Radical Self Care

MIND BODY PRACTICES WHILE LOVING AN ADDICT

STAYING SANE WHILE LOVING SOMEONE WITH SUBSTANCE USE DISORDER

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A little about me:
The Primary Goals of Radical Self-Care:

- Protect the mental health of caregivers of addicts
- Teach skills to promote the recovery
- Prevent maladaptive behaviors while identifying and supporting adaptive practices for caregivers
A Trauma Informed Approach To Family Stress

CARETAKER STRESS REACTION
**Addiction** is a complex condition, a brain disease that is manifested by compulsive **substance use** despite harmful consequence.

A few cited peer reviewed research for best practices of treating addiction:

Building Resilience in Families

- Although a best practice there is little research that demonstrates what best practices help families cope with the stress of a loved one’s substance use.

- Literature from the 1980’s to now focused on the term and concepts of Co-Dependency introduced by Melonie Bettie’s series of books.

- Al-Anon formed from the roots of Alcoholics Anonymous
### “Symptoms” of Codependency

- Low self-esteem.  
  - Dependency.  
- People-pleasing.  
  - Denial  
- Poor boundaries.  
  - Problems with intimacy.  
- Reactivity.  
  - Painful emotions.  
- Caretaking.  
  - “relationship addiction”  
- Control.  
- Dysfunctional communication.  
- Obsessions.
How is viewing caregivers as co-dependents helpful?

Can there be a better model in the era of trauma informed care?
Trauma Informed

Trauma Sensitive

Caregiver Trauma Reaction
What is the difference

Co-Dependency

• Having difficulty making decisions in a relationship
• Having difficulty identifying your feelings
• Having difficulty communicating in a relationship
• Valuing the approval of others more than valuing yourself
• Lacking trust in yourself and having poor self-esteem
• Having fears of abandonment or an obsessive need for approval
• Having an unhealthy dependence on relationships, even at your own cost
• Having an exaggerated sense of responsibility for the actions of others

Post Traumatic Stress

• Intrusive thoughts such as repeated, involuntary memories; distressing dreams; or flashbacks of the traumatic event. Flashbacks may be so vivid that people feel they are re-living the traumatic experience or seeing it before their eyes.

• Avoiding reminders of the traumatic event may include avoiding people, places, activities, objects and situations that bring on distressing memories. People may try to avoid remembering or thinking about the traumatic event. They may resist talking about what happened or how they feel about it.

• Negative thoughts and feelings may include ongoing and distorted beliefs about oneself or others (e.g., “I am bad,” “No one can be trusted”); ongoing fear, horror, anger, guilt or shame; much less interest in activities previously enjoyed; or feeling detached or estranged from others.

• Arousal and reactive symptoms may include being irritable and having angry outbursts; behaving recklessly or in a self-destructive way; being easily startled; or having problems concentrating or sleeping.
Aspects of CTR

- Recurrent, involuntary, and intrusive distressing thought(s) excessive worry, anxiety, or (uncontrolled outbursts of emotional reactivity.

- Disrupts daily functioning including caring for other family members, disruption in the workplace, or physical manifestation of illness (stomach ulcers or digestive concerns)

- Hypervigilance with an exaggerated startle response

- Problems with concentration

- Sleep disturbances

- A financial crisis in the family due to intrusive behaviors or efforts to assist the user despite evidence that the user is not requesting help or taking actions to help themselves.

- Invasive practices are to the degree that the caregiver is socially isolated from aspects of support or neglect personal self-care.

- Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or the person with substance use disorder.
Mind Body Wellness For Family Engagement

• Hear their story: You do not have to fix it just listen
• Let them focus on themselves and their experience to addiction
• The loved one’s addiction is not their fault
• Safety Planning
• Attachment is normal not dysfunctional
Radical Self Care Step 1: Rediscovering your body

• Yoga
• Somatic Therapies
• QiGong
Radical Self Care Step 2: Roller Coaster Emotions

• Mindfulness Strategies
• Meditation
• Guided Imagery
• Spiritual Response
In Conclusion….

• Reduce Stigma Of Family Members

• Research suggests that a skills-building approach is often as productive as supportive counseling for a loved one's addiction.

• Mind Body Practices aim to facilitate recovery, support functioning, and prevent physical ailments.