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**Frederiksen's 4-Week Family Program Education Series:
"Helping Families Understand Substance Use, Other Mental Health & Co-Occurring Disorders
& Their Impacts on Families"**

**GETTING STARTED ON YOUR & YOUR OTHER CHILDREN'S RECOVERY
WHILE YOUR CHILD IS AT MUIR WOOD
&
BUILDING A FAMILY HOME AGREEMENT**

Information PRESENTED in WEEK 3 and used during the OPEN DISCUSSION in WEEK 4

OVERVIEW of the HOME AGREEMENT PROCESS

While your child is in residence, your therapist and other members of your child's MW team will work with you and your child to develop a **Home Agreement**. These Agreements are a guide for everyone to follow during the **first month** after your child leaves residence. It sets forth everyone's **key concerns**, the **boundaries** you, your child and your MW treatment team agree will help your child on her continuing recovery journey, as well as the **logical results** (aka consequences) you will implement if your child breaches the boundary. This initial Agreement is structured as follows:

- **Weeks 1 & 2** – is considered something along the lines of establishing a set point. Generally, it is agreed that during these first two weeks, your child stays home with no phones, screens, car, friend visits, etc.
- **Weeks 3 & 4** – The restrictions of Weeks 1 & 2 are lifted to then see how your child does with whatever boundaries the family put in *their* Agreement. **Typically, these boundaries** (which were agreed to while your child was in residence working with you and her treatment team and written as part of your Agreement) **are around:**
 - friends, phones, computers
 - drug testing
 - 12-step meetings, NAMI meetings, Families Anonymous, other peer support meetings
 - therapy appointments
 - worrisome behaviors that might indicate a possible relapse
 - school attendance
 - whether or not to do an IOP (Intensive Out Patient) after residence or some other program
 - what (if any) medications
 - any other support your child's MW team recommends.

- **With each of these boundaries, you will list the logical results (aka consequence)** to be implemented if boundaries are breached (e.g., return to MW).
 - **After week 4**, the family revisits the Home Agreement to see what modifications might be necessary to include in the next 30 days (or however long your next Agreement is to last). Some parents work with a therapist, recovery coach, etc. to draft this second agreement. This person would be identified in the initial MW Agreement. The idea is to have a neutral person help both you and your child navigate the work on a new Agreement.
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NOTE: Your child's therapist provides you with a template to use and will work with you and your child to complete it.

WHAT YOU CAN DO WHILE YOUR CHILD IS AT MUIR WOOD

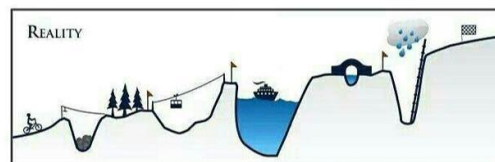
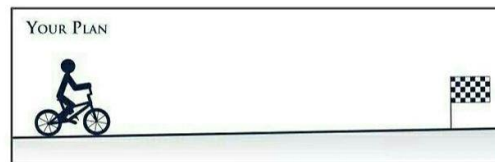
(You might incorporate some of these in your Home Agreements)

Most of the following suggestions were presented in my Weeks 1, 2 & 3 Zoom calls. Week 1 covered brain wiring, mapping and development because the brain is at the root of substance use disorder, mental health disorder, behavioral disorder (e.g, eating disorders, self-harm disorders...) and co-occurring disorders' treatment and recovery, as well as the family member's experience. Week 2 explained adolescent substance use and other mental health disorders – how they develop and how they're successfully treated. Week 3 goes over the family member's experience and the toxic stress connection. Week 4 is dedicated to answering your questions on the following suggestions for building your home agreement. It's also an opportunity for parents to ask questions of each other and myself.

1. For now, try to focus on knowing your child is safe so you can use this time to really focus on yourself and your other children. This is a "family disease" in that everyone in the family is affected. And the key to family recovery is to embrace the fact that the only brain – thus the only thoughts, feelings and behaviors – you can control is your own. Doing so is what will help you succeed in your own recovery and that is what allows you to effectively support your child's recovery and your family's recovery.
2. Know you can reach out to any member of your treatment team at any time. Feel free to call, text or email.
3. Understand the concept of "powerless over alcohol" or "powerless over drugs." This means your child is powerless over their brain – their thoughts, feelings & behaviors – when the chemicals in alcohol or other drugs are present in their brain. If they are powerless, you certainly are, too. Similarly, they (and you) are powerless over their brain if they have an untreated mental health disorder.
4. Understand you can't turn to each other for help – the old communication patterns are way too embedded and unhealthy. Consider participating in a peer support group, such as Al-Anon, Nar-Anon or SMART Recovery for Families. Know that you don't have to necessarily "do the steps" or "get a sponsor." As the saying goes, "Take what you like and leave the rest." Also know that if a particular group doesn't feel right – try another (and another) until it does. You might also consider individual or family therapy- please refer to the PDF, "Frederiksen's 4-PartMWPparentSeries_RESOURCESLIST" for this kind of information.

If your child has a mental health disorder, getting involved in NAMI (National Alliance on Mental Illness) Family-to-Family can be a huge help, as well.

5. Understand substance use and other mental health disorders' recovery absolutely takes time, but there is much joy that can be had in the meantime. This is true for family members, too. Understand that relapse for everyone is not uncommon, so really work with your treatment team on what that means and what your options are if it does. (A family member's relapse is to fall back into the old toxic stress-related ways of reacting, feeling, behaving – see #s 8-11.)
6. Keep your expectations low. Recall the expression, "Expectations are Resentments Under Construction" (see image to the right).



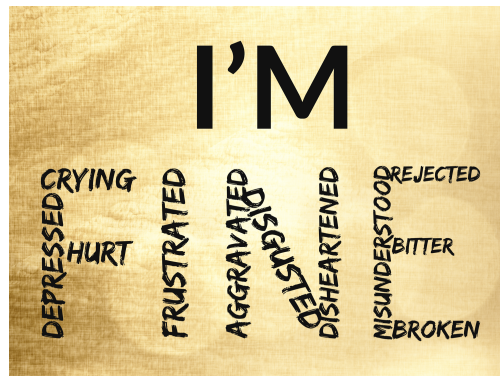
7. Learn the keys for effective communication (as far as it can go at this stage):
 - a. speak *your* truth;
 - b. don't "take" offense;
 - c. take words at face value – try not to assign your emotions to the words (seek clarification if you're not sure);
 - d. understand the concept of boundaries and learn how to set them (most importantly, don't set one you won't be able to keep);
 - e. SIMPLIFY / schedule time to worry;
 - f. apologize without the "ya-but";
 - g. understand and practice using, "No," as a complete sentence ☺.
8. Take time to sit and think about your common stress emotions (anger, fear, frustration...) and your common reactions to those emotions (shutting down or yelling or lashing out as in the case of anger, as examples). Jot them down and track them for a while and then start to look for what happened before you had the emotion or the reaction and then try assess what's likely behind that. These will be the toxic-stress related reactionary coping skills and/or behaviors you'll likely want to change and/or seek help to change.
9. Stay in tune with your body. Remember, chronic activation of the fight-or-flight stress response (FFSR) sets up a host of physical and emotional ailments because of their connection to toxic stress – see #11. These include tense/tight muscles in the neck and shoulders, lower back pain, migraines, skin problems, stomach ailments, sleep difficulties, hair loss, depression, anxiety.... Jot down those that you have or may have experienced.
10. Answers to numbers 8 & 9 will help you figure out the kind of help you'd like to pursue for your own physical health and emotional well-being.
11. Identify "trigger-interrupters" you can use to stop your fight-or-flight stress response (FFSR) when triggered. Remember, according to Dr. Jill Bolte Taylor, 90 seconds is all it takes to identify and calm a stress emotion and allow it to dissipate. So having "trigger-interrupters" you can use on "command" when you feel your common stress sensations in the body (#9) or your common stress emotions (#8) allows you to interrupt/stop your flight-or-flight stress response from continuing down your old, grooved brain maps of unhealthy, unproductive thoughts, feelings and behaviors.

Remember -- if a person is under repeated stress, like that which occurs when dealing with a child's

substance use or other mental health disorder, and they don't have trigger calming practices (trigger interrupters) in place, their FFSR is repeatedly activated. This is when stress often becomes toxic, and toxic stress causes a host of physical and emotional health consequences, like anxiety, depression, migraines, sleep problems, stomach problems, heart problems...). So, this idea of trigger interrupters is to stop yourself when you recognize the emotions you've identified in #8 and/or the physical manifestations you've identified in #9.

Some trigger interrupters include: HAALT, THINK, BREATHE, Make a Fist, the Light Switch Analogy, Close the Brain Maps (like when you close your phone apps), Mindfulness for 5-10 Minutes, Create a Playlist of music that soothes you (or makes you want to dance ☺), in order to stop the escalation of your FFSR once triggered or calm it if it's already in action.

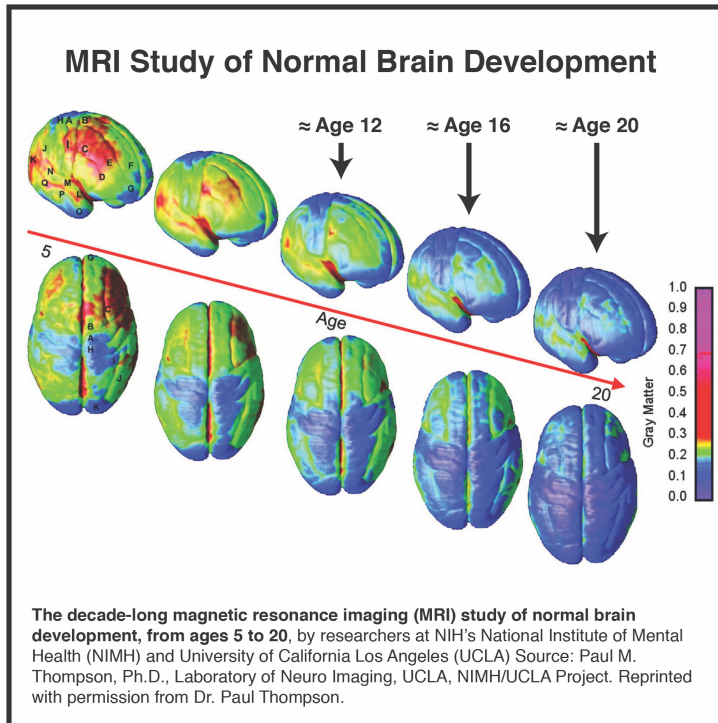
12. Periodically stop and name how you *really* feel. Definitely do this when you feel the niggling feeling of angst or anger or fear (or whatever you identify as your common stress emotions in #8). Identify the unsettling feeling that typically precedes the FFSR activation (see image to the right). Don't judge the emotion as good or bad – just get to the idea of naming what you're actually feeling – helps differentiate between feelings and facts.



Let me be clear, however – it's critical to honor your feelings. Don't shut them down or dismiss them as irrelevant. Feel them and the more you do, the better able you'll be to take charge of *your* behavior.

13. Really try to incorporate the scientifically known “brain healers” into your daily life. These help with chemically rebalancing your brain and developing ways to effectively deal with triggers. They include: eating nutrient-rich foods; 30+ minutes of aerobic exercise; adequate sleep (without sleep aides, if possible); and mindfulness practices (including trigger-interrupters suggested in #11 above) or something like yoga, Pilates, meditation, long walks in nature.
14. Think about what you enjoyed doing before all of this happened. Try to figure out how to incorporate that into your life again.
15. Find something fun to do with your spouse, significant other, close friend, you on your own and with your other children – individually – when all things treatment and recovery are off limits.
16. Be thinking about/identifying your top concerns for when your child leaves MW so that you can work on strategies for how you'll handle those while she is in residence.

17. Remember your child's brain is just beginning the stage of brain development needed for adult-like



reasoning, judgment, hindsight, cause-and-effect kinds of “thinking,” so they often cannot make “sense” or “agree” with what they’re being told is the problem or what they need to do while in residence. In other words, they are missing important wiring processes in the pre-frontal cortex portion of her cerebral cortex, something that takes until an average age of 22 for girls/women and 24 for boys/men to fully complete.

Additionally, remember what’s happening in your tween/teen’s brain with the onset of puberty at around age 12 – brain wiring (neural connections) to take risks, turn to peers, reproduce. And don’t forget how I explained the brain’s development in utero through around age 12. For more on this, please refer to Frederiksen’s 4-PartMWPparentSeries_BASIC BRAIN FACTS pdf.

And if you’re having trouble communicating your concerns because of where their brain is at developmentally, reach out to your child’s therapist or other members of their treatment team.

18. Most importantly know it takes time. “Trust the process” is a common expression you’ll hear from other parents and members of the treatment team.

THINGS TO CONSIDER WHEN BUILDING A FAMILY HOME AGREEMENT

As you know, your child’s substance use, mental health, behavioral or co-occurring disorders affects everyone in the family. Not only this but it/they took some time to develop so it’s going to take some time to treat and live their lives in recovery.

The following is a list of topics to start thinking about and talking through with your child, other family members and their treatment team while they’re in residence. The answers will help you, your child and other members of your family know what will be expected of each other when they leave residence. This can help relieve some of the fear, anxiety and worry about what happens after discharge. In other words, helps you calm your fight-or-flight stress response, which in turn helps you re-wire new, “thinking” (from cerebral cortex) vs. “reacting” (from limbic system) kinds of coping skills.

And similarly, know that you cannot tackle all of these at once – no one can – nor will they all apply to you/your family, so I suggest you do a quick read first, circling the one’s that strike you. Then you can go back through and prioritize:

- those you think will be most helpful for this time while your child is in residence

- those you'll want to include in the Initial Agreement (the first month your child is home)
 - those you might incorporate in a follow-up Agreement after the first month or simply as something you want to do for yourself – no Agreement necessary ☺.
1. Review your thoughts on the suggestions in the section above to determine whether you'd like to incorporate any of those in your home agreement.
 2. Identify the existence (if any) of the common risk factors [genetics, early use, childhood trauma, social environment, mental disorder] that may have contributed to your child developing their substance use disorder and/or those applicable to their developing a mental health disorder will need continued attention (e.g. therapy around childhood trauma) for successful recovery. Concept presented in Week 2.
 3. Identify the existence of similar risk factors (if any) in your background that may be contributing to your stress-related impacts [headaches, migraines, stomach ailments, sleep disorders, anxiety, depression, quality of life decline] and for which you may need help. Concept presented in Week 3.
 4. Identify relapse triggers for you and other family members (e.g., your child not following through on promises, not working their recovery plan, not taking responsibility for their actions, not taking proactive steps to let you know what is going on, not feeling comfortable telling extended family members or close friends, not addressing coping differences or disagreements about what should or should not have been done along the way that are now infringing on effective communication between you and your spouse or other children).
 5. Identify relapse triggers for your child. Some examples include: 1) family member always asking questions, feelings of being watched, vibes of: "You owe me after all I've done for you!;" 2) stress (and what their key stressors are); 3) social isolation; 4) boredom; 5) being around old friends; 6) returning to school; 7) over-confidence (e.g., stops doing things spelled out in the Home Agreement, such as attending meetings, stopped talking about their recovery, doesn't think they need to see their therapist anymore [if that was part of the treatment plan]); 8) other.
 6. Identify what recovery/change will look like for both you and your child and other children in the family, if applicable. This might include: 1) individual or family therapy with an addiction, mental health, co-occurring disorders, trauma specialist; 2) participation in a 12 step or other peer support meetings, like AlAnon, Nar-Anon, SMART Recovery, NAMI Parent-to-Parent; 3) commitment to a daily aerobic exercise routine; 4) commitment to a mindfulness practice – yoga, meditation, private down-time activities; 5) cutting back on volunteer work or other commitments; 6) other.
 7. Address which 'life issues' that were the consequence of the substance use, mental health, behavioral or co-occurring disorder that need to be dealt with or postponed, such as: grades, repaying of monies stolen, improving job skills, parenting issues, time with non-using siblings. Include strategies and timeframes; decide which ones can be postponed.
 8. Decide what will be done if a relapse occurs and make any arrangements necessary to implement (examples include: return to treatment, military school, therapeutic boarding school, recovery high school, college with an active recovery community on campus). Again, please refer to the PDF, "Frederiksen's 4-PartMWPparentSeries_RESOURCEList" for this kind of information.
 9. Decide what is off-limits, such as talking about or asking questions about the work that is being done in therapy.

10. Identify your and your other family members' boundaries and identify what has been done or needs to be done if the boundary is breached. Remember, boundaries are not about controlling or punishing, they're about doing what needs to be done to keep you and other family members safe.
11. Know that "No" is a complete sentence. You do not have to get your child's buy-in nor explain the reasons for your saying "no." And if you sense your child is lying, they're likely lying. Trust your gut because you know that feeling from before. At the same time, don't let yourself get caught up in trying to get everyone's "truths" to line-up to be one truth. They won't.
12. HAVE A CODE WORD or PHRASE ("crazy island," for example) that all members of the family can use to stop the escalation of a conflict, knowing it also means all parties will come back to talk about it.
13. Decide who you will talk to and what will be said to extended family members, friends. Consider sending NIDA's "Drugs, Brains and Behaviors: the Science of Addiction," NIDA's "Principles of Effective Adolescent Treatment" and/or NIMH's "Mental Health Disorders and Related Topics" to people to whom you want to explain what you're going through but don't know how to effectively do it.
14. Strategize how to talk to non-using siblings about what has been going on, how they're feeling, what they want when their sibling comes home, etc., and understand the importance of doing so.
15. Decide how alcohol (or other substance / prescription medications) will be handled in the home and at family events.
16. Decide a strategy for how to conduct follow-up sessions, if those kinds of sessions are deemed helpful. It is important sessions are "managed/brokered" by a neutral third party who has been agreed upon by all parties.
17. Just remember – relapse doesn't mean treatment failed, it means treatment / long-term, continuing care needs to be adjusted. This is true of relapse with other chronic diseases, like cancer and heart disease.

If you have questions about the information I present, please feel free to contact me, Lisa Frederiksen, at lisaf@BreakingTheCycles.com.

Disclaimer: Lisa Frederiksen is not a medical doctor, therapist, social worker or similarly licensed professional. The purpose of her family program consulting Zoom presentations is to provide general information. Lisa will make every effort to ensure the information she imparts is as accurate as possible, but any decision or action taken based on information provided is the family member's choice and responsibility alone. Please do your own research and consult your child's therapist and treatment team regarding your plans.