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DECEMBER 2022—EDITED BY ISABELLA MORI

Practical Tools for Families of People Who Use Substances

This issue is all about practical, proven tools to help families. And even though they are specifically tried and found to work by families who deal with substance use, many—maybe all of them—can be adapted to other situations. Featuring prominently are tools developed by and for Parents Forever, a support group in Vancouver, such as about setting limits and tailoring self care to your needs. You'll find a candid and super helpful interview with a member of Parents Forever, as well as tools from other sources, such as SMART Recovery for Friends and Families, and by Jeffrey Foote, the author of the book "Beyond Addiction."



Photo: [Toa Heftiba](#)

And with that, we wish you a Happy New Year!

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Sometimes supporting your loved one requires you to acknowledge that you are not able and/or capable of providing them with what they need.

Please remember that if your loved one is at risk to themselves or others, the best resources are your local Emergency Department, and 911. In Vancouver, for non-emergencies please contact the Access and Assessment Center (AAC).

AAC Contact Information

Hours: 7:30 am - 11:00 pm 7 days/week; 365 days/year

Phone: 604-675-3700

About us...

This Newsletter is brought to you by Vancouver Coastal Health's Family Support and Involvement Team. We assist families with resources, education, information, support, and with facilitating the inclusion of family in the care of their loved ones. We also work with patient and family partners to ensure that clients and families are involved in planning and decision making across Vancouver Coastal Health's Mental Health and Substance use Services. You can find our contact information on the front page.

The *Family Connections Newsletter* is available electronically, direct to your email inbox. If you don't already receive *Family Connections* via email and would like to stay up-to-date about programs and services for families who are supporting a loved one with mental illness and/or substance use, sign up at www.spotlightonmentalhealth.com

By going to this website and clicking on the [Family](#) tab you can find our [Community Resource Guide for Families](#), Vancouver Coastal Health's [Family Involvement Policy](#) and much more.

Thanks for reading!

A MESSAGE FROM THE FAMILY ADVISORY COMMITTEE

As you may know, we have a committee of families and other supporters who meet monthly to advise Vancouver Coastal Health Mental Health and Substance Use Services, to advocate for services for clients and families, and to educate staff and the public on the role of families in the lives of people with mental health or substance use issues.

Here are some tools an FAC member offers to families affected by alcohol use:

- 1) Alcoholism is a disease often complicated by denial. There is effective treatment for alcoholism.
- 2) Particular moments may be opportune for you alone or with others to calmly express your concern for their health and the consequences of their drinking. It is difficult to balance persistence without nagging. Take breaks. Take turns with concerned others. Use different means; e.g. my teenaged daughters put notes on my bottles which I moved from one to the next for 2 years. Thanks to them I'm 16yrs sober.
- 3) Resist compensating for their drinking related mistakes unless it puts someone at risk (driving while impaired). Experiencing negative consequences may erode denial.
- 4) Stay safe and build your own resilience.
- 5) Attend Alanon or other support groups for loved ones (see page 21 for a listing). Read success stories. Commune with recovered folk. Nurture hope.

Interested in becoming a part of the Family Advisory Committee?

Email vancouverfac@vch.ca or call Jennifer Glasgow at (604) 266-6124



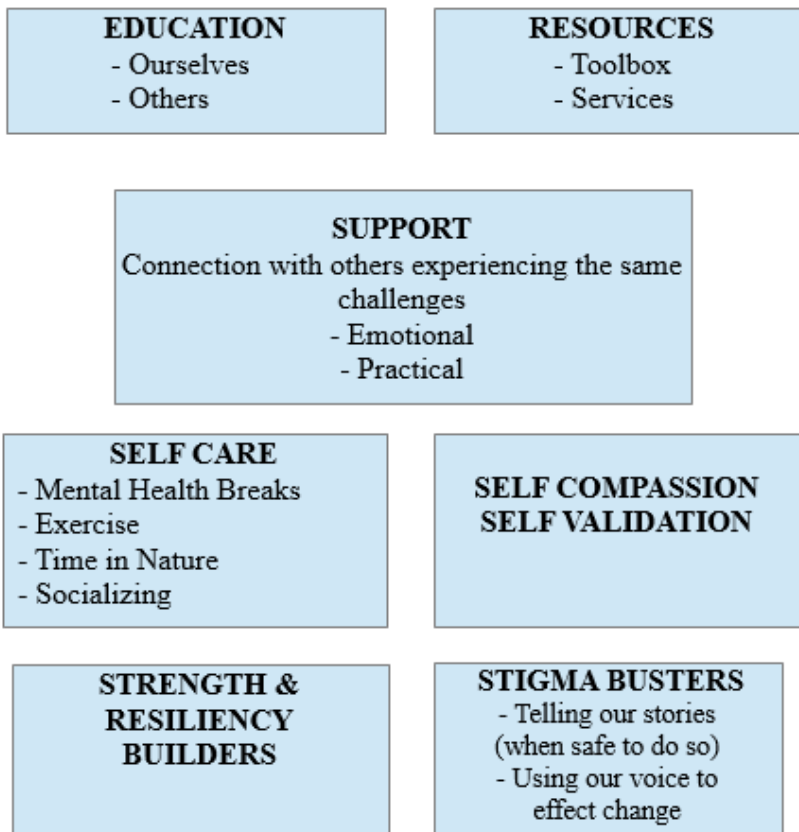
PARENTS FOREVER A TOOLKIT FOR HARM REDUCTION

Since its inception in 2012, the Family Support and Involvement Team has benefited from a close connection with the support group Parents Forever. This issue was inspired by Parents Forever. Over 20 years ago, Frances Kenny founded this group, and has facilitated it ever since. It supports and informs the families and friends of adult loved ones struggling with substance use and other dependencies.

Over the years, Frances has developed a tool kit that helps families and friends cope, and sometimes thrive, with the challenges that come their way. From solving communication problems to finding ways to practice self care to understanding and setting boundaries—it seems like Frances has a tool for everything. In the following pages, you will get a taste of them. All the tools are developed with and adjusted to the real life experiences of the people coming to Parents Forever. We are very grateful for the privilege of reprinting some of the tools.

Below is a framework for harm reduction—the harm that families and friends experience along with the harms that plague their loved ones.

PARENTS FOREVER HARM REDUCTION FOR FAMILIES AFFECTED BY A LOVED ONE'S SUBSTANCE USE



*Families
need
harm
reduction,
too*

BOUNDARIES AND LIMITS

©Parents Forever, adapted by Isabella Mori

Setting boundaries asks us to be clear on what we want and have a right to expect in our lives. We need to know and honour ourselves. It's important to figure out how to communicate our needs and wants to other people.

We have both choice and responsibility in the decisions we make. And we have the right to set limits on what we will do for others and how they treat us. If those limits aren't respected, we need to take steps to make sure they are. **Boundaries are about self respect and establishing better** relationships with our loved ones and the world around us.

- Setting boundaries is different than negotiating an agreement.
- Boundaries do not hurt you or anyone else.
- Boundaries are non-negotiable.
- Boundaries can evolve over time. When they do, you need to communicate that again.
- Start small. Set boundaries around smaller issues and see how you progress.
- Utilize your supports, e.g. role play setting a boundary.
- Practice what you are going to say. Be kind, calm and firm in words, tone, and facial expression.
- If you are new to this, it may feel unnatural in the beginning. That's normal! Just keep practicing.



Source: <https://www.flickr.com/photos/joyoflife/2405644724/>

We have the right to set limits on what we will do for others and how they treat us

STEP ONE - COMMUNICATING THE BOUNDARY

Define the Issue or Concern

Example: "I need to have a conversation around the agreement we negotiated that I would not providing any financial assistance and where possible would help in other ways, i.e. resources for food, shelter, etc.

Be Specific

Example: "The agreement does not seem to be working as there continues to be requests for money and when the answer is no, there is bullying and disrespectful behaviour."

Expectation

"Going forward, if the question of money comes up again, I expect the answer of no to be accepted and there to be no further discussion."

Closing Statement

"I love you and hope our relationship can continue in a peaceful and respectful way."

STEP TWO - RESPONSE WHEN BOUNDARY IS NOT RESPECTED

Example: (Direct Quote from a Parents Forever parent)

“Then the texts started asking for money to tide him over, he was so sick (dope sick) **I repeated there will be no money from me** and since he was sick I would meet him another time when he was feeling better. He sent many texts after that saying if I won't help him out this one time he will have to steal from Winners! I texted that I was sorry that he was suffering and re-sent various sites (info) where he can get some help. He continued with the guilt tripping . **I responded each time there is no money from me** and that I love him. He sent another text asking for money **and I responded that he has choices.** I just left it at that as it was going no-where; the addiction was talking .”

THE ART OF SETTING LIMITS

Four practices of people who successfully set limits

They are skilled listeners.

Patience, hearing what motivates and bothers your loved one, and showing them you've heard is half the battle not just for limit setting but everything else.

They avoid personal power struggles.

Examples of types of power struggles:

- * Defending your credibility (e.g. “I'm right, you're wrong”; ‘you can't tell me what to do”)
- * Button pushing (you, your loved one, or both you know exactly what gets under the other person's skin)
- * Threats and ultimatums (“stop drinking or I'll take you off my will”)
- * Bringing up the past or irrelevant issues (“this wouldn't have happened if you hadn't insulted my sister at her wedding”)

They set clear and objective limits.

E.g. “I will be in bed by 11 and can't answer the door if you forgot to take your keys.”

They consistently enforce consequences.

Consequences that are related to the issue, and are easily enforced. E.g. “I have told our neighbours they are welcome to call the police if they are disturbed by you yelling outside the door past midnight. As for me, I will be wearing earplugs.”

FIVE STEP APPROACH TO SETTING LIMITS

1. Explain exactly *which* behaviour is inappropriate. Don't assume the individual knows which behaviour is inappropriate.
2. Explain *why* the behaviour is inappropriate. Don't assume the individual knows why the behaviour is inappropriate.
3. Give the individual reasonable choices or consequences – present them as choices; always present the positive first.
4. Allow time – if you don't allow time, it may be perceived as an ultimatum.
5. Enforce consequences – limits don't work unless you follow through with the consequences.

*Limits
don't work
unless you
follow
through
with the
consequences*

CONNECTION WITH PROTECTION

©Parents Forever

Definition:

Finding ways to stay connected with loved ones and at the same time being mindful of the impact behaviours as a result of addiction can have on our lives.



Image: Matthias Zomer

Image: Matthias Zomer

Barriers to connection:

Constantly asking questions – every conversation turning into an interrogation resulting in the loved one having to lie or say what is expected.

Expectations – they should accept help – treatment, counselling, etc.

Blaming, judging - do they not see how they are harming themselves and/or others?

Positive Steps:

W.A.I.T. – “Why am I talking” Allowing silence to happen and not feeling that you have to fill in the empty space. This situation works best when walking, hiking or driving. A veteran parent found this was the breakthrough in communication between her and her son that enabled her to learn so much about him and his struggles (they took early morning walks together).

“Have Mercy Not Judgment” Try to accept where they are and offer support but not solutions (unless requested).

Use “I” statements. Take the “you’s” out of your conversation (avoids defensive reactions)

Acknowledge a positive attitude and/or action whenever possible.

If possible **spend time** doing an activity – walking, hiking, watching a movie, **without discussing the problem or the issue.** Keep it to general topics that interest you both.

Check in regularly to express love and hope that they are staying safe. Period.

If receiving a constant stream of **messages and texts** each day, **negotiate** an agreement as to **what time each day you will answer**

If possible, **try not to engage when angry.** **Develop a plan** for when you do connect. Talk it over with someone beforehand.

Send cards/notes to wherever you think they may receive them.

When there is no contact, write a letter to your loved one expressing how you feel. Keep these letters as a way of chronicling your journey and the ways you stay the course and never give up hope.

*Allow
silence to
happen*

SELF CARE

©Parents Forever, adapted by Isabella Mori. This is a worksheet for you to fill out.

What is YOUR definition of self-care?

e.g. Putting on the oxygen mask first; If I take care of myself, I can have resiliency to live the best life I can for myself, and for the long road of loving and supporting my person; charging my battery



Image by Varaluz

What challenges do you face in taking care of yourself, internally or externally?

e.g. Internally – feeling guilty for focusing on myself when my loved one is suffering. Externally – time: it seems almost impossible to do it all - work, nurture and maintain relationships with friends and family; and the most demanding of all: loving and supporting my person

What tools do you **consistently** help with self-care?

e.g. Being in nature; physical exercise; meditation; painting, writing, crafts

Does the idea of taking care of yourself add stress to your life, i.e. when and how to accomplish it as well as pressure from others (and society) to ensure you are doing it on a regular basis?

eg. Yes - feel guilty letting self-care go when I know how important and essential to my well being it is; Sometimes – when am I supposed to do all this? No – I know how important this is

Your Self Care Promise

Use this sheet <https://positive.b-cdn.net/wp-content/uploads/2020/05/My-Self-Care-Promise.pdf> to help plan what to do next time you feel down, anxious, depleted, frustrated or sad. And if, like so many of us, you have reasons (excuses?) for why you can't do self care, this sheet helps as well. The final section is for you to reflect on how you intend to treat yourself – maybe you'll find words like care, compassion, respect and love in there.

*Care,
compassion,
respect
and
love—for
YOU*

You have to accept the things you CAN'T change and focus on the things you can change.

TOOLS THAT FAMILIES USE: FAMILY MEMBER INTERVIEW

An interview with a family member in the community, by Tao-Yee Lau

In this issue we talk about many tools and techniques that we recommend that family members struggling with a loved one's substance use implement in their lives. What is it like to actually use these tools, and what are the results? Here we interview H, a family member who is a frequent attendee of the support group Parents Forever.

Tell me a bit about your situation.

My name is H; my son is 25. He's in active addiction. He is using fentanyl - which he used to say was heroin - but he has since admitted is the polite way to say fentanyl. He's been using for 7 years now and probably a little longer. He's currently homeless at a shelter, not in the same town I'm living in. We haven't had any communication with him since late July but I do know he's there and that he's getting along okay.

It's rough. I'm trying to find a way where I can find out where he is at more often. My son also has a strong case of ADHD, anxiety, depression. Kind of why he turned to IV drug use.

Sounds like a tough and long journey for your family. Is it okay if I ask about some of the difficulties that have arisen for you along this journey?

It caused a lot of problems for all of our relationships. It has created such anxiety. I went from knowing nothing at all to a crash course on IV drug use. I didn't know how to do this and how to respond. Some of the ways you respond as a parent—parental instincts—are different from what would be the “right thing to do” [according to professionals]. I might have made some mistakes but looking back I'm thinking it probably wouldn't have made a difference. In hindsight I'm comfortable saying that I've realized his journey is his and if he changes, it's because he was ready, it's not up to me.

In terms of my health -- yes it has made a big impact. An irregular heartbeat from stress, nose-bleeds. Deep depression and paralyzing anxiety. Just days of depression and sadness. On my marriage it's made a big impact. Both of us were trying to do the right thing but often doing the wrong thing. Parents Forever has really helped us focus more, and get closer to being on the same page.

What are some tools you use that have been useful for these difficulties, can you describe them?

In the Parents Forever meetings after our introduction we state what our “trouble” is or what we are facing that week. What I have found very helpful is the tool called “The List” (see page 12.) On one side you list what you have control over changing, and on the other side, what your loved one has control over changing.

What is on your list are things you can't expect and force them to do, or bug them about. That is on their List. What's on his List and what's on yours may be different. In doing the List, you have to accept the things you CAN'T change and focus on the things you can change. If I can't make him do things, I can set boundaries about what I can accept, how I am spoken to, how I can help, and what I will and won't help with.

How to speak to him and communication are also another set of tools. Conscious communication is what we've been talking about. How to get the most out of communication. Where you're not accusing or belittling and you're treating them with respect. Sometimes we don't realize it, that

we're not being respectful, because we're so frustrated.

Acceptance is important. We didn't cause it, we can't control it, we can't cure it but we can learn to cope. And learning to cope is a big deal.

The binder I have created is a big help. Over a year ago I decided I would start collecting tools, printouts of tips and guidelines that we discuss in the group. I started arranging my print-outs in a binder so I could go back and look rather than just waiting for the meeting. That's been so helpful. It helps me take a step back to think and also has been helpful in documenting this journey.

Originally my intention was to keep my intro at Parents Forever meetings short and succinct. I started writing a paragraph or two to keep clear what's been going on with myself and my son. Now, because of that I have a journal. I would go back and highlight the problem –and write in the margins what I could do better and how I would act differently, or say something differently. I now have over a year of everything he and I have gone through. It's still extremely difficult to reread.

When my anxiety would get really bad, I learned to ask myself "what's real right now." It would remind me that right now he is alive; he is in a safe place. This was a grounding practice and would go a long way towards easing my moments of "panic". Instead of taking my speculation of his condition to the worst case scenario, I would realize that right now, he's not in that moment.

Can you give me an example of a time you have used some of these tools with your loved one. What happened?

I visibly remember we had asked him to leave the house because of everything going on. He packed up a particularly large bag and took off. He said he had a place to go that was better than our place and that was fine. He ended up in a situation where he was alone, not where he thought he would end up: no money, no way to go anywhere. It was about fifteen minutes away from where I lived. He called me in a panic. "Come and get me." At that time, it was the middle of the night and raining. I had to say no.

Even thinking of it now – saying that, it felt like I had jumped off a bridge into nowhere. It was physically painful to say no. The situation was common, demanding I come get him from horrible situations. But it was not up to me to be the "rescuer." I wouldn't help him learn anything. It took more strength than would have ever believed to say no. I found out the next day that he had been taken to the shelter and that is where he could stay awhile. That was the right thing for him not to come home. He survived. I did not cause his death that night. All I did differently was I said NO. Looking back on it, only a parent with an addict will know how hard that is, to say No when they are begging for help.

At that time, the List came into play. I didn't put him in that predicament. I couldn't control him. I had told him I will only help you if he was making steps toward recovery, making positive steps, but you have to start the first steps. I couldn't control him, that's not on my list. He got where he was because of him. Fixing this problem was on his list so I turned over responsibility to him –it's specifically in our handout about the List. It's not about giving up or letting go. It's about



Image shared by H

*We
didn't
cause the
sub-
stance
use, we
can't
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it, we
can't
cure it
but we
can
learn to
cope*

We all have our own way of self care. I'm not a spa person or able to meditate. Exercise is the one thing that's helpful and works well for me. I also love going to work.

turning over responsibility to him, for him to make his own choices and live with the consequences. Another very important part is not to react too quickly to situations because you're more likely to do something you shouldn't, help when you shouldn't. Instead of solving their issues for them, tell them you understand what they're going through but you know they are capable of doing it and making a good choice. Give the responsibility back to them. If it's not on your List, leave it on theirs.

Can you also give me an example of a tool that has worked toward promoting your self care or your boundary setting?



Image by Q000024 on pxhere.com

I found that strenuous physical exercise does make me feel better. It makes me slow down a bit, make better choices. It makes me emotionally handle things a little better. I make sure I get exercise whenever possible. Sometimes though, when things are tough, it gets too hard to motivate myself, I can't even think. When I know I'm going through a rough time, not exercising is an indication I'm not doing well. Normally I exercise a lot.

That's probably it. We all have our own way of self care. I'm not a spa person or able to meditate. Exercise is the one thing that's helpful and works well for me. I also love going to work. There's days when it's been so bad – I wonder, can I even go. But I know when I'm at work it's distracting; the team I work with is so supportive. There's no time to dwell on what I'm going through emotionally at home.

Anything else you want to share about these tools, in terms of what is helpful or not?

We've learned so many things. You go to these meetings and you sit through it, and you think "I need a quick fix, a magic wand." And what I call a magic wand doesn't exist. You would rather that than all the time and work you actually have to go through. You don't want to go through this marathon. You learn you can't speed this up. You can't make them do what you want them to do any faster than they want it to go.

A lot of things I've learned –for example a tool called WAIT or "Why am I talking?" Don't try to fill in your conversation and quickly try to solve their problem. That was a really good one for me. Don't ask questions you already know the answer to. Also how to speak to them, without judgement. Let them know when they are doing well. When they are doing good things, tell them so. That was a good one. We have people come to the meetings and share their knowledge, talk about different topics, that's so helpful.

Setting healthy boundaries is also so important, and you have to learn how to keep them firm. Know you will slip up, but it's okay, just get back on track and they will learn the boundaries. They might push, but if you stay firm, eventually they learn and they know that's your boundary, they know you're just going to say no. For example lending or giving money.

We talk about "how to make an agreement." Making it clear about the duration of this agreement. What you're willing to do and what you're not willing to do.

I'm so glad this community resource exists.

Fran, the founder and facilitator of Parents Forever, is my rock -- just hearing her name will help me feel better. Just hearing her voice in my head will remind me of things. She's amazing; I can't even describe it.

If you could give a message to family members struggling with similar situations, what would it be?

It would be to contact your local mental health awareness office and to go talk to someone there. Start right away with a professional. Don't just do what you think is right. I was shocked with what I thought was right and what wasn't. The right choices are not always the ones your heart wants to make. If you're married or have a partner, work on getting on the same page. I always recommend reading the book "I'm Not Sick; I Don't Need Help" by Xavier Amador.

Go straight to experienced reputable help –professional help. Don't get into a small group of family friends and ask what to do. Run - don't -- walk to your nearest mental health support. Educate yourself. You can only take care of you; you can't make them change. Get yourself ready so that when they're ready, you're ready and you know the right things to do.

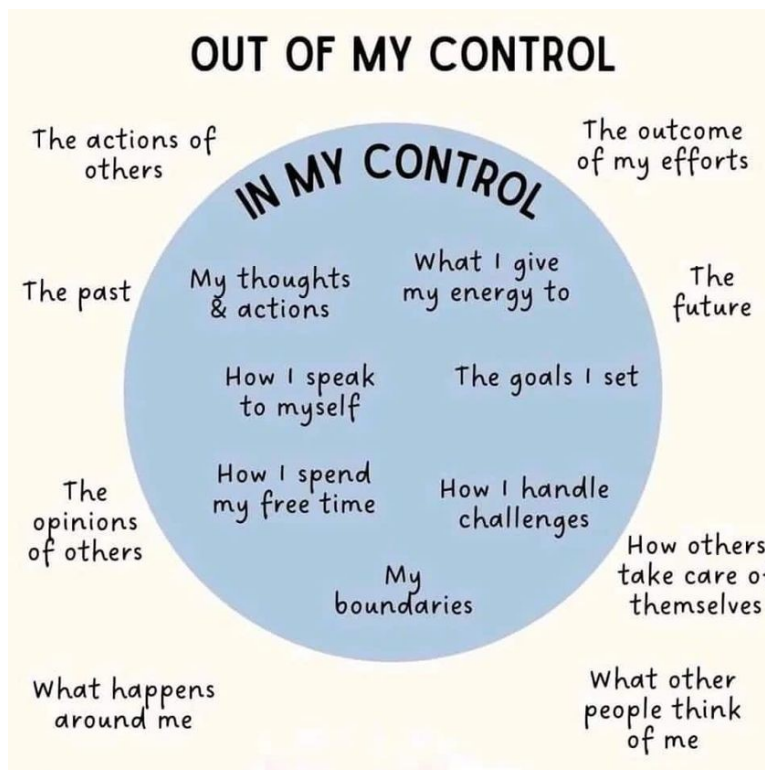
Join a support group. I feel I took way too long to find a support group. When you come to a support group, where are you usually at? Rock bottom, or close to it. I was at desperation. If I had found them sooner, I might not have gone that low. Not suffered emotionally that much before I learned to cope. You're going to make mistakes, it's okay -- don't blame yourself. Don't treat yourself too badly.

Thank you so much; you've provided so much insight and shared so much that you've learnt over the years.



Image shared by H

Join a support group. I took way too long to find one. Had I found one sooner, I might not have hit rock bottom.



Who has control over what?

AN ADAPTION OF “THE LIST”: LAUNDRY BASKETS

Separating your thoughts, feelings and actions from those of your loved one

Adapted by Isabella Mori from Frances Kenny, Founder/Facilitator at Parents Forever, “The List”



A scenario:

Suli just got out of treatment a month ago. He is living in the family home. He does not seem to be using hard drugs but his parents can smell he is smoking cannabis. His friends come over a lot, hang out in his room with the door closed, and towards the evening, Suli tends to come into the kitchen, open the fridge and the pantry, load himself up with food, and go back into his room. When his mother finally gets angry with him because once again, a huge block of cheese has disappeared within a few hours, Suli lashes out at her, “What – you’re gonna let me go hungry?” and slams the door to his room behind him. Half an hour later, he and his friends leave. By 1:00 am, he is still not home.

What might Suli’s parents be thinking and feeling?

Thoughts: _____

Feelings: _____

What might the parents think they should do? (Actions) _____

Who has control over what? Sort it into the appropriate basket. For example, the parents have control over whether Suli lives in their house, what they think about Suli’s behaviour, and how much cheese they put in the fridge. Suli has control over whether he invites friends, how much cheese he takes out of the fridge, and whether and when he leaves the house. What else? Consider everyone’s actions, feelings and thoughts.

Suli has control over	Parents have control over ...

(The full worksheet is available at <https://www.spotlightonmentalhealth.com/of-lists-and-laundry-baskets/>)

SMART RECOVERY: CHANGE YOUR THINKING, CHANGE YOUR BEHAVIOUR

Another support group that has fantastic tools for families is SMART Recovery for Families and Friends. You can find them here http://www.vch.ca/Pages/SMART-Recovery-meetings.aspx?res_id=1407

A = The Activating event

B = Our Beliefs/perceptions about the event

C = Consequences - our feelings or behaviors

It is easy to be unaware of B (Beliefs/perceptions) and think that an A (Activating event) simply leads automatically to C (Consequences). (E.g., "This situation makes me so angry!"). However, there is a thought or a B (Belief) that precedes a response. It is the thought or belief that leads to the C (Consequences), not the A (Activating Event)

Example: Person A:

A = Getting stuck in a traffic jam on the way home or going out to dinner. (Activating event)

B = "This is terrible! I can't stand traffic jams!! I'm going to be late and that's unforgivable!!!" (Beliefs/perceptions)

C = Become stressed, arrive in a bad mood. End up having an argument. (Consequences)

Person B:

A = Getting stuck in a traffic jam on the way home or going out to dinner. (Activating event)

B = "The traffic is out of my control. There's no point getting stressed. I'm just going to listen to some relaxing music and chill out. If I'm late it's not the end of the world." (Beliefs/perceptions)

C = Arrive home in a relaxed state. Calmly apologize for being late. (Consequences)

Being aware of your thoughts, beliefs and perceptions can help you to challenge them, thereby allowing you to reduce your psychological distress and change your habitual ways of responding to challenging situations.

Consider the following two scenarios;

Scenario One

A = Daughter comes home late and obviously intoxicated. (Activating event)

B = "She obviously doesn't care about me or she wouldn't behave this way!" (Beliefs/perceptions)

C = You feel very distressed and angry. You go on the attack, accusing her of being selfish, disrespectful, messing up her life, etc. You end up having an argument. The whole household is disturbed, tensions escalate and everyone feels stressed. (Consequences)

Scenario Two

A = Daughter comes home late and obviously intoxicated (Activating event)

B = _____ (see below) (Beliefs/perceptions)

C = You calmly say: "I don't like spending time with you when you've been using. I'm happy to talk tomorrow. I'm going to bed now," Then you go to bed, read, practice a relaxation technique. Tensions de-escalate. You and the household feel calmer. (Consequences)

In scenario two above, what beliefs/perceptions might lead to the less stressful consequence? Or, how could you change the beliefs/perceptions from Scenario One to lead to the consequences in Scenario Two?

Awareness of thoughts beliefs and perceptions can help challenge them and reduce distress

You can't change what's happening in your loved one's brain chemistry. You can't make someone feel or think differently. You can't stop the cravings.

THE FOUR C's

By Isabella Mori

Sometimes little slogans can help us remember important recovery topics. The 4 C's is one of them: Family did not cause mental illness or substance use, can't control it, can't cure it but certainly can cope with it. (This is a reprint of an article on our web site, and was inspired by a visit with Parents Forever.)

You didn't cause it

This is something that a lot of family members, especially parents, wonder about. We ask, "Is it my fault? Was I too strict, or neglectful, or permissive, or busy? If we had seen the signs earlier, could we have caught the problem before it got out of hand? My father had bipolar disorder, should I even have had children knowing they could get it? What about the time I yelled at her for not doing the dishes?" The questions go on and on, and they can trouble us for years. It's interesting that most researchers are not nearly as preoccupied with these questions as families are. For example, a search of a research database, EBSCO, for causes ("etiology") of mental illness in general, as well as schizophrenia, bipolar and depression, showed 670 results for the years 2015-2018, but only 7 of them mention parental involvement, most of them just in passing. Now you might say, "I'm the parent, how could I not have had something to do with these problems?" Of course, when people live together, they always influence each other. But that's a far cry from causing the mental illness or addiction. You didn't cause it, just like you didn't cause their last cold. And don't forget all the good you have contributed to your loved one!

You can't control it

Let's start with the "you" part of the sentence. Maybe there's a little bit of control or help that the person with the mental illness can exert, maybe their care providers can – but you certainly can't. You can't change what's happening in your loved one's brain chemistry. You can't make someone feel or think differently. You can't stop the cravings. Can you have some influence? Yes, quite possibly. If your loved one is open to it, you can share your thoughts and experiences. Telling your loved one what to do rarely works, even when you are absolutely certain that it will have good results. Paradoxically, giving up the idea that you can have any control over this can increase the connection and therefore influence you have with your loved one. A lot of this is discussed in Dr. Amador's book, "I'm not sick, I don't need help."

You can't cure it

The idea of cure in mental illness and substance use is controversial at best. Many people would say you can't cure it. But – and here is the good news – a person can be in recovery and manage it. There are many people who can manage it so well that the problems associated with mental health and/or substance use hardly ever crop up again. Be that as it may – you are not the person that needs to work on their recovery and management of the problem. That's your loved one's job, with the help of their health care providers. What you can do is ask your loved one how they want to be supported (go back to Dr. Amador's book for ideas on how to do that).

You can cope

What you can do is to work on your own recovery. What do you need to do to be in a better

place? When you are more relaxed, less stressed, less worried, you can lend better support to your loved one. Some time ago, we talked about coping in our support group. We asked the question, “What helpful things do you often do when you first encounter a problem?” We collected a few ideas, noting that we sometimes use different approaches for different situations and when different people are involved. For example

- slow down (also slow down thoughts)
- learn more about the issue/person before tackling the problem
- observe the situation, without necessarily doing anything about it
- step back (“rather than shooting from the hip”)
- take one thing at a time
- take time out
- try to figure out what’s going on
- use techniques learned from Xavier Amador’s book “I’m not sick, I don’t need help”
- ask: how can i help?
- break down the problem into manageable bits
- exercise
- distract yourself with other things, (e.g. housework)
- take notes of what happened



MORE WORDS FROM MEMBERS OF THE VANCOUVER FAMILY ADVISORY COMMITTEE

1. find a support group like Parents Forever who can help guide and support you in your coping skills. Read and learn everything you can on concurrent disorders.
2. write down a list of what you can control and within your responsibility and what you cannot control and is therefore your loved one's responsibility
3. set some boundaries to protect yourself eg do not ask for money and do not give, no using in the home, clean up after yourself,
4. negotiate an agreement based on the boundaries and any chores
5. set aside expectations and take each day as it comes (stops disappointment for you and feeling of failure on their part)
6. ask what they want, whether they are ready to discuss any topic you want/need to raise eg rehab, school, 12 steps
7. listen and repeat what they say on important subjects so they know they have been heard
8. practice empathy because having a mental illness and a concurrent disorder is very difficult/overwhelming
9. love them as they are
10. remember that hitting bottom may mean death
11. keep a naloxone kit handy and ask them never to use alone given the current toxic drug supply
12. take care of yourself: counselling, exercise, vacation breaks, read for pleasure, go out with friends etc

A coping tip: learn more about the issue or person before tackling the problem

BEHAVIOURS MAKE SENSE — EVEN DRUG USE

By Isabella Mori

A book we have mentioned in this newsletter in previous times, “Beyond Addiction,” is based on a support system for families called CRAFT (Community Reinforcement And Family Training). The author, Jeffrey Foote, together with his co-authors, has built on the book and on CRAFT in the workbook “The Invitation To Change (ITC)” – an invitation to make positive behaviour changes (available at <https://invitationtochange.com/>). Of course many of the changes that are hoped for are in the person using, but often a bit of change on the part of families is useful, too.

ITC was developed from the experience of researchers and clinicians working directly with families. The workbook’s three sections – “Helping With Understanding”, “Helping With Awareness” and “Helping With Action” offer many tools, e.g. about dealing with ambivalence about using/not using, deciding what matters, increasing positive and decreasing negative behaviours.

One of the premises of the approach is that all behaviours make sense, and the questions below are from the “Helping With Understanding” section of the workbook. All behaviours serve a purpose. According to the workbook, that purpose is what keeps the person who is using returning to their drug of choice over and over again, “even as the costs pile up. While you don’t have to agree with or like their reasons for using, understanding those reasons will help you be more effective in helping promote change.”

How do you think your loved one would answer the question “what does substance use [or other compulsive behaviour] do for me?”

- ⇒ Helps me feel less anxious
- ⇒ Helps me feel less depressed
- ⇒ Makes me feel good/happy
- ⇒ Takes away the boredom
- ⇒ Lessens my physical pain
- ⇒ Makes me excited/inspired
- ⇒ Helps me socialize
- ⇒ Lets me feel part of something
- ⇒ Helps me unwind
- ⇒ Helps me focus and concentrate on important things
- ⇒ Helps me lose weight
- ⇒ Makes me funny
- ⇒ Helps me appreciate others
- ⇒ Lets me enjoy sex
- ⇒ Helps me get to sleep
- ⇒ Makes it easier to face the day
- ⇒ Other: _____



You don't have to agree with the reasons for using but understanding them can help you promote positive change

TIDBITS FROM THE FAMILY CONNECTIONS SUPPORT GROUP

By Sean Ford

This edition's Tidbits include a range of resources and information that we discussed in our VCH MHSU Family Connections support groups.

Local resources

- To find a family doctor/nurse practitioner, try the Health Connect Registry and get matched with a family doctor or nurse practitioner <https://www.healthlinkbc.ca/health-connect-registry>.
- Early Psychosis Intervention model and team: <https://www.earlypsychosis.ca/>
- The Venture Program, through Vancouver Coastal Health MHSU Services, which is a short-stay program that is an alternative to hospitalization. http://www.vch.ca/locations-services/result?res_id=204
- The Kettle Society – supportive housing and community mental health resource <https://www.thekettle.ca/supportive-housing>.

Educational Tools

- The “Stage of Change” Model, which is often used in substance use services, that focuses on individuals changing behaviours. A very useful model to understand how and why individuals make changes, and what stages individuals need to move through in the process of making change. <https://www.cpe.vt.edu/gttc/presentations/8eStagesofChange.pdf>
- The concept of “Ambiguous Loss” or loss without closure and how the concept might also apply to families impacted by chronic mental health. Article: <https://www.psychreg.org/ambiguous-loss/> and <https://www.nytimes.com/2021/12/15/magazine/grieving-loss-closure.html> Video: <https://www.youtube.com/watch?v=FI0w9n4hZfU>

Videos and podcasts about families' lived experience

- Schizophrenia: Three Moms in the Trenches: What Families Want Therapists to Know About Schizophrenia (Ep. 55) on Apple Podcasts: <https://podcasts.apple.com/ca/podcast/schizophrenia-three-moms-in-the-trenches/id1553468781?i=1000584110525>
- Early Psychosis Intervention video, The Role of the Family in Recovery. Highly recommended by one of our participants! <https://www.youtube.com/watch?app=desktop&v=-JFkc5zhdu0>

Raising complaints to the health authority

- Sharing “Compliments & Complaints” at VCH: <http://www.vch.ca/about-us/contact-us/compliments-complaints> (contact us for information in other languages)

Find a doctor, learn about early intervention in psychosis, listen to podcasts—and more!

NEW FSI TEAM MEMBER: SEAN FORD

“I am currently learning to play ice hockey and when I get tired of falling down I switch to learning the guitar which can only hurt people’s ears ;)”



We are pleased to introduce our new colleague Sean Ford, working in the role of Family & Consumer Support and Involvement Coordinator, Acute. He is covering Andrea Sierralta’s maternity leave. Sean supports consumers and families whose loved ones are currently in a short-term psychiatric facility. Sean was good enough to answer some questions.

What is your background?

I am a Registered Clinical Counsellor with Master’s degree in Counseling Psychology from the University of Victoria, and have worked previously in Victoria, Edmonton and Richmond before returning to my Hometown of Vancouver in this current role. I have had the privilege of working in many different mental health areas including: group and individual therapy for people experiencing depression, suicidal thoughts, anxiety, trauma and other mental health concerns. Much of my focus has been with families and adolescents while working at Child and Youth Mental Health and Foundry in Victoria, and Foundry in Richmond.

What is the Acute Family and Consumer Support and Involvement Coordinator?

The Coordinator provides support to family members & consumers who are admitted to the Joseph and Rosalie Segal & Family Health Centre at Vancouver General Hospital; helps navigate resources, provides psycho-education regarding mental health and/or substance use, and information on caregiver burnout and coping strategies. The Coordinator also provides support to frontline staff in understanding and implementing the Family Involvement Policy including group presentations and one on one support; supports the Family Advisory Committee and their subcommittee work; runs the Family Connections Support Groups, helps maintain the family resource list; and much more!

What are you looking forward to in this role?

I am looking forward to the many interactions with families, clients, staff and leadership that can facilitate the family and consumer voices influencing the care planning and shaping of mental health services.

What else?

I am a proud cat person with two cats named Earl and Mala and like to balance my time indoors with them and outdoors doing a variety of sports and other activities in nature. I am currently learning to play ice hockey and when I get tired of falling down I switch to learning the guitar which can only hurt people’s ears ;)

How can we reach you?

Email: sean.ford@vch.ca Mobile: 604-290-3817 Hours: Tue, Thu, alternating Fri.

GET YOUR LOVED ONE SOBER: ALTERNATIVES TO NAGGING, PLEADING AND THREATENING

By Isabella Mori

This is the title of a book about CRAFT, by its creator, Robert J. Meyers, and co-authored by Brenda L. Wolfe. It contains chapters such as "Disable the Enabling", "Problem Solving" and "Treatment." The excerpt below is from the chapter on treatment, which includes interviewing potential treatment providers, looking for windows of opportunity (from which the excerpt is taken), what to do "when the window slams shut", and supporting treatment.

Says Meyers: "With treatment options ready for when your loved one indicates readiness, you can begin looking for those windows of opportunity. That's right. You do not rush home to inform your drinker that you have found a fabulous treatment plan. If you have ever tried this before, you know what the response is likely to be." Following are some questions that will help planning for a conversation about treatment, with sample answers.

Activity 22. Open That Window

When would your drinker be most likely to try something new in the way of treatment? *Probably toward the end of one of our late-night relaxed chats.*

Is there a particular time of day he/she is most relaxed? *Late night.*

Would your loved one be most open to discussing the possibility of treatment when the two of you are alone or with others? With others, with whom? *Alone.*

Would your drinker be most open to treatment after a few days of sobriety or while suffering the aftermath of a major drunk? *I think when he's got a hangover.*

Is your drinker most open to your suggestions when the two of you have not fought for a few days or when making up from a fight? *When we've not fought for a few days.*

Would your loved one be willing to enter treatment if it were for your relationship? (This would be what we call a "back-door" approach-doing it to improve the relationship and coincidentally also improving the drinker's health and behavior) *Don't think this is relevant*

Review past attempts to get your loved one into treatment. What worked? What did not? *Tried plenty of times to talk him into it, argued, yelled, belittled. Nothing worked.*

Once you identify a few situations (or moods) that you think would be conducive to suggesting treatment, play various scenarios through your mind. Try to anticipate with as much detail as possible what the setting will be, what you will say, and how your drinker might respond. Be sure to think it through. What will you say if she responds positively, and what will you say if she responds negatively? In other words, plan, plan, plan!

When would your drinker be most likely to try something new in the way of treatment?

The Family Connections Support Group



The **Family Support and Involvement Team** has a support group for family and friends of individuals with mental illness and/or substance use concerns. The group is co-facilitated by a Family Support & Involvement Coordinator and a family member.

We aim to create a welcoming and supportive space in which family members can share their experiences with each other and feel supported and strengthened in their efforts to help their loved ones. The group has a small educational component. Participants also receive twice-monthly emails with the contents of the educational part.

Our group is currently still on ZOOM. Family and supporters are free to attend on a regular basis or drop in as needed, like in our regular meetings. If you would like to receive an invite to our Support Group, please contact us and we will happily add you to our invite list!

We meet online on the following days & times:

DATE: Every first Thursday and third Monday of the month

TIME: 6:00 – 8:00 p.m.

PLACE: In the comfort of you own home

**We do not meet on STAT holidays.*

Contact familyconnections@vch.ca for the zoom link

“Whatever you are struggling with, there are others out there who understand.”

MORE FAMILY SUPPORT GROUPS



PLEASE CALL/EMAIL AHEAD TO CONFIRM DATES AND TIMES

Parents Forever – Support group for families of adults living with addiction. Group meets weekly via Zoom on Friday evenings. Contact Frances Kenny, 604-524-4230 or fkenny@uniserve.com

Holding Hope— peer led bi-weekly support groups for families affected by their loved one's substance use challenges. Connected to Moms Stop The Harm. Currently held via Zoom. Email: canadaholdinghopenational@gmail.com

SMART Recovery meetings for families are back! Tuesdays 6:00-7:00pm, <https://smartrecovery.zoom.us/j/91012011101> Meeting ID: 910 1201 1101; Also search for a local meeting here: <https://meetings.smartrecovery.org/meetings/location/>

BC Schizophrenia Society Family Support Groups - for family members supporting someone with serious mental illness. Local listings of BCSS support groups across B.C. regions can be found here: <https://www.bcss.org/support/bcss-programs/family-support-groups/>. You can also contact the Coastal Manager @ 604-787-1814 or coastmanager@bcss.org for more details on the groups and to register.

St Paul's Hospital Family Support Group- Support for families who have a loved one living with mental illness. Groups take place on the last Thursday of every month from 6-7:30 over Zoom. Please pre-register at 604-682-2344 local 62403.

VCH Eating Disorder Program – Family & Friends Support Group – for friends and family members of individuals living with an eating disorder. Contact Colleen @ 604-675-2531.

Borderline Talks - for individuals living with Borderline Personality Disorder (BPD) or Traits, and their loved ones. Zoom group every Wednesday at 7. Check <https://bpdsupportgroup.wordpress.com/finding-help/>

Pathways Serious Mental Illness (formerly Northshore Schizophrenia Society) - weekly online support groups, and family to family education sessions. For more information on the next support group: <https://pathwayssmi.org/weekly-support-groups/>

Pathways Clubhouse Chinese Family Support Group – Catered to Chinese-speaking (Cantonese and Mandarin) individuals and families, who are caring for a loved one with mental health issues. 2nd Saturday of each month from 1:00pm to 4:00pm via Zoom. Part 1 (1:00pm-2:30pm) is a free talk delivered by a guest speaker and Part 2 (2:45pm-4:00pm) is a Heart to Heart Support Group Sharing. Contact Lee Ma at Lee.Ma@pathwaysclubhouse.com or 604-276-8834 for details.

Al-Anon is a mutual support group of peers who share their experience in applying 12-step principles to problems related to the effects of a problem drinker in their lives. To find a meeting, go here <https://al-anon.org/al-anon-meetings/find-an-al-anon-meeting/>. **Nar-Anon** is a similar group, for families/friends of those who use drugs. Find a meeting here <https://www.nar-anon.org/find-a-meeting>

