Healing Our Community

January 9, 2020

DAWN CENTER

SUBSTANCE ABUSE

Healing Our Community is made possible by an Innovation Grant from:

Greater Brockton
HEALTH ALLIANCE

... A voice for a healthy future

Information ● Tools ● Resources

Ethics and Boundaries

Empathy vs Codependence

Impact to Empowering the Family

Behavioral Health

Self-care

MEET HARRY

Harry is a newly hired counselor in an outpatient SUD program. Prior to completing his graduate program, Harry struggled with severe alcohol use for many years. He credits regular attendance in A.A. meetings for his success with maintaining sobriety for the past 10 years. Harry has a new client, 24 year old Cindy, who has been drinking heavily since she was 19 and recently dropped out of college when she was failing all her classes. Harry met her for 3 sessions so far, during which he completed an initial assessment and spent a lot of time urging her to attend A.A. meetings. She requested info about alternative approaches but Harry was adamant that A.A. is what she needs to successfully achieve sobriety.

Out of frustration, Harry speaks with a coworker about Cindy. Although the coworker is not currently involved with her at this time, he has worked with her in the past after she was arrested for driving while intoxicated. Harry's coworker advised him. "Oh yeah, I know Cindy. Don't spend too much energy," and further suggested that she "clearly isn't ready to change if she is not accepting your recommendations."

Harry waited for her for her appointment to discuss further but she never returned.

From an ethics perspective, can you identify any problems in Harry's approach that may have contributed to Cindy's premature termination! Did he violate her rights to confidentiality by talking with a coworker about her case, who was not involved in her current treatment?

Jane is trying to show her colleague Jim how he can run reports in their new electronic medical records. She pulls up record of her current client to show Jim how to do this. All identifying info is visible to Jim on screen. While Jim works for same agency where the client receives services, he is not directly involved with that persons treatment. Is this an acceptable way for Jane to show Jim how to run these reports?

No…Understand that Jim is not involved in that clients treatment and therefore should not have access to their treatment records. Jane should instead create a mock client record for demonstration purposes and use that to teach Jim!

A **boundary** is a definite place where your responsibility ends and another person's begins. It stops you from doing things for others that they should do for themselves.

A **boundary** also prevents you from rescuing someone from the consequences of their destructive behavior that they need to experience in other to grow.

IMPACT ON EMPOWERING FAMILIES

- Learns resources and knowledge of addiction
- How the family becomes sick
- Protecting vs Helping
- Understanding and developing boundaries
- How to communication effectively
- Importance of self care

It is important to understand family dynamics in drug and alcohol addiction. Dynamics are incredibly powerful and create an unhealthy imbalance in communication.

Family 'Survival' Roles
Source: http://www.addictioninfamily.com/family-issues/unhealthy-families/

Families often form into roles when they are dysfunctional.

The Enabler

Close to addict, allow them to continue destructive behavior and provide them support as they spiral downward.

The Hero

Often the oldest in the family, seen as a success and 'having it together'. May be involved in many activities but struggle internally.

The Scapegoat

The Scapegoat is the focus of attention in the family for trouble. They don't seem to care about consequences.

The Lost Child

This role of often occupied by the quiet child. They refrain from talking to stay out of trouble. "Out of sight, out of mind".

The Mascot

Often taken by the youngest child. The family tries to protect this member from the reality of issues within group.

FHEHealth

Engaging the family in treatment of a SUD is an effective way to help the family and the individual:

- Homeostasis
- Feedback
- Boundaries
- Family Impact

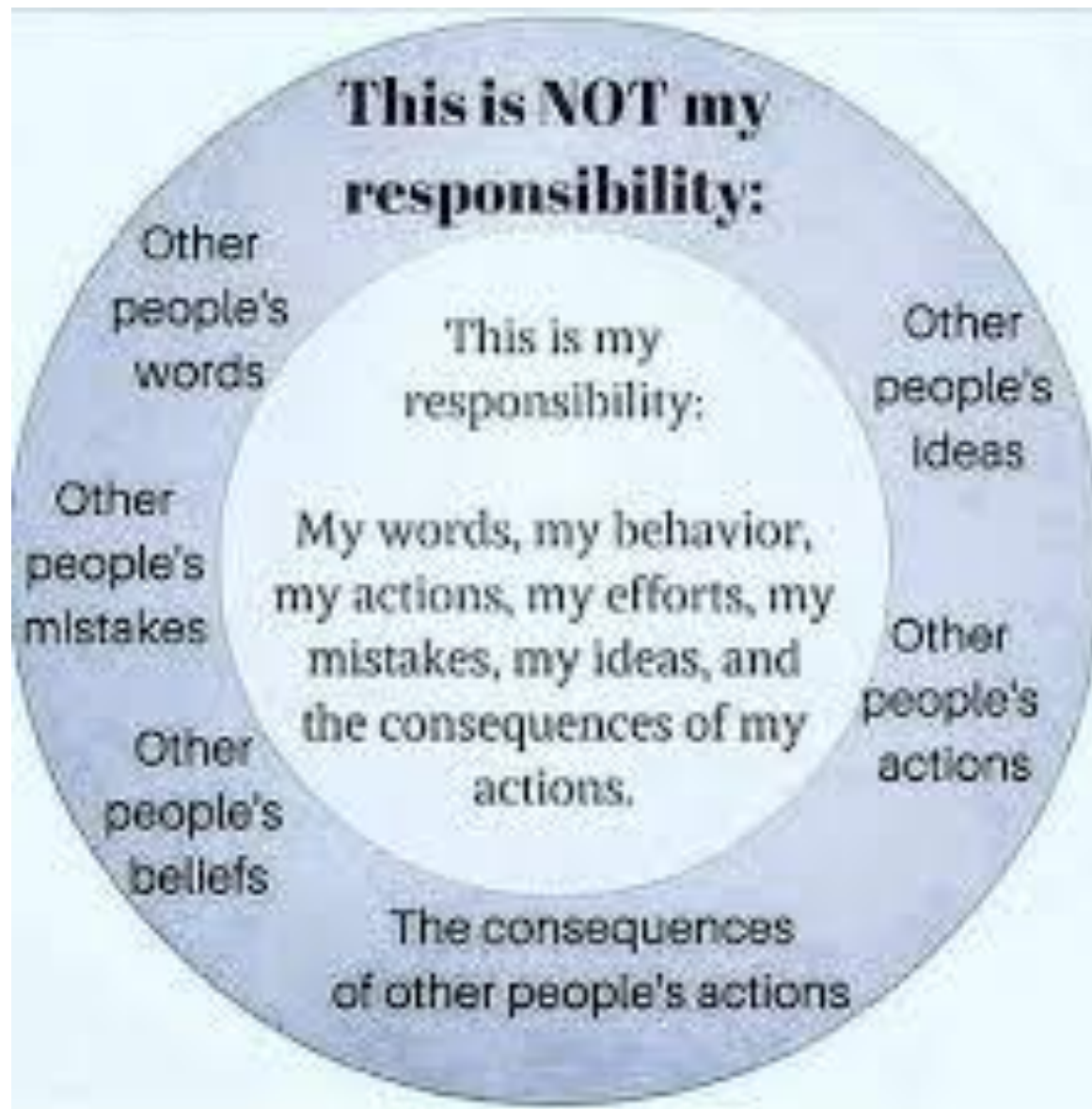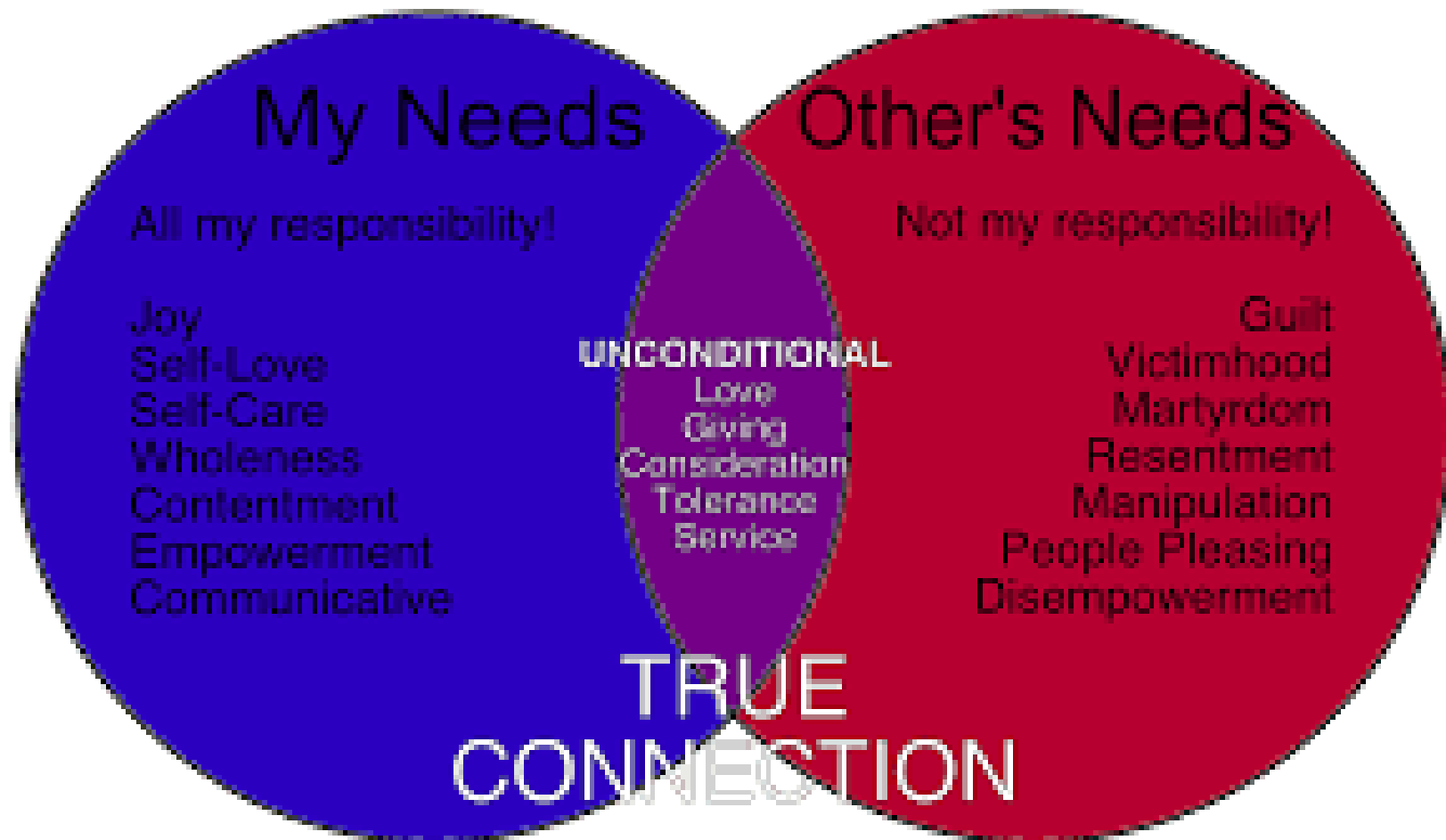MUTUAL RESPECT AND RESPONIBILITY

REACHING

SUPPORTING

EMPOWERING

Things that continue to empower family members are:

- Educated on disease
- Improve self confidence
- Your needs/feelings are important
- Learn to say no.
- Identify behaviors that are unacceptable
- Trust and focus on self

This is NOT my responsibility:

Other people's words

Other people's mistakes

Other people's beliefs

Other people's ideas

Other people's actions

The consequences of other people's actions

This is my responsibility:

My words, my behavior, my actions, my efforts, my mistakes, my ideas, and the consequences of my actions.

My Needs

All my responsibility!

Joy
Self-Love
Self-Care
Wholeness
Contentment
Empowerment
Communicative

Other's Needs

Not my responsibility!

Guilt
Victimhood
Martyrdom
Resentment
Manipulation
People Pleasing
Disempowerment

UNCONDITIONAL
Love
Giving
Consideration
Tolerance
Service

TRUE
CONNECTION

Empath

- I feel deeply for self and in turn others
- I am comfortable to allow others their pain
- I set limits for others without guilt
- I am driven by my sense of self love
- **"I can heal me. You can heal you".**

Codependent

- I feel others feelings for them
- I am uncomfortable with pain and want to help 'fix' it
- I struggle to set limits for others
- I'm often driven by guilt, fear or worry
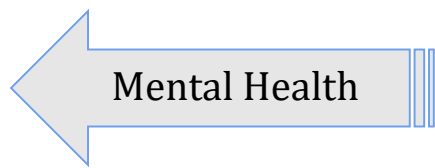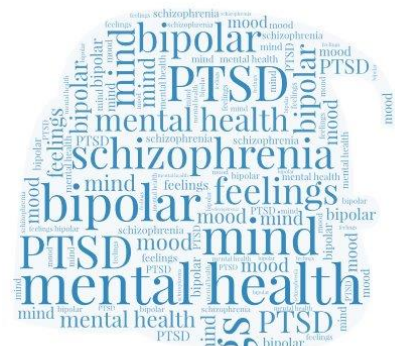- **"If I can help to heal you, then I can heal".**
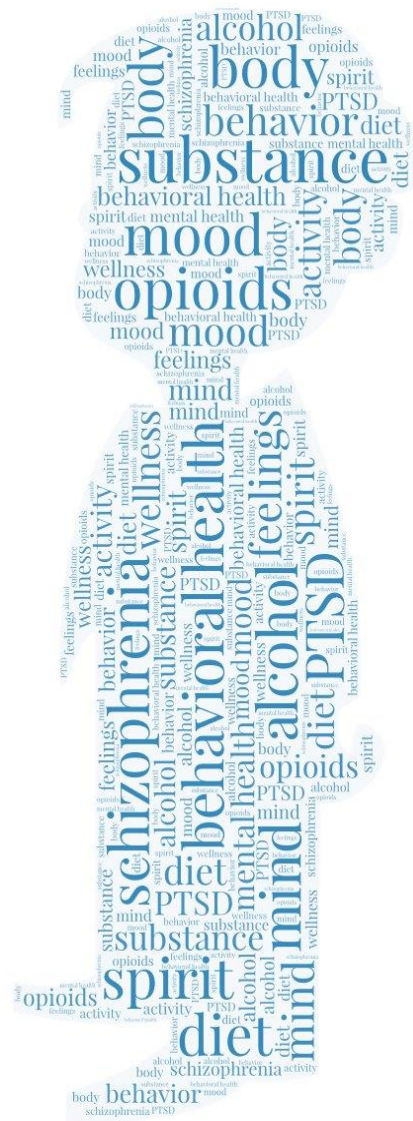
Unpacking Behavioral Health

substance use

physical health

mental illness

well-being

Mental Health

VS

Behavioral Health

Care Delivery System

Physical Health

Mental Health

Substance Use
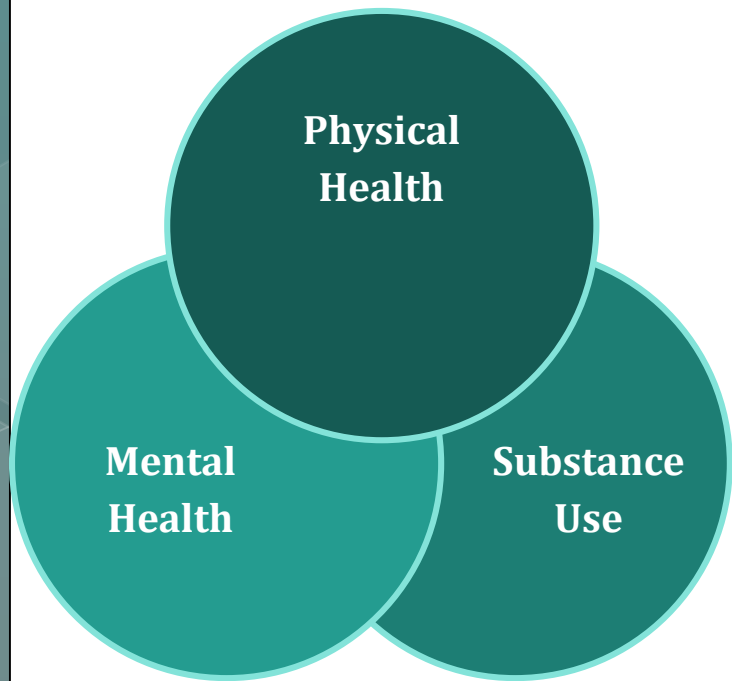
Integrated Behavioral Health

Traditional Mental Health

Mental Health

Physical Health

Substance Use
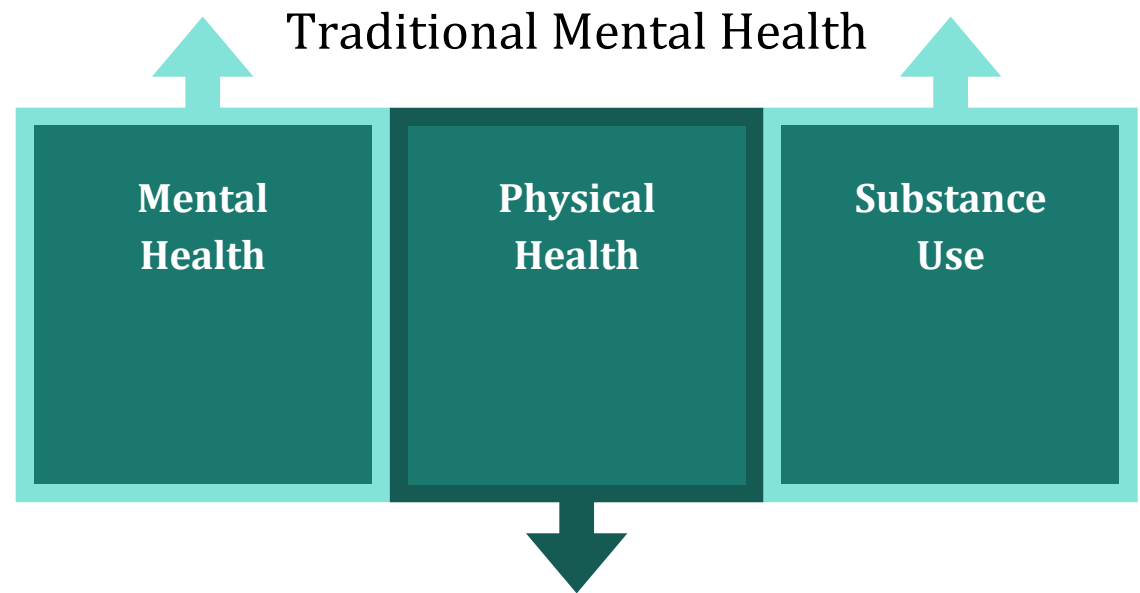
The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions.

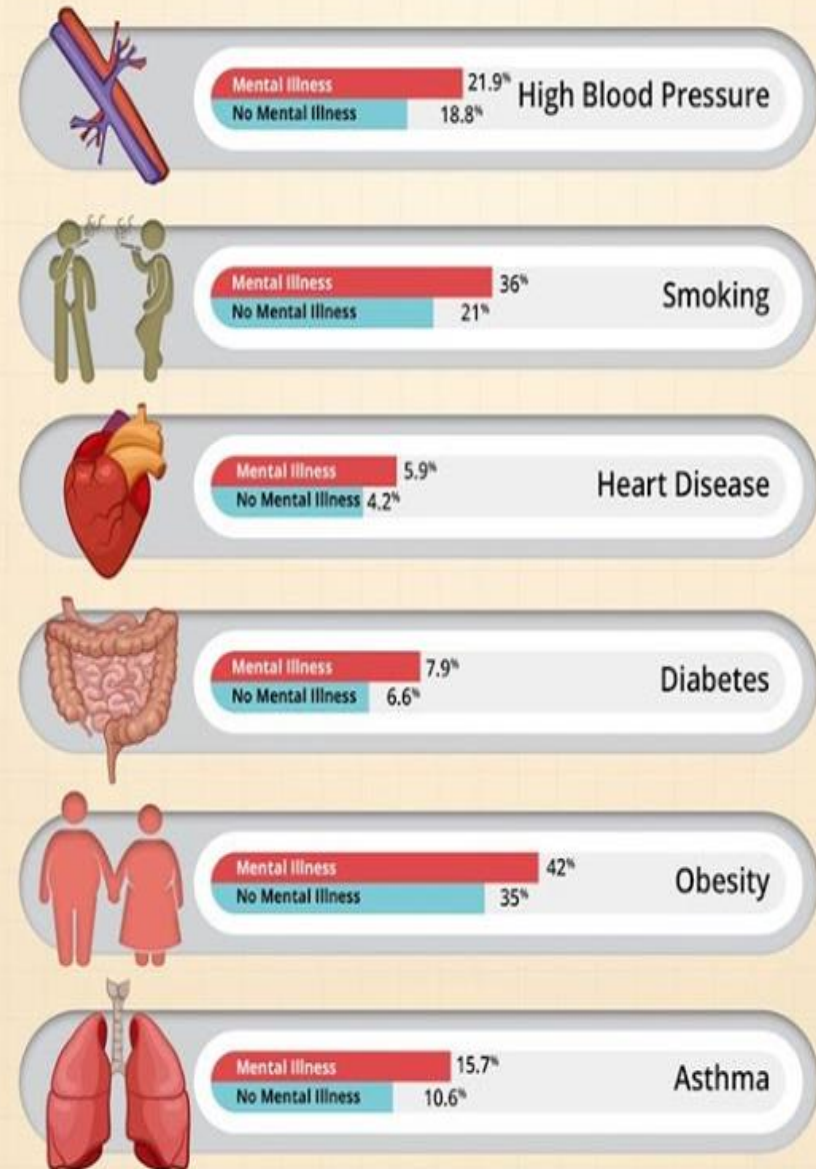**68%** of adults with a mental illness have one or more chronic physical conditions

more than **1 in 5** adults with mental illness have a co-occurring substance use disorder

Behavioral Health

addresses the prevalence of co-occurrence between mental illness and other chronic health conditions

	Mental Illness	No Mental Illness	
High Blood Pressure	21.9%	18.8%	
Smoking	36%	21%	
Heart Disease	5.9%	4.2%	
Diabetes	7.9%	6.6%	
Obesity	42%	35%	
Asthma	15.7%	10.6%	

- **Setting aside time to care for yourself**: As much as we schedule time for work, appointments, etc. it is equally important to schedule healthy, enjoyable renewing self care.

- **Show the same compassion for yourself as you would for others:** Capacity to practice compassion for self and others, positively impacts our resiliency, outlook and mood and helps us to teach others the power of compassion towards self and others!

Practicing Self Care

Engage in passions and interests: By committing to do things we enjoy ultimately helps to build resiliency

Kindness: Use the same kind inner voice and words toward yourself that you would with a good friend. Use softer, gentle, less judgmental words when we make a mistake.

Gratitude: Practice towards self and others. Benefits: More resilient to stress, notice the good things in themselves and others.

Brene Brown defines **courage** as:

1. Asking for what you need

2. Speaking your truth

3. Owning your story

4. Setting boundaries

5. Reaching out for support

- http://www.samhsa.gov/
- http://www.helpline-online.com/
- http://www.aaboston.org/meetings.asp
- http://www.al-anon.alateen.org/
- https://www.na.org/
- http://learn2cope.org/
- http://moar-recovery.org/
- http://www.healthrecovery.org/
- http://hazeldenbettyford.org

Sarah A. Cloud, MBA, MSW LICSW
Director of Social Work
Beth Israel Deaconess-Plymouth
(774)454-1201
scloud@bidplymouth.org

Karen MacDonald, LADC II
Director of Community Events
Gosnold Inc
(781)706-9699
krimacdonald@comcast.net

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