



Addictions First Aid

Practical Tools for Clinicians and Families



SANCTUARY

By Solace Wellbeing Group



Our Journey Today: From Individual to the System

3 Modules With Integrated Case Study Discussions & Q&A



Module 1 : Types of Addiction and Its Progression

Outcome: Identifying symptoms
and signs on stages of addiction
(preliminary)



Module 2 : Screening Methods

Outcome: How practical clinicians
can better screen patients.



Module 3 : Family Involvement

Outcome: Understanding the base
support system to mitigate
damage.

Defining Addiction as a Pathological Relationship

“Any pathological relationship to any mood altering experience that has life damaging consequences.”

-John Bradshaw

- Focuses on the *relationship* with a mood-altering experience.
- Characterized by its pathological nature.
- Defined by its life-damaging consequences.

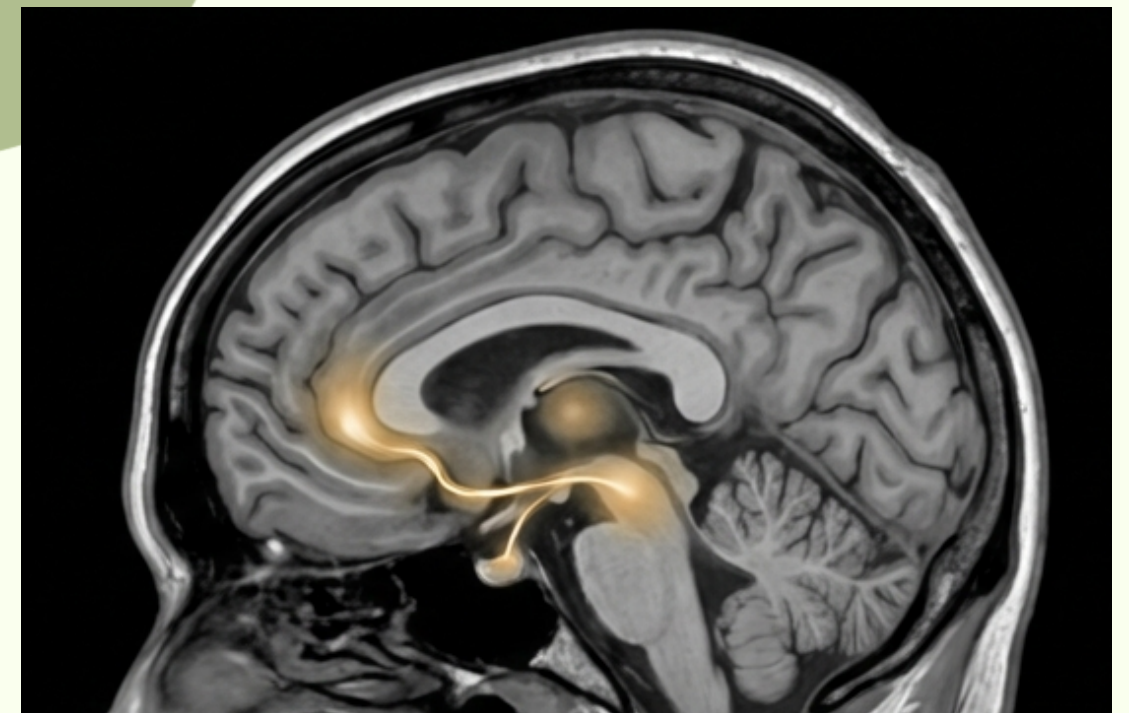


Why We Must See Addiction as a Brain Disease

○ Compulsion Over Choice

○ Alters Brain Structure

○ Creates a Treatable Medical Condition



The Spectrum of Addiction: Beyond Substances



Substance Addictions

- Drugs, Alcohol, Nicotine, Food Abuse (compulsive eating, bulimia, anorexia)



Activity Addictions

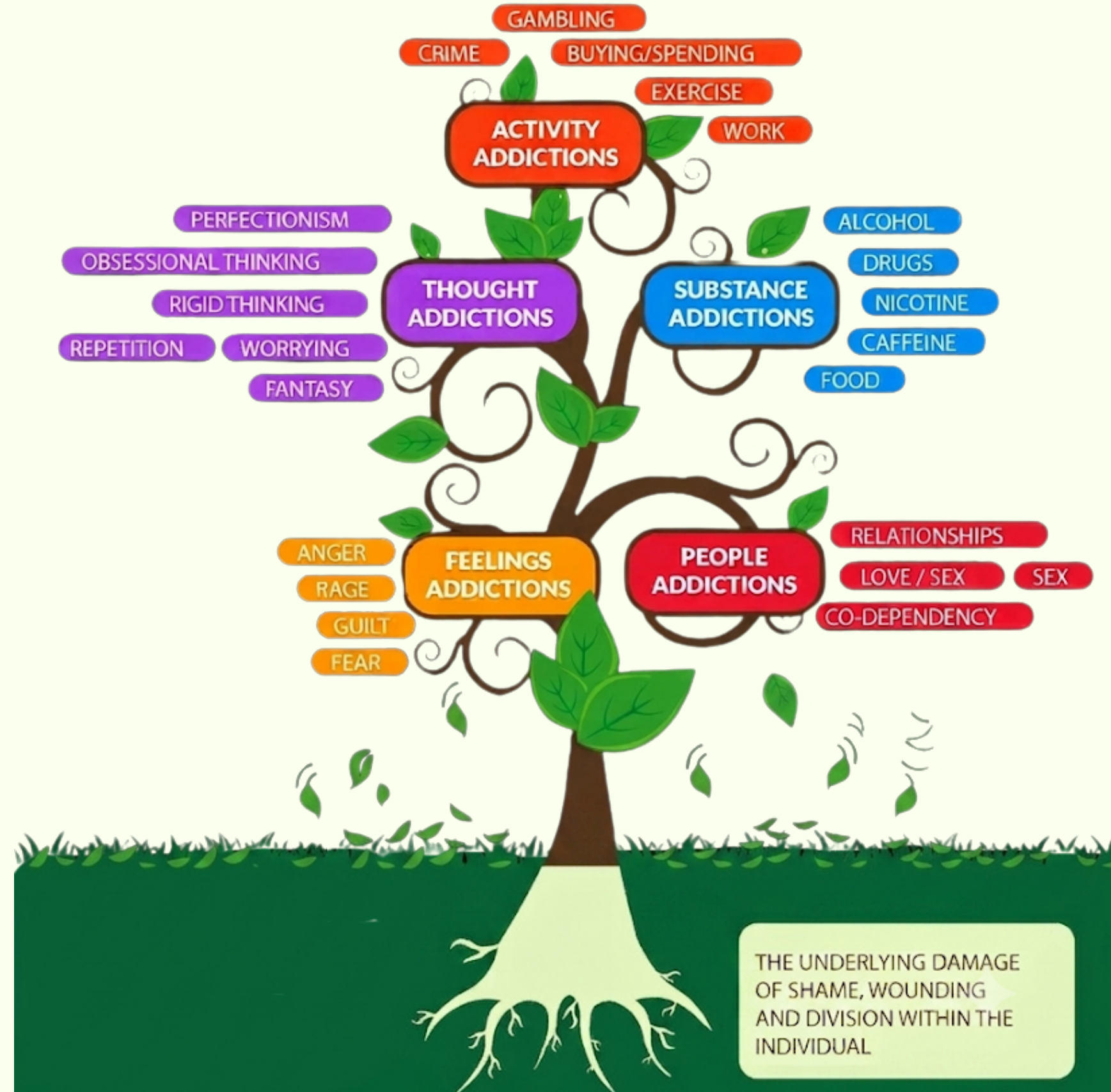
- Work, Gambling, Spending, Power, Exercise



Internal Addictions

- **Thought:** Obsessive thinking, chronic worry
- **People:** Relationship, love and sexual addictions
- **Feeling:** Compulsive cycles of rage, fear, misery or guilt.

THE ADDICTION TREE



The Unrelenting Nature of Addiction: The 5 P's

Primary Illness

↳ Not a symptom of another disorder, but a disease in its own right

Progressive

↳ Worsens over time without intervention

Permanent

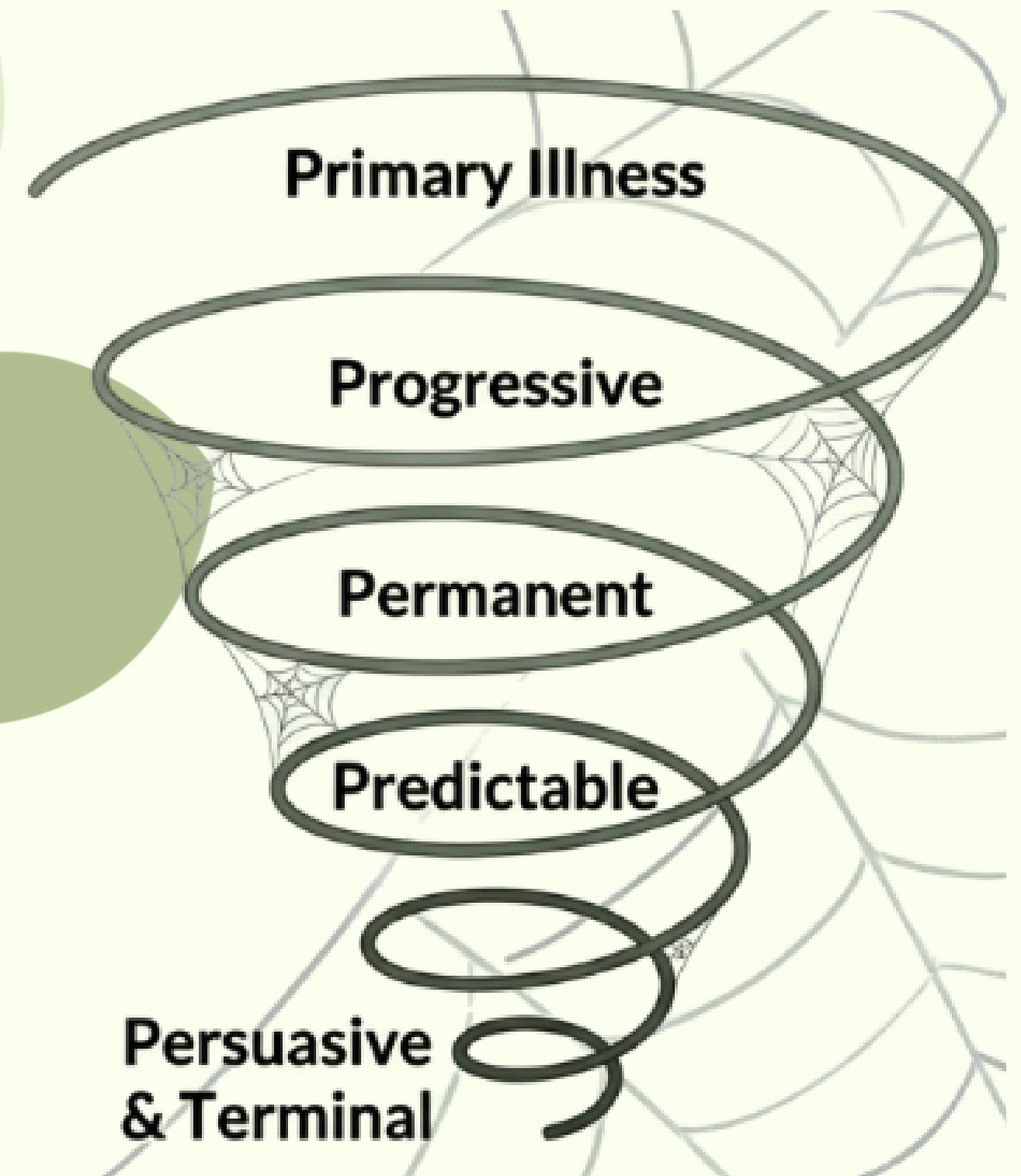
↳ A chronic condition requiring lifelong management

Predictable

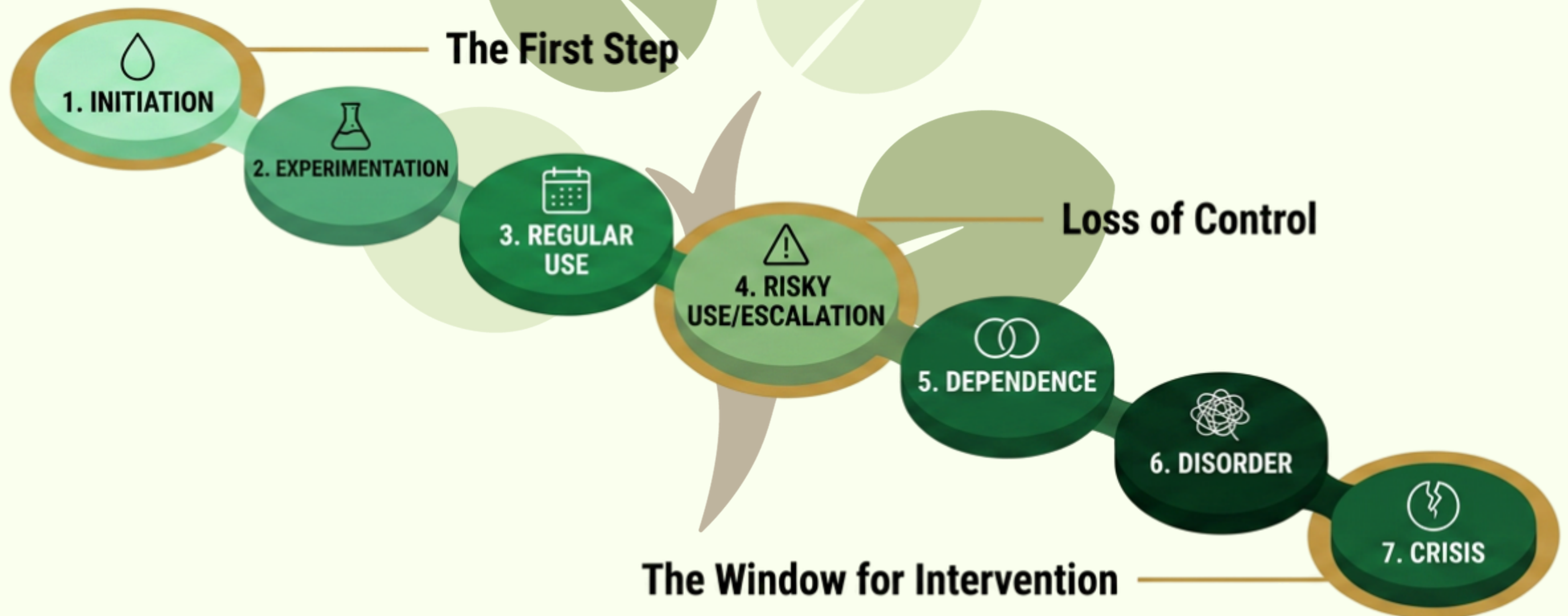
↳ Follows a discernible pattern of relapse and progression

Persuasive & Terminal

↳ Can impact all life areas and be fatal if left untreated



How Does It Happen? The Predictable Progression of Addiction.



If You Can See It, You Can Screen For It



Early Detection —→ Reduced Harm —→ Tailored Treatment

Clinician's First Step: The Why and How of Screening

Screening is not diagnosing. It is brief process to determine if a more in-dept assessment is needed



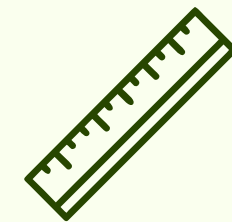
Goal 1: Identify Risk

Quickly assess the presence and severity of problematic behaviours.



Goal 2: Guide Treatment

Inform the next steps, from brief intervention to comprehensive assessment or referral.



Goal 3: Establish a Baseline

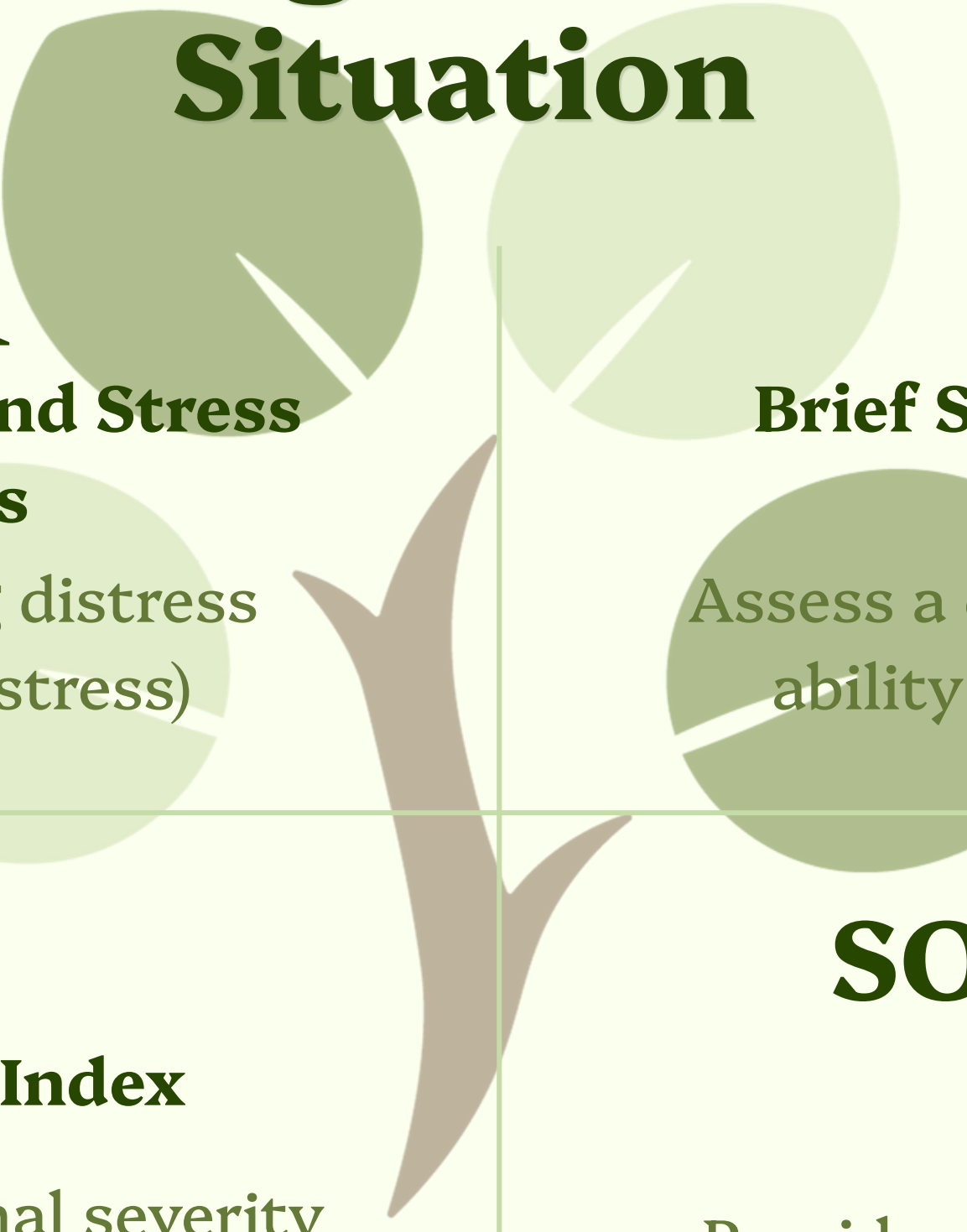
Create a starting point to measure treatment progress over time



Choosing Your Tool

Your choice depends on the clinical setting (primary care vs. specialized and the presenting problem. No single tool is perfect.

Choosing the Right Tool for the Right Situation



DASS-21

**Depression, Anxiety, and Stress
Scale - 21 Items**

Screens for co-occurring distress
(depression, anxiety, stress)

BSCQ

**Brief Situational Confidence
Questionnaire**

Assess a client's confidence in their
ability to resist substance use

ASI

Addiction Severity Index

Measures multidimensional severity
across several life domains

SOLACE Intake Tool

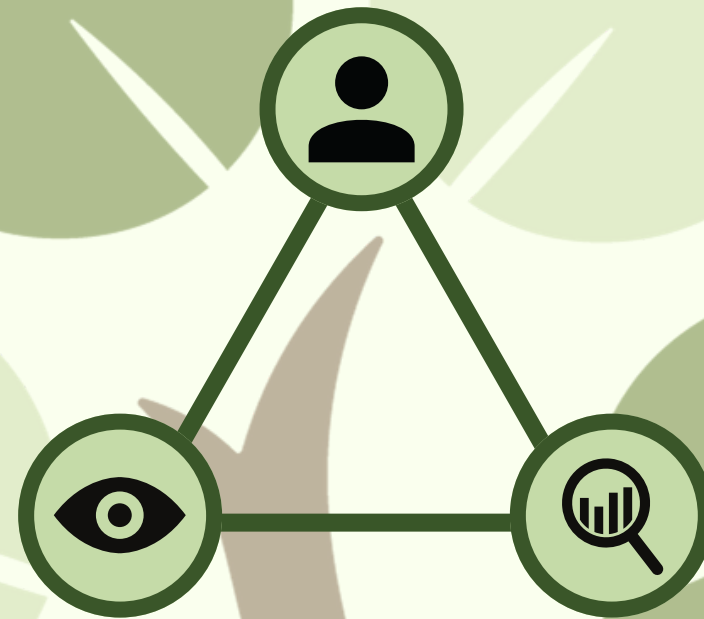
Provides a holistic community-based
intake assessment

How to Ask the Hard Questions



Normalize

“Many people in your situation...”



Triangulate

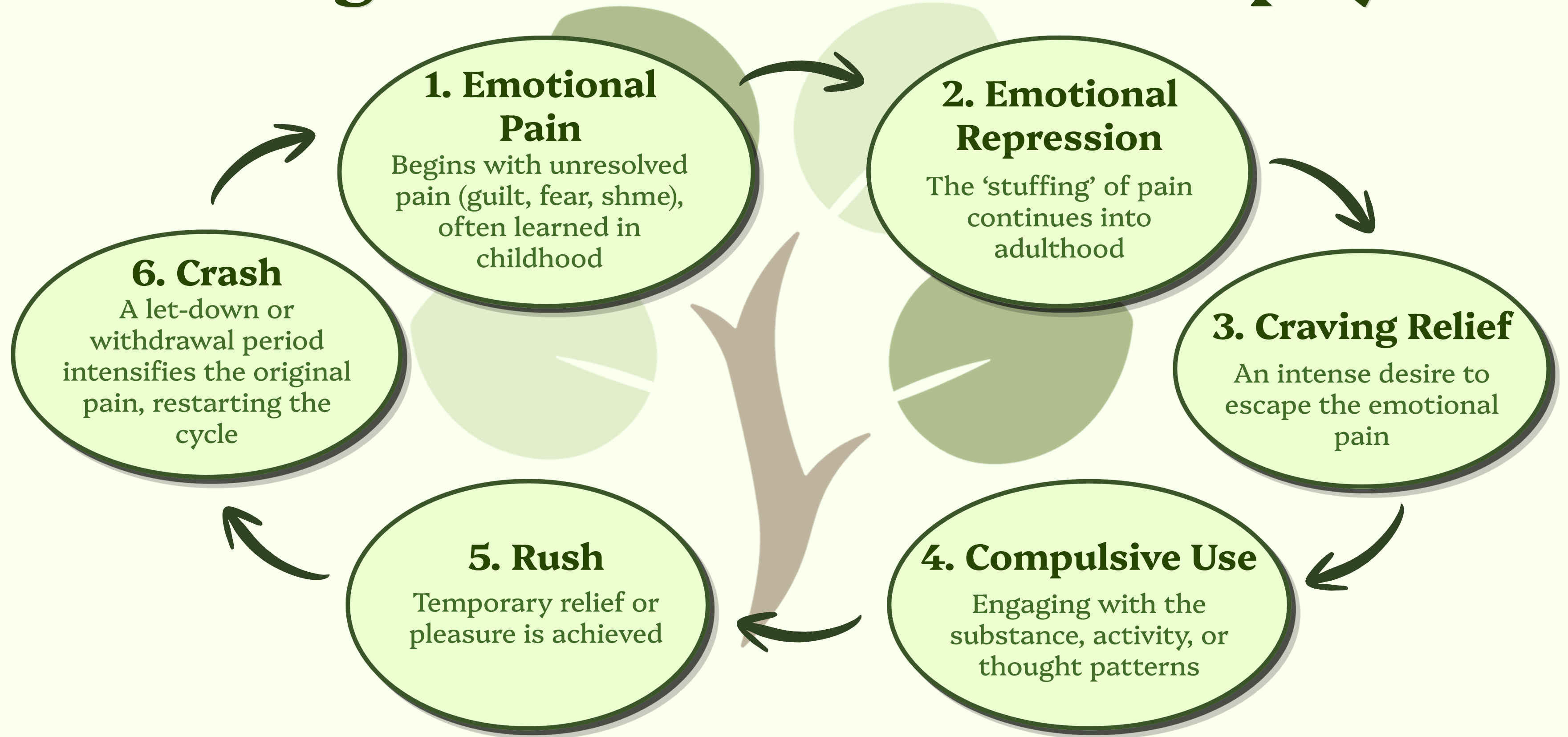
Combine self-reports
with observation and
other data



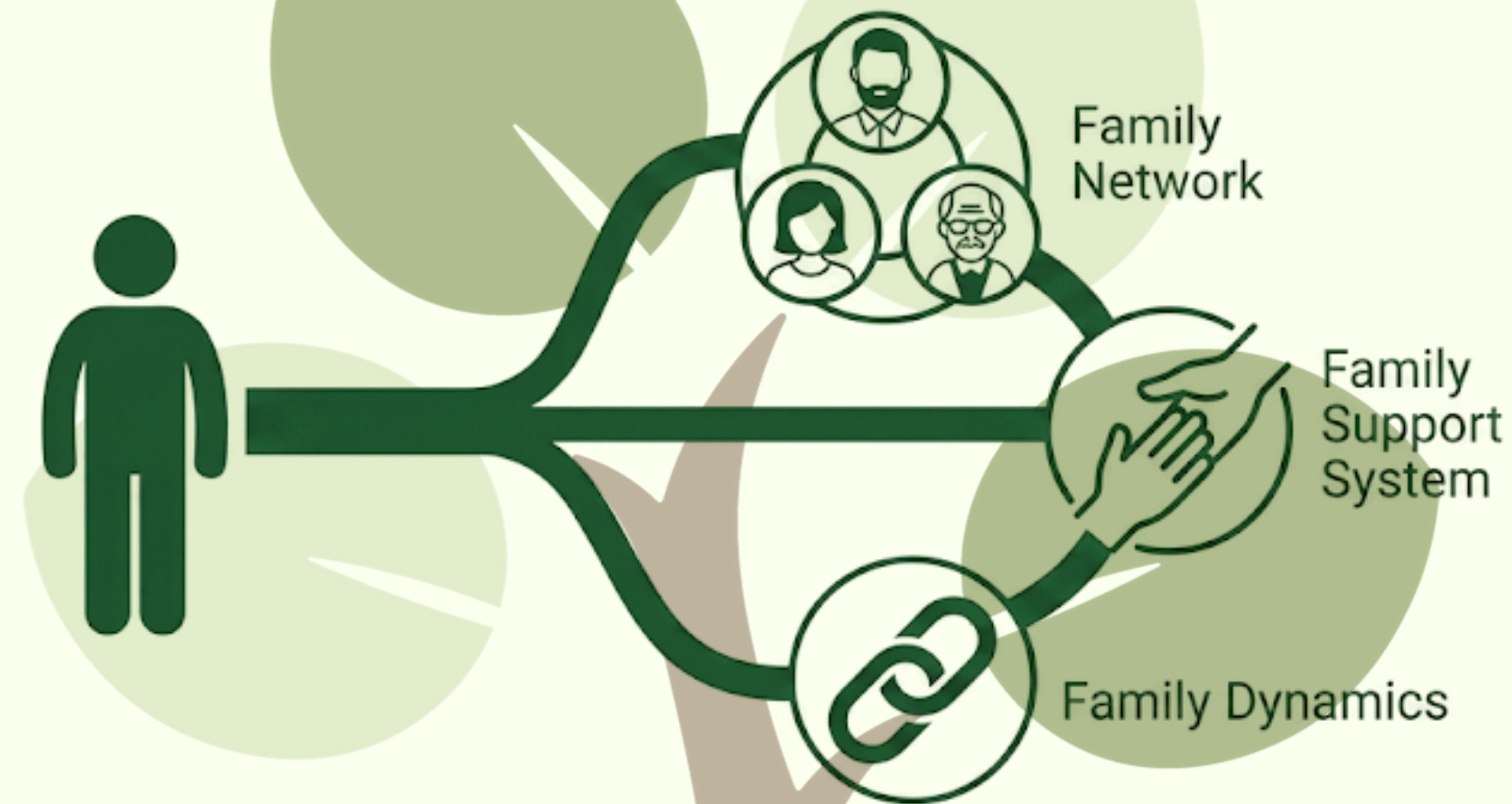
Document

Create a clear, objective,
and defensible record

The Engine of Addiction: A Six-Step Cycle

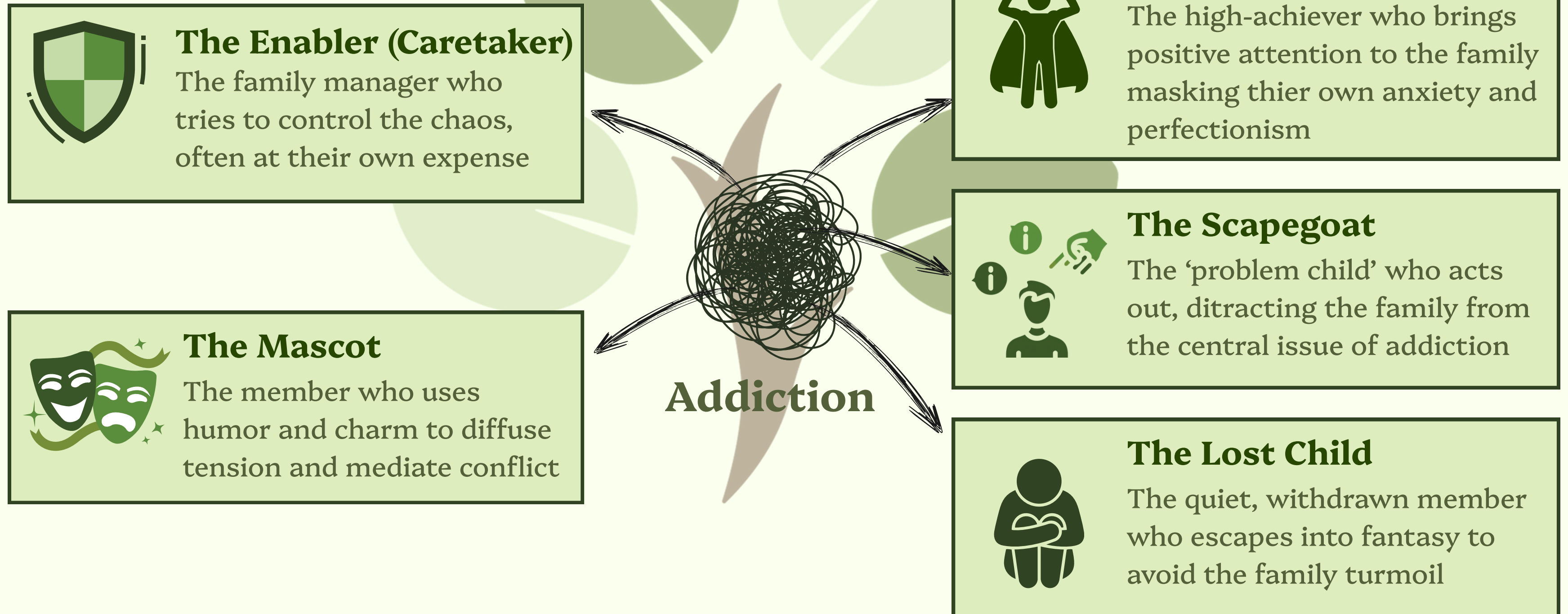


The Patient is Not an Island



Addiction is a Family Disease
Recovery is a Family Process

Survival Roles in the Addicted Family System



Understanding the Roles in the System



Cast of Characters: Survival Roles in the Addicted Family System

The Hero



Outside:

- High achiever
- Responsible
- Brings self-worth to the family

Inside:

- Guilt
- Hurt
- Insecurity

The Scapegoat



Outside:

- Problem child
- Rule breaker
- In trouble

Inside:

- Rejection
- Hurt
- Guilt
- Anger

The Lost Child



Outside:

- Quiet, withdrawn
- Fantasy life forgotten

Inside:

- Rejection
- Hurt
- Anxiety

The Mascot



Outside:

- Family clown
- Immature
- Hyperactive, distracting

Inside:

- Fear
- Anxiety
- Insecurity

The Chief Enabler



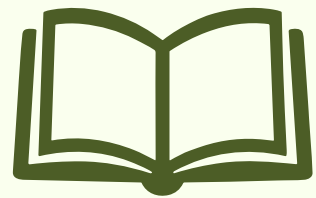
Outside:

- Super responsible
- Self-righteous
- Protector

Inside:

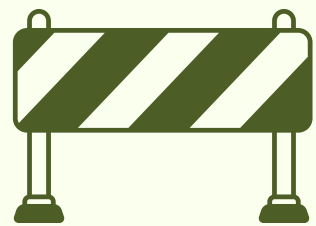
- Anger
- Hurt
- Guilt

Clinical Strategies for Engaging the Family System



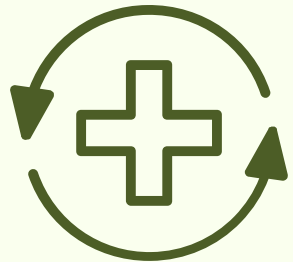
1. Educate the System

- ↳ Teach the family about addiction, codependency, enabling, and **the family roles**. **Naming the dynamics** is the first step to changing them



2. Coach Healthy Boundaries

- ↳ Work with family members to **set clear, firm, and enforceable boundaries** with the addicted person



3. Promote Parallel Recovery

- ↳ Strongly encourages family members to **seek their own support** (e.g., Al-Anon, therapy) to **address their own codependency** and trauma



4. Facilitate New Communication

- ↳ Use family therapy sessions to help members break out of rigid roles, **express feelings directly**, and develop new, healthier interaction patterns

Applying a Systemic Lens: Clinical Intervention Strategies



Externalize the Problem

Frame the addiction as an outside force that the family can unite against, reducing blame on the individual



Interrupt Enabling Patterns

Help family members stop shielding the addicted person from natural consequences



Give Voice to Each Role

In therapy, help each member understand their role and express the feelings beneath the surface-level behaviour



Focus on Boundary Setting

Teach family members how to establish and maintain healthy personal boundaries to foster individual autonomy

A Playbook for Engaging the Family



Educate (Psychoeducation)

Replace blame with a
clinical understanding of
addiction



Empower (CRAFT)

Train family members in
positive reinforcement
and behavioral change



Involve (MDFT)

Use Multi-Dimensional
Family Therapy to
engage adolescents and
family together

Community Reinforcement and Family Training (CRAFT)

What is CRAFT?

- ↳ An **evidence-based approach** helping families encourage treatment and reduce substance use

Key Principles of CRAFT

- ↳ Positive Reinforcement
- ↳ Effective Communication
- ↳ Self-Care Guide Family Support

Core Goals of CRAFT

- ↳ Promoting treatment
- ↳ Reducing substance use
- ↳ Strengthening family well-being



**Empower
(CRAFT)**

Community Reinforcement and Family Training (CRAFT)

Who Can Benefit?

- ↳ **Family and friends** seeking practical strategies to support a loved one struggling with addiction

Core Components / Skill Taught

- ↳ Teaching skills to **manage triggers, communicate assertively, and encourage treatment.**

How Craft Works

- ↳ Structured, therapist-guided sessions using real-life strategies and role-play



**Empower
(CRAFT)**

The Other Side of the Coin Defining Codependency



“A pattern of painful dependency on compulsive behaviors and on approval from others in an attempt to find safety, self-worth and identity”

-Scorrsdale Conference, 1989

Core Characteristics

Poor Boundaries:

Feeling overly responsible for others feelings and actions.

Externalized Self-Worth:

A basic sense of shame and a constant need for others' approval

Emotional Dysregulation:

Difficulty in accurately identifying and owning one's own feelings.

Control Issues:

Rigidity in behavior and attempts to manage others to feel safe

The Enabler: Paving the Road to Continued Addiction

Definition:

- ↳ **An enabler** is a person who makes it possible (easier and more comfortable) for another person to continue their addictive behavior

The Function:

- ↳ Enabling **removes natural consequences**, delaying that point where the individual must confront their problem

The Scope

- ↳ This role **can be filled by anyone**: a spouse, parent, child, friend, or work partner



The Chief Enabler: How “Helping” Can Hurt

A person who makes it possible (easier and more comfortable) for another person to continue their addictive behavior

Common Enabling Behaviors:

↳ **Protecting**

Shielding the person from the natural consequences of their actions

↳ **Minimizing**

Saying things like ‘It’s not that bad’ or ‘He doesn’t drink that much

↳ **Making Excuses**

Covering up for missed work or inappropriate behavior

↳ **Controlling**

Avoiding situations where the addiction might be exposed

↳ **Taking Over Responsibilities**

Paying their bills, doing their chores, managing their life

A Clinical Typology of Enabling Behaviors



Denial & Rationalization

Making excuses, minimizing the problem (“It’s not that bad), or joining in the behavior



Controlling

Trying to manage the addict’s behavior to prevent use (e.g., “Let’s skip the party so you won’t be tempted)



Protecting

Shielding the person from consequences (e.g., lying to their boss, paying their debts, covering up messes).



Being Overly Responsible

Taking on responsibilities that the other person has abdicated

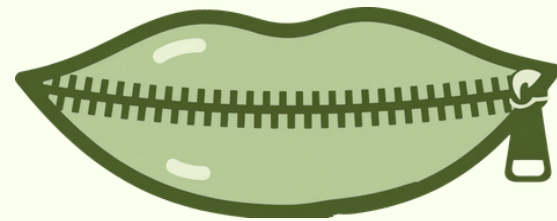


Avoiding the Problem

Keeping “peace at any price” and “stuffing” one’s own feelings to avoid confrontation

The Addicted Family System and Its Unspoken Rules

When one person has an addiction, the entire family system organizes itself around it to maintain a dysfunctional balance



Don't Talk

The core issues (the addiction the pain) are never discussed openly



Don't Trust

Promises are consistently broken, leading to a systemic breakdown of trust



Don't Feel

Expressing one's own feelings is seen as dangerous or selfish, leading to emotional repression

A Mantra for Family Recovery: The 7 C's

A Framework for Family Members to Release guilt and reclaim their lives

I didn't **CAUSE** it

I can't **CURE** it

I can't **CONTROL** it

But...

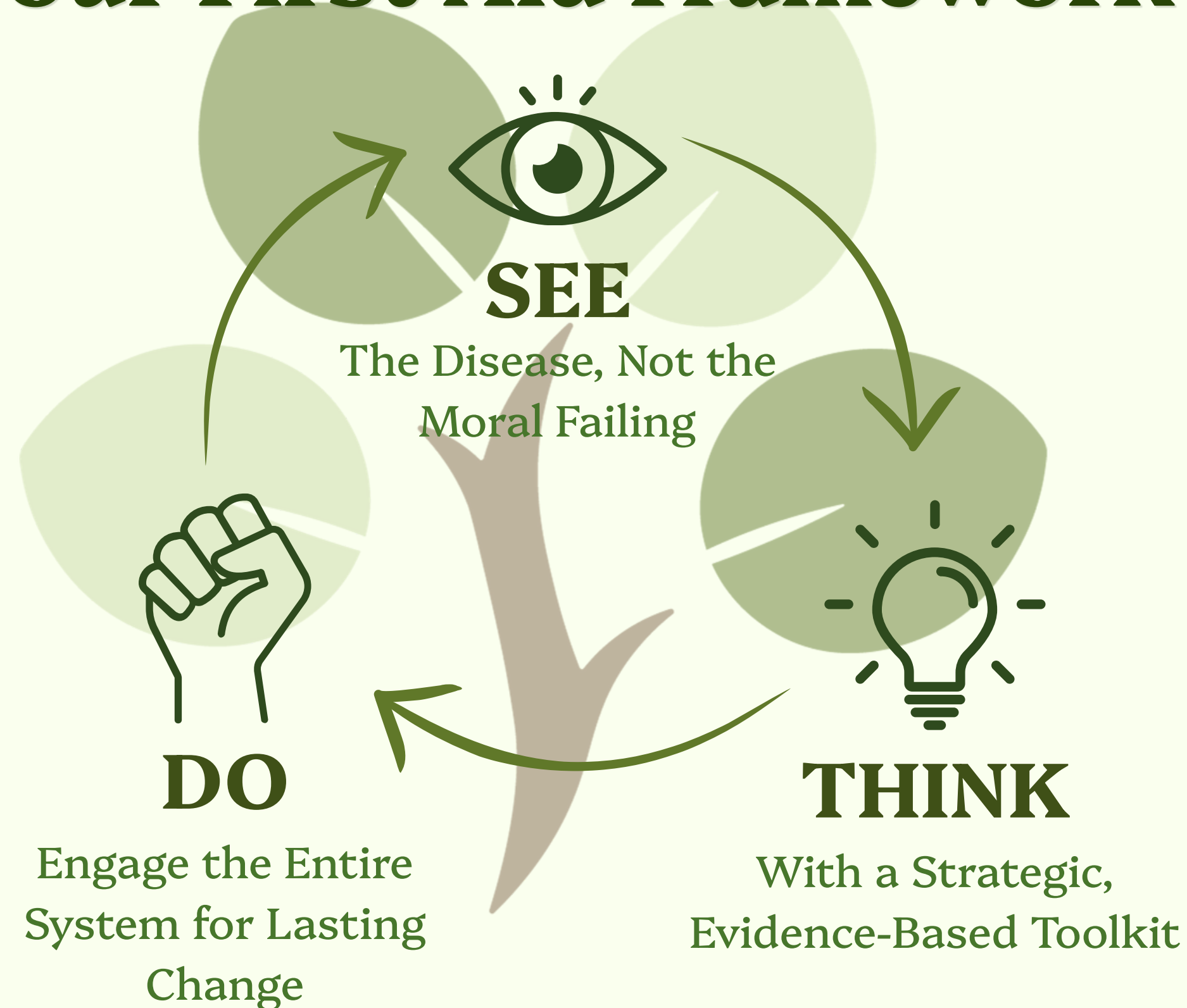
I can **CARE** for myself by...

COMMUNICATING my feelings,

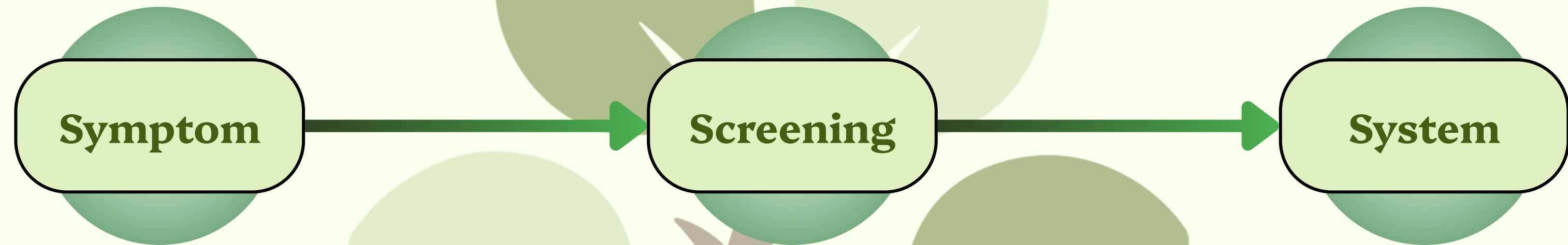
Making healthy **CHOICES**, and

CELEBRATING myself

Your First Aid Framework



Synthesizing the Clinical Journey: From Symptom to System



Identified the Symptoms

We began by understanding that addiction manifests in many forms (The Tree) and follows as predictable cycle and progression

Practiced the Screening

We equipped ourselves with toolkit of practical screening instruments to identify risk, assess severity, and uncover co-occurring conditions

Analyzed the System

We came to see addiction not as an individual failing, but as a condition shaped and maintained by family dynamics of enabling and codependency



Sentinel

by Solace Group

Access Code: FUZGJD



Apple App Store



Google Play Store

Sentinel is an AI-driven digital mental health platform powered by Solace Wellbeing Group, providing 24/7 access to licensed therapists and counselors, delivering convenient and confidential therapy sessions anytime, anywhere.

Specialises in:

- Providing data-driven, evidence-based analytics
- Customisable telehealth infrastructure for individuals, corporations, and clinics
- Connected to Solace Wellbeing Group's internal network for immediate escalation

How Sentinel Can Help Your Enterprise

Personalised Each Employee's Experience

Provide employees with 24/7 access to personalised, evidence-based health content & resources

Seamlessly Escalate Care When Needed

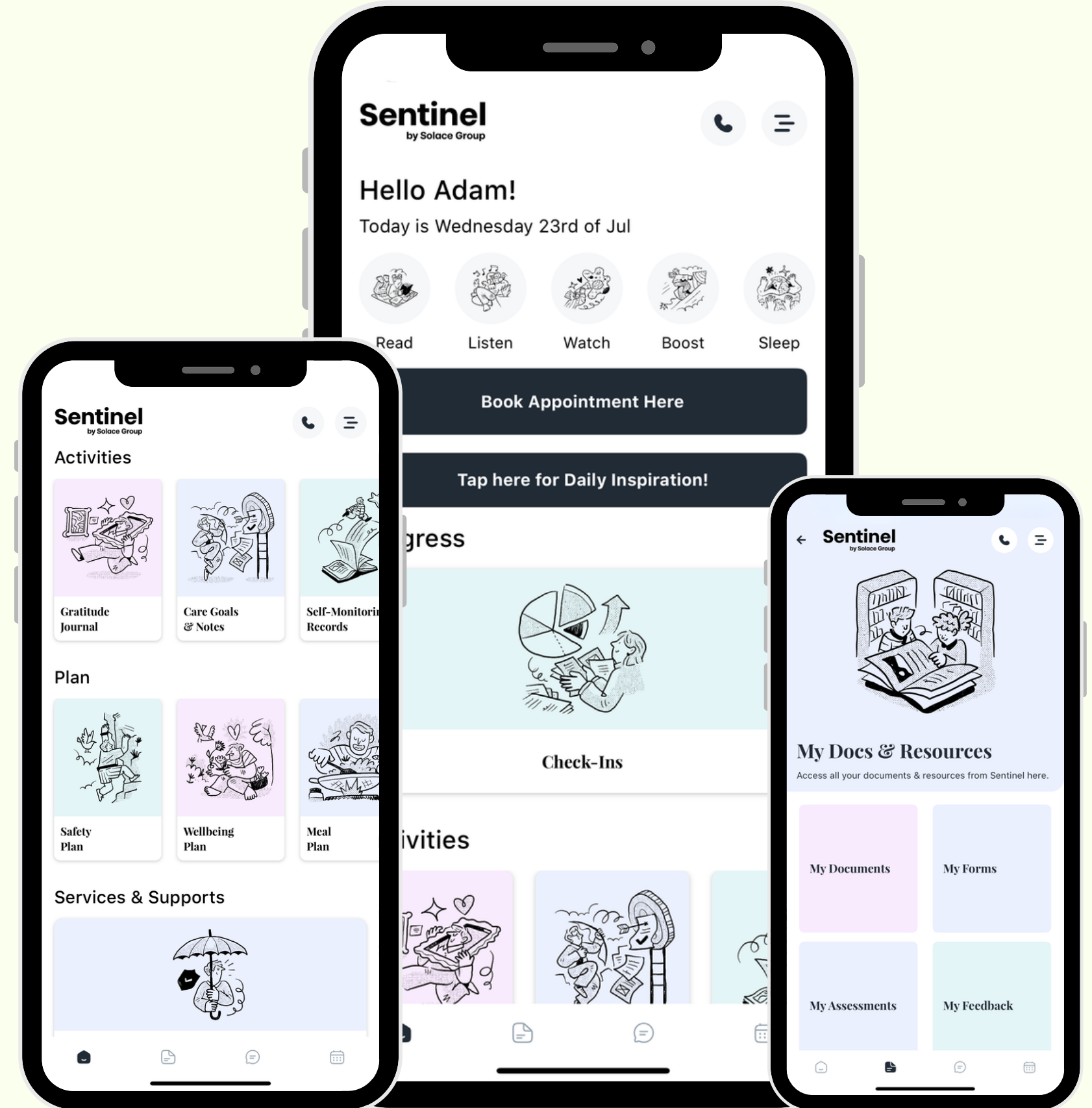
Ensure employees can easily access consultations are required & seamlessly transition them across Solaria's services as needed

Personalised Each Employee's Experience

Enhanced employee wellbeing, driving higher satisfaction, improving retention rates and strengthening long-term loyalty through accessible technology and more holistic care

Improved Operational Efficiency

Sentinel helps create customised employee journeys, automate workflows, and free up staff and clinicians to focus on higher-value-employee- oriented activities



Further Resources for Clinical Practices

Professional Organizations for Certification & Training

- NAADAC, The Association for Addiction Professionals
- American Association for Marriage and Family Therapy (AAMFT)
- Asia Pacific Certification Board (APCB)

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