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**FAMILY
WELLNESS**

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Family Wellness Weekly

Time and logistics

Every Wednesday from 12 – 1:30 pm (Arizona time) family members and friends are invited to attend a 90-minute video-based conference covering five major topics in family recovery.

The video platform is Microsoft Teams. You will need to be registered and have the meeting link to be able to participate.

How to register participants

The clinical team at your Acadia community begins by identifying you as a person who is a family member or friend of a current or past patient in treatment at their facility. You have been identified as having a loved one who is either in treatment, or recently discharged from treatment. The clinical staff at your facility will help you to register and provide you with the Family Wellness Weekly login information.

Logging into the Weekly

The Family Wellness Weekly team is here to support you on your journey of maintaining a healthy environment in which you can all continue to grow and recover. Recovery is a process, and as such you may find that even if you attend sessions of the same topic more than one time, the information will continue to be valuable to you in different ways. We invite you to attend the full program (5 topics) at least twice as a source of information and support.

Each month the log-in information will change. To receive the new login information check back in with your program to update your registration and let them know you are continuing to be interested in attending.

Using Teams

We are using the video platform Microsoft Teams for our weekly meetings. Teams has some features that are similar to Zoom and other platforms. If you are new to Teams here's some information and a resource link that can be helpful:

If you have never used Teams

First, note that you do not need to install the Teams app to use Teams. Be sure to use either Microsoft Edge or Google Chrome as your browser. Your browser will ask if it is ok for Teams to use your microphone and your camera. You can select allow. Importantly, for this meeting your mic and your browser will be disabled. For confidentiality we rely on the chat function to hear from participants. We do not allow cameras on or microphone to be used except for the hosts and program leaders.

If you have other questions, please press your control button and Click on the link below to learn how to join a meeting without an account in Microsoft Teams: [Join a meeting without an account in Microsoft Teams](#)

If you already use Teams

If you already use Teams, go to your account and click on your Teams calendar where you have saved the login information. You can tap, “Join a meeting” and enter the meeting ID and password.

If you have other questions about joining when you already use Teams, please press your control button and Click on the link below to learn how to join a meeting with an account in Microsoft Teams: [Join a meeting in Microsoft Teams](#)

What to expect:

Purpose:

- To provide ongoing support for families of loved ones with physical, emotional, behavioral, or addictive illnesses.
- To provide education about family systems and recovery.
- To introduce and practice skills that contribute to healthy relationships.

On-line protocol:

- Keep your microphone muted.
- You are invited to use the “React” function at the top of your screen during this presentation.
- If you have a question or a comment, please use the chat function.
- Do not use the name of your loved one in treatment in questions or comments.
- To maintain confidentiality, keep your camera off and make sure your name is not visible in your square.

Our Focus:

- Our focus is on you, the family member or friend, and your experience and skills, rather than on your loved one.
- We take a biopsychosocial approach to behavioral health challenges.
- We make assumptions about human behavior that favor a nonjudgmental stance.

Weekly Topics:

- Family Dynamics:
Functions of family, Human Needs, Patterns of Connection, Family Safety
- Boundaries:
Wants versus Needs, What Boundaries are and are not, Boundary Clarity.
- Accurate Communication:
One thing in the moment, Radical Acceptance, Validation of Self, Identifying Emotions and Thoughts.
- Accurate Listening
Listening with a Goal, Relationship Effectiveness, Tolerating Fear and Anger.
- Family Problem Solving

Wise Mind and Difficult Situations; What to do When Your Current Strategies Are Not Working.

Indicators of Successful Family Recovery

- Family is connected and differentiated.
- Emotional intensity is regulated
- Attachment is realistic

Session 1: Family Dynamics

Who are Families?

Families are groups of individuals who often experience relatively few choices on membership yet share resources and experiences, while managing multiple demands, and rarely receive formal training for healthy functioning.

Can families make their loved ones change?

No, family members cannot *make* an individual change their behavior. Families are systems with patterns of behavior, and all behavior is logical. Family members can change their own behavior in ways that will shift the subsequent complementary behaviors in others.

What are the functions of a family?

While families have a number of tasks that they participate in, their functions are actually very simple. Families nurture and socialize new members of society and they stabilize the adult personality.

What are the unique challenges that face families where an illness or addiction is present?

When an illness or addiction is present, family members must tolerate the unknown, manage their hopes and fears, and learn to stay in the present moment rather than hold on to the past or worry about the future.

How can families with illness or addiction be effective?

To be effective in relationships, family members can learn to manage expectations by accepting that more than one truths are true, which increases possibilities in resolving relationship dilemmas. Getting in the habit of checking facts at an observational level facilitates a nonjudgmental stance, which in turn expands the family's possibilities.

What does it mean that you "cannot not communicate"?

When you have a heightened arousal, your body immediately communicates to others with or without your knowledge. In addition to hearing your words your listener takes in the information your body is providing. The message decoded by your loved one and may or may not be accurate to what you are wanting to communicate. Families have greater intensity and higher levels of emotion than other small groups and tend to be quick to make inferences about what is and is not said in any situation. Learning to have accurate communication with your family members will more likely provide you with an accurate response to your message.

Is there hope for our family?

Your family is more than the problems you are experiencing. When you expand your way of seeing your problems, you will also develop alternatives for addressing your challenges. Change occurs when new options are available. Sometimes, out of love, we try to create change in other people. This can result in power struggles. Humans are hard wired to connect with each other, and power struggles interfere with that connection. You can learn to increase the connection

through validation, minimizing harmful conflict and effectively addressing problems as they occur.

Are there any typical family patterns that tend to occur in families with illness or addiction?

While there are a number of ways families may respond to the stress and chaos that occurs with mental illness and addiction, there are at least three patterns that are quite common. Families may experience high conflict, they may develop habits of invalidating each other, or they may become problem saturated. Each of these styles can be normal and are often intended to stimulate change. These styles can be redirected in ways that honor the family's skills without developing problematic change strategies.

Session 2: Boundaries

What are Boundaries?

Boundaries are limits we set for ourselves.

Are boundaries enforceable?

It is easy to confuse boundaries from ultimatums or requests. A boundary is an “I” message. It keeps the responsibility for thoughts, feelings, and behaviors in the speaker. Boundaries are enforceable because the person saying the boundary is the person enforcing the boundary. Boundaries refer to your behavior, not to the behavior of another.

How do I get my loved ones to change their behaviors?

All behavior is logical. Change what makes it logical and you will have changed the behavior. When you follow through on your boundaries you have changed the part of the sequence of behavior that made the loved one’s behavior logical.

What if my boundary is about my partner’s behavior?

We cannot dictate behavior for another person. We can only dictate our behavior for ourselves and our well-being. A boundary is a statement about self-care. An ultimatum is a power struggle. “I am not willing to,” versus “You can’t.” You can only control your own behaviors.

The outcome of a request or an ultimatum lies in the hands of the listener. A request is a gentle statement for another to comply with the wishes of the speaker. An ultimatum is an expression of power that asks for change by saying, “do it my way or else.” Ultimatums blame or hold others responsible, and are often worded “If you X, I will Y.” Neither requests nor ultimatums provide the same function as boundaries. Others may or may not engage in behaviors that support your boundary. Boundaries are personal self-care and are always in your hands to enact or not to enact.

If you are thinking, “my boundary is that my loved one can’t speak disrespectfully to me,” you are confusing boundaries with requests and ultimatums. Your boundary is that you don’t want to be in a position where you are spoken to disrespectfully, and for your well-being you will remove yourself from situations where you are subject to being spoken to disrespectfully. The speaker will decide to continue speaking disrespectfully or will decide that she/he would rather have you nearby and may change how they speak to you. Either way, it is your decision to stay while they are speaking to you appropriately and leave when you hear yourself being disrespected.

When are boundaries needed?

You use boundaries every day. Doors, for example, are tangible boundaries: Sometimes you physically open doors, and sometimes you shut doors. Boundaries can be less tangible, but clear: sometimes you stop to speak with people in a store, other times you rush about trying to stay out of conversation. When we are in close relationships our behaviors are habitual and can be less tangible. That can make it difficult to decide whether a boundary is needed. If you find yourself saying, “you can’t do that to me,” and the behavior is repeated, think about the boundary of yours that needs focus. As you decide on what needs to happen to improve your well-being, you begin moving out of a power struggle (bickering, being frustrated, feeling anxious) to boundary maintenance. You’ll move from “you can’t do that to me” to “I need to take better care of myself.”

How do I reinforce my boundary?

Boundaries are limits or rules we set for ourselves. Keep your boundaries simple and tangible, with an eye towards self-honesty: Are you willing to follow through with the boundary you are considering? Your boundaries are your responsibility. If you are not willing to follow through you are probably making a request rather than stating a boundary. When you are considering a boundary, write it down. Decide whether it is a preference or a boundary. For example: “I would like you to put your own dishes in the dishwasher so I don’t end up doing them,” versus, “I am not willing to clean your dishes.” If it is a boundary, when your partner’s dish is left in the sink you may need to engage in a number of distracting behavior so that you do not end up cleaning your partner’s dishes out of habit or discomfort.

How can I practice setting and following through with boundaries?

Use the Coping Ahead exercise anytime you are deciding what behaviors you need to use to skillfully navigate a situation in a way that keeps you safe: 1. Imagine yourself in a situation that is likely to happen that is upsetting to you, 2. Decide how you would like to see yourself navigating that situation that fulfills your outcome goal and effectively takes care of you, 3. Mentally rehearse using that skillful behavior.

Do I tell my loved one what my boundary is?

“Boundaries are like a pair of pants; it only shows when you’re not wearing any.” Since the boundary is for you to follow through with, and not your loved one, think about why you would need to make a statement. If you are making a statement so that their behavior changes, be honest with yourself: are you making a request or an ultimatum rather than setting a boundary?

For example,

“I do not want to be near Oreo cookies because I will eat them. My boundary is that if Oreos are put near me, I will move away.”

This boundary does not have to be announced unless you want help from your host to not offer you Oreo cookies.

Now, substitute, “you under the influence” for “near Oreo cookies.”

“I do not want to be near you under the influence because I will become upset. My boundary is that if you are under the influence near me, I will move away.”

What does it mean to effectively rethink situations?

There are multiple ways to think about any situation. When we believe we have no options in a situation we can become unreasonable and irrational. When we believe that there are multiple ways to understand any one problem, we become creative. We think of a hierarchy. At the bottom are behaviors. We nonjudgmentally observe these behaviors and compare them with our expectations. If they don't match, we can either change the behavior or change the expectation. We effectively move from an experience of victimization to an experience of agency in a relationship and in our lives.

Session 3: Accurate Communication

What makes communication with a loved one so difficult?

When we are living with a loved one with mental health or addiction issues, we often have so many competing thoughts and feelings that we deliver more messages than we may intend. We try very hard to be as effective as possible, for example, being firm and not too firm, understanding and not too understanding. Since we “cannot not communicate” our first challenge is to clarify in our minds what we need to communicate.

How can we be sure we are saying what we mean, meaning what we say, and not saying it mean?

Start with the mindfulness practice of focusing on just one thing in the moment. This will help you to use the skills you need to be effective at staying focused on just one thing at a time. As Jon Kabat-Zinn has said, “You can’t stop the waves, but you can learn how to surf.”

What is included in accurate communication?

Accurate communication begins with the basics. Each skillfully worded sentence has three main components: Action, behavior, and circumstance. This can feel odd because in everyday communication we often infer one or more parts of the message. When we are trying to clarify our message for ourselves and our partners, we begin with very clear statements about what happened, we give it context, and we reveal our feelings about the situation. We resist inferring any one of the pieces, and instead work towards accuracy of the messages. For example, “When I learn that you were struggling, like the time I went into your apartment and saw that you had not been out of bed for the entire day, I feel sad and worried.”

What if my worry thoughts all happen at one time?

It is normal to have a lot of thoughts all at one time. Sometimes we practice by writing our message down and focusing on just one message that is true, relevant, and kind. Ask yourself, “What is prompting my need to communicate at this moment? What am I looking for as a result of our discussion?” When your thoughts wander, gently bring them back to the need you have in the moment.

How do I decide what I want?

Typical goals of a speaker are to achieve an objective (e.g., “To have a safe home.”), to take care of themselves (e.g., “For my wellbeing I accept that I am only in charge of my recovery.”), or to affect their relationship (e.g., “I want to be able to enjoy each other even when we have different ideas.”). Think about prioritizing your goals. While they are all important, you may need to focus on the most important goal even when you might be uncomfortable, and your relationship might be stressed (e.g., “I love you, and for my wellbeing I cannot live with you right now.”).

What if I cannot accept this situation my loved one is in?

Radical acceptance is a practice that allows you to let go of the pain and not the person. Before we can change any situation, we must first accept the situation as it is. If you radically accepted

that you cannot force your ideas or your will on another person, what would you do differently? In the case of your loved one, if worry and control were effective tools for creating change, your loved one would already be healed.

How do I get my loved one to listen to me?

Making sure you take responsibility for your own thoughts, feelings, and behaviors will help your listener listen. While it is tempting to blame others or hold them responsible for the challenges we are facing, the ability to listen requires that the listener does not have to use part of themselves to defend themselves. If we blame or accuse the listener's brain goes into a defense mode physiologically that may include fight, flight, or freeze. Using effective skills in which you specify the action and situation, and your own feelings helps you to use "I" messages and will help your listener stay present.

Session 4: Accurate Listening

What makes Listening Accurately so difficult?

When we are living with a loved one with mental health or addiction issues, we often have so many thoughts and feelings that we have difficulty staying present. When we listen to something and become upset we “surrenders [sic] our power to the other” (Jon Kabat-Zin)

How can we be sure we are listening to the message our loved one is intending to send?

Start with clarifying what your loved one is needing. Validation? Agreement? Problem solving? Skill building? When you know your role, it helps you listen differently. When we are listening for our opportunity to talk or advise, we rarely hear the full intended message.

What if I'm needing to hear something specific from my loved one?

It is normal to have needs in relationships. Even when our loved one is the identified patient, we can be searching for a repair to our loss, our fears, and our trauma related to the loved one's illness or other behaviors. It is very difficult to listen until you've been heard. This makes it tricky. If you can use distress tolerance skills and validate the speaker's needs, you will be much more likely to have an opportunity to have your needs met as well.

How do I show that I am listening?

Typical goals of a speaker are to achieve an objective (e.g., “To have a safe home.”), to take care of themselves (e.g., “For my wellbeing I accept that I am only in charge of my recovery.”), or to affect their relationship (e.g., “I want to be able to enjoy each other even when we have different ideas.”). Think about listening fully using the GIVE acronym: have a Gentle approach, appear interested, validate the speaker, have an easy manner.

What if I cannot accept this situation my loved one is in?

Radical acceptance is a practice that allows you to let go of the pain and not the person. Before we can change any situation, we must first accept the situation as it is. If you radically accepted that you cannot force your ideas or your will on another person, how would you listen differently? In the case of your loved one, if critique and suggestions were effective tools for creating change, your loved one would already be healed.

How do I tolerate my fears?

There are techniques to help you hear what you do not want to hear. You can work with your own biology to stay calm and in your wise mind, and your coping ahead skills to rehearse managing things in skillful ways.

I wish there was an App for this!

Lucky you! There's a simple app called the Dime Game and it helps you decide how strongly to ask for something or deny a request. It uses 10 elements to consider when asking for or accepting a request. And it is kind of fun.

Session 5: Problem Solving

What the heck is going on here?

Ambiguity. Families with mental health or addiction issues experience a high degree of ambiguity. There is more than one interpretation or meaning in so many of the interactions that family members experience ambiguous loss: it's clear that you are losing something, but do not know what that is. Often it is difficult to know what to do with the uncertainty, and a sense of fear or dread can permeate the transactions. Recognizing and tolerating ambiguity is the first step in effectively identifying and solving any issue.

What do I do when I don't know what the problem is?

Wisdom from horse trainers is that you have to go slower to get there quicker. This is a time for allowing yourself to be quiet and think about what is most troubling to you. As Al-Anon recommends, when you do not know what to do, you don't have to do anything. First, take your time to get into your wise mind. Ask yourself your questions and listen non-judgmentally to your own response. If you do not have a response allow yourself to be aware of that, nonjudgmentally. Temporarily let go of the question and come back to asking it again later with a fresh look. The challenge with ambiguity is that there is more than one possible question, and more than one meaning. There is confusion.

What if I know the choices and I don't know what to pick?

If you know the choices and you don't know what to select, you may be experiencing ambivalence. Ambivalence is different from Ambiguity. With ambivalence there is more than one possible solution to the problem as it is clearly defined. According to Mihaela Berciu "When ambivalence is welcomed, normalised, and embraced, a deeper self-understanding is achieved and, as a result, we make better decisions about complex life issues, without feeling overwhelmed." For example, "I could wash my hands of this problem, or I can find a way to respect that we see the way going forward differently."

Am I required to change to solve my problem?

As you look at what is prompting you feel uncomfortable, or to believe there is something needed, notice if a change is needed within yourself, your ability, and/or your willingness. When change is dependent on you, it is most likely within your reach.

Is my loved one required to change to solve my problem?

As you look at what is prompting you feel uncomfortable, or to believe there is something needed, you may notice that the change that is needed is your loved one's thoughts, actions, or feelings. In this case accomplishing your goal is dependent on another person for agreement, ability, and willingness. That's a big task. Your goal may not be shared, and you may struggle to get close to your desired outcome. You may find that even when your loved one does change it may not be enough, the right kind of change, or enough of the change.

What could be the reasons that my solutions are not working?

If your loved one attempts to change it may be change in a way that renders them ineffective in their own lives or relationships. Marsha Linehan recommends considering asking six questions when what you and/or your loved one is doing is not working. 1) Do you have the skills that you need? 2) Do you know what you want in the interactions? 3) Are short term goals getting in the way of long-term goals? 4) Are emotions getting in the way? 5) Are assumptions getting in the way? 6) Is the environment more powerful than your skills?

When the solution to the problem becomes the problem.

Often, we are doing what we think will provide the most help in resolving an issue, and the solution becomes part of the problem. For example, if we decide to help our loved one wake up to their alarm by coming in to make sure they are awake, we may actually teach our loved one to sleep through their alarm and only get up when we wake them up. Consider whether your solution is providing too much of something that used to work: Too much closeness, too much distance, too many rules, too much freedom.

Choosing the right solution.

When we focus on the problem, we go towards the problem. When we focus on the solution, we go towards the solution. When we come to an agreement that is halfway between two people the resolution tends to be fragile over time as each side begins going back towards what they each initially wanted. Think about what would happen when there is no more problem and allow yourself to move toward that.

Be patient with yourself and others.

If this situation were going to improve based on effort and love, there would be no problem. You have already tried to be loving, smart, and creative. Be patient. There is no one size fits all when working with mental illness or addiction. Consider these assumptions from Dialectical Behavioral Therapy as you struggle to come to solutions to your current problem. 1) You are doing the best you can. 2) Your loved one is doing the best they can. 3) You both have to do better, try harder, and be more willing to change. 4) We are all fallible and we are at least in partly guilty of whatever we are being accuse. Remind yourself that you are human, and you will make mistakes. Discoveries are located on a pile of things that did not work. Living with mental illness and addiction is too much for any person to manage on their own. Reach out. Be kind.