

A Recovery Team's Toolkit: Helping to Build Resilience in Families Affected by Opioid Use Disorder

A Resource For The Virginia Recovery Community

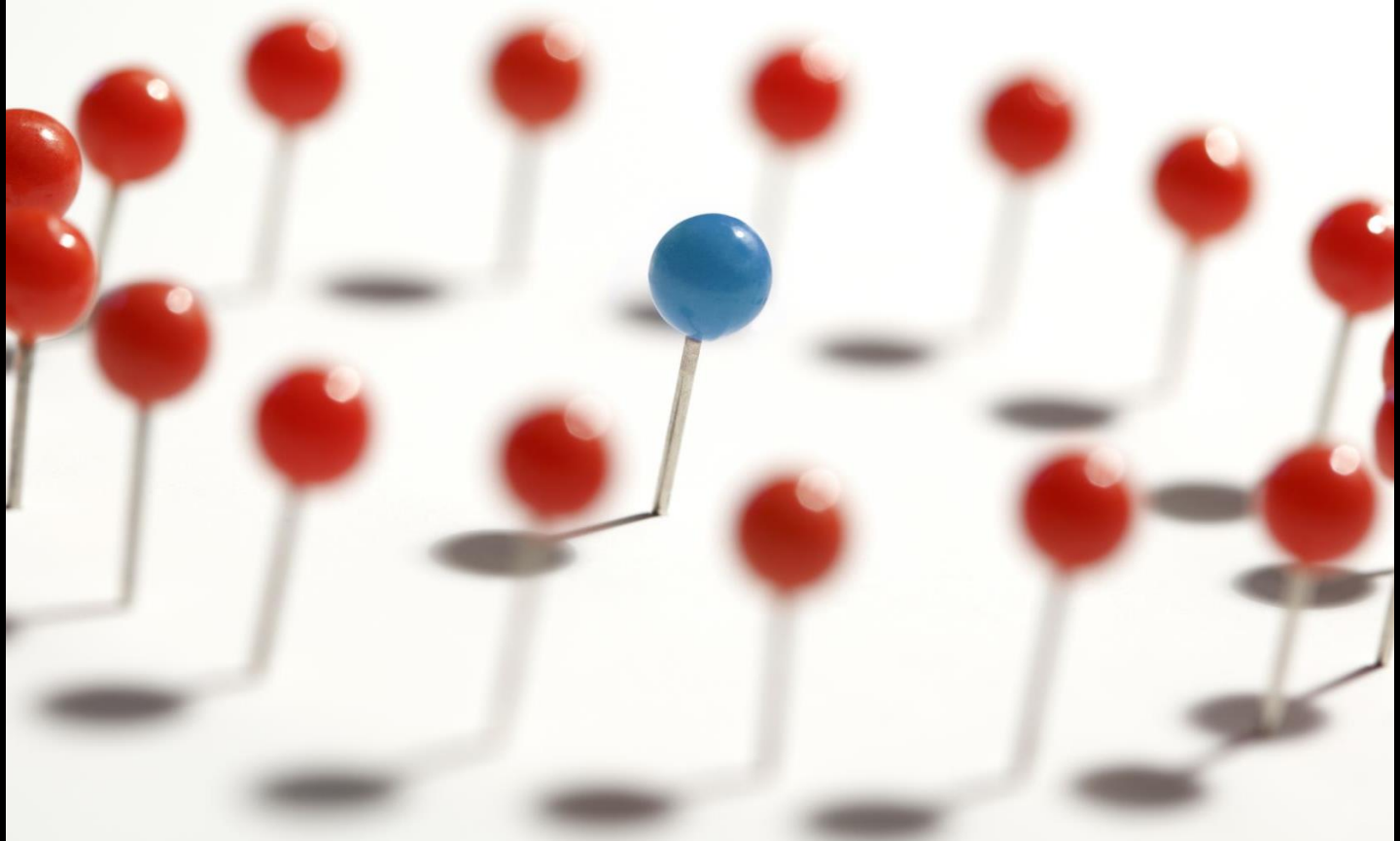


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What You Will Find in This Toolkit



The Basics



Education
Materials



Support Groups
for Families



Therapeutic
Resources



Community
Resources



Resources for
Children



Skill Building



Multimedia



The Basics

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Background Information

3 Million

People in the US have an Opioid Use disorder now or in the past (Azadfar, 2020).



Many Families are affected.

Drug Overdose

The leading cause of accidental death in the US (Ryznar, 2018).



80%

Of people with OUD have experienced traumatic childhood events (Winstanley, 2019).

OUD can also impact families negatively through parenting, child development, psychosocial, and household safety (Smith & Wilson, 2016).

Mental, Emotional, or Physical

Ailments are caused by the strain associated with substance abuse.

Neglect, Environmental Instability, or Secondary Trauma

May be experienced by children who witness a parental overdose (Winstanley, 2019).

Negative, Damaging, or Stressful

Consequences affect families (Orford et al., 2010)

Why Is a Toolkit Needed?



Family members are powerful tools in one's recovery. Their interactions with the client can either impede or support one's recovery (Englandkennedy & Horton, 2011).

Family or social support capital helped individuals maintain sustained long-term recovery (Heckman et al., 2018).

Family members have been found to derive greatest support from increased education, group support, therapy, and skill building (Kelly et al., 2017; Shumway et al. 2017; Faberman et al., 2018). In doing so, they may become more resilient.

This collection of information is intended to help the recovery team find ideas, resources, and information quickly which may be disbursed to family members based on their needs.

The Value of Resilience



Resilience is often referred to as one's ability to “bounce back” from difficult situations. Being resilient has been associated with increased longevity, reduced depression, and improved life satisfaction (Harvard Health, 2017). It is important to note that resilience has been found able to be improved (Connor & Davidson, 2003). Individuals who achieve improved resilience go on to exhibit global improvement (Connor & Davidson, 2003).

Stress is an established component of families experiencing opioid use disorder. Given the vulnerabilities of this population, increasing resilience can be a way to increase their overall protective factors (Smith et al., 2017).

Quantifying resilience is beneficial because it can serve as a “measure of stress coping ability” (Connor & Davidson, 2003).

Let's Clarify Definitions



Opioid Use Disorder (OUD) [oh-pee-oid yooz dis-awr-der]

Noun

1. According to the DSM-5, to be diagnosed with an opioid use disorder one must exhibit two out of eleven symptoms over the course of one year. These symptoms include: Requiring larger doses; Inability to “cut back”; Additional time spent trying to obtain the medication; Cravings; Opioids disrupting functioning; Continued use despite life disruption; Opioid use in physically hazardous situations; Continued use despite physical and psychological consequences; Tolerance; Withdrawal. (Azadfard, 2020)

Resilience [ri-zil-yuhns, -zil-ee-uhns]

Noun

1. Resilience is the ability to bounce back or recover from stress. (Smith et al., 2008)

Family [fam-uh-lee, fam-lee]

Noun

1. The term “family” is used here to encompass those who serve as the individual’s “closest emotional connections”. (SAMHSA, 2004)

Recovery Team [ri-kuhv-uh-ree team]

Noun

1. This toolkit was created for the “recovery team”. This team varies based on setting but is generally composed of a DEA Waivered MAT prescribing clinician, peer supporter, counselor or therapist, psychiatry/psychology support, or sponsor.

How to Use This Toolkit

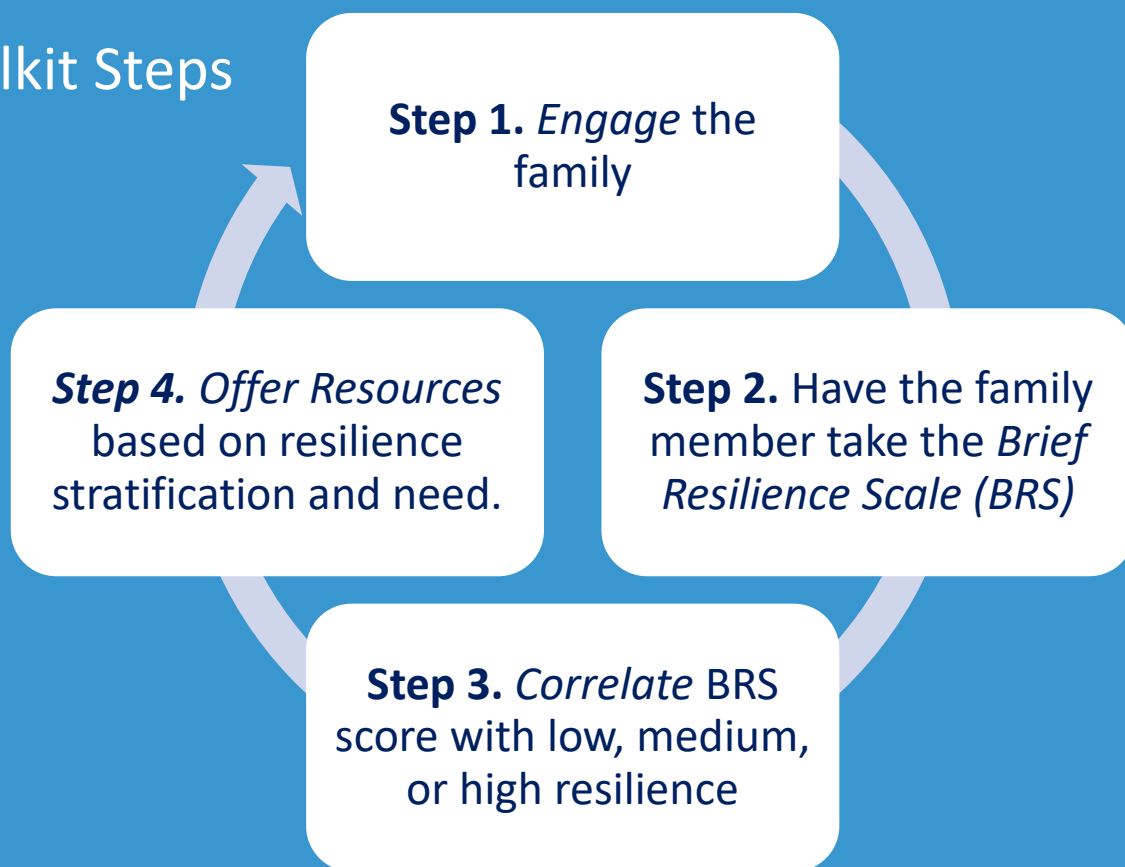


This toolkit is meant to serve as a resource to engage family members affected by opioid use disorder throughout the recovery treatment process.

It is based on a systematic review of relevant literature that found families affected by OUD benefit from education, skill building, and individual or group therapeutic services. This toolkit aims to identify families that are most in need of services using the Brief Resilience Scale.



Toolkit Steps



A Note to the Recovery Team

Dear Recovery Team Members,

This toolkit was created in hopes of simplifying the process of engaging and assisting family members affected by opioid use disorder during their loved one's recovery process. Depending on your current work environment, you may already feel stretched thin in time, resources, or manpower. Your emotional reserves may already be near depletion. It is my hope that the likely *extra* step of engaging families does not feel burdensome. Rather, I hope the task of collecting this information into one lengthy document may ease *your* already heavy burdens. As well as result in improved outcomes for your clients and communities.

This could also be an opportunity to designate the role of family outreach to a specific team member. Ideally, there could be peer support in every setting to help facilitate these connections and strengthen the hope and engagement of families. This may be something for us all to work toward.

Thank you for all that you do!

Step 1. Engage the Family



Why should families be involved?

- Improved recovery outcomes for the client
- Risk reduction and addressing vulnerabilities
 - Increased understanding
- Feelings of support and reduced isolation

Where to start?

- Ask the client if you can reach out to their family to offer supportive services.
- Obtain contact information.
 - Address barriers
- If they are not interested, respect their decision



Reasons for Client Hesitation

- Feel they have already “burdened” their families
 - Concern for their privacy
 - Feel stigmatized by family
- Family member is busy or uninterested
 - Embarrassed



Getting the Conversation Started

With the Client

“Evidence has found involving families in the recovery process has mutual benefits for you and your family. Is there someone in your life you may want me to reach out to?””

“Sometimes people do better when their families are on board with the treatment plan. Would you like me to reach out to them and offer some resources?”

“This has been a difficult road for you and your family. I would be happy to reach out to them and offer some resources, if that would be ok with you?”

“Do you have any family members who may want to be connected with education resources, skill building exercises, or support groups?”

With the Family

“Hello (Family member name), My name is ----, and I am a (job title) working with your (son, daughter, husband, wife, etc.) through their recovery.

Involving families in the recovery process has mutual benefits for you and your family.

I’m reaching out to see if you would like some education materials related to recovery, skill building, or resources in the area to support families going through similar situations.

Would you be interested in that?”

Increasing Family Engagement



What Is Successful?

- Asking families directly about barriers to participation and addressing them.
- Managing expectations about treatment, financial concerns, scheduling, and transportation.
- Facilitating trust, acting as a leader, negotiating and instilling hope.
- Problem-solving support
- Motivational Interviewing
- Ethnographic interviewing to elicit their “story”, exploring values, and cultural perspectives on treatment
(Ingoldsby et al., 2010)



What is **Not** Successful?

- Telephone reminders about meetings.
(Ingoldsby et al., 2010)
- Monetary incentives (increased enrollment but not engagement or retention).
(Ingoldsby et al., 2010)
- Having a Judgmental Attitude
- Blaming or Shaming the family.
- Assuming the Family is disinterested
- Not following up or following through if you said you would.



Brief Resilience Scale



Step 2.

Have families complete the
Brief Resilience Scale (BRS)



Instructions: Use the following scale and circle one number for each statement to indicate how much you disagree or agree with each of the statements.

1= Strongly Disagree 2- Disagree 3= Neutral 4=Agree 5= Strongly Agree

1. I tend to bounce back quickly after hard times...	1	2	3	4	5
2. I have a hard time making it through stressful events...	1	2	3	4	5
3. It does not take me long to recover from a stressful event...	1	2	3	4	5
4. It is hard for me to snap back when something bad happens...	1	2	3	4	5
5. I usually come through difficult times with little trouble...	1	2	3	4	5
6. I tend to take a long time to get over set-backs in my life...	1	2	3	4	5

Scoring: Add the value (1-5) of your responses for all six items, creating a range from 6-30. Divide the sum by the total number of questions answered (6) for your final score.

Total score: ____ / 6
My score: ____ (average)

Step 3.
Correlate BRS Score With
Low, Medium, or High Resilience

Total score: _____ / 6
My score: _____ (average)

4.31 - 5.00

Resources for High Resilience are
Green.

3.00 - 4.30

Resources for Moderate Resilience
are in Yellow.

1.00 - 2.99

Resources for Low Resilience are
in Red

Step 4. Offer Resources based on Resilience Stratification

 High Resilience resources
Are Marked Green

 Moderate Resilience Resources
Are Marked Yellow

 Low Resilience Resources
Are Marked Red

 This symbol means the resources
are appropriate for everyone

A Note to Families

Having a loved one with an addiction is challenging. You may be feeling different emotions, from hope to despair. It is important to remember that recovery is possible for your loved one. Despite hardships, you can become more resilient than ever. The Partnership to End Addiction has a wonderful collection of personal stories that offer advice and perspective from families that have also been impacted by substance use or addiction. [Click Here](#)



Addiction was my disease. I am recovered. I am living. I am running.

Partners for Hope Marathon Team member McCord Henry write, "Running is my time to process. It's my time to think and get my aggression out on the pavement. It confirms that I am free from addiction and able to put good out into the world."



Addiction and Overdose Left an Absence in Our Family

Partners for Hope Marathon Team member Lauren DiGaimo shares her family's story of loss, and the way it has inspired her own vocal advocacy in support of other families facing the challenges of addiction.



When It Comes to Your Child's Addiction, Leave the Past in the Past

How do we help a loved one who is struggling with substance use?



Finding a Middle Ground: My Parents and Recovery

I attribute the gift of starting my recovery journey almost entirely to my family.



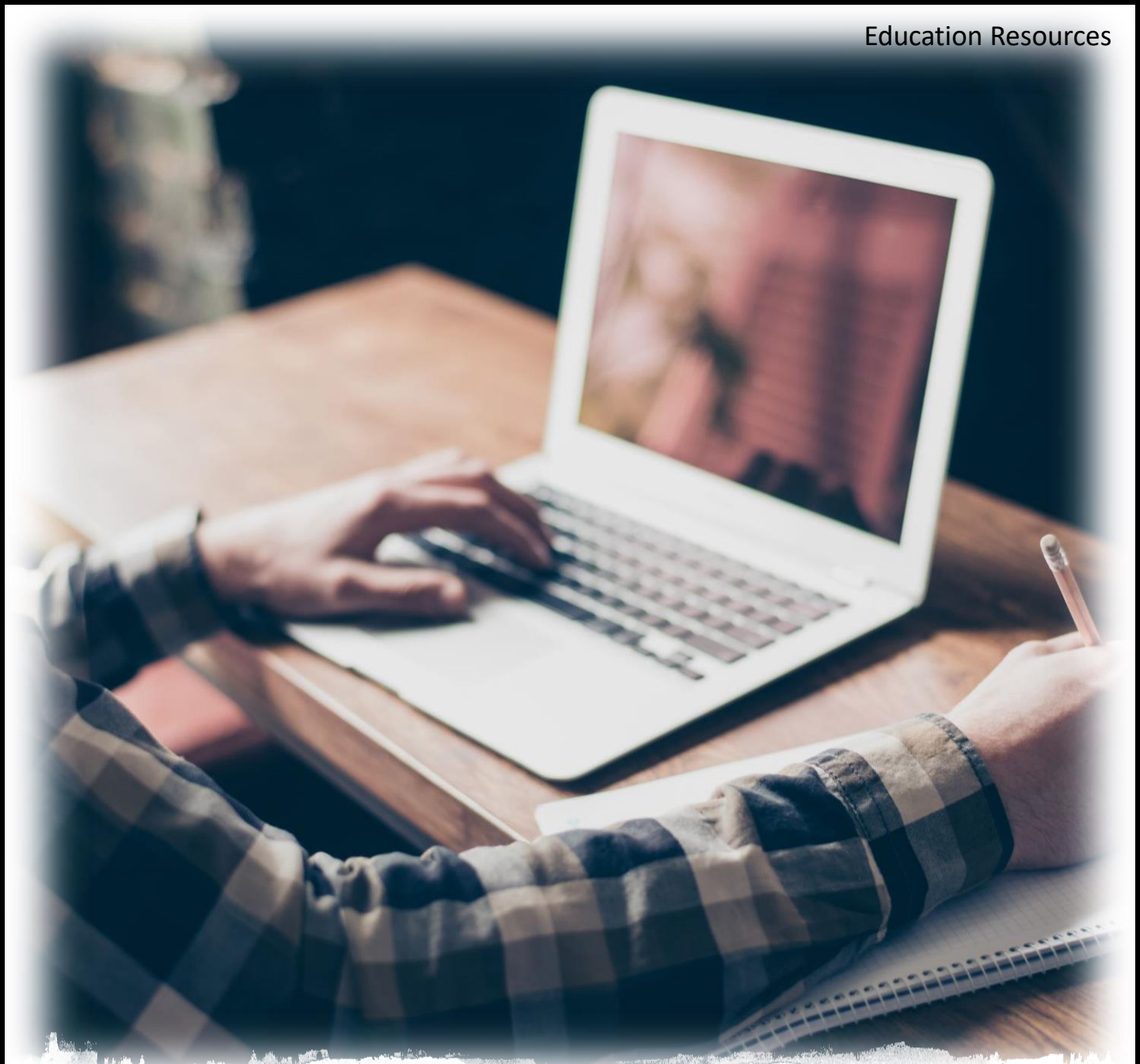
"Secrets Will Help Nobody": My Daughter's Story of Addiction [VIDEO]

I sat down to tell Casey's story and talk about what she and so many others go through, and how where there's breath, there's hope.



Reflecting On My Addiction and Recovery, Then and Now

I am but one of tens of millions of incredible recovery stories. Let's find yours.



Education Materials

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What is Addiction?

“Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences.”

(American Society of Addiction Medicine, 2019)



ASAM American Society of
Addiction Medicine

What is Opioid use disorder?

A problematic pattern of opioid use that causes significant impairment or distress.

A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria.

(CDC, 2020)



Is Addiction a Choice?

The initial decision to take drugs is generally voluntary. However, with continued use, a person’s ability to exert self-control can become seriously impaired. Brain imaging studies from people addicted to drugs show physical changes in areas of the brain that are critical for judgment, decision-making, learning, memory, and behavior control. Scientists believe that these changes alter the way the brain works and may help explain the compulsive and destructive behaviors of a person who becomes addicted.

(NIDA, 2019)



Can you Treat Addiction?

Addiction is a chronic disorder that can be managed successfully. Research shows that combining behavioral therapy with medications, if available, is the best way to ensure success for most patients.

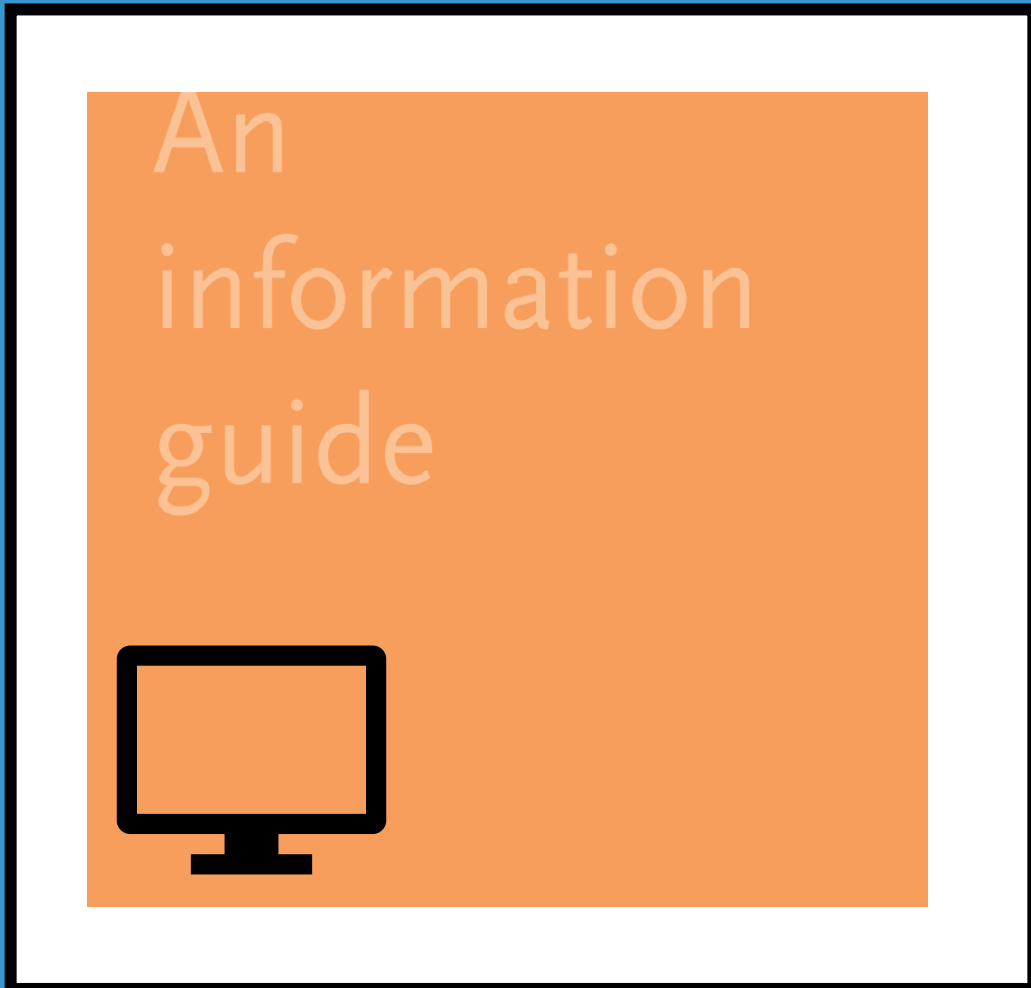
The combination of medications and behavioral interventions to treat a substance use disorder is known as medication-assisted treatment. Treatment approaches must be tailored to address each patient’s drug use patterns and drug-related medical, psychiatric, environmental, and social problems.

(NIDA, 2019)



Addiction: an Information Guide

[Click Here](#)



This is a comprehensive 64-page document that explains topics like:

- What is addiction?
- What causes addiction?
- Help for people with addiction
- Change, recovery, and relapse prevention
- Explaining addiction to children



Pages 35-40 are specific to families and partners

What Are Opioids?

Opioids are a class of drugs derived from the opium poppy plant naturally or synthetically.

(NIDA, 2020)

Oxycodone

Hydrocodone

Heroin

Codeine

Morphine

Hydromorphone

Fentanyl

Methadone

THE OPIOID EPIDEMIC BY THE NUMBERS



130+

People died every day from opioid-related drug overdoses³
(estimated)



10.3 m

People misused prescription opioids in 2018¹



47,600

People died from overdosing on opioids²



2.0 million

People had an opioid use disorder in 2018¹



808,000

People used heroin in 2018¹



81,000

People used heroin for the first time¹



2 million

People misused prescription opioids for the first time¹



15,349

Deaths attributed to overdosing on heroin (in 12-month period ending February 2019)²



32,656

Deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending February 2019)²

SOURCES

1. 2019 National Survey on Drug Use and Health. Mortality in the United States, 2018
2. NCHS Data Brief No. 329, November 2018
3. NCHS, National Vital Statistics System. Estimates for 2018 and 2019 are based on provisional data.

Heroin, Fentanyl, and Other Opioids: A Comprehensive Resource for Families

[Click Here](#)



This is an all encompassing 52-page resource for parents who are concerned about their child with a substance use disorder. It explains:

- What are opioids?
- How did the opioid epidemic happen?
- How to prevent opioid abuse in children?
- What to do if your child is already using opioids?



What You Need to Know About Treatment and Recovery

There is hope.
Recovery is possible.



Addiction Is A Disease

Opioids are highly addictive, and they change how the brain works. Anyone can become addicted, even when opioids are prescribed by a doctor and taken as directed. In fact, millions of people in the United States suffer from opioid addiction.

Signs of Opioid Addiction

A major warning sign of addiction is if a person keeps using opioids even though taking them has caused problems—like trouble keeping a job, relationship turmoil, or run-ins with law enforcement. Other signs can include:¹



Trying to stop or cut down on drug use, but not being able to.



Taking one drug to get over the effects of another.



Stealing drugs or money to pay for drugs.



Using drugs because of being angry or upset with other people.



Being scared at the thought of running out of drugs.



Overdosing on drugs.

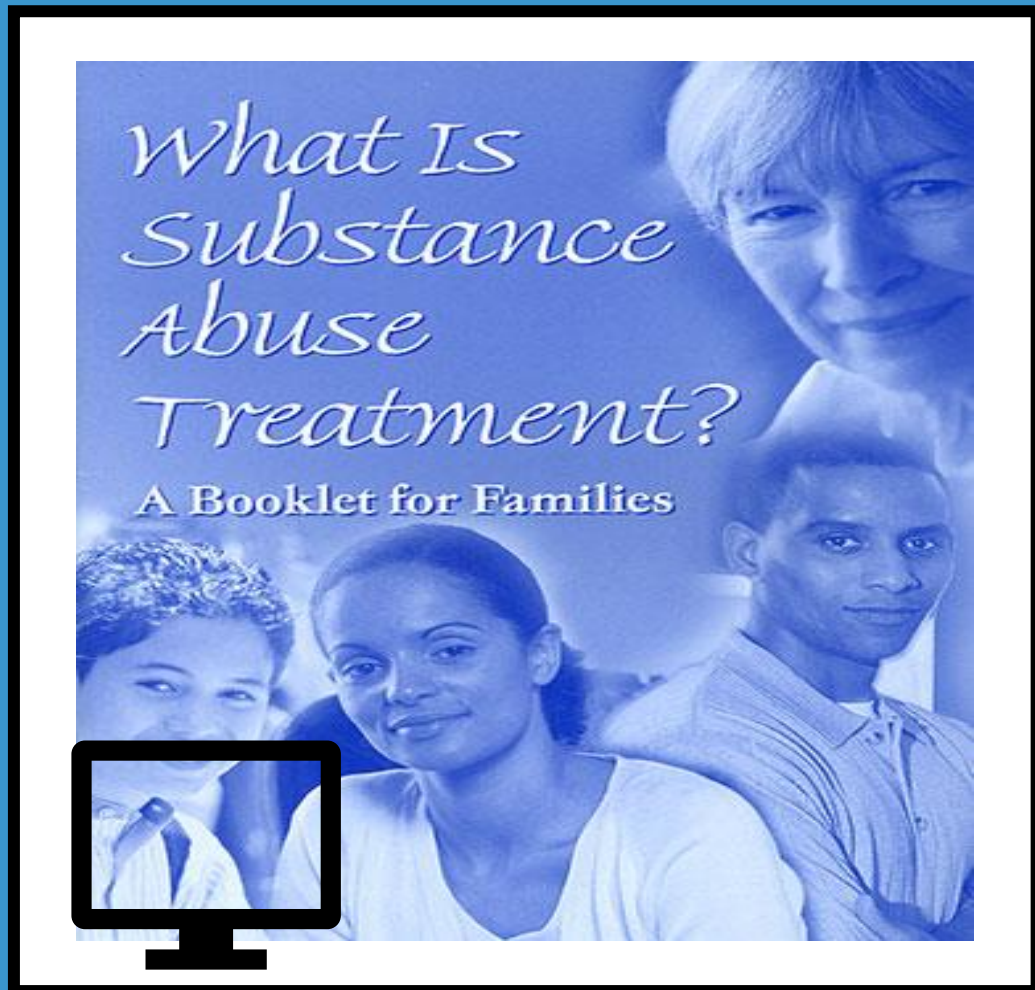
¹ [findtreatment.gov/content/understanding-addiction/addiction-can-affect-anyone](https://www.findtreatment.gov/content/understanding-addiction/addiction-can-affect-anyone)

To learn more about opioid misuse, go to [cdc.gov/RxAwareness](https://www.cdc.gov/RxAwareness).



What is Substance Abuse Treatment? A Booklet for Families

[Click Here](#)



This is a 40-page comprehensive booklet for families that explains:

- What is substance abuse?
- What is substance abuse treatment?
- Specifics for families



SUPPORTING A LOVED ONE DEALING WITH MENTAL AND/OR SUBSTANCE USE DISORDERS

STARTING THE CONVERSATION

When a family member is drinking too much, using drugs, or struggling with a mental disorder, your support can be key to getting them the treatment they need. Starting the conversation is the first step to getting help.

How You Can Help

- 1 IDENTIFY AN APPROPRIATE TIME AND PLACE.** Consider a private setting with limited distractions, such as at home or on a walk.
- 2 EXPRESS CONCERNS AND BE DIRECT.** Ask how they are feeling and describe the reasons for your concern.
- 3 ACKNOWLEDGE THEIR FEELINGS AND LISTEN.** Listen openly, actively, and without judgement.
- 4 OFFER TO HELP.** Provide reassurance that mental and/or substance use disorders are treatable. Help them locate and connect to treatment services.
- 5 BE PATIENT.** Recognize that helping your loved one doesn't happen overnight. Continue reaching out with offers to listen and help.

What to Say

"I've been worried about you. Can we talk? If not, who are you comfortable talking to?"

"I see you're going through something. How can I best support you?"

"I care about you and am here to listen. Do you want to talk about what's been going on?"

"I've noticed you haven't seemed like yourself lately. How can I help?"

For more resources, visit
www.SAMHSA.gov/families.

If you or someone you know needs help, call **1-800-662-HELP (4357)** for free and confidential information and treatment referral.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. 1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD) • www.samhsa.gov

SAMHSA
Substance Abuse and Mental Health
Services Administration



Stages of Recovery

Abstinence Stage

Starts immediately after a person stops using.

Usually Lasts for 1 to 2 years.

Main Task: Dealing with cravings and not using (Improved physical and emotional self-care).

Concern: Post-acute withdrawal (mood swings, anxiety, irritability, variable energy, low enthusiasm, variable concentration, and disturbed sleep).



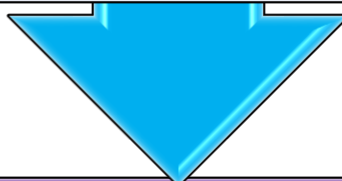
Repair Stage

This stage usually lasts 2 to 3 years.

Main Task: Repair the damage caused by addiction.

Use cognitive therapy to overcome negative self-labeling and catastrophizing; Understand that individuals are not their addiction; Repair relationships and make amends when possible; Improve self-care and make it an integral part of recovery; Develop a balanced and healthy lifestyle; Develop more healthy alternatives to using

Relapse Risk: Common causes of relapse in this stage are poor self-care and not going to self-help groups.



Growth Stage

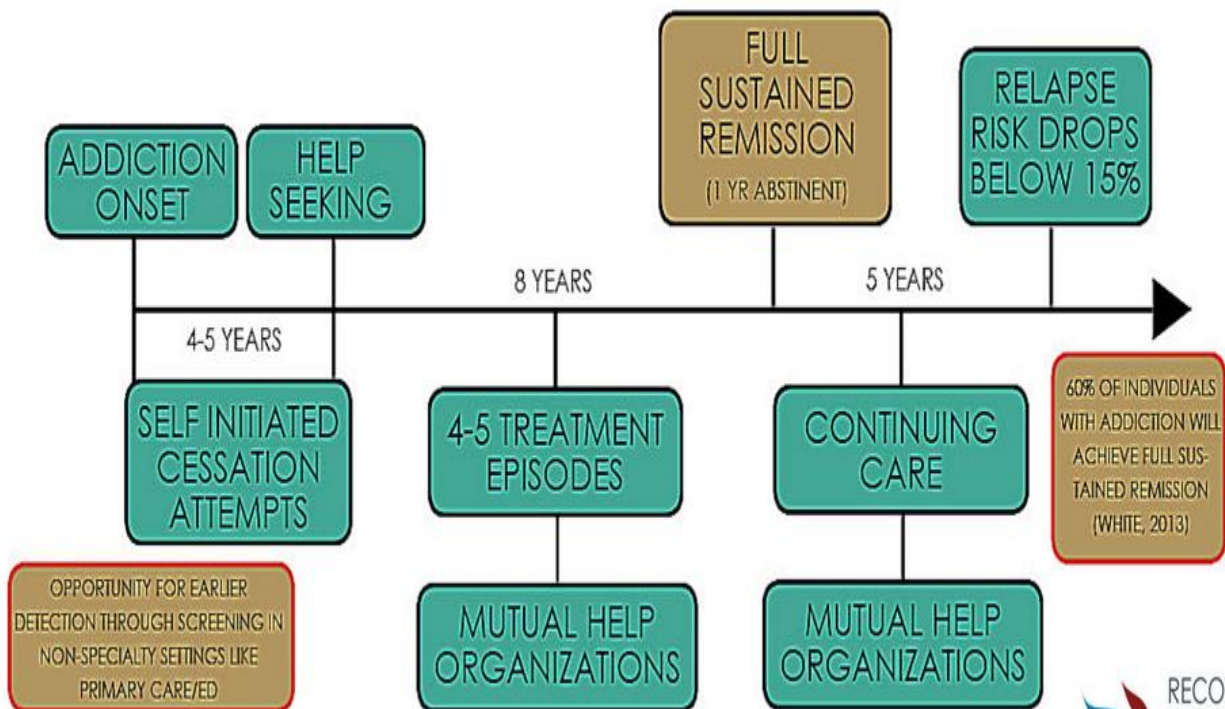
Usually starts 3 to 5 years after individuals have stopped using substances and is a lifetime path.

Main Task: Move Forward

Identify and repair negative thinking and self-destructive patterns; Understand how negative familial patterns have been passed down, which will help individuals let go of resentments and move forward; Challenge fears with cognitive therapy and mind-body relaxation.; Set healthy boundaries.; Begin to give back and help others; Reevaluate one's lifestyle periodically and make sure the individual is on track

Substance Use Disorder Course of Recovery

SUBSTANCE USE DISORDER COURSE OF RECOVERY





Providers
Clinical Support
System

Common Questions and Concerns about Medication Assisted Treatment (MAT): A Handout for Family Members of a Person with Opioid Use Disorder (OUD)

It is very common for family members of a person with Opioid Use Disorder (OUD) to have questions and concerns about their loved one's treatment, recovery and future. Below are some common questions and concerns that family members have about Medication Assisted Treatment (MAT). We hope you'll use this as a way to start the conversation.

Q: What is Medication Assisted Treatment?

A: Medication Assisted Treatment, commonly referred to as MAT, simply means using a medication to help treat a person's opioid use disorder. Sometimes it's helpful to use the analogy of another chronic disease like diabetes. Similar to using insulin to treat diabetes, MAT is medication used to treat OUD. There are 3 medications that are commonly used to treat OUD: Methadone, Buprenorphine (Suboxone), and Naltrexone/Vivitrol. Some of these medications are taken orally on a daily basis. Vivitrol is a monthly injection. Each of these medications works in slightly different ways and your family member's doctor will talk with your family member about which medication is most appropriate for their personal needs.

Q: It sounds like you'd just be replacing one drug with another. How is this any different than addiction?

A: This is a common concern and misconception about MAT. It's important to think about values when trying to understand how MAT is different from opioids used in active addiction. The goal of MAT is to help a person recover from OUD so that he/she can live their life according to their values. When a person has addiction, their drug use interferes with their values, whether those values are family, work, responsibility, or honesty, for example. Using MAT as one tool in recovery is a way to regain control of one's life and ultimately, get back in touch with what is important to them to live a full and meaningful life.

Q: How long will my family member be on this medication?

A: This is something that your family member and doctor will discuss. It is not uncommon for family members, and patients, to start thinking of "going off" of this medication before they've even started taking it. Let's take a step back and think about where this question might be coming from. Are there fears about becoming dependent on this medication? Is there worry about the safety of the medication or whether or not it will really work? The stigma that still exists around addiction may also be driving this question. Taking this medication is not without its risks, but when used correctly, the benefit of being able to live a life free of active addiction usually outweighs the risks for most people.



Providers
Clinical Support
System

Q: I'm really tired of dealing with this addiction. How do I know this time will be any different?

A: Many family members have a range of emotions when it comes to their loved one's addiction such as sadness, anger, hopelessness, and many others. Given all that you've seen them go through and all that you've been through with them, these are normal reactions. Unfortunately, there is no guarantee that this time will be different. However, using MAT in conjunction with behavioral and psychosocial treatment has been shown to be an effective way to treat OUD. Coping with a loved one's addiction is difficult and can often feel isolating, like no one else will understand. It's important to find ways to support yourself.

Q: Where can I find support for myself?

A: This is a great question because it can be helpful to not only learn how to best support your family member, but importantly, how you can best take care of yourself as well. There are various self-help groups available including Al-Anon, Nar-Anon, and Families Anonymous. Each of these programs are free of charge and open to family members of a loved one with addiction. (You can find links to the websites of these programs at the bottom of this page.) Many treatment programs have a family component of treatment. Sometimes family members may also seek out counseling for themselves.

Use the space below to write down your own questions and concerns about MAT.

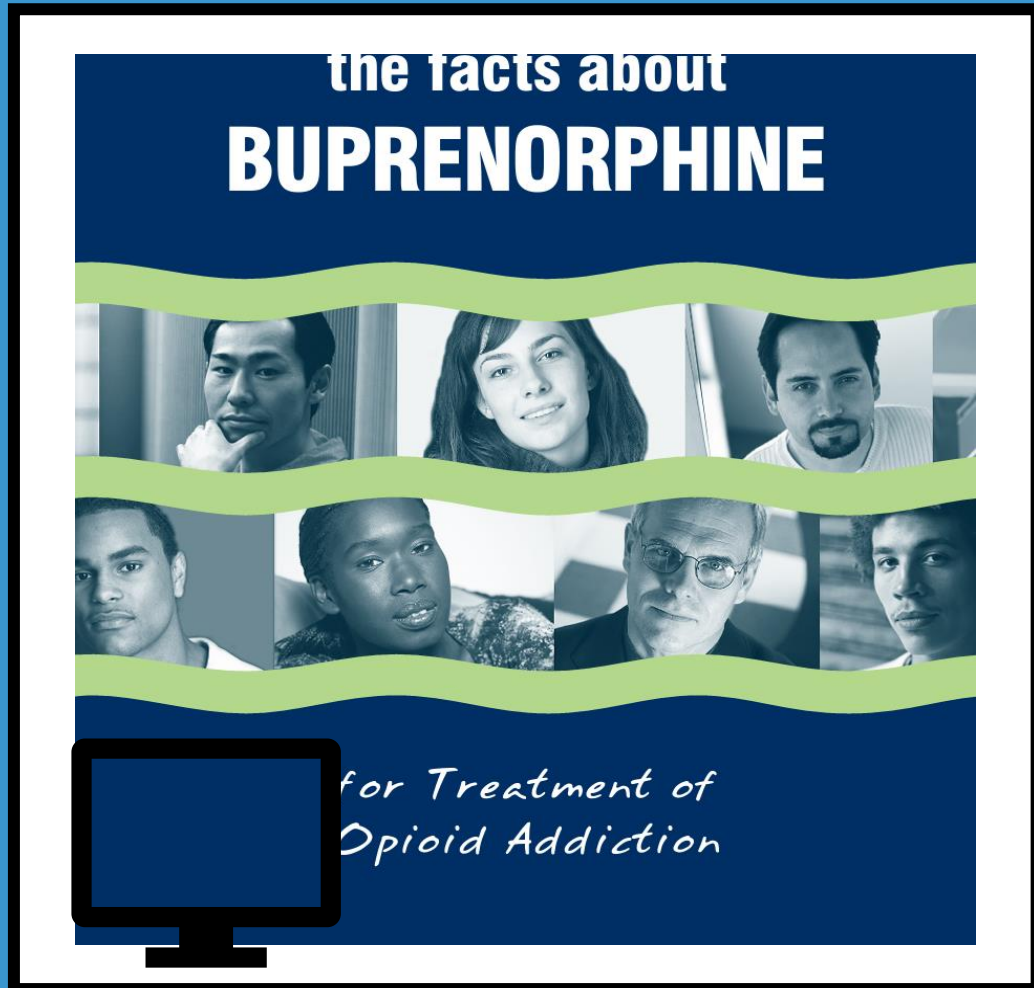
Resources for family members:

- Al-Anon: www.al-anon.org
- Nar-Anon: www.nar-anon.org
- Families Anonymous: www.familiesanonymous.org
- Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov

Funding for this initiative was made possible (in part) by grant no. from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

SAMSHA: The Facts About Buprenorphine

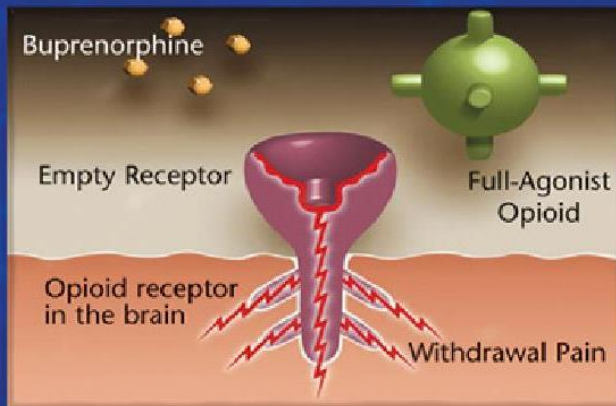
[Click Here](#)



This is a 16-page education pamphlet focused on Buprenorphine education. It describes opioid addiction, Buprenorphine treatment, side effects, and other supportive services to use in conjunction with the medication.



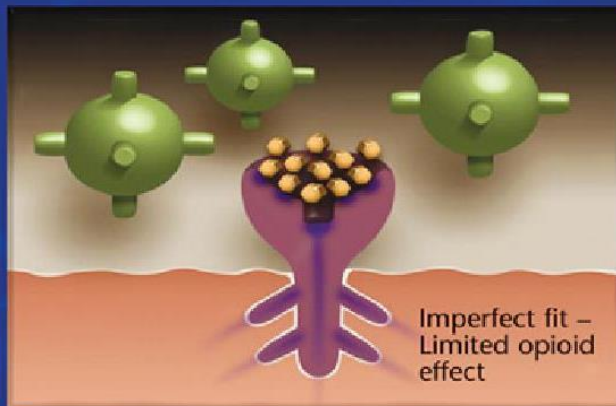
How Buprenorphine Works



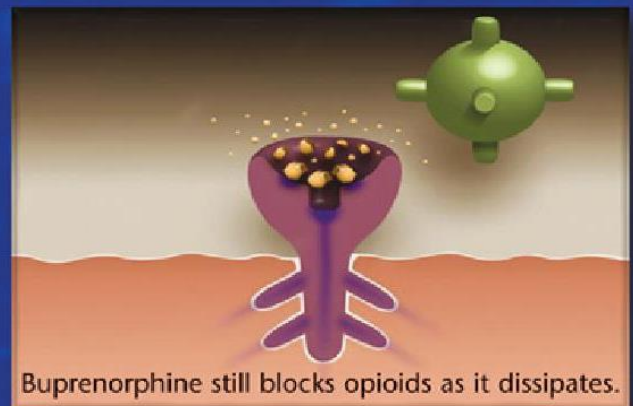
Opioid receptor is empty. As someone becomes *tolerant* to opioids, they become less sensitive and require more opioids to produce the same effect. Whenever there is an insufficient amount of opioid receptors activated, the patient feels discomfort. This happens in withdrawal.



Opioid receptor filled with a full-agonist. The strong opioid effect of heroin and painkillers can cause euphoria and stop the withdrawal for a period of time (4-24 hours). The brain begins to crave opioids, sometimes to the point of an uncontrollable compulsion (addiction), and the cycle repeats and escalates.



Opioids replaced and blocked by buprenorphine. Buprenorphine competes with the full agonist opioids for the receptor. Since buprenorphine has a higher affinity (stronger binding ability) it expels existing opioids and blocks others from attaching. As a partial agonist, the buprenorphine has a limited opioid effect, enough to stop withdrawal but not enough to cause intense euphoria.



Over time (24-72 hours) buprenorphine dissipates, but still creates a limited opioid effect (enough to prevent withdrawal) and continues to block other opioids from attaching to the opioid receptors.

The above illustrations are for educational purposes and do not accurately represent the true appearance.



The National Alliance of Advocates
for Buprenorphine Treatment
naabt.org

10M 6/07
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SAMHSA: Buprenorphine Practitioner Locator

[Click Here](#)

U.S. Department of Health & Human Services

SAMHSA
Substance Abuse and Mental Health
Services Administration

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SHARE+

Medication-Assisted Treatment

MAT Medications, Counseling, and Related Conditions

Find Medication-Assisted Treatment

Become a Buprenorphine Waivered Practitioner

Find Buprenorphine Waiver Training

Buprenorphine Practitioner Resources and Information

Pharmacist Verification of Buprenorphine Prescriptions

Become an Accredited and Certified Opioid Treatment Program (OTP)

OTP Resources and Information

(SOTA)

Buprenorphine Practitioner Locator

Find practitioners authorized to treat opioid dependency with buprenorphine by state.

Select a state from the map or use the drop down lists to view all of the practitioners waived to provide buprenorphine for the treatment of OUD in a city, state or zip code.

Please note that this list only contains the contact information from practitioners who consent to release their practice information. Therefore, this list is not inclusive of all waived practitioners.

Practitioners are responsible for updating their contact information. To update practice information, complete the [Update Practitioner Profile form](#).

Use this tool to help your loved one find a Buprenorphine (Suboxone) provider near you.



Relapse

Relapse does not mean failure

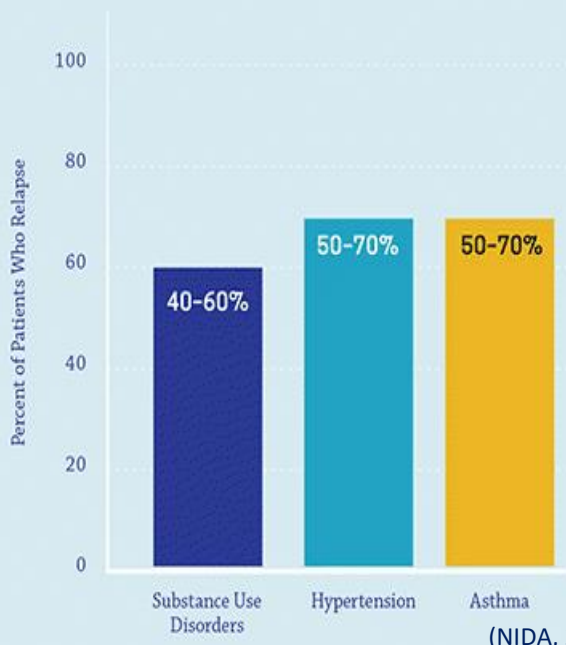
More than 85% of people with addictions who stop using a drug begin using it again within a year.

(NIDA, 2019)

Relapse is the return to drug use after an attempt to stop.

Relapse is a normal part of recovery.

Comparison of Relapse Rates Between Substance Use Disorders and Other Chronic Illnesses



Relapse Prevention Tips

1. Relapse is a gradual process with stages.
2. Recovery is a process of personal growth with developmental milestones.
3. The main tools of relapse prevention are cognitive therapy and mind-body relaxation, which are used to develop healthy coping skills.
4. Basic Rules of relapse prevention:
 - Create a new life where it is easier to not use.
 - Be completely honest
 - Ask for help
 - Practice self-care
 - Don't bend the rules.

(Melemis, 2015)

IDENTIFYING A DRUG OVERDOSE



THE SYMPTOMS TO LOOK FOR:

PROBLEMS WITH VITAL SIGNS

- PULSE RATE
- RESPIRATORY RATE
- BLOOD PRESSURE

SKIN

TEMPERATURE:
HOT & DRY OR
COOL & CLAMMY

COLOR:
GREY & ASHEN



FINGER NAILS & LIPS MAY TURN BLUEISH/PURPLEISH

NOT AWAKE OR ORIENTED



- ★ INTENSE DROWSINESS OR SLEEPINESS
- ★ CONFUSION: UNABLE TO REMEMBER NAME, DATE, OR LOCATION
- ★ LOSS OF CONSCIOUSNESS OR COMA: UNABLE TO BE WOKEN UP

ABNORMAL OR LABORED BREATHING

- ▶ RAPID
- ▬ SLOW
- ▶ DEEP
- ▬ ERRATIC
- ▶ SHALLOW OR
- BREATHING HAS STOPPED ALTOGETHER



LISTEN FOR SOUNDS OF CHOKING OR SNORE-LIKE GURGLING



SEIZURES

STOMACH OR BOWEL PROBLEMS

- ABDOMINAL PAIN
- NAUSEA/VOMITING
- DIARRHEA

BLOOD

VISIBLE IN VOMIT OR IN BOWEL MOVEMENTS



WHAT TO DO IF YOU SUSPECT A DRUG OVERDOSE

CALL 911 IMMEDIATELY & COLLECT INFORMATION TO GIVE TO EMERGENCY RESPONDERS. ADMINISTER RESCUE BREATHS. FOR OPIOID OVERDOSE, ADMINISTER NALOXONE (NARCAN). NARCAN IS NOT HARMFUL IF ACCIDENTALLY USED FOR OTHER OVERDOSE TYPES. NARCAN IS ONLY EFFECTIVE FOR 20-90 MINUTES, SO SEEK IMMEDIATE MEDICAL ATTENTION BY DIALING 911

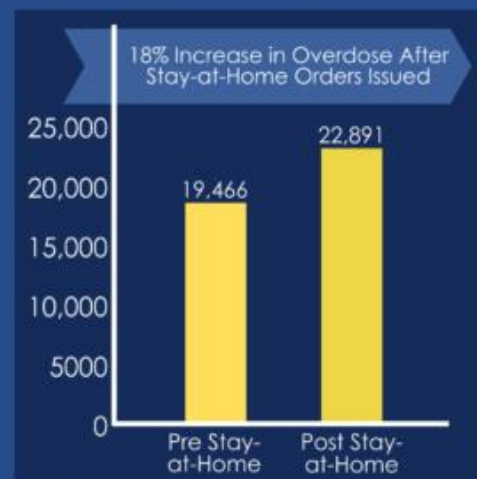
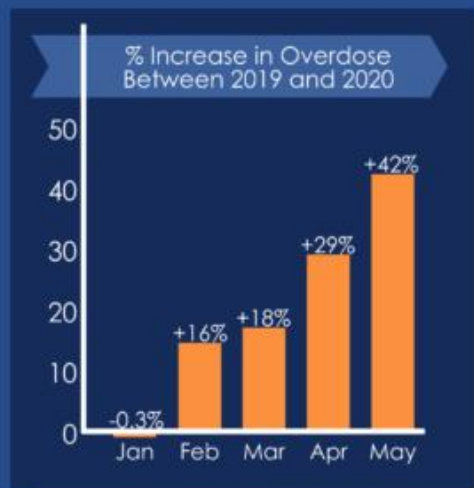


Opioid Overdose

Awareness and prevention during COVID-19

COVID-19 has heightened the risk of overdose in the following ways

- **Isolation:** Many individuals are using opioids alone. If an overdose occurs, there's no one around to help.
- **Usual supply:** Many are unable to obtain their usual supply, and are consequently unaware of the contents and potency.
- **Reduced tolerance:** Due to reduced access to opioids, placing them at higher risk of overdose.



What to do if you suspect an overdose...

- **Call 911 immediately**
- **Administer naloxone (brand name Narcan)**
- **Provide rescue breaths or chest compressions (1 breath / 5 seconds)**
- **If no response after 2-3 minutes, give another dose, continue breaths until paramedics arrive**

For information on identifying overdose, please see this RRI infographic:
recoveryanswers.org/media/how-to-identify-a-drug-overdose

Naloxone is effective for 20-90 minutes. Individuals could go back into overdose when it wears off. Get medical attention as soon as possible.

Naloxone is available at pharmacies without a prescription in all 50 states.

Treatment post-overdose is also vital. Please see this RRI infographic for a list of resources that are accessible from home via computer or phone:
recoveryanswers.org/media/digital-recovery-support-online-and-mobile-resources/

PREVENTING AN OPIOID OVERDOSE

Know the Signs. *Save a Life.*

Opioid Overdose Basics

Prescription opioids (like hydrocodone, oxycodone, and morphine) and illicit opioids (like heroin and illegally made fentanyl) are powerful drugs that have a risk of a potentially fatal overdose. Anyone who uses opioids can experience an overdose, but certain factors may increase risk including but not limited to:



- Combining opioids with alcohol or certain other drugs
- Taking high daily dosages of prescription opioids
- Taking more opioids than prescribed
- Taking illicit or illegal opioids, like heroin or illicitly-manufactured fentanyl, that could possibly contain unknown or harmful substances
- Certain medical conditions, such as sleep apnea, or reduced kidney or liver function
- Age greater than 65 years old

Death from an opioid overdose happens when too much of the drug overwhelms the brain and interrupts the body's natural drive to breathe.

Learn more about opioids to protect yourself and your loved ones from opioid abuse, addiction, and overdose: www.cdc.gov/drugoverdose



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

CDC, 2019. Preventing an opioid overdose.
[https://www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-](https://www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-Tip-Card-a.pdf)

[Tip-Card-a.pdf](https://www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-Tip-Card-a.pdf)

PREVENTING AN OPIOID OVERDOSE

Signs and Symptoms of an Opioid Overdose

During an overdose, breathing can be dangerously slowed or stopped, causing brain damage or death. It's important to recognize the signs and act fast. Signs include:

- Small, constricted “pinpoint pupils”
- Falling asleep or loss of consciousness
- Slow, shallow breathing
- Choking or gurgling sounds
- Limp body
- Pale, blue, or cold skin

What To Do If You Think Someone Is Overdosing

It may be hard to tell if a person is high or experiencing an overdose. If you aren't sure, it's best to treat it like an overdose— you could save a life.

- ① Call 911 immediately.
- ② Administer naloxone, if available.
- ③ Try to keep the person awake and breathing.
- ④ Lay the person on their side to prevent choking.
- ⑤ Stay with him or her until emergency workers arrive.



Ask your doctor about naloxone - a safe medication that can quickly stop an opioid overdose. It can be injected into the muscle or sprayed into the nose to rapidly block the effects of the opioid on the body.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

CDC, 2019. Preventing an opioid overdose.
[https://www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-](https://www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-111519.pdf)

Tip Card 1016

Instructions for Use
NARCAN (nar' kan)
(naloxone hydrochloride)
Nasal Spray

You and your family members or caregivers should read the Instructions for Use that comes with NARCAN Nasal Spray before using it. Talk to your healthcare provider if you and your family members or caregivers have any questions about the use of NARCAN Nasal Spray.

Use NARCAN Nasal Spray for known or suspected opioid overdose in adults and children.

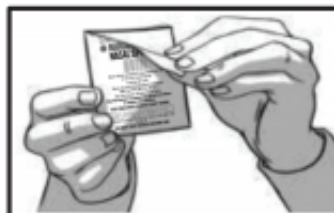
Important: For use in the nose only.

- **Do not remove or test the NARCAN Nasal Spray until ready to use.**
- **Each NARCAN Nasal Spray has 1 dose and cannot be reused.**
- **You do not need to prime NARCAN Nasal Spray.**

How to use NARCAN Nasal Spray:

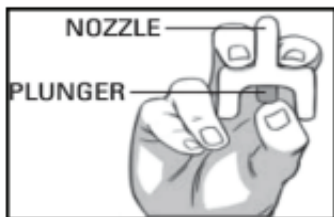
Step 1. Lay the person on their back to receive a dose of NARCAN Nasal Spray.

Step 2. Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.



Note: NARCAN Nasal Spray freezes at temperatures below 5°F (-15°C). If this happens, the device will not spray. Get emergency medical help right away if this happens. Do not wait for NARCAN Nasal Spray to thaw. NARCAN Nasal Spray may still be used if it has been thawed after being previously frozen.

Step 3. Hold the NARCAN Nasal Spray with your thumb on the bottom of the red plunger and your first and middle fingers on either side of the nozzle.



Step 4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril** until your fingers on either side of the nozzle are against the bottom of the person's nose.



Step 5. Press the red plunger firmly to give the dose of NARCAN Nasal Spray.

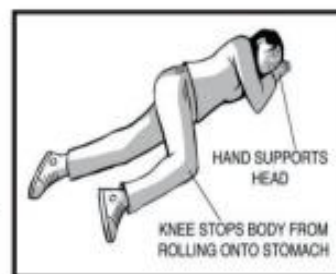


Step 6. Remove the NARCAN Nasal Spray from the nostril after giving the dose.

What to do after NARCAN Nasal Spray has been used:

Step 7. Get emergency medical help right away.

- Move the person on their side (recovery position) after giving NARCAN Nasal Spray.
- Watch the person closely.
- If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.
- Repeat **Steps 2 through 6** using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, Steps 2 through 6 may be repeated every 2 to 3 minutes until the person responds or emergency medical help is received.



Step 8. Put the used NARCAN Nasal Spray back into its box.

Step 9. Throw away (dispose of) the used NARCAN Nasal Spray in a place that is away from children.

How should I store NARCAN Nasal Spray?

- Store below 77°F (25°C).
- Excursions permitted up to 104°F (40°C).
- Do not freeze or expose to excessive heat above 104°F (40°C).
- Keep NARCAN Nasal Spray in the box until ready to use. Protect from light.
- Replace NARCAN Nasal Spray before the expiration date on the box.

Keep NARCAN Nasal Spray and all medicines out of the reach of children.

This Instructions for Use has been approved by the U.S. Food and Drug Administration.

Distributed by Adapt Pharma, Inc. Plymouth Meeting, PA 19462 USA.

For more information, go to www.narcannasalspray.com or call 1-844-4NARCAN (1-844-462-7226).

Issued: 08/2020

A1135

8 Ways to Help You Keep Loving Someone with an Addiction



Educate Yourself

Not only empowering yourself to make good decisions, but educating yourself will prepare you to be ready with information if and when your partner is ready to seek help.

- Enroll in a Narcan course
- Learn about the nature and risk factors for addiction
- Stay up to date on the latest research on recovery



Be Patient

Expect recovery, but be prepared for relapse. Some individuals achieve long-term recovery on their first attempt, for others, it may take multiple attempts over multiple years. Keep your hope up, as substance use disorder is known as a '*good prognosis disorder*' in that the majority of people can and do recover.

Practice Self Care



You will not be able to help your family member or friend, if you cannot help yourself. Work to maintain a healthy routine that includes nutritious meals, daily exercise, and a good nights sleep.



Try Immediate Rewards

Alcohol and drugs affects the brain's reward system. Try incorporating immediate and consistent rewards for healthy decisions. This method is shown to shape positive behavior.

Set Boundaries



Create firm limits about what you will and will not tolerate from your loved one, limiting feelings of frustration or being taken advantage of.

Some examples include:

- No communication when intoxicated (e.g. phone calls or text messages)
- No alcohol or drugs allowed in the house



Get Outside Input

The stigma of addiction often leads to secrecy, isolation, and shame. It is therefore important to seek outside input early and often.

- Peer Support (e.g. Al-Anon)
- Professional Help (e.g. Therapist)

Consider Comorbidity



The likelihood of a mental illness diagnosis doubles for individuals suffering from substance use disorder. Look for common symptoms and seek professional guidance. Some individuals will be more receptive to dialog and treatment of mental illness than addiction.



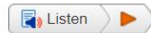
Stay Safe

If you feel like you may be in danger, or that your relationship is not healthy, you may need to end the relationship

How Can Friends and Family Help?

[Click Here](#)

How can friends and family help?



Some people want treatment so they can learn how to stop using drugs. They want to get their lives back.

Other people don't want treatment. They are so deep in their drug addiction that they aren't ready for help. Many people who use drugs go into treatment because the police, a judge, their job, or family members make them do it. It might take a while for them to understand that they have a problem and want to stop using drugs. But treatment can work even when someone doesn't want it.



Photo by ©istock.com/UberImages

When friends and family show that they care, it can help people stick with treatment, even when it's very hard.

If you're an adult, there are many things you can do to help someone in treatment.

- Find them treatment services and information.
- Offer rides to treatment and support groups.
- Remind them to take any medicine their doctor gives them.
- Help them find a place to live, if they need one.
- Help them get a job if they need one.

...that will take their mind off drugs.

This is a quick resource from the National Institute on Drug Abuse (NIDA). It offers practical suggestions for ways families can support a loved one with a substance use disorder.



RECOVERING FROM OPIOID OVERDOSE

RESOURCES FOR OVERDOSE SURVIVORS AND FAMILY MEMBERS

Survivors of opioid overdose have experienced a life-changing and traumatic event. They have had to deal with the emotional consequences of overdosing, which can involve embarrassment, guilt, anger, and gratitude, all accompanied by the discomfort of opioid withdrawal. Most need the support of family and friends to take the next steps toward recovery.

While many factors can contribute to opioid overdose, it is almost always an accident. Moreover, the underlying problem that led to opioid use—most often pain or substance use disorder—still exists and continues to require attention.²

Moreover, the individual who has experienced an overdose is not the only one who has endured a traumatic event. Family members often feel judged or inadequate because they could not prevent the overdose. It is important for family members to work together to help the overdose survivor obtain the help that he or she needs.

FINDING A NETWORK OF SUPPORT

As with any disease, it is not a sign of weakness to admit that a person or a family cannot deal with the trauma of overdose without help. It takes real courage to reach out to others for support and to connect with members of the community to get help.

Health care providers, including those who specialize in treating substance use disorders, can provide structured, therapeutic support and feedback.

If the survivor's underlying problem is pain, referral to a pain specialist may be in order. If it is addiction, the patient should be referred to an addiction specialist for assessment and treatment, either by a physician specializing in the treatment of opioid addiction, in a residential treatment program, or in a federally certified Opioid Treatment Program (OTP). In each case, counseling can help the individual manage his or her problems in a healthier way. Choosing the path to recovery can be a dynamic and challenging process, but there are ways to help.

In addition to receiving support from family and friends, overdose survivors can access a variety of community-based organizations and institutions, such as:

- Health care and behavioral health providers.
- Peer-to-peer recovery support groups such as Narcotics Anonymous.
- Faith-based organizations.
- Educational institutions.
- Neighborhood groups.
- Government agencies.
- Family and community support programs.

RECOVERING FROM OPIOID OVERDOSE

RESOURCES

Information on opioid overdose and helpful advice for overdose survivors and their families can be found at:

Substance Abuse and Mental Health Services Administration (SAMHSA)

- National Helpline 1-800-662-HELP (4357) or 1-800-487-4889 (TDD—for hearing impaired)
- Behavioral Health Treatment Services Locator: <https://findtreatment.samhsa.gov> to search by address, city, or zip code
- Buprenorphine Treatment Physician Locator: <http://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>
- State Substance Abuse Agencies: <https://findtreatment.samhsa.gov/TreatmentLocator/faces/about.jspx>

Centers for Disease Control and Prevention (CDC):

<http://www.cdc.gov/drugoverdose/epidemic>

National Institutes of Health (NIH), National Center for Biotechnical Information:

<http://www.ncbi.nlm.nih.gov>

Partnership for Drug-Free Kids:

<http://www.drugfree.org/join-together/opioid-overdose-antidote-being-more-widely-distributed-to-those-who-use-drugs>

Project Lazarus:

<http://www.projectlazarus.org>

Harm Reduction Coalition:

<http://www.harmreduction.org>

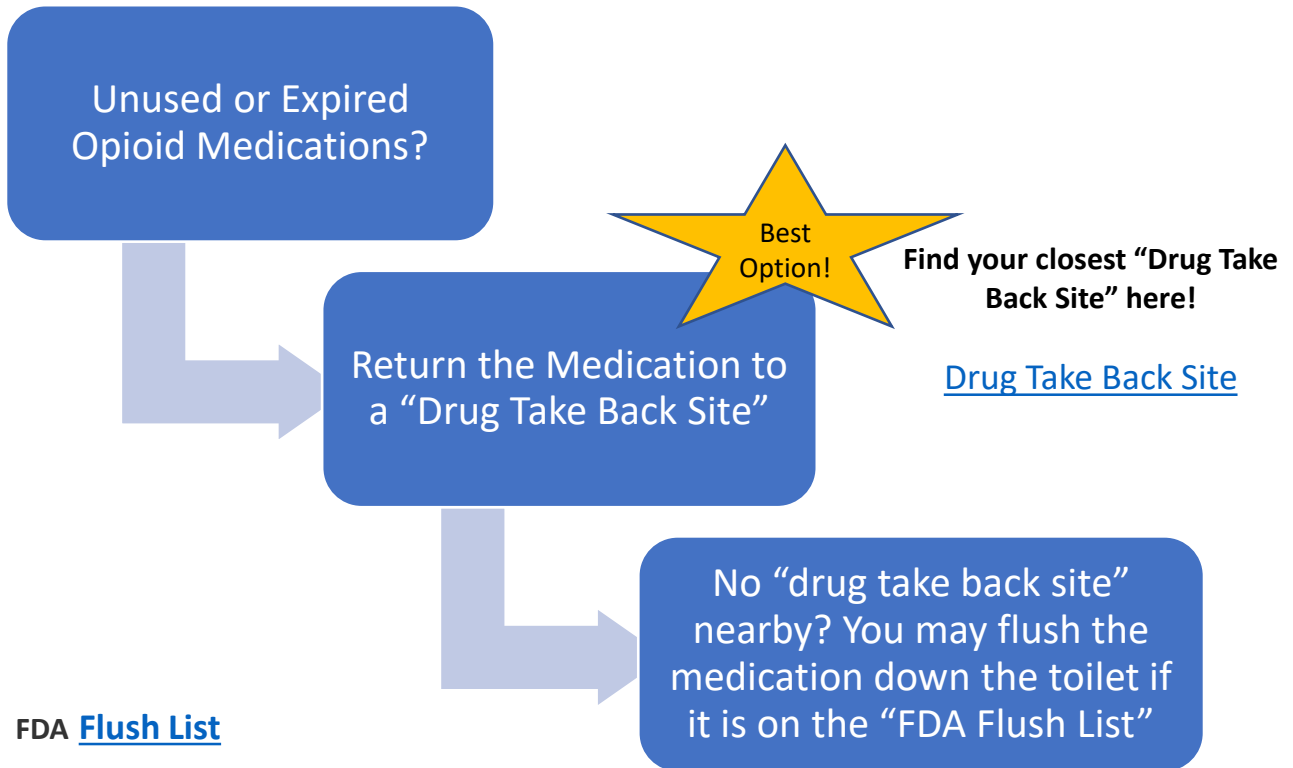
Overdose Prevention Alliance:

<http://www.overdosepreventionalliance.org>

Toward the Heart:

<http://www.towardtheheart.com/naloxne>

Safely dispose of unused/expired medications



Drug Name	Drugs That Contain Opioids
Any drug that contains the word “buprenorphine”	BELBUCA, BUAVAIL, BUTRANS, SUBOXONE, SUBUTEX, ZUBSOLV
Any drug that contains the word “fentanyl”	ABSTRAL, ACTIQ, DURAGESIC, FENTORA, ONSOLIS
Any drug that contains the word “hydrocodone” or “benzhydrocodone”	APADAZ, HYSINGLA ER, NORCO, REPREXAIN, VICODIN, VICODIN ES, VICODIN HP, VICOPROFEN, ZOHYDRO ER
Any drug that contains the word “hydromorphone”	EXALGO
Any drug that contains the word “meperidine”	DEMEROL
Any drug that contains the word “methadone”	DOLOPHINE, METHADOSE
Any drug that contains the word “morphine”	ARYMO ER, AVINZA, EMBEDA, KADIAN, MORPHABOND ER, MS CONTIN, ORAMORPH SR
Any drug that contains the word “oxycodone”	CODOXY, COMBUNOX, OXADYDO (formerly OXECTA), OXYCET, OXYCONTIN, PERCOCET, PERCODAN, ROXICET, ROXICODONE, ROXILOX, ROXYBOND, TARGINIQ ER, TROXYCA ER, TYLOX, XARTEMIS XR, XTAMPZA ER
Any drug that contains the word “oxymorphone”	OPANA, OPANA ER
Any drug that contains the word “tapentadol”	NUCYNTA, NUCYNTA ER

What is Domestic Abuse?

Abuse between romantic partners—known as **domestic abuse** or **intimate partner violence**—can take many forms. It can be overt, such as physical violence, or subtle, such as controlling a partner through emotional, financial, or other forms of manipulation.

Common Reactions to Abuse

depression, including suicidal thoughts	resentment, anger, and aggression	fear of the abusive partner	uncertainty about how to escape abuse
denial that abuse is occurring	substance use	anxiety, shame, and self-blame	social withdrawal

Why People Stay in Abusive Relationships

Fear

The abuser may threaten suicide, or threaten to harm children, pets, or property, if the victim leaves. The victim may fear more severe abuse if they are caught trying to leave.

Rationalization

The victim may believe they deserve the abuse, tell themselves it's "not so bad", feel the relationship is otherwise good, or believe the abuser will someday stop their abusive behavior.

Financial Limitations

Abusers may prevent the victim from working, control their money, or threaten to steal their possessions. Many victims face homelessness, or may struggle to support children, if they leave.

Cultural Stigma

The victim may be part of a culture in which abuse is accepted or divorce is strongly discouraged. They may risk losing friends and family if they attempt to leave an abusive relationship.

Abuse Facts

Abuse is widespread, and both men and women may be victims. About 1 in 4 women and 1 in 7 men report experiencing severe physical violence from an intimate partner in their lifetime.

Abuse is never the victim's fault. Though the abuser may try to blame the victim, the abuser is responsible for their actions. Anger issues or a desire for power and control may lead to abuse.

Domestic abuse doesn't require marriage or cohabitation. It can also happen among those who are dating, divorced, have a child together, or live separately.

Abuse doesn't discriminate. People of any race, gender, or economic status can commit or experience abuse.

For confidential help available 24/7 in the United States, call the National Domestic Violence Hotline at **1-800-799-7233** or visit **www.thehotline.org**.

Child to Parent Violence (CPV)

[Click Here](#)



This webpage explains what is child to parent violence, how common is it, and what to do about it.



Here to Help: Family Toolkit

[Click Here](#)



This is a great toolkit specifically for helping families of individuals with mental health or substance use disorders. It has 5 modules that include:

1. Module 1: Understanding Mental and Substance Use Disorders
2. Module 2: Supporting Recovery from a Mental or Substance Use Disorder
3. Module 3: Communication and Problem-Solving Skills
4. Module 4: Caring for Yourself and Other Family Members
5. Module 5: Children and Youth in the School System





Support Groups for Families

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NAR-ANON FAMILY GROUPS

A 12-Step Program for Family & Friends of Addicts



What's Nar-Anon?

The Nar-Anon Family Groups are a worldwide fellowship for those affected by someone else's addiction. As a Twelve-Step Program, we offer our help by sharing our experience, strength, and hope. The only requirement for membership is that there be a problem of addiction in a relative or friend. Our program of recovery is adapted from NA and uses our [Twelve Steps](#), [Twelve Traditions](#), and [Twelve Concepts](#).

What's a Nar-Anon Family Group?

The Nar-Anon Family Groups is primarily for those who know or have known a feeling of desperation concerning the addiction problem of someone very near to you. Members share their experiences, strength, and hope at weekly meetings, which are usually held at locations such as treatment and community centers, hospitals, churches, or local twelve-step clubs.

What if there's no Nar-Anon Group in my area?

If there's no Nar-Anon Family Group in your community, you may start one. [Click here](#) for more information on how you can do so.

How Do I Join Nar-Anon?

Joining is easy - just attend a meeting. There are no dues or fees. The only requirement for membership is that there be a problem of addiction in a relative or friend. We're never affiliated with any other organization or outside entity.

What Does It Cost?

Nar-Anon has no dues or fees. Each group is self-supporting and collects donations that are used for local expenses such as room rent and supplies. Group and member donations support the Nar-Anon World Service Office.

Is Literature Available?

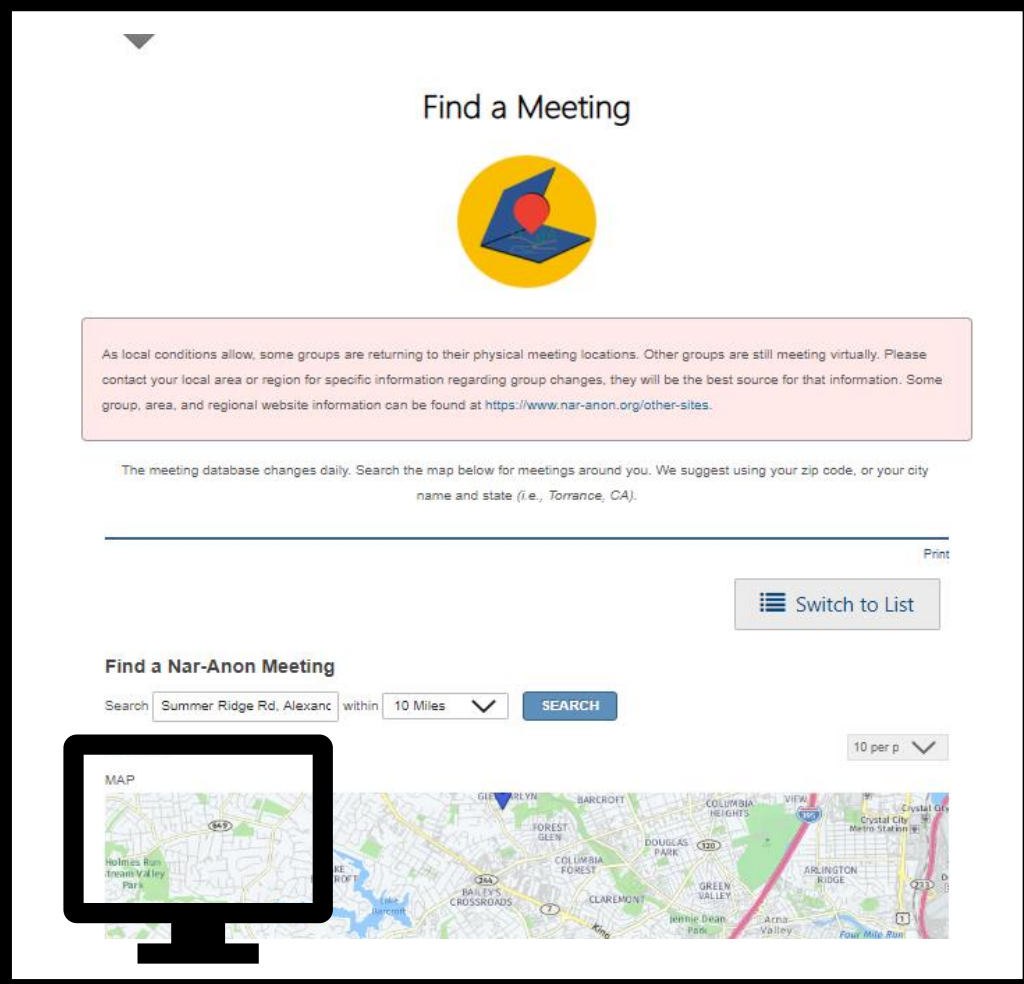
Nar-Anon publications are based upon the shared experience of our membership and their application of Nar-Anon's principles to their lives. You can view and purchase Nar-Anon literature at our [Webstore](#).

Is Professional Help Available?


Nar-Anon is a **non-professional** fellowship whose members share their experience, strength, and hope to solve their common problems. We've learned to avoid standing in the way of the addict's recovery. Nar-Anon is **not** a replacement for, nor provides professional treatment. We do cooperate with NA and other recovery programs, but don't affiliate with or recommend them specifically.

Find a Nar Anon Meeting Near You!

[Click Here](#)



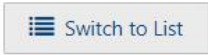
Find a Meeting



As local conditions allow, some groups are returning to their physical meeting locations. Other groups are still meeting virtually. Please contact your local area or region for specific information regarding group changes, they will be the best source for that information. Some group, area, and regional website information can be found at <https://www.nar-anon.org/other-sites>.

The meeting database changes daily. Search the map below for meetings around you. We suggest using your zip code, or your city name and state (i.e., Torrance, CA).

Print



Find a Nar-Anon Meeting

Search within

10 per p

MAP

This link will direct you to the Nar-Anon website to find a local meeting. There are virtual and in-person opportunities available.





LOVED ONE USING? FEELING HOPELESS?



Do you have a loved one who has problems with alcohol, drugs or compulsive behaviors?

Attend a Family & Friends support meeting to learn how you can develop skills to help you cope and help your loved one choose recovery.

Sponsored by SMART Recovery, an organization with two decades of helping people achieve recovery from addiction with its self-empowering, science-based approach.

Go to www.SmartRecovery.org/family to find the nearest meeting.

DISCOVER THE POWER OF CHOICE!

SMART Recovery

Online Support Meetings for Families



Online Support For Family & Friends

SMART Recovery® Family & Friends is a science-based, secular alternative to Al-Anon and Johnson Intervention. Our method is based on the tools of SMART Recovery and CRAFT* (Community Reinforcement & Family Training). Our purpose is to provide resources and support for those who are affected by the addictions of a loved one.

Online Support Meetings

SMART Recovery® Volunteer Facilitators provide online meetings to address specific issues encountered by friends or family members who have a loved one affected by addiction.

The meetings share SMART Recovery tools that can be implemented by family members to help with emotional upsets, effective communication methods when dealing with loved ones, and more. Techniques employed within the CRAFT* program are also shared for the benefit of meeting attendees.

To participate in the Family & Friends meetings, registration is required at the SMART Recovery Online website:

<https://www.smartrecovery.org/community/join.php>

Once registered you can reach the online meeting through the meetings schedule page:

<https://www.smartrecovery.org/community/calendar.php>

"The meeting was great. I will definitely be making time to attend each week. I feel so much better tonight than I did this morning...I can tell already that this group is where I need to be."

"I came to SMART to get help dealing with my partner's addiction. What I got are tools that help me deal more effectively with every aspect of MY life."

Family & Friends Online Message Board & Chat

Additional support is available through a special SMART Recovery message board. The forum for "Family & Friends (Concerned Significant Others)" offers the opportunity to exchange and share thoughts, ideas, questions and concerns. You'll find many helpful posts from our volunteers and members along with the opportunity to share your own thoughts and concerns.

Our mutual desire is that your loved one will take on the choice to pursue their own recovery and that *you will learn ways of improving your own life.*

Go to: [smartrecovery.org/community](https://www.smartrecovery.org/community)

Our 24/7 chatroom includes a "channel" especially for Family & Friends.

For more information on SMART Recovery for Family & Friends, please visit:
[smartrecovery.org/family](https://www.smartrecovery.org/family)

*CRAFT – Information on CRAFT (Community Reinforcement And Family Training) can be found in an excellent book "Get Your Loved One Sober: Alternatives to Nagging, Pleading, and Threatening" by Robert J. Meyers, Ph.D. and Brenda L. Wolfe, Ph.D. This revolutionary program is a compassionate and effective approach designed to improve the lives of Family & Friends while making sobriety a more rewarding alternative for the problem drinkers or substance abusers they love. The CRAFT program is based on proven behavioral principles such as finding and rewarding positive behaviors. It is a program congruent with SMART Recovery®. In repeated clinical trials, CRAFT's approach proved twice as likely as the Johnson intervention and six times as likely as Al-Anon to get a loved one into treatment.

"I feel so much better tonight than I did this morning... I am reading 'Get Your Loved One Sober' and finding it to be helpful in feeling like I can make a plan and take control of at least some aspects. I have hope. I feel less alone."

Community Reinforcement and Family Training (CRAFT)

What is CRAFT?

The CRAFT approach is a system for helping family members change the way that they interact with a drug user or someone who is drinking too much. The aim of CRAFT is to help that person get into treatment and on the road to recovery from drugs and alcohol.

The amazing thing about family members is that they know **a ton** about their drug or alcohol using family member. They know when the person drinks, what he or she is like when using drugs or alcohol, what the person's moods are when they drink, and what the person is like when he or she sobers up. The family member has tons of information, but doesn't know what to do with it. *That's where CRAFT comes in.* CRAFT provides a comprehensive strategy for how to interact with drinking and drugging family members in a way that has been shown to work to get their loved ones into treatment and to get their lives back from addiction.

CRAFT (Community Reinforcement Approach to Family Training) originated at the University of New Mexico and was developed by [Robert Meyers, Ph.D.](#) and colleagues. [Research on CRAFT](#) shows that about 70% of families who receive CRAFT are able to get their loved ones into treatment within a year (Miller, Meyers, & Tonigan, 1999). CRAFT also helps family members improve their own lives, whether their loved one ends up seeking treatment or not.

CRAFT teaches family members to do the following:

1. Identify their loved one's triggers for and results of their use.
2. Break the patterns that lead to or increase a loved one's drinking or using.
3. Develop and improve communication skills to more effectively express their needs and requests.
4. Help their loved one access effective addiction treatment resources when he/she expresses interest in treatment.
5. Learn or re-learn how to take care of themselves and reconnect with their values, so that regardless of their loved one's use, they can still lead a life that is centered on their values and not their loved one's drug/alcohol use.
6. If violence or the potential for violence exists, help family members identify triggers for violence and develop plans to keep themselves (and their children) safe.

Community Reinforcement and Family Training (CRAFT)

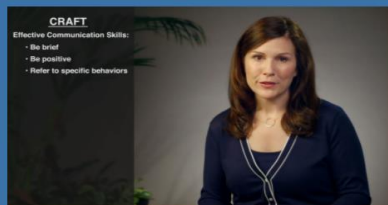
[Click Here](#)

for all parents to the proven CRAFT training.

A fast-paced and engaging video-based course that teaches parents the skills they need to meet the challenge of substance abuse.



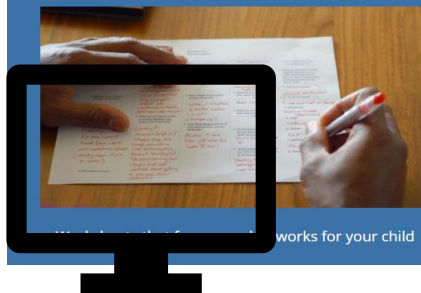
Course Details



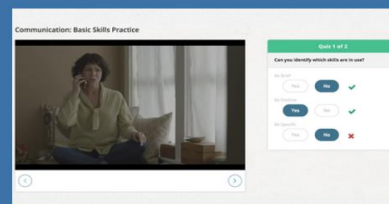
Professional guidance throughout the course



Real-world examples of parents interacting with their child, before and after applying the CRAFT method



works for your child



Interactive exercises to reinforce learning

This is a CRAFT training course specifically for parents of an individual with a substance abuse disorder. This course costs \$129 (with the discount code: LDSDSC)





Families Anonymous

For Relatives and Friends Concerned About the Use of Drugs or Related Behavioral Problems

TO THE NEWCOMER,

Welcome! At one time or another, all of us have been in your shoes. We came to our first Families Anonymous™ (FA™) meeting angry, confused, frustrated, hopeless, and fed up. But then, as we continued to attend FA meetings, we gradually found a way to cope with our circumstances and learned a better way to live—a way that permits us to live comfortably in spite of the actions of the people who brought us here.

Those of us who have been in the program for a while realize that it took us a number of weeks to decide that this was the right place for us. Had we made a rash decision after just one meeting, some of us might not have returned. By coming back, though, we discovered that we learn something new each week, because meetings vary, leaders change, and different members attend.

Since this is a Twelve Step program, with much literature to read and new options to consider, we encourage you to make a six-week commitment to attend meetings. That way, you can become comfortable with the meeting format, decide whether and when to take advantage of opportunities to talk about your difficulties and challenges, and begin learning ways to apply the Twelve Steps of FA to your life. FA meetings will provide you with a “safe” environment where you can share your feelings with people who will not judge you as being right or wrong.

Many people find it helpful to seek out a particular FA member with whom they feel they can talk. You'll notice a telephone list being passed around at each meeting; this list is primarily for you, the newcomer. If hearing a member share his or her experiences makes you want to speak with that person, we encourage you to write down the phone number, or take a phone list if it is available, or talk with the person after the meeting. You'll find that having FA members' names and phone numbers is especially helpful during a crisis, when you have a difficult decision to make, or when you just need to hear the voice of someone who understands and cares. Eventually you may form a comfortable relationship with a particular long-time member and may want to ask him or her to be your “sponsor.” A sponsor will help you focus on the Steps and guide you through them.

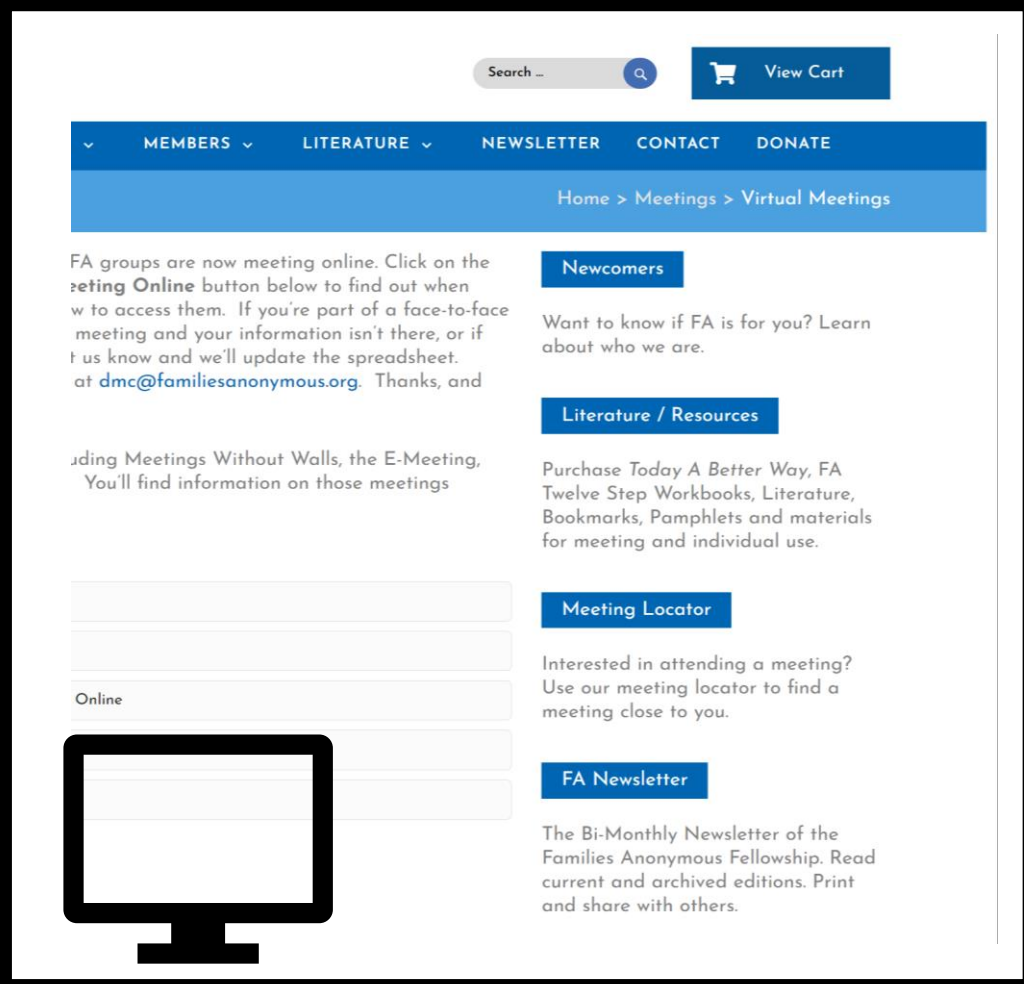
During the initial six-week period, we encourage you to study the FA literature, ask questions about the meaning of “program,” and share your experiences when you are ready. If other FA meetings are available in your area, attend them too. Get to know FA. We are here to support you by offering you our presence, our understanding, and our sharing of experiences. You may not know it, but *your* presence has already helped *us* in *our* recovery!

With love in the fellowship,
Families Anonymous

*Families Anonymous, Inc. • 701 Lee Street, Suite 670, Des Plaines, IL 60016
(847) 294-5877 • fax (847) 294-5837 • (800) 736-9805 [USA only]
www.Familiesanonymous.org • Email: famanon@Familiesanonymous.org*

Families Anonymous: Find a Meeting Near You!

[Click Here](#)



The screenshot shows the Families Anonymous website interface. At the top, there is a search bar and a 'View Cart' button. Below this is a navigation menu with options: MEMBERS, LITERATURE, NEWSLETTER, CONTACT, and DONATE. A breadcrumb trail indicates the current location: Home > Meetings > Virtual Meetings.

The main content area features a text block stating: "FA groups are now meeting online. Click on the **Meeting Online** button below to find out when we will be meeting online. If you're part of a face-to-face meeting and your information isn't there, or if it's out of date, let us know and we'll update the spreadsheet. Contact us at dmc@familiesanonymous.org. Thanks, and we'll be there for you." Below this text is a section titled "Finding Meetings Without Walls, the E-Meeting, and Virtual Meetings." It includes a link to "Find Meetings Without Walls" and a note that information on those meetings will be updated.

On the left side, there is a form with several input fields. The first field is labeled "Online" and has a dropdown menu. Below the form is a large black icon of a computer monitor.

On the right side, there are three blue buttons with white text: "Newcomers", "Literature / Resources", and "Meeting Locator". Below the "Meeting Locator" button is a text block: "Interested in attending a meeting? Use our meeting locator to find a meeting close to you." Below this is another blue button labeled "FA Newsletter".

At the bottom of the right side, there is a text block: "The Bi-Monthly Newsletter of the Families Anonymous Fellowship. Read current and archived editions. Print and share with others."

Click the link to locate a Families Anonymous Meeting near you.



Recovering Couples Anonymous: Find a Meeting Near You!



Recovering Couples Anonymous

Who We Are

“We are couples committed to restoring healthy communication, caring, and greater intimacy to our coupleships. We suffer from many problems, some identified and some not, some treated and some not. We also come from different levels of brokenness. Many of us have been separated or near divorce. Some of us are new in our coupleships and seek to build intimacy together.

We have all sought healing in Recovering Couples Anonymous (RCA). Although we have many relationships, we have only one coupleship. We restrict ourselves to one partner for the full expression of our physical, emotional, sexual, and spiritual love.

We try to honor the special nature of our love by doing spontaneous things with our partners. It can be easy to become so preoccupied with our work, children, elderly parents, or other distractions that we neglect our partners.

We may feel there will always be time for our partners later, so we do not pay them the special attention they deserve today. A nurturing, healthy coupleship requires regular attention to function at a level that gives the highest satisfaction. Keeping our focus on our love can bring pleasures we never believed possible.”

[Click Here](#)

to find a Recovering Couples Anonymous Meeting near you!

Grief Support Groups

Grief Recovery After a Substance Passing (GRASP)

<http://grasphelp.org/>

Grief Share

Grief Share is for people grieving the death of a family member or friend. They offer weekly groups virtually.

<https://www.griefshare.org/>

My Grief Angels: Grief Support Online Group

Open to Adults over 21 and offer groups in English and Spanish.

<https://griefsupportonline.com/>

Let Haven Help

Six-week support groups for anyone who has experienced Suicide, loss of a partner, or general bereavement.

<http://havenofnova.org/index.html>

Partnership to End Addiction: Online Support Community for Parents and Caregivers

[Click Here](#)

Online Support Community for Parents & Caregivers

Join our free online support community for parents and caregivers who may have children experimenting with, or dependent on, substances.

Specially trained parent coaches, with support from helpline specialists, host regular online gatherings to share guidance on addressing substance use and related issues with teen and adult children. Parents and caregivers will also find support and connection among other participants facing similar issues.

On This Page

- 1 How to join
- 2 What to expect

“

The opposite of addiction is not sobriety. The opposite of addiction is connection.

Johann Harri
Journalist and author of Chasing the Scream: The Search for Truth About Addiction

How to join

Gatherings are an hour long and take place weekly using Zoom (a free video conferencing service available for download on your computer or smartphone; allow extra time to install before joining your first meeting). You are welcome to join any meeting, although specified gatherings are intended to meet specific needs.

Please register before attending your first gathering. Once registered,

This is an online support community for parents and caregivers of individuals with a substance use disorder.



List of Support Groups in Virginia for Families affected by Opioid Use Disorder



Nar Anon

WWW.NAR-ANON.ORG



SMART Recovery

WWW.SMARTRECOVERY.ORG/FAMILY

Sober Families

Sober Families (CRAFT Method)

<https://www.soberfamilies.com/>



Families Anonymous

<https://www.familiesanonymous.org/>



National Alliance for Mental Health

<https://namivirginia.org/support-groups/>



Recovering
Couples
Anonymous

Recovering Couples Anonymous

<https://recovering-couples.org/>



Partnership to End Addiction:

<https://drugfree.org>



Parents of Addicted Loved Ones (PAL)

<https://palgroup.org/>



National Association of Children of Addiction

<https://www.celebratingfamilies.net/index.htm>

Peer Support at your fingertips!



Peer Warm Line

Our trained peer recovery specialists are here to listen, support, and offer resources or information to Virginia residents seeking wellness strategies and tools to manage mental health related experiences.

Call or Text for non-judgmental and confidential support.

Text/Chat Support

5:00 PM to 9:00 PM
Wednesday, Friday & Saturday



Text us at 866 400 6428

Call/Talk Support

9:00 AM to 9:00 PM
Monday - Friday
5:00 PM to 9:00 PM
Saturday, Sunday, and Holidays

Call us at 866-400-MHAV (6428)

Spanish Language Services

Spanish Call/Talk Support

5:00 PM to 9:00 PM
Wednesday, Friday, Saturday, and Sunday

A Warm Line is not a crisis hotline. If you are in crisis, please call the National Suicide Prevention Lifeline 1-800-273-8255, text MHA to 741741 to the Crisis Text Line or contact your local Community Services Board Crisis Services. If it is an emergency, call 911.



National Alliance for Mental Health (NAMI) Support Groups

Click:

<https://namivirginia.org/support-groups/>

This is a national community that has many support services and groups for families affected by addiction and mental illness




Therapeutic Services

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<u>What is Cognitive Behavioral Therapy (CBT)</u>	69





Find a Therapist, Psychologist, Counselor in Virginia

Find a Therapist, Psychologist, or Counselor

Psychology Today

<https://www.psychologytoday.com/us/therapists/virginia>

Good Therapy

www.goodtherapy.org

Health Grades

<https://www.healthgrades.com/specialty-directory>

Online Therapists

Better Help

www.betterhelp.com

Talk Space

www.Talkspace.com

Couples Therapy

Regain Us

www.regainus.com

Therapy for Children

<https://effectivechildtherapy.org/tips-tools/locate-a-psychologist-near-you/>



What is CBT?



Cognitive Behavior Therapy (CBT) is a well-established, highly effective, and lasting treatment used to treat a wide range of issues in a person's life – from relationship problems, or difficulty sleeping to alcohol or drug abuse or anxiety and depression.



CBT is collaborative, short-term (and therefore cost-effective) and goal oriented psychotherapy treatment that offers a hands-on, practical approach to problem-solving. Your therapist acts like a coach teaching helpful strategies that you practice between sessions.

How CBT Works...



CBT focuses on identifying, understanding, and changing thinking and behavior patterns that help change the way you feel.



Benefits are usually seen in 12 to 16 weeks, depending on the individual.



CBT empowers you. You are actively involved in your own recovery: you read, keep records between appointments, and complete homework assignments.



CBT provides a hands-on, practical approach to problem-solving.

How CBT Helps...

Learn to control your thinking



Maintain a sense of control and self-confidence



Learn coping skills that are helpful throughout life*



Ask Your Therapist if CBT Treatment is Right for You.
Find at Therapist, Learn More About CBT and Other Treatments at:
www.adaa.org



ANXIETY AND DEPRESSION
ASSOCIATION OF AMERICA



Community Resources

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Take Your Local REVIVE Training

To administer EVZIO:

EVZIO is designed to be easy to use, including visual and voice instructions that help guide the user through the injection process. Caregivers should pinch the thigh muscle when injecting EVZIO into a child under the age of one.



1. Pull EVZIO from the outer case.

1. Do not go to Step 2 (Do not remove the **red** safety guard) until you are ready to use EVZIO.

If you are not ready to use EVZIO, put it back in the outer case for later use.



2. Pull off the red safety guard.

To reduce the chance of an accidental injection, do not touch the **black** base of the auto-injector, which is where the needle comes out.

Note: The red safety guard is made to fit tightly. Pull firmly to remove. Do not replace the red safety guard after it is removed.



3. Place the black end against the middle of the outer thigh, through clothing (pants, jeans, etc) if necessary, then press firmly and hold in place for 5 seconds.

EVZIO makes a distinct sound (click and hiss) when it is pressed against the thigh. This is normal and means that EVZIO is working correctly. Keep EVZIO firmly pressed on the thigh for 5 seconds after you hear the click and hiss sound. The needle will inject and then retract back up into the EVZIO auto-injector and is not visible after use.

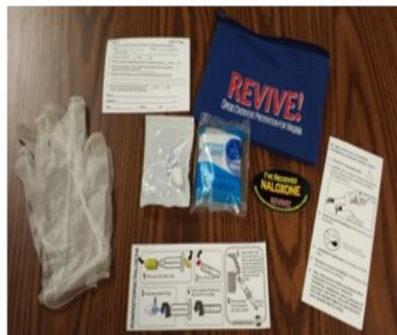
If you'd like to learn more about using naloxone, consider attending a REVIVE! training event. REVIVE! trainings and kits are free of charge and open to anyone interested in becoming a Lay Rescuer.

REVIVE! Lay Rescuers learn:

- ◆ How to recognize when someone is experiencing an overdose
- ◆ Risk factors that make someone more susceptible to an overdose
- ◆ Myths about overdose reversal
- ◆ Opportunities to practice rescue breathing and naloxone administration

A REVIVE! kit bag includes:

- Latex-free gloves
- Rescue breathing masks
- Instruction cards
- *I've received naloxone!* stickers



FOR MORE INFORMATION:

REVIVE@dbhds.virginia.gov
(804)786-0464

<http://www.dbhds.virginia.gov/individuals-and-families/substance-abuse/revive>

Revised June 2015



How to Recognize and Respond to an Opioid Overdose Emergency With Naloxone

Saving lives, saving futures!



VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES
P.O. Box 1797
Richmond, VA 23218

Take Your Local REVIVE Training

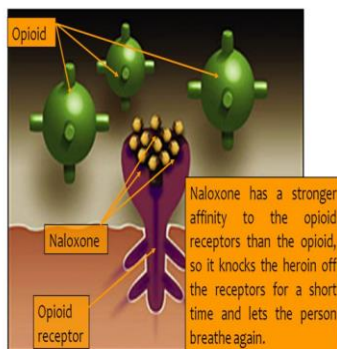
REVIVE! OPIOID OVERDOSE AND NALOXONE EDUCATION FOR VIRGINIA

REVIVE! is Virginia's opioid overdose and naloxone education program and is part of the Commonwealth's response to the epidemic of opioid drug use and related deaths in Virginia. REVIVE! trains individuals to be prepared for, recognize, and respond to an opioid overdose emergency with the administration of Naloxone. This guide has been designed to be distributed by pharmacists upon dispensing naloxone to individuals.

Naloxone is a medication that reverses the effects of an opioid overdose emergency. Opioids include heroin as well as prescription pain medicines, such as:

- Fentanyl
- Hydrocodone
- Methadone
- Morphine
- Oxycodone
- Tramadol

When a person uses too much of an opioid, their central nervous system becomes depressed, and breathing and heartbeat stop. Naloxone stops the effects of the opioid, allowing the individual's breathing and heartbeat to resume.



How to recognize if someone is experiencing an opioid overdose emergency:

- Unresponsive to stimulus, such as pinching the earlobe or rubbing the sternum bone with your knuckles
- Breathing and heart rate have slowed or stopped
- Blue lips and/or fingertips

If someone has:

- Overdosed in the past
- Been abstinent for any reason
- Changed the opioid they are using

Then they are at higher risk for an opioid overdose emergency!

If you suspect someone has overdosed on opioids first check for responsiveness, if not responsive

- Administer naloxone
- Place in Recovery Position
- Call 911
- Administer rescue breaths (cpr if certified or instructed by 911 operator) for 3 minutes, or until ems arrives
- If not responsive after 3 minutes, administer 2nd dose of naloxone

To find treatment for substance abuse in your area, call the SAMHSA Treatment Locator:

1-800-662-HELP (4357)



To Administer Narcan Nasal Spray

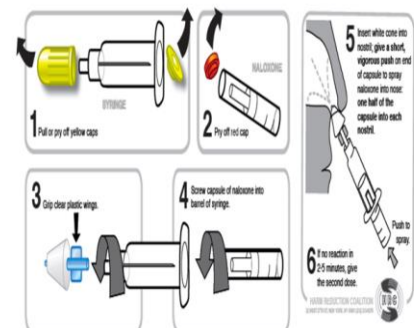


1- Peel back off of package, to remove device. Hold device with thumb on bottom of plunger and two fingers on either side of the nozzle.



3- Press plunger firmly to release the entire dose into the patient's nose

To administer intranasal naloxone:



Home Programs in Virginia: They Work!



Home visiting programs are focused, individualized, and culturally competent services for expectant parents, young children and their families within safe homes and connected communities.

These programs are made available in the home and help families strengthen attachment and promote optimal development of their children, promote health and safety, and reduce the risk of child maltreatment.

Research shows that home visits by a nurse, social worker, childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse/ neglect and supports positive parenting, improves maternal and child health, and promotes child development and school readiness



Early Impact Virginia is a statewide collaboration of early childhood home visiting programs and partners that serve families with children from pregnancy through age 5.

Click Here to Find a Home Visiting Program Near you!

[Early Impact Virginia](#)

Yoga of 12-step Recovery (Y12SR)



This is an organization that offers Yoga to individuals who are working to overcome addiction or have been affected by addiction.

What is Yoga of 12-step Recovery?

“Yoga of 12-Step Recovery was created as a holistic model to address the physical, mental and spiritual dis-ease of addiction. Informed by the latest research in neuroscience and trauma healing, Y12SR “connects the dots” by combining the somatic approach of yoga with the cognitive approach of the 12-step recovery model – the most well-known addiction recovery program in the world, with millions of active practitioners.”

Yoga classes are donation based.

Where?

Meetings are held at yoga studios and other community spaces across the country. Each meeting consists of a group sharing circle, and an intentional yoga class taught by a certified Y12SR leader.

[Click Here](#)

To find a meeting near you!

Community Resources

Come As You Are

Culpeper, VA

www.cayacoalition.org

Families Overcoming Drug Addiction

Warrenton, VA

540-316-9221 www.myfodafamily.org

Support group offered through CAYA.

Fauquier Community Alliance for Drug Education (CADRE)

Warrenton, VA

540-347-2340 www.fauquiercadre.org

Coalition concerned with youth prevention and intervention for alcohol and drug use.

Futuro Latino

Harrisonburg, VA

<https://coalicionfl.wixsite.com/futurolatino>

Coalition to prevent alcohol and substance use in Latino youth.

Healthy Culpeper

Culpeper, VA

540-727-0372 www.healthyculpeper.com

Community collaboration that is committed to working together to create a healthy, secure, and educated community, with the understanding that a healthy community is the responsibility of all of its citizens.

Living the Dream Foundation

Culpeper, VA

www.culpeperumc.org/livingthedream

The Living the Dream Foundation will work to increase community awareness and education about substance abuse, depression and suicide; provide resources.

Community Resources

Chris Atwood Foundation

Reston, VA

<https://www.chrisatwoodfoundation.org/>

The Chris Atwood Foundation mission is to save lives from opioid overdose, support recovery from substance use disorder, and defeat the stigma of this treatable brain disease.

Mental Health America of Fredericksburg

Fredericksburg, VA

540-371-2704 www.mhafred.org

National community-based nonprofit dedicated to promoting mental health through education, advocacy and supportive services. They manages a helpline to connect people with appropriate and available resources.

Mental Health Association of Fauquier County

Warrenton, VA

540-341-8732 <https://www.fauquier-mha.org/>

Nonprofit organization that advocates for quality and accessible mental health services.

Northern Shenandoah Valley Substance Abuse Coalition (NSVSAC)

Winchester, VA

540-536-5000 www.roadtorecovery.info

A coalition of law enforcement, health care, substance abuse treatment and youth advocacy organizations and families impacted by substance abuse and addiction.

Spirit Works Warrenton Recovery Center

Warrenton, VA

540-428-5415 www.spiritworks.org

Offers several support meetings each week.

Websites for Families

Recovery Research Institute <https://www.recoveryanswers.org/>

Nonprofit research institute of Massachusetts General Hospital, an affiliate of Harvard Medical School, dedicated to the advancement of addiction treatment and recovery.

Sober Families <https://www.soberfamilies.com/>

This website is great for families and focuses on the CRAFT approach. This is an evidence-based method of training families to cope and assist with their loved one experience a substance use disorder.

Above the Influence www.abovetheinfluence.com

This website is for teens and works with the organization within Partnership for Drug Free Kids.

National Institute on Drug Abuse (NIDA) for Teens <https://teens.drugabuse.gov/>

The purpose of this site is to facilitate learning about the effects of drug use on the brain, body, and lives of teens. The site is organized to help you find what you are looking for, whether you are a teen, middle or high school teacher, or parent.

Partnership for Drug Free Kids <https://drugfree.org/>

This website houses information, support and guidance for families to get the help their loved one needs and deserves. They also offer a parent coach program!

Rural Resource Guide <https://www.rd.usda.gov/files/RuralResourceGuide.pdf>

List of potential sources of federal assistance, categorized by topic for ease of reference.

SAARA of Virginia www.saara.org

The Substance Abuse and Addiction Recovery Alliance (SAARA) of Virginia is a community recovery organization. SAARA promotes social, educational, legal, research and health care resources they also support accessible, effective, and accountable addiction prevention, treatment, and recovery.

Substance Abuse & Mental Health Services Administration (SAMHSA)

www.samhsa.gov

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. Search this site to find physicians in your area providing Medication Assisted Therapy.

Stories Over Stigma

<https://storiesoverstigma.com/>

Websites for Families

Learn to Cope www.learn2cope.org

Learn to Cope is a non-profit support network that offers education, resources, peer support and hope for parents and family members coping with a loved one addicted to opiates or other drugs. Founded by Joanne Peterson in 2004, the organization has grown to include over 10,000 members, and has become a nationally recognized model for peer support and prevention programming.

Lift The Label <https://liftthelabel.org/stories/>

This website is great for families and focuses on the CRAFT approach. This is an evidence-based method of training families to cope and assist with their loved one experience a substance use disorder.

The Hotline <https://www.thehotline.org/>

This is the National Domestic Violence Hotline website and contains information on how to identify abuse, get help, develop a safety plan, and support others.

Cameron K. Gallagher Mental Health Resource Center

<https://www.chrichmond.org/services/mental-health/cameron-k-gallagher-mental-health-resource-center>

This resource helps families navigate and access services in Virginia by serving as the community's go-to resource for accurate, essential information on children's mental health and evidence-based practices. They are based in Richmond, VA.

GrandFamilies.Org Grandfamilies.org

Grandfamilies.org serves as a national legal resource in support of grandfamilies within and outside the child welfare system. Our goals are to: educate individuals about state laws, legislation and policy in support of grandfamilies, assist interested policymakers, advocates, caregivers, and attorneys in exploring policy options to support relatives and the children in their care, provide technical assistance and training.

Casey Family Programs Casey.org

Casey Family Programs works to influence long-lasting improvements to the well-being of children, families and the communities where they live. We provide consulting services to child welfare systems; direct services to children and families; public policy resources; and research and analysis.

Family First Virginia Familyfirstvirginia.com

The Family First Prevention Services Act aims to keep children safe, strengthen families and reduce the need for foster care whenever it is safe to do so. Family First supports the overarching mission that kids should grow up in a safe, stable and secure family that supports their long-term well-being.

Hotlines for Families

RRCS Peer2Peer Regional Warmline

(Culpeper, Fauquier, Madison, Orange, Rappahannock)

833-626-1490

This 24/7 warmline is an alternative to a crisis line and it is run by peers.

Concern Hotline Inc (Shenandoah)

540-459-4742

Provides round-the-clock hotline support to anyone in need.

Concern Hotline Inc (Warren)

540-635-4357

Provides round-the-clock hotline support to anyone in need.

Concern Hotline Inc (Winchester/Frederick/Clarke)

540-667-0145

Provides round-the-clock hotline support to anyone in need.

Laurel Center (Winchester, VA)

540-667-6466 www.thelaurelcenter.org

24-hour hotline and women's shelter offering services for domestic violence and neglect

National Drug & Alcohol Treatment Hotline

800-662-4357

Treatment referral routing service.

National Suicide Prevention Hotline

800-273-TALK

RRCS 24 Hour Crisis Hotline (Culpeper, Orange, Madison)

540-825-5656

Provides round-the-clock hotline support to anyone in need.

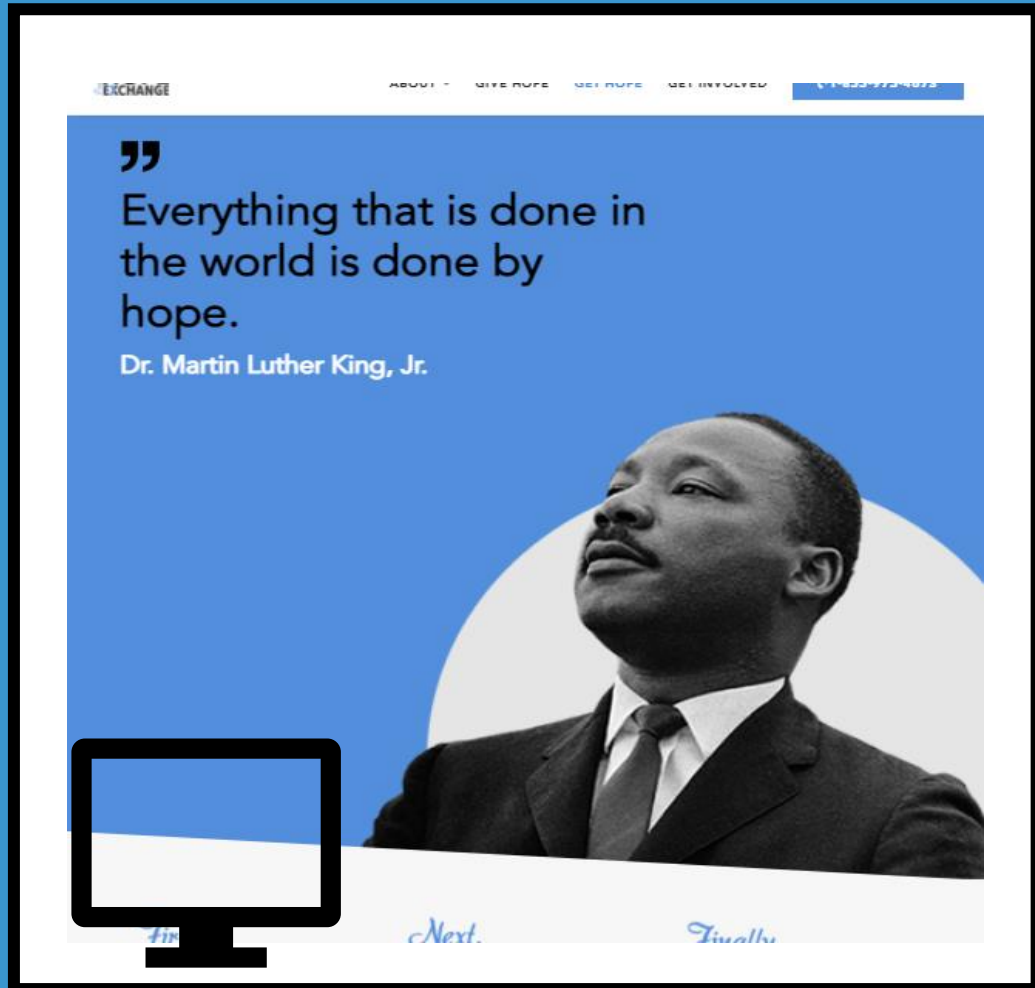
RRCS 24 Hour Crisis Hotline (Fauquier, Warrenton, Rappahannock)

540-347-7620

Provides round-the-clock hotline support to anyone in need.

Project Hope

[Click Here](#)



This website is called Project Hope. It is an initiative that allows you to share your story of overcoming adversity or find stories that generate feelings of hope.

“Give Hope, Get Hope” is the idea behind this project.



Become a Family Support Partner

Family Support Partners provide support and assistance to other families who have a child or youth with a behavioral or mental health condition.

The Peer Recovery Specialist Training is offered through the Office of Recovery Services at DBHDS. Information can be found on their website at <http://www.dbhds.virginia.gov/office-of-recovery-services>.

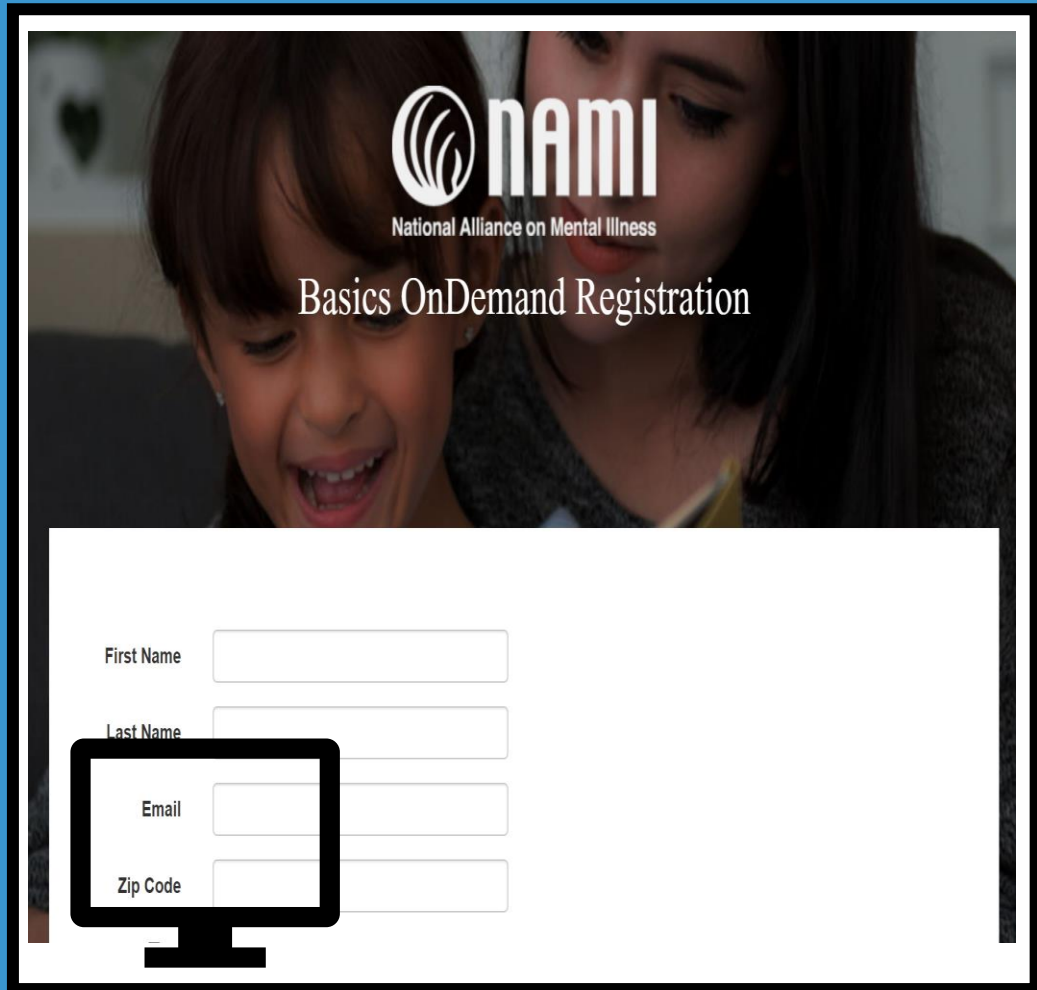
If you have questions about certification, please contact Mary McQuown at Mary.McQuown@dbhds.virginia.gov.

The **Certified Peer Recovery Specialist (CPRS)** training is designed for individuals with personal, lived experience in their own recovery or experience as a family member or loved one.

Peer support services are an important component in a recovery-oriented systems of care. By offering insight into the recovery process based on their own experience, peers are able to provide a unique perspective to those with similar life issues that comprises an essential element towards empowerment and recovery.

NAMI Basics OnDemand Training

[Click Here](#)

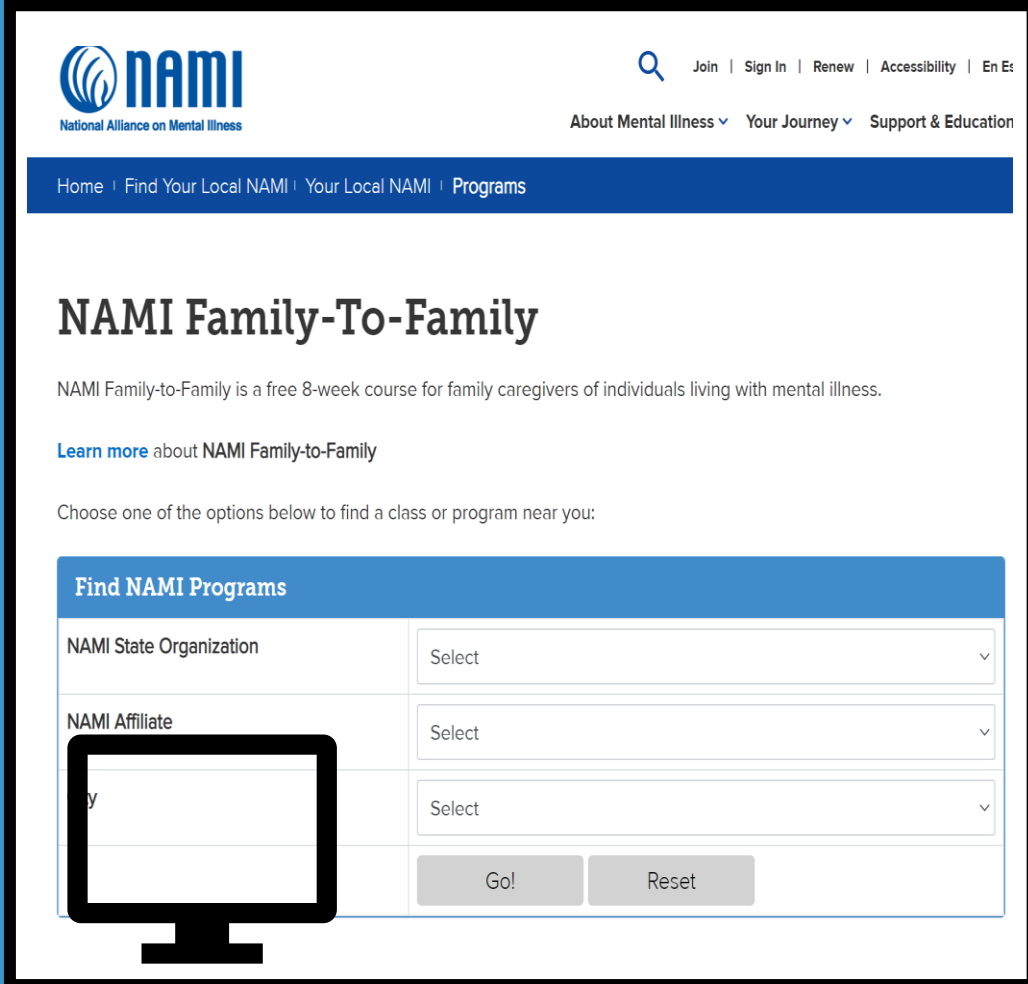


NAMI Basics OnDemand is a free, six-session online education program for parents, caregivers and other family who provide care for youth aged 22 or younger who are experiencing mental health symptoms. NAMI Basics OnDemand is an adaptation of the in-person course offered in 43 states by NAMI affiliates.



NAMI Family-to-Family Training

[Click Here](#)



NAMI
National Alliance on Mental Illness

Join | Sign In | Renew | Accessibility | En Es

About Mental Illness ▾ Your Journey ▾ Support & Education

Home | Find Your Local NAMI | Your Local NAMI | Programs

NAMI Family-To-Family

NAMI Family-to-Family is a free 8-week course for family caregivers of individuals living with mental illness.

[Learn more](#) about NAMI Family-to-Family

Choose one of the options below to find a class or program near you:

Find NAMI Programs

NAMI State Organization	Select ▾
NAMI Affiliate	Select ▾
City	Select ▾
<input type="button" value="Go!"/> <input type="button" value="Reset"/>	

NAMI Family-to-Family is a free, 8-session educational program for family, significant others and friends of people with mental health conditions. It is a designated evidenced-based program. This means that research shows that the program significantly improves the coping and problem-solving abilities of the people closest to a person with a mental health condition. NAMI Family-to-Family is taught by NAMI-trained family members who have been there, and includes presentations, discussions and interactive exercises.





Resources for Children

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Supporting the Children: Talking Points

1 in 8

Children, 17 or younger, are living in households with at least one parent who has a substance use disorder.

(Lipari & Van Horn, 2017).



Talking Points

“Substance use disorders are a disease. Your parent is not a bad person. He/she has a disease. Parents may do things you don’t understand when they drink too much or use drugs, but this doesn’t mean that they don’t love you.”

“You are not the reason your parent drinks or uses drugs. You did not cause this disease. You cannot stop your parent’s drinking or drug use.”

“There are a lot of children in a similar situation. In fact, there are millions of children whose parents struggle with drugs or alcohol. Some are in your school. You are not alone.”

“Let’s think of people who you might talk with about your concerns. You don’t have to feel scared or ashamed or embarrassed. You can talk to your teacher, a close friend, or a trusted family member.”

Drug Prevention Tips for Every Age

[Click Here](#)



Partnership to End Addiction

Recursos en Español

Get Support Now Prevention & Early Action Treatment & Recovery Get Involved Professional Services About Us

Prevention & Early Action

Drug Prevention Tips for Every Age

As a parent, you are the biggest influence in your child's life and having open, honest conversations is one of the most powerful ways to connect with your kids and help them develop into healthy adults. When addressing some more challenging topics – like nicotine, alcohol or drugs – it's not about having a one-time "drug talk," but rather tackling the subject through more frequent, organic conversations that evolve as your child gets older. Some things to keep in mind:

- Keep lines of communication open and make sure you come from a place of love and compassion – even when you're having tough conversations.
- Balance any consequences with positive encouragement.
- Frequent touch points and teachable moments come up all the time – use these as natural opportunities to discuss substance use.

This website houses drug prevention tips for concerned parents.



National Association for Children of Addiction (NACoA)



The Children's Program Kit

provides over 100 skill-based and developmentally appropriate lesson plans and everything needed to offer a strong and effective program of support to school age children of addicted parents.

For information, or to order the kit, email nacoa@nacoa.org.

WAYS TO EMPOWER CHILDREN TO HEAL



Some children - even when living with parental addiction - are equipped with the resiliency to mature into healthy adults. That doesn't mean it's easy for them. Parental addiction can dull the light of hope, confidence, promise, and possibility in the children and teens living with it every day. For many children, living in these homes can burden them with fear, extra responsibility, or isolation, weighing heavily on them emotionally, spiritually, and sometimes even physically. It only takes one caring and supportive adult to make a difference, to illuminate hope and help for these children, and empower them to heal.

LET A CHILD KNOW YOU CARE

"Kids don't care about what we know, until they know how much we care," says Jerry Moe, National Director of Children's Programs at the Betty Ford Center. In small but consistent ways, sharing messages like "you are not alone," "there are safe people who can help," and "someone is on your side" you can let a kid or teenager know they are not alone.

HELP FOSTER AN ATTITUDE OF GRATITUDE

Gratitude is healing, empowering, and uplifting. Model an attitude of gratitude by performing random acts of kindness. Talk about your own appreciation of everyday little things. Point out special things the child does, and help them hear you say thank you.

READ THE KIT FOR KIDS BOOKLET, IT FEELS SO BAD BROCHURE, OR THE 7CS TOGETHER

These resources are some of the best available to give to a child or teen living with parental addiction. Help them understand that the disease is not the person, the disease is not their fault, and every child has the ability to celebrate the wonderful person he/she is.

BE SILLY

Many children are far too serious, burdened with responsibility or fears that are beyond their years. Remind them what being a child is like with jokes, funny faces, and goofiness. Laughter is one of the best healers.

BE UNDERSTANDING AND CENTERED

Growing up in a home struggling with addiction is often similar to a warzone. Children are on hyper-alert, ready for the next emotional explosion. Oftentimes they are hypersensitive, conditioned to believe they are at fault. When something goes wrong, or there is a simple accident or mistake, be gentle. Take the time to explain that mistakes are things that just happen. People make mistakes, and are still wonderful. Be calm through the situation. Show how to identify the problem and fix the problem in a simple way, without blame or shame.

LISTEN

Take part in a child's life by actively listening. Put down the cell phone, iPad, or newspaper, and give them your undivided attention. Ask questions to motivate them to provide more details about something that matters to them. If only 10 or 15 minutes, your time, attention, and caring may brighten a child's day!

ENJOY EACH OTHER

In whatever way you and the child connect, do something you both enjoy together. Play a video game, listen to music you both enjoy, teach something new, or walk around the block together. Fun is found in a variety of ways.

HOW TO Build Your Child's Self- Esteem

By the Kids in Transition to School (KITS) Program



Use praise

that is specific,
sincere & based
on efforts (vs
outcomes)

Let your child
make her

**own
decisions**
when possible

Let your child
take

**reasonable
risks**
to build self-
confidence



teach your child
**positive self-
talk**

help your child to
**learn from
mistakes**
and problem solve

give your child
responsibilities
to show him what
he can do



The 7 Cs

You didn't **Cause** the problem.

You can't **Control** it.

You can't **Cure** it.

But...

You can help take **Care** of yourself.

You can **Communicate** your feelings.

You can make healthy **Choices**.

You can **Celebrate** yourself!



Sesame Street in Communities

[Click Here](#)

The screenshot shows the 'Sesame Street in Communities' website. At the top, there is a navigation bar with the logo and menu items: 'Partner Portal', 'Professional Development', 'Topics', and 'Search'. Below the navigation bar is a video player for a video titled 'Parental Addiction'. The video features a young girl smiling next to a green Muppet character. To the left of the video player is a text snippet that reads: 'Member struggles with addiction, the struggles. Children often think it's their shame, embarrassment, guilt, and may feel invisible. It takes special important conversations and answers. But parents, teachers, other caring adults can comfort and support them through difficult moments. Support, the family can cope with the addiction together.' Below the video player are icons for star, share, and print. Below the video player is a filter bar for 'Activity' with options for 'Age', 'Time', and 'Type'. Below the filter bar are three video thumbnails: one with Elmo, one with a girl and a Muppet, and one with a sign that says 'PLAY, TALK, IMAGINE!'.

This is a fantastic resource to support children affected by addiction. Sesame Street offers videos, activities, printables, and articles to help explain addiction to children and support them in coping.



How can kids build self-confidence and get past the fear that keeps them from speaking up about a parent's substance abuse?

Here are a few suggestions:

- **Find an adult to confide in.** Think of at least one older person you respect and trust, someone who understands you and makes you feel valuable. It could be a teacher, a coach, a favorite aunt or uncle, or a neighbor. Let them know about your fears, and ask them if they would be willing to help.



- **Keep a journal.** Writing down your feelings — either in a paper journal or an online blog — and recording the things that happen to you might feel scary at first, but it's a good way to work through your fears. A journal can also be a good way to remember things that have happened when you make the decision to talk to someone. If journaling isn't your thing, try expressing yourself in other ways, like recording videos, composing poems, making art, or writing songs.



- **Participate in activities that make you feel good about yourself.** Are you a fast runner? A gifted photographer? A music lover? Find the activities that make you feel confident and happy, and spend more time participating in those things.



- **Stay close to your friends.** When you're feeling embarrassed or frightened about things that are happening at home, it's tempting to isolate yourself and lie to your friends about how things are going. Don't turn your friends away in these tough times; find at least one person your age who makes you feel good about yourself, and keep in touch with them.



- **Collect emergency phone numbers.** Make a list of people you could contact in a crisis, and keep their phone numbers in a safe place. These numbers could include emergency services, teen hotlines, relatives who have helped you in the past, concerned neighbors, teachers, or anyone else you feel you could turn to if things get really bad.



- **Make a list of safe places.** If there were a crisis at home and you needed to leave, either for an afternoon break or a whole night, where could you go? Keep a list of places — the homes of friends or relatives, family shelters, teen centers, libraries, and parks — where you could go if you need relief from stress at home.



- **Remember, it's not your fault.** When you find yourself feeling guilty or upset about a parent's substance use, remind yourself that *you are not the cause of your parent's problem*. You can't control another person's substance use. You can't cure them of the disease of addiction. What you can do is build your own strength by reaching out for help. Support groups like Al-Anon and Alateen are great places to turn when you feel overwhelmed by another person's addiction.



7 STEPS TO TALKING WITH A PARENT ABOUT SUBSTANCE ABUSE

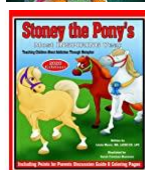
- 1. Write down your feelings first.** Before you approach someone about the topic of addiction, it's best to clarify your own feelings in writing. People with substance abuse problems are likely to get angry, defensive, or manipulative when they're confronted. They might yell or cry, and blame you for their problem. When you have your feelings set down in writing, you can turn back to those words when things get tough.
- 2. Get help from someone with experience in interventions.** There are a lot of professionals who have experience at talking with people who are abusing alcohol or drugs. This kind of conversation is often known as an *intervention*. You probably have someone in your life who could help you arrange an intervention: a counselor, school nurse, coach, priest, or rabbi who can help you set up a meeting with a parent or refer you to someone who can act as an intervention leader.
- 3. Ask other relatives or concerned persons to participate.** If someone in your life is abusing substances, it's likely that other people are affected too. These people might include siblings, aunts or uncles, neighbors, or employers. Any of these people could help you state your case when you talk with a parent; remember, there's strength in numbers.
- 4. Arrange a time when your parent will be sober.** When you approach a parent about drinking or drug use, it's best to talk to them when they are clearheaded and sober. Talking to someone who's high, drunk, or hungover probably will not be productive.
- 5. Keep the conversation calm.** It's hard not to get angry, upset, or emotional when you're talking with someone about the damage they're doing to themselves and to the rest of your family. But if you can stay reasonably calm and avoid outbursts of emotion, you'll be able to express your feelings more clearly, and in the end, you'll be more persuasive.
- 6. State your expectations clearly and in writing.** Before you talk with a parent about substance abuse, make sure you know what your goals and expectations are. Do you want them to go to rehab? Go to an Alcoholics Anonymous meeting? You can work on these goals with the person you chose to help you in Step 2, then write them down in the form of a [recovery plan or agreement](#). Other people in your life, such as relatives, employers, or spiritual leaders, can help you set these goals.
- 7. Get help making sure your parent follows through.** People who are confronted about their substance abuse may promise to get clean and sober, and a lot of times, they mean it. But addiction is a powerful disease, and it's easy to fall back into old habits, especially where intoxicating drugs are concerned. You'll need at least one strong person to help you make sure your parent goes through with the promise to go to detox or rehab, and to follow up with them on a regular basis.

Books About Addiction for Kids



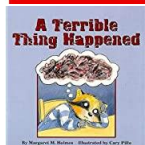
The Bad Dragon

By: Michael Gordon



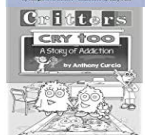
Stoney the Pony's Most Inspiring Year: Teaching Children About Addiction through Metaphor

By: Linda Myers



A Terrible Thing Happened

By: Margaret M. Holmes



Critters Cry Too: Explaining Addiction to Children

By: Anthony Curcio



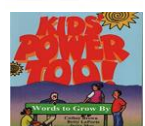
Addie's Mom Isn't Home Anymore

By: Genia Calvin



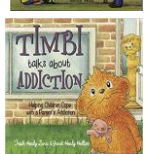
My Dad Loves Me, My Dad Has a Disease

By: Claudia Black



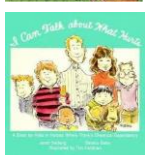
Kids' Power Too! Words To Grow By

By: Cathey Brown, Elizabeth LaPorte and Jerry Moe



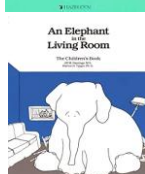
Timbi Talks about Addiction

By: Trish Healy Luna



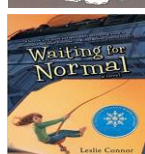
I Can Talk About What Hurts

By: Janet Sinberg and Dennis Daley



An Elephant in the Living Room

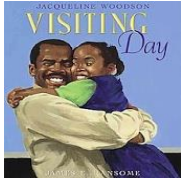
By: Jill Hastings and Typpo Marion



Waiting for Normal (8–12-year-olds)

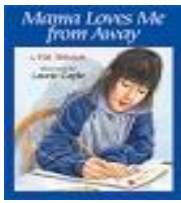
By: Leslie Connor

Books About Incarceration for Kids



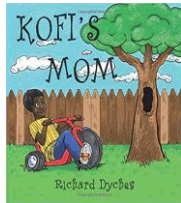
Visiting Day

By: Jacqueline Woodson



Mama Loves me From Away

By: Pat Brisson



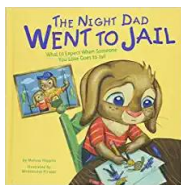
Kofi's Mom

By: Richard Dyches



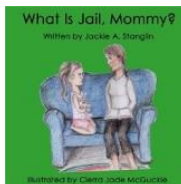
Far Apart, Close in Heart

By: Becky Birtha



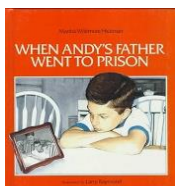
The Night Dad Went to Jail

By: Melissa Higgins



What is Jail, Mommy?

By: Jackie Stanglin



When Andy's Father Went to Prison

By: Martha Whitmore Hickman

Resources for Children Affected by Incarceration

Rutgers University: The National Resource Center on Children and Families of the Incarcerated

<https://nrccfi.camden.rutgers.edu/the-children-of-incarcerated-parents-library/>

Assisting Families of Inmates

<https://afoi.org/>

A Better Day Than Yesterday

<https://www.abetterdayassoc.org/children-and-youth-programs>

Big Brothers Big Sisters of America

<http://www.bbbs.org/>

Girl Scouts Beyond Bars

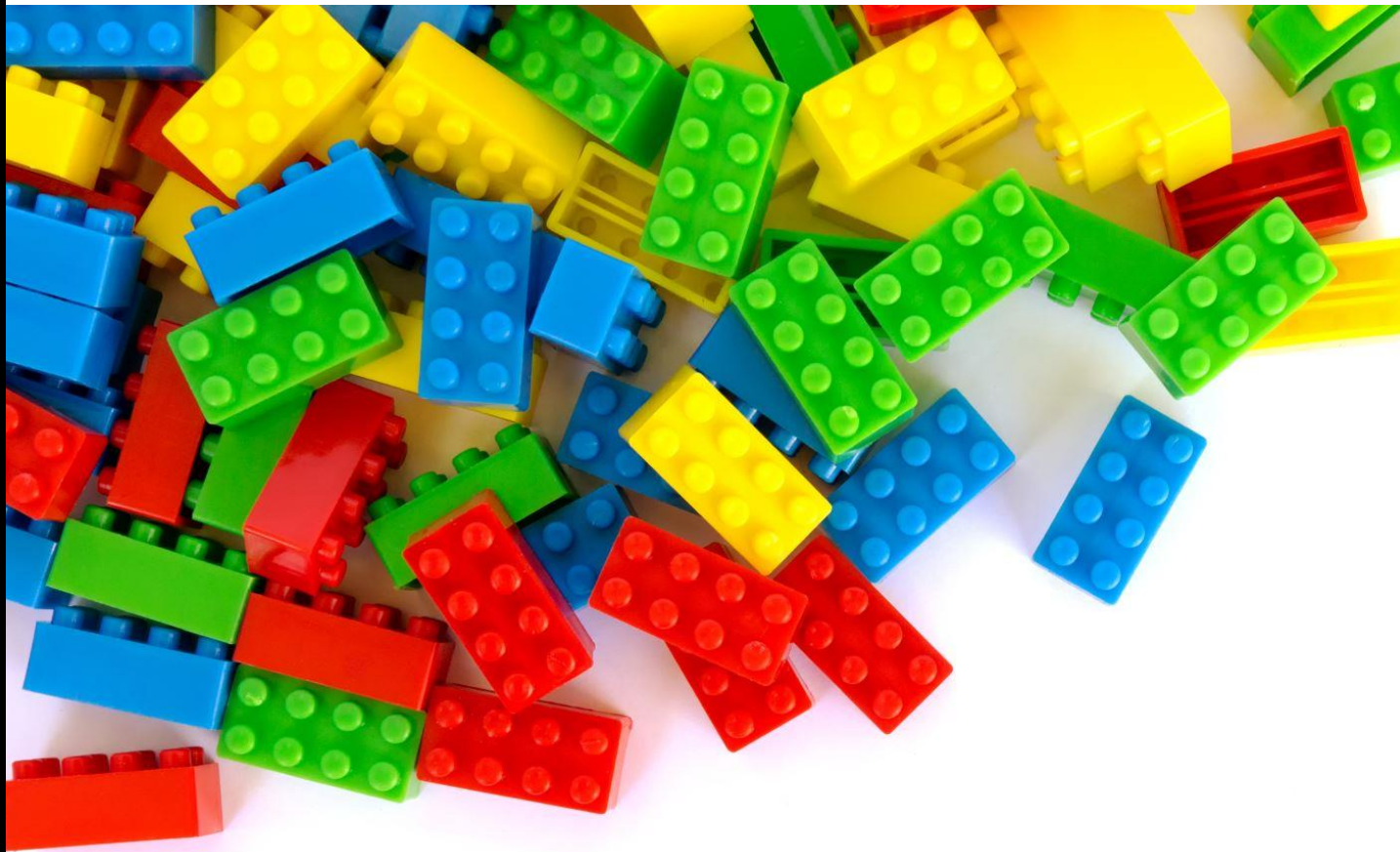
https://www.girlscoutsww.org/en/events/girl_scouts_beyondbarsgsbb.html

Prison Fellowship

<https://www.prisonfellowship.org/>

The Messages Project

<https://themessagesproject.org/>



Skill Building for Families



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Positive Psychology: Ways to Increase Hope


[Click Here](#)

Home / Happiness & SWB

What is Hope in Psychology + 7 Exercises & Worksheets

Elaine Houston, B.Sc. 4 01-09-2020

While hope is an undoubtedly personal experience and one that can be challenging to define, the value and positive impact hope can have on human life is widely recognized and difficult to ignore.



People often speak about hope strengthening their resolve and accompanying them even in their darkest hour; guiding them through seemingly desperate circumstances.

Hope helps us remain committed to our goals and motivated to take action towards achieving. Hope gives people a reason to continue fighting and believing that their current circumstances will improve, despite the unpredictable nature of human existence.

Renowned hope researcher Charles Snyder (2002, p. 269) stated so eloquently:

This article from Positive Psychology explores what hope is and ways to increase it.





“When we firmly decide “I can do it!” we can break through the walls of self-imposed limitations”

Daisaku Ikeda



LONG TERM DREAMS - SHORT TERM GOALS

DREAMS & GOALS

Imagine your exciting life in 10 or even 20 years from now. Imagine almost anything is possible. Write down everything you'd like to happen. Don't hold back!

1.
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Based on your dream or vision choose some good things to try in the near future

GOAL 1:

Action Steps:

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GOAL 2:

Action Steps:

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GOAL 3:

Action Steps:

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Active Listening

Communication Skill



Active Listening: Treating listening as an active process, rather than a passive one. This means participating in conversation, rather than acting as an audience. Active listeners show they are listening, encourage sharing, and strive to understand the speaker.

Show You're Listening

Put away distractions. Watching TV, using your phone, or doing other things while listening sends the message that the speaker's words are not important. Putting away distractions allows you to focus on the conversation and help the speaker feel heard.

Use verbal and nonverbal communication. Body language and short verbal cues that match the speaker's affect (e.g. responding excitedly if the speaker is excited) show interest and empathy.

Verbal: "mm-hmm" / "uh-huh" "that's interesting" "that makes sense" "I understand"

Nonverbal: nodding in agreement reacting to emotional content (e.g. smiling) eye contact

Encourage Sharing

Ask open-ended questions. These are questions that encourage elaboration, rather than "yes" or "no" responses. Open-ended questions tell the speaker you are listening, and you want to learn more.

"What is it like to ___?" "How did you feel when ___?" "Can you tell me more about ___?"

"How do you ___?" "What do you like about ___?" "What are your thoughts about ___?"

Use reflections. In your own words, summarize the speaker's most important points. Be sure to include emotional content, even if it was only communicated through tone or body language.

Speaker: *I've been having a hard time at work. There's way too much to do and I can't keep up. My boss is frustrated that everything isn't done, but I can't help it.*

Listener: *It sounds like you're doing your best to keep up, but there's too much work. That sounds stressful!*

Strive to Understand

Be present. Listening means paying attention to body language, tone, and verbal content. Focus your attention on listening, instead of other mental distractions, such as what you want to say next. When possible, save sensitive conversations for a quiet time with few distractions.

Listen with an open mind. Your job is to understand the speaker's point of view, even if you don't agree. Avoid forming opinions and making judgments until you fully understand their perspective.

"I" Statements

When a person feels that they are being blamed—whether rightly or wrongly—it's common that they respond with defensiveness. **"I" statements** are a simple way of speaking that will help you avoid this trap by reducing feelings of blame. A good "I" statement takes responsibility for one's own feelings, while tactfully describing a problem.

"I feel *emotion word* when *explanation*."

- ✓ "I feel..." must be followed with an emotion word, such as "angry", "hurt", or "worried".
- ✓ Careful wording won't help if your voice still sounds blaming. Use a soft and even tone.
- ✓ In your explanation, gently describe how the other person's actions affect you.

Examples

Blaming	"You can't keep coming home so late! It's so inconsiderate."
"I" Statement	"I feel worried when you come home late. I can't even sleep."

Blaming	"You never call me. I guess we just won't talk anymore."
"I" Statement	"I feel hurt when you go so long without calling. I'm afraid you don't care."

Practice

Scenario	A friend always cancels plans at the last minute. Recently, you were waiting for them at a restaurant, when they called to say they couldn't make it.
"I" Statement	

Scenario	You are working on a group project, and one member is not completing their portion. You have repeatedly had to finish their work.
"I" Statement	

Scenario	Your boss keeps dumping new work on you, with little instruction, and not enough time. Despite working overtime, you're weeks behind.
"I" Statement	

Forgiveness

Information Sheet



Forgiveness is a process where someone who has been wronged chooses to let go of their resentment, and treat the wrongdoer with compassion.

Deepening Understanding of Forgiveness

Forgiveness does not mean forgetting or condoning the wrongdoing, granting legal mercy, or reconciling a relationship. You can forgive a person while in no way believing that their actions were acceptable or justified.

On the other hand, simply saying the words "I forgive you", or accepting an apology, is not forgiveness. In fact, forgiveness can occur without ever speaking to the wrongdoer. Forgiveness is an emotional change that occurs within the person who has been wronged.

What forgiveness is:

The decision to overcome pain that was inflicted by another person.

Letting go of anger, resentment, shame, and other emotions associated with an injustice, even though they are reasonable feelings.

Treating the offender with compassion, even though they are not entitled to it.

What forgiveness isn't:

Reconciliation (repairing or returning to a relationship).

Forgetting the injustice.

Condoning or excusing the offender's behavior.

Granting legal mercy to the offender.

"Letting go", but wishing for revenge.

The Four Phases of Forgiveness

- 1 The Uncovering Phase.** During the first phase of forgiveness, you will improve your understanding of the injustice, and how it has impacted your life.
- 2 The Decision Phase.** During the second phase, you will gain a deeper understanding of what forgiveness is, and make the decision to choose or reject forgiveness as an option.
- 3 The Work Phase.** During the third phase, you will start to understand the offender in a new way, which will allow positive feelings toward the offender and yourself.
- 4 The Deepening Phase.** During the final phase of forgiveness, you will further decrease the negative emotions associated with the injustice. You may find meaning in the experiences, and recognize ways in which you have grown as a result.



Forgiveness

Uncovering Phase

During the **uncovering phase** of forgiveness, you will improve your understanding of the injustice, and how it has impacted your life. Use the journal prompts below to begin exploring.

Describe the injustices you have endured. What happened? Why was this treatment unfair?

How have the injustices affected you? Circle any of the examples that apply, and describe them in the box below. Feel free to add something else that isn't listed.

painful emotions
(e.g. anger or shame)

changed behavior
(e.g. avoiding new relationships)

practical costs
(e.g. time or money)

changed worldview
(e.g. "people are evil")

cognitive rehearsal
(recurring thoughts about injustice)

physical harm
(e.g. injuries from abuse)

Forgiveness

Decision Phase

During the **decision phase** of forgiveness, you will gain a deeper understanding of what forgiveness is, and make the decision to choose or reject forgiveness as an option.

Without looking at a definition, how would you describe forgiveness?

Many people struggle with the decision to forgive because they know that they have the right to be angry, while the offender does not have the right to kindness. Making the decision to forgive means letting go of these resentments—which you have every right to hold—so you can heal.

What are the pros and cons of deciding to forgive the person who wronged you?

Pros	Cons

Whether or not you've made the decision to forgive, describe how things might be different if you decide to do so. Be as specific as possible.

Forgiveness

Work Phase

During the **work phase** of forgiveness, you will start to understand the offender in a new way, which will allow positive feelings toward the offender and yourself.

Learning to understand the offender, and to see them as more than their wrongdoing, is an important part of forgiveness. However, it must be stressed that understanding does not mean condoning. One can understand another person without believing their actions are acceptable.

Respond to one of the following prompts:

- What was life like for the offender as they grew up? May this have impacted their behavior?
- What was life like for the offender at the time of the offense?

List the feelings you currently have toward the offender.

Did you list any positive feelings toward the offender? If so, describe them. If not, describe how your negative feelings have changed over time. Have they lessened?

Forgiveness

Deepening Phase

During the **deepening phase** of forgiveness, you will further decrease the negative emotions associated with the injustice. You may find meaning in the experiences, and recognize ways in which you have grown as a result.

How have you benefitted by forgiving the offender? Consider how forgiveness has affected your emotional health, behavioral changes that resulted from the injustice, and time/energy spent thinking about the offender.

Describe how you have grown because of injustice you endured and your efforts to forgive. How has your worldview changed? Are you stronger than you were before deciding to forgive?

Anger Management Skills

Recognize your Anger Early

If you're yelling, it's probably too late. Learn the warning signs that you're getting angry so you can change the situation quickly. Some common signs are feeling hot, raising voices, balling of fists, shaking, and arguing.

Take a Timeout

Temporarily leave the situation that is making you angry. If other people are involved, explain to them that you need a few minutes alone to calm down. Problems usually aren't solved when one or more people are angry.

Deep Breathing

Take a minute to just breathe. Count your breaths: four seconds inhaling, four seconds holding your breath, and four seconds exhaling. Really keep track of time, or you might cheat yourself! The counting helps take your mind off the situation as well.

Exercise

Exercise serves as an emotional release. Chemicals released in your brain during the course of exercise create a sense of relaxation and happiness.

Express your Anger

Once you've calmed down, express your frustration. Try to be assertive, but not confrontational. Expressing your anger will help avoid the same problems in the future.

Think of the Consequences

What will be the outcome of your next anger-fueled action? Will arguing convince the other person that you're right? Will you be happier after the fight?

Visualization

Imagine a relaxing experience. What do you see, smell, hear, feel, and taste? Maybe you're on a beach with sand between your toes and waves crashing in the distance. Spend a few minutes imagining every detail of your relaxing scene.



Multimedia Recommendations

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Book Recommendations

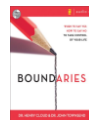
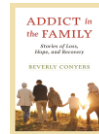


Beyond Addiction: How Science and Kindness Help People Change

By: Jeffrey Foote, Carrie Wilkens, and Nicole Kosanke, with Stephanie Higgs

Addict in the Family: Stories of Loss, Hope, and Recovery

By: Beverly Conyers



Boundaries

By: Henry Cloud and John Townsend

In the Realm of Hungry Ghosts; Close Encounters with Addiction

By: Gabor Mate

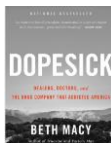


The Lost Years

By: Stephanie Brown

Don't Let Your Kids Kill You: A Guide for Parents of Drug and Alcohol Addicted Children

By: Charles Rubin

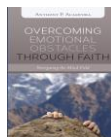
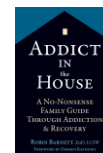


Dopesick

By: Beth Macy

Addict in the House: A No-Nonsense Family Guide Through Addiction and Recovery

By: Robin Barnett

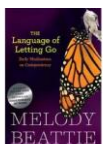


Overcoming Emotional Obstacles Through Faith: Navigating the Mind Field

By: Anthony Acampora

Everything Changes

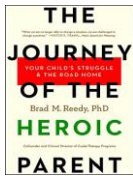
By: Beverly Conyers



The Language of Letting Go

By: Melody Beattie

Book Recommendations



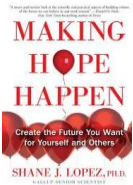
The Journey of the Heroic Parent

By: Brad M. Reedy



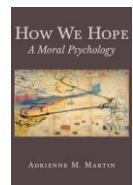
Beautiful Boy: A Father's Journey Through His Son's Addiction

By: David Sheff



Making Hope Happen: Create the Future You Want for Yourself and Others

By: Shane Lopez



How We Hope: A Moral Psychology

By: Adrienne Martin



Addicted Like Me: a Mother-Daughter Story of Substance Abuse and Recovery

By: Karen Franklin & Lauren King



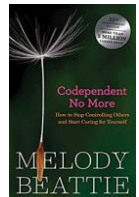
It's Not About You, Except When It Is: a Field Manual for Parents of Addicted Children

By: Barbara Victoria



The Psychology of Hope: You Can Get Here from There

By: Charles Snyder



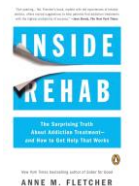
Codependent No More: How to Stop Controlling Others and Start Caring for Yourself

By: Melody Beattie



Clean: Overcoming Addiction and Ending America's Greatest Tragedy

By: David Sheff



Inside Rehab: The Surprising Truth About Addiction Treatment-and How to Get Help That Works

By: Anne Fletcher



Grandparenting the Children of Addicted Parents: Experience and Wisdom for Kinship Carers.

By: Janet Bujra with The Grandparents Group



Video Recommendations

**How Families Can Prevent
Opioid Related Deaths
(NIDA)**

[Here](#)

**Anyone Can Become
Addicted to Drugs (NIDA)**

[Here](#)

**What is CRAFT?: Dr. Robert J.
Meyers**

[Here](#)

**4 Parents Speak Out About
Addiction in The Family**

[Here](#)

**CRAFT Series: Positive
Communication When You're
Angry**

[Here \(1/3\)](#)

[Here \(2/3\)](#)

[Here \(3/3\)](#)

**Families In Recovery
(SAMSHA)**

[Here \(part 1\)](#)

[Here: Part 2](#)

**Triggers and Cravings
(SAMSHA)**

[Here](#)

**Office Base Buprenorphine
Treatment for OUD (NIDA)**

[Here](#)

**Medication-Assisted
Treatment: Suboxone (The
Partnership to End
Addiction)**

[Here](#)

**Why Do Our Brains Get
Addicted?: Nora Volkow,
Director of NIDA**

[Here](#)

**Family-To-Family Education
Program (National Alliance
for Mental Illness)**

[Here](#)

**Relapse Prevention: What a
Family Needs to Know**

[Here](#)

**In the Realm of Hungry
Ghosts: Dr. Gabor Mate'**

[Here](#)

**This is What Happens to
your Brain on Opioids**

[Here](#)

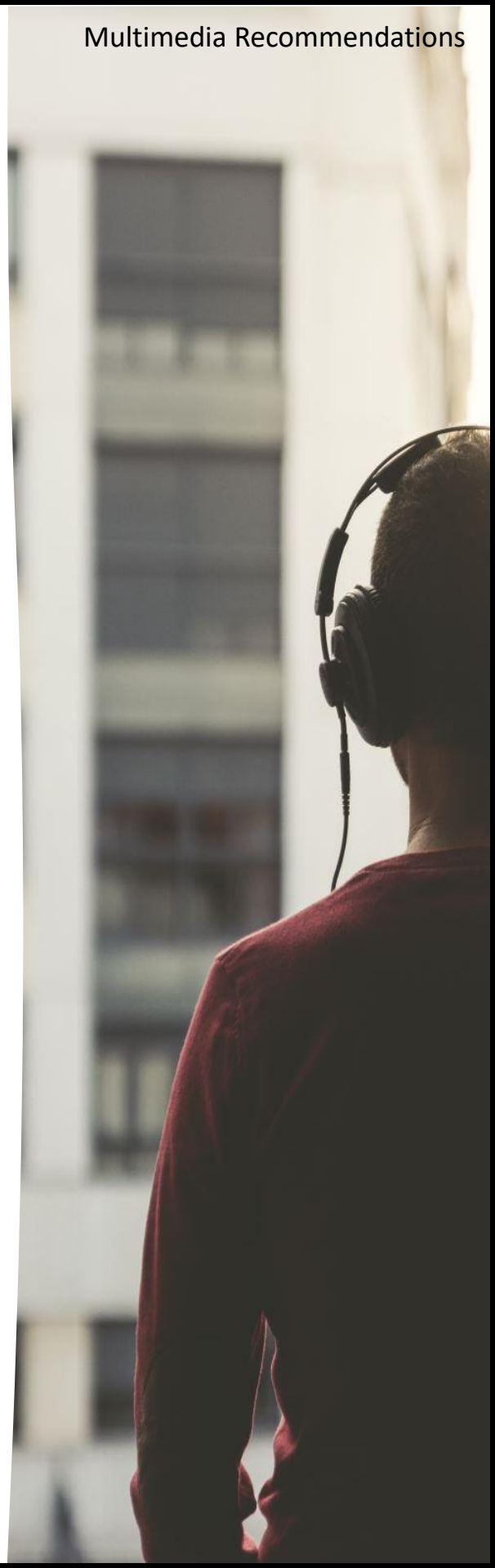
**How to Help A loved One
Struggling with IV Heroin or
Opioid Use (Partnership to
End Addiction)**

[Here](#)



Podcast Recommendations

- The Addiction Podcast: Point of No return
- Let's Talk Addiction & Recovery
- Love over Addiction
- That Sober Guy
- Sober Families Podcast [Here](#)
- Addiction Support Podcast: Addiction Support for Family & Friends, From People Who Have Been There | Melissa Sue Tucker
- My Child is an Addict: A Parent-to-Parent Podcast
- Addiction and the Family: Recovering Together [Here](#)
- Family Addiction Coach [Here](#)
- Last Day
- Addiction Unlimited
- Battling Opioids
- Recovery Rocks
- The Marie Forleo Podcast
- Happier with Gretchen Ruben
- Broken Brain Podcast [Here](#)



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