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INTRODUCTION

This manual is designed to assist STRAIGHT, INC. staff members and parent volunteers in leading the Raps for new parents. In the pages that follow, the entire process will be described, including objectives (both cognitive and emotive), specific instructions for leading each segment of the Raps, and finally a listing of resources for the informational presentations. In addition to the manual, itself, there are two two-hour video tapes that contain key presentations for the first two Raps. The video tapes are intended as training resources for staff and volunteers who themselves will personally present the material at the Raps. The tapes contain standard versions of the presentations.

This manual is based on the experience of several staff members and parent volunteers during the first three months of the New Parent Rap process. The hints, warnings, and advice are based on real experience with parents in the Raps. It is hoped that persons doing New Parent Raps will periodically go back to reread the entire manual and particularly the relevant sections to their own presentations in order to correct errors of habit that develop in their Rap leadership.

NEW PARENT RAPS

The New Parent Orientation process was designed and originated in 1980 as a partial response to weak parent commitment and therefore non-completion on the part of clients. Its purpose is to develop a better understanding of the Program thus initiating a stronger parent commitment. "New Parent Raps are designed:"

1. To integrate new parents in STRAIGHT, INC. as a therapeutic community and treatment process.
2. To assist new parents in developing cognitive understanding of the child's problem, the family's problem, and their need for treatment.
3. To assist parents in expressing their feelings about the drug-using child, the family's hurt, and the necessity to be in a demanding treatment program.
4. To develop understanding of the nature of feelings as different from thoughts and develop the ability to express feelings.
5. To help parents understand the nature of drug-use as a disease with clear patterns and to have the assurance that their child's experience is not unique.
6. To help parents understand that families develop sick behavior to cope with the behavior of the drug-using child and in turn need treatment themselves.
7. To develop a basic understanding of the Phases and the personal change process, which is the Program of STRAIGHT, INC.
8. To develop an understanding of "The Tools of Personal Change" for themselves.

9. To develop the ability to apply "The Tools of Personal Change" through daily Moral Inventories.

10. To make a personal commitment to individual recovery and family recovery.

11. To begin developing new patterns of parenting through new patterns of communication with their child.

12. To increase parent sensitivity to the relationship between their commitment to the Program and their child's recovery.

The process involves six (6) Rap sessions on Monday and Friday nights after Open Meetings over a three-week period. Parents begin the New Parent Raps on the first Monday after they place their child on the Program. An outline of the New Parent Raps appears on the following page in chart form. The Raps actually operate in two groups. The first week is a single group (A) on Monday and Friday nights. The parents in second and third weeks form the second group (B) for four Rap sessions in two weeks.

It is recommended that each new group of parents beginning in Group A (First and Second Raps) have with them two to four parents who have been on the Program for some time. These parents will be able to share themselves in terms of their experience with the Program and provide helpful Old-comer type of support to the new parents.

In order to understand the New Parent Raps, it is important to recognize that this Orientation is primarily an emotional process in which cognitive learning serves as instrumental to the basic emotional process. The emotional process begins with the fear, apprehension, guilt, and uncertainty that a family brings with them to STRAIGHT. It includes the raw hurt and anger they have had in recent months with

their druggie child. The Raps allow expression of these feelings with an essential message from the Rap leader and other parents that it is OK to feel and to express these feelings. The presentation on "Drug-Use Is a Disease" gives the parents a cognitive framework in which to emotionally accept their child's problem as reasonable and intelligible. From then on the emotional process leads the family into an understanding of their own sickness, as a result of the child's sickness, and their own need as individuals and as a family to recover. The recovery involves the supportive group of parents, catharsis of the past, a commitment to a STRAIGHT life as a family, and learning new Tools for problem solving and communication.

The Raps take place after Open Meetings on Monday and Friday nights. Open Meetings begin at 6:30 p.m. and last until 10:00 to 10:30 p.m. The Raps begin at 10:45 p.m. and last approximately one hour and forty-five minutes. The late hour and the combined time of Open Meeting and the Rap would appear to create a hardship for parents. However, it has an opposite effect. Because of the commitment and sacrifice involved, the lateness and the time seem to serve as an energizer for them.

It is crucial that the parents, separated, divorced, or together, their mates, and all other family members of the home to which the child will be returning and who will be actively involved in the child's life go through all the Raps. Self-awareness, awareness of the nature of drug-use, and awareness of the Program are important to the relationship of these adults to the child. Secondly, it is important that the husband and wife go through the process together. In relating in

the Rap on "Drug-Use Is a Disease" and later talking about it on the way home, their communication about what they have been through and the sense it makes in terms of the disease structure of drug-use is an important part of their dealing with the past. Together they need to look at their own roles in the chemically dependent family and the role they see their other children playing in the family. Then as they begin their own growth process through daily Moral Inventories and the "Discussion of Parenting," it is important that they share the Raps and the follow-up talk at home in dialogue. Very simply, it is a process of communication between husband and wife and between parent and child with the support of the STRAIGHT family.

The sequencing of the Raps is very important: dealing with their current feelings, putting their experience with their child in an intelligible framework and having some time for that to sink in; then seeing the family's connection with it and the need for individual parent recovery and for family recovery. In order to start the recovery process, the period of time from the insight about the need for each parent's personal program and developing the habit of using the Tools in regular M. I.'s is very important. Therefore, the Raps are mandatory for all new parents. In the most extreme circumstances, you may allow out-of-state parents to complete the first four Raps in the prescribed sequence and then, with short delay, pick up Raps 5 and 6.

NEW PARENT RAPS

MONDAY

FRIDAY

N. P. Rap - 1

1. Feelings about being here
2. Feelings vs. Thoughts
3. Drug Use is a Disease of the Feelings
4. The Five Phases
5. First Phase Rules

N. P. Rap - 2

1. Drug Use is a Family Disease
2. The Tools of Change: 7 Steps, Signs, Serenity Prayer
3. How to do a Moral Inventory

N. P. Rap - 3

1. M. I. Review
2. Discussion of Parenting
3. The Tools: Steps 1-4

N. P. Rap - 4

1. M. I. Review
2. Discussion of Parenting
3. The Tools: Steps 5-7, Signs, Serenity Prayer

N. P. Rap - 5

1. M. I. Review
2. Discussion of Parenting
3. The Tools: The Awareness Wheel

N. P. Rap - 6

1. M. I. Review
2. Discussion of Parenting
3. The Tools: The Five Criteria for STRAIGHT Thinking

G
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G
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P
B

PARENT VOLUNTEERS

Given the emotional process focus of the Orientation, choice of Rap leaders is very important. Parent volunteers who help lead the Raps need honest, personal awareness and effective interpersonal communication skills. Evidence of "growing awareness" and communication skills can be seen in their own participation in advanced parent Raps. This initial base should be developed as parents become Rap leaders. The readings listed in the Resources section below are useful. Also, new volunteers should be observed by staff members and receive helpful feedback.

Resources:

1. Miller, Sherod; Nunnally, Elam W.; and Wackman, Daniel B., Alive and Aware, Minneapolis: Inter-Personal Communication Programs, Inc., 1975.
2. Brammer, Lawrence M., The Helping Relationship: Process and Skills, Englewood Cliffs: Prentice Hall, Inc. 1979.

I. Feelings About Being Here

The First Rap is intended to accomplish several things. In dealing with the feelings of parents about their child and about being here, it offers them the opportunity to share their hurt and anger, to share their loneliness with the problem and to become part of the Program. It also offers them an opportunity by the presentation on "Drug-Use Is a Disease of the Feelings" to see that their child and that their experiences are not unique but in fact fit a pattern and in turn that their problem is treatable. It is also important that parents discover the depth and seriousness of drug-use as a disease so that the first signs of behavior change on the part of the child do not mislead the parent into thinking that everything is alright. The objectives for the first session are:

- A. For parents to honestly express their feelings about their child and about being in STRAIGHT.
- B. To understand the difference between thoughts and feelings.
- C. To understand the nature of their child's problem.
- D. To begin the process of learning the Program, its Phases, and its rules.

The Rap leader after introducing himself asks the parents in the group to share how they feel about their child and about being at STRAIGHT.

Usually this is done by allowing people to volunteer. However, it is important that each parent share his/her feelings before this portion of the Rap is over. The Rap leader hears the parents' feelings

in a nonjudgmental way and says it is "OK to feel" whatever way, relieved, angry, frightened, etc. Initially parents will attempt to state what they think are proper or acceptable feelings. The Rap leader needs to push until the real feelings start to come out. After everyone has had the opportunity to share, the Rap leader uses the concept of feelings to make a transition to the next section of the Rap.

II. Feelings and Thoughts, The Difference

The Rap leader helps the group to understand the difference between feelings and thoughts. The Rap leader should stress that parents are going to hear a lot about expressing feelings from the children, from the Staff, in Open Meetings, and in Raps. Therefore, it is important to understand what feelings are and how to verbally express feelings. The Rap leader can make use of such stock phrases as "I feel like _____" or "I feel that _____." Both of these express thoughts. Many parents use these expressions when they are pushed to express feelings and they really want to tell someone what they think. It is during this section of the Rap that Handout No. 1, which is a list of feeling words, is passed out and briefly discussed with the parents. After this section of the Rap, the transition is made to the fact that their children are drug-users and that drug-use is a disease of the feelings. The transition can be made with the Rational Behavior Therapy concept of feelings arising out of beliefs. In this case parents may believe "My child is crazy," "My child is a misfit"; therefore, "I'm a failure," "It's my fault." The presentation that follows will give parents factual information which they can use to change these beliefs.

FEELING WORDS

distant
close
submissive
dependent
independent
talkative
quiet
angry
evasive
embarrassed
deferential
cooperative
contemptuous
firm
aggressive
self-assured
anxious
seductive
open
happy
sad
fearful
guilty
enraged
panicky
grief stricken
calm
confident
timid
two-faced
dishonest
abcessed

warm
nauseated
dead eyed
choked up
itchy
irritated
excited
breathless
locked in
belligerent
soft
relaxed
vacant
appealing
hard
dull
soft
cold
determined
defiant
surprised
horrified
ecstatic
joyful
depressed
immobilized
paralyzed
uptight
tense
stretched
taut
defeated

bushed
strong
affectionate
light
airy
grateful
compassionate
sympathetic
empathetic
lonely
proud
humble
alarmed
threatened
hopeful
loving
tolerant
beaten
burdened
weepy
resentful
envious
carefree
edgy
grumpy
confused
respectful
powerful
hopeless
inadequate
impatient
abused

III. Drug-Use Is a Disease of the Feelings

This section of the Rap is an informational presentation. However, it is a presentation that should allow space for parents to ask questions and also to fit their child into the disease pattern. The presentation begins by stating that we never tell the kids that their drug-use is a disease because it is a "cop out" on their responsibility for using drugs. At the beginning parents are asked if any of them bought the pot, held the child down, and forced the child to inhale, or bought the beer, held the child's mouth open and poured it down their throat. This stresses the personal responsibility of the child for his or her own drug-use and helps the parents to deal with their own guilt-producing belief of personal failure. The Rap leader should also deal with STRAIGHT'S use of 'Drug-Use' as opposed to 'Drug Abuse' to express the view that "all use of drugs is by definition abuse." "Drug Abuse" as a term suggests that you can use drugs up to a certain limit before you have a problem. The presentation begins with the four characteristics of the disease etiology: Primary, Chronic, Progressive, and Terminal. It is followed by a discussion of the difference between 'addiction' and 'habituation' as drug dependence processes. Next the four progressive stages of the disease are presented. Finally, the parents are given the opportunity to ask questions and to fit their child into the pattern. At this point the parents are encouraged to make 'the First Step admission,' "I am powerless over my child, whose behavior is clearly insane." This section ends with a preview of 'drug-use as a family disease' that will occur in the next Rap. At

this point they are given Handout No. 2, which is a summary of "Drug-Use Is a Disease of the Feelings."

Resources:

1. Video Tape No. 1, Presentation by Miller Newton, "Drug-Use Is a Disease of the Feelings."

2. Newton, Miller, Gone Way Down: Teenage Drug-Use Is a Disease, 1980.

3. Johnson Institute, Chemical Dependency and Recovery: A Family Affair, Minneapolis: Johnson Institute, 1979.

4. Johnson, Vernon E., I'll Quit Tomorrow, New York: Harper and Row, 1973.

5. Donlan, Joan, I Never Saw the Sun Rise: The Diary of a Recovering Chemically Dependent Teenager, Minneapolis: CompCare Publications, 1977.

6. Marshall, Shelly, Young, Sober, and Free, Minneapolis: CompCare Publications, 1978.

SECOND HANDOUT

DRUG-USE (CHEMICAL DEPENDENCY) IS A DISEASE OF THE FEELINGS*
By Miller Newton, STRAIGHT INC.

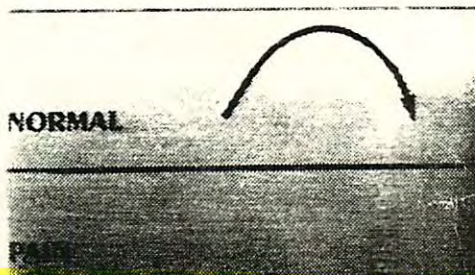
CHARACTERISTICS:

1. Primary - It is the source of symptoms, and not a symptom.
2. Chronic - It is on-going and non-curable.
3. Progressive - It gets worse progressively in four stages.
4. Terminal - It causes death.

FOUR STAGES:

Stage 1. Learning the Mood Swing. The user learns that he can produce a good feeling by using the chemical.

LEARNING THE MOOD SWING
EUPHORIA



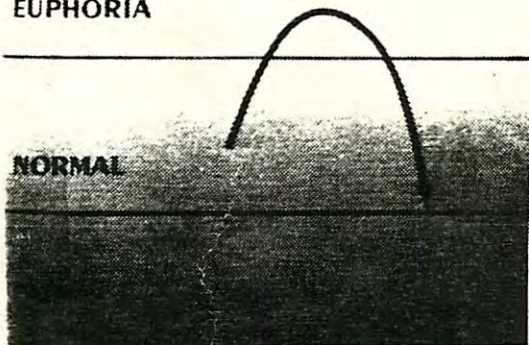
Drugs - Alcohol, pot, inhalants. Used at "parties" under peer pressure on weekends. Given, not bought. Low tolerance makes it easy to "get high."

Behavior - No detectable change. Lying is moderate, "after the fact."

Feelings - Feels good with few consequences.

Stage 2. Seeking the Mood Swing. The child, having learned that chemicals produce good feelings, starts to actively seek these feelings by planned use of drugs.

SEEKING THE MOOD SWING
EUPHORIA



Drugs - Alcohol, pot, inhalants, hash, hash oil, Tai stick, and pills: "Ups" and "Downs." Planned use involves buying drugs and later solitary use. Tolerance increasing. Use goes from weekends to week nights and then to week days. Moves from choice to necessity.

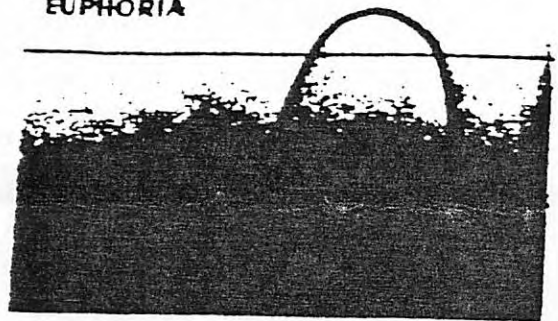
Behavior - Beginning of dual life. Changes in dress, friends (some the parents don't meet), withdrawn and moody. Pride in "handling" drug-use. Beginning of aggressive anger and "Conni". Hobbies and extra curricular interests are g^t up. First drop in school grades occurs follo^d by a temporary improvement, first "blackouts" occur. Slang language and beginning of verbal abuse.

Feelings - Experiences euphoric highs and mild discomfort when coming down. First experiences losses.

*This is an adaption of the "Chemical Dependency, A Disease of Feelings" etiology developed originally by the Johnson Institute for adult alcoholism.

Stage 3. Preoccupation with Mood Swing. Now "getting high" becomes the sole obsession and preoccupation of the child's life.

Morphine, heroin, opiates
Preoccupation with mood swing
EUPHORIA



MDA - (like Speed) methylene
diarylsympathomimetic
Drugs - All drugs cited above plus harder drugs: Mushrooms, P.C.P., P.H.P., L.S.D., cocaine, *opium*
Costs increase due to high tolerance. Use is daily. Solitary use is increasing. Always "gets high." Attempts to "cut down" or stop useage and cannot. Overdose and flashbacks first occur.

fatty tissue of Brain - delayed
Behavior - Due to the preoccupation with "getting high," behavior worsens. Straight friends are dropped. Open identification as a "druggie." Lying becomes pathological. Stealing and dealing supports increased costs. Failure at school due to "being high" in class and chronic "skipping" results in "dropping out." Police incidents occur. Jobs lost. Fighting with family (verbally and physically) is chronic. "Splitting" occurs. Chronic cough begins.

Feelings - Desperate preoccupation with "getting high" controls life for the child. It is harder to do because of increased tolerance and higher costs. Feels distress when not high. The backswing into pain occurs during this stage due to guilt and shame over "things done under the influence" of drugs. This results in progressive loss of self-worth. Uses delusions to rationalize and to suppress feelings. Suicidal thoughts occur.

Stage 4. Use to Feel Normal. The child now begins each day at the pain point of the backswing and has to use drugs "just to feel normal."

Use to feel normal
EUPHORIA



Drugs - All the drugs cited above plus possibly "shooting up." Uses constantly. Tolerance very high resulting in very high costs. Use is now compulsive, with the child having no control over use. Cannot distinguish between being "normal" and being "stoned." "Overdose" occurs frequently.

Behavior - Total deterioration in behavior and physical health. Frequent trouble with police. Cannot keep up a job or any other activity. Volcanic anger and aggression toward family and others. Severe paranoia, "blackouts," euphoric recall, and repression are chronic. Physical deterioration includes: weight loss, chronic cough, constant illness, memory loss, and "flashbacks."

Feelings - Starts now at the depression pain point and uses the chemicals to function and feel normal. Guilt, remorse, shame, and anxiety are chronically present. Self-worth/ego is eroded to almost nothing. Suicidal thoughts are very frequent.

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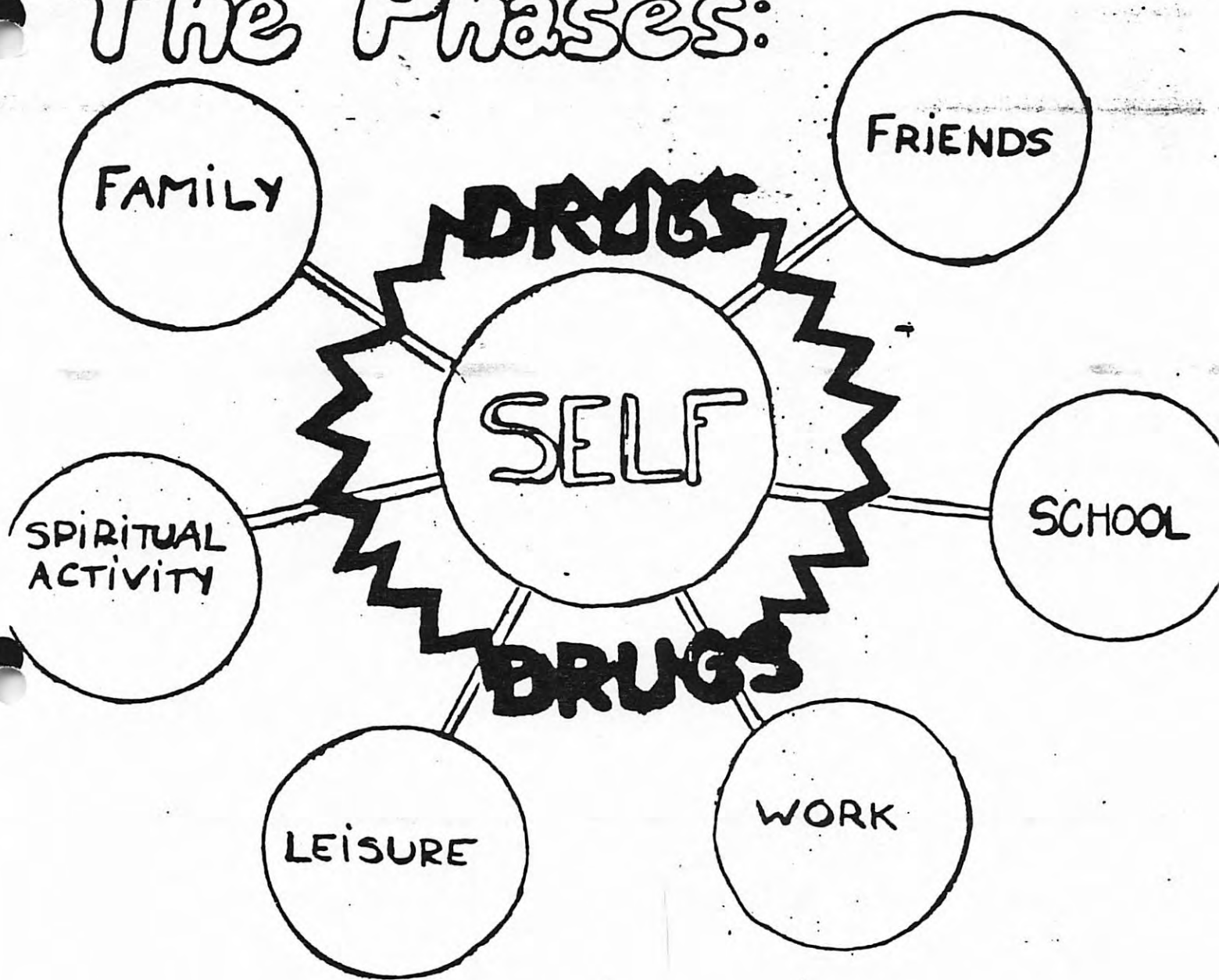
IV. The Five Phases

At this point the transition is made to Section No. 4 of the Rap entitled "The Five Phases." Although the previous three sections really have to do with STRAIGHT as a Program, it will not appear so to the parents. Therefore, we give a brief 15-minute presentation of how drug-use interferes with the child's life and then "The Five Phases" in which the child reconstructs his or her life beginning with 'self.' This helps the parents feel a sense of security that they are beginning to understand the nature of the Program. At the end of this presentation, Handout No. 3, which is a diagram on the Phases, is given to the parents.

Resources:

1. Video Tape No. 1, Presentation by Miller Newton, "The Five Phases."

The Phases:



PHASE ONE - Working on :

PHASE TWO - Working on:

PHASE THREE - Working on:

PHASE FOUR - Working on:

PHASE FIVE - Working on:

SELF

SELF and FAMILY

SELF, FAMILY, and ACHIEVEMENT
(school and/or work

SELF, FAMILY, ACHIEVEMENT, LEISURE TIME
FRIENDSHIPS

SELF, FAMILY, ACHIEVEMENT, LEISURE TIME
and SERVICE

V. First Phase Rules

The final section of Rap 1 is a brief discussion of the importance of rules. Discipline, respect, and obedience to rules is a crucial part of the children's recovery. It is also a crucial part of the family commitment and recovery. Each rule was developed to deal with a situation that occurred earlier in the Program, which weakened the children's recovery prospects. Having made that simple statement, the rules are handed out. The parents are asked to read and to learn the rules on their own. They are told that they will be able to ask questions about those rules in subsequent Rap sessions. At this point Handout No. 4, "First Phase Parent Rules," is passed out. Rap is usually ended with the phrase "End of Rap, love you parents."

RULES FOR NEW PARENTS

1. Honesty.
2. What you see here, what you hear here, what you do here, remains here.
3. No breaking anyone's anonymity.
4. No talking behind anyone's back--Staff, families, or clients--by name or by inference neither positive, negative, nor neutral comments.

OPEN MEETINGS:

5. Attendance at Open Meetings is mandatory for all parents.
 - A. Every Monday and Friday at 6:15 p.m. during Phases I, II, and III.
 - B. Every Monday or Friday as assigned during Phases IV and V.
 - C. You are required to arrive on time and stay during the whole meeting.
 - D. In a dire emergency, you may be late or excused from a meeting with Staff permission.
6. If parents come to Open Meeting under the influence of alcohol or drugs, they will not be permitted to attend the Open Meeting or enter the building.
7. No cameras, recorders, or writing during Open Meetings.
8. No smoking, eating, or drinking in Open Meetings.
9. Dress shall be sedate and respectful. No thongs, white T-shirts, muscle shirts, T-shirts with pictures or writing, see-through blouses, overalls, shorts, or low-cut dresses or blouses. Bras and shoes shall be worn.
10. Parents will be seated at discretion of Staff and remain seated throughout the meeting.
11. During your child's first fourteen (14) days, sit on the fourth (4th) row or behind.
12. No talking during the Open Meeting.
13. No eye games with your child.
14. When talking on the microphone:
 - A. Talk about your feelings.
 - B. No lecturing.
 - C. No reference to friends, pets, "want list," news, gossip, or progress report.
 - D. No "Heavies" - meaning sad or shocking personal news like a death, divorce, serious illness, etc. Please let Staff handle "heavies."
 - E. No talking to other children without prior staff permission.

15. Each parent must sign his/her own name on the "Sign in" sheet separately.
16. No siblings or guests during your child's first fourteen (14) days.
17. Parents should leave promptly after Open Meetings and raps. No parking lot gossip.
18. Parents wishing to bring a guest must call for clearance 48 hours in advance.

PARENT RAPS:

19. All parents must attend six (6) consecutive "New Parent Raps" beginning your first Monday Open Meeting. New Parent Raps occur Monday and Friday after Open Meeting.
20. All parents must attend "First through Third Phase Parent Raps" on Monday Open Meetings after completion of New Parent Raps.
21. Fourth (4th) and Fifth (5th) Phase parents attend Parent Raps with their child one Thursday night each month.

SIBLINGS:

22. All siblings and other family members in the household must be interviewed by Staff after the first fourteen (14) days on the program. An appointment is necessary.
23. Siblings (8 and up) are encouraged to attend Saturday sibling raps from 9:00 a.m. to 12 noon.

GENERAL:

24. While child is on Phase I of the program, there is no contact with the temporary foster home.
25. Foster parents are not to discuss who is a temporary foster child in their home with anyone.
26. Program participants are not to have any money or I.D. while on Phase I.
27. The program will contact schools regarding your child entering STRAIGHT.
28. During Phases I, II, and III, clients are not to leave the house or stop anywhere going to or from the program. He/she may not receive telephone calls, letters, cards, or gifts during this time.
29. Complete medical information must be obtained at the time of the interview. Any medical attention required is the responsibility of the parents. Upon entering the program, your child will receive a complete physical. The charge to the parents for this is \$25.00.
30. Parents will check before Open Meeting to see if their child has a "Want List."

31. All medication must be checked out by Staff.
32. Please do not call Staff in reference to your child's progress. Staff will provide progress reports from fourteen (14) days to thirty (30) days.
33. Families shall not take vacations or leave town while their child is on the program. Family emergency trips out of town shall be approved by Staff.
34. Parents who are from out of town or out of state should not say "Good-bye" or mention their leaving over the microphone.
35. Parents may not drop or settle court-ordered issues that concern clients without consent of Staff. No tampering with records.
36. Clients may not have bank accounts until Third Phase. Then two (2) signatures are needed on the account and two (2) signatures to withdraw.
37. No guests or visitors to Open Meeting until child is on Third Phase. Call 48 hours ahead for permission.
38. Do not enter lobby dressed in shorts bathings suits, (male and female), mid-drifts, and tennis dresses. Note: Rule 9.

N. P. RAP - 2

This is the Second Rap, which occurs on the first Friday night after the family is on the Program. The parents often come with an attitude of "Here's my child, fix him, and give him back to me at the end of the Program." The aim of the Rap is to help the family to realize that in order to cope with the sick behavior of the druggie child, the parents make a habit out of their own sick responsive behavior. It is not enough for the child to begin recovery. The parents also need a personal recovery program. The second aim of the Rap is to develop a working knowledge of The Tools of Personal Change: the 7 Steps, the 3 Signs, the Serenity Prayer, and the 5 Criteria for STRAIGHT Thinking and to be able to use these tools in daily Moral Inventories.

The Rap usually begins with a brief review of "Drug-Use As a Disease of the Feelings" from N. P. Rap - 1. Parents are asked why we call "drug-use" a disease, what are the four characteristics, and what are the four stages.

I. Drug-Use Is a Family Disease*

The purpose of this presentation is to graphically describe the family as a system using 'the mobile' as an analogy and to present the behavioral roles that people in a chemically dependent family use to cope. In the course of the presentation, the parents are given an opportunity to identify themselves with a role and to fit

*This presentation is an adaptation of work done by Sharon Wegscheider.

Disease of feelings - stuff down - close off
happens to us in C.D. family
Buried tension & stress = minor incident = explosion

C.D. family member:

REPRESS FEELINGS - CLOSE OFF.

REPRESSION CAUSES TENSION & STRESS

the way we react to crisis

= WE TAKE ON BEH. FOR US REDUCESS STRESS

MOST COMP. WITH

(LOCKED JEWELS - CARRIED PURSE)

SELF DELUSION

(MY) KID OK. -

(KID) ROCK STAR -

Kid = Long Delusion
Parent - Sincere, yet
Adapt Response

Repression

- High Stress Family -

"Frozen feelings" - not dealt with -
pushed down.

(pretended serenity)

New self esteem - Min - bec. fam. falling
apart. & I couldn't
stop it -

Stress Related illness - Pneumonia

Denial/Hallucination = kids turn around

Blamed dad - fix dad - kid OK.

Compulsive Beh. = mine - enable

Congruence

thoughts
feelings
actions

are cohesive
work tog. = no double
messages.

Unhealthy person - Need to take down wall of defenses
Feelings pushed down - rigid rules to survive

other members of their family in roles. This identification is a critical part of the emotive process for this Rap.

The presentation begins with a description of the family as a system or mobile. Then discussion centers on how changes in the life of any family member affect the balance of the whole system.

Next, the roles of family members are described, starting with the Chemically Dependent Person. It is stressed that this may either be an adult alcoholic or a teenage druggie. This particularly role is drawn in red. The leader also describes the function of the diagram, the outer circle representing the wall of defensive behavior, the inner circle representing the real emotions that are covered by the outer behavior, and the label below indicating function in the family. In presenting the Chemically Dependent Person, the defensive behaviors are illustrated in ways that the family can readily see their own druggie child. The Rap leader then moves on to the "Enabler" beginning with the illustration of the wife dealing with an alcoholic husband. After making the basic presentation on that role, the parents are asked to share how they 'enabled' their druggie child. Sometimes this requires a little prodding and suggesting ways to get them started. Next the Hero role is presented and then it is shown how the Enabler and the Hero are "in-the-know" co-conspirators with the Chemically Dependent Person. Both of these roles should be diagrammed and labeled in black.

The leader then goes on to present the last three roles, starting with the Scapegoat which should be diagrammed and labeled in red because of this character's correspondence behaviorally to the Chemically

Dependent Person. Next, is the Lost Child (or Passive Adult), which should be diagramed in blue. Finally, the Mascot is presented, which should be diagramed and labeled in green.

It is effective at this point to offer several optional ways the families can be organized. The first option is a parent alcoholic, a parent Enabler, and the child druggie, who is brought to STRAIGHT being the Scapegoat. The second option is where the child druggie coming to STRAIGHT is the Chemically Dependent Person and the parents are co-Enablers. Third, the parents represent an Enabler and a Passive Adult. At this point, the leader passes out Handout No. 5, showing the Chemically Dependent family mobile. He then asks the parents to share how their family fits into the pattern, how they see themselves, their child in the Program, and that child's siblings. Parents can fit themselves into a role by either identifying their behavior as it corresponds to "the wall of defenses" or by getting in touch with their dominant feelings about their child and the family. The First Step admission grows at this point, "I am not only powerless over my child but also over my family, and in fact over my own life. I, too, am behaving insanely." It is time then to conclude the presentation with a diagram of the stages of family disease as they correspond to the four stages of the druggie's disease. Time is then allowed for questions and discussion. Handout No. 6 is now passed out.

Resources:

1. "The Family Trap," a film presentation by Sharon Wegscheider, Minneapolis: Onsite, 1981.
2. Video Tape No. 2, Presentation by Miller Newton, "The Chemically Dependent Family."

3. Wegscheider, Sharon, The Family Trap: No One Escapes From A Chemically Dependent Family, Crystal: Nurturing Networks, 1976.
4. Wegscheider, Don, If Only My Family Understood Me, Minneapolis: CompCare Publications, 1979.
5. Johnson Institute, Chemical Dependency and Recovery: A Family Affair, Minneapolis: Johnson Institute, 1979.

Next is a transition discussion on the need of the whole family for a treatment program in order to recover. The goals are first for each individual in the family to be healthy and second for the family to communicate a chemically free family pattern to the druggie child.

During this discussion, parents should apply the First Step phrase "came to believe that a power greater than myself could restore me to sanity." There is hope for a return to sanity for themselves, their child, and their whole family. STRAIGHT as a program and as a community is the immediate "higher power." Parents need to verbalize "I need help; I want help."

Next comes "decision time." Parents should apply the Second Step and make a decision "to seek help, to learn, and to apply the Program."

C. D. FAMILY DISEASE

C. D. PERSON

OTHER FAMILY MEMBERS

Stage 1: Learning the Mood Swing

(No effect)

Stage 2: Seeking the Mood Swing

Stage 1: Learning Roles

Family members experimentally try different behaviors to "cope" with the druggie's sick behavior.

Stage 2: Adopt and Practice a Role

Family members select one of the roles with its characteristic behavior as their "persona" in the family to deal with druggie's progressively worsening problem.

Stage 3: Preoccupation with the Mood Swing

Stage 3: Compulsive Practice of Role

As the C. D. person's behavior and situation worsens, family members desperately respond with compulsive practice of their roles.

Stage 4: Use to Feel Normal

Stage 4: Escape

All efforts have failed so now family members flee by divorce, 'leaving', becoming chemically dependent, or suicide.

II. The Tools of Personal Change: 7 Steps, Signs, Serenity Prayer, and 5 Criteria

Having indicated the need of each family member for an individual recovery program, we move into a presentation of "The Tools of Personal Change." In this presentation Handout No. 7 is passed out at the beginning of the presentation. The presentation discusses each of the Steps as they are applied to changing attitudes and habits in a person's life. The Steps are followed by discussion of the Signs and then of the Serenity Prayer, and finally of the Five Criteria for STRAIGHT Thinking. These are discussed both as they can be applied in the challenge section of a Moral Inventory and also in one's mind throughout the day. The Tools are presented as they apply to adult problems not as they apply to the problems of druggie kids. Before making this presentation, the leader prepares himself by Video Tape No. 2 and talks to several Jr./Sr. Staff members about the meaning and application of the Tools.

Resources:

1. Video Tape No. 2, Presentation by David Wheaton, "The Tools of Personal Change."
2. Alcoholics Anonymous, Twelve Steps and Twelve Traditions, New York: Alcoholics Anonymous World Services, 1952.
3. Grateful Members, The Twelve Steps for Everyone...who really wants them, Minneapolis: CompCare Publications, 1975.

TOOLS OF PERSONAL CHANGE

STEPS

1. Admit I am powerless over drugs and come to believe that a power greater than myself can restore me to sanity.
2. Make a decision to turn my will and my life over to the care of God as I understand Him.
3. Make a searching and fearless moral inventory of myself, daily.
4. Admit to God, myself, and another human being the exact nature of my wrongs, immediately.
5. Make direct amends to such people wherever possible except when to do so would injure them, myself, or others.
6. Seek through prayer and meditation to improve my conscious contact with God as I understand Him, praying only for knowledge of His will for me and the power to carry that out.
7. Having received the gift of awareness, I will practice these principles in all my daily affairs and carry the message to all I can help.

THREE SIGNS

THINK, THINK, THINK
FIRST THINGS FIRST
EASY DOES IT

SERENITY PRAYER

GOD GRANT ME THE SERENITY TO ACCEPT THE THINGS I CANNOT CHANGE, THE COURAGE TO CHANGE THE THINGS I CAN, AND THE WISDOM TO KNOW THE DIFFERENCE.

Five Guidelines of "STRAIGHT Thinking"

1. Based on objective reality
2. Protect my life
3. Goal producing
4. Feel and act the way I need
5. Keeps me out of trouble with others