



RECOVERY 101

The **15** most important things
to know about addiction,
treatment and recovery

Ricki Townsend

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1. How do I know for sure if someone has a problem with alcohol or other drugs?

You or your loved one can answer that question by taking a self-test about the consumption of alcohol or other drugs. (Bear in mind, however, that people who are chemically-dependent on drugs or alcohol are often dishonest with themselves or others.) The National Council on Alcoholism and Drug Dependence offers a self-assessment for alcohol abuse and one for drug dependency.

Of course, you could also just look at their life to see how it is working. Below are some things to consider:

- How is drinking or drug use impacting the loved one's life? How is it impacting others?
- How is their health? Their job? Their schoolwork? Their family relationships?
- Have they developed new friendships and **left old friendships behind?** How's that working?
- Do they have legal problems associated with drug or alcohol use?
- What is their attitude about their lives? Angry? Sad? Argumentative?
- Are they humble and empathetic or judgmental and blaming?
- Are their lives "in order?" Are they meeting obligations and making responsible and wise decisions?

When you consider these questions, write down your thoughts - positive and negative - on paper. That can give you the perspective to objectively assess just how well life is working for you or your loved one.



2. Why don't they just stop drinking (or drugging)?

This is the question I get most of all, and it's because substance abuse disorder is based in the biology of the brain. It is a primary, chronic disease of the brain reward, motivation, memory and related circuitry. The inability to stop abusing alcohol or other drugs is considered a brain disease, rather than a disease of character or will power.

Addiction/alcoholism is characterized by **the inability to stop drinking or using drugs in spite of negative consequences** like job loss, DUIs and family issues. It is a physical disease, NOT a disease of character or willpower. And it's a disease that cannot simply be "loved away"

Without treatment or involvement in recovery activities, addiction is progressive and can lead to disability, premature death or involvement in illegal activities and incarceration.

Through treatment, people can learn to live healthy lives free of alcohol and other drugs. They can reclaim their lives, their families, their work and their health. And that's the best answer of all.



3. What makes people become addicts or alcoholics?

It's important to understand that **those who become chemically-dependent upon alcohol or other drugs (i.e., "Substance Use Disorder") had more vulnerable brains** than the "Average Joe" before they even began drinking or using. In my practice, I am often aware that some or all of these factors are playing a part in the development of substance use or abuse:

- **Genetics:** People who have a strong history of family substance use disorder often share the same genetic vulnerability to addiction as their family members.
- **Trauma:** The ACE study demonstrated that children who are exposed to trauma (e.g., poverty, violence, disease) are more likely to develop 40-plus chronic diseases – including substance use disorder – than those who weren't exposed to trauma. This is because early childhood trauma fundamentally changes the way the brain works structurally, hormonally and in other ways. For this reason, **I prefer to use the term "addictive neurology" rather than "addictive personality."** Viewing substance use disorder through this lens often helps families find forgiveness for their loved one's transgressions. Leaving blame behind can help point the whole family in the direction of healing and recovery.
- **Mental health issues:** People who experience mental health issues like depression, anxiety disorder or bi-polar disorder may find that self-medication brightens their day, gives them confidence or stabilizes their moods. Essentially, **they become dependent upon drugs or alcohol to feel "normal."**
- **Environment:** parents who drink irresponsibly or abuse drugs, family anger and shaming, bullying in school, peer pressure to "party"... I've seen all of these take their toll. **The home environment is particularly critical.** Consider the home where a child is raised in a loving, firm and watchful way, where communication is valued and mental health issues are noted and cared for. That child will face life's challenges with life skills, support and guidance. Contrast this scenario with the child who is raised with guilt or shame - or not even noticed – and whose parents mask their own problems with drugs or alcohol. That child is more likely to self-medicate and navigate life with drugs or alcohol as the rudder.

For these reasons, I like to use the term "addictive neurology" rather than "addictive personality." Viewing substance use disorder through this lens often helps families find forgiveness for their loved one's transgressions; leaving blame and finger-pointing behind can help point the whole family in the direction of healing and recovery.



4. How can I make my husband/daughter/father/mother/son stop abusing alcohol or other drugs?

The short answer is, “You can’t.” Al-Anon reminds us of “The Three Cs” which means that you didn’t cause someone’s chemical dependency, you can’t control it and you can’t cure it. The only person who can cure the disease of addiction/alcoholism is the person who has become dependent on drugs or alcohol.

During an intervention, I use a process that I call “raising the bottom” which speaks to this issue. Essentially, the family unites and tells their loved one that they will no longer participate in an unhealthy dance with and around their substance abuse. “We will not live this way any longer.”

What you can do as loving family members is to **seek help for your own recovery** from a loved one’s sickness. Perhaps that means consulting with an interventionist, or getting counseling or support for yourself. Maybe you work with a family counselor to develop healthier ways of dealing with your loved one. Perhaps you seek support from your spiritual advisor. Along the way, you will learn how to reclaim your life, and hopefully your loved one will make the choice to do the same.

And while you can’t stop your loved one from drinking or drugging, you can **claim your power to “raise the bottom.”** During an intervention process, I help families unite to identify the leverage and power they do have. Uniting the family in healthy is a way of telling the family member – respectfully and lovingly – that we will no longer “dance the dance” with them. We will no longer make excuses to our spouse’s boss when they miss work. We will no longer bail our kids out of jail. We will no longer tolerate the disruption that drugs and alcohol usher into our lives. When we raise the bottom, we give our loved ones powerful reasons to change direction, and we give ourselves a chance to heal from this family disease.



5. I'm confused by the terms I am hearing: What is an intervention, and what is a "detox?" And how do these fit together with "treatment" or "sober living?"

An **intervention** is a process that helps people understand how their drug or alcohol use has become destructive to themselves and others. The goal of an intervention is to **lovingly and respectfully** encourage a loved one to seek help for their addiction to drugs or alcohol. **An intervention is often the first step** in helping a person recognize the need for change and treatment. As part of an intervention, family and friends are educated about substance abuse so they can support their loved one's recovery process in an informed and unified way.

Dependency on drugs and alcohol may call for a **medically-supervised detoxification** ("detox") that reduces physical discomfort while monitoring health and safety. Detox, ranging from five to ten days in length, is often necessary before an individual can benefit from treatment.

Detoxification removes drugs or alcohol from the body and brain and creates a scaffold of abstinence, which gives the addict no insight at all into why he or she is using in the first place. That's why **residential or intensive outpatient treatment is essential**: to help people learn about the brain disease of chemical dependency and fill their tool boxes with education, wisdom, coping strategies and other tools to live in a healthy and insightful way.

I personally believe – and national data shows – that three months in an inpatient recovery program offers the best chances for sustained sobriety. There, free from the stress of life and the people, places and things that trigger them, they can learn how to navigate life without alcohol or other drugs.

Some clients simply can't swing inpatient treatment because of work or family obligations. This approach can work, but it must be structured to provide substantial support: attend five meetings a week, see a therapist one to two times a week, and attend an intensive outpatient program (IOP), which usually requires four hours of treatment four days a week for at least several months. I've worked with outpatient clients who signed an agreement to go immediately into a residential treatment program if they took even just one taste of alcohol or one hit of drugs.

The final step in a comprehensive continuum of care would be sober living. research shows that people who move from treatment to a **sober living community** are much more likely to build strong, healthy foundations of recovery. The more time someone spends in a sober, supportive community, the better the chances of avoiding relapse. Residents in a sober living community (sometimes called "transitional living" or "halfway houses.") can rebuild self-esteem, regain health, develop life skills, and become self-sufficient **with the support from a community of like-minded people who want the same thing: sustained recovery.**



6. What should I look for in a residential treatment center?

Here are some things to consider when selecting a treatment center:

- People who begin treatment for substance use disorder are often grappling with mental health issue such as depression or anxiety. People who struggle with the more significant mental health issues (such as bi-polar disorder) need a **treatment center that offers dual diagnosis expertise.**
- Where is the treatment center located? While you may want your loved one to be far, far away, it may be better for them to be close to home where they can develop a community of recovery in their own back yard. **Consider a distant treatment center only if needs cannot be met locally.**
- **The cost of treatment** is a consideration for almost every family. Cost is **not** a guarantee of quality: I've seen great, relatively inexpensive treatment centers, as well as costly yet inadequate treatment centers. Be sure to ask any center you are considering if they accept your insurance or offer financing options.
- Are there other issues in the picture, such as an eating disorder or a sex addiction? Some treatment centers offer **specialized programs that tackle more than one addiction.**
- Because substance use disorder takes a toll on the entire family, **family education and support is essential.** Find out what kind of family education the treatment center offers.
- **What kind of support is available after treatment?** Is intensive outpatient counseling available? What about drop-in "aftercare" meetings with counselors? Are there sober living options? **Remember that aftercare is essential because treatment isn't the "end all" of recovery; it is *the beginning* of a journey towards sustained health.**
- It is essential for all counselors to be certified or licensed in the state where they work.
- Looking for a program that is religious? LGBTQ? Co-ed versus single sex? Or 12-step based (which I recommend)? The [SAMSHA Treatment Locator](#) helps you find treatment centers nationwide, using your own criteria to find the right place. Or consult with your interventionist, who should have a very good sense of what would be right for you.

Above all, remember that while there's no single "right" or "best" treatment center for everyone, there will certainly be **options that are right for you.**



7. How much does treatment cost, and who pays for it?

First of all, it's important to note the **statistics showing that three months in residential treatment is the recommended length of treatment to maximize the chances of success**. Addiction is a chronic brain disease that can often include relapse, and sustained treatment minimizes the chances of relapse. That being said, there are a number of ways to structure treatment, such as spending one month in residential treatment, then transitioning to a sober living environment and doing intensive outpatient counseling. Here are some funding sources to investigate:

Every **county** offers treatment of some sort. County resources tend to be restricted to low-income residents and often have long waiting lists. But I would start by contacting your county's Department of Public Health to find out what is available in your area.

Private treatment centers may accept insurance, or they may be private pay only, and the price tag varies dramatically from place to place. Some offer sliding scales or need-based scholarships, so be sure to ask. Also, be sure to ask about their approach towards aftercare and relapse. Some programs include free aftercare, and others welcome back clients for a "booster shot" of treatment at no charge if they relapse.

Sometimes, public or private treatment centers offer a "step-down" approach where residents transition from residential treatment to sober living coupled with intensive outpatient counseling. This can be a cost-effective approach to securing the long-term treatment your loved one needs.

Treatment offered by non-profits. Consider the Salvation Army and Teen Challenge, among others, to see if they are right for you. Treatment programs offered by non-profits tend to be no-cost or very low-cost, but they may have long wait lists for admission.

[The SAMSHA Treatment Locator](#) or your interventionist can help you narrow down your search based on cost, gender, location and other factors that matter to you.



8. Will treatment work if someone is “forced” to get help?

Addiction is an ongoing love affair with intoxication. That infatuation can blind people to the damage and destruction caused by their substance use disorder, and they often resist the idea of getting treatment and leaving mind-altering substances behind.

I’m often asked if treatment will work if someone is “forced” to get help. I’d like to point out that in most cases rehab IS forced because, initially, no one wants to go to treatment. They are forced by the courts, by their families, or by mandates at their jobs. Or their hands are forced by the fear of living on the streets, especially when it is cold and wet outside.

Once in treatment, a light bulb often goes on. The addict/alcoholic realizes he or she does want to get better and begins to embrace the community of recovery and the education of treatment. All of this happens because **the brain is allowed to start the healing process.** As the brain begins to heal, treatment often inspires people to change because they realize their jobs, marriages, friends, families and health are at stake.

I often tell the families I work with, “You’ve given your beloved addict/alcoholic the choice to walk away from their disease.” **Once their brains have begun to heal, they can choose to live their lives without drugs or alcohol.** Sadly, because substance use disorder is a chronic disease, that choice may be tested over time. But treatment offers hope, a gift that everyone can claim.



9. How do I know if my teen is just “experimenting” with drugs/alcohol or if there is a real problem brewing?

“Experimenting” with drugs or alcohol is a warning sign of dependence or addiction if it lasts more than a month or two. As a colleague of mine explains, “If you are experimenting, you are going to know after the first couple of times if you like it or not. If it goes past this, then you are heading into becoming chemically-dependent on drugs or alcohol.”

For example, if you “experimented” with a new food and discovered you didn’t like it, you wouldn’t eat it again. If you tried drugs or alcohol once and then continued to consume them, you are clearly past the point of that first experimental “taste”. For some people, continued use leads to chemical dependency that becomes the most compelling force in a person’s life – more important than love, family, health, income or physical safety. Continued use beyond initial experimentation is an indicator of a real problem that is developing.



10. My twenty-year old daughter does very well in college but has had two DUIs and also a short stint in jail for pot. I don't want to take her out of college to get help...should I be worried?

Two DUIs by the age of 20, plus some jail time for pot? Your daughter sounds like she is in the throes of addiction. Please remember addiction is a brain disease, a disease that is chemically driven by mood-altering substances including drugs and alcohol. She needs serious help.

Her whole life is ahead of her, so give her a chance to heal and get back on track. Many, many people have gone back to school later in life and found great success. Most importantly, **taking a critical year off to get healthy will not derail her academics, but addiction will.**

Your daughter's academic accomplishments muddy the water and make it hard to see that she is already in deep trouble. With two DUIs, she is already on the drug that is most likely going to kill her, statistically speaking. And she may be on other drugs besides pot and alcohol: as one father told me in a family meeting, "If you think your child is on one drug, think again, and throw everything else in the mix. If you think it's only been a couple of years of substance abuse, then add about four more to that." I could not have stated this better myself.

For your daughter to change, you need to change, too. I encourage you to see an addiction counselor or other therapist to help you work through our own fear, grief and pain. I also encourage you to get ongoing support at a "parents" Al-Anon meeting, where you will learn how other families make it through these difficult times.



11. How can our family heal from the trauma of our loved one's addiction?

The disease of addiction touches everyone in the family. The family unit loses normalcy as lying, stealing, manipulating and stress become the order of the day. And as much as you may think you are protecting other children in the family, even a young child notices that something is “off.” While you care deeply for your addicted loved one, **you must protect the rest of the family until the addict chooses recovery.**

Would you allow a stranger who makes you feel unsafe into your home? You need to have the same boundaries with your loved one; he or she cannot be in your home if intuitively you feel uncomfortable or threatened. Admittedly, my suggestions go against the grain of normal parenting where we trust our children. Yet a high percentage of those who are abusing drugs or alcohol are not trustworthy, and the rules of normal parenting do not apply.

In this strange new world, I hope you will seek out professional support for you and your loved one. At the very minimum, attend Al-Anon or Nar-Anon meetings. Consider working with a family counselor like me who can help you establish healthy boundaries and create an agreement about how the family will work together towards health. And consider enlisting the help of a therapist who understands and can treat the trauma that often underlies substance use disorder.

It is critical to recognize that addiction to drugs and alcohol is recognized as a brain disease that requires significant help to turn the tide. Please ask yourself if you would be trying to handle this on your own if your loved one had cancer or diabetes. My hope is that families realize they do not have the education or resources to manage this serious disease and all of the behavioral challenges it creates. No amount of love will heal this. No amount of protection will insulate your family. Your loved one can heal – but you cannot do this on your own. This is a FAMILY DISEASE.



12. How can I support a loved one who is dealing with an addicted child or spouse?

The best way to be supportive is to **be empathetic** to the feelings of your family member, no matter what they might be. Let's say that you are concerned about your sister and her son, who is struggling with alcohol or other drugs.

- **Use the "I" messages:** Let her know, "I am here to support you." Or ask, "How can I support you?"
- Ask her over for dinner more often than you usually do.
- Invite her to **a movie that will make you laugh** and forget for a while the stresses and fears of the day.
- Send a card once every other week...it could be a loving, sweet card or a humorous one.
- Go on a **weekend getaway**.
- Ask if she would like you to **join her** at an Al-Anon meeting.
- **Avoid judgement:** "I am concerned about you and want to support you in whatever way you need," rather than "You should be doing this or doing that".
- **Be a good listener.** Really try to hear how your loved one is doing, and then respect and honor whatever she says. Maybe she wants phone support a few times a week, or maybe she wants some company at an Al-Anon meeting. Maybe she just wants to cry on your shoulder or scream at the universe without judgment. Or maybe she just wants to be alone with her feelings.

I know it is really tough to just stand by, but **sometimes our family and friends need their space**. If she says she wants no support, then I would encourage you to respect this. Instead, attend some Al-Anon meetings to learn about the disease of addiction. That way, when they are ready for help, you will have the tools and knowledge to support her. Attending Al-Anon meetings will also **support healthy boundaries**, which will help protect your friendship.



13. My loved one is in treatment for pain pill dependency but says that smoking weed or drinking a beer is OK. Is it??

Substance use disorder is a **brain disease that does not distinguish between drugs or alcohol**. Any mood or mind-altering substance can re-trigger that chemical-dependency, so the answer is “No.” In fact, people who became dependent on pain pills, for example, need to avoid the wine sauce at the fancy restaurant. People in recovery for alcoholism need to be extremely watchful and vigilant when prescribed pain pills for a surgery. This is a life-long disease that can be kept in remission, but that requires avoiding any and all substances that could trigger a relapse.

At some State Fairs or game arcades, you might find a game called “Whack a Mole” which features little stuffed animals that pop up all over the game board. The goal is to push as many of them as possible back down into their “dens.” They pop up quickly and are hard to whack. Well, you are playing “Whack a Mole” when you think that alcohol wasn’t your problem, or drugs weren’t your problem. If you are chemically-dependent on one mood and mind-altering substance, you are vulnerable to all.

Those in recovery must always **be on the lookout for mood-altering substances**. If you are addicted to alcohol, then pot or pain pills or cough medicine are no better or safer. Playing “Whack a Mole” with your life can land you back in treatment – or worse.



14. Who relapses, and why?

Relapse is often described as a part of alcoholism and addiction, but **relapse isn't inevitable**. Still, people often worry about the possibility that their loved ones will slip back into drug or alcohol use. And while you cannot control your loved one's decision to use drugs or alcohol, you can control your own tendency to fall back into "the bad old days" of worry, enabling and co-dependency.

A critical first step in *your* relapse prevention is to learn about enabling so that you don't fall into the trap of "If they are happy and safe, then I will be happy and safe." It would be helpful for you to find a good family counselor and learn how to create and keep healthy boundaries. Taking those steps puts you in much better shape to prevent relapse - yours or your loved one's - or to deal with it constructively, if in fact it does happen.

My clients who fear the possibility of a loved one's relapse often wonder about the warning signs. Here are some **possible signs that a relapse is "building,"** with the first three being the ones I see most often in the first year of recovery:

- Complacency
- Grandiosity
- Lack of humbleness
- Stopping medications without consulting their physician first
- Not attending Recovery meetings
- Dishonesty
- Hanging with old friends who were users
- Not working with a sponsor, mentor, spiritual advisor
- Making major changes in the first year, such as moving to a new town or starting a new relationship



14. Who relapses, and why? (cont'd)

As we look at our loved ones in recovery, **we also need to take a good look at ourselves** because family members can relapse, too. The following are the most common symptoms of impending relapse for those of us who deeply love our chemically-dependent children, spouses, parents or siblings:

- Focusing on the loved one to the point that all of our attention is on “them” again.
- Refusing to believe that our loved ones might be using again, even when the signs are there (AKA “denial”).
- Covering up the messes – financial or legal problems, for example – and keeping secrets, again.
- Worrying, feeling constantly stressed, walking on eggshells. Having a hard time defining where “they” end and “I” begin.
- Yelling and making empty threats instead of requiring drug/alcohol tests. Following them secretly to see if they actually went to the meeting like they said they would.
- Constantly questioning their behavior and their whereabouts.

At the end of the day, **avoiding relapse requires everyone to change**: the person who has substance use disorder and those who love him or her.



15. Should I be concerned about the “bad influences” my loved one may encounter in a sober living environment?

This question goes back to when we were young, and our parents asked us, “**If your friend tells you to jump off a bridge, are you going to do it just because they told you to?**” Once we have detoxed and gotten treatment – inpatient or outpatient – we have been given back our choice and decision-making abilities. On a daily basis, it is now up to us to make wise and healthy choices, including deciding if we are going to hang with the winners or with the “users.” Winners show us how to live in recovery. Users show us how to live in deceit and manipulation.

Your loved one has a problem with drugs or alcohol. **Their disease – and *not* someone else’s – has brought them to a treatment center or a sober living environment.** Once there – yes, they will live with others who share the same brain disease, one that can derail the best intentions of body, mind and spirit.

Will other residents be a bad influence? Perhaps it will be the other way around, and your loved one will be a bad influence on them! It’s not us for us to say. **We certainly can’t control our loved one’s behavior (and I know you’ve tried)** or the behavior of others, and it is fruitless to dwell on that.

Instead, I would envision health and recovery for your loved one every time you start to wander down the Path of Worry. Take comfort in the knowledge that residents are in treatment or sober living because they want to live without drugs or alcohol. **The world they have chosen to inhabit in recovery is certainly less tainted by alcohol and other drugs than the world they’ve come from.**

But the truth is that **only your loved one can decide to use drugs or drink or be sober.** The decision to “Stick with the winners, or go with the users” is entirely up to each resident. A treatment center or sober living environment gives residents the tools, knowledge and guidance to make the healthy choice – or not.

And at the end of the day, treatment centers or sober living environments can offer **great companionship and support from like-minded people** who have collectively set their minds on one thing: recovery from a chronic, deadly disease.



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