

TAKING THE LID OFF

A resource for families living with addiction and problematic substance abuse.

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What is this booklet all about?

There is no doubt; the impact of living with addiction can be devastating. Yet family members can survive; even thrive despite the disruption caused by these problems.

In 2003, the Government's report *Hidden Harm* was published to highlight the needs of families living with addiction. They called it *Hidden Harm* because addiction is so often covered up, hidden and not openly talked about. Family members often feel trapped, isolated and powerless.

Four million people are addicted to alcohol and other drugs across England, Scotland, Wales and Northern Ireland. For each of those four million people, it affects at least two close family members, probably more. There are a vast number of mothers, fathers, children, partners, brothers, sisters or grandparents living with someone's alcohol or drug addiction.

Considering the extent of alcohol and drug addiction, you can be sure that you are not alone!

How to use this booklet

Taking the Lid Off was developed for adults and older teenagers with three purposes:

- To help family members increase their understanding of addiction.
- To explore how it affects those living with it.
- To look at what helps based on the strongest evidence we have.

It is an introduction to how families are affected by addiction and what can help.

- It is **not** an easy answer to a complex issue.
- It is also **not** a replacement for professional help if families need it. Additional resources and where to get help are included towards the end of the booklet.

How you use this booklet is up to you. Each family is different. Even members of the same family may have different ways to cope. There are, however, common patterns. These patterns can give answers to difficult questions like:

- Understanding why you do the things you do.
- What can be done to make things better for you?

Read this booklet to increase your understanding, not feelings of guilt or blame.

It can give you ideas and hope, even if the person you care about is not ready to change their drinking or drug use.

To get the most out of this booklet it will help if you:

- Put thought into what you are reading and work through the questions it asks.
- Talk about what you are reading with someone who listens and understands addiction.
- This may be a professional, a member of Al-Anon or someone you trust.

The word "addiction" is used throughout this booklet. Family members can also be affected by excessive misuse.

How one family member saw this booklet

"There was a lot in this booklet I could relate to. It gave me a better understanding of what I was facing living with my father's addiction. It gave me ideas that would make things better for me. It gave me hope. That's what I needed most."

Understanding Addiction

Defining Words and What They Mean to Us

It will help if we are clear about what we mean by words used in this booklet so we all mean the same thing. These words are:

- Family
- Addiction
- Drugs
- Alcoholism
- Resilience

Family: There are many forms of “families” today. They are not just defined by the people who live under the same roof. For the purposes of this booklet, a family is a group of people with a strong emotional connection with each other, whether they live together or not.

Drugs: A drug is a chemical which causes a change (or several changes) in the way the human body works, either mentally, physically or emotionally.

This definition includes alcohol. Alcohol is the most misused drug in Northern Ireland. It also includes over the counter medication, prescription medication, solvents and illegal drugs.

Resilience: Resilience is the ability to “bounce back” from adversity. Research into resilience has looked at what helps people to survive or even thrive in the face of difficult circumstances. This includes their personality, skills that they have learned or the right kind of support.

Addiction: “Addiction is when someone continues doing something, like drinking or using drugs despite the harm to their physical health, mental health, relationships, etc.

Excessive drinking or drug use can cause problems for both the individual and their family. The extreme problems that comes with addiction can increase the challenges for families. The word addiction is used throughout the booklet as opposed to addiction and problematic substance abuse.

Alcoholism: Put simply, alcoholism is an addiction to the drug alcohol.

The medical field classified alcoholism, also known as Alcohol Dependence Syndrome, as a disease in the 1950’s. While not everyone believes it is a disease, it does have symptoms, a pattern and can be treated. All diseases have these three things.

As helpful as defining words can be, it is hard to understand some complex issues like addiction. That will need a much closer look.



What do you think about these definitions?

Are there words or phrases you would like to find more information on?

Understanding Addiction and Alcoholism

If an alien arrived on earth today and watched someone excessively misuse alcohol or other drugs, it would seem completely insane. Why would anyone choose to continue to harm themselves and the ones they care about in such a destructive way?

From looking at it from the outside it can seem completely irrational. It can be hard for the person with the addiction to understand let alone for the people who care about them.

Knowledge is power. Healing can begin with understanding. Use this booklet to increase that understanding.

Characteristics of Addiction

No matter what substance someone is addicted to, there are certain characteristics that all addiction has in common. To diagnose addiction, a medically trained person will look for:

1. Loss of control over the drug's use.
2. The use of alcohol or drugs becomes the most important thing. This is even over things that were once important like family, health, career.
3. Compulsion to use. The person gets locked into only seeing the benefits and not the harm it will do.
4. Withdrawal. The person's body reacts to the drug leaving the body.
5. Personal losses or major life consequences as a result of drinking or using drugs.
6. Continue using in the face of serious consequences.

You don't need all of these characteristics but just some of them.

No one sets out to become addicted. There are different things that contribute to becoming addicted including:

- availability of the drug
- heavy use
- genetics and a family history of addiction
- personality
- beginning to use at a young age

This means that anyone excessively using mood altering drugs like alcohol run the risk of becoming addicted.

On the other hand, people can and do recover. Just look to any Alcoholic Anonymous or Narcotic Anonymous group and you will see people who have reached a point in their lives saying, "I just don't want this anymore."

With support and determination, they are making changes in their lives that help them stick to that decision.



Understanding alcoholism

While alcohol is used so freely in our society, the word “alcoholic” has a stigma. Some people’s views are associated with myths and stereotypes around alcoholism.

Let’s explore some of these myths.

Myth - Beer and wine drinkers (who don’t drink spirits) can’t be alcoholic.

Fact - The addiction is to the drug alcohol, not the package it comes in.

Myth - Alcoholism is a personal problem affecting just the drinker.

Fact - Almost everyone with alcoholism affects at least 2 other people.

Myth - Good families don’t have addiction problems.

Fact - Addiction is equal opportunity. It cuts across social classes, race, and gender. Once someone begins to excessively use a mood-altering drug including alcohol, regardless of family background, can they accurately predict if they will or won’t become addicted?

Myth - I’m too young to become alcoholic.

Fact - Alcoholism can affect you young or old. We do know that when people begin drinking at a young age, the probability of developing alcoholism rises.

Myth - A person must drink daily to be alcoholic.

Fact - Only a minority of people with alcoholism are daily drinkers – drinking daily often comes at the later stages. It is not so much when a person drinks or how often, but what happens when they do.

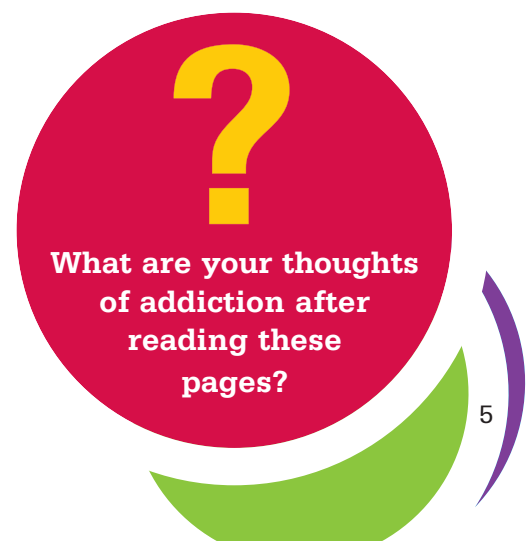
Myth - Alcoholism or other drug addiction is a sign of moral weakness and weak will.

Fact - Moral Character has little to do with it. Alcoholism, like all addiction to mood altering drugs is routed in brain chemistry that creates obsessive thinking and compulsion to use.

Myth -Alcoholics are down and outs.

Fact - Only 3 to 5% of all people suffering from alcoholism are “down and out”. Many, many more are in homes, marriages and jobs. People from all walks of life become addicted to the drug ALCOHOL.

As a result of these and other myths, people often believe that to seek help is to admit some type of shameful defect. This could not be further from the truth. Taking steps to deal with any problem takes courage, determination and continuous effort.



What is Normal Anyway?

Do “normal families” *always* talk over problems, *never* get angry with each other, *always* pay bills on time, or enjoy holidays and special occasions *stress free*? The “perfect family” only exists on TV. Every family has their ups and downs. Families do their best with what they have.

What makes families work well is the ability to meet the physical and emotional needs of its members. There is a feeling of security and shared identity.

What contributes to a healthier atmosphere within the family? The ability to:

- Interact with each other without put-downs.
- Say yes or no to other family member’s requests without fear of rejection.
- Ask without being demanding.
- Show feelings without fear of losing the relationship.
- Have special relationships with individuals in and outside the family.
- Be honest and feel trusted by each other.
- Celebrate and have fun together.
- Be confident that relationships are stable.

(Taken from Don Wegscheider, 1979)

Structures that families have:

RULES: Rules are guidelines the family has. They express a family’s core beliefs and values. How respect is shown, being honest, permission to express how you feel, even who sits at the head of the table are examples of family rules. While they may not be openly talked about, rules are still there.

ROLES: A role is what someone consistently does that has a purpose and function. Listener, time keeper, disciplinarian, comedian or coach are examples of roles family members consciously or unconsciously take on.

RITUALS: Rituals are customs or family activities that establish and maintain a family’s identity and a feeling of connection with each other. Sunday lunch, celebrations like birthdays and Christmas are family traditions or rituals.

HIERARCHIES: Hierarchies are relationships within the family that are defined by levels of responsibility. For example, parents are at the top of the hierarchy and hold most of the responsibility for maintaining the family’s survival.

BOUNDARIES: A boundary is an imaginary fence or line of demarcation between individual family members, between groups within a family (parents/children, boys/girls, etc) and around the family itself that contribute to the closeness and safety of family members. It is not healthy for boundaries to be too rigid or for a family to have no boundaries at all.

While these structures exist in most families, the atmosphere and structures change through the chaos and unpredictability when there is addiction.



The impact of Addiction on the Family

Read this section with the knowledge nothing is written in stone. Many people living with addiction have found hope and strength from a range of sources.

What do family members experience living with addiction?

As Bill Wilson, co-founder of Alcoholics Anonymous wrote, “any family member who has to live with an alcoholic is bound to become distorted themselves.”

How does anyone make sense, let alone deal with someone excessively using alcohol or drugs? Family members talk about:

- The sheer stress they are under as a result of the difficulties that come with addiction.
- Real worries about the drinker or drug user, their children and themselves.
- Home and family life are under threat from the drinker’s or drug taker’s behaviour.
- The signs of stress that are beginning to show.

Terms like *co-dependency* can be helpful in explaining how addiction takes over everyone. Family members can get obsessive about changing or helping the addicted person. The focus is always on them and your needs are forgotten about. *Enabling* is used to describe how family members unintentionally make it easier for the alcoholic or drug user to continue misusing alcohol or drugs.

These terms are **not helpful** if it is suggesting you are “wrong” by what you are doing. Family members are caught between caring about the person with the addiction and struggling to cope.

One other pattern is how the family members are really affected remains unseen. Driven by guilt and shame, the problem is hidden.

Common myths that families believe:

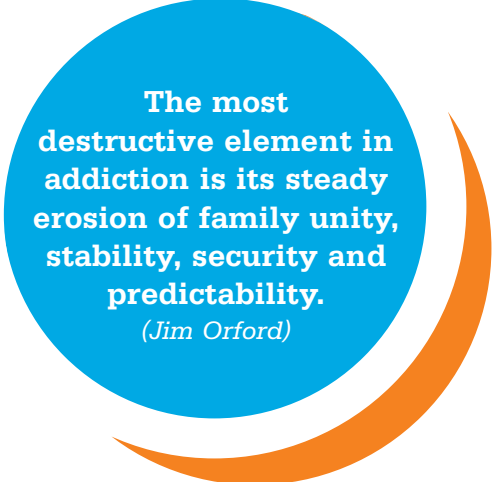
- If we don’t talk about it, it doesn’t exist.
- If we keep doing what we are doing, even if it does not really help, somehow things will get better.
- It can seem just “normal”. This is the way things are. People begin to accept what is really not acceptable.
- Addiction is someone’s fault. Someone is to blame.

Living with addiction is like an iceberg

While the cast of personalities may be different, what happens in homes where there is active addiction can follow predictable patterns:

- There is an undercurrent of tension and anxiety.
- There is constant uncertainty of what will happen next.
- Living with someone abusing alcohol or other drugs addictively is like living with Jekyll and Hyde. You never know who will appear.
- Even while extreme things keep happening, family members are not really prepared for them.
- People don’t really talk openly. They can retreat and withdraw or be on the attack.

Like an iceberg, others see how the family appears to be coping on the surface, yet the turmoil and trauma is unseen below the surface.



The most destructive element in addiction is its steady erosion of family unity, stability, security and predictability.

(Jim Orford)

Stages of coping

Families can go through stages of coping when faced with addiction. Each stage can vary in intensity and extremes from family to family.

- **Denial:** The problem does not exist. Family members do not acknowledge the existence of any problem with alcohol or other drugs. Family members may be excusing, denying or minimising the problem. Efforts to hide the problem from the outside world suggests it is having a bigger impact than people will admit.
- **Attempts to “fix” the problem:** Bargaining, pleading, threatening, pouring drink out. Family members become obsessed with the drinking or drug use and changing the drinker or drug user. Their own needs are ignored.
- **Disorganisation and chaos:** Family balance is disrupted. Episodes of mayhem and chaos are common. The anticipation and fear of drinking or drug episodes are there during periods of abstinence. “Walking on egg shells” is a common description of how family members live in fear of the next drink or drug binge.
- **Reorganisation in spite of the problem:** Roles are created to maintain some sense of normality. Someone may take over paying the bills or make decisions.
- **Efforts to escape:** Physically and emotionally, distance is created. Separations and children leaving home can happen. People have had enough.

They don't have to follow any order. Some family members get stuck in some of the above stages. What we don't often see is the underlying trauma and emotional pain family members are suffering.

Recovery and reorganisation can and does happen. Family members can begin to recover, address their needs whether the drinking or drug use stops or not.



**What stages have you
seen in your
family?**



How are families and family life affected by addiction?

These words best describe life with addiction.

Unpredictable
Chaotic
Excessive

Routines: With its unpredictability, routines are affected. A constant level of uncertainty is always there.

Communication: Communication changes or stops. The lack of communication adds to more conflict and anxiety. Lying and deception become common place so trust is broken.

Social life: Isolation and withdrawal due to shame or embarrassment is common. Families retreat inward to cope. Common examples of this are not bringing friends to the house or refusing invitations to social events.

Rituals: Rituals surrounding special occasions i.e. birthdays, Christmas, weddings and any other family celebrations can repeat unpleasant experiences.

Rules: All families have rules that guide what they do, but the families living with addiction have rules that centre on alcohol or drug use. The unacceptable becomes acceptable. The alcoholic or addict controls all. If they are down, you are down. The rules don't get openly agreed on, but exist all the same. Some of these rules include:

Don't Talk	Family secrets, especially about the drinking or drug use are never discussed.
Don't Trust	It's difficult to trust if there is little communication. Lies and broken promises destroy trust. Family members learn to mistrust others and eventually themselves.
Don't Feel	Possibly the most destructive rule of all. The expression of feelings rocks the boat. Family members learn not to talk about feelings but to hide them.

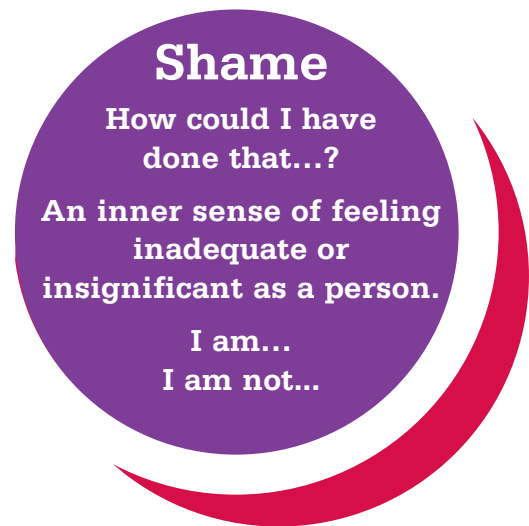
Other unhelpful rules that need challenged:

- Be good, strong, right and perfect: Preoccupation with standards that keep changing.
- Don't rock the boat.
- Don't communicate directly.
- Let someone else take responsibility for me.



Guilt and shame

Guilt and shame are common emotions when living with addiction. Guilt comes from what we have done (or not done) while shame is more associated with who we are. These powerful emotions produce a poor sense of well being.



How has your family been affected?

Are there other “rules” that are unhelpful for you?

Which “rules” discussed here do you think should be broken?

Which ones do you think you need to start with?

Family Roles

Family members tend to develop roles that have a purpose. Look in depth at any family with active addiction and you may see any of the following roles.

One person can play out more than one role and roles can change as people leave the family.

The Enabler	The person (usually the partner) who keeps things the same, no matter what the level of pain and stress is.
Family Hero	The hero carries the family banner. They take responsibility, showing the outside world my family is OK.
Scapegoat	The scapegoat distracts the focus away from the problem and onto him/herself, often through getting into trouble. Their behaviour can be a cry for help.
The Lost Child	This child seems to disappear into the shadows, unnoticed and generally feeling uncared for, yet deep down is relieved. At least there is one less kid to worry about.
Mascot	Humour and being “cute” takes the focus away from the seriousness of living with addiction in the home.
Rescuer	The person who is determined to change the drinker or drug user.

These roles have their “payoffs”, but at a cost.

Role	What you see	What people are feeling
The Enabler	Carer, own needs come second, believes they can “fix” things, a martyr.	Fear, what you do is never enough.
The Family Hero	Successful, good natured, “the little mother or man” of the family. Always does what’s right, over-responsible. Needs others approval. Compulsive caretaker. Not much fun. Quiet martyr, seldom shows anger, but it leaks out in other ways.	Hurt, inadequate, confusion, guilt, fear, low self-esteem. Can never do enough. “I am ok as long as I do well.” “I will take care of everything and everyone.” “I will try and please you because I need your approval.”
The Scapegoat	Hostility & defiance, withdrawn, gets negative attention, won’t compete, trouble maker. Does not seem to care. Relies on peers for a sense of belonging. Irresponsible.	Starved of attention, hurt, abandoned, angry, feels inadequate & low self worth. “I don’t need anyone.” “I don’t value anything you value.” “ I won’t feel” “I trust my friends not you.” “I don’t care.” “ I will never belong”
The Lost Child	Loner, day-dreamer, solitary rewards, withdrawn, drifts & floats through life, quiet, shy & ignored. Treasures pets or other things. Is passive. Avoids stress. Conforms. Creates an imaginary reality where things are safe and well.	Unimportant, not allowed to have feelings, loneliness, hurt & abandoned, defeated, given up. “ I don’t count” “I am afraid of everything.” “What I can control is me.” “No one can get in unless I let them.”
The Mascot	Super cute, immature and anything for a laugh or attention, fragile and needful of protection, hyperactive, short attention span, learning disabilities, anxious.	Lonely, inadequate. “I can fix it by being funny.” “If they laugh at me they must like me.” “I will laugh instead of cry.” “I have to be funny or no one will notice me.”
The Rescuer	The organiser, contacts services	“I need to take control”




Carrying these roles into adulthood: People can get stuck in these roles and may carry them into adulthood and other relationships. Patterns of behaviour that can be formed include:

- Having a poor sense of what is normal.
- Having difficulty seeing a project through.
- Telling lies when it is as easy to tell the truth.
- Judging themselves harshly.
- Having difficulty having fun.
- Having difficulty with close relationships.
- Overreacting to change which they have no control over.
- Constantly seeking approval and affirmation.
- Feeling different from others.
- Being either super responsible or super irresponsible. There is not much middle ground.
- Being extremely loyal even when that loyalty is not deserved.
- Locking themselves into a course of action without giving thought to the consequences.

Impact on children

For children fear, panic, confusion, helplessness, constant worry or anger can lead to a range of problems. School difficulties, behavioural problems and low self esteem can be common in the children of families with addiction.



Not all children carry these patterns into adulthood. What seems to increase the level of harm to children:

- **Inconsistent and unpredictable relationships within the family.**
- **Young children taking on parents' responsibilities.**
- **Interference with their relationship with friends.**
 - **Children being caught into taking sides between parents.**
- **Ineffective parenting by the non addicted parent.**
 - **Domestic violence, mental health problems or both parents misusing also increases the harm.**

How do people break free from these unhelpful roles?

ROLE	WHAT HELPS
Person with the addiction	<ul style="list-style-type: none"> • Treatment
Chief Enabler	<ul style="list-style-type: none"> • To be listened to with understanding and compassion. • Establishment of trust and an ally. • Help to focus on feelings rather than problems or issues. • Release of feelings, especially rage. • Learning about addiction. • Focus on their own needs.
Hero	<ul style="list-style-type: none"> • Appreciation of good qualities (who they are rather than what they do). • To focus on their needs. • Permission to make mistakes and believe they are still ok. • To be able to have fun.
Scapegoat	<ul style="list-style-type: none"> • Genuine caring. • Someone to listen to their hurt, anger, self-hate. • Learning about the characteristics of addiction. • Strong continuing emotional support. • A sense of belonging. • Feedback on behaviour with no hint of blame. • Practical guidance in resolving life problems.
Lost Child	<ul style="list-style-type: none"> • To be noticed. • People who genuinely care about them. • Gentle drawing out of isolation. • To learn skills that help them interact with people. • Individual qualities identified.
Mascot	<ul style="list-style-type: none"> • Quiet, relaxed atmosphere. • Consistency. • Assurance that they are okay and have value. • Noticing their strengths beyond their sense of humour.
Rescuer	<ul style="list-style-type: none"> • Effective support from others. • Acceptance that the person needs to be active in changing. • Learning from others who themselves have learned how to “let go”.

If you have read this far, well done. Looking at these difficult issues takes courage.



The rest of this booklet will give ideas on how to achieve this.

What can help

Resilience: A ray of hope

From all that has been discussed, the impact of addiction on the family can seem pretty bleak. What does make it worse is:

- the absence of a stable figure in the family's life.
- not seeking help.
- the energy it takes to keep things the same.

Despite what stress people may be living with, there is considerable evidence that people can live with all sorts of difficult situations, including addiction, without developing significant problems.

Studies of people growing up with extreme hardships show that many of these people grew to be competent, caring and confident. The difference is factors in their lives that supported resilience.

What is resilience?

Resilience is the ability to recover and move on in the face of difficulties. A more simple definition is to be able to “bounce back” from life's struggles.

While resilience is something people are born with, many believe it is lost or damaged in some people through the problems they face.

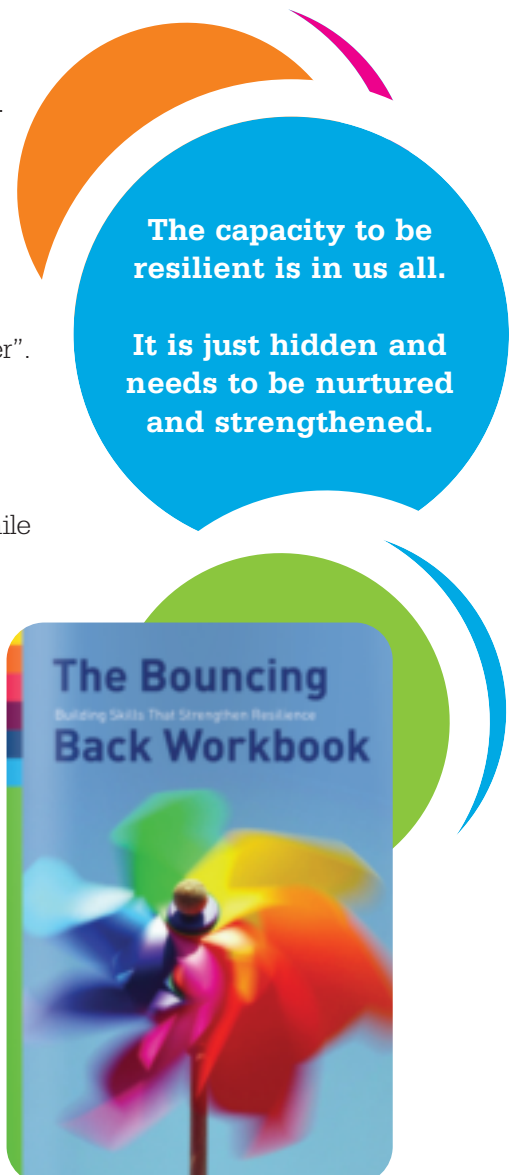
For adults and young people it is not necessarily the need to be “stronger”. It is creating space to:

- Focus on themselves and their own needs.
- Develop without the responsibility of other peoples' behaviour.
- Learn or relearn skills and attitudes to enjoy the pleasures of living while coping the best you can.

The leaflet *Bouncing Back: Building Resilience in Young People* is aimed at adults to help shape resilience in the young people in their world. What is discussed in this leaflet applies to adults as well.

The Bouncing Back work book looks at skills to build resilience. They can be downloaded at www.asert.biz in the resources section.

A key factor in people being more resilient is the feeling that they have choices and control in their lives. While you cannot control another person's drinking or drug use, you can control what you think and your responses.



Believing you can change is an important step

One of the most important strengths anyone living with addiction can have is a belief that *they* can change.

While you cannot make the person you love stop drinking or using drugs, it **does not** mean you are powerless.

You can look after you! The factors that build resilience can be developed.

The “stages of change” is often applied to the person using alcohol or other drugs. We believe it applies to people living with addiction as well. You can use it not to change the drinker or drug user, but to change yourself. This can include change regarding roles, rules, patterns of communication or other things discussed earlier in this booklet.

The “stages of change” are a series of stages which people pass through in the course of changing a specific problem. These stages apply equally to people working through these problems themselves or with outside help. The stages are often pictured in a ‘wheel’ or circle. It is normal for people to go around the cycle several times before achieving a lasting, stable change.

The Stages of Change

You are happy the way things are. You have not thought about change. (**Precontemplation**)

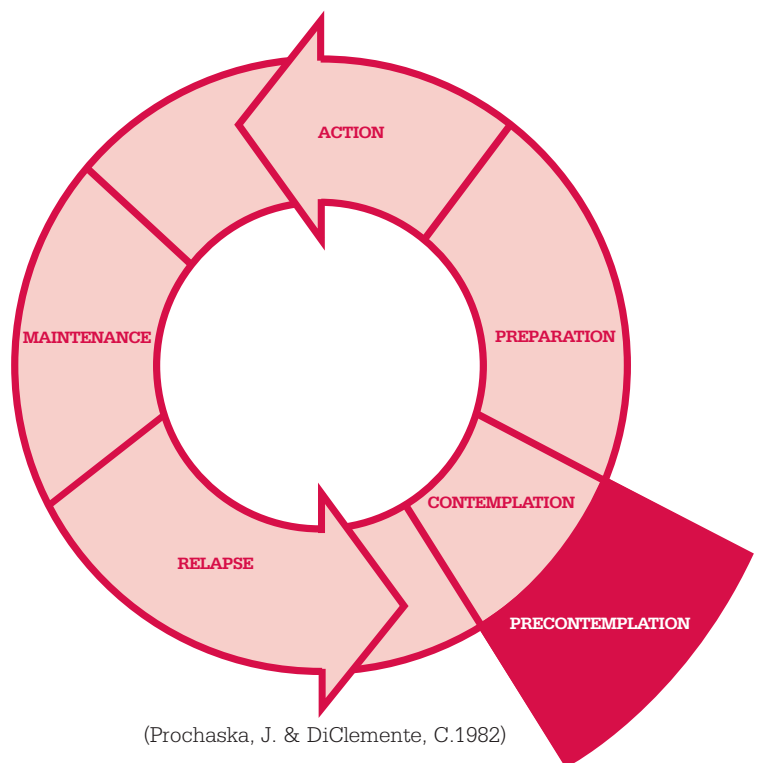
You want things to be different and have thought about change but have not put this into action. (**Contemplation**)

You’ve made a committed decision to change now or in the very near future and have a plan. (**Preparation**)

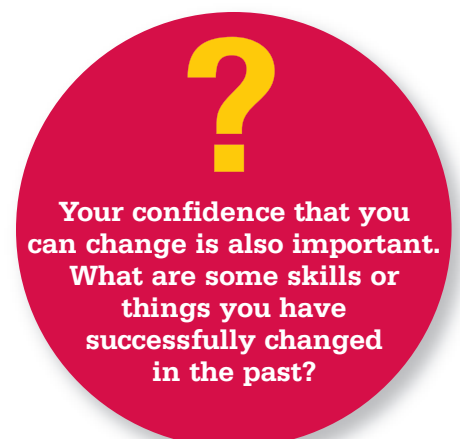
You have started to make changes. (**Action**)

You have reached your goals and are maintaining change. (**Maintenance**)

It can happen that you slip back to a previous stage. (**Relapse**)



(Prochaska, J. & DiClemente, C.1982)



Family Recovery

The power to change is in your hands. Through recovery, the family member can regain a quality of life that has been disrupted by addiction.

There are things you can do to help this process. There are groups like Al-Anon and Nar-Anon that many people find helpful. Let's explore some things family members have found helpful.

Anyone can change when they make committed, deliberate effort and get the support they need.

A starting point is to break those unwritten rules:

Talk, own and express your feelings and learn to trust, starting with trusting yourself.

For adults	For children and young people
<p>Increase support for yourself.</p> <p>Realise you are not to blame for their drinking or drug use.</p> <p>Learn all you can about alcoholism, addiction and recovery.</p> <p>Take time for yourself emotionally.</p> <p>Realise that you cannot control their drinking/drug taking – they must make that choice.</p> <p>Ensure physical protection if necessary.</p>	<p>Talk about what you are going through.</p> <p>Remember you are never to blame for your parent's drinking or drug use.</p> <p>Learn about addiction and recovery in ways that are ok for your age.</p> <p>Have fun. Do things other children and young people do.</p> <p>Everyone needs help from others sometimes. If things get hard, have people you can turn to.</p> <p>Develop a back-up plan for any crisis. Someone you can ring, somewhere you can go.</p>

If the family member continues to drink/use drugs:

- Don't nag, preach or lecture. You will only force them to make promises that will be broken.
- Tell them how what they are doing is affecting you and your family when they are sober enough to hear it.
- Avoid any threat unless you have carefully thought it out and intend to carry it out.
- Prevent the drinker/drug user from avoiding responsibility. Let them deal with the consequences of their drinking or drug use.
- Don't hide the drink or drugs or dispose of it - they will only buy more.
- Try to keep some positive feelings for the drinker or drug user. You can love the person but hate the problem.
- Don't regard this as a family disgrace. Any family can have problems with alcohol or other drugs.
- Recovery from alcoholism/addiction can come about as in any other illness.
- Don't expect 100% recovery overnight. In any illness there is a period of convalescence and possible relapse.

The language of resilience



The language of resilience is more than a set of words. It is a set of tools that promote resiliency. It is a positive way to see your strengths, abilities and resources.

Read through the I Have, I Am and I Can factors.
What you already have? What you can build a little more of?

The “I Have” factors are outside supports. The resilient person says, “I have” ...

- **Structures and positive rules:** Clear rules and routines help to contribute to a feeling of security and belonging.
- **Positive role models:** People to look up to and learn from.
- **Encouragement:** People in their lives who give consistent messages of “I believe in you.”
- **People who are there for me:** People who can and do help.

The “I Am” factors are internal strengths. These are feelings, attitudes and beliefs. The resilient person says “I am...”

- **Lovable:** The person is aware that they are worthwhile and capable of being loved.
- **Caring and empathetic:** They care what happens to other people (but not at their own expense).
- **Proud of myself:** They feel proud of who they are, their efforts and what they can achieve.
- **Responsible:** They can accept the consequences of their behaviour. They have values and keep in mind what is important.
- **Independent:** They can do things on their own. They believe what they do, does make a difference. At the same time they understand the limits of their control over events and recognises when others are responsible.
- **Filled with hope:** The person is positive about the future. They see possibilities and are hopeful.

“I Can” are skills. The resilient person says “I can” ...

- **Communicate:** The person is able to talk about their thoughts and feelings. They listen to what others are saying.
- **Manage my feelings and impulses:** The person can recognise and name their feelings. They can think things through before they act.
- **Seek trusting relationships:** They ask for help, share feelings and concerns.
- **Solve problems and conflict. This is a key skill and involves:**
 - **Planning:** Being able to see options.
 - **Being Flexible:** Not getting stuck on one way of doing it.
 - **Critical thinking:** Can figure things out.
 - **Resourcefulness:** Can make use of outside help.

One of the most important things that came out of the years of research is that “there is no age that has a monopoly on risks and no age beyond which it is too late to intervene” (Rutter 2000). Building effective ways of coping is one way to build resilience.

Coping

Coping with extreme stress, let alone the chronic stress that comes with addiction is a challenge. There are no rules about how to cope with someone's excessive drinking or drug use. Because you have had to work it out on your own, it's a bit like trial and error. "Coping may not mean being resilient. It is how you tend to respond to what you are living with. For some, it may mean doing what you have to do to get by." (Silent Voices, 2012)

Research into the styles of coping families use describes these ways as*:

Putting up with it (Tolerant)

- Being lenient, accepting and self sacrificing: i.e. cleaning up messes, fixing problems the drinker/drug user caused.
- Shielding the drinker/drug user from the harm they do themselves.

Trying to regain control (Engaged)

- Trying to change the drinker/drug user and their behaviour.
- Trying to control their drinking or drug use.
- Taking charge of the family.

Withdrawing or gaining independence (Withdrawn)

- Putting some emotional/ physical distance between themselves and the drinker/drug user.
- Being independent and doing something for themselves.

So what else do family members do to help them cope?

Being resigned and accepting
Sacrificing, compromising
Supporting the relative
Bottling things up
Confronting, talking tough
Refusing, resisting and being assertive
Controlling and protecting the family
Avoiding, escaping
Not worrying
Getting a new life

Each of these ways of coping has a positive and an unhelpful side. For example look at sacrificing and compromising.

Arguments are avoided and stress reduced yet at the same time the family member can feel being taken advantaged of or the drinker/drug taker just keeps doing what they want and does not take responsibility.



Do you find yourself using any of the above ways to "cope"?



Do these ways really work for you?



What is both good and unhelpful about the ways you tend to cope?

What family members have said happens when the ways they try to cope just don't work.

- They mirror the behaviour of the alcoholic or addict. "When they are ok, we are ok. When they are down, we are down".
- Get obsessed with making things perfect or fixing things for people.
- Channel all their energies into work or household tasks to distract themselves from what is really going on.
- Ignore their own needs because they are so tied up with the needs of the person misusing alcohol or drugs.
- Get stuck in a stage of coping (page 8) or a role that is unhelpful (pages 10 & 11).

While you can't necessarily control what is going on outside yourselves, you can find ways to reduce that pressure from within.

The greater focus on your quality of life, the more your coping actions will involve:

- Looking after your needs.
- Personal enjoyment.
- Maintaining as undisrupted life as best you can.
- Not actively trying to control their use of alcohol or drugs or change the drinker or drug taker.

What we all need is to build ways of coping into our lives that work for us. To help you with this, this booklet will look at:

- Accepting your feelings without being overwhelmed.
- Letting go.
- Expressing how we are feeling.
- Looking after ourselves.
- Building support.

Accepting your feelings without being overwhelmed by them

Read on and see what you may already be doing or could do a little more of.

Emotions are a part of everyday life. They are neither right nor wrong. They are a normal part of being human.

If you have followed that rule of "don't feel", experiencing and talking about how you feel may seem new and even scary.

- Family members have spoken of extreme anger. "How could they keep doing this to themselves and us?"
- Sadness is also a common emotion. The person they knew just isn't the same.
- Fear and anxiety are very real.

Naming what you are feeling more accurately can help you deal better with it. A slogan in Alcoholics Anonymous points to why naming your feelings is useful.



Name it so you can claim it. Claim it so you can tame it.

Here is a range of feeling words that give degrees of three common emotions.

SADNESS	ANGER	FEAR
Sorrowful	Resentful	Shaky
Unhappy	Irritated	Fearful
Depressed	Enraged	Terrified
Melancholy	Furious	Panicky
Gloomy	Annoyed	Alarmed
Quiet	Inflamed	Cautious
Sullen	Provoked	Shocked
In the dumps	Infuriated	Insecure
Low	Offended	Impatient
Out of sorts	Irate	Nervous
Discouraged	Cross	Worried
Disappointed	Bitter	Dismayed
Choked up	Frustrated	Scared
Ashamed	Grumpy	Threatened
Useless	Boiling	Appaled
Worthless	Fuming	Petrified
	Confused	

?
What do you feel with what you have been through with your family member's drinking, drug use or recovery?



Letting go

What do we mean by letting go? Letting go is:

- Living in the present and not the past.
- Accepting what you can and cannot control.

What are some types of letting go?

- Letting go of guilt: Accepting your part to play in things and other's contribution.
- Accepting personal responsibility for yourself and what you do.
- Handing the responsibility for others back to them and encouraging them to accept the consequences of their actions.
- Letting go of the fear of change. Accepting that change is an inevitable part of life.

Ways to let go

Thinking things through objectively and accurately is a positive way to let things go. Ask yourself:

- How much of my life am I willing to let this affect?
- Will this last a short time or forever? Will this affect me next week?
- Am I totally to blame or are others partly responsible?
- Am I missing something positive in this?

Relaxation is another skill that helps us let go. Relaxation needs to be learned and practiced like any skill. Here are two self calming techniques that work for people.

Deep Breathing 7/11

This is a simple, but powerful technique. It is easy to learn and has immediate effect.

From deep in the pit of the stomach breathe in for 7 quick seconds and then breathe out for 11 seconds. Do this 5, 6, 7 times and see the reaction. The reason behind this is that breathing in stimulates the nervous system, while breathing out relaxes us. By breathing out more than we are breathing in, we can increase our level of relaxation.

Clenched Fists

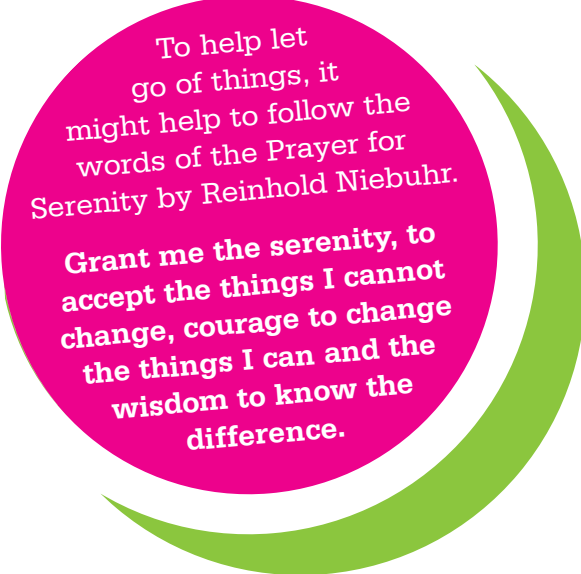
This is a simple technique from Yoga. It works on a simple principle. If you tense muscles and then relax them, they are more relaxed after you have just tensed them.

First, make your hands into tight fists... as tight as possible. Notice the tension in the muscles of the fingers. Become aware of the hardness of your fingernails in the palm of your hands. Notice the skin stretched across the knuckles and how your wrists have become rigid.

Now relax your hands. When you do... really concentrate on the change between tension and relaxation. When you are really concentrating, relax those hands and fingers. The relaxed feeling is now going up your arms to your shoulders. In a few minutes it will spread to your whole body. You don't have to say anything or do anything. Let the relaxation flow.

You may have other ways that help you relax. Yoga, a hot bath, exercise are examples.

The important thing to say is when you find techniques that work for you, keep using them.



To help let go of things, it might help to follow the words of the Prayer for Serenity by Reinhold Niebuhr.

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



What helps you let go and relax?

Expressing what you feel: letting out feelings in a direct, positive way.

Expressing feelings in a healthy way is a critical skill to promote well being, especially when living with addiction. It is so important you are able to break that rule, “don’t talk”.

Very often, communication becomes indirect with people saying things to a third person in the hope it will get to the person they need to say it to. Saying something to a third party with the hope or belief that it is picked up and heard just does not work.

One way to say what you are feeling is by using “I statements”.

I statements:

- Are ways of saying how you feel without making the other person defensive.
- Help you communicate your feelings in a way that makes them more likely to hear what you have to say.
- Provide clear, direct messages and help them understand that their actions have effects on other people.

To use an “I statement”, follow a basic format:

- I feel (name your feeling).
- When (provide non-judgmental description of behaviour).
- Because (give the effect the behaviour has on you or others).

Here are a few examples:

- I feel upset when we scream at each other because it means we are not listening.
- I feel terrified when you don’t come home, because I am afraid you are getting into trouble.

Using “I statements” may feel awkward at first. With a little practice, it can become a regular part of how you talk in your family.

Timing is important to consider as well. Using “I statements” when someone is drunk or high will have little impact. Choose when their use will have a stronger impact.

The language of “I Statements”

To use “I Statements” effectively it is helpful to have a good use of feeling words i.e. having words to express how you are really feeling. Use the list from page 20. There are words that communicate different levels of fear, sadness or anger.

We can also use “I statements” to express positive feelings.



Other ways to express your emotions

There is a range of ways people find helpful to express their feelings. Writing, art, physical activity, music are just a few. The important thing is to find ways that are effective for you and keep using them.



Looking after ourselves

You often hear this advice to people under stress: look after yourself. There are things you can do to improve your sense of well being. Here are things we should do regularly.

Accepting who you are

Our beliefs, background, culture, religion, sexuality and experiences make us who we are. Everyone is entitled to respect, including you.

Talking about our struggles

Most people feel isolated and overwhelmed by their problems sometimes – it can help to share your feelings. Al-Anon is a good source of people who will listen. If you feel there is no one to talk to, you could call a helpline.

Keeping in touch with friends

You don't have to be strong and struggle on alone. Friends are important, especially at difficult times. Keep in touch.

Getting involved

Meeting new people and getting involved in things can make all the difference for you and others.

Keeping active

Regular exercise really helps if you're feeling depressed or anxious. It can give you more energy too. Find something you enjoy – sport, swimming, walking, cycling or dancing.

Drinking in moderation

Drinking alcohol to deal with any problem will only make things worse. If you do drink yourself, use in moderation and avoid binges. If you're worried about your own drinking speak to someone like your GP.

Learning new skills

Learning a new skill can increase your confidence whether it's for pleasure, to make new friends or improve your chances of a job.

Doing something creative

All kinds of creative things can help if you are anxious or low. It can also increase your confidence. Music, writing, painting, drawing, poetry, cooking, gardening – experiment to find something you enjoy.

Relaxing

Try and make time for yourself. Fit things into your day that help you unwind – reading, listening to music, prayer or meditation – whatever you enjoy and find relaxing.

Surviving

When times are difficult, it is sometimes all we can do to survive. Take one day at a time and don't be too hard on yourself. Take time out if you need it.

Asking for help

Everyone needs help from time to time. It's ok to ask for help, even though it feels difficult. With this being a challenge for some people, it will be useful to look at asking for help in more detail.



It is important to keep looking after yourself. Look for ways to do these things daily



Which of these are you already doing?

What could you do a little more of?

Building support

We all need help at some times in our lives. Young or old, there are times we may need practical, emotional or even medical help.

People living with the chronic stress that follows addiction are no different.

Yet there are times when help may be difficult to ask for. Some people prefer to solve problems on their own. Occasionally however, life piles on too many stresses at once. Circumstances may overwhelm our usual coping skills.

Pride or fear may stop us asking for help. There may be some other rules at work that stop us asking for help. These rules are beliefs that we learn and follow like a code.

They include:

Keep things to yourself

“Why burden others with your problems”.

“Other people don’t really care and even if they do, how can they help me?”

People should be independent

The origins of this myth lie in the strong silent type that is often portrayed as the heroic loner: These people don’t have needs, only duty.

People will think less of me if I ask for help

Some people think asking for help is a sign of weakness. They think they should not do anything that says “I am vulnerable”. *This is just not true.* It takes strength to ask for help.

Some kinds of help are easier to ask for than others. To ask someone to help move a cabinet is often easier than wanting to talk because we are hurt, sad or angry. When it comes to our physical and emotional health, it is easier to ask for help for anything from the neck down. The head and our emotions are a lot harder. There can be gender differences here too. Women often, (but not always) find it easier to ask for help.

It helps to have a good support, people you can rely on when things get difficult.

Types of help with examples

Emotional help: talking over worries

Financial help: help with money worries

Emergency help: help in a crisis

Medical help: help with health issues

Practical help: moving something heavy or help to fix something that is broken



When have you asked for help and found that help really useful?

What kind of help is really not useful?

What type of help do I find more difficult to ask for? Why is that?

How effective are your sources of help?

How do you feel when someone asks you for help?

Make a list of who you can turn to for different types of help.

A special note about children

Adults can sometimes underestimate children. Just because they are young, don't assume they do not realise when things are difficult. They notice far more than we think. Children as young as five know what being drunk means. They need information to help them deal with what they are living with. Explaining addiction to children can be a challenge. Information needs to be appropriate to their age.

Preschool children and children in the early school years understand simple, short sentences. They need concrete information and not too much technical language.

Older school-aged children can handle more information. They might already have had drug information sessions at school. Be prepared to answer their questions honestly.

Teenagers can manage most information. They will have had drug awareness lessons at school, and may have questions about the substance their relative is using. Teenagers need to discuss their own thoughts and feelings about the situation. They may worry about what other people, especially their friends, think of them and their family. Sharing information encourages teenagers to talk and to openly ask questions.

The Taking the Lid Off resource for teenagers can be downloaded at www.ascert.biz in the resources section.

The things that hurt children most are:

- Wondering if they are the cause of their parent's drinking or drug use.
- Not being able to depend on parents to provide basic necessities and to keep promises.
- Feeling confused, frightened and uncertain of what may happen next.
- Being unable to cope with school work because of worry and tiredness.
- Sensing a bad atmosphere at home, finding themselves involved in or seeing fights and arguments, or being kept awake by them.
- Feeling they can't talk to their drinking or drug using parent about their worries in case it makes them angry.
- Feeling they can't talk to their sober parent because he/she is always irritable or exhausted from worrying about and caring for the other parent.
- Losing friends and interests, and not being able to bring friends home in case their parents do something to embarrass them.
- Resentment at having to do more than their fair share of jobs around the house, look after brothers or sisters.
- Fear of being hurt, unloved, or abandoned.
- Fear of losing a parent through death or prison.

Adapted from Alcohol Concern's web page *Making Sense of Alcohol*
www.alcoholandfamilies.org.uk

Each of these things that hurt children gives parents and carers clear ideas of what they can do to help their children.



Certain strengths in the family greatly reduces the risk of harm to children

When young adults who had grown up in a family where one or both of their parents had a drinking problem were interviewed, these were the things that were significantly positive for them (Orford & Velleman, 1999):

- They were given time and positive attention from the non drinking parent, or another close family member.
- The parents avoided heated rows in front of the children.
- Birthdays and special occasions were remembered and celebrated.
- Regular outings were enjoyed and people did things together.
- Promises were kept and adults didn't let children down.
- They were helped and encouraged to feel good about themselves. They were not criticised or made to feel bad, even if at times they acted in ways that the parents found difficult.
- They were close to other adults (like aunts and uncles, parents, friends, teachers, neighbours, etc) who gave them care and attention and helped them get involved in activities outside the immediate family.
- They were encouraged to make plans for their future, how and who they wanted to be when they grew up. This helped them feel good about the future and themselves.

You can help your children in many ways. You can:

- Help them learn about alcohol, drugs and addiction in ways appropriate for their age.
- Let children know that the family member has a problem with alcohol or other drug use. Explain that this affects the person's behaviour, mood and judgment. When the person is using, they may say or do things that they wouldn't do if sober.
- Reassure children that they did not cause the problem. Children may blame themselves for the person's problem. Explain that no matter what their behaviour, they did not cause the person to drink or use drugs. They also cannot change or stop the way the person behaves. Children may need to hear this often.
- Encourage children to continue with regular routines and to find other activities and interests outside the home that they enjoy. Allow children to be children. They should not take on the problems of the family home.
- Help children to identify a trusted adult whom they can contact if they need someone to talk to, or feel unsafe. Letting children work out who to ask for help can make them feel less isolated and more empowered. Make sure the person knows that the child may call, and that the child has that person's number.
- Help them feel loved and listened to.
- Help them know that there are other families with similar difficulties.
- Talk about what you are doing to cope.
- Teach by example. Talk about how you feel, but don't burden them with adult problems and responsibilities. Help them identify and express their feelings.
- Prepare them to be able to cope with emergencies. And who to turn to for help.

While keeping things stable for children is important, it can be a struggle for the non - drinking or drug using parent or family member. You can only do the best you can. That is why support for you is so important.



Getting the most from this booklet: Creating an action plan

If you have read through this booklet and worked on some of the questions, well done.

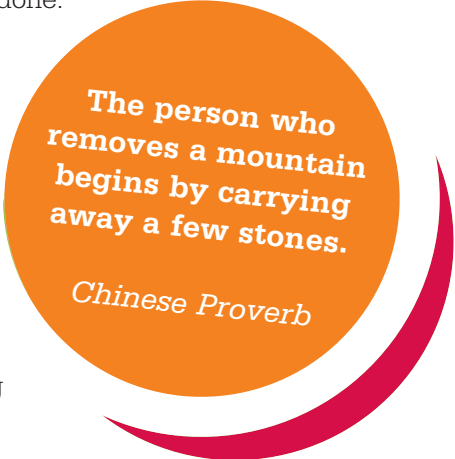
It is our hope that it gave you some ideas you found useful.

Creating your own action plan is a way for you to make the most of this booklet.

- What are some things you would like to do more of?
- What are some things you want to do differently?

What you decide is important for you and your family is entirely up to you.

The important thing is to sincerely believe that you have needs and that meeting those needs are important. An action plan can help you get started. Support can help you keep it going.



The person who
removes a mountain
begins by carrying
away a few stones.

Chinese Proverb

Taking the Work Forward through an action plan

What are things you would like to do within your family to carry this work forward?

-
-
-

Who could you use to help you?

-
-
-
-

Sources of help and support



Support groups

For family members

Al-Anon	028 9068 2368	www.al-anon.alateen.org
Nar-Anon		www.nar-anon.org

For alcohol or drug users

Alcoholics Anonymous	028 9043 4848	www.alcoholicsanonymous.ie
Narcotics Anonymous		www.nanorthernireland.com

Helplines

Talk to Frank	0800 77 66 00	www.talktofrank.com
Childline	0800 1111	www.childline.org.uk
Lifeline	0808 808 8000	www.lifelinehelpline.info
The Samaritans	08457 90 90 90	www.samaritans.org
Domestic Violence Helpline	0808 2000 247	www.nationaldomesticviolencehelpline.org
Parenting NI	0808 8010 722	www.parentingni.org

Local services in Northern Ireland

You can speak to your GP and he/she can link you to supports or you can contact the following services directly

ASCERT	028 9260 4422	www.ascert.biz
DAISY	028 9043 5815	www.daisy.uk.net
Opportunity Youth	028 9043 5810	www.opportunity-youth.org
Addiction NI	028 9066 4434	www.addictionni.com
FASA	028 9080 3040	www.fasaonline.org
Dunlewey Substance Advice Centre	028 9061 1162	
DIVERT	028 7127 3972	www.hiddenharm-divert.com
Breakthru	028 8775 3228	www.breakthru.co.uk
REACT	028 4176 9912	www.reactltd.org

Other Useful websites

Public Health Agency		www.publichealth.hscni.net
Family Support Northern Ireland		www.familysupportni.gov.uk
National Association for Children of Alcoholics		www.nacoa.org.uk
The Hideout (domestic violence)		www.thehideout.org.uk
Mind Your Head (mental health)		www.mindyourhead.info
Young Minds (mental health)		www.youngminds.org.uk
Young Carers		www.youngcarersni.com
Voice of Young People in Care		www.voypic.org

In the Republic of Ireland

HSE Drug and Alcohol Helpline	1800 459 459	www.drugs.ie
HSE Information Line	1850 636 313	www.hse.ie
Al-Anon	01 873 2699	www.al-anon-ireland.org
Alcohol Forum	0749 12 55 96	www.alcoholforum.org
Family Support Network		www.fsn.ie
Family Support Services		www.families.ie
Alcoholics Anonymous	01 453 8998	www.alcoholicsanonymous.ie
Narcotics Anonymous		www.na-ireland.org
The Samaritans	1850 60 90 90	www.samaritans.org

Additional reading and resources

Books For Children

Rory - A storybook for children available at www.alcohol-focus-scotland.org.uk

Taking the Lid Off, Teen booklet - a resource for young people living with parental substance use. Available to download at www.ascert.biz in the resources section.

An Elephant in the Living Room - The Children's Book by Jill M. Hastings by Marion H. Typpo

Something Is Wrong at My House by Diane Davis

My Dad Loves Me, My Dad Has a Disease: A Child's View: Living with Addiction by Claudia Black

I Wish Daddy Didn't Drink So Much by Judith Vigna

Books For Adults

Risk and Resilience: Adults who were the children of problem drinking. By Jim Orford and Richard Velleman, 1999, Hawood.

It Will Never Happen to Me: Growing Up With Addiction As Youngsters, Adolescents, Adults by Claudia Black

Adult Children of Alcoholics by Janet Woititz

Silent Voices, Supporting children and young people affected by parental alcohol misuse. Office of the Children's Commissioner for England.

Styles of coping was taken from:

Methods for reducing alcohol and drug related family harm in non-specialist settings, Alex Copello, Jim Orford, Richard Velleman, Lorna Templeton and Myra Krishnan, Journal of Mental Health, (2000), 9, 3. 329-343.

Coping with alcohol and drug Problems, the experiences of Family Members in Three Contrasting Cultures, Jim Orford, et al, Routledge, Taylor and Francis Group, 2005.

The language of resiliency is adopted from A Guide to Promoting Resilience in Children: Strengthening the Human Spirit (1995), Edith Grotberg from the Early Childhood Development: Practice and Reflection Series, Bernard Van Leer Foundation.

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Your Feedback

Getting an idea of how this booklet is helpful will support plans for how it is used in the future. Please take a few moments to reflect on the information within the booklet and then complete the feedback form.

Do not put your name on this as all responses are completely confidential.
Your assistance is greatly appreciated.

Where did you get the 'Taking the Lid Off' booklet? _____

What did you find useful about the booklet? _____

Is there anything that would make it more helpful to you? _____

What difference has reading it made for you? _____

Would you recommend the booklet to other people? _____

Any other comments _____

Thank you for your support.

Please return this completed form to:

Taking the Lid Off
ASCERT
23 Bridge Street
Lisburn
BT281XZ

About you:

Male

Female

Your Age

Under 18

18 – 25

25 – 35

35 – 50

50+



