Family matters: throwing a lifeline

The World Health Organisation defined alcoholism (addiction) as a family disease in 1956. It took the 1955 American Medical Association definition of alcoholism being a disease, one step further. “Family disease” is not arbitrary terminology.

This statement could not be clearer. With this clarity in mind, how many treatment centres in the world have a family workshop component in their residential clinical care programme? How many treatment centres collude with the unhealthy system of fault finding and blaming the scapegoat/addict by ignoring the family in pain?

Having conducted family work since the mid 1980s, it is easy to see that codependent family members are often at their wits’ end as they struggle to understand why... their addict/alcoholic while they subconsciously believe they are often the ‘cause’ of the designated patient’s problems.

Families struggle with dysfunction, disease, addiction and everyone finds themselves plunged into crisis. Feelings of hurt and anger emerge as those who feel unloved attempt to make things right for... form. This drives family members further apart. Family members know something is wrong and it must be fixed, due to love being replaced with contempt.

Next... the suggestion for family therapy is made. Most often, the first response from the family is resistance, or denial. “Why should WE get help?” “They’re the problem” and “How much does it cost?” In reality, most addict systems struggle with finding new tools to get back to normalcy. Effective family work turns the time and resources spent on treatment into a wise investment.

When giving focus to family workshop programmes, I do not mean family therapy per se, although the process is specifically designed to be therapeutic. If the family does not enter the therapy process – with or without the designated patient – they will stay in the unconscious rigid patterns of feelings and behaviours. No change will be evident and all will be the same; as horrible and painful as before. Sound familiar? It’s called addiction, but whose addiction drives these rigid patterns?

Failing to attend a family workshop process supports the common complaint that “we’ve wasted our time and money again”. Family work offers healing to families who need and deserve new tools to get back to normalcy. Effective family work turns the time and resources spent on treatment into a wise investment.

By the end of this presentation at Recovery Plus, delegates will be able to:

1) Take away information which will give your residential clients a 65% higher probability of getting well and staying well
2) Offer information to families so they can understand their own family-of-origin issues which unwittingly enable the ‘designated patient’ to remain active in their addictions
3) List what helps families best overcome communication blocks as well as blocks to their own recovery process
4) Discuss what makes an addict, the ‘designated patient’ in a family system and how to combat that dysfunctional family culture of blame
5) Guide family members through resistance to change and, hopefully, gain insight to their own familial issues with multiple families present
6) Enable prevention of perpetuation in future generations as well as repeated experiences.

About the author

Don Lavender BA, MDx, CADAC, CSAC has worked in intervention and counselling with individuals and family systems since 1980 and now runs Camino Recovery. He is a certified alcohol and drug addictions counsellor and certified substance abuse counsellor. He is passionate about family work, regularly holding Healing the Family workshops.

He has been a consultant to Next Health (Serra Towers) and the California Physician’s diversion programme, Priory Hospitals and Lifeworks, Ireland’s Resurrection Rehab, Israel’s Beit Ono, Beirut and Saudi Arabia’s Nour Al-Shamuk. He also ran Harmony, a 26-bed extended care facility in Devon where he was the first to bring equine assisted psychotherapy to England (see pages xx-xx) (www.caminorecovery.com; www.donlavender.com).

Addicts, on returning home from treatment, can fall into a sea of family anger and rigidity, with no place for their newfound self and behaviour – then relapse. Don Lavender explains.