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NAADAC

FOSTERING COUPLE RECOVERY: TOOLS FOR COUNSELORS AND THERAPISTS

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>> Hello, everyone and welcome to date's webinar on Fostering Couple Recovery: Tools for Counselors and Therapists presented by Dr. Robert Navarra. I am so happy you can join us today. My name is Jessica O'Brien, and I am a training professional develop content manager for NAADAC, the association for addiction professionals. I will be the organizer for today's training experience. As you probably know the permanent home page for NAADAC webinars is www.naadac.org. Be sure to bookmark this page so you can stay up-to-date on the latest in addiction education. Closed captioning today is provided by CaptionAccess. Please check your most recent confirmation email or our Q&A chat box for the link to use closed captioning.

Every NAADAC webinar has its own webpage that has everything you need to know about that particular webinar. As soon as this webinar ends, you will find the online CE quiz link on the exact same website you used to register for this webinar. That means everything you need to know what we permanently hosted at NAADAC.org/fostering-couple-recovery-webinar. Today we are using GoToWebinar for the sled event. You will notice the GoToWebinar control panel that looks like the one on this slide. You can use the orange arrow anytime to minimize or maximize the panel. If you have any questions for the present or, just type them into the questions box. We are going to get at the questions and give them to our presenter during the live Q&A. Any questions that we cannot get to, we will collect from our presenter and post the questions and answers on our website. Under the questions tab you will see one that says handouts. You can download the PowerPoint slides there and also user affiliates guide to how to access the CE quiz in earlier CE certificates. So please make sure to use the instructions on our hand up tab when you are ready to take the quiz.

So let's get to our presentation. I would like to take this opportunity to introduce you to our presenter, Dr. Robert J never is a certified gotten therapist, specializing in couples therapy. Based on his research over 15

years, he created Roadmap for the Journey, a seminar for couples in long-term recovery. Roadmap for the Journey is a featured workshop that Hazelden Betty Ford in 2019-2020. Dr. Navarra has offered systemic in treatment couple and family therapy for the encyclopedia that family and couple therapy as well as co-authored articles on Gottman therapy and several chapters with Dr. John Gottman. Dr. Navarra has presented nationally and internationally, and at several NAADAC conferences. Additionally, he co-authored an article on couples recovery. NAADAC's is delighted to present this seminar with the next would our field. So Dr. Navarra, if you are ready, I will get this over to you.

>> All right, I'm here. Thank you, Jesse and NAADAC for the opportunity to present this for the wisdom in having me present. Now,, that was a joke and this is the risk of a webinar, I can't hear the groans or laughter or see the rolling ice. That was a joke.

But there is a theme underneath this joke. And the theme has to do with an emerging trend in addition treatment to look at the relational approach, which is something that is not typically advocated. The notion that there is counter indications for doing couples work especially in early recovery. Yet it turns out that there is a substantial body of research that points to the advantages of integrating a recovery that addresses individual and relational approach is sooner than later to help stabilize recoveries for both parties. So that's something to consider.

There is actually an email I just got this lastly from a therapist. I thought it was kind of interesting peer she writes, think you for the work you are doing. I work in an inpatient treatment center as a counselor for years, the overarching recommendation was who avoid couples work for at least six months. Didn't sit right with me, so I left and went private. It is important to foster these connections in early recovery.

And there is that word, fostering. And that's what this webinar is about, is fostering. A relational approach. So here's what we are going to be tackling.

The first half of this webinar is going to be underlying theories and concepts that you can actually integrate with your clients. Some of these concepts so as part of the interventions, but not a formal -- not officially, so to speak.

The second half, second hour is going to be on interventions that you can leave this webinar with. So you should be given enough information to establish how to use these interventions, how to introduce them, and how to help clients process through the exercise so that the for the infant interventions you're giving them.

So the first task is looking at, what is this based on? So the first part of what we are going to be talking about is sort of the body of research as I said a little bit earlier, that substantiates the importance of the relational approach when considering at action treatment.

So in my research that was in Palo Alto, which I will get to in a later slide, that was one of the questions. What happens to couples what they get into recovery? So I will talk about that. And there were three components. It's a nonlinear model, so even though it is a develop metal approach, if not a staged theory which is defined as first to do this and there are tasks and associated things that are related to each stage. That's a very linear approach. That's not what this is. So these are components that seem to be really important to address.

The interventions, some of them, that I will be giving you today address some aspect of those components.

The second strategy is to look at these interventions I'm going to be giving USA the webinar will be successful in my mind if you leave it going this is something I can do. You don't actually have to be a therapist to do these interventions. You can be however you identify as an addiction treatment counselor.

I have given this workshop to therapists and to people who I did by themselves as addiction professionals, but they are not trained as therapists. And is how to foster a conversation. So the first intervention

does require more therapeutic skill when we talk about trauma. The other three interventions, there is a lot more leeway without needing to be necessarily trained in psychology. So there are adaptations that can be made in all of this. So how to apply some of these tools and techniques in real practice.

And here's a really interesting term that emerged for me. This concept of interdependency versus codependency. Interdependency, if people are not aware of what that means, tend to make folks feel uncomfortable because it has they were dependency in it and as addition professionals, we say we need to deal with dependency and the consequent is that follow dependency for the individual and for the relationship that person is in. Interdependency is actually a helpfully relationship interaction that couples even in early recovery can begin to foster and trust, which is such a huge issue because there is very -- very little trust on the heels of an addictive disorder. How do we pick up the pieces?

So these are the objectives I plan to cover. And that is what the rest of the workshop is going to be about. The webinar -- these are some assumptions that tend to be common beliefs. It's interesting to say, is there a relational approach built into any of these assumptions? So we will have a poll in just a second to see the thoughts that you have out there. So typically, we as addition professionals are trained to think of addiction as a family disease. So that tends not to be too controversial. It's an assumption that is built into treatment concepts. Is it into limited? That's the part I am curious about. Then this is very classic, every family member should be encouraged to get into their own recovery program. Not very controversial. In addition impact people. The domino thing. And we have to have a structure to affect each individual's recovery.

Then we move into the third bullet. Couples counseling, or managing couple issues is contraindicated in early recovery. I worked as a clinical director in the drug and alcohol treatment programs years ago, and we did some early family work, I have to say. So that was introduced fairly early in

the process. We are talking many years ago at this point. I have been working in addictions treatment since 1987, so I have been around for a while.

The concept is when a person gets into recovery -- so we have an addictive disorder. Get into recovery, then separate partners and foster individual recovery and at some point down the line we will deal with the relationship. That's the overriding bias, I believe.

Now, that's not true for every clinician, like the email I got. It tends to be the pervasive approach.

The other built-in assumption mostly is helping partners impacted by addiction is important because they are most likely to be codependent. And I really should have put that in quotes, so codependent.

We have a person with addictive disorder, with this behavioral processor substance issue, and then we have the partner and that person typically is assigned the label of codependent. That is kind of goes without saying, mostly. But I just said it.

And finally, recovery partners should stay on their own side of the street and not talk to each other about each other's recoveries, because that third bullet down says you need to be solid in your own recovery.

So those are the assumptions I think that are pretty commonly believed.

Now, I will turn this over to Jesse.

>> Hi, guys. We are going to go ahead and launch our first poll. Couples recovery is contraindicated in the first year of recovery. Go ahead and select agree, disagree, or not sure. Just a reminder, if you have any questions, please type them into the Q&A box and we will get to them during the designated Q&A sections. I see lots of votes coming in. Thank you, guys. Go ahead and select agree, disagree, or not sure. I will give you about 5 more seconds to get your vote in.

All right. I will go ahead and close the poll. Thank you to those who voted. And I will share the results.

>> Okay. That is really interesting. So there's a little bit of a self-selected audience in this kind of a poll, because you are interested enough in it webinar to show up. So couple recovery is contraindicated in the first year, by far is a pervasive belief, I believe. Good percentage of you, 42% say you disagree with that. And a good percentage, 25% say not sure. And I think not sure is also a very reasonable assumption to say, I don't know. Because there are times as with any treatment approach that there are contraindications for couples. So that kind of goes without saying. One size does not fit all.

The concept of couple recovery that I'm going to describe is that it is important to consider the relational components when you are treating, even if you are working with just an individual. So let's see if I can be convincing in that argument.

Here is what the research does .2. And what I should say, I will kind of preface the research by saying at some point in my own career, I worked primarily with duct primarily with addictions and with the model I was trained in, I would have agreed that couples counseling or couples work is contraindicated in the first year. There is too much to deal with. There is just too much to deal with.

What I noticed in my work as I was working with couples and we would uncover an addictive disorder and then we would work on stages of change, working through what is going on moving people from precontemplation that I don't have a problem, to mediate it, to what do I do about it, to I'm ready to do something about it, and I'm ready to maintain and sustain a recovery approach. It became clear to me early on in my private practice that why my discontinuing to work with couples when we are just getting started, and there is, to the couple, not only that dogs them into recovery that follows them because of recovery. And this is some of the work that Stephanie Brown, I will get to in a bit, identified. Trauma of recovery. That something typically don't think about. Everyone most likely is going to say the trauma from addiction, that's fair.

We typically don't talk about the trauma for addiction. So that is sort of setting the stage with these points.

First point, couples impacted by an addictive disorder have divorce rates four times higher than average. That is a very startling statistic. There was another statistic I read some time ago where DSM-IV diagnosis relating to addictive disorder as the highest rate of divorce than any other mental illness or anything listed in the DSM. So you can look at that, say while, is this because people divorce before they get into recovery? No. What we have learned is the trajectories of these relationships, we have this disrupted marriage or to I should say relationship, and the significant other is impacted. And then their partner gets into recovery from the addictive disorder, now they are establishing a new way of being. And all the trauma back here doesn't go away because the person gets into recovery. Nor the trauma of establishing a relationship going forward in adapting to recovery and what it means. That's not being dealt with.

So a good number of these divorces are relationship meltdowns occur after the person gets into recovery, not before. So we have this baggage that follows them that we are not dealing with and my pitch is don't talk, don't trust, don't feel, the Claudia Black mantra for addictive families, I think is re-traumatize in couples. When we say don't talk about cover, don't trust your partner with anything about that, and not feel. The concept is to stay on your own side of the street.

I think what we are doing is re-creating the trauma associated with an active addictive system. And we have a family system or couples system in recovery, and they don't have a strategy to deal with the stuff that happened back here, much less how are we going to go forward as a couple.

It is probably not controversial, because this term is being used a lot and has for the last several years, trauma informed treatment is essential but may not address posttraumatic stress disorder for partners. Instead, the treatment framework tends to be limited to this concept of codependency.

Now, I think that's a huge oversight. What that means, in the same way, and I will get to this later, we are conscious of the stigma attached to the term, alcoholic, and the term is alcohol use disorder. Drug addict, substance use disorder. I think we have this label of codependent, it's a recovery identity that some people, many people identify with and it's a source of what they need to do to be healthy. So I'm not saying that's a bad term, I just think it's limiting and there is another approach that I think is much more comprehensive that is ultimately more useful in the context of how to work with this concept of codependency.

The automatic assumption that because you are in a relationship with this person you have a pathology, that's kind of built into this word, typically. And we are trying to recover from that thing that is bad. So there's that. The third bullet on this I think is really interesting. In my research, ongoing part is this concept of separating partners at recovery come from? Is the research that supports this? I couldn't find any. So there actually is no empirical support I could find that supports this concept of avoiding a relational approach sooner rather than later.

So that's interesting. Then he research, the article I wrote for couples and family therapy, which I will show a brief summary of, there's actually a very rich history of a relational concept that is embedded with all sorts of problems. There is a rich history of that, that actually supports this notion that somehow we have lost a handle on.

And finally, actually that's willing saying now, there is empirical support that a stable relationship increases the likelihood of long-term recovery. So you go, if we are trying to look at recovery outcomes, and it's a bit tricky, I think recovery outcomes are very difficult -- there is a context for them because it's one thing to be abstinent, and there's another to have a lifestyle that increases recovery. So that gets a little mixed up in some of the research. But this notion of a stable relationship creates a greater likelihood of long-term remission from a substance use disorder is a crucial bit of data that we should pay attention to.

So here's the brief overview. How far back do these studies go on relational approach? They go all the way back to the 1930s. I was shocked to find this. When I think of system stuff, I think of the stuff that came out of MRI and all the systems work in the 1960s. These were defined in a psychoanalytic perspective which I will describe in a second. So some notes on the theories I want to focus on, is that mainly, the gender bias in the research is horrible, and the negative stereotyping is horrific, hooked which we will get to in a second. So the focus was on male alcoholics and their wives.

There was interest in the role that family played with the etiology of alcoholism, I'm going to use the language they used, which means alcohol use disorder. But I'm going to use the words from the time.

And the personality theories are set to explain behavior. Of personality theories are sort of the thing that you did at the time to understand what is going on.

And the notion is that these behaviors built into these personality theories with the person who develops the addiction is probably connected to attempts to manage unsolved conflicts. This is a quote from one of the studies, domineering mothers and passive fathers setting the stage for alcoholism. So doing the blame game, attaching it to the parents, saying there's something missing here that this person is compensating for and is turning to alcohol to do that.

Even back then -- so all of this is sort of a mixed thing. But there is an awareness of relational family components for the awareness that we have now, I think sets the stage in many ways for some of the problems we are experience and, also for some of the positive potential for taking from a relational perspective.

Interest on wives, because we only had male alcoholics in the 1930s apparently, and their underlying pathology is sort of defined as the disturbed personality hypothesis. So that is the explanation of not only the

etiology, but the relationship that the partners that are not alcoholic have with her alcoholic spouse, if there is this underlying pathology to explain it. What occurred to me is it make me wonder with the sometimes the pathological associations with the codependent, whether that is for an outgrowth almost of this concept that there is something wrong with you for being in a relationship with this person and what underlying pathology supports the notion that you are in this relationship, I guess. That is the concept.

Let's move to the 1940s and 1950s. More so in the '50s, we have people like Adler who are looking at the social psychological constructs that are interested in saying their mental health issues associated with the health of relationships. So let's focus on relationships as a measure of wellness. So the clinical studies actually work studies on marriages, which I think is really interesting. Back in the 1950s, between alcohol use disorder and their partners with increasing awareness of importance involving spouses in treatment. It is interesting that way back in the 1950s they said we need to involve partners in this. The theories started to move away from the disturbed personality exclusively now to include the relationship between partners. But the thing that is kind of interesting is that they were treated in separate groups. So there were the hospital based treatment programs groups for the people with alcohol use disorder and tender partners that had their own support group. They thought, we really need to address relationship issues. It did not occur to them to put them in the same group. That wasn't the model that had emerged yet at that point.

Then things moved a little bit more with John Jackson's work in the mid-1950s. And John Jackson identified what she called the adaptive stress model. Which really is a precursor to complex PTSD. The notion is that partners who live with their alcoholic addicted person, really experienced a lot of severe trauma. And a chronically stressful environment. So there still was an association -- the behavior still seems dysfunctional, and so there is

a way in that codependency label still my kind of resonates that there is something wrong with you.

Even though there is a good reason for you to be stressed. So it's starting to move a little bit out of that. And then Edward Coffman, is one of my early heroes in that he was a pioneer in this work, really was looking at family approaches. He wrote a book, this is much later, in the 1980s that reflects family stuff. But his work was embedded early in the 1950s where he was looking at the relational approach.

Then Whalen, many people know about this, this gets back to the negative stereotyping and underscored the personality characteristics. This is so pejorative. So there is for we have Suffering Susan and the underlying psychodynamic frame for that is whose need is to punish herself. So there is that. Controlling Catherine was defined as a person who mirrors an alcoholic to validate her distrustful, had a thing against men in general stemming from her own inadequacies. This is hard to read, but this is what was written. Wavering Winnifred who searches out the week, the helpless with them to form relationships and mirrors an alcoholic because he is frequently vulnerable to her aggressive and envious attacks.

So the good news, and there is good news, is that there is an awareness of an interactional component.

Now, the setting for discrediting the nature of this is pretty awful. There is a long history in psychology and the sort of mismanagement of concepts that are very negative. But nevertheless, there is a relational awareness. So that's the upside.

When we get to the 1960s and systems theory, then have a whole new ballgame. Now, we are looking at the interactional components, and we are looking at systems theorists -- the early 1960s was to look at alcoholism as you would look at schizophrenia. As you would look at adolescents that are acting out. It's the function within the system that creates the disorder. So there is a framework you see here that has more to do with the systemic stuff that says because there is underlying something that's not being

managed appropriately systemically, then we develop this disorder. So if we can treat the family, the couple, then the addiction will go away.

So from what we now know, that that's not going to work for some he was addicted. There's a whole neurobiology that we are aware of.

Ewing and Fox wrote the first paper I could find, literally, to address alcohol is in within a systemic theory. So we have Gregory Bates and staff that kind of lumps all dysfunction, family dysfunction as systemic dysfunction. All family disruption is a systemic dysfunction. But Ewing and Fox said there was actually something different about addicted families, and I think we should pay attention to those addressing the differences and begin to address the specificity of those differences.

And Steinglass' first puzzle published work I could find was 1971, so he is more in the 1970s and 1980s.

So we have Steinglass, who really has taken the systemic approach and said there really is a thing called the alcoholic family. So he incorporated these concepts that are built into systemic theory, of homeostasis and how there is an attempt by the system to maintain things as they are, and the systemic approaches like marital bargaining and complement all the cabinetry role function. So people assume roles and there's a purpose and meaning and structure that looks uniquely different in alcoholic families from the schizophrenic family, from a family with an acting up adolescent. And he was also the first, I believe, to observe alcoholic marriages insist developing the systemic theories. Which the researcher started to emerge in the 1970s.

He is the first researcher to look at couples, observing them, rather than coming up with a theory to excellent their behavior without doing that. So we get to observe what is happening, we have more scientific and observational search is incredibly important. Now, we have to put a theory to what we see and can't the concept that explain the behavior.

And this is key, a very key thing I think for counselors to focus on, is that the substance becomes in an active addicted system becomes the

organizing principle for interactional life. What that means is that when John and Mary are going to go out for dinner, and Mary is the one with the alcohol use disorder, and they go to a couple's house, and she goes well, this couple only serves one bottle of wine with dinner. So she begins to organizer like to say I am going to drink before I get there. Because one bottle with the four of us is not going to work. So she began to organize her life and family life. And that is a very key concept because only get to how do we deal with the impact of the addiction, we have to say how did it impact the organization of this family? And how is recovery impacting the organization of this family. That is the part that is missing. We are not linking the two to begin to identify there is a system here that has been in place for a while typically before the person get into recovery or treatment, and then have all this organization around the addiction. And what happens at the bottom drops out when the person gets into recovery and there is no organization for the family to rely on because almost everything feels different.

And Steinglass' term for the alcoholic system, differentiated other systems, other so-called dysfunctional systems.

What we know, this is a very controversial, I think, because there has been a lot of literature to support this idea, because they are not so good on the boundaries. This is what set the stage for why we should be working with partners together in early recovery. The boundaries are so enmeshed and undifferentiated that we need to separate them to be effectively managing that and meshed system. To give you a little preview, turns out that I think it's much easier to help couples establish firm boundaries when you work with them on how to do that.

Didn't want to get to interdependency, there are some ideas I will throw out that I think are related to how to help partners establish healthy boundaries. It's easier, honestly, if you have both people in the room to help sort that through.

Impact of addiction. Substance as organize and pick this is still the Steinglass ideas. Wet versus dry systems to was talking about when somebody does what might be the dry drunk version but I'm not taking, they systemic changes are not really in place. Primary and secondary changes reflect the difference between just stopping drinking and this concept of orienting your life in a different way individually as a person. Now, I need to not use, but also need to look at how I manage emotions and how I deal with boredom and how do I deal with fear and how do I deal with my relationships in my was possibilities and so on.

So that's what we want to help people transition through.

And the concept of families impacted by alcoholism or an –ism of any kind, really struggle with downers, adaptability, cohesiveness, how they relate to one another and power distribution. That's kind of built into systemic issues anyway.

And it's an evolving process. So the system evolves. Now, how they evolve it's where I think counselors need to get involved with that evolution.

Here's the study I want to really highlight. So Humphreys, Moos, and Cohen. This is one of the few longitudinal studies. Most typically will you find studies on treatment outcomes that are limited to a year, maybe 18 months, year and a half, couple of years. This was an 8 year follow-up. And he said let's follow this cohort post-treatment 8 years later and see who stayed sober and why. So this was targeting alcoholism, alcohol use disorder, but here's what they came up with.

At the 8 year follow up, turns out that family relationship stability is most predictive of long-term remission period which is a fancy way of saying people who have healthier relationships tend to stay sober. Stay sober over a longer period of time.

I should have been more specific. The partner relationship. So it isn't just social relationships, friendships, which is a really important thing to support and reinforce recovery is good. But it's actually the relationship with the partner is the most predictive thing of long-term recovery.

So what happens if we think about our current treatment models, person gets into recovery, and we separate them, and we are not paying attention to the research that says okay, if we are ignoring the relationship because we think we need to establish individual recovery before we address that, then what we are looking at is a series of trauma the person's on life, I am in the camera frame, the person's on life and the relationship their partner, the impact of the trauma of the substance or the behavior, then they get into recovery and more trauma because everything is new and uncertain and not addressed because we are telling people not to talk about it. And then a year or two later, we are looking at why they are not together. It's really not surprising.

Relationship stability is incredibly important. And I'm not talking about in-depth couple therapy where we are talking about what you might associate as couple therapy where they get tuned to one another. We are talking about transition from active addiction -- addiction out to recovery. So it's different from the idea that some people have with couple therapy per se. And finally, two comments I want to relate to you, outpatient sessions start in the first three years increase the likelihood of remission at the 8 year mark. This is what William Whyte has been writing about for years, is that we can't treat an addictive disorder with short-term solutions. We need to look at the long-term and a chronic disorder. And what that means is ongoing support, especially for those first 3 years of recovery. And we also know from other research that the 3-5 year mark is considered the durable point of recovery. That means if some of the hits that 3-year mark and 5 years especially, but still in that statistical framework, the odds of that person relapsing with 3-5 years of continuous recovery, is less than 15%. So that 3 year mark is an incredibly important point in recovery which is quite separate from this study that predates that recent research by a longtime.

So I think that's an important concept to say we actually have a durable point of recovery where summary gets to that 5 year mark, much like cancer remission, the odds are they are probably not going to drink again. I know, one day at a time, but the statistics, I think, are important for people to know. The odds are really good. We are not talking about controlling your drinking, we are talking about consent the remaining abstinent. AA participation in the first 3 years increased likelihood of remission at 8 years. So we have outpatient sessions for individual support. We have group sessions. I suspect there are many mutual aid groups that can fulfill the goal of that community support for people who are not interested in AA per se. There are a lot of options that we want to support, ongoing community support as well as individual and relationship support. They are not mutually exclusive.

I want to go forward with the family every project just to call attention to the brilliant work that Stephanie Brown and Virginia Lewis did in establishing their research questions and answers of what happens to a couple and a family once they get into recovery. There is a lot of research prior to this that looked at the impact of addiction and the systemic nature of addiction. There is a lot of research on this pathology of an active addictive system, but no research prior to this says what happens when they actually get into recovery? What happens? What are the systemic changes and what works and what doesn't work? So that was the research question to determine what is normal?

And there were three components. The Family Research Project which had to do with videotaping, interviews, paper and pencil tests back then, and there was a comprehensive assessment of their relationship. The MAPS was a field-tested program which was sort of a mentorship with other couples to encourage couple recovery. It wasn't really aimed at early intervention. There was after recovery was established. And I don't think they gained a lot of traction.

Entered the Couples Focus Group, at the time, I was working with Stephanie at the Addictions Institute in Palo Alto when she was in a doctoral program at the time. And she said would you like to tackle this component of this family recovery project? It took me about five seconds to say yes. Because my work with couples in addition goes back a long time. And that is what caught my research interests started as well as in this doctoral program. I graduated with this idea into thousand two, so the research was a couple of years before that. And here's what I came up with. The couple recovery development approach. Here's this interactional pattern. The next slide will describe this more complete and then I'm going to go into right now. But the concept is we have these 3 components of couple functioning. What happened with the recovery study is these couples met to talk about their relationship. It was supposed to be a one-time focus group.

What happened is at the end of that one time they met, they said we have not talked or addressed relationship issues in the context of recovery. So Virginia and Stephanie, who were audio taping this with cassette tapes, mind you, so that dates the research, short period okay with me. So they continued to meet. I did the analysis, but this was the thing that set they set up long before I look at the data. After so we will meet monthly for the next three months for two hours. So we did that. And at the end of three months, they did it again. They renegotiated. This went on for a remarkable five years of these couples meetings and audio taping this. And my task was using a qualitative approach, not a quantitative, because this is not a sample of a lot of couples. This is an ideational sample.

So what happened is I analyze the content using qualitative research and was able to come of this theory that said one of the things that seems to be important is shifting, which means they are shifting from an awareness of an addict individual recovery to we are a couple in recovery. Shifting is an important concept pick there is a relational component that needs to be addressed.

One of the folks said, we need to look at this concept of we are a family in recovery. So that is awareness and this is not typically supported a lot by many and diction professionals. There's more to the story than just your own individual recovery. There is a system that needs to be acknowledged. Intergenerational reworking refers to the family of origin that seeps into a person's on idea of recovery, themselves, and how they interact with their partner. So how's the family of origin stuff impact how I think I'm supposed to be and how I manage anger, how I manage conflict. So there is an opportunity to say I need to look at what is useful and not useful in my family of origin because that will seep into my recovery and family recovery.

And attending has to do with -- I should have got to this already -- attending as I think the most controversial part because it says it is actually possible to do self-care and to address relationship issues. I don't think we need to limit recovery to an individual's on recovery to the exclusion of relationship. Because we are but what we are going to teach them is how you do not lose yourself in this recovery process and self-care is incredible important. So I'm going to help you sort that through, become clear what your needs are, and at the same time we have these relational things. We've got kids, decisions, things we need to manage as a family, whether we stay together or not. There are things that we need to address. So there's that, that needs attention.

And I guess I already spoke to intergenerational reworking. It's impacting the family of origin on individual and relationship develop it. Filtering and shedding, are two concepts are using an intervention. What's my filter for what I should be using to manage us, my recovery, and is it rooted in my family of origin anywhere. After and shedding his what I need to look at and change. Backup shifting, is that shifting identity from an individual recovery only to we are a couple or family recovery. This is one linear thing I saw where people begin to change their identity, I'm a partner of somebody who has an addictive disorder. Maybe my role as a loving partner is not to

enable or not acknowledge the pain that I am feeling or I see happening in the family. Maybe I am going to revisit how I identify myself as a partner, as a parent.

Which means what is my role? And where do I need to place boundaries? And it really circles back to reinforcing a new identity so there is a shift period and you could easily put this in a so-called paradigm that relate With -- codependency. So these are the healthy behaviors, these are the unhealthy. So this is the idea of reason hitting what I see my identity is as an individual, as a partner, as a parent if there's kids involved.

Let's keep going.

Here is the term I want to talk about. This term is underutilized. It's starting to show up in research. When we work with a partner or a family that has been infected by addiction, we tend to have one-size-fits-all. And the one-size-fits-all has to do with your dog you are codependent. Now,, I'm not against the term codependency in itself, but what I want to do is save when how do you define that? What are the behaviors they feel are unhealthy? So become more behavioral focus.

What is important is to say secondhand harm is a concept related to secondhand smoke, meaning there is no pathology associated with secondhand smoke. You're just in an environment that is unhealthy, which is exactly what this is. So what we want to look at is how I view then harmed by this addiction?

And we could extend it from the individual to the family to the neighborhood to the culture to the society so we are all impacted to certain degrees by addiction. That is secondhand harm. And I think it's an important concept to broaden from codependency and to acknowledge that particularly with both partners. So we have the person with the primary disorder, and the person in relationship. And to say, this is something -- harm has been brought into your relationship as a result of this addiction. So when I talk about interventions, I talk about externalizing intervention that -- is not a blame

game. And people with diction need to take responsibility for the behaviors and consequences of their use. So we need to acknowledge that.

But we also know that addiction is a disease of choice. Kevin McCauley, whose research is brilliant, the neurobiology of diction. I encourage you to check out his step your a has a wonderful you to video which I may give to NAADAC as a link with latest research on this.

So we want to look at ways to integrate a concept of harm that has infiltrated the relationship that has impacted both partners. And to destigmatize substance use disorders means changing labels from alcoholic addict, substance abuser, alcohol use disorder, substance use disorder, sexual disregulation, or something. And I think we need to change the language for partners. And I think secondhand harm is a really crucial concept.

And if we are talking about trauma informed treatment, then we really need to be talking about partners and the people with the primary addiction having the post traumatic stress disorder as a result of all the craziness that accompanies active addiction.

And that is different than saying you have a pathology because your partner is not home at 8:30, because your partner said he was going to a meeting and be home by 8:30, and now it's 8:45 and you are flooded with fear. That is not codependency, It's post traumatic stress disorder. What you do with that emotion and how you channel that energy, we can talk about. So that is where we get into behaviors that are healthy and unhealthy.

I want to see if there's anything more I want to say about that. There is. If I introduce this concept of secondhand harm, it's usually in the context of theirs or to the story than codependency. Secondhand harm is something that needs to be addressed and acknowledged. And it's not too pathology is the person impacted, posttraumatic stress disorder is a reaction to trauma that is understandable. And so when you actually use those kind of terms that both partners have been traumatized, I think that's crucial.

Now, let's get to the difference between interdependency and codependency. Interdependency is a good thing. We want couples to be interdependent. It's the trust level metric and these couples is pretty low people with addictive disorders like, they are deceitful, and bad things happen as a result of addiction. And now that you are in recovery and supposed to trust you? No.

So what I work with is how to define interdependency to increase the trust in your relationship, it's really important that both of you buy into this concept that it's okay for you both to express how you feel, what you think, and what you need. That's the definition of interdependency. I need to trust, not you, but I need to trust that it's okay for me to express how I feel about something, what I think, and what I need.

Versus, and we all have our own definitions, but this is a global version of codependency, that usually involves enabling, manipulating, minimizing, going on feelings all underscored by huge feelings of resentment and anger.

So we want to stay out of the codependency realm, but we want to talk about emotions and feelings and one of the interventions that are not getting you today, except I'm doing it right now, is to help partners express -- if you are uncomfortable with what your partner is doing, and this is controversial, the partner says I'm going to cut down my meetings. And the partner that person is saying I don't think that's a good idea. Should department not say anything? Is that getting to codependency fight tell you, I think you should go to meetings. That probably fits under codependency. If it they say I'm uncomfortable hearing that, but it's your recovery. The person is acknowledging what they are feeling. You could state a preference, I would prefer you not do that. I don't think that's codependent. You might say okay, I'm uncomfortable. I would prefer you not to

So there is an intervention, three boxes, how to stay out of codependency, and interdependency sharing a reaction to what you're hearing because you are feeling it. I'm not supposed to say it because that would be

codependent. And getting into this person's recovery. And there's a huge diff between I think you should do this to feel uncomfortable when I hear that.

And we would expect any couple in a healthy relationship if they hear something their partner is saying they are uncomfortable with, to hear them saying I'm uncomfortable with that, but okay, rather than shut down, which is typically what happens in an active addictive system.

Here are the research from the Gottmans. John Gottman began research in 1972 to look at what predicts divorce. At the time, nobody thought this could be done because it is really hard to do that. And what happened is over a period of time of 20 plus years observing over 3000 couples, there is an ability to predict who is going to stay together and who is not. There is also research on same-sex couples, by the way, that pretty much everything outcomes. So we know what works and what doesn't work. He did this work with his wife, and that led to divorce prevention research. The targeted areas that need attention. I got really interested in that model, and I got trained in that model, and I saw that there is practical evocations of the model developed within the interventions and the concepts relationally the Gottmans had created.

So what this is, I'm in collaboration with John and Judy Gottman to say there is a relational approach that overlaps. It really kind of is a Gottman frame that helps identify the things to target when doing a relational approach to diction treatment.

So I ended up presenting with John and July, and his at the psychotherapy comments at the end of the year, this model to say there is a relational approach saying there is growing awareness of how important this is.

So here's what I mean by relational approach we are not ignoring individual recovery. We are addressing the person with the subset of use disorder and what is going on or the use disorder, it could be that as well.

We are also looking at what the partner is doing and we are looking at developing a couple recovery. So we have three recoveries addressing

concurrently. So we start sessions with what would you like your partner to know about your recovery? How are you doing as a couple and what needs attention?

So integrating all of this together. And by the way, years ago, I was addressing partners as the co-alcoholic and the co-drug addict. And I got an email, this goes back many years ago, and the person said I am not a co-addict. I'm a partner of somebody with an addictive disorder. I thought, that is really good feedback. So I no longer use the word or terms codependent or co-alcoholic. I think they are pejorative and unnecessary. I think you're saying secondhand harm describes more accurately the associations with your co-addict. It doesn't seem to fit, this the stigmatizing thing we are aware of these days.

And couple typology. I will go through this and take questions in a few minutes. So the couple typology is that type 1 couples, both partners are in separate recovery programs. So we have a using group of one kind, and the partner, doing something else.

Type 2, only one partners in recovery. That could be the person in addiction or the partner is not, for the partner is managing their own codependency or some version of the impact of addiction and the partner with addiction is still doing their thing.

And abstinence only is the proverbial dry drunk. White knuckle sobriety. Nothing systemic has changed. You have worked with couples for that has the case. Just feels the same. It just feels the same.

What I am suggesting is that there be another typology to include other version of 1+. And that means partners are in individually cover and they are working on a path towards couple recovery. They are not mutually exclusive.

All right, Jesse, let's do the next poll question.

>> All right. I'm going to go ahead and launch the next question. Again, a reminder, if you have questions you can put them in the Q&A box. And we have a question session coming up shortly.

We see the votes rolling in. Self-care and relationship care can exist in early recovery. Agree, disagree, unsure.

About 5 more seconds.

I'm going to close that now. And share the results.

>> I love this. I'm biased, so 87% agree they can coexist. I understand the idea about this question. I gave a workshop, a couples workshop in Seattle the day before I give the workshop, I gave a training, two hour think for addiction professionals. And one of them was a very seasoned therapist who said, actually an interventionist, a family interventionist, and she goes, I don't know about couple recovery.

It's too early. You need to establish individual recovery first. I gave the talk, that the end of that, she goes it didn't occur to me that we could actually work with partners sooner than later. My experiences people go why aren't we doing this? I gave two workshops at Betty Ford in the last two years, in Minnesota, and the idea is we are trying to offer something here that isn't being offered by very many places, and we are banning couples only need to support them. Couples and addiction professionals need a roadmap. So that's what I'm going to provide some concepts, hopefully I have given you some ideas for that.

The concept of how to integrate all the stuff into a workshop for the exercise I'm going to give you later, interventions are built into this thing. So roadmap for the journey is the first or top I developed. And now I haven't online version of it of necessity. But it takes place over 10 hours, and what happens is that the couples have an opportunity to have demonstrations of how to do these communication exercises and how to address recovery, how to address trauma, how did it do problem-solving, how to integrate, and when they do individual work and there is access to -- it's set up as a workshop, not as therapy, so if they need help, then to get the help with how to complete the exercise.

I have given this live presentation, I have given us in different places. So in Southern California, I am former clinical director of the Sequoia center,

which is no longer there, and this was a high watermark. I get this workshop, was invited to get this workshop by the rainbow treatment program in Arizona, who serves the White Mountain Apache Tribe. This is Eastern Arizona up here to have a couples retreat and that was over three days, and it was an amazing expense pick we are showing up, I met with the elders of the tribe and people who worked with the program: On therapists, but addiction professionals, trying to understand the community. I told them what to expect and all that.

So I show up with this program and a role-play with the treatment staff who are going to continue to work with these clients and their partners with a lot of humor.

Then the couples break out at the staff would actually go ahead and rotate through and answer questions if the couples were struggling. Not me, because I'm the person that is coming and leaving. The staff is there with their clients or patients.

Then at the end of the exercise, the staff would gather with the same group of couples, so there would be four or five couples and say how did that go? And this is what we did for three days. What was amazing to me was how powerful it was to create an opportunity for partners to talk about the impact of addiction and how to incorporate recovery. Have to say or do really well. So I was invited to do this two years in a row. The third year, I trained a therapist who was working the program to do that. And that was really cool.

I have also given the workshop at Edgewood in Seattle, and in Bellingham, in a private community structure, and in Hazelden Betty Ford Foundation. Then the roadmap we are studying is a research issue, is the effectiveness of this particular thing. So I work as an adjunct at Santa Clara University, and submitted this research on the effectiveness of this workshop, with the IRB, internal review board at said a clear University, which was approved. It's quite a paper trail to go through, and then Hazelden Betty Ford was

really open to saying we are interested in hospital court corroboration. We just need the criteria.

So it passed and I am not in corroboration and beginning conversations with Hazelden Betty Ford Foundation to look at integrating this workshop with their treatment paradigm to include that as part of the possible treatment to research outcomes to say let's look at your relationship before and after the workshop. So the research I'm doing now is taking a very detailed, about a 20 minute online questionnaire that is a survey of related tips as well as relationship satisfaction. Then two weeks post workshop and two months post workshop. That is as far as we have gotten in gathering the data. So it's exciting to see where this is going.

Now, I will take questions for about 5 minutes or so.

>> I'm ready. So the first question is from Maggie in New York. And she asks, should relational counseling happen early in recovery if one partner is still using?

>> Yes. It can. The goals are different. And what the research indicates is that a relational approach is actually more effective than individual, help and people move from active addiction to recovery. So when we have partners raising issues that you should be asking, what's going on with the use of substances, if they express concerns, there we go. So many couples have moved from active addiction to considering neither is a problem to them moving forward. The research is pretty clear. Active addiction is not a good reason to see couples. It's an opportunity and there are exceptions, but it's an opportunity to move through.

>> All right to next question is in the same vein. How do you manage the situation when one of the people in the couple relapses?

>> That's good. That's a good question. So the idea of working with the couple to establish what the recovery approach is, one of the things I want to build into the relationship is what if anything, God forbid, there is a relapse. So you do strategies ahead of time to say what are the things that you want to put in place individually and as a couple on the heels of that,

but what does relapse mean? For some partners it might be a deal breaker. For others it's not, but we need a strategy.

I'm working with a number of couples where that has been the case and we have developed the approach right away to address that.

>> Great. Question from Michael in Vermont, how can recovery work when the nonaddictive partner is reluctant to counseling?

>> If they are reluctant to counsel, I guess it would be how you're defining with the recovery work is. The interventions I'm going to give you a moment will define -- it's not limited to the word recovery. If one person is refusing to get into recovery, it could be the partner of the person with the substance use disorder, in that case I would say let's look at the impact of this thing that has happened to your relationship. And I don't use the word recovery to people who don't relate to that term. We talk about the impact on your wellness. So what we are talking about is externalizing the addiction and how it has affected the relationship and impacted both partners and the relationship. If a person is not reopened to recovery, then I think you just process what are your concerns, what does it mean.

And the answer to that could vary depending on the circumstances. But if you have nothing more than a conversation about what the concerns are, what the reluctance is, I think you are facilitating something that may eventually lead to a change, possibly.

I will say quickly, I worked with an individual sent there by his spouse, who said my partner think I have a dirt drinking issue. So I did a three session assessment. I said yeah, there is evidence that you have this disorder. And to cut the story sort that sure, he said thanks, but I don't think so. Off he goes after three sessions and we are done.

What happened is interesting. So is that a success or failure? What happens, a year and a half later, he calls and says I don't know if you remember me, but I am six-month in recovery in your part of the reason I am on that churning out here so never underestimate the power of just

raising the issues, even if it doesn't seem to land now, as part of the journey that they are having.

>> I think we have time for one more. So this is from Haley. When you say that you have successful relational work there needs to be a certain amount of self-regulation?

>> Yes. Self-regulation is what you help couples manage. So I worked with a couple, literally had 17 years of sobriety. They had been together in the drug using years and he was her drug dealer. They got into recovery the same day. Then 17 years later they come into my office with all sorts of management document issues. Disregulation. And what happened is they never talk about the stuff that happened way back here. So they were things like serial affairs and all sorts of trauma that they experience, unresolved anger, that stuff. This stuff that lingers for 17 years, provided a way to talk about it, this guy couldn't sit in his seat for more than 5 minutes before he would be flooded with ideas. He feels they can't manage the emotion. And see if you can manage that. Take some deep breaths, or the need to leave the office at the officer he was in and out initially and as he was learning how to process his emotions, he didn't do that anymore. So ideally that's what we hope for.

>> All right check that is 5 minutes. I will let you continue on.

>> All right. Let's move forward with the next slide, which I need to click on. Interventions. There they are. The roadmap I'm going to give you.

This is controversial. I want to acknowledge that. The first intervention is the acronym is HEART, Healing Emotions from Addiction and Recovery Trauma. It's the structure that you provide couples to talk about what has happened in their relationship. Before the corrosive effect of all of that destroys their relationship, hopefully.

So what I have done which I realize can sound very or unorthodox is to say I think it's important, and I don't know for the minimum timeline is, I have done this intervention with couples with as little as two months of continuing sobriety. So that's not very much. And you have to be wise

when you do this, so the concept here is both parties have an opportunity to talk about the impact of a specific event that has traumatized me, but has been really hurtful, painful, and it's actually possible to do this.

So here is how it works. I will give you an example of some of the experience I have had doing this. The speaker's role, in the manual I given the workshop, they have structure for speaker and listener. The speaker's role is to describe a specific incident that they recall that they were impacted by. And the goal is to not blame the partner, but to express feelings about the situation and to avoid labeling the self or the other person. This is a very brief overview of what I give them, so I'm going to go into more detail, but that's the basic concept.

So the speaker, if it is the partner of the person with the addictive disorder, might say you're there for me and the kids. And is there a specific instance, so an example of the specific instance would be when you got drunk at our son's 5th birthday party, I remember that.

And so what we want to do is be able to talk about it. The listener actually is prompting questions. So the listener has the longer version of this. It says here, the first person a person does ask is how did the incident impact you. So we are identifying, I recall our son's fifth birthday party, I said early in the day please don't drink too much. My family is coming over, we're having neighborhood fans and family over. I remember you promised me you wouldn't do that. And the drinking started early.

Then I remember the barbecue, they felt comfortable because of how you are doing that. I felt embarrassed. I felt humiliated. I felt like I didn't want to be there. So literally the person is expressing these thoughts and feelings, which means I'm talking to you as you are listening to this, but I want to give you an example of this in the treatment program.

And the person I coach to stay out of defensiveness. We are trying to process, because unprocessed trauma lingers and it's corrosive. So the reason we are owing this is so it doesn't have the corrosive effect. Doesn't undo your relationship. One conversation is not going to take it away, but it

acknowledges that this person has been hurt and both of you have been hurt because this thing has invaded your relationship.

So this intervention is not limited to the partner accessing her and trauma that is there, but the person the primary addiction. When I think of the treatment program going south, I was walking by, and the person with a different shared with his partner, tears when I told the car that my father and I built.

We talked about it for years and I totaled it when I was under the influence. And the tears were just streaming, going through that. And the wife said I had no idea that you are traumatized by your own addiction.

And I'm going to read a response from somebody else in a moment pick but to finish this, the listener's role is to ask questions. What can you tell me about your feelings? What did you understand about addiction then? What you understand about it now. Does this event remind you of anything your family history? So I do take a long time to structure this and to make sure that there are boundaries, to make sure there's no criticism of the partner. You didn't care about -- I stop and say you're describing partner. Stick with describing yourself and the impact of this thing on you. That is your task right now. If the partner starts to get defensive, I will process this. Can you stay out of defensiveness, please. Here is why you're doing this, and if you feel like you are overwhelmed, we will stop.

And in my class, I have training tapes. And there is an actual therapy case for that is what happened. A person had had about three months of therapy. He was the one with the addictive disorder. And he had about five months of continuous recovery, and he talked about a traumatic event his wife had no idea about. It was really difficult for him.

So the concept is they actually talk about it. And this was kind of a remarkable comment I got from somebody. It was about the workshop, but the things I do in my office, telehealth wise. And this person wrote I had little hope for excitement that anything contained in this workshop could ease the grief, contempt, and anger I felt towards my partner for the pain

he caused during his active addiction. However, there was a monitoring our shares of trauma, which was this intervention, which I realized that we both had been suffering. We both had been suffering through his active addiction. And some of the same moments that plagued my heart and mind plagued his, too. I realized that while I have always thought of him as the driver of destruction, I was wrong. Both of us were riding in the back seat, and the driver was addiction. That captures the essence of what this intervention tries to get to. That they were in the back seat. The addiction was driving it. And what we want to do is to be able to acknowledge the trauma as the thing that has been driving the relationship. And if we can't talk about it, there may be reasons why we can't talk about it now, but if we can't talk about it ever, then what is the likely outcome for our relationship over time? What I discovered is that this person goes on to write, that was the first time she felt she had a voice and that her partner was actually willing to listen to her pain.

What is crucial is that there can't be blame and acquisition and criticism. So you have to constantly, sometimes, redirect, describe your feelings.

Describe the impact of this. We are moving to blame. We don't want to do that. Describe the impact of this and help your partner understand the pain.

Can you listen to your partner's pain? Because you didn't choose this disorder and it would invaded your relationship. It has been driving the show for the two of you. And I use this metaphor, when I did in person sessions, sitting together, and put a chair opposite, and say that is the thing we are talking about. So we are not talking about each other in this, we are talking about the impact of that think called addiction on me, and I want to be able to share that with you.

So it's a really powerful intervention.

And it's like, let's see what happens. So all of this is providing a way to talk about there are many places to actually talk about the product trauma. So I feel if you can set a structure that helps people talk about the impact of this thing that has invaded their relationship, you have a way to be able to

process and heal from it. And you just have to probably be active as the counselor tied to structure this so they stay out of the area of accusation and stuff.

The other think I've done with this intervention is I have used it -- I have presented a lot of different copters and workshops, is a therapist, afterwards and talk about HEART. Anything I am talking about diction and recovery. But happens they will come up and talk about I work with couples her cancer is there think. I could use this to help them talk about cancer. Or mental health issues, bipolar disorder. I have a young couple I use the same interventions with her he had chronic back pain. They were newly married and the back pain was messing up their social life and activities. He's immobile, so traumatic for him and her.

And she felt so guilty because she didn't want him to feel bad. And when you externalize the thing, what is chronic pain, bipolar disorder, addiction, you name it, you're going to talk about this thing that is the intruder, you didn't want this thing, it's an intruder, then we can talk about what is in the room with you. When you can't talk about what's in the room with you, that you are re-creating the stuff associated with active addiction.

So at some point, when someone feels overwhelmed, I create a lot of safety valve things. Is it okay to continue? Maybe we need to stop here, but what I found, and there's a skill set associated with this, if you set enough ground rules and safety nets to say, we can stop at any time, what are you feeling, and what they are finding is they can talk about difficult things for the first time.

So that is how the HEART intervention works. Let's see if there's anything more I want to say about that.

I think that's probably it for now. It has been one of the most powerful interventions out of all of them, because it gets to the thing that is the hardest to do. And so I'm playing with, and I have given this workshop, day one usually has to do with iterating recovery with more positivity. Kind of saving the HEART intervention for day two. And it's hard for people who

engage in day one, because this trauma. It's like I don't think I can trust anything you say, or I have so much pain I can't concentrate on anything but that. So there may be instances, I have done it was both ways, where I have introduced this earlier than later in the workshop, the overall consensus from people I've given this too, is that it is probably okay for day two. So what that means to an individual practitioner or to a counseling group of some kind is to kind of assess whether somebody is ready to do this. But I think it's really helpful.

So I am moving on to another intervention. And we will have Q&A in a while to begin to talk about any questions you have, to address any questions you have.

So we are going to continue with controversy. There is a series of interventions under this manner of recovery maps. And what recovery maps do is they break the rules and most traditional recovery approaches and say it's a good idea to talk about recovery. However, like all these interventions, there need to be certain guidelines and restrictions and the therapist need to be very attentive to what is happening in the moment. So general guidelines, it's basic speaker-listener guidelines. So there's nothing unique about what I put together. You can find this in many places. You say you're going to have opportunities to share something about recovery and the agreement has to be with the both of you that you have to duck at least willing, willing to share and if you feel like you need to stop, that's okay. And you built into this idea that the speaker shares only what that person is comfortable with.

And the listener is in the listener role, specific role, to say right now I'm going to step into my partner's emotional world. And stepping out of mind, and still there, I not ignoring my needs and feelings, I am putting them here for a moment unless I get a couple what is coming at me, and then I will try to enter your emotional world and we will actually talk about recovery.

So the goal for the listener would be to provide empathy and validation. To understand that person, but that person is saying, what they are feeling.

And possibly what they need is, are actually re-creating interdependency. I want to know what you think, what you feel, and what you need. Doesn't mean I'm going to do it, but I'm going to provide that opportunity.

Empathy is understanding, stepping into the person's feelings as the listener. And validation ultimately -- ultimately boils down to accepting and respecting that person's emotions. Kind of the gold standard for that is it makes sense to me that you feel that weaker or I can't see it that way. So that's the general guideline, guidelines for doing the following set of recovery card deck.

You don't need card decks to do this, but keeps wanting to show you what I am referring to. They are card decks that have specific add suggestions.

You don't need to the you don't need the deck to do this community concept. Of what happens with my recovery is that the counselors says, there is a context for this. But the basic intervention is to instruct each person to say what is important to you? So here's what you do without the card decks. What is important to you that your partner know and understand about your recovery? What is it you are doing in your recovery, or your wellness if you don't identify with recovery, because both partners do this, the person, assuming we have a person with an addictive disorder and a person with a nod to suck the nonaddictive disorder, both partners do this. And once again, this is my recovery, my wellness. That is how this is labeled.

What is it you want your partner to know about what you're doing to take care of yourself? So if somebody says I'm not interested in going to Al-Anon or any of that stuff. I'm nothing one with the problem. So we have a type 2 couple where one person is in recovery and the other is not. So what you do is gently say, that's okay. What this is about is not the term recovery, it's letting your apartment know what you are doing to take care of yourself right now. That's all that is. And you only share what you're comfortable with.

The partner could ask questions to clarify, but it's not really a dialogue. It's not structured as a dialogue. It's not structured as problem solving, either. It's structured as a way to start a conversation.

I didn't go through this ahead of time, but these are the kinds of things that come up what's it like to identify myself with addiction recovery? I want you to know. So what happens is people well think about, what is that I want you to know? You have asked me what a sponsor is. I want you to know what a sponsor is.

If the partner then asks a question, what do you tell your sponsor, then you already should have done this, so if you are uncomfortable with the question, say I'd rather not answer that or I've said enough. So if the person had a hard time, I would probably jump in at that point and say it's okay I'm not comfortable sharing that information with you.

Anti-by in that is that the partner has to -- I say the only way this is going to work is if you respect boundaries. And if one of you says I don't want to say anymore or I don't want to answer that question, the next one is involving questions. So get to that.

Some of these courses are things you can do with any couple, not just couples in addiction every. So what am I grateful for right now? How other stories have helped me? One significant thing I learned in recovery that I want you to know.

And there are levels discussed -- one thing I learned in recovery is perfectionism is something I struggle with. Maybe that's as far as they go. A deeper level -- deeper level, more disclosure would be I struggle with perfectionism and icy how that sort of shows up in my relationship at work and even with family. I struggled with perfection of them and showing up here I realize what I need to do is identify ways to let go of some of that. And to not be so hard on myself.

So there are levels of disclosure, and you can help monitor how much disclosure is given. If the person starts to get to an uncomfortable, blurry place, then you help them set the limit.

What is really interesting, is the three-day retreat I was talking about earlier, the conference was part of this long weekend. There was horseback riding, fishing, and other things they were doing. And social dancing and indigenous healers. So the healing dance for the community. It was an amazing experience. My wife came with me and we were in line, and these I would have these individuals come up and say we really like these card decks. We like that we are talking about things we never talk about. And it was the concept of afterwards talking about things we never talk about.

Concept here, the concept of card decks, you see that there is a conversation taking place with the individual across me or the couple or family if you work with families. It is like, this means so much to me. I wish I could talk to them like a tough to them. I was understood more about this. Or there are other occasions where there is something that is important to you that your partner understand. So you look for these moments of opportunity because I don't structured sessions with an agenda. I have a bunch of tools and based on that say let's talk about what might be helpful in the next conversation. So that's my recovery. And I will take questions in a second.

This gets more controversial, I believe, because the old model would allow for this. The counselor literally says are there any questions you have for your partner that your partner is willing to answer? So if there are questions about you have about what your partner is doing in recovery, it's okay to ask. And it's okay for your partner to say ask another question. I will limit my response to this.

So this really came out in my early work with couples or somebody said I don't understand what goes on in a meeting. How is this helpful? What happens in a meeting? Almost the logistics of what is going on and what you mean, one day at a time? Whatever the thing is. What you say is interdependency, it's okay to ask questions. It's okay to pass on answering

the question. It's okay to limit your responses, and we have to agree that that is okay.

So randomly here, what are you grateful for right now? I'm curious. And it goes both ways. So each of these recovery maps have to do with being curious about something that you want to ask about. So you can really stress, can I ask what you're doing that really helps? It may have nothing to do with addiction recovery, it may be have to do with the stuff we have to endure right now and help couples discuss their concern for their interest or curiosity about their partner's health and well-being, we should be able to do that just like we would accept that for other couples that don't have this addictive disorder.

So I do think we should necessarily be placing expectations very differently. How they are managed may be different from other couples, but if you're curious about something that is going on with your partner, why not ask her can the partner can say what they are willing to say.

There are positive things here that might emerge. What positive things have you learned about yourself in recovery? Again, it's not a discussion, it's more of a one-way sharing.

What was it like to work your recovery schedule? Here is a generic kind of question that comes up a lot without the card decks. What you find most helpful in your recovery or wellness program what right now? That seems to help your answer is about that. So that's that.

And I think these are good things to do. And there are opportunities now to shift to the couple relationships. So the counselor sets up here. Couple has been in recovery. Newly recovered or uncover the couple had been recovering for 17 years. So the dynamics still are there to be talk about.

Let's take a thing where they are fairly early in recovery. What you're likely to see is the trauma of recovery impacting people in a way that is not being acknowledged because they were told to stay on their own side of the street. So what you do is say let's have a conversation. Is there something that you think you are both willing to talk about and address? And it's about

you as a couple. And the way it impacts your recovery. And you cover recovery types of things, and there are things like since beginning recovery, what strengths you think have developed? And what happens is they have to agree on one thing. If you don't have the card debt, you'd say there's something that you think is really important to talk about that has impacted your relationship? Is a something you think Doug we haven't really talked about the impact of recovery on the kids. I think that's an important topic. And you say all right, let's create an opportunity for both of you to express your concerns or your observations about the impact of recovery on the kids and have a discussion. Let's not necessarily start with problem solving, let's just start with your reactions and concerns and what you're seeing and what you want to put on the table so we are not re-creating the don't talk don't talk don't trust him feel, it's in the field -- family. And if we can't say what we see in the family, then if you're criticizing and attacking, that something else that can be managed by the counselor. But if we can't talk about it, we are re-creating the same dynamics, that dry drunk syndrome with the type three code couples, there is no use. We are not interacting any differently. So that's a problem.

Our recovery has to do with things like questions like this. How have we changed as a couple as a result of recovery? What do you think is different? And then they have this conversation. And you could even make suggestions. There might be times in which you guided couple if they need more structure. A question like this would fall into that category. If they don't think it themselves, maybe this is something that could be helpful. How can we support each other in activities separate from our relationships?

Here's my point with all of this. I think there is a definite place to do recovery maps in couples work. I don't take it should be by default against the rules to talk about here is my recovery that I want you to know, and there are some things are not viable talking about, but it's important to me that you understand something that I am doing right now. And if we have

the partner who is not identifying with recovery, but here is what I am doing to take care of myself right now and I want you to know. This happened in a session I had fairly recently where the discussion was it important to me with all the stuff we are managing, that I have some decompression time and exercise when I get home from work. And I want you to know this is crucial to my own wellness. So the conversation, if you're outside, not knowing this is a couple in recovery, save this is a good thing to talk about. If you'd they were in early recovery, you say I guess it's okay for them to talk about. I don't know what you would react to, but it's important that you let your partner know what you're doing, and here is the concept of interdependency, how your partner can support you. So staying on your own side of the street might restrict that concept in a way that isn't necessary. Staying under on side of the street means I'm not going to try to define what you should be doing or telling you, I'm just telling you what I feel and what I see. And what I need. Let's focus on that.

So when partners begin to access what they need, we have learned from the Gottman research that that increases the trust metric. And what I tell couples with the trust is really not there, of course it's not there. So I'm not asking you to trust your partner because there have been a lot of betrayals and reasons not to.

But we can work on is this idea of being able to express our thoughts and feelings and you have to figure out as your partners making the request, what you are comfortable with.

One of the tools, I have a three layered approach with couples to say before you agree to any decisions, think about three layers of decision-making. So this is back to interdependency that has to do with self-care and relationship care. What are my core needs in this issue? Child care. I need to be involved. What are my court recovery goals? I need to attend meetings. I need to not miss a step that I'm scheduled for. I don't want my child care responsibilities interfere with going to my meeting. That's a court

recovery. And where am I flexible. This is a longer version of ape problem-solving, misers and I shall.

And what it boils down to, ultimately what you can tell partners are before you agree to anything, ask yourself three questions. Is this decision to do this thing potentially harmful to my own recovery? That's the first layer. Is this decision to do this thing that I'm thinking of doing potentially helpful in my recovery? Is this decision, the thing we are talking about, neutral to my recovery. Not really related.

If it passes if not harmful, it's either helpful or neutral, then you probably have a green light to say let's go ahead and see how this goes with the idea that you can always change your mind. So we're back to boundaries. In other decision I said to help the kids with homework on Tuesday nights? Turns out that's a bad night for me because I have this meeting, the support group. So I would like to not do that anymore. Can we do something different. And the other person says that's my home meeting, too. So we've got to decide who is going to watch the kids so that neither one of us feels this decision is going to be harmful to my own recovery. Can we figure out a way to do this. So that's the basic concept.

I think, Jesse, I have covered the material I want to cover. And we are pretty much on target for the next section of Q&A. So I think I would like to open that up.

>> Great. We have quite a few, so I will get to those. This next question, is from Catherine from Ohio. How do you feel couples who are both in recovery and their own addiction should we approach recovery?

>> Can you say the last part again?

>> How you feel couples both in recovery from their own addictions should approach recovery?

>> Yes. Their model most likely is to say on their own side of the street. I teach a class on addiction at Santa Clara University. And couples come in that are in primary diction treatment or recovery or twelve-step program, and almost always they will say, we don't get involved in each other's

recovery. So what I am saying is that there is actually a place to support one another's recovery and to top about the relationship. So I would say, what I am telling you is kind of controversial, but there is a way to look at relationship issues and how you can incorporate recovery within your relationship. A quick example of that. There was a college who was working with a self identified sex at, and he was in a treatment program where they said do not do couples therapy. It's too early. They're going to do the discloser think when you are ready and your partner will have to find individual support.

And working with this therapist, he said we are making really good progress on talking about things, and waiting six months or longer, I think it's going to be harmful. Purpose what I want warn couples is that there is not necessarily a lot of professional support for this kind of work. It is controversial. But here's why I think it's important.

The other thing I've learned is that when I do a presentation or get a class, is that I'm asking how many people have heard of recovering couples anonymous? That would have been a great question to put on the poll -- poll. Most couples have not picked so that would've been a great question for this audience. RCA has a program specifically for relationship recovery. That is what it is designed for. We have to change or we and how we think about it.

>> Nancy from Colorado, her first part of the question is does any of this change if both partners in the couple have a substance abuse disorder which you kind of answered. And then she has a follow-up. I have seen couples try recovery together, but professionals did not seem to know how to support them as a couple. If both do not progress simultaneously, someone those left behind in the relationship was not preserved.

>> That's the problem. So if you're helping people establish their individual recovery, you would want to address that. And in addressing that relationship concerns, you would save what is a creative way to talk about this? So the question is, how do we -- sorry. Ask the question again?

>> Of course I just deleted it. She was saying, so I remember is basic, the members of the couple don't progress at the same rate. So one is ahead, and the therapist doesn't know how to handle that and someone gets left behind.

>> That was the question. So we want to address that specifically. I would say that is normal. So in the family project, we are went to see not progress at the same rate. And the first year of recovery is actually pretty traumatic for those people. That's normal. So when you describe the challenges people feel particularly in the first year, I say things like this. So the challenges you are feeling and the differences you are feeling about progress is really normal. This is what we have learned from the research. So the more you normalize the instability they are feeling, yes, that is what we are going to work on, is think about, based on their history, the months, years, of struggle and now you're in recovery. So it's going to take a while to sort this through. And you have to be patient with each other and understand that this is a process that will take a while. And that's normal. So normalizing is what I would emphasize.

Don't give up on the couple. Encourage them and say of course your recoveries are different. And that's okay. And let's just talk about how you can support your on recovery and what you can do to support the relationship recovery.

>> Elaine asks, if the using partner or either of the partners is abusive, wouldn't couples work being contraindicated?

>> Gottman's research looks at two types of domestic violence. If we are talking about domestic to violence if there's the kind where there is an injury, there is a perpetrator and victim. That's always a contraindication for therapy.

There is situational domestic violence, and is never okay to be aggressive physically with one another, but is not uncommon that it situational. But we have learned from the research is that these couples can actually benefit. If there is verbal abuse, then you have to try this concept of educating

partners about what qualifies as verbal abuse, emotional abuse, and what is needed to express emotions. If the person is unable to do that, that had partners that are just not willing to share, that I say couples is contraindicated. But if you give them a skill set to say this is the alternative to the thing you're doing, I would try that first. If there is evidence of physical safety, that is the priority to say this is not a good idea. Let's separate.

>> Shareen from Florida asks are these interventions useful if the couple has been in a relationship for a short period of time? Less than 1-2 months?

>> Some of them are. The recovery mapping can be applied to new relationships. The HEART can be adapted to things that don't apply to addiction. And I have couples, actually I did a chapter with John Gottman, the couple actually met in recovery. There is no addiction history between them. What was interesting is that the family of origin work was where we went. So we were never really struggling trying to manage their relationship. Then there was an opportunity to say your strategies to look at what might have influenced your reaction here and what you might do instead.

So I think there is always something to be gained and can be adapted to couples as appropriate.

>> Catherine from Oregon asks with this intervention, how do you manage the same response of a partner?

>> The same response? Yes. I usually just identify it as this is what happens. This is what accompanies addiction, is the shame. So I underscore the importance of the neurobiology of addiction. We talk about it at whatever level I think is appropriate, and I talk about how shame is built into this. And on the trauma training tape I do, one partner was feeling tremendous shame over behavior that happened when he was under the influence. Particularly around the kids. So he was carrying that chain. And what I helped him to identify the difference between the active addicted

father, and the recovering father. That is a shifting strategy. So we are going to shift our awareness not just as a couple, but on the person in recovery. And if you haven't seen that documentary, this concept of how the person in recovery, so my identity is that, and what happened is I think I helped him to feel maybe guilty, maybe remorse. But not shame, but sadness. It was grief actually, that's what it boiled down to. Feeling grief over something that happened without the consequent shame. And there was a lot of family, he had in his own family. So something to be very mindful of to help direct them out of the same response. The concept is when people in addiction recovery, and partners often feel bad, it's translated automatically to I'm bad. So you help them separate I feel bad about what, it's not the same as you are bad. So kind of a general guideline.

>> We actually do have, like, 7 more minutes. And I have more questions. So I'm going to keep throwing them your way. Michelle asks, good afternoon. I work at a residential substance abuse treatment program. She asked first about domestic violence, but you answer that. Another issue she said they experience in residential treatment is that the relationship often started in treatment and it becomes a distraction for both individuals. So what are your thoughts on that? This is a very common issue we have to deal with.

>> Relationship with some somebody else?

>> The relationship starts in the treatment center and is a distraction.

>> You just say it's a bad idea. So here's the exception. I appreciate this question is that my bias about couple recoveries when you have an established couples relationship. In that first year, it's really a bad idea to start a new relationship. I don't I think it's a bad idea. And that's what most people would say.

What I think happens is when -- that concept with we shouldn't be doing any couples anything. And I think it's a mistake to not do anything with relationships the first year. But don't start a new relationship. That's a bad

idea. But if you're in a relationship, we can either address it or ignore it. And I would rather not ignore it. I would rather address it and figure out how to have the couple establish boundaries.

>> Kate from Oregon asks what equals ready for the HEART intervention? When you know your couple is ready for the HEART intervention?

>> If you think they might be, because you have established enough of a rapport, and you suggest that this is something you think might be helpful, however, if it doesn't feel comfortable enough to proceed, then we will stop. So you go by your best clinical intuition. I wish I had a more definitive answer, but kind of not. Do you wait six months of continuous recovery? I don't think there's a magic number. I think it is really individually oriented, how long has the person then addicted, in recovery, how long has the couple been together, but if your gut tells you let's try this, but most of the intervention, particularly the hard look HEART intervention, if you're able to do this, both of you, if not, we will stop. And that actually hasn't happened yet. Me having to stop intervention, but I would have trouble saying this appears this might not be the best time to do this intervention. Let's talk about what's happening in the room right now. So then you step into what is happening maybe one of the partners is overwhelmed with shame. So let's talk about that. And what are you feeling and kind of process that. Part of the research is I don't want to say we want to do these interventions sooner than later. There was a couple thousand treatment for two months, the treatment program went south, and it was really interesting because at the beginning of day one of the workshop, they said -- the wife, she was there, this was like his fifth admission. She said I don't know why I'm here. She was really angry. At the end of the workshop, this is an always the case, doesn't always happen, but she goes oh, this was really helpful to be able to talk about things we didn't talk about we have a different frame of reference. It's a different way of doing things. So if counseling is helpful other any kind, it's because you help people see things in little bit differently than they could.

>> Great feedback. This is an interesting question. What happens on couples are divorced but they are willing to engage in treatment for the sake of their young children and regain family connections?

>> The same thing would apply whether they are divorced or together. You would want to help them establish the issues they are concerned about anti-boundaries and how to integrate potentially the recovery into the family scenario depending on the age of the kids and the appropriateness of that and a nature of their relationship to begin with. Not all horses are adversarial. And we need to talk about how to integrate recovery into your relationship and possibly within the family scenario. So you just kind of assess, say well, how would I address major depression that has impacted a partner and their divorce, what would I do? They need to talk about how depression has impacted the children. Are they getting the help they need, and what we want to do? Do we want to talk to them? There are a lot of possibilities. But it doesn't really change the structure in terms of winning that conversation. That's most of what these are about, is trying to create safe conversation. Kind of boils down to as a counselor, let me help you, hopefully, have a conversation that you're having trouble having and to provide a structure and safety net to have these conversations. And we will see where it goes.

>> Brenda wanted to know what is the name of the documentary that you referred to?

>> Anonymous People by Greg Williams. It's wonderful. It's a wonderful documentary.

>> One more. Do you agree that couples who use find out, this is from Glenda, do you agree that couples are use find out that the relationship is based on the use, which is what brought them together when they discovered the drug that was giving them together? Is that something you come across a lot? That the drug was sort of the main thing that kept the relationship together?

>> I'm laughing because I think the research on this is interesting. So it turns out of both parties are misusing a substance, say alcohol, and they are taking more than they should, alcohol does not show up on the problem list. It doesn't register. Not why they will show up for therapy. They are not going to see the connection. And it's not problematic because they are both thinking. If one person fails that feel the other person is tricky too much, there's a problem. So it shows up as a relational issue.

Now, but people started their relationship around the starting point of using substances, there is a book that says identify that as the relationship being based on that, which I might say is okay. Let's look at the role alcohol slide in your relationship. I had one couple that couldn't see the relationship between the drinking and there arguing. And I said have you noticed there is an association of arguing happening after drinking periods? And that never occurred to us. So they started examining what is the relationship based on. Sometimes people get together for the wrong reason it stopped. And some people get together and stay together for a good reason. I don't have a goal for them. And then decide that.

>> Thank you very much, Dr. Navarra. This was a really great presentation and had lots of great information. I appreciate you giving your time to us and everyone here. Thank you so much.

>> Thank you for having the and thank you all for attending.

>> So for those of you who are interested in learning more about couple recovery, Dr. Navarra has several resources available. The first, he mentioned the roadmap for the journey a path for couple recovery. It's available as an online workshop recovering couples. This is a 10 hour live workshop held over two consecutive Saturdays. Couples are provided tools to practice in private breakout rooms where they can receive individualized attention if needed. And the workshops are limited to five couples. Second, Couples and Addiction Recovery Training, for professionals. So if you're interested in learning more about this approach, it's a 6.5 hour online class that includes video presentations, and a relational approach to addiction

assessment and treatment and contains real couple therapy sessions. There is a 175-page manual with resources and into insert is on interventions and CEU player is available for that training as well. And lastly, the recovery card deck set, for couples and professionals is also available and they can provide conversation starters to help couples talk about and integrate recovery into their relationship.

Just a reminder that as soon as this webinar ends, you can find all the information you need on the online CE quiz link at the at a place that you register for this. The address is at the top of the slide.

Check out our schedule for upcoming webinars. Two in if you can. We are going to kick off October 5th the 14th with a seminar on cognitive structuring for PTSD non-exposure treatment for trauma.

Our conference is in a week. It's not too late to sign up. Information is available at NAADAC.org/annualconference.

If you haven't already, bookmark this page. So you can stay up-to-date on the latest in this series. And catch up on any sinners you may have missed. All are free for registration and believe it or not, we have a lot of them pierce a stay tuned.

An additional resource, NAADAC put together six excellent webinars covering COVID-19 and top concerns in the addiction profession. The website is on the left-hand side of the slide. Additionally, NAADAC offers two especially online training series. The first is clinical supervision in the addiction profession. You can visit the website at the bottom of the slide for more information on this.

We also offer our second series, addiction treatment in military and veteran culture. To learn more about this, you can visit the page at the bottom of this slide as well.

A quick review of the benefits of becoming a member with NAADAC by joining, you have immediate access to over 145 CEs that are included as a member benefit here that a huge benefit pair NAADAC mirrors also receive free access to our quarterly magazine, which is also eligible for CEs.

Last, a short survey will pop up at the end of the seminar. Please give us your feedback. We do look at all of it and incorporated into future presentations and training. So we always want to hear from you. It's very important to us. Thank you again for participating in this webinar, and thank you Dr. Navarra for your valuable expertise, leadership and support in the field. I hope you will all stay lit with us in Lincoln, Facebook, and Twitter. Everyone have a wonderful day. Thanks so much.