumstances that have contributed to the situation.

3. Divide the pie below into slices, and label the slices with the names of the people or circumstances on your list. Assign bigger portions to people or circumstances that you think have greater responsibility for the event or situation.



4. When you have finished, notice how much responsibility is yours alone and how much you share with others.

5. How does this responsibility pie affect your feelings of guilt or shame about this event or situation?

Adapted from Greenberger, D. & Padesky, C.A. (1995). *Mind Over Mood: Change How You Feel by Changing the Way You Think*. New York: Guilford Press.

Practising managing guilt and shame

Check off the approaches you would like to use to deal with your guilt or shame and, for each approach, note how you will do so.

- Acknowledge and accept your guilt or shame

- Determine if the guilt or shame is warranted by the situation

- Make amends to the person you have wronged

- Forgive yourself

- Let go of guilt, shame or responsibility

- Distract yourself from the guilt or shame

- Challenge negative thinking about yourself

- Nurture yourself

- Act the opposite way to what the guilt and shame are telling you to do

- Expose the guilty or shameful secret

In the table below, record your experience this week of using these strategies in at least one situation.

	FIRST SITUATION	SECOND SITUATION
What happened?		
How did you feel?		
How did you manage the feeling?		
How did you feel afterward?		

Managing anger

What have you felt angry about in relation to your relative's substance use?

STRATEGIES FOR DEALING WITH ANGER

Check off the strategies that you use successfully to manage your anger:

- Acknowledge and accept your anger
- Determine what the anger is telling you and consider what you can change to reduce this source of your anger
- Distract yourself from your anger
- Act the opposite way to what the anger is telling you to do (e.g., the impulse to attack)
- Take time out until you have calmed down (e.g., take a walk, count, focus on breathing)
- Calm your body and mind (e.g., relax your muscles, exercise or focus on your breathing)
- Examine and change your thoughts:
 - reduce judgment
 - increase empathy
 - check assumptions and attributions
 - forgive

Cognitive-behavioural techniques for managing anger

BEHAVIOURAL TECHNIQUES

Taking time out

Remove yourself physically from the situation (e.g., leave the room, car, house, restaurant, conversation) to calm down. Do not return to the situation until you feel calmer.

Remove yourself psychologically from the situation. You may wish to do one of the breathing or relaxation exercises below, or you may distract yourself by counting, performing calculations, internally reciting something or engaging in a physical activity. Do not return to the situation until you feel calmer.

Breathing training

Regularly practise the following breathing exercises at times when you are not particularly angry. Continue practising until you are able to use these strategies when you feel more angry.

MINDFUL BREATHING

Pay attention to your breathing. Concentrate on the breath going in and out. When you become distracted (particularly by angry thoughts), return your attention to your breathing.

ABDOMINAL BREATHING

Put your hand on your abdomen. Feel your abdomen (not your chest or shoulders) expanding and contracting. Abdominal breathing is more relaxing than chest breathing. If you notice that your abdomen is not moving, try lying down and breathing; then, when you have mastered this, practise breathing in the same way when standing.

SLOW BREATHING

Pay attention to the speed at which you are breathing. If it is fast, try to slow down your breathing, particularly when exhaling. Try to make your breathing as calm and natural as possible. You might want to internally recite the word *calm* as you exhale.

Relaxation training

Regularly practise the following physical relaxation exercises at times when you are not particularly angry. Continue practising them until you are able to relax physically when you feel more angry.

PROGRESSIVE MUSCLE RELAXATION

Sit or lie in a comfortable position. Start by tensing and then relaxing your toes or fingers. Notice the difference between how they feel when tense and how they feel when relaxed. Repeat this process, progressing through your whole body.

FOCUSED RELAXATION

Sit or lie in a comfortable position. Start by paying attention to your toes or fingers. Notice if they feel tense. If they do, try to make them relax. (It may help to imagine them becoming heavier.) Apply this process to all your body parts.

COGNITIVE TECHNIQUES

Reducing judgment

Notice the judging thoughts that you are having about your relative. Judgments often come in the form of name-calling. For example:

- “He’s such a lazy slob.”
- “She thinks only of herself. She’s so selfish.”

Try to identify the behaviour that you dislike, without judging your relative. Try to let the judgments go. For example:

- “I don’t like it when he leaves his dishes and clothes lying around.”
- “I don’t like it when she doesn’t ask me if I have already made plans.”

Try not to dwell on about everything that you dislike about the person, or every way in which he or she has wronged you in the past.

Increasing empathy

Try to understand what your relative is feeling or thinking, and what he or she may be struggling with. For example:

- “I know he’s under a lot of stress right now because of his exams.”
- “I can understand that she was very disappointed and angry because of my decision.”

Note that empathy can help you to understand, but should not be used to excuse your relative's behaviour.

Checking assumptions and attributions

Notice what assumptions and attributions (the reasons you believe something happened) you are making about your relative. For example:

- “He’s so inconsiderate. He knew that I was having a bad day, but he chose to go out drinking anyway just to punish me.”
- “She got drunk just to get back at me and embarrass me in front of my friends.”

Do not assume that your assumptions and attributions are fact. Think of alternative explanations for your relative's behaviour. Try not to personalize his or her behaviour or assume deliberate, malicious intent. If necessary, check out your assumptions with the person.

Forgiving

When it seems reasonable and possible, try to forgive your relative for past wrongdoings. Forgiveness can allow you to let go of unpleasant resentments and to deal with one behaviour at a time. Remember that forgiveness does not excuse or erase past harms, nor does it remove the consequences of harm. You can acknowledge that what was done was wrong, hurtful or damaging, and yet forgive the person who was responsible. There will be situations in which you may forgive easily, but at other times you will need time to heal before you can forgive.

FOR MORE INFORMATION

For more information on these and other anger-management techniques based on cognitive-behavioural therapy, dialectical behaviour therapy and mindfulness, please refer to Handout 9-17: Books for Managing Emotions.

Practising managing anger

Check off the approaches you would like to use to deal with your anger and, for each approach, note how you will do so.

- Acknowledge and accept your anger

- Determine what you can change

- Distract yourself from your anger

- Take time out

- Calm your body and mind

- Examine and change your thoughts:

- reduce judgment
- increase empathy
- check assumptions and attributions
- forgive

In the table below, record your experience this week of using these strategies in at least one situation.

	FIRST SITUATION	SECOND SITUATION
What happened?		
How did you feel?		
How did you manage the feeling?		
How did you feel afterward?		

Books for managing emotions

Addis, M. & Martell, C. (2004). *Overcoming Depression One Step at a Time: The New Behavioral Activation Approach to Getting Your Life Back*. Oakland, CA: New Harbinger Publications.

Antony, M. & Swinson, R. (2000). *The Shyness and Social Anxiety Workbook*. Oakland, CA: New Harbinger Publications.

Burns, D. (1991). *The Feeling Good Handbook*. New York: Penguin.

Copeland, M.E. (2002). *The Depression Workbook: A Guide for Living with Depression and Manic Depression* (2nd ed.). Oakland, CA: New Harbinger Publications.

Davis, M., Robbins-Eshelman, E. & Davis, M. (1995). *The Relaxation and Stress Reduction Workbook*. Oakland, CA: New Harbinger Publications.

Greenberger, D. & Padesky, C. (1995). *Mind Over Mood: Change How You Feel by Changing the Way You Think*. New York: Guilford Press.

Hallowell, E. (1998). *Worry: Hope and Help for a Common Condition*. New York: Ballantine Books.

Marra, T. (2004). *Depressed and Anxious: The Dialectical Behavior Therapy Workbook for Overcoming Depression and Anxiety*. Oakland, CA: New Harbinger Publications.

McKay, M. & Rogers, P. (2000). *The Anger Control Workbook*. Oakland, CA: New Harbinger Publications.

Zinn, J.K. (2001). *Full Catastrophe Living: How to Cope with Stress, Pain and Illness Using Mindfulness Meditation*. New York: Random House.

Barriers to effective communication

How people with substance use problems contribute to communication difficulties:

- **substance use:** being preoccupied, absent, confused, agitated, inattentive or emotionally vulnerable due to substance use, the urge to get hold of substances, or withdrawal from substances
- **recovery:** being preoccupied and exhausted by recovery, and having difficulty coping (particularly with emotions) because of not using substances
- **denial:** not being ready to deal with substance use problems; reacting to challenges or suggestions by being defensive and asking to be left alone
- **shame:** being aware of the problem, but feeling shame and thus fearing communication about the substance use
- **emotional vulnerability:** being hungry, tired, physically unwell, mentally unwell or stressed
- **need for skills improvement:** more teaching and practice in how to listen, validate, express emotions, state requests and say no.

How family members contribute to communication problems:

- **minimization:** not wanting to acknowledge the extent or severity of the problem, perhaps because of fear, shame or stigma
- **walking on eggshells:** fearing that what you say might result in an intense emotional reaction, abuse, risky behaviour, and/or the person using substances or relapsing
- **resignation and hopelessness:** previous unsuccessful experiences in communicating with the person
- **belief in mind-reading:** believing that the person with a substance use problem should already know how you are thinking and feeling, and how you would like him or her to behave
- **emotional vulnerability:** being hungry, tired, physically unwell, mentally unwell or stressed
- **need for skills improvement:** more teaching and practice in how to listen, validate, express emotions, state requests and say no.

Tips for communicating with people who have a substance use problem

CHOOSE AN APPROPRIATE TIME

Choose a time:

- when the person is not using substances
- when you and the other person are both calm and not emotionally vulnerable
- when neither of you is in a hurry.

CHOOSE A NEUTRAL PLACE

Choose a place:

- that is not associated with using substances or with fights
- where you will be safe.

LISTEN AND VALIDATE

- Listen attentively to the other person.
- Do not interrupt.
- Do not judge.
- Paraphrase what you have heard and seek clarification when necessary.
- Verbalize the feelings, thoughts and actions of the other person that make sense to you.
- Communicate understanding of the other person's perspective.

TAKE RESPONSIBILITY

- Use "I" statements when talking about your feelings and needs.
- Acknowledge your part in the problem.
- Offer to contribute to solving the problem and to compromise when possible.

BE SPECIFIC

- Avoid sweeping negative statements about the person who has a substance use problem.
- Avoid general statements such as "you never" or "you always."
- State how you would like the person to behave.

BE POSITIVE AND CALM

- Word your requests in a positive way.
- Speak in a calm tone of voice.
- Avoid critical, sarcastic, demeaning or blaming remarks.

- Suggest what you would like the person to do, rather than what you do *not* want the person do.

BE FIRM

- Be a “broken record” if necessary.
- Stay focused on your goal (do not let emotions or arguments derail you).

Practising communication

Indicate which of the following tips you would like to practise:

- choosing an appropriate time
- choosing a neutral place
- listening and validating
- taking responsibility
- being specific
- being positive and calm
- being firm.

What would you like to communicate?

Write out what you would like to say:

Describe how you will communicate this message (e.g., when, where, in what mood):

Evaluate how you did:

Examples of active listening

Below are examples of three techniques for active listening.

Seeking clarification

Family member 1:

That's just what we university students do. Harmless fun. Nothing serious. So you shouldn't worry about it.

Family member 2:

Are you saying that you don't think I should be concerned about your drug use at these parties?

Paraphrasing

Family member 1:

I'm sick of being nagged about my drinking. You don't know how stressful my work has been. If I didn't have a drink now and then, I wouldn't be able to handle things.

Family member 2:

You're fed up with me asking you not to drink as much. You feel a need for alcohol to help you cope with your work.

Validating

Family member 1:

I'm so annoyed. You insist on me not going out with my buddies after work, and yet you come home late yourself.

Family member 2:

I can understand that you'd be angry with me, given that you didn't receive my message that I'd be home late from work. I also get annoyed when I'm expecting to have supper with you and you don't come home.

Family member 1:

How am I supposed to know if you're telling the truth? I have to find out for myself.

Family member 2:

It makes sense that you might have difficulty trusting me, because your previous partner frequently lied to you.

Family member 1:

I don't think I'm going to be able to go through with this. I'm freaked out about this job interview.

Family member 2:

I'd be freaked out too. It's normal to feel nervous when going to a job interview.

Practising more active listening

Indicate which of the following you are doing well:

- Listening attentively (stopping what you are doing, looking at the listener, demonstrating interest [e.g., nodding, verbally responding], not interrupting)
- Seeking clarification (not jumping to conclusions or making assumptions, but asking the speaker about his or her intended message)
- Paraphrasing (repeating in your own words what you have heard)
- Validating (stating the feelings, thoughts and behaviours of the other person that make sense to you; expressing your understanding of what the person is saying)

Select one of the above skills to work on this week:

Over the next week, try to work on this listening skill during at least one of your interactions with the person in your family who has a substance use problem.

Describe the interaction:

Describe the response of your listener:

Evaluate how you did:

Effective speaking

The DESC framework will help you speak specifically, positively and assertively:

D escribe the situation:	“When you . . .” (behaviour)
E xpress your feelings:	“I feel . . .” (emotion)
S pecify what you want:	“I would like / prefer . . .” (need or desire)
C ommunicate the consequences:	“I will . . .” (positive payoff) “You will . . .” (positive payoff)

Adapted from Bower, S. & Bower, A. (2004). *Asserting Yourself: A Practical Guide for Positive Change*. Cambridge, MA: Da Capo Press.

USING THE FRAMEWORK

The following examples show how to use the DESC framework. The first example is broken down into the four parts.

- D** “When you leave your dishes in the sink . . .
- E** “. . . I feel annoyed. . . .”
- S** “. . . I’d like you to put them in the dishwasher. . . .”
- C** “. . . Then I’ll have more time to spend relaxing with you in the evenings.”

When you criticize me in front of my friends, I feel embarrassed and defensive. I’d prefer that you wait until we’re alone to let me know what’s bothering you. Then I’ll be able to listen better to you.

When you leave drug paraphernalia lying around the house, I feel angry and alarmed. I’d prefer that you not have it in the house—or if you do, that you hide it well. If you do this, I’ll be less likely to fight with you about your drug use.

When you drink while we’re out at a restaurant, I get nervous and uncomfortable. I’d like you to be sober when we go out together, so I can be more relaxed and we can enjoy the evening.

Examples of effective speaking

Below are examples of ways to expand the DESC framework for effective speaking by adding statements that are validating or that demonstrate a willingness to help. These statements are shown in **bold**.

USING THE DESC FRAMEWORK WITH VALIDATION

Given our current financial situation, when you spend so much on clothing, I feel anxious. **I have seen how good you feel about yourself when you get new clothing, so I can understand why it must be so appealing to you.** I'd prefer that you cut back on clothes shopping until we're in a better financial situation. If you do this, we'll both be less stressed about our finances and can begin to pay off our debts. Although we may feel the pinch in the short term, we'll be better off financially later on.

When you're not around in the evenings to help put the children to bed, I feel overwhelmed and stressed. **I understand how difficult it is for you to get home by 8:00 p.m., given your recent promotion and how hard you are working.** I'd prefer that you arrange to be home by the children's bedtime at least a few times a week. If you can do this, I'll be able to parent better and will feel less tired in the evenings, and I'll more fun to be with.

I feel sad when you don't plan anything special for our anniversary. **I can imagine that you might overlook our anniversaries given that your parents never celebrated theirs** but it's important to me. I'd prefer that you spontaneously remember our anniversary, which will make me feel more loved and loving toward you.

USING THE DESC FRAMEWORK WITH WILLINGNESS TO PROBLEM SOLVE

Given our current financial situation, when you spend so much on clothing, I feel anxious. **Perhaps we can look over our finances together and figure out ways to reduce our spending, so we can start paying off our debts.**

When you're not around in the evenings to help put the children to bed, I feel overwhelmed and stressed. **I'd love to sit down together with you and brainstorm possible ways of dealing with this situation so the evenings are easier for me and our children are better cared for.**

When you don't plan anything special for our anniversary, I feel hurt. I'm not sure how to help you with this, but **perhaps we could discuss the problem together and come up with a solution.**

Practising more effective speaking

Think about what you would like to communicate to your relative who has a substance use problem, and complete the following phrases using the DESC framework. Try to pick situations that do not involve too much conflict.

When you _____

I feel _____

I would prefer _____

Then I will _____

When you _____

I feel _____

I would prefer _____

Then I will _____

Plan to communicate one of these examples this week. Fill in the time and place you plan to do so below:

Time: _____ Place: _____

Remember to:

- choose an appropriate time and a neutral place
- be specific, positive, calm and firm
- listen and validate
- take responsibility.

Describe how it went.

Defining problems

Step 1: Identify a problem.

Step 2: Break down the problem into parts so that it seems less overwhelming.

Step 3: Choose which part of the problem you will target first.

EXAMPLE:

Step 1: I don't like it when I get urgent calls from my partner many times a day when I am at work, sometimes during important meetings. She calls crying and often in a crisis, and demands that I help her and even that I come home from work. Sometimes she threatens to hurt herself if I don't give in. She wants to talk for a long time when she calls, although the conversation is not helpful. Often she has been drinking when this happens. If I do not help her, she keeps phoning repeatedly. Sometimes she even calls my colleagues to get me to talk to her. Sometimes I give in just to stop the phone calls. I get embarrassed at work by the repetitive phone calls—and I am afraid that I might lose my job.

Step 2:

- receiving calls from my partner many times a day
- receiving calls from my partner during important meetings at work
- receiving calls from my partner when she has been drinking
- my partner demanding that I fix the problem
- my partner demanding that I come home
- my partner talking to me for a long time while I am at work
- my partner threatening to hurt herself
- my partner calling me repeatedly
- my partner calling my colleagues
- me giving in to my partner when she behaves like this

Step 3: I am first going to work on not accepting phone calls from my partner when she has been drinking.

Now it is your turn. Think about a problem that is related to your relative's substance use. Use the headings below to analyze the problem.

Step 1: Identify the problem.

Step 2: Break down the problem into parts so that it seems less overwhelming.

Step 3: Choose which part of the problem you will target first.

Choosing solutions

Step 1: Identify a specific problem to target.

Step 2: If possible, ask your relative with a substance use problem to help develop solutions.

Step 3: List approaches that have already been tried.

Step 4: Identify which of these solutions might still work if used somewhat differently (e.g., at a different time).

Step 5: Brainstorm other possible solutions without evaluating them.

Step 6: Choose a solution to try, and a back-up solution in case your first choice does not work.

Example:

PROBLEM	Accepting phone calls from my partner while I am at work when she has been drinking
SOLUTIONS ALREADY TRIED	<p>Yelling at my partner</p> <p>Threatening to leave my partner</p> <p>Hanging up on my partner</p> <p>Refusing to answer the phone when she calls</p> <p>Leaving work, saying that I have an off-site appointment, and then going to help her</p> <p>Only taking her phone call when she is really in an emergency</p>
SOLUTIONS TO REWORK	<p>Refusing to answer the phone when she calls</p> <p>I could try to do this more consistently. I usually will accept the first phone call and then refuse to answer subsequent calls until I become so exasperated or embarrassed that I pick up on the 10th call or so. Sometimes I only accept calls when she seems really distressed. Perhaps I should try to determine if she has been drinking and then restrict her calls. So, if I detect that my partner has been drinking, even if she is really distressed or seems to be in an emergency, I could inform her that I will accept no more phone calls from her for the rest of the work day and remain firm in that. I will need to get call display on my phone at work, though. I could talk to my boss</p>

(cont'd)	<p>about acquiring a new phone. I guess I will also need to tell my co-workers about my plan, so that they do not take calls from her. I might feel better refusing her calls if I give her a list of numbers that she can call in an emergency.</p>
<p>OTHER POSSIBLE SOLUTIONS</p>	<p>I could limit all phone calls from my partner while at work. As I mentioned above, I could give her a list of emergency numbers and hotlines and tell her to call them.</p> <p>I could not answer phone calls from my partner in the afternoon because it is usually then that she starts drinking.</p> <p>I could take a break from work the first time she calls and work through her problem that time only.</p> <p>I could refuse to accept phone calls from my partner, but call her periodically to check on her.</p> <p>I could quit my job and find a job I can do from home.</p>
<p>CHOSEN SOLUTIONS</p>	<p>I will refuse any phone calls from my partner if she has been drinking, even if she is distraught, in an emergency, calling me repeatedly, or calling my colleagues. I will get call display at work so I can screen calls, and if necessary, turn off my ringer so that I and others are less bothered by the repeated calling. I will tell my colleagues never to accept phone calls from her. I will give her a list of emergency numbers that she can call when she is upset.</p> <p>After doing this for a month, and if I do not think it is working, I will refuse all phone calls from her while I am at work.</p>

Now it is your turn. Use the chart below to choose a strategy for solving the problem that you identified in Handout 11-1.

<p>PROBLEM</p>	
<p>SOLUTIONS ALREADY TRIED</p>	
<p>SOLUTIONS TO REWORK</p>	
<p>OTHER POSSIBLE SOLUTIONS</p>	
<p>CHOSEN SOLUTIONS</p>	

Implementing the solution

Step 1: Identify the chosen solution.

Step 2: Describe the plan for implementing the solution including:

- when you will do so
- where you will do so
- how you will do so
- how you will communicate the solution to your relative with the substance use problem or to others, if appropriate
- how you will deal with possible negative reactions or barriers that may arise as you implement the solution.

Step 3: Implement the solution.

Step 4: Reward yourself for having tried the solution.

Step 5: Evaluate how well the solution worked.

Step 6: Decide on a next step:

- reworking the solution and implementing it again
- planning and trying an alternative solution
- moving on to a new problem.

Use the following chart to work out how to implement the solution that you chose in Handout 11-2.

<p>SOLUTION TO IMPLEMENT</p>	
<p>PLAN INCLUDING WHEN, WHERE, HOW</p>	
<p>REWARD</p>	
<p>EVALUATION</p>	
<p>NEXT STEPS</p>	

Defining problems and setting goals

Problems are most easily tackled when they are *specific* and *broken down into parts*.

Goals are most helpful and attainable when they are based on a well-defined problem, and when they are specific, detailed and behavioural.

Choose at least two problems related to the person in your life who has a substance use problem. In the first column of the chart, describe each problem. In the second column, describe one or more specific, detailed goals related to the problem.

PROBLEMS	GOALS

Examples of goals

GENERAL GOALS	SPECIFIC GOALS
I want to be less stressed.	<p>I will use breathing techniques to reduce my anxiety when coming home from work in the evening.</p> <p>I will take a yoga (or other exercise) class once a week at the local gym.</p> <p>I will attend a weekly support group for partners or family members affected by substance use.</p>
I want my marriage and family life to be more fulfilling.	<p>I will arrange to have a babysitter look after the children every Monday evening so that my partner and I can go out for dinner.</p> <p>I will refrain from yelling at my partner when he/she comes home drunk, and instead will briefly tell him/her how I feel, leave the conversation until he/she is sober, and in the meantime do something for myself.</p> <p>I will demonstrate understanding for my partner's situation and feelings when discussing problems.</p>
I want to help my relative stop drinking or using other substances.	<p>I will stop covering up for my relative when he/she misses work because of substance use, so that he/she experiences the consequences of his/her substance use.</p> <p>I will attend a therapy group designed to help me deal more effectively with the person who has a substance use problem.</p> <p>I will support my relative's recovery by telling him/her how much I value the work that he/she is doing and how much it is helping our relationship.</p>
I want to become a better parent.	<p>I will schedule 15 minutes every day to spend directly with each of my children.</p> <p>I will arrange to attend half of my child's soccer games.</p>

<p>(cont'd)</p>	<p>I will talk to my children about their mother's/ father's substance use and reassure them that they are not to blame.</p>
<p>I want to feel less depressed.</p>	<p>I will set the alarm for 7:00 a.m. and get out of bed when it rings, regardless of how I feel.</p> <p>I will phone my friend and suggest that we regularly go out for dinner on Friday evenings.</p> <p>I will enrol in a weekly dance class in my neighbourhood.</p>

Implementing goals

Ways to increase the likelihood of being able to achieve goals:

STEPS	EXAMPLES
1. Define the problem.	I am feeling isolated and alone and lack support in dealing with my relative's substance use.
2. Set a specific, achievable goal.	I will seek support for myself by telling my sister about my relative's substance use problem.
3. Break down the goal into steps.	I will ask my sister out for dinner. I will explain to my sister that I need her to listen without judging me. I will tell her the extent of my relative's problem.
4. Plan when you will achieve the goal.	I will ask if my sister is free this Saturday or Sunday evening at 6:00 p.m. (I do not want to wait too long because the wait may increase my anxiety and make me lose my nerve).
5. Look for ways to make the process	I will choose my favourite restaurant. easier or more enjoyable.
6. Tell someone your goal.	I will tell my family support and education group about my goal to get the support of my sister.
7. Troubleshoot about anything that will get in the way.	I will remind myself that my relative's drinking is not my fault and not a reflection of me, and that I am trying to take positive steps for my family and me. I will remember that the best way to reduce unwarranted shame is to disclose my "shameful secret."
8. Rehearse the steps and visualize yourself achieving the goal.	I will write down what I plan to say and then practise it aloud in front of the mirror until I feel more comfortable.

<p>9. Say encouraging things to yourself as you make plans and take steps toward your goal.</p>	<p>“I can do this.”</p> <p>“I believe that my sister and I can once again have a close relationship. I think that my sister will be pleased to be invited out to supper and to be brought into my confidence.”</p> <p>“I am a good family member / partner.”</p>
<p>10. Reward yourself for every step that you take.</p>	<p>Verbal rewards: “Good job”; “I did it.”</p> <p>Time rewards: read for 15 minutes, go for a 30-minute bike ride</p> <p>Tangible rewards: dessert, money toward trip</p>

Achieving my goal

Take one of the problems you identified in Handout 12-3 and develop a strategy for achieving the goal you set, by following the steps outlined below.

1. Define the problem.

2. Set a specific, achievable goal.

3. Break down the goal into steps.

4. Plan when you will achieve the goal.

5. Look for ways to make the process easier or more enjoyable.

6. Tell someone your goal.

7. Troubleshoot about anything that will get in the way.

8. Rehearse the steps and visualize yourself achieving the goal.

9. Say encouraging things to yourself as you make plans and take steps toward your goal.

10. Reward yourself for every step that you take.

PROGRESSING TOWARD MY GOAL

As you put your strategy into action, keep a record of your experiences by filling in the information below.

Steps that I took this week toward my goal:

Problems that I encountered in taking these steps:

Problem solving that I engaged in to eliminate these problems:

Rewards I received (from myself, from others or from the situation itself)
from taking these steps:

Steps I intend to take next:

Less helpful ways of responding to a person who has a substance use problem

How you respond to the person who has a substance use problem affects you and your well-being, as well as the well-being of your relative and other family members.

Think about possible consequences to the types of responses listed in the first column in the chart. Write your answers in the second column.

LESS HELPFUL RESPONSES	CONSEQUENCES
<p>NAGGING</p> <p>Lecturing the person about his or her behaviour</p> <p>Frequently asking the person to stop using substances</p> <p>Reminding the person of the consequences of his or her behaviour</p> <p>Pleading with the person to change</p>	
<p>CONTROLLING</p> <p>Hiding drugs</p> <p>Setting up treatment for the person</p> <p>Pouring alcohol down the sink</p> <p>Hiding the person's wallet or keys</p> <p>Not passing on messages to the person from substance-using associates or dealers</p>	
<p>INVESTIGATING</p> <p>Searching the house</p> <p>Making phone calls to locate the person</p> <p>Calling the treatment facility to determine if the person is attending appointments</p> <p>Frequently questioning the person</p> <p>Being preoccupied with the person's behaviour</p>	

<p>Following the person</p> <p>Listening to or tracing calls made by the person</p>	
<p>FIXING</p> <p>Apologizing for the person’s behaviour to children, friends or family</p> <p>Cleaning up after the person</p> <p>Paying the person’s debt</p> <p>Nursing the person’s substance use–related injuries</p> <p>Cutting back on your own spending to deal with reduced finances</p>	
<p>PROTECTING</p> <p>Covering up for the person to protect the person from losing his or her job</p> <p>Picking up the person after a drinking binge</p> <p>Waking the person so he or she can get to work</p> <p>Minimizing the seriousness of the person’s behaviour</p> <p>Consoling the person when he or she expresses guilt or shame over substance use</p>	

More helpful ways of responding to a person who has a substance use problem

How you respond to the person who has a substance use problem affects you and your well-being, as well as that of the other person and other family members.

INSTEAD OF	ALTERNATIVE MORE HELPFUL RESPONSES
NAGGING	<p>Speak to the person using the DESC model,* when neither of you is upset or drinking alcohol or using other drugs:</p> <p>Describe the situation: “When you . . .” (behaviour)</p> <p>Express your feelings: “I feel . . .” (emotion)</p> <p>Specify what you want: “I would like . . .” (need/desire)</p> <p>Communicate the consequences: “I will . . .” (positive payoff) “You will . . .” (positive payoff) “If . . . then . . .” (negative consequences should the behaviour not change)</p> <p>Be clear about what you will and will not tolerate—in other words, what your limits are.</p>
CONTROLLING	<p>Identify what you are and are not responsible for.</p> <p>Focus on changing your own behaviour (e.g., how you communicate, how you respond, how you handle conflict).</p> <p>Accept what you cannot change.</p> <p>Reinforce the person when he or she does not drink alcohol or use other substances (e.g., by having a nice dinner together, watching a movie together).</p> <p>Withdraw attention whenever the person is using substances (e.g., leave the room, situation, apartment).</p> <p>Suggest activities that you can do with the person that do not involve substance use and that are enjoyable to both of you (e.g., playing tennis, going for a hike).</p> <p>Ask the person how you can help him or her in his or her recovery.</p>

<p>INVESTIGATING</p>	<p>Tell the person how you feel when he or she is not honest or reliable (“I feel disappointed/confused/anxious . . .”).</p> <p>Communicate and follow through on limits.</p> <p>Allow the person to take responsibility for his or her own recovery.</p> <p>Focus on other aspects of your life.</p>
<p>FIXING</p>	<p>Allow the person to be responsible for his or her own behaviour and choices.</p> <p>Allow the person to fix his or her own messes.</p>
<p>PROTECTING</p>	<p>Allow the person to experience the consequences of his or her behaviour and choices.</p> <p>Remember, you are not responsible for changing the person who has a substance use problem, but by reducing the number of unhelpful responses and increasing the more helpful ones, you will improve the quality of your own life and your relationship with the person, and you may help the other person move toward recovery.</p>

* Bower, S. & Bower, A. (2004). *Asserting Yourself: A Practical Guide for Positive Change*. Cambridge, MA: Da Capo Press.

Practising more helpful ways of responding

Describe a response that you give that may not be helpful.

Describe an alternative way of responding that might be more helpful.

Practise responding this way on at least two occasions during the week. Use the chart to describe the situation, your response and the consequences.

SITUATION	RESPONSE	CONSEQUENCES OF YOUR RESPONSE
<p>Example:</p> <p>My son asks me to drive him to work because he has a hangover.</p>	<p>I tell him politely yet firmly that I will not drive him to work.</p>	<p>My son yelled and swore at me, and threatened that he would not then go to work and would likely lose his job. I felt angry and scared. I questioned my decision and worried that he would lose his job. I did not give in. I left the house. I later found out that he did eventually go to work, albeit four hours late, and that he took a taxi. I felt proud that I did not give in, did not feel resentful and did not get into a fight with him.</p>

SITUATION	RESPONSE	CONSEQUENCES OF YOUR RESPONSE
SITUATION	RESPONSE	CONSEQUENCES OF YOUR RESPONSE

Recovery, relapse and relapse prevention

RECOVERY

Recovery from substance use problems:

- is a process that is unique to everyone
- involves someone making positive changes to his or her physical, mental, emotional, familial, social and/or spiritual life
- can involve a goal of abstinence or of reduced or controlled use
- can occur even when a person continues to use alcohol or other drugs
- takes time
- proceeds with many ups and downs
- can involve many lapses and relapses
- often uncovers other problems
- often requires treatment of co-occurring mental health problems
- involves learning new ways of coping and behaving
- may mean that a person needs to acquire new friends and social activities.

LAPSES AND RELAPSES

Lapses (temporary slips) or relapses (a return to problematic substance use) occur most often when a person is triggered by:

- negative emotions
- social pressures
- interpersonal problems.

Lapses may also occur due to physical urges, places or people associated with substance use, boredom, stress, pleasant emotions, celebrations or receiving money.

RELAPSE PREVENTION

Relapse prevention includes helping the person with a substance use problem to:

- recognize his or her patterns of use
- recognize triggers
- avoid high-risk situations

- remove items that might trigger substance use (e.g., alcohol in house, corkscrews)
- develop ways to resist urges (e.g., leaving the situation, distraction)
- learn new ways of dealing with triggers (e.g., with difficult emotions)
- remind himself or herself of the negative consequences of substance use
- obtain medical or psychological treatment for concurrent substance use and mental health problems
- avoid all-or-nothing thinking with regard to recovery (e.g., seeing a slip as a complete failure)
- accept that lapses will occur and to view them as opportunities for learning
- avoid overreacting to lapses (e.g., “I am a failure,” “I can never recover”)
- reduce feelings of shame and guilt
- set short-term, attainable goals, but to stay focused on long-term goals and ambitions (e.g., education)
- avoid attributing a relapse to unchangeable factors (e.g., “I am a failure,” “I can never recover,” “I am stupid,” “I will never get an education”).

Coping with recovery

RELAPSE PREVENTION

List challenges you are experiencing as a result of your relative's recovery:

List how you have been coping with the person's recovery:

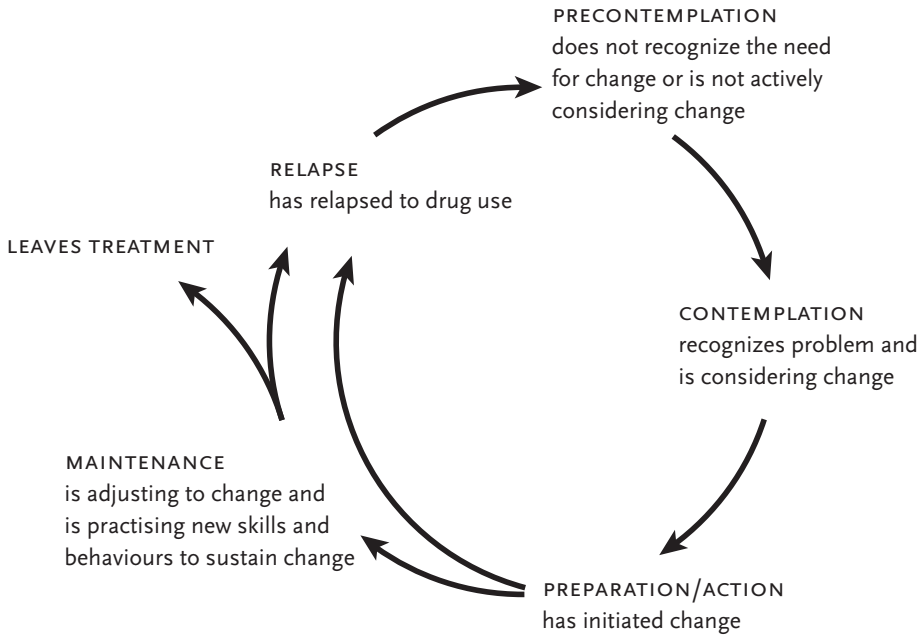
Choose two ways to improve how you cope with the person's recovery.
Try these out this week.

1.

2.

Record how you did in coping with the person's recovery this week.

Stages of change



Source: Prochaska, J., Norcross, J. & DiClemente, C. (1995). *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward*. New York: Avon Books.

Goals and tasks of each stage of change

STAGE OF CHANGE	DESCRIPTION	GOALS AND TASKS
Precontemplation	<p>Lack of awareness of the problem</p> <p>No interest in quitting or reducing substance use</p> <p>Rationalization of substance use</p> <p>“I have no problem.”</p>	<p>Goal: to increase awareness and to move to the contemplation stage</p> <p>Task: to acknowledge the existence of a problem</p>
Contemplation	<p>Awareness of the problem</p> <p>Ambivalence about continuing versus reducing or quitting</p> <p>Thoughts about quitting or reducing sometime</p> <p>“I don’t know what I will do about this problem.”</p>	<p>Goal: to move from ambivalence to commitment</p> <p>Tasks:</p> <ul style="list-style-type: none"> · to weigh the pros and cons of the substance use · to consider how the substance use affects goals · to realize the need for change
Preparation	<p>Making plans to change in the near future</p> <p>Requesting advice and information</p> <p>Creating a plan</p>	<p>Goal: to make an action plan</p> <p>Tasks:</p> <ul style="list-style-type: none"> · to learn about recovery · to figure out what needs to change · to develop goals, steps and timelines

STAGE OF CHANGE	DESCRIPTION	GOALS AND TASKS
Action	Taking action on plan Motivated and excited about plan Making small changes Resisting lapses and relapses Getting back on track after a lapse	Goal: to stick with action plan or modify it if necessary Tasks: <ul style="list-style-type: none"> · to take steps toward goals · to prevent relapses and deal with lapses · to learn about triggers · to resist urges · to develop new ways of behaving and coping · to view lapses as opportunities for learning · to get back on track quickly after lapses
Maintenance	Continuing the plan Working at establishing new patterns Engaging in relapse prevention	Goal: to maintain changes and to get back on track quickly after any lapses Tasks: <ul style="list-style-type: none"> · to continue to do what works · to prevent relapses and deal with lapses

Letting go

The Seven Cs

I didn't *cause* it.

I can't *cure* it.

I can't *control* it.

I can take *care* of myself.

I can *communicate* my feelings.

I can make healthy *choices*.

I can *celebrate* being me.

Source: National Association for Children of Alcoholics (NACoA)

The Serenity Prayer

God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.

—Reinhold Niebuhr

Ways of supporting recovery

You are not responsible for the recovery of the person in your family who has a substance use problem.

Your first priority, regardless of what stage of change this person is in, is to:

- take care of yourself (and your children)
- get support
- focus on your own needs and recovery.

However, it can be helpful to understand where your relative is with regard to the stages of change, and how you might support him or her at different stages.

STAGE OF CHANGE	WAYS OF SUPPORTING RECOVERY
Precontemplation	<p>Focus on raising awareness</p> <p>Educate yourself about substance use, treatment and recovery</p> <p>Provide information about the consequences of substance use in a non-threatening way</p> <p>Allow the person to experience the consequences of his or her substance use</p> <p><i>Be careful not to reinforce or facilitate the person's substance use</i></p> <p><i>Avoid nagging, investigating, controlling, fixing and protecting</i></p>
Contemplation	<p>Support the person as he or she weighs the pros and cons of substance use</p> <p>Support the person as he or she considers the role or impact of substance use on his or her future goals and on your future goals</p> <p>Encourage the person to learn from people who are in recovery</p> <p>Help acquire information about substance use problems and treatment</p> <p>Allow the person to experience the consequences of his or her substance use</p> <p><i>Be careful not to reinforce or facilitate the person's substance use</i></p> <p><i>Avoid nagging, investigating, controlling, fixing and protecting</i></p> <p><i>Avoid pushing the person toward preparation for change before he or she is ready</i></p>

<p>Preparation</p>	<p>Support the person in developing realistic expectations and goals</p> <p>Support the person in considering what will need to change</p> <p>Support the person in getting the help that he or she needs</p> <p>Support the person as he or she makes a plan</p> <p><i>Avoid pushing the person into action too quickly</i></p> <p><i>Avoid doing the “preparing” for the person</i></p>
<p>Action</p>	<p>Celebrate and reinforce small steps</p> <p>Support the person as he or she learns new ways of meeting needs without problematic substance use</p> <p>Support the person in avoiding or dealing with high-risk situations</p> <p>Focus on making changes in your relationship with the person, and in the family, that will support healthier living</p> <p>Be realistic about the speed of recovery</p> <p>Help remove problems that may have sustained the person’s substance use</p> <p><i>Avoid engaging in all-or-nothing thinking</i></p> <p><i>Avoid viewing lapses as failures or as the loss of past gains. Instead, view them as opportunities for the person to learn from</i></p> <p><i>Avoid investigating and controlling the person’s recovery</i></p>
<p>Maintenance</p>	<p>Celebrate and reinforce healthy behaviour</p> <p>Celebrate and reinforce progress toward goals</p> <p>Focus on maintaining changes in your relationship with the person, and in the family, that support healthy living</p> <p>Focus on maintaining your own recovery</p>

Supporting recovery

Your recovery

Identify a behaviour you would like to change:

Which stage are you in with regard to this behaviour?

What approach might be helpful and might move you toward the next stage?

How did it go this week?

Your family member's recovery

Identify a behaviour you would like the person with a substance use problem to change:

Which stage is the person in with regard to this behaviour?

What approach might support the person and his or her movement toward the next stage?

How did it go this week?

Boundaries and limits

WHY HAVE BOUNDARIES?

Boundaries exist to PROTECT yourself and others:

- P**revent resentment and/or burnout.
- R**educe abuse, exploitation, dominance or control by another.
- O**vercome unhelpful and unsustainable patterns of relating.
- T**ake responsibility only for what is your responsibility.
- E**xpress needs.
- C**are for yourself physically, sexually and emotionally.
- T**ry to model healthy boundaries.

HOW DO YOU PROTECT YOUR BOUNDARIES?

STOP to determine, set and enforce limits:

- S**et limits on another person's behaviour with respect to your boundaries.
- T**ell the person of these limits and the consequences if the limits are not respected.
- O**bserve whether the person is respecting these limits.
- P**roceed by following through on the consequences if your limits have not been respected.

Determining my boundaries

BEHAVIOUR OF A PERSON WITH A SUBSTANCE USE PROBLEM

Fill in some situations in each of the columns to help determine what you will and will not tolerate. Everyone has different limits and is in a different situation, so use the examples only as a guide, not as a prescription about what you should or should not tolerate.

I WILL TOLERATE . . .	I AM UNSURE IF I WILL TOLERATE . . .	I WILL NOT TOLERATE . . .
<p>Example: My partner calling me when high, if it is to tell me that he will not be coming home tonight</p> <p>Example: My sister using my car to get to substance use treatment</p>	<p>Example: My father drinking at holiday dinners</p> <p>Example: My daughter calling me for a ride when intoxicated</p>	<p>Example: My partner using drugs in the house</p> <p>Example: My son losing his temper and damaging my home</p>

Common barriers to protecting boundaries

LACK OF SKILLS

- not knowing how to set a limit
- communicating ineffectively with another person about a limit

LACK OF AWARENESS

- not being aware of your own feelings, needs and boundaries
- not noticing when your boundaries are being violated

FEELINGS

- fear about how the person will respond
- guilt for not being more tolerant of the person
- hurt that the person does not automatically know and respect your boundaries
- discomfort with expressing or asserting your needs
- fear about the costs and risks of setting limits

EXPECTATIONS AND BELIEFS

- belief that you do not have the right to demand that your boundaries be respected
- belief that setting limits is selfish and not loving
- expectation that the other person should already know and respect your limits
- expectation that you will not follow through on the consequences you have set, if your limits are not respected

Therefore to protect your boundaries and remain **SAFE**, you must examine whether you need to develop Skills, increase your Awareness, modify your Feelings or change your Expectations.

Communicating loving limits

CHOOSE AN APPROPRIATE TIME

- Choose a time when the person with a substance use problem is not drinking alcohol, using other substances or hung over.
- Choose a time when you and the other person are both calm.
- Choose a time when you and the other person are not in a hurry.

CHOOSE A NEUTRAL PLACE

- Choose a place that is not associated with substance use or with fights.
- Choose a place where you will be safe.

DEMONSTRATE UNDERSTANDING

Verbalize the feelings, thoughts and behaviours of the person that make sense to you.

TAKE RESPONSIBILITY

- Use “I” statements when talking about your feelings.
- Take responsibility for any way in which you contribute to the problem.
- Offer to contribute to solving the problem or to change your behaviour.

BE POSITIVE

- Word your requests in a positive way.
- Avoid sweeping negative statements about the person who has a substance use problem.
- Avoid general statements such as “you never” or “you always.”

BE FIRM

- Do not apologize for or defend your limits.
- Be a “broken record” if necessary.
- Stay focused on your goal (do not let your emotions or an argument derail you).

BE SPECIFIC

- Specify your limits.
- Specify what you would like the other person to do.
- Specify what the consequences will be if he or she does not respect your limits.

Communicating limits using the DESC model

Use the DESC model to help you speak specifically, positively and assertively.

D escribe the situation:	“When you . . .” (behaviour)
E xpress your feelings:	“I feel . . .” (emotion)
S pecify what you want:	“I would like / prefer . . .” (need/desire)
C ommunicate the consequences:	“I will . . .” (positive payoff) “You will . . .” (positive payoff) “If . . . then . . .” (consequences should the limit not be respected).

Adapted from Bower, S. & Bower, A. (2004). *Asserting Yourself: A Practical Guide for Positive Change*. Cambridge, MA: Da Capo Press.

EXAMPLES

When you drink after you have come home, I feel hurt and lonely, and miss the times we share when you are sober. I'd like to hang out with you in the evenings and I know that our relationship will improve if we do. I've decided that if you start drinking when you come home from work, I'll go out and spend time with a friend.

When you use drugs, I worry a lot about you. I love who you are and I fear what the drugs are doing to you. I'd like you to be able to continue living here while you're going to university, but I've decided that I'll only allow you to stay here as long as I see no signs of you using drugs. From now on, if I find drugs or drug paraphernalia in the apartment, or if I see you using drugs or being high, I'll give you one month to find a new place to live.

I've noticed that when you call our kids when you're drunk, they can tell and they become angry and worried about you. I'd like you to call us only when you're sober. I think

that we'll all have a better relationship with you if we talk to you when you're sober. I've decided that for their sake, I'll answer all the phone calls and won't pass them the phone if I can tell that you've been drinking.

Setting loving limits

Choose a behaviour that you are not willing to tolerate, and decide how you will communicate and enforce this limit:

Limit I would like to set:

Where I will communicate this limit:

When I will communicate this limit:

How I will communicate this limit (what I will say): use the DESC model as a guide.

D = _____

E = _____

S = _____

C = _____

Possible responses of my relative to this limit:

Consequences if my relative does not respect this limit:

How I did in setting the limit and sticking with it this week:

How to help children affected by substance use problems

OBTAIN TREATMENT OR SUPPORT FOR YOURSELF

- Learn about alcohol and other drugs, and their effects on the family.
- Learn ways of coping with difficult emotions and with the person who has a substance use problem.
- Learn good parenting strategies.
- Talk to people outside of the family for support.

ENSURE CHILDREN'S SAFETY

- Do not permit family members to misuse alcohol or to use other drugs in the presence of the children or when supervising them.
- If concerned about safety, arrange for the children's visits with the family member who has a substance use problem to be supervised.
- Help the children develop a safety plan.
- Ensure that the children do not take on a parental role in the family.
- Watch for signs of abuse or neglect.
- Call child welfare authorities (e.g., the Children's Aid Society) if a child is being harmed or at risk of harm.

COMMUNICATE WITH CHILDREN ABOUT SUBSTANCE USE

- Talk with the children about alcohol and other drugs.
- Talk with them about their relative's substance use.
- Tell them that they are not to blame for the person's substance use and are not responsible for fixing the problem.

HELP CHILDREN DEAL WITH DIFFICULT EMOTIONS AND SITUATIONS

- Model effective ways of expressing and managing your emotions and of calming yourself.
- Help the children learn effective ways to express and manage their own feelings and to calm themselves.
- Model effective ways to solve problems.
- Help the children to learn effective ways to solve problems.
- Get mental health treatment for the children, if necessary.
- Encourage them to talk to others about their difficulties.

BE INVOLVED AND CONSISTENT

- Ensure adequate supervision of the children.
- Set reasonable expectations and limits for them, and follow through on consequences you have set.
- Allow them to experience the consequences of their behaviour (including the consequences of experimenting with or using substances).
- Spend time together (e.g., eating meals, going for walks, reading).

PROVIDE RESPONSIVE AND POSITIVE CARE

- Listen to and validate the children.
- Respond to their feelings and needs.
- Provide them with positive feedback and encouragement.
- Tell them and show them that they are loved.

HELP CHILDREN TO DEVELOP POSITIVE RELATIONSHIPS WITH OTHERS

- Foster good relationships between the children and other family members (including, if possible, the person with a substance use problem).
- Have fun together as a family.
- Encourage the children to take part in cultural, religious or community-based events.
- Provide many opportunities for them to develop friendships and learn social skills.
- Encourage them to socialize with peers who do not use alcohol or other drugs.

ENCOURAGE AND FOSTER CHILDREN'S SUCCESS

- Allow the children to make decisions about their lives.
- Encourage them to be involved in meaningful activities and hobbies.
- Reinforce their academic achievements.
- Encourage them to contribute to the family and community.
- Help them to develop a cultural and community-based identity.
- Support their goals and aspirations.
- Believe in them.

Supporting children affected by substance use problems

Identify what you are doing that is supportive and helpful:

Identify one suggestion that you would like to put into action this week:

Plan what you will do to put this suggestion into action:

Plan when you will put the suggestion into action:

Consider anything that will prevent you from putting this plan into action.
How will you overcome these barriers?

Record how you did:

Record the child's or adolescent's response:

Books for parents, children and adolescents

PARENTING CHILDREN AFFECTED BY A PARENT'S SUBSTANCE USE

Black, C. (2003). *Straight Talk from Claudia Black: What Recovering Parents Should Tell Their Kids about Drugs and Alcohol*. Center City, MN: Hazelden.

Wood, B. (2002). *Raising Healthy Children in an Alcoholic Home* (2nd ed.). Center City, MN: Hazelden.

PREVENTING SUBSTANCE USE BY CHILDREN

Kuhn, C., Swarzwelder, S. & Wilson, W. (2002). *Just Say Know: Talking with Kids about Drugs and Alcohol*. New York: W.W. Norton.

Schwebel, R. (1998). *Saying No Is Not Enough: Helping Your Kids Make Wise Decisions about Alcohol, Tobacco, and Other Drugs—A Guide for Parents of Children Ages 3 through 19* (2nd ed.). New York: Newmarket Press.

Wilmes, D. (1995). *Parenting for Prevention: How to Raise a Child to say No to Alcohol/Drugs* (rev. ed.). Center City, MN: Hazelden.

PARENTING CHILDREN WHEN STRUGGLING WITH MENTAL HEALTH PROBLEMS

McKay, M., Fanning, P., Paleg, K. & Landis, D. (1997). *When Anger Hurts Your Kids: A Parent's Guide*. Oakland, CA: New Harbinger Publications.

Nicholson, J., Henry, A., Clayfield, J. & Phillips, S. (2001). *Parenting Well When You're Depressed: A Complete Resource for Maintaining a Healthy Family*. Oakland, CA: New Harbinger Publications.

Yapko, M. (1999). *Hand Me Down Blues: How to Stop Depression from Spreading in Families*. New York: St. Martin's Press.

PARENTING CHILDREN AFFECTED BY SEPARATION

McDonough, H. & Bartha, C. (1999). *Putting Children First: A Guide for Parents Breaking Up*. Toronto: University of Toronto Press.

PARENTING CHILDREN EXHIBITING EMOTIONAL OR
BEHAVIOURAL DIFFICULTIES

Barkley, R. & Benton, C. (1998). *Your Defiant Child*. New York: Guilford Press.

Carducci, B. & Kaiser, L. (2003). *The Shyness Breakthrough*. New York: St. Martin's Press.

Chamsky, T. (2004). *Freeing Your Child from Anxiety*. New York: Broadway Books.

Forehand, R. & Long, N. (2002). *Parenting the Strong-Willed Child: The Clinically Proven Five-Week Program for Parents of Two- to Six-Year-Olds* (rev. ed.). New York: McGraw Hill.

Manassis, K. (1996). *Keys to Parenting Your Anxious Child*. New York: Barron's Educational Series.

Sells, S. (2002). *Parenting Your Out of Control Teenager*. New York: St. Martin's Press.

SUBSTANCE USE AND MENTAL HEALTH ISSUES FOR CHILDREN

Black, C. (1997). *My Dad Loves Me, My Dad Has a Disease* (3rd ed.). San Francisco, CA: Mac Publishing.

Centre for Addiction and Mental Health. (2002). *Can I Catch It Like a Cold? A Story to Help Children Understand a Parent's Depression*. Toronto: Author.

Centre for Addiction and Mental Health. (2005). *Wishes and Worries: A Story to Help Children Understand a Parent Who Drinks Too Much*. Toronto: Author.

Hamilton, D. & Owens, G. (1995). *Sad Days, Glad Days: A Story about Depression*. Morton Grove, IL: Albert Whitman and Company.

Hastings, J. (1994). *An Elephant in the Living Room: The Children's Book*. Center City, MN: Hazelden.

Helmer, D.S. (1999). *Let's Talk about When Your Mom or Dad Is Unhappy*. Center City, MN: Hazelden.

Johnston, M. (1998). *Let's Talk about Alcohol Abuse*. Center City, MN: Hazelden.

Kreiner, A. (1998). *Let's Talk about Drug Abuse*. Center City, MN: Hazelden.

Mercury, C. (1997). *Think of Wind*. Rochester, NY: One Big Press.

Moore Campbell, B. (2003). *Sometimes My Mommy Gets Angry*. New York: G.P. Putnam's Sons.

Vigna, J. (1993). *I Wish Daddy Didn't Drink So Much*. Morton Grove, IL: Albert Whitman and Company.

Vigna, J. (1995). *My Big Sister Takes Drugs*. Morton Grove, IL: Albert Whitman and Company.

SUBSTANCE USE AND MENTAL HEALTH ISSUES FOR ADOLESCENTS

Black, C. (2001). *It Will Never Happen to Me: Growing Up with Addiction as Youngsters, Adolescents, Adults*. Center City, MN: Hazelden.

Brennfleck Shannon, J. (2005). *Alcohol Information for Teens: Health Tips about Alcohol and Alcoholism*. Detroit, MI: Omnigraphics.

Crist, J. (2003). *When Someone You Love Abuses Alcohol or Drugs: A Guide for Kids*. Winnipeg, MB: Wellness Institute.

Hipp, E. (1995). *Help for the Hard Times: Getting through Loss*. Center City, MN: Hazelden.

Hornik-Bear, E. (2001). *For Teenagers Living with a Parent Who Abuses Alcohol/Drugs*. New York: Backinprint.com.

McFarland, R. (1997). *Drugs and Your Brothers and Sisters* (rev. ed.). Rosen Publishing Group.

Miller, S. (1995). *When Parents Have Problems: A Book for Teens and Older Children with an Abusive, Alcoholic, or Mentally Ill Parent*. Springfield, IL: C.C. Thomas.

O'Toole, D. (1995). *Facing Change: Falling Apart and Coming Together Again in the Teen Years*. Burnsville, NC: Compassion Press.

Rosenberg, E. (2002). *Growing Up Feeling Good: The Life Handbook for Kids* (rev. ed.). Long Beach, NY: Lima Bean Press.

PARENTING IN GENERAL

Borba, M. (1999). *Parents Do Make a Difference: How to Raise Kids with Solid Character, Strong Minds and Caring Hearts*. San Francisco, CA: Jossey-Bass.

Christopherson, E. & Mortweet, S. (2003). *Parenting That Works*. Washington, DC: APA Life Tools.

Clark, L. (1996). *sos! Help for Parents*, Bowling Green, KY: Parents Press.

Coloroso, B. (2002). *Kids Are Worth It! Giving Your Child the Gift of Inner Discipline*. New York: HarperCollins.

Faber, A. & Mazlish, E. (1999). *How to Talk So Kids Will Listen and Listen So Kids Will Talk* (2nd ed.). New York: Avon Books.

Pantley, E. (1996). *Kid Cooperation: How to Stop Yelling, Nagging and Pleading and Get Kids to Cooperate*. Oakland, CA: New Harbinger.

Severe, S. (2001). *How to Behave So Your Preschooler Will Too*. New York: Penguin.

Severe, S. (2003). *How to Behave So Your Children Will Too*. New York: Penguin.

Webster–Stratton, C. (2002). *The Incredible Years: A Trouble-Shooting Guide for Parents of Children Aged 3–8*. Toronto: Umbrella Press.

WEBSITES FOR CHILDREN, YOUTH AND PARENTS

Al-Anon/Alateen: www.al-anon.alateen.org

Children of Alcoholics Foundation (COAF): www.coaf.org

Family Association for Mental Health Everywhere (FAME):
www.fameforfamilies.com

Freevibe.com: www.freevibe.com

National Association for Children of Alcoholics (NACOA): www.nacoa.org

National Institute of Drug Abuse: www.teens.drugabuse.gov/

Puberty 101: www.puberty101.com

Finding hope survey

1. How hopeful did you feel when you started this group?

1	2	3	4	5
Not at all hopeful	Somewhat hopeful	Moderately hopeful	Quite hopeful	Very hopeful

2. What did you feel hopeful about?

3. How hopeful do you feel now?

1	2	3	4	5
Not at all hopeful	Somewhat hopeful	Moderately hopeful	Quite hopeful	Very hopeful

4. What do you feel hopeful about?

5. What may have contributed to the increase, decrease or lack of change in your degree of hopefulness from the time you began the group until now?

6. What do you think you could do to maintain your level of hopefulness or to become more hopeful?

How to modify hopefulness

WHAT CAN INCREASE HOPEFULNESS

		EXAMPLE
Thoughts	Optimism	“I believe that my situation will improve.” “I believe that treatment will be helpful.”
	Self-mastery and self-efficacy	“I believe that I can improve my situation.”
	Self-encouragement	“I can do it. I can make these changes. I am a good person.”
	Creativity	“I can think of many ways to deal with any problem or get around any obstacle.”
Behaviour	Achieving goals	Attaining success in making small steps toward my goals
	Reinforcing myself	Patting myself on the back Feeling good about myself
	Positive experiences	Enjoying time with others Engaging in activities that are pleasurable
	Learning from others	Hearing how others have survived or overcome difficult circumstances

**WHAT CAN DECREASE HOPEFULNESS
(INCREASE HOPELESSNESS)**

		EXAMPLE
THOUGHTS	All or nothing thinking	“I made one slip, therefore I have completely failed.”
	Catastrophic thinking	“The worst will happen and I will not be able to cope.”
	Negative self-talk	“I can’t do anything right.”
	Helplessness	“There is nothing I can do to improve the situation.”
	Passivity	“Only my family member can make things better for me.”
BEHAVIOUR	Failing to achieve goals	Failing because my goals were too high or vague
	Failing to benefit from efforts	Not receiving reinforcement from myself or others for efforts made
	Failing to try anything at all	Doing nothing myself. Waiting for others to make changes
	Worrying	Spending considerable time worrying

Increasing hope

Place a check next to the thought patterns you have that reduce your hopefulness:

- all-or-nothing thinking
- catastrophic thinking
- negative self-talk
- helplessness
- passivity.

Place a check next to the behaviours you demonstrate that reduce your hopefulness:

- failing to achieve goals
- failing to benefit from efforts
- failing to try anything at all
- worrying.

Place a check next to the thought patterns you use that increase your hopefulness:

- optimism
- self-mastery or self-efficacy
- self-encouragement
- creativity.

Place a check next to the behaviours you demonstrate that increase your hopefulness:

- achieving goals
- reinforcing myself
- positive experiences
- learning from others.

Select one thought pattern to decrease or increase during the week, in order to increase your hopefulness:

Select one behaviour to decrease or increase during the week, in order to increase your hopefulness:

Sayings related to hopefulness

If I constantly and continuously look for positive, it will soon capture me and overwhelm me with its presence.

—Joseph Araza

Roads are filled with gravel, little stones that may trip or bruise you, just like in life. There are setbacks that will trip you; fall but stand up, for abrasions will heal. Setbacks are part of life; it comes as a package. Grit your teeth and continue walking.

—Chua Hui Min

Keep moving. Keep putting one foot in front of the other. Inch by inch, you will get closer to success.

—Ronnie Nijmeh

Success is going from failure to failure without a loss of enthusiasm.

—Winston Churchill

Life is full of competition and to go forward you have to beat the tough challenges that are in your way.

—Mohammad Ahmed Yasin

With a positive attitude, thoughts are toward trying again. Therefore, failure does not exist.

—John Eaglespirit Campbell

Great things are not done by impulse, but by a series of small things brought together.

—author unknown

Some of us have great runways already built for us. If you have one, take off! But if you don't have one, realize it is your responsibility to grab a shovel and build one for yourself and for those who will follow after you.

—Amelia Earhart

Encouragement is oxygen to the soul. Good work can never be expected from a worker without encouragement. No one ever climbed spiritual heights without it. No one ever lived without it.

—George Matthew Adams

If you're trying to get something right, but you are not motivated to keep on trying, remember: The person who finally got it right, couldn't do it until the time that he finally did it. So keep on trying, who knows if the next time you try will be the one that you get it right?

—Viviane Cornachini

Your greatest challenge isn't someone else. It's the aching in your lungs and the burning in your legs and the voice inside you that yells "Can't!" But you don't listen. You push harder and hear the voice that whispers "Can." And you realize that the person you thought you were is no match for the one you really are.

—author unknown

Although the world is full of suffering, it is full also of the overcoming of it.

—Helen Keller

Source: Most of these quotations were posted on www.motivateus.com.

Changes

Since you began the group

How have your feelings changed?

How have your thoughts changed?

How has your behaviour changed?

How has your relationship changed?

Now, at the end of the group

What changes would you like to sustain?

What will help you do this?

What other change would you like to make?

What will help you make this change?

Feedback form

We would like to get some feedback from you about your participation in this program.

How helpful were the teaching and discussions for you?

1	2	3	4	5
Not at all helpful	Somewhat helpful	Moderately helpful	Helpful	Very helpful

How helpful were the handouts for you?

1	2	3	4	5
Not at all helpful	Somewhat helpful	Moderately helpful	Helpful	Very helpful

How helpful were the homework exercises for you?

1	2	3	4	5
Not at all helpful	Somewhat helpful	Moderately helpful	Helpful	Very helpful

Sessions I attended:

- Starting out
- Understanding substance use problems and their effects on families
- Taking care of yourself
- Finding support
- Managing stress
- Using religious and spiritual resources
- Staying safe and managing crises
- Grieving and coping
- Managing emotions
- Communicating effectively with a person who has a substance use problem
- Problem solving
- Setting goals and making change happen
- Responding to a person who has a substance use problem
- Supporting the recovery of a person with a substance use problem
- Setting limits with a person who has a substance use problem
- Helping children affected by substance use in the family
- Finding hope
- Next Steps
- Other

What I found most valuable or helpful about this program:

What session(s) I found most beneficial and why:

What session(s) I found least helpful and why:

What session I would like to have covered in greater depth:

What session I would like to have done that was not included:

Suggestion I have to improve this program:

Thank you very much!

List of resources

BOOKS TO HELP FAMILIES AND PARTNERS AFFECTED BY SUBSTANCE USE

Beattie, M. (1986). *Codependent No More: How to Stop Controlling Others and Start Caring for Yourself*. Center City, MN: Hazelden.

Brown, S., Lewis, V. & Liotta, A. (2000). *The Family Recovery Guide: A Map for Healthy Growth*. Oakland, CA: New Harbinger Publications.

Meyers, J.M. & Wolf, B.L. (2004). *Get Your Loved One Sober: Alternatives to Nagging, Pleading, and Threatening*. Center City, MN: Hazelden.

Nakken, C. (2000). *Reclaim Your Family from Addiction: How Couples and Families Recover Love and Meaning*. Center City, MN: Hazelden.

Patterson-Sterling, C. (2004). *Rebuilding Relationships in Recovery: A Guide to Healing Relationships Impacted by Addiction*. Philadelphia, PA: Xlibris Corporation.

Shirley, K.J. (2000). *Resilient Marriage: From Alcoholism & Adversity to Relationship Growth*. Rowman and Littlefield.

Woititz, J. & Ackerman, R. (2002). *The Complete ACOA Sourcebook: Adult Children of Alcoholics at Home, at Work, and in Love*. Health Communications Inc.

BOOKS TO HELP COUPLES WANTING TO IMPROVE THEIR RELATIONSHIP

Cluris, D.M. (2004). *Lesbian Couples: A Guide to Creating Healthy Relationships*. Berkeley, CA: Seal Press.

Gottman, J. (1999). *The Seven Principles for Making Marriage Work*. New York: Three Rivers Press.

Gottman, J. (2002). *The Relationship Cure: A Five-Step Guide to Strengthening Your Marriage, Family and Friendships*. New York, Three Rivers Press.

Hendrix, H. (2005). *Getting the Love You Want*. New York: Pocket Books.

Leonhard, G. & Mast, J. (1997). *Feathering Your Nest: An Interactive Workbook and Guide to a Loving Lesbian Relationship*. Yarmouth, NS: Rising Tide Press.

Lerner, H. (1989). *The Dance of Intimacy: A Woman's Guide to Courageous Acts of Change in Key Relationships*. New York: Harper and Row.

Lerner, H. (1993). *The Dance of Deception: Truth-Telling in Women's Relationships*. New York: HarperCollins.

Lerner, H. (2001). *The Dance of Anger: A Woman's Guide to Changing the Patterns of Intimate Relationships*. New York: HarperCollins.

Lerner, H. (2001). *The Dance of Connection: How to Talk to Someone When You're Mad, Hurt, Scared, Frustrated, Insulted, Betrayed, or Desperate*. New York: HarperCollins.

BOOKS TO HELP PEOPLE COPE BETTER WITH LIFE

Davis, M., Robbins-Eshelman, E. & McKay, M. (1995). *The Relaxation and Stress Reduction Workbook* (5th ed.). Oakland, CA: New Harbinger Publications.

Greenerger, D. & Padesky, C. (1995). *Mind over Mood: Change How You Feel by Changing the Way You Think*. New York: Guilford Press.

Hollowell, E. (1997). *Worry: Hope and Help for a Common Condition*. New York: Ballantine Publishing Group.

James, J. & Friedman, R. (1998). *The Grief Recovery Handbook: The Action Program for Moving Beyond Death, Divorce and Other Losses* (rev. ed.). New York: HarperCollins.

Kabat-Zinn, J. (2005). *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*. New York: Bantam Dell.

Kushner, H. (2004). *When Bad Things Happen to Good People*. New York: Avon Books.

McKay, M. & Rogers, P. (2000). *The Anger Control Workbook*. Oakland, CA: New Harbinger Publications.

Prochaska, J., Norcross, J. & DiClemente, C. (1995). *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward*. New York: Avon Books.

Yapko, M. (1997). *Breaking the Patterns of Depression*. New York: Bantam Doubleday Dell.