

[Music]

**Ivette:**

Hello, I'm Ivette Torres and welcome to another edition of the Road to Recovery. Today we'll be talking about generational issues related to recovery from childhood to grandparenthood. Joining us in our panel today are: Dr. Steven J. Wolin, Clinical Professor of Psychiatry at the George Washington University School of Medicine and Health Sciences, Washington, D.C.; Dr. Tian Dayton, Director of the New York Psychodrama Training Institute, Author and Huffington Post Blogger, New York, New York; Cynthia Moreno Tuohy, Executive Director at the Association for Addiction Professionals and Author, Alexandria, Virginia; Dr. Tony Dekker, Primary Care and Telemedicine Physician at the Northern Arizona Veterans Administration Healthcare System, Flagstaff, Arizona.

So Cynthia, why is it important to talk about generational issues when we're talking about the issues of mental and substance use disorders within families?

**Cynthia:**

It's very important to talk about this because families have been reticent about talking about their family history. Sometimes they don't know it. They know that there's something there, they're not exactly sure what it is. There's family secrets, there's embarrassment, they're not sure what was wrong or what was happening in the family. So when families start talking about what they know, they'll say, oh, maybe grandfather was drinking so much and that's why he died on the railroad tracks. Maybe it was that there was family history with an uncle that was having difficulty with his job or keeping a job. But nobody really knew what was happening. They knew something wasn't quite right. So the more that we start talking about what we know about our family history, about who had mental illness, who had addiction, alcohol or drug problems, the more that we can then start sorting it and understand how that has affected us and what we need to be aware for ourselves so that we're not recreating those generational patterns.

**Ivette:**

How large and how broad is this problem? How many children are affected in the United States?

**Cynthia:**

It's about 12.9% which means about 8.3 million children in the United States.

**Ivette:**

And Steven, Cynthia touched on some of the characteristics of these families. I know you're very in tune with family psychiatry and you've treated many, many families and written extensively. Can you describe for us please what are some of the characteristics of families experiencing generational behavioral health issues?

**Steven:**

Yes, I can. I want to start though by congratulating SAMHSA on taking this issue of the generational question because it's probably the first time that I can remember that in a discussion like this we're starting with families. Think Family has been one of the mottos that I use in the teaching of family psychiatry and family therapy so here you are doing it and as Cynthia said, these are family illnesses. Everyone in the family is affected whether they are the substance abuser, the parent, the child, the grandparent. Everyone is affected by it. Many of them have stress disorders, anxiety disorder, many of them have been acting out behaviorally, but everyone is affected. And also, everyone has a story to tell. Everyone can bring their particular angle, their narrative to the clinical setting to tell you, me, the clinician, what the problem is. So that's the real reason for me to be here with you today and to make that point.

**Ivette:**

Thank you. Tony, what does research tell us about the reasons why generations experience mental and substance use disorders?

**Tony:**

Ivette, I think one of the things that's important to understand is that behavior is genetic and it's nurture, what happens to us. We do know with traumas that are experienced by our ancestors, it changes our genetic process. We pass those genes on and there have been some very good studies looking at intergenerational trauma, for instance, the American Indian population. Also in the Jewish community that went through the Holocaust experience. So we know that there's a change in the trajectory that people have, the offspring of people who have significant trauma. There's also very good research that shows that childhood traumas are cumulative. That one trauma can add on to the experience of another trauma and as we keep adding those on, we increase the likelihood of a higher burden of illness. And it's not just to substance abuse. It's to a wide variety of events. So research shows us that. The term that's being used is epigenetics.

**Ivette:**

Epigenetics. And that stands for?

**Tony:**

The change in your gene structure based on experiences that your ancestors have had.

**Ivette:**

And based on that change in the gene structure it is more prevalent that it would be carried on generation to generation?

**Tony:**

It appears to be that way.

**Ivette:**

Very good. Tian, what is the impact of growing up in a family with a parent who has a mental or substance use disorder?

**Tian:**

Well, kids are at the short end of the power stick, so if you picture the family where the people in charge would have a mental issue or a substance abuse disorder, the children are small, the parents are big. The children have the keys to the house, they have the keys to the car, they have the bankbook. The kids are trapped in a sense; being trapped, being one of the big precursors of PTSD. They can't get out. So everything that happens for them is in surround sound. There's a raging parent, there's an ignoring parent. The child is suffering in that home and can't do much about it. The ameliorating factors that would build resilience lie in what you'd think of obviously a parent, a neighbor, an extended family member, a neighbor, any school. But while they are trapped and while they cannot act on their own initiative to make their life better, what's coming down, what's raining down on their heads is frightening them and it's frightening them more because of their lack of resources. And when a child is traumatized, when anybody is traumatized, the thinking mind shuts down and the limbic system goes into high alert as part of the fight-flight response. So when a kid is scared within the home, their body is recording everything that's happened. They're hearing it, they're seeing it, they're feeling it but their thinking mind is not really making a good narrative out of it. It's not making sense out of it and putting it into the context of their overall life, so they're just stuck with a whole bunch of pain that gets triggered later when they have families of their own.

**Steven:**

Also they're confused, right, because what you're saying is they are trapped and confused. Often they're lied to to protect a family member and parents often think they're doing the right thing by saying nothing's going on here, but children are smart, so they're both smart and confused at the same time.

**Tian:**

And the same people they would go to for that truth or sustenance or honesty are the people who are traumatizing them.

**Ivette:**

Absolutely. Cynthia, I want to go back to you. You come from a family that experienced trauma where you experienced trauma where you experienced childhood experiences and you're also a person in long term recovery. Do you want to talk a little bit about those experiences?

**Cynthia:**

Yes, I think it's really important to talk about those things because oftentimes because of the embarrassment of coming from a family of addiction and a family of trauma, you don't talk about those things and it's really important to do that. So I come from a family where my mother was drug addicted, my father was alcoholic, and due to my mother's drug addiction particularly she ran away when I was eight months old. And during that next 18 years I was raised in over 40 different homes and in those homes different trauma happens because you're in other people's homes, you're in family homes that have mental illness, addiction, and then you're trying to reconnect with your family of origin because children will always want to reconnect with their family of origin and they'll want to settle in their brain because this is part of the trauma what happened and they'll want to settle in their brain did I do something wrong, did I cause this in some way, did I make this happen in some way. So part of my recovery was actually to go get my education and become a social worker and an addiction specialist so I could work with families like mine and so I could understand. So that limbic system that you were talking about, that limbic system is in high gear and what's really important is to learn how to move your neuro-pathways to your frontal cortex so you can begin thinking about what occurred, why did this occur, how do I change my brain so that I'm not repeating these generational patterns. So the environment that you were talking about causes some of that. The genetics cause some of that and just that whole family milieu that occurred and in my case many family milieus so you're trying to sort that and come to some clarity about how do I be different, how do I not carry that forward.

**Tian:**

That's one of the ways this invisibly passes down is when that thinking isn't clear, so we don't know why we're acting the way we act. We act mindlessly on the next generation and then we look for a reason for why we're acting that way and we point the finger at the person in front of us when you're not able to go back and reflect on what may have caused the pain inside of us.

**Ivette:**

Alright. Well, when we come back, we're gonna continue to dialog about these issues. We'll be right back.

[Music]

**Kana Enomoto:**

Addiction affects the entire family. A family in recovery is one that has recognized that the entire family needs to heal from the challenges and issues presented by mental and substance use disorders. Families who are willing to come forward at **Recovery Month** events about their recovery, whether it is long-standing or newly found, demonstrate the power of healing for themselves and for their communities as well.

Families who are experiencing mental and, or, substance use disorders have a number of options in their search for assistance. Primary care settings and other community or faith-based organizations often can provide guidance and support for these families. Families can also turn to SAMHSA's Behavioral Health Treatment Services Locator, which can be accessed online through [samhsa.gov](https://www.samhsa.gov) or by calling 1-800-662-4357. SAMHSA also offers many publications and resources on recovery and recovery support available through our website.

[Music]

**Cynthia:**

My experience in growing up in homes with addiction and trauma was started when I was very, very young before cognitively I understood what was happening. In my family of origin my mother was a drug-addicted person and that began before I was born so by the time I was eight months old she left. So my first trauma was abandonment, being left, and the feelings that a baby feels when that occurs aren't articulated because they don't know how to articulate them. They hold them inside themselves and they manifest later in life. When I was around family members who were addicted, everybody shared their drugs and so you thought this was loving and caring and it was normal. I went to college to get an education and understand these diseases, and then I became an addiction counselor social worker and began to incorporate the recovery aspect into my life, and how does one actually move from trauma and addiction to happiness and recovery.

[Music]

**Male VO:**

It takes many hands to build a healthy life. Recovery from mental and substance use disorders is possible with the support of my community. Join the Voices for Recovery. Visible. Vocal. Valuable.

**Female VO:**

For confidential information on mental and substance use disorders, including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

**Ivette:**

So, Steven, we've talked a little bit about the trauma in the family. Why don't we really begin to address now, what are some of the protective experiences or characteristics that boost resiliency among children whose parents experience mental or substance use disorders?

**Steven:**

Okay, so I'm very happy that we're talking about the combination of both the damage side of the story as well as the successful or successful coping side of the story. I think we have Cynthia here as our star to show us about some of the

strengths. So children are affected. They can be affected in ways that produce positive coping mechanisms, resilience in themselves. They may turn to a teacher, for example, or a minister in their church or a grandparent, and that develops a strength in them that they can do better than they've done before just interacting with their family members. But at the same time they can be seriously affected negatively. So you have protective factors which help children—

**Ivette:**

Which are? Let's delineate them.

**Steven:**

Well, I named several. Some of the protective factors that are not internal factors but are external factors are the church, the community religious organization, the community, the neighbors sometimes. I have had many examples of a child telling me that they were invited over to the neighbor's house to tutor a child, a younger child, and they said well, the real reason I wanted to go was I wanted to see what families who were healthier than my family were really like; I wanted to learn from it. So a protective factor is healthy families nearby. Also teachers. Teachers often don't get the credit that they deserve because they're speaking to a child who's very vulnerable, they take them under their wing and they really give them something that they can't get at home. So you have the school, you have the church, you have the community center, you have the grandparent, healthy grandparents. These are all protective factors for which there's a lot of research now to say that this is what adds the positive side of the story, the strength side of the story.

**Ivette:**

Thank you. Tony, you've dealt a lot with military families. Let's talk a little bit about in their particular case with post-traumatic stress disorder. How do these children begin to get help? What types of interventions can families look to, particularly military families, in addressing these concerns?

**Tony:**

I think it's important first to identify that there are vulnerable children different than other children who are less vulnerable. Part of that is their genetics. So if grandpa was an alcoholic, father is an alcoholic, we have the genetics there that puts that particular child at high risk. But there's other things that happen, too. There are some kids who have wisdom beyond their years. They have the ability to see that this event causes this consequence. Other kids have good communication skills, other kids have good relationship development skills. And all those things are protective factors. The goal is can we cultivate those things in children. In the military setting it's interesting because kids who I saw, typically late children and adolescents who got into trouble had a distant relationship with the deployed parent geographically, obviously, but you can't really parent well through Skype. It's difficult to do that but in situations where there is grandparents, neighbors, other loving adults providing the structure and care for that child, it decreases their

overall risk. So we have the genetic side, we have the nurture side which is what we end up helping happen, so if we can facilitate that process to help kids get the things that they need, and the key is everybody doesn't need the same thing. So the person who's working with them has to have the intimacy to know what does that child need.

**Ivette:**

Tian, how can intervention help interrupt intergenerational? I mean we've talked about having the grandparent, the teacher, everyone, but as we look at these resources and support systems, potential support systems within these settings. What does that person need to think about if a child comes to them with a problem and how can those individuals best handle those situations?

**Tian:**

Part of resiliency is the ability of a child to mobilize their own support network. Now, that doesn't mean just going to a therapist. It might mean saying there's no money, I need to get a job, I need to get a job and I need to get a bank account. I need to start planning for my future, I need to understand that I do have a future. It's not necessarily always getting help, though getting help is critical, it's whatever can help that child feel independent, feel they can take care of themselves, and feel that they've still got a future. So when we think resiliency, it's not only what's going on in the child, it's what's going on in the child's network. And one bonded relationship is across all the resiliency research. Resilient kids have one person who cares about them, one person who reaches in and drags them out and knows they're alive. So the intervention, anything you can make conscious and bring out of the darkness will give you choice.

**Steven:**

A nice thing to highlight in terms of that one important person is that it's not just an accident that somebody is there for the child. Often the child is doing what we call in our work recruiting. They actually are making themselves attractive to an adult. They're looking them straight in the eye. Adults love to have children ask them questions. They learn to ask a child—they ask an adult a question. The adult falls in love with that child. That's a real strength that a child has. That's a real resilience.

**Tian:**

And it carries through to jobs.

**Steven:**

And then they become social workers, they become psychiatrists.

**Tony:**

I think it's important to realize though that that child who's involved in that recruiting process is really at the mercy of the adult and so the child or adolescent yearning for a coach or a father figure or a mother figure, puts themselves at risk. Thank

goodness most adults are appropriate but we need to be vigilant that there are some adults who are predators and put them at risk.

**Cynthia:**

And I think the other thing is that we have to always keep in mind first when we have children from these systems is their safety. Safety is first and then the basic needs. Are they getting food, do they have a place to live, do they have clothing, do they have what they need to go to school. Oftentimes we get involved and wondering about their trauma when their basic needs aren't met and so it's important to do both because without the basic needs met they'll be re-traumatized again. It's very embarrassing to have to ask for clothing or if you're in a situation like that, sometimes people aren't washing your clothes and you don't have ability to do that because there's no soap or there's no washing machine. So how do you help these children looking at their basic needs and then looking at their emotional, psychological needs as well.

**Ivette:**

And also looking for a place where that particular person who is exposed to this child also recognizes that his or her limitations in being able to help and look for outside help, Cynthia?

**Cynthia:**

Exactly. So in my own experience, it didn't happen where I had someone come in right away to help. The movement kept happening from home to home so there wasn't an intervention for a long time because many people thought well, let's get her back to her mom or let's get her back to her dad, which wasn't a healthy environment so it wasn't safe. So we weren't thinking about safety, we were thinking about well, let's just bond the family. What we know today is that that isn't positive bonding and that it will not help that child, so now we look at where is the best place for this child, who do I need to refer this child to, who can help this child get on a positive track that will help their lives change and that's really what we're looking to do. If we can intervene in their lives early, there's less trauma, there's less recovery process that they need to learn because then in adulthood we're learning how to recover and sometimes we really screw up relationships because of what happened in our early childhood and then that re-traumatizes us. So it's really helpful when we get those interventions the earlier the better.

**Tian:**

One of my interventions was from a church choir master who took me aside and said, I think you can sing soprano or alto, and it was a safe haven and I can sing the liturgy in Greek and it was a place to go where I was driven, fed, taken care of, valued. So it can come from different places. Anybody can mobilize what they've got.

**Tony:**



I think many young people see sports as something they can excel in, academics is something they can excel in and that replaces some of the needs that they have in the family setting that are not being satisfied. So there's all kinds of things and that's why it's important not to say this is the one way to do it. Especially the teenager has to play some role in what they really feel empowered with, what they really feel connects to that.

**Steven:**

It's also important to alert that coach and that teacher what role they are playing because often they haven't been reinforced to how important their role is. Very few successful students write back and say, you were the one who made the difference in my life, I'll never forget when you put your hand on my shoulder and said you're gonna become a great person some day, an artist or a writer or an athlete or....

**Ivette:**

Very good. And when we come back, I want to continue to talk about what resources are available to families who are experiencing generational trauma. We'll be right back.

[Music]

**Gina:**

HealthQwest was founded in 2008. We have counseling services under one roof along with the medical and the pharmacy side. Currently we have 4 locations, and we are actually working on our 5<sup>th</sup>. We have about 50-60 employees and probably about 15-20 pharmacists and we are still expanding and looking for places that need us. The primary goal here at HealthQwest is to help patients detox off of opiates, whether that is heroin or some type of pain medication that they've received prescribed from a doctor or illicitly off the streets.

**Travis:**

A lot of those people started using opiates that they either found in their parents' medicine cabinet, they got their first experience doing that.

**Female Patient:**

As a mother, I am trying to break the patterns of my childhood that my mother had with me when I was growing up.

**Gina:**

The opiates is what gets them in the door because that's what we treat but there are other issues along with the opiates, normally, and we'll refer them out for help.

**Female Patient:**

The methadone helps me stay clean on a daily basis and it actually has even taken the use of me wanting to drink away and I have not had anything to drink in over 4 years.

**Travis:**

The medication is a very small part of what we do here. Counseling and education is the key to success, and what we want to do is we want to make sure that we give the life skills so that a patient can go out in society and live a normal life, and you can't do that in 28 days. It takes time. So 12-18 months sometimes, sometimes longer because we have to teach people how to live all over again. Aggressive counseling is the only thing that really assists with that.

**Gina:**

Our secondary mission here at HealthQwest is to help decrease any risky behaviors our patients may be exhibiting in their day to day life when they come into treatment. Types of behaviors, IV drug use, unprotected, unsafe sex, risk of overdose and any illegal activity that may be going on in their life at the time. This is not a cookie cutter type of treatment here.

**Travis:**

At HealthQwest we want to assist any patient that comes in with any needs they may have whether those are employment needs, educational needs, housing needs. We have patients that have children that they don't have clothes for. We do clothing drives, things like that to assist the patients. It's the little things like that helps someone bring some normalcy to their life, and normalcy is needed anyone can progress to actually really succeed in recovery.

[Drumming]

**Female VO:**

Staying on course without support is tough. With help from family and community, you get valuable support for recovery from a mental or substance use disorder. Join the voices for recovery, visible, vocal, valuable!

**Male VO:**

For confidential information on mental and substance use disorders, including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

[Music]

**Tom Hill:**

Mental health and substance use disorders are definitely transferred through generations. Mental Health and substance use disorders are a family disease, and it affects all members of the family, especially children. Children in those kinds of families tend to take on responsibilities that are inappropriate, are often affected

by other kinds of mood disorders and carry that with them their whole life if they are not addressed. Part of it is parenting the parent, accepting roles that are inappropriate and having a sense of over-responsibility, so it definitely affects children.

There are definite links between substance use disorders and genetics, so you can inherit that from generation to generation, you can also sort of pick it up environmentally. I think it's a combination of both genetics and environment that affect individuals and children as they grow up having addiction and other kinds of disorders.

**Ivette:**

Cynthia, there's a new term being shared about—it's called multigenerational households. Can you explain a little bit about those and what are some of the issues that that is creating?

**Cynthia:**

Because of the economy today and also because of family patterns we're seeing people live more together or more connected. We see what we call the sandwich generation. We see people in their 40's, 50's, 60's caring for younger children or teenage children, young adults, and they're also caring for their parents or older persons. And so we see this multigenerational impact or this multigenerational family living or communicating, being responsible for each other happening more today. More younger people are staying in the home longer so they're living at home till they're in their 20's partially because they can't afford to live somewhere else. And so this impact, this causes more stress in the family because there's more needs. There's the needs on this end of the spectrum where there's older persons issues and young persons issues and then the person in the middle is going, oh my gosh, how do I deal with all this?

**Ivette:**

Very good. And are there resources—we really haven't started talking about resources for families. What is available to families if indeed they're in a multigenerational setting and on top of that they're experiencing issues of substance and mental disorders?

**Cynthia:**

I think kind of compartmentalizing that a little bit is helpful. So looking at what are the needs of the senior persons, is there a senior center that's doing some services, is their home outreach through Department of Social and Health Services, what's available through the senior health services that is countywide. So most counties have human services and they have different compartments for that. They have senior specific, they have young adult specific, they'll have mental health services or co-occurring where a person has mental health and addiction diseases, and there's addiction services. So it's important to find out in your community where's your local help and what services do they actually provide.

**Ivette:**

Tony, Cynthia talked a little bit about the pressures among the generations but for the middle generation that is trying to take care of both ends, or the sandwich generation let's call them, what are some of the resources that might be available that can help that person cope, quite frankly, with some of those issues? And I mean those formal resources and how should they institute self care?

**Tony:**

I think it's important for the family members to communicate first. They need to realize that if a teenager is in trouble or if grandpa is in trouble that they can get services in the community. The problem is that from state to state, and even from agency to agency, for instance military versus VA versus Indian Health, things like that, there's wide variation on a geographic basis. It's also dependent on the individual providers. Some people are highly dedicated to the mission, some people are not so it behooves the sandwich generation people to be aware of what's available in the community. The only way you can find out is to look. There's good services in people who are in the federal system, so military has these types of services. There's a stigma though that happens when people say, well, I think my husband has an alcohol problem or my teenager has been caught using marijuana at school, and it creates a sense of shame which is part of the disease. People are afraid to get the help and typically it's like it's not that big of a deal, they'll outgrow it. It creates problems because if you wait too late, the situation typically gets much, much worse. So it's important for people to have some connectedness; connectedness in the family but also connectedness in the community.

**Ivette:**

Very good. Tian, Cynthia mentioned that sometimes grandparents are in the home, sometimes the grandparents are really called upon to really take a more prominent role just on their own and by themselves. Does that create for them a particular situation where they themselves might become at risk of falling into dysfunction themselves with their own situation?

**Tian:**

I think the grandparents lack energy. We, at our age, don't have the energy to follow toddlers around the way we did, but we love them. We love them in a way that I don't know that it's—I think it surprises us. So we are fiercely protective of these toddlers and we may go beyond our own capacity in taking care of them. I think it depends on the state of the sandwich generation. If the sandwich generation means that person's going out to work and the grandparents are relatively functional, then what you've got is a good support system possibly. It's not all a dark story but I think the older people need to take extra good care of themselves and recognize their own limitations if they're in charge.

**Ivette:**

Cynthia, we just finished doing over 50 and dealing with the older generation and their consumption of alcohol. There's a tremendous trend now where older Americans are consuming alcohol at a higher level. They're getting medicated for heart medication, they're getting medicated for arthritis, they're getting medicated for a host of other ailments that are part and parcel of growing older. Position on top of that having to take care of grandkids or dealing with issues related to family trauma, what happens?

**Cynthia:**

Well, what happens is that this late onset drinking. So they may never have drunk to abuse before in their lives, very productive working, taking care of their family; now they're older, they're home, not working as much kind of trying to understand their own role in society now. And so they start drinking more socially sometimes with the other seniors, going to places of gambling to be around other people and you see this pattern that's happening with some of our older adults where they're drinking and they're looking for a way to bond again and feel capable and lovable. And that's basically what we all want to feel whatever generation we are, so we want to feel capable and lovable and so we look for it. And alcohol has a way of reducing the pain and so I may be on a medication and I'm drinking on top of it and I don't understand the synergistic affect of the alcohol with the medication. And so I'm continuing this path and it's causing other medical problems. It may cause problems in the home, I may not be as responsible as I was, I may not be looking after those children the way that I was looking after them before I started this path. So it can be very dynamic in a family situation when people aren't talking about what they're seeing as well so that they can intervene early.

**Ivette:**

Steven, talk to us about some of the warning signs with these folks that are placed in these scenarios.

**Steven:**

You're talking about the grandparents now?

**Ivette:**

Yes.

**Steven:**

Warning signs to grandparents.

**Ivette:**

And how can they—what can they do in terms of seeking help.

**Steven:**

Okay, yes. Actually, while you were asking the question about resources, I thought about the three most recent resources I recommended older family members to. One of them is NAMI, National Association for Mentally Ill. They have branches.

I'm sure your people know about them. The second is actually Al-Anon where I've referred people who never would've thought that they should go to Al-Anon meetings to try it out because they will A) learn things about their own family and B) they'll get connected up with a lot of information from other people who are there in the Al-Anon meetings, so that's been very helpful. Also, most—I have to say social workers more than psychiatrists are going to be familiar with state agencies, the kind of organizations that Tony was talking about before. State agencies that might be receiving grant money from SAMHSA, from other places, are prepared to offer services to an older parent. They have to say the word family though. They have to say my family needs help, where can I go? That is what I keep nudging them to do.

**Ivette:**

Very good.

**Tony:**

I like to add on what Cynthia was talking about in regard to the misuse of alcohol. That same scenario happens with pain medication and tranquilizers, and we have an epidemic of opioids going on right now. Opioids for some people are not used to treat pain. It's to treat anxiety, it's to treat heart pain, emotional pain, it's to treat a sense of I need to have something that makes me feel different. And those are all slippery slopes from the standpoint of use to misuse to abuse and sometimes to dependence. Unfortunately, alcohol and opioids create a physical dependence very quickly. A person can be put on pain medication for a minor fracture and two months later they can't stop. And we are in a society right now where physicians—some physicians and some mental health providers prescribe outrageous amounts of these medications and last year we lost 19,000 people from accidental overdoses. These are numbers that are astronomical and every community has them and when people die in a family that has a history of addiction, it's always quiet. We don't bring it up. It just happened. It allows that cycle of dependence to continue rather than allowing people to say, enough, this has to stop.

**Tian:**

And it's very hard for families to talk about that, the over treatment of the older people.

**Ivette:**

Very good. When we come back, we will continue with our conversation and with identification of more resources. We'll be right back.

[Music]

**Claudia Black:**

Addiction is the number one cause of dysfunction and conflict in families today. Alcohol addiction is the most pervasive, but other drug abuse is rampant as well. From prescription pills to marijuana, cocaine, speed, heroin, gambling, sexually

compulsive behaviors and eating disorders impact many families. More common than not now, many families are affected by a combination of addictive disorders. While the substance or the behavior varies, the family systems operate with many of the same dysfunctional family rules—rules that fuel an ongoing legacy of addiction. Don't talk, don't trust and don't feel.

[Music]

**Male VO:**

For those with mental or substance use disorders, what does recovery look like? It's a transformation. It's a supporting hand. It's new beginnings. When does recovery start? It starts when you ask for help and support. Join the voices for recovery: Speak up, reach out.

**Female VO:**

For information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

[Music]

**Female Patient:**

I grew up in a family that had a lot of addictions, physical addictions with abuse, alcohol abuse and drug abuse. I didn't know any other way of living because that's all I had ever known.

**Male Patient:**

As a younger child as a middle class family there didn't appear to be any problems until early teens. There was a good bit of conflict between my parents due to my dad's drinking. It escalated to their divorce, and I was 14 at the time. And then his drinking ended in an early death at 49.

**Travis:**

It is a family, as a whole cause addiction affects everyone in the family

**Gina:**

A lot of times it starts when they're a child in their childhood.

**Male Patient:**

I'm glad my wife is in treatment with me.

**Female Patient:**

I don't want my kids to ever live like I did. I want to break the chain

**Male Patient:**

We found HealthQwest after trying a number of other methadone programs. We have been here over 2 years. And this is by far the best program with regard to methadone that we have experienced, and this is the 3<sup>rd</sup> one we have tried.

**Travis:**

When the family comes together and works from the same goal, it's much easier for recovery to take place.

**Male Patient:**

The kids are very thankful of this program for the positive influence it's had on our behavior. HealthQwest has provided an avenue to have goals and to pursue and achieve goals. I now have a future whereas before I lived day to day, for a long time my wife and I did.

**Travis:**

The reason I got into this was so I could help people. I want people to have hope.

**Male Patient:**

I'm very proud, I'm very pleased to be in the situation I'm in now, as opposed to the way my father was.

**Gina:**

It's very important to me, to make a difference, to be out there and to provide a service that brings people in when they are at their lowest in their life, they're struggling, they need help, they need direction and we're here to help them and pick them up and point them in the right direction and give them some resources that they need to become successful and really work through their addiction.

**Male Patient:**

I am definitely shifting the family pattern of abuse from the experiences that my wife and I both had with our parents to what our children and now grandchildren will have with us.

[Music]

**Male VO:**

For more information on **National Recovery Month**, to find out how to get involved or to locate an event near you, visit the **Recovery Month** website at [recoverymonth.gov](http://recoverymonth.gov).

**Ivette:**

So Cynthia, we really have talked about every possible scenario of issues—well, not every but almost every. Many, many scenario issues related to families that are experiencing dysfunction, trauma, etc. due to mental and substance use disorders. But is there hope for these families? What can we say to our audience



in order for them to really place this in the context of individuals needing to seek help?

**Cynthia:**

There is hope. Families change, the brain changes. Being with a professional who can help you walk through that and learn the different mechanisms for that is essential. So obviously there's hope. There's millions of people in recovery. Twenty-three million people are in recovery from addictive and mental health disorders across this country. They've found support through 12 step programs, other programs. Many have found support through associations like ours where people are trained as addiction and family professionals and they can get the help and the support that they need. Those people are in their local communities going to a trained physician for medical issues. Going to a trained mental health and substance use disorder counselor is very important because these are the people who know the signs and the symptoms and they know how to help walk you through your recovery and that's essential.

**Ivette:**

Absolutely. Steven.

**Steven:**

Well, from my perspective the strength has to begin within the family, okay? I'm sure you're not surprised to hear me say that. I've been saying that now, and when the family gets together, they become empowered when they are honest with each other. They come up with ideas. They offer opportunities for each of them to help each other. So I would say the beginning of resources is inside the family and when that happens, you usually find that they then are able to communicate with the provider, for example, and say our family needs help. That gets to the point that Tony was making about stigma. Once the family confronts the reality of their problem, they're already 25% of the way there because they are ready to take on the system, and they're ready to turn to the provider, the state agency, maybe a hospital, some helper. And I think from there good things can happen.

**Ivette:**

Who within the family makes that call? I am a child, I don't know what to do, I'm too young. Mom may have a mental disorder, dad may have maybe an alcoholic. Who within that family begins that process because I agree with you, I think it does begin inside the family, but how do we make that happen within the family? How do we begin that?

**Steven:**

Actually, we're talking about someone who has some good coping skills will do it. They're gonna say, grandma, we've got a problem here, mom and dad had a fight again and daddy was drunk. We need help, grandma, can you figure something out? So there's a child doing it. There might be a grandma who does it who calls her daughter and says, I'm really worried, I don't think you told me what happened

last week. How come? I want to know the truth. There might be a child actually who's doing it with an uncle. So I would say we can't identify the person, but they better open their mouth and speak some honest truth to another family member.

**Cynthia:**

Let me add a debate to this because not every family has that ability. In fact, there are some children that need to leave their family and go to a different place in order to get the help. Some families are so dysfunctional there is no path. There is no one gonna take responsibility. So it's great when there is, I will say that, it's great, and once that person does get support and help, then they may at some point when they're ready and when they're safe enough to go back and intervene in their family.

**Steven:**

I'm glad you remind me of that if you're going outside the family to start the process.

**Cynthia:**

Sometimes you have to. So my belief coming from this and then also being a social worker is that there are many pathways to start this process of getting the help that you need so that you can. What's important is that self empowerment that you talked about earlier. How do we help people become self empowered to say, I'm gonna reach for that, I'm gonna go for that. No matter what this background is with my family I'm gonna go for this because I want something different.

**Steven:**

I'll bet you Tian teaches that in her psychodrama sessions, right?

**Tian:**

I do. You're exactly right. I wanted to underline absolutely everything you said, and if you can get that child to open their mouth. But there is no one way fits all in this. This is an across the board kind of mess, and there are across the board solutions. So one way I do it is experientially I try to give people the ability through role play to talk about what can be talked about, oftentimes casting a surrogate. You can talk to an empty chair representing your mother rather than talking to your mother. You can double behind yourself and become conscious of what's going on in your inner world that is not being spoken from your role comfortably, and through these small interventions remarkable things can happen. Once people get conscious of what's going on and they feel a little ability to open their mouths, miracles can happen.

**Tony:**

I think it's important for family culture to value every member and realize that people change over the course of time. People have good days, people have bad days and if it's possible whether it's the child, the adult or the aging adult, all of them have valuable input and valuable comment. And no family is perfect. There's

gonna be, “you made me upset when you said that.” That’s important to have that dialog as part of normal family function. People who are severely impaired with substances doesn’t mean they do everything badly, and so there are things that they do that have value to the family. And even though some kids do need to be removed because of safety issues, those children still have an attachment to that family of origin and it’s something that they yearn for. They may not get it, but in Indian Health we have a family preservation and there’s a process that you can’t just take a native child out and put them in a non-native family and it’s because we’ve seen what happened to those children. They lose their culture but that intergenerational trauma persists and there’s high rates of problems when those kids are taken away from that cultural support.

**Ivette:**

Very good. Now we get to the point in the show where I’m gonna give you a few moments to give you an opportunity for final thoughts. So we’ll start with Steven.

**Steven:**

Well, banging the same drum that there are both strengths as well as damaged factors inside of children with substance abuse, for parents with substance abuse problems and mental health problems. They have coping skills but they also may have some weaknesses. We have to, as professionals, our job is to be able to distinguish those and to support them. So I’m on the side of what Tony just said which is to watch for those strengths, to recognize the weaknesses, to be able to distinguish the difference and to go for the strengths to help the whole family.

**Ivette:**

Cynthia?

**Cynthia:**

I would say recovery is a process. We’re not going to—people don’t recover overnight. It’s a process. It’s like peeling an onion, layers and layers, and the layers of family, the layers of trauma, the layers of positive possibilities, the layers of future are all in that onion and it’s just important to stay in it. Stay in that recovery process and believe in the hope. And it does happen.

**Ivette:**

You’re a perfect example. Tian.

**Tian:**

So the Adult Children of Alcoholics Syndrome is a post-traumatic stress disorder in which childhood pain is surfacing in adult relationships. It doesn’t get better, it gets worse, so treat it, treat it, treat it. Don’t expect it to get better on its own. Head straight to an Al-Anon meeting, head straight to an AA meeting if you think you’ve got—or NA or whatever, and ask a bunch of questions. Get started, get out the door, don’t stop until you get going.

**Ivette:**

Thank you. Tony.

**Tony:**

I remember 40 years ago in med school one of my professors said you have to remember two things. Number one, you can't find a fever unless you take a temperature. That means that we need to look for things. We need to actually identify that there's situations that need to be addressed. The second thing was prophetic. Don't go down alone, take all your friends with you. So get the help you need, which means sometimes you do need to have professional help and many families see that as a negative but it's important to rescue the family. Look at your liabilities, look at your assets and make that decision to help your family.

**Ivette:**

Excellent, and we want to thank you for being here. It was a wonderful experience, and remind our audience that September is **National Recovery Month**. We want you to go to our website, [recoverymonth.gov](http://recoverymonth.gov) and learn about all the activities that you can put together for 2016 to celebrate **Recovery Month**. I want to thank you for being here. It's been a great, great show. Thank you.

[Music]

**Male VO:**

To download and watch this program or other programs in the *Road to Recovery* series, visit the website at [recoverymonth.gov](http://recoverymonth.gov).

[Music]

**Male VO:**

Your path to recovery isn't like mine.

**Female VO:**

You have your own struggles with mental health issues

**Male VO:**

Your own challenges with substance use disorders

**Female VO:**

You also have your own abilities and strengths

**Male VO:**

But when you need a hand

**Female VO:**

Reach out, until you find one

**Female VO:**

For information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

[Music]

**Female VO:**

Every September, **National Recovery Month** provides an opportunity for communities like yours to raise awareness of mental and substance use disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan events and activities in commemoration of this year's **Recovery Month** observance, the free online **Recovery Month** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that matches your goals and resources. To obtain an electronic copy of this year's **Recovery Month** kit and access other free publications and materials on prevention, recovery, and treatment services, visit the **Recovery Month** website at [recoverymonth.gov](http://recoverymonth.gov), or call 1-800-662-HELP.

[Music]

END.