NAADAC

TRAUMA AND ADDICTION RECOVERY HOW TO WORK WITH COUPLES

2:00 PM – 4:00 PM CENTRAL

DECEMBER 1, 2021

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>> All right. Welcome, everybody, to Trauma and Addiction Recovery: How to Work with Couples presented by Dr. Robert Navarra. My name is Jessie O'Brien and I am the director of training and professional development here at NAADAC, the association for additional professionals. I will be your facilitator for this training experience. The page for NAADAC webinars is shown here. So make sure to bookmark this page so you can stay up-to-date on the latest in addiction education. Closed captioning is provided by CaptionAccess. Please check the box for the link to use closed captioning today.
This webinar is present by recovery path. They help substance use disorders practitioners meet the companies of their clients. They could provide us with real-time progress data. So please stay tuned for a brief demo from our sponsor at the end of today's webinar.
Most of your familiar with Zoom right now, so I don't feel I need to spend a lot of time but I want to point out the features of Zoom webinar that are a little bit different from Zoom meeting. When is the chat box, which is in Zoom meeting. Y'all seem to have found that. Hello, Pennsylvania, Colorado, Tennessee.
The other is the Q&A box. It's a great feature if you have not utilized it yet if you have any questions for our presenter or for us that we can try and answer for you, type them it is the Q&A box. Questions in the chat box turn to get lost. Things tend to scroll pretty quickly so if you want to make sure you get your question to the present, please put them in a Q&A box. Then you can thumbs up questions that you see that you like and that will raise them up in the queue so we will get to the most order for questions first when we are in Q&A.
We'll have two Q&A periods during this presentation. It is a two hour presentation so have with you we will have one Q&A session. So don't hold back and make sure you put your Q&A questions in the box. And then we will have another one toward the end of this session.
Just a reminder, Haley has posted a link to the slides and all the resources in the chat box so if you want to get to our CE quiz, the link to our CE quiz and a certificate and the slides, you can do that by following the link.

Just a reminder that Erin you webinar has its own webpage that contains everything you need to know about that particular webinar. So immediately following today's live event, you can go to the page at the -- and the link will be active. Click on that and you can get your CE certificate period the webpage is. If this is your first time going through our CE process, please make sure to follow the instructions guide. The link is regular you can like to get the CE credit. And follow that step-by-step.
Even if you have done it before, it helps to have it in front of you. If you have any issues, feel free to email us. If you need your certificate to say live on it, I know some of you do, please make sure it is completely CE quiz within the next 24 hours and also be sure to download it. And it will say live on it.
So without further ado, let me introduce you to today pop up presenter, Dr. Robert Navarra. He is a therapist and researcher specializing couple recovery. Based on his research over 15 years, he created roadmap for the journey, a two day workshop designed for couples in early and long-term addiction recovery. Roadmap for the Journey has been given in route treatment programs and has been a featured workshop at Hazleton Forge lineup of workshops in 2019. 2020, 2021. Navarro authored systemic addiction treatment and in couple family therapy for the encyclopedia of couple and family therapy and has presented his research nationally, internationally, and at several NAADAC conferences. Additionally, Dr. Navarra co-authored an art article with William White on couples who have repaired so I will not pass this over to him.
>> All right. I am on my way. Almost there. There we go. Welcome, everyone. Thank you for attending. And part of any kind of workshop -- we will get to this in a second -- part of any workshop is the beginnings of knowing where things are, and so I want you to send it to the bathrooms. Go down the hall, turn to the left or right and you will find the gender free bathrooms. And NAADAC will not charge extra for food. So you're welcome to help yourself to all the food you can find.
Thank you for attending this again. What we will be doing is exploring the relational approach to recovery that includes a specific focus on trauma. I had a great opportunity to present last year on treating couples. So to kind of give you a background to some of the theory and historical roots that approach that we have lost track of, he lost legacy. And I take a little deep dive into some of the concepts of couples recovery. So I'm not

going to cover that so much, but that webinar is available on demand, so if you're interested in more information, there are also three additional interventions that were presented less you think might find interesting and relevant to today's talk is well.
So thank you for attending. Want to thank NAADAC and Jesse and Haley for all the work put into making this happen. I would like to start by having NAADAC largely polling question number 1.
>> I have launched the poll. I see boats coming in. We will take about 5 more seconds. And we will end people and show you the results.
>> Couples work should be postponed for at least the first year of recovery. So we have about 20 to% agree, and more people disagree. And then the not sure, 18%. So disagree about 60%.
I want to go back to the question for a minute. I have been working in addictions treatment since 1987. And I was really taught the position that couples work is overwhelming in recovery, so it only to be postponed.
As it turns out, in private practice as I figured this stuff out, it turns out that there is empirical support for the position of holding off that kind of work. And in fact, we have learned as we look at a couple relationship from addiction to recovery, which I will talk in more detail, is really significant and there is some research that indicates that stabilizing the couple’s relationship is one of the best things you can do to optimize the possibility of continued ongoing recovery. So I covered that last year. Let's go forward to what we will be covering today.
Specifically we have some learning objectives to look at three sources of trauma organizationally. There are more than three sources of trauma, but I am limiting the sources of, to just three because interventions we are going to be plan on covering have three specific interventions that will address each of the areas of trauma I'm going to be talking about in a little bit.
The concept of, informed treatment is something is pretty basic for most recovery oriented treatment, but what does that actually mean and how do we implement strategies that address the issues we see, and more importantly, in the context of this webinar, is how do we address them relationally and should we address them

relationally? That's the question we are posing, is yes we should. And I will talk about that in a bit.

The second objective is to describe the importance of a relational approach in managing additional -- addiction trauma. This is been an issue that every treatment program, every provider, whatever your background is in terms of therapy or counseling or addiction professionals, this is a dilemma that most professionals have to deal with. Suppose trauma emergence in recovery, especially early recovery, do we try to cap it and say this is not the time to deal with it, or is it the most important thing? There other times when there is an opportunity to work with what is right there in the room. If it's not dealt with, then we know that the relapse triggers could take over at that moment. We know that stress is probably least single biggest predictor, not productive, but the singer biggest trigger for relapse.

So how do we deal with the stress associated memories, thoughts, the triggers like recalling Tom appeared

Then we are going to end with as Jessie said about the last hour with three interventions that by the way, can be applied with individuals so you do not have to be a therapist, per se. Intervention requires a fair amount of understanding psychology, so it still can be adapted. But you can work of these concepts on a one to one basis, as well as couples, which is what I'm talking about, and there is a navigation as well for families that can be adapted. In the qualifier here is you have to have an area of competence and expertise and whatever release should you have in your licensure, it should be respected and honored so all of that I'm putting out early to say this is the stuff that everybody should be doing peer but there are some things that you might be able to modify or know what to look for and possibly make referrals that make clinical sense.

Now, what I want to do is backup to the specifics of addiction and say let's look at all comorbidities. Because there are some interesting data about this that just came out. So John and Julie Gottman, if you are not familiar with them, are pretty much pioneers in researcher based approach to couples therapy and I trained with them. John Gottman started his work a long time ago for decades plus ago, divorce addiction. So we know a lot about that with subsequent studies. We know what produces disruption, unhappiness and unhappiness and specifically what predicts doors.

They then moved into and I'll talk about a minimum, moved into divorce production. So we have about five decades of research based stuff, and they published the only one that I'm aware of, the largest publish international study on couples beginning therapy over 40,000 couples. What this means is the question is what are the presenting issues must couples at least in the study, 40,000 couples is a pretty serious sample size.
So what are we seeing when couples are showing up? Here is what is significant in our wanted to start with this. Let's start with a conclusions. Most couples have serious comorbidities. By comorbidities I mean in addition to the relationship stress, there are psychological issues that are impacting that individual and that relationship. So most couples, most couples have serious comorbidities across the board, regardless of addiction history.
In dismissing kind of like an odd statement, but couples are more unhappy then we previously learned from previous research studies. So the level of distress and unhappiness is higher than what had previously been reported. That's how that translates.
So couples with serious comorbidities, very unhappy and in great distress, and this might not be a surprise, 90% of these couples have serious problems with conflict. How do we deal with all the stuff that we don't know how to deal with. And 85% complained of not having fun. As a therapist, that comes up all the time as a couples therapist. Not having fund. Fun. Let's get more detail.
75% or three quarters of the couples don't have that emotional will connection pick that we have from divorce research that the first five, six years of couple relationship, that 50% couples divorce. So these are high conflict couples, relationships not going beyond a five, six year period. In the providers -- divorce profile dips about -- into the relationship that there is a spike in divorce profile, and these couples fit this category, not feeling emotionally connected. So that's a significant thing to know about we know now when we go back to addiction, we know that a basic source of addiction trouble has to do with the sense of disconnection between the partners. So that's no surprise.
This number, 66% of these 40,000 couples were pretty much ready to divorce or separate. So they are right on the verge of divorce or separation. From previous research, we know that there is about a six year wait before couples can get therapy

after they have a serious problem, so they kind of postpone getting help. And I think part of it is not really promoting couples therapy in a way that makes it either understandable that this is something that we have, that we can help you with because couples therapy can be pretty effective. The research is hopeful about that.

Now, a closer look. Let's do a deep dive. These are the comorbidities that came up that are, for all couples. So once again, this is not limited to addiction. So you look at this, and you go almost half of the couples are reporting one or both partners with symptoms that are consistent with depression, anxiety, that never seems a bit low to me. So depression is high, anxiety is about 27%. Let me give you numbers in case you are listening to this and not watching this webinar. Domestic violence is at about 30%.

Into Gottman Research, domestic violence is categorized into two different categories. There is situational domestic violence in which there is not a specific perpetrator and -- know violence is acceptable. The levels of physical interaction would be considered serious -- again, anything is a serious, but there is no serious injury, it might be pushing and shoving.

Then there is the characterological violence, which is serious. There is a definite perpetrator pick those couples should not be in couples therapy. A surprise is that situational domestic violence is treatable and actually the success rates are fairly high in treating situational domestic violence. How to manage emotions, how to manage the things that lead to situational domestic violence. So I just wanted to throw that in.

Affairs factored in at 32%. So again what we are looking at is when couples show up, what of their presenting comorbidities? So of the couples complaining of the affairs, emotional abuse, this is significant, almost three quarters of all couples showing for 30 therapy report emotional abuse of some kind one or both partners.

Addictions shows up at about 26%. Suicidality, 21%, at the trauma 70%. So now we are back to high numbers. So we can expect on couples show up, whether it's for addiction treatment or whatever your context is, couple shows up, we look for rational comorbidities in treatment programs were you are treating addiction, we are looking for these additional comorbidities, which tend to be there, trauma being one of the highest.

I want to talk a little bit about the Gottman method therapy. So we talk about the original research that starts with trying to understand -- he didn't pass the course of what

predicts divorce, this just sort of unfolded into gathering data on these couple and the three years following up. By looking at the data in the specific research structure, that was set up at the time, qualitative and quantitative analogy, Robert Levinson actually put this study together, with 90% accuracy in cities that have been replicated could figure out which couples were not going to stay together. And they look back and they are seeing, we have something here that is really important.

So when John and Julie got together, Julie, they are married, Julie is an amazing psychologist and she basically asked John, what we do to help couples? And he said, I don't know, get paid to steady them. How about if we try to figure out how to help them? So this is what the Gottman method couples therapy is all about. In the subsequent studies, they were trying to figure out what are the strategies that we can begin to implement to address these areas of concern. And so that was the whole frame of reference for the sort of second version of divorce prediction and prevention strategies.

So I was amazed. I got involved with ellipse Gottman method therapy in my research on couples recovery and presented different places and what my colleagues had talked about Gottman and John Gottman, Julie wasn't getting presentations at him with him at that point, this goes back a ways, he's presenting in San Francisco, and there's so much that overlaps with us it turns out with what he found out in his research, so I went to this thing, it was a two day training in San Francisco, 400 therapists and I was blown away by the methodology and the clarity and the understanding of how do we define a couple that is ailing, and a couple that is actually in a pretty good place.

So that sort of opened the door, and what I did is I continued the training, eventually became a certified Gottman therapists, and in that process was invited to get some talk that some Gottman conferences that were for certified Gottman therapists and other traffic. That's another long deal, and John was very interested in a relational approach to addiction therapy that was opening up.

And it opened up. So I doubt this approach called the couple recovery develop approach. At the time I was working with Stephanie Brown, and Virginia Lewis, whose an amazing person. I highly recommended her work. She and Virginia Lewis co-authored a book and they are codirectors of the very first study to look at what happens to couples and families and actually get into recovery? Up until then there is a lot of

research about what happens in adjective systems. So we know a lot about that and continue to learn, that the question is what happens when they actually get into recovery? And one component of this Family Recovery Project initially, was called the couples -- and my dissertation was on this. So as I was gathering data in the 2000 clerk, so this data has been around for a while, and I came up with the theory based on its end specifically at the question, what happens to a couple relationship after they get into recovery. So that's how it started with me.

And the invitation from John came on the heels of what he was doing at the time with fidelity. And he saw relationships between when partners have an addictive disorder, substance use disorder or process abuse disorder, it's like having an affair. So he saw interest in parallels. And so we said let's develop this. So I've had this opportunity to collaborate in writing with him and Julie, and also doing research right now based on the model we talked about earlier on what happens and what is effective in terms of intervention. So we are gathering data on this period the Gottman Institute asked me to create two workshops, starting with roadmap for the journey, which Jessie was talking about earlier, that's basically a workshop for couples in recovery, not in addiction, in recovery.

So it's a two day version of strategies, three of which we are covering today. So we will get to that. We have it structured now in a way to have a two weekend meeting at this, and teach the intervention, the couples go to breakout rooms so to speak, if any need some assistance, it's a workshop, not therapy, they come back and this goes on for 10 hours over a two weekend process. That is showing very positive results.

Then the second process, our workshop that deals couples in addiction recovery training for professionals, as it turns out it's an online workshop at the Gottman Institute is offering on demand.

They give you three day presentation on affairs and, and I get a one-day presentation on couples at addiction recovery training for professionals that was done at Berkeley six years ago and it's a 6.5 hour class that is teaching these concepts in how to do assessments to interventions. So that's sort of the start of all of this for me.

So here are some core recovery concepts, couple recovery concepts, that you have to buy into. And some of these things I discovered over time, as we get additional

research, these are not things I was taught. In the addiction field. So there are some different thing -- ways to think about things. What came out of the Family Recovery Project is developed by Virginia Lewis and Lois Helen Byrd. And it's a couple typology for addiction specifically. Now, this is important. As a counselor type you can start to say okay, there is some background. How do I start this? How do I see what is needed at what do I do?

So think conceptually we will have to figure out what typology this couple fits into, even if you are working with an individual, a lot of this can be translated really easily into sort of a clinical application or a cot counseling application.

So I type 1 couple is define the following way. Both partners are in some recovery program of some sort period can be a 12 step program, it can be a smart recovery, it can be anything that person identifies as something that helps them as a recovery person. Partner, the person with the substance use disorder. Now, they are separate programs. This is kind of like our standard right now, we want partners, the person with addictive disorder, if the partner is not in recovery of some kind, want to encourage them to get into recovery of some kind, whether it's Al-Anon or something, group therapy, visual therapy, all of the above, probably preferably. So that's type 1 couple. First line of assessment. Let's look at the other types.

A type 2 couple is when only one partners in recovery. And what that means is either the person with the addictive disorders identified having a substance use disorder, and their partner -- it is in recovery of some kind, the partner, not so much. So conversely, the partner with the substance use disorder is not in recovery, and the partner is in recovery. That night be an Al-Anon version or some support of some kind. So that's a title 2 couple.

Then we have a type 3 couple. If you have been in the field, and working with people, you would know what this is about. So abstinence only. Neither partners in recovery. However, they are not using. So it's that white knuckle sobriety with the proverbial dry drunk. It's that sense of sitting on a powder keg for you are not using, but there is a concept called first-order change and second-order change. First-order changes the person is not using. Whatever the substance is. However second order changes the person is not using and they are starting to understand how not to use. So the

difference between pretty meant abstinence and recovery is understanding what the triggers are and adopting new changes in your life and integrating what it means to be sober and so forth and so on. That is a deeper level of change.

So step 1 is to figure out whether I'm working with an individual, couple, or family, who is in recovery and what type of culture do they fit into based on that?

What I am proposing is that we add another typology category called 1+ couple. In that case, partner 1 is in recovery come up partner to is in recovery, get the converse controversy, 1+ is both partners are doing the recovery and dealing with their relationship issues as well. They're putting their relationship into recovery.

How does that actually work? And we will talk more in detail, it really involves each partner ultimately dealing with their individual recovery and finding a way to support their partner in recovery and to support the relationship. Individual health and welfare is not mutually exclusive with relationship, health, and caring.

The research indicates that the stability of the relationship is a huge predictor on individual success for individual recovery. So why would we exclude that element of recovery when it is an essential part based on research so we can help stabilize the relationship that has been traumatized, which we will talk about next, and create a way for couples to go forward that will probably increase these chance for successful long-term recovery. That is the argument.

Now, this is the summary. So we have the relation approach that includes these things. The person with the use disorder, whatever that is, the partner's recovery, and a couple recovery. Then we can extend that to family recovery. With one of our recent couples there was a person who was in recovery -- actually the partners were both in recovery for alcohol use disorder. But they started to do, and their son was struggling with alcohol use disorder. He got into recovery, and cut the adults into recovery and what they identified with this, the questionnaires and things that were reviewed is they identified as a family in recovery. I think that's a really important concept.

And why that's an important concept is we have something that is significant that has impacted the person with the disorder, addiction in this case, or comorbidities., so severe depression, bipolar disorder, that was necessarily going to affect anyone in that person's constellation of relationships.

So recovery means how is each individual dealing with the impact of this thing that is probably pretty traumatic to the individual and to the partner, and are we able to talk about the thing that has impacted them in a way that support the individual in recovery. Again my initial training was no, they need to stay on the separate side of the street. Turns out that's not as much device as default. It isn't necessarily bad advice if there are good reasons for it. Not everybody is in -- a candidate for couples work. There's a lot of anger, the person doesn't feel ready for it, if there is a massive violence, there are always contraindications for doing couples work. That is across the board. My thinking is it shouldn't be the default that it is contraindicated. I think the default is let's see where they are in the typology. Let's start with that and move them if you agree with this model minimally into some kind of recovery program hopefully.

And then to say will there is a turning point. Couples working with us, that's exactly what happened. Given that that he has become a male, had an alcohol use disorder. So that got identified in therapy. And his partner was really struggling with how to manage with this conversation started that I found another vodka bottle. This was in there for session verified another vodka bottle in the bathroom.

And several mutts it became clear, yet edified he had an alcohol problem. And I thought, well, this is a time to continue to work with them, to move from this active edition drug addiction, how can I help them with that process, and that's when I started thinking about this in a different way. It didn't make any sense to stop working with them as a couple when I can support them in their individual work in recovery with a lot of education and support and provide ways that can support each other and identify the impact that addiction's have on their relationship and eventually the impact recovery has on the relationship.

So here's a word I want to underscore. Interdependency. I have recommended this terms, can raise some alarms, that sounds a lot like codependency. Just the opposite. Interdependency refers in the context I'm using it, is looking at the partners understanding and agreement that counselors can help facilitate this to be able to express to one another, but the agreement is, we agree it's okay for us to express our thoughts, feelings, our ideas, and our needs.

That's actually a good thing to do. Let's take addiction out. We do couples work that is struggling. Interdependency is a healthy behavior, and why wouldn't expect that for couples with an addictive disorder does it make sense to me.
So there is any reason to state -- there could be reasons, but the generic default should not be, don't talk to each other about your feelings and ideas. Talk to your sponsor or therapist or your group. So there are ways to facilitate, this is what I'm saying. And interdependency is a good thing when you set up the structure and the boundaries of how to do that.
One more thing. In working with couples, there is a principle called state-dependent learning. That's when somebody is not having a reaction, that thousand of what we would call codependent, if you have both partners in the room, you can provide strategies on how to manage that reaction. Frankly, it's easier to do boundary work when both partners are in the room. And you could say will what your partner said, your partner isn't going to go to AA anymore is cutting down meetings from 5 to 1 a week, you're saying things like you shouldn't do that, you can say in that moment. So maybe what you can do instead is express your feelings period when I hear you say you're cutting from 5 to 1, I get anxious. That's expressing a feeling. It's not codependency to express a preference.
I would prefer you not do that, but your program and your choice. That's not codependent? No. Why is not, least on the first surface, you're saying the person has a reaction. One of two things can happen. The reaction can go underground and are not supposed to say anything because I'm supposed to say on my side of the street, but it's in the room. They feeling is right there.
So the options would be to not say anything and talk to your sponsor or some other support groups, which is not a bad option, but it doesn't mean you can't say right now when I hear this, this is what I'm hearing and feeling and I would feel better if this other choice were made, but it's your program. So I'm not trying to control you, just trying to tell you my thoughts and my feelings.
As an addiction professional company think outside the box a little bit. It's probably not a bad thing for partners to do, or you take addiction out of the equation, and you say here's someone with depression, and is severely depressed and they say I should really

stop seeing my therapist her in the partner my say unconcerned about that. You probably wouldn't say that a bad thing for them to say. You probably wouldn't say I'd really prefer you not do that. Can we talk about this? It's your choice, but probably wouldn't see that as a bad thing. I'm making some generalizations to make a point. But with addiction, we need somehow in recovery a different set of excitations and criteria that for some reason, I think it's worth challenging. Maybe there are areas to think about how emotions can be expressed without a fitting into this codependent controlling or enabling behavior.

Back to trauma informed treatment. These are the three areas I want to focus on for the west of the revenue. So we want to assess for previous trauma, current trauma, and anticipating trauma. That may sound funny, the first to not so much, previous trauma, yeah, current trauma, that's not surprising, but anticipating trauma? One of the research findings that came out of the recovery project is the concept that the first year of recovery is traumatic for the couple.

So is very appropriate to say welcome if you are working with a newly recovery individual or couple or a context in which you are doing both, it turns out that research at the first year, recovery is really difficult and typically traumatic for couples. So really good intervention, and the individual or couple comes in, I'm in recovery, make my partner has been in recovery, less than a year, I have a couple of thoughts about this, we are really struggling with our relationship and what is happening and are all these courses that are coming up around the holidays and how we are going to manage them. So then you could say something like this. You are right on track with what we expected in the first year of recovery. It's difficult for every couple mostly. Answer was normal to struggle in this first year.

So let's talk about the things you are most concerned about and come up with some possible strategies. So there's that. If you actually want to read something -- retelling of the family recovery, this is Stephanie Brown and Virginia Lewis, there are a couple of sentences. I will quote her actually, starting with the concept of trauma is really important pick this is what they wrote in the book called family recovery. Abstinence marked the beginning of a new developmental process that has a profound complicated impact on the whole family.

And Stephanie is quoted oftentimes it as saying recovery and trauma kind of go together initially.
So here are the three different components of trauma that I'm going to be talking about for the rest of our time.
Probably not surprising, the impact of trauma, trauma experienced in the family of origin. So what I treat addiction treatments in a graduate program, oftentimes in the first class when we were meeting in person, I would get student volunteers and had two student volunteers -- this is nonverbal role-play -- you're going to be the parents. So there are nonverbal stuff. So there is a child in the family and look at the child being in the middle of these two pointed fingers. Traditionally, addictions are that person's history. So there is, there appeared
And that trauma paints a picture of how I'm supposed to deal with emotions, how to deal with stress, how to deal with relationships, how we deal with intimacy, how I learned about attachment if you are a therapist type person, attachment issues and weather there is an insecure kind of attachment or anxious attachment, trauma impacts that.
So there is an it -- inability to form that kind of healthy relationship one I hope to achieve when there is a lot of trauma in the background. So counselor types are pretty familiar with this.
So it's important to say when I'm dealing with this couple or this individual in recovery, I want to focus on early trauma, I have to be mindful of the trauma history even before they got addicted. In one of my training videos, for the class that I do, the on-demand class, there was a couple that gave permission for their therapy, and it was used for educational purposes, training purposes. And in the trauma part where I'm working with an individual under trauma, the gentleman was really struggling with his behavior with his children.
So the guilt and the shame he felt with the trauma that was brought into the family because of his alcohol use disorder. So there's that.
But what became very clear is that he grew up in a family where there was a lot of trauma. There was physical and emotional abuse that he experienced as a child. So when he is dealing with his guilt feelings from his addictive disorder on his family, not just that trauma he's dealing with keys dealing with the negative messages and all that

imprinting that came back from years ago where the narratives were, you are bad. You are worthless. You can't do anything right.

So we are processing the trauma brought into the family by the addiction. That comes up. It was really important to help him separate the different sources of trauma to say a lot of it is happening now, and it's all negative messages that you have integrated in your brain that get triggered when you're thinking about things you regret now because it's sounding a lot about -- like the things you're told when you are bad. So the psychoeducational part of addictive disorder is it's a brain disease. If not, and you know the changes that take place in the brain. But he had a hard time separating the difference between all the trauma from growing up to the trauma of what was happening in his family.

Right up until recovery. So at the time I started therapy with them, they had had about four months of continuous recovery. So he was currently doing AAN had a sponsor. His wife was in a Kaiser codependency group basically. So that's impact of, from family of origin.

The second component of trauma is trauma experienced in active substance use disorders and process addictions. So think about this timeline, the child growing up in a family where there is trauma, then you go on the timeline and go okay, there's trauma brought on by the actual diction. And so we need to be able to talk about what that trauma is in the second intervention I will cover with you today is exactly that. How to talk about and begin to manage the impact of trauma from the active addiction. And actually have top partners talk about it.

They might have done this, and this is what I do in my workshop, there's a lot of set up that is done to do this, but the second you can pick about. Maybe there was a way to do this with the individual is not the couple in terms of my comfort level with his. So trauma experienced in active substance use disorders.

What we have here is entering into another holiday season, people with the recovery treated by this first year of anything, birthdays, holidays, celebrations, and thinking there is trauma here. Remember last things giving clicks the previous Christmas or Kwanzaa or whatever it is? Remember when that happened? Around that trauma happens because letter here. There's something we need to actually address.

I focused more on his last year, and that is we have the proverbial elephant in the living room which refers to the addiction that nobody is talking about. There is. The Collier like injection, don't talk, don't trust, don't feel. That is embodied in the elephant.
There may have individual get into recovery can have the couple's relationship and beyond, and you're not supposed to talk about recovery or the impact of addiction. So what we are doing in my mind, is we are actually potentially sort of initiating trauma again because that's an injunction made in active addiction. We are not also talk about this. Can't say what is happening.
And now the same thing is happening. With recovery. We can't talk about it. So to me, it feels like that in itself could sort of re-trigger some of these responses of safety. So we are going to talk about how to get around that or at least attempts to move through it with put it that we.
And then this one sometimes surprises counselors, oftentimes not, but this is the concept of trauma experienced in recovery. Why would recovery be traumatic? There are a lot of reasons. One is that they have a family -- we will talk about the couples relationships, but the couple relationship. We have the person with the addiction to something. Substance or behavior. And here is the seventh of the behavior, here's the individual and they are connected. Then we have the partner in the family. So what happens if the family tries to organize around managing that active addiction.
So there is a way in which it is doing its best to survive. Then the person gets into recovery and the bottom drops out because everything before pretty much is different now. How do we move forward? I'm really glad the partner isn't using anymore, but now what? Do we stay together? Do we want to say together? Who was going to drive the kids? So there is a concept of trauma of recovery.
So the initial feeling is counselors not training I diction so much what kind of ignore the trauma of recovery. And they will say good. You are in recovery. Let's talk about other issues. And the point here is this is where we need to start talking about issues, but the differences are in the family and the concerns you have as you are moving forward.
I'm going to throw in sort of a pitch for the concept of the legacy of recovery. That is an amazing concept in network he has done. The William White paper is an amazing

resource. So look that up. He has articles and is a prolific researcher and just gathers all of this information.
That the avoidance of addiction is we know how addiction can be passed on. But there is really good research that says what a dope on a family member gets into recovery come there is a legacy that gets passed on to other members and the odds of somebody getting to recovery if there is another family member in every is actually significantly higher than if no one is in recovery.
So there is a way in which we help couples and families manage, and go with the first years really tough, so 3-5 years, that's considered a durable point of recovery, and the research says 86% of individuals who reach five years of recovery stay sober for the rest of their lives. That's pretty. That's a lower relapse rate than many other disorders.
So there is a way in which somebody establishes the first three years, I still consider that the begin to move through that first three years, now there is a legacy that they are moving forward with their children and a new relationship with the family.
So here we go. Moving beyond codependency. Not a surprise to anyone, we should say, is the direct impact and consequences of the traumatic stuff associated with addiction triggers partners neural pathways that get developed leading to posttraumatic stress disorder. So this is the trauma from addiction.
Also sleep trauma from his family of origin step that might piggyback on that. So when a partner says I will be home at 8:30, going to a meeting, and is in home at 8:30, and the partners at home or someplace else and not there, not calling them, and that flooded responses like, it's 8:35, 8:40, where is my partner, similar to PTSD. I'm getting hypervigilant, flashbacks, scared, my heart is racing. That is not codependency. That is PTSD.
So that's not an abnormal response. It's a problematic reaction, you can work with partners to save what can you do in those instances, and there is all of that. But what I'm trying to differentiate is this one term of codependency seems to cover a lot.

That leaves a lot of stuff to be desired in my mind because of missing things. I think if we limit our concept of recovery for the partner to just that without defining some other things like let's address the concept of posttraumatic stress disorder, whose tensor

come with active addiction and that's understandable. That's not a sign of pathology that you have PTSD that the PTSD is problematic and harmful.

And what I talk about in addition to codependency, I'm not saying that a bad thing, I'm saying when I talk with clients, let's say let's find first what you mean by codependency so I understand what you consider healthy and unhealthy behaviors. So then I find that term.

So we have an understanding of what that is. Then I will introduce this concept of secondhand harm which came out of secondhand smoke, and the concept is that people's impact on people's use disorder have been harmed, and that is different from saying and limiting our definition to being codependent. The automatic assignment of this term, codependency, is just -- it automatically, their retribution is given to that person before you can talk to them, and it's been my experience. And the concept here is if we broaden the conferences say there are behaviors that you have developed in response to this thing called addiction, if we look at this concept of secondhand harm, it's referring to the harmful impact of this thing called addiction that has been brought to you and your family.

What I'm saying is when there's one addictive partner and were not addicted, and both can have addictions for the sake of this, secondhand harm, both people have been impacted by this thing. So addiction treatment sometimes overlooks this concept and limits treatment to codependency which is a logical thing to avoid. And how to but the impact of something that has been harmful without pathologist in a person and experience it secondhand.

So there are two areas to focus on. But codependency here which is find is healthy and unfit healthy behaviors, something that's not considered pathological, and that secondhand harm, I think we need to change the language in addiction recovery to include this concept for partners so we don't limit the nomenclature to the person with the addiction and the codependent.

It's the partner of somebody within addiction that has suffered secondhand harm and probably has PTSD. That broadens it and provides a way to destigmatize substance use disorders and provide the kind of hope that I think is important.

Okay. I would like to do some Q&A here for let's see, maybe five minutes. So it will be a kind of quick Q&A. Maybe a little bit longer.
>> I can ask them to you.
>> I can hear you.
>> The first is someone asked in the chat, how can we help couples come out and seek support from family in a culture that exists/assumes it doesn't happen among our people?
>> Again -- one more time.
>> How can we help couples, quote, come out and sick support from family and culture that insists or assumes it doesn't happen among our people. There was another question in the chat box that I can't see. Here's Caitlin's question. What do you suggest for working families, cultures -- that cannot believe in an -- where it is normalized? Many times we try to include family in recovery, but the family sometimes dismisses or invalidates it.
>> That's a great question. In my work with students, I make a requirement that the attendant opened AA or Al-Anon meeting, and a good percentage of these students have never heard of Alan I don't understand what it's about.
So depends on the context of your relationship with whoever you're talking about, but it starts with education to say here is what we know about addiction. For brain disease, there are three phases of developing an addiction. We know what parts of the brain are involved, but it ends up with a stop go mechanism that is broken. So we start with that period which means if not a moral disease. People do bad things both not because they are bad people.
Support of that starts with education and providing an understanding about what the couple, if we are talking about couples, needs to do to make it safe to engage with their extended family. And I will tell you, we don't have time to talk about this so much, but I will summarize the answer right now, is that what happens is when an individual gets into recovery, and let's say there is active addiction or active drinking of some kind, when the person gets in the recovery from the extended family of origin, typically there is a break in the relationship. It's really hard.

So you prepare your individuals to say let's talk about the concerns you have about your extended family and what you might be able to do to address their not understanding of what is at stake for you. I think I would answer it that way.
>> Thank you. Sharon asks, can you review quickly the difference but in codependency and secondhand harm?
>> Codependency would be behaviors that we might classify an inability to set boundaries. So self-care kind of goes to the back, enabling behavior, not addressing issues, codependency has to do with boundaries, being really confused about boundaries, and it's an unhealthy pattern of behavior in which a person is desperately trying to compensate for the chaos and lack of control of the family. So it leads to increased anger, low self-esteem. Those are just a few generic concepts associated with codependency.
Secondhand harm is just acknowledging the impact picks out has to do not with behavior that you're doing that might be considered codependent, but it's talking about the impact of this thing that is devastated you and to provide opportunity to say let's talk about how this has affected you. So in an individual that might be codependent with a hook and I do to stop this? And then we need to talk about where this is impacting you. Where are you seeing the impact?
And the intervention I will get to vary shortly, can provide some really good guidelines if you're doing the heart intervention for the record, that you as a counselor can do with an individual, if not a couple. That you can do. If you are facilitating the interaction between partners, that's a whole other level. So you have to filter through this falls into something you should be doing. But you can use the heart intervention on a one to one, to look at the behavior that is unhealthy and feelings that are leading to that behavior. Think I will say it that way.
>> Okay. Time for one more?
>> Let's do one more.
>> How would you talk to a volatile couple who did not speak like that? Mostly was in some families depending on area of culture do not use specific language. Some might someday use very abusive goods. How you focus on that especially when severe domestic violence is involved? Let's start with that.

>> Is if there is abuse of language between them? What would you do?
>> Yes. Somebody is very abusive language how would you approach that especially when severe domestic violence is involved.
>> I just a consultation on that. They are trying to increment the methodology of the Gottman frame. So this usually involves criticism, defensiveness, contempt, that's abusive language. It's coming from a place of superiority. So the counselor doesn't let that happen. The counselor says let me stop you. Right now you are doing name-calling and this is harmful. I defined psychological using verbal use in the following way when you put somebody down, when what you say is not right, you say this is what happened, that's another form of contempt. So it's really important that the counselor expressways, alternatives, to that kind of language. So you say instead of calling your partner an idiot for not listening and not understanding, you would say, describe to your partner how you feel when you don't feel understood.
When I don't feel understand, this is what happens -- understood, this is what happens and this is what I need instead. So give them a strategy to express their emotions without attacking. It's a very structured approach, but the outlines are pretty clear. It's on you describe yourself, you probably not content to ascend abusive. If you are describing your partner, maybe you are running the risk of that, that's what we want to stay out of.
>> Okay.
>> I think we'd better go on so I get this stuff in. That all right?
>> Yes.
>> So let's keep going. Here we go. Polling question number 2. Thank you, Jessie. Do you want to read it?
>> Is acceptable to encourage partners to share about their own recovery. And you can put agree, disagree, or not sure. This is poll question number 2.
>> We should have a drumroll soundtrack in the background. We have that?
>> I wish I could. We don't have the add-in for sound effects yet. All right. About 3 more seconds. So get your vote in while you can.
All right I will share the results.
>> 91% agree with that. 2% disagree and the rest not sure. Thank you. This is a higher number than I would have expected of people that agree with that statement.

Of course you are here because you are interested in couples recovery, so there is that, it's a self selected group to some degree.
It's acceptable for partners to share about their own recovery. There is a way to do that without getting to this codependent word, boundary. This is what I talked about in the last workshop last year, are three interventions on how to do this called recovery maps period to share about your recovery, how to ask about their recovery, your partner, and talk about couple recovery. So let's go forward.
The actual interventions. So here is the first one. Family of origin filters so that first level that I talked about the impact of the family. I am in potentially traumatic impact that is carried on and not excited to go away. So the concept here is that we have these filters and this is true for all of us. Of course it's true for all of us. What did we learn in our family about how to manage, express feelings, how to be in a relationship, what that means, the relationship we should have or shouldn't have with alcohol and other drugs, what did we learn about our family about roles, rules, perfectionism, and if we are not thinking about what we have learned, not helping our clients figure that out, that's good to impact their recovery. So the idea is the thing about these filters. And this picture represents generations. Can I let this picture. So we start with generational stuff that gets passed on. And a million years ago when I was doing couples therapy when I was in graduate school, I'm dating myself, this goes back a long time, and there was a story that stuck with me, the wife was cutting out the end of the roast, and then her daughter would cut the end of the roast off every time they had a roast. She cut her off.
As of her daddy said why do we do that? And her mother said, I don't know my mother always did that trip so they asked the grandmother. She said why do you have -- when you cut the of the roast off? And she said the parent was too small. So that tells us to say oh, maybe we don't need to do that, which leads to this slide. We need to look at how you can incorporate this deal with potential trauma from family of origin. The concept is to process with your client, whether you are working with individual or couple, put the person says I don't know how to deal with my anger. So here's your intervention. What did you learn in your family about how to talk about or how to deal with anger? And one of my recent couples that was exactly what happened. He was talking in this -- I should tell you this -- there is a focus group of couples, and they are sharing with this --

each other. It was not in therapy or process group, they were just sharing. And they were just sharing with each other. It was a focus group.
He said, I don't know how to deal with my anger in recovery. What I learned, this is what got me into the research, this was a team that kept emerging, so this is what got indebted into the theories, I learned that only my father could express anger. And he is the embodiment of alcoholism. He would get angry and scream whether he was intoxicated or not but especially bad when he was intoxicated.
So I have no idea if he might get angry, he said, I drink or I would drink. How do I deal with that now? So what we are dealing with is the impact of his father's anger and the trauma in his own fear of losing control like his father did.
So the trauma associated with expressing anger really sort of impacted his ability to manage anger in his recovery. That is kind of an important thing to talk about.
Another client, here's what I learned about expressing joy. She expressed, she said basically I learned I'm not supposed to have joy. The only person who was supposedly happy in her family was her mother. So she said I don't know. When I would complement myself, she said in her family, you might say I made the team I did this or that, the mother would say you're so proud of yourself. You think you're above everyone else. Not better than your sisters. That kind of stuff.
So we have this, self depreciation that was embedded in this person's brain years ago. So her inability to express joy was impacted. So we ought to talk about that. To learn about that? And we will get through how you can work through this in a second.
Grief is the single biggest emotion a chemical in the research I did that people did not know how to express grief. And one of the things in recovery struggle with is the grief experience over not being able to use anymore. There is always negative stuff that comes with it, but the grief is all about it's a loss and I don't know how to manage my emotions. Early on in my career when I was working with individuals and couples in recovery, one of my clients said you're kind of like a feelings doctor. I said yeah, actually. That's not a bad description. Because we are learning in counseling but your emotions are and how to express them.
That goes on to some other things that can be very, very interesting. So you look for opportunities to talk about these things. Tired into the family of origin that there is a

story to be told, how did they learn about love, perfectionism, how to be in a relationship. Then about roles and beliefs about what it means to be a man or a woman or have gender fluidity. Maybe there wasn't a model for that. What do we do with that? This is what I learned.

That I learned about parenting and discipline and to be a partner pick what I learned about sex and sexuality. Self-care versus selfishness. Trust, sharing thoughts and sharing feelings. There are a lot of stories to be told here, and as identifying with your clients, these are struggles are with emotions and withdrawals, then you can kind of take it to the next step which I will talk about in just a second.

There was another study I will refer to right now and I think this is just before we started here, and they study that came out in 2011 in trauma and couples. 13 authors, I've never seen more authors than this, basically identified the impact of PTSD on couple functioning and how to manage that. What's cool about that is this replicated two of the three things I focus on even today, for they talk about our roles. What role do I have now is a partner in recovery? What role do I have as a person who is not trying to get on the other side of addiction? And what actions do we need to take to support a role that works in a healthy way for the both of us? So goals was identified, there were five primary categories, roles, from this research, boundaries, how to manage boundaries, intimacy issues his number 3, and their hunt slides on this, because I just decided to share it right now, it is messy issues, both sexual and emotional, so not a lot of trust, and what we have learned from the Gottman Research is that trust is increased with what is called -- Gottman calls emotional attunement. Emotional attunement is defined kind of like in an interdependent way to say it's a partner's willingness to listen to their partner's story, even their negative emotions.

When does experience, faulty betrayals and addiction, there is a low trust metric, point the we start building trust again, you have to start trust your partner. You could say you begin to build emotional trust by presenting a willingness to listen to what your partner saying. Partners learn from the history that this is something you if you are willing to talk about, you can pierce so for partners to talk about the difficulties and challenges they have had in managing emotions in the home. And it's just so powerful to help name things first of all, to provide a narrative that changes the narrative they had prior, there is

something wrong with me and I shouldn't complement myself, I should stress the things I'm proud of because that's bad. So that one would call that a frame of reference in the person's head. It's okay for a person to do that. And you explore that history and sacred you learn that? And headed that impact you? Has that impacted your relationship with recovery? Can you acknowledge the changes you have made in this process of recovery which is so challenging?

That leads to the third slide on this. Shedding beliefs and behaviors pierce so when you create the network with your couples, they hear something should learn, you're not supposed to express anger, or acknowledge your strengths, then you could have partners ask each other or if you're working one to one, you could ask the counselor if you could change one thing about you learned -- what would you hope to change about learn how to expressing, acknowledging the strength and changes you have made that you feel so proud of? And let's talk about that. What have you learned and what do you hope to change?

And the listener if you're doing couples work, his you assign this process to say I just want you to listen. If you are doing dyadic work in the listener's job is just to listen to not to express their opinion. You are just listening. So there are two versions of this that we are going to talk about. One is individual counselors, counselors doing individual work, you can do all three interventions on a one to one. You can do interventions in a family group. Depending on the circumstances and the context, to say it looks like there is a struggle with expressing anger. Can other people relate to this? There is a couples group or family group. Let's talk about where we learned these things. What did you learn in your family?

So depend on the appropriateness of the expiratory questions like that, you can look at levels of disclosure and say this might be something that you have learned it family of origin. If that's the case, it might be worth talking to a therapist about that are exploring a little bit or journaling or something. What do you think?

So you can raise issues without getting into a so-called therapeutic stance if it feels like that is not appropriate for any reason.

So if you're doing couples work -- there's that. If you are doing couples work what I do and what is in the government frames called dyadic couples work. Dyadic couples work

is this peer you have partners talk to each other and the therapist facilitated conversation. So instead of telling me, it looks like expressing anger is a concern in this relationship. So it might be help or to exploit a little bit for you learned to manage anger. So go back to, this is what I learned about anger or whatever the emotion has are whatever the thing is that comes up in the context of the session, whether it's parenting or what is like to be a partner or whatever. Maybe you could share with each other what you learned about anger and you help facilitate that conversation and sort of what is the story underneath this, to see if there is enough trust.

But there are also levels of transparency. So it can leave what I learned not to deal with it or it's never dealt with. That would be the appropriate transparency. If you go further with that, and is appropriate, are you ready to share more about how that impacted you? Tell your partner that was -- what you learned that was difficult or how you managed things. So you take it through different levels of transparency. Hopefully that makes sense.

Because from a little bit of transparency, which is fine under many circumstances, to developing a deeper level of transparency with all of these interventions.

So that intervention number 1. Family of origin filters, how did what you learned in your family of the trauma you're experiencing your trauma impact your belief about this thing? And what I would find with couples is are not structuring this with this -- let's try this. It's coming up in the interactions and they are struggling with it -- emotional expression are struggling with what it means to be a partner struggling with something, then there is a moment of opportunity to say it may be that you have learned something about this thing in your family. Could we explore that little bit and share what you both learned about this thing and how it impacted your current behavior?

And you could second set as well pick there are things about this that you think well no longer work for you. Are the things you would like to do differently? It's okay to express your anger. One way you could do that is express what's going on, how you feel about it, how you can make it better. I felt angry when we started a conversation just walked out of the room, one partner says to the other. What I needed was to have you stay there and respond to me.

So that's shedding something other than name-calling or withdrawal as an example.

So polling question number 3. Jessie, you're on, if you will read it.
>> I have launched it. Typically couples in recovery should be discouraged from talking about the negative impact of an addictive disorder and instead have them processed, individually. Agree, disagree, or not sure? Can everyone see that poll?
>> I can.
>> Are not seeing any votes coming in. I'm wondering if it's working. I just tried to relaunch it again. Every go. About 5 more seconds. Thank you, everybody. I will share the results.
>> Okay. So if you% disagree, 11% three, and 9% not sure. I think this is the most controversial, this one here.
So I asked think I will give you, is if there is a structure to it edited appropriate and certain criteria are met, this is the one -- the results from this have been really amazing to me. The way it is structured, look at this title, HEART, the acronym stands for Healing Emotions from Addiction and Recovery Trauma, the concept is that it is actually important for couples to talk about the impact of an addictive disorder on themselves the relationship, and the family.
And go, wait a minute. We're not going to stop -- stuff. And it will stir up stuff, so there are contraindications of when if ever this should be done. But it's been very interesting since I have done this in treatment programs and by online version of the journey where partners are doing exactly this and there is a very specific structure, the context for this is the set up. So they set up as this. I have used this intervention with any major psychiatric diagnosis as well or even physical diagnosis that has had a pretty -- pervasive impact on the couple's relationship. And the concept is this. You can transit this into anything else that's big, so this thing called addiction has invaded your relationship. It's the uninvited intruder that has busted its way into your relationship. And it's created trauma for the both of you, person with the addictive disorder and your partner in family.
That's the nature of addiction. With it comes all sorts of trauma and you may have your on sound bites about how addiction impacts individuals and couples. Good people do bad things, there is an impact, the trauma that happens.

So we can do one of two things. Like I said earlier, just push it down and say we can't talk about it or we can talk about it in a way to process the trauma in a way that helps couples through it. This is a tricky intervention. But here's how I said it. With that dyadic group, if you have the couple in front of you or the individual, you would modify this to do this if it felt appropriate, post. -- of course. So the speaker describes a specific meaning for situation or memory, an event that happened during active addiction. The emphasis is on the event, not the generic you weren't there for me and the kids. You never loved of -- loved us enough to -- one client where her husband wasn't recovery for alcohol and opioid use disorder, and she simulated dispute she said how could you love this as though she were holding a pill, she wasn't, but how could you let this more than me?

So there was this horrific experience she had with that. So the idea is I tell them, pick a specific event that you recall that was really difficult. You are going to talk about it, the impact of this event, not to linger partner, or the partner, the one with the addiction or the one with without, not to assign blame to you, what we are talking about is the impact of this thing called addiction that has influenced your relationship. Here is where you can translate this into other comorbidities like bipolar disorder. Did a referral today for an individual who probably has bipolar disorder. And it has impacted this person's relationship. You can actually use this.

This thing that has invaded your relationship and create all this, we can talk about the impact of this thing or we can not acknowledge it. But the idea would be to describe yourself.

The listener ask questions like this. So your job is the listener is to understand and to make it a safe place for your partner to express this period or for the counselor to say I want to make this as safe as possible so I would like to ask you some questions if you are willing to talk about this with me. If not, that's okay, or if at any point it feels overwhelming, we can stop and talk about what is happening right now. So there is no pressure, never pressure in any of these interventions. If it feels like you should stop, stop. You can say I'd like to stop, and let's talk about what's going on.

Other times I have done this, it turns out I've never had a couple do that. They have been able to see it through. I think eventually it will happen Pickett done a number of

these things, but it's surprising to me that it hasn't happened yet. It has been quite amazing because if it is structured the way that says this is not about faultfinding, this is not about to bust think that is really difficult. The reason we're doing this is we are helping your partner expressly trauma the Healthworks through these feelings. Otherwise they get stuck.

What you do is structure and say here's the goal is to talk about the specific event. So first of all, partner said I am talking about last year, I want to talk about last year, it was a hollowing party. He said, hollowing party, and it was two years actually, it was a block party, probably pre-COVID, and she got really intoxicated, was stumbling, was flirty with neighbors and stuff like that. So he wanted to talk about that. The idea would be in recovery, if you can ask your partner these questions, how can you tell me about your feelings, I felt hurt. I felt angry. I felt like you didn't care.

I would stop them and say I didn't feel cared about. Because you're not describing your partner, you are describing yourself. These are your feelings. What did you understand about addiction at the time? So the listener asks that question were you asked the question or facilitate that question or some version of this.

I didn't understand anything about addiction. I didn't understand that you could stop. Didn't understand what was going on. Like the woman that simulated holding the pill. I didn't feel loved. This was more important to you than me. What do you understand about addiction? This is just a sample of a few questions. I have a list of more questions, and if you can't come up with your questions, you can process this in ways that feel right to you.

Then put it is said about addiction is it is a disease. It is the ability to stop or impulse control isn't working so well. It is still painful, but I understand more about it now there is that understanding.

Then one of the golden questions, has this reminded you of anything from your family of origin? As a matter of fact, we are processing trauma from back here, trauma from addiction. And that's a pretty powerful impact.

Inwardly treatment programs, partners get to talk, the breakout, and they do their thing. It's not role-playing, the thing we are talking about here can then if they have questions I come over and answer questions.

So has this reminded you of anything from family of origin? That comes up a lot. This one guy that was in an outpatient program in Southern California, he was basically sharing his story of one of the traumas he experienced. He had never shared with his partner. He was the one with the alcohol use disorder, and when he got under the influence, and he got so intoxicated he basically totaled his Corvette, I think it was that he had. That's trauma, but what was significant is this is a car that he and his father had rebuilt and his father had died subsequent to this.

So what this was for him was this very meaningful car that had history connected with his father. He already had tremendous guilt about his activities during the years, but this is one connection to his dad, was working on this card together, not a lot of conversation, but something they worked on together, so when he totaled the car, I felt to totaled the relationship. So whatever religion had with his deceased father was gone. So the tears were flowing on him. It was about a material thing at all, and what was interesting -- first of all he was able to share that pick what was interesting is oftentimes the partners of the pertinent the persons with the addictive disorder, doesn't occur to them that their addictive partner now in recovery is traumatized by their own addiction. Because they have been traumatized kids have been traumatized in defense have been traumatized, but you're the one with the problem. So when you explain in the context that addiction takes people where they never want to go, that this is one of the symptoms of the disorder for the prefrontal cortex is off-line into single -- decision-making and impulse control doesn't work, the brain is hijacked, Kevin McCauley does an amazing job, look at his stuff or -- webinars for NAADAC, there are many videos that explain the neural about biological aspects of addiction.

I had one couple who attended the workshop, and she was so angry with him. Weak 1, we didn't do this. Week two, we did HEART. She said this was a breakthrough. So when we did this particular checkup she said for the first time, she wrote me an email, she said I think this saved our marriage. So there was that and here's why. It's the first time actually occurred to me, that we had both been swept away by this, that addiction. And actually talk about it for the first time. It really changed the narrative from he is bad to we have been impacted by this thing.

Is not like you're going to have one session that will turn things around pick this is not a promise for anything like that. It's just changing the narrative for people say, we can talk about this? Yes if you follow these guidelines. Stay away from blame, accusation, stay away from defensiveness. If either of you feels overwhelmed, we will stop and talk about it. And it's just a very powerful intervention.

I said something about this intervention last week, and this is a little more detail in this webinar.

And to stay with the timeframe, I want to give you the final one. So we have time for Q&A in about 10 minutes.

So this is something that wouldn't necessarily up here as an intervention for trauma, but it can serve this really well. So routines and rituals of connection is the intervention. And what that refers to is understanding that there are certain things that both routines and rituals bring that are important to understand.

Here's what they are. A routine is defined as a predictable event, an activity of some kind done regularly. Family members know what to expect and how to things will get done. So we know when we'll have dinner or what happens weekends. There are certain routines. Could get up in the morning, takes the kids to school. We have these routines. These are things of family life that need to be safely integrated, that brings consistency and safety period and with many addictive disorders, there is a disruption with routines. Most are probably would say depending on the severity of the addictive disorder, tends to disrupt the routines. So who was cooking dinner? Nobody. My parents are both under the influence. Or everything gets sort of blown up. Many things as a retainer family life get blown away. You can't count on anything happening.

For example, household chores. Who does what? Meal planning and preparation. House maintenance, what you do in the morning and evening, who gets up with the kids, on and on. Childcare responsibilities, budgets, do we talk about it? Do we have a routine for managing spending? To talk about what our budget is?

So it's a predictable thing that is core to family life.

Here's what is different between a routine and a ritual. This comes right out of the Gottman methodology. So a ritual is defined to same as routine except you are adding one thing. It's predictable, people know how it's done, typically done with some

regularity or purpose at a time that people understand and anticipate, but it's meaningful. It's not just we are having dinner at 6:00, and typically what happens is we check in with each other. How is your day? Highlights, low lights? How do we greet others in the morning? How do we greet each other at night? How do we deal with things that are important to the both of us? Do we have date night?

So these are informal rituals I just sort of the day in, day out how things are meaningful. Sometimes there are pet names that help with these sort of things. Or the idea of spending time together -- here's a great example. A research couple where they were both heavily into alcohol in the research they identified as being recovery from alcohol use disorder. He did not pick what they talked about was when she was drinking, they taught them would have two hour cocktail parties, just happy hour. So they would drink for two hours. And then I got the audio transcripts, she said I don't have time for that. We would spend two hours thinking. And they were part of its focus group that met over seven years, extended recordings over a seven-year period to see the things that are emerging as important dynamics that this concept a couple recovery, they said well, several years into this, he said I think I have an alcohol problem, too. So he diagnosed himself or identified he was alcoholic.

And they were trying to re-create ritual that worked for them with a nonalcoholic happy hour. And it really didn't work at all. They stared at each other and were bored to tears. So they had to find another ritual that gave them a purpose like this nonalcoholic happy hour. So they got another thing that was meaningful that they felt connections with. For example, taking walks together, setting up check-in meetings to see how we are doing, and then we have formal rituals. Formal rituals are defined as sort of the calendar holiday stuff. Birthdays, so with all the holidays coming up, here's where it is important to say, so last Thanksgiving or last Hanukkah, there were these events that happened. That were traumatic.

One of the ways you can help bring stability to a couple, family relationship traumatized by rituals and routines that have been destroyed, is to acknowledge the impact of addiction on rituals entertains defining the differences between them and couples in early recovery, I usually start with routines. So back in the house, routines are going to be different for both of you insignificant ways.

So let's talk about that, but it's been, and what it means to create safety now. I did demonstrations with a couple in this class, there was this concept of him, at SLE visiting his wife and two children and they were trying to develop a ritual of him visiting her can what was happening is that he would get so upset and angry that he wasn't living in the house is that he would just leave suddenly. And the wife would go where's dad? I don't know.

So we need to talk about a routine that worked with them. The ritual was you show up on which nights. If you start feeling anxious without any need to leave, this was kind of into the -- category, how can you do to let your wife now and your kids know, and they make it okay for you to leave. So they came up with a plan on what he would do differently that was built into their Tuesday routine and then developing rituals on his visit while they were there so the kids could count on that. So it was sort of a combination. An interesting thing.

So the idea is let's talk about it. Let's figure out what happened last time and what has happened in the past and what we need to do differently this year or going forward. That is an important thing to talk about the impact on the past, but also to integrate new behaviors to say well, we need stability in this family and in our relationship by establishing routines that we both understand how they work and to establish rituals of connection. Before we go to Q&A, one of the things I do with my couples is when they start sessions, couples in recovery that have set the stage for doing this kind of thing, is to have partner 1 talk to partner 2, it doesn't matter who has the elective disorder, tell your partner, on the scale of 1-10, how are you feeling separate from us. 10 as I can feel better, 1 is I couldn't feel worse. So I coach the listener and the person reports how they are feeling. 2, 3, 8. Question 2 is what places you at that number. Question number 3 is what would it take to increase that number? In question number 4, is there anything I can do to support you or illuminate that or whatever you want to do with it.

Answer both partners do that. And then they do a relationship check-in. Andy listener asks, this is really cool ritual, actually, for couples, this could look like this. The listener would say on a scale of 1 to Ken, how do you think we are doing? How do you feel about your recovery, if You get that specific and if he is appropriate to do that. So how do you think we are doing? The listener says what places us there. We are not creating

conversation. You are doing an interview based on these questions. And then we establish what we are going to do in the session typically based on how they are doing individually and as a couple.
What places aside that number? What do you think we can do to increase that number or sustain it if it's already pretty good?
Then they switch and that's done with the other person. So then what we talk about his we establish what we are going to do in that session, and say this is something we think you might be able to integrate into your relationship separate from us, a ritual where you are checking in on how things are going with the two of you, for instance. So that's how that works.
All right. Polling question number 4. Ticket, Jessie.
>> All right. I launched it. Comorbidities, including addictive disorders, first should be addressed on an individual basis before attempting any kind of couples work. About 5 more seconds. There you go.
>> Okay. Agree. Comorbidities, 51% agree with that statement. So here's what is interesting is that there is another way to think about this. They don't have to be mutually exclusive. Some going to give you quickly cork concepts and treating comorbidities. The research I refer to with the posttraumatic stress disorder and what I have discovered in the Gottman work without these comorbidities is that you actually can say let's identify with what is going on that might be affecting your relationship. You don't have to excellent all relationship difficulties. The relationship is separate from the spirit but partners understand the nature of the comorbidity and how it might be impacting their partner, if there are challenges in emotional expression or if there is diversity, the concept of ADD and other cognitive challenges that people might be experiencing in emotional expression, if it's identified early, let's look at it is involved with this thing and we can continue couples work not to the exclusion of individual work, because that is important, we will talk about that, because this could be incorporated within the couples work, so the concept here to the degree you feel comfortable, normalized relationship struggles, advocate couples work,
And support individual and relationship growth. They are not mutually exclusive so we can help with boundaries. That's a big piece of this. Educate on the specific comorbidity,

explain the concept of secondhand harm and the process to say let's talk about this diversity think, which means that somebody has ADD and they can't concentrate, and this is a big thing with a couple I worked with not long ago, let's look at the nature of the ADD and it challenges your partner is going to have I'm listening. And provide tools to discuss the impact of the comorbidity and the impact of recovery.
These are the basic concepts that let us push the edges little bit. We can treat comorbidities within the relationship perspective.
And with respect to time, there we are.
>> I'm going to take a moment and introduce you to Jenna, who will show a quick demo, recovery path help substance abuse to deliver high-quality virtual care by introducing a recovery path out to your patients. You can stay LinkedIn on the process and use this for informed care. The sink was recovery let records for eating disorders and others for anxiety disorders for -- Jenna will stay after the amount and she can answer questions for you during our Q&A. So Jenna, it's all yours.
>> I don't have a short amount of time because I have to dedicate part of that time to Dr. Navarro. Dr. Arthur Navarra. I have a sister in recovery. And I have been so interconnected with her recovery. It is connected to the work that we do, actually. Thank you, Jessie. We have built tools which are geared at bringing evidence-based practices that we speak so much about into the hands of our patients so that they can make it as easy as possible for them to do the work of recovery in this age.
It's a family of apps because we know that we worth with everything and recovery, and flow for the clinician. So people can lick your account with these apps. The app for loved ones is 100% free. So what I'm going to share is clearly free to patients. You can upgrade to link with multiple patients if you find this to be a beneficial tool. I'm just going to rearrange here. So this is the recovery path app for individuals in recovery. This is linked with there's a message here, Jennifer seems distant this morning. And here's worried and he has asked about checking in tonight. She is going to do that. He isn't going to log that is a triggering event, but is had this meeting that was difficult for him. So this is cognitive heavier trigger, and people that -- and it was a work activity can look at my relationships and I'm going to say this was a coworker that I was with and what happened is that let's say that my colleague always undermines me. Like he had no

grace in that meeting and his work was being undermined and he was trying to challenge this negative issue.

The structure of the app is such that when a person is processing requesting an experience, their emotional state trigger, we give them coping strategies. There over 200 in the app that are addiction focused. So actions or skills that they can apply to overcome the present challenge. So I'm going to say that this is a good idea. And then I can get affirmations to distract me little bit and I can open this breathing exercise, it's a diaphragmatic breathing exercise.

And if they want to, maybe they need to go to a meeting, actually connect with the group tonight, they can see a bunch of virtual meetings make this is all of the virtual meetings, up-to-date meetings that are available. To do that, I going to look at my current location on this map, and I can see everything that is going on today, and maybe I want to go to this meeting where I can actually check in with that meeting, I can add to my calendar, I can get the information about that. So the meetings are very -- at top. So these are the meetings they can find.

So there are several check-in types, and they can be enabled based on what is relevant to the patient. I'm going to show you the actual interruption -- interaction. This person's wife can monitor -- as well as send affirmations to her loved one, we have a whole set of affirmations here that she can choose from. Let's see if I can go through and find something my husband is a big softy for kittens, so I'm going to send that to him.

And we mentioned rituals. There are a number of rituals out there that the couple had discussed their going to apply, send a reminder and add that to the calendar.

But a whole lot of ideas of enjoyable events that they can do separately or together. So maybe reading is something they did together. They can schedule on their going to do that. Those couples will be able to create schedules for doing that.

The couples can see that help them to prepare in the app as well. I only virtually had a couple of minutes, but I wanted to let you know that is a clinician you can rent the FNC what the partners are actually making. Just to transparency and have today. -- up to date.

>> General say here and I see some cousins coming in, if you read those in the Q&A box, Jenna can address those immediately. So feel free to write any questions. Going to invite Dr. Navarra back for our Q&A. Wonderful.
>> That's amazing, Jenna. That is a bloody brilliant product.
>> Can we talk? I think we can talk about so much we mentioned into the app.
>> I would appreciate it.
>> Okay. Dr. Navarra, I don't want to dismiss people's questions.
>> I see it from Julia, when do you decide to incorporate individual sessions in addition to couple sessions I'm trying to read too quickly. Right away. So it's really important to know, I'm not saying couples work is to replace anything, we never type 1+, the typology. So that means we're looking at support for partner 1, 2, and support for the relationship. They are not mutually exclusive. So they already together. That's what's so cool about it.
Anti-next question, I'm going to slow down so I can actually read. I have a couple that their whole relationship they were in addiction and now that they are sober have mixed feelings about even being able to be with each other since the other person sober, that was the only thing in common. So you normalize that period say we have moved from a relationship where the substance was kind of the organizer, and now recovery is going to be the organizer. So the struggles and the uncertainty of going forward are really common.
Into what we are going to work on his work on ways to support each other as well as further your own relationship by talking about your thoughts, your feelings, and your needs. That's probably the best way to put it.
I worked with a couple, they were sober for 17 years and they never talked about their diction trauma. Never. So they are having all these relationship issues that were problematic pick 17 years of continuous severity. They started recovery the same day. 17 years later they come into therapy, and all this step prior to recovery was popping up. So we talked about that and did some HEART work.
Another couple met in AA. He was in NA as well. He had about five years of continuous recovery, she had about three. So they didn't have an addiction history, but they had a common history. So what we did, is we are in recovery, that was pretty solid. However,

we are clueless on how to build a relationship and what intimacy is about. So our work then was to normalize the struggles, bring in the family of origin staff and to talk about it so they could move forward in a way that acknowledged their history, but to create a path going forward by doing some of the things we talked about today. Creating new rituals was a huge piece for them.
And in fact, they finished their sessions, and they contacted two years later and said we are really struggling. They came back for a short course of therapy because all we worked on was to re-establish their rituals of connection. Because they got so busy they stopped talking to each other, stop going out, so we put that back into place, and in this case, it's oversupply, that was it. They said yes. We lost connection.
>> I just want to make sure to show people that is the contact information for Jana and also Dr. Navarra. I believe that every second. For people to see. Think you so much for such a great presentation. I know there were some questions left, so as I'm wrapping up, if you want to take some answers. Also we will send questions to Dr. Navarra so he can send some answers to us.
Then we post them on the webpage for that takes a little longer. That's not going to be tomorrow, but that will be a resource that we make available so the questions are answered. Thank you so much pick this is such great information I know people really valued the visitation.

Just a word about CEs. Make sure you take the test within the next two to four hours and printer certificate. Also follow the instruction guide. If this is your first time, follow the instruction guide definitely. And if you have each issues come you can email us. The quiz is now active.
We have one upcoming webinar for this year and then we will be posting our whole line for 2022. It's coming soon. So get really picked we have some exciting ones. The last one for 2021 is walking alongside strategies to support parenting in recovery. That is on December 15.
And I think I might have time, so I just want to say thank you everybody for being here. Thank you Dr. Navarra, thank you, Jenna and I hope to see you guys on the 15th. Reminder that our short survey will pop up at the end so take your time to give us your

feedback we really do value that and we will pass that on to our presenters who also value your feedback as well. So take care. Enjoy the rest of your weekend or day and I hope to see you later.
>> Thank you, everyone.