The Party’s Over: Treating Grief During Recovery For Alcoholic Women

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Definitions

• **Depression:**
  – Despondency and anergia very similar to general sadness; however, severity and duration of symptoms, as well as the presence or absence of a triggering event are quite different (Holtzheimer & Mayberg, 2010).
  – [http://www.youtube.com/watch?v=AbCULoSZnAg](http://www.youtube.com/watch?v=AbCULoSZnAg)
Definitions

• **Grief:**
  - “The normal but bewildering cluster of ordinary human emotions arising in response to significant loss, intensified and complicated by the relationship to the person or the object lost, and by the way the person dies (Anderson, 2010, 128.)”
  - [http://www.youtube.com/watch?v=m9AnjALHCxo](http://www.youtube.com/watch?v=m9AnjALHCxo)
Definitions

• **Addiction-Related Grief**:  
  – A reaction to a variety of complex losses incurred as a direct result of addiction (including alcoholism), whether it be prior to onset of addiction, during active addiction, or during recovery from addiction (Shallcross, 2011, 13).
• **Addiction-Related Loss:**
  – An experience of reduced resources, to which the individual was strongly attached, either personal, material, or symbolic in nature (Striefel & Servaty-Seib, 2009).

Disorder Comparisons

**MDD/Dysthymia**
- Often follows a severe psychosocial stressor such as the death of a loved one.
- Substance Dependence (particularly alcohol or cocaine) may contribute to the onset or exacerbation of MDD.

**Bereavement**
- The reaction to the death of a loved one.
- Grieving individuals often present with similar symptoms as MDD.

**Substance Disorders**
- Symptoms of depression, prolonged sadness, and grief present.
- Mood disorders such as MDD or Dysthymia often present.
### Disorder Comparisons Continued

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**MDD/Dysthymia**
- Decreased physical, social and role function
- Insomnia / Hypersomnia

**Bereavement**
- Prolonged and marked functional impairment
- Insomnia

**Substance Disorders**
- Repeated failure to fulfill major physical, social and interpersonal role obligations
- Insomnia / Hypersomnia
Disorder Comparisons Continued

MDD/Dysthymia

- Sadness; “Down in the dumps”
- Low self-esteem; See self as uninteresting or incapable

Bereavement

- Heavy sadness
- Morbid preoccupation with worthlessness

Substance Disorders

- Sadness; Symptoms of Depression
- Feelings of worthlessness, low self-esteem, and lack of self-efficacy in ability to overcome

DSM-IV-TR, 2000
Disorder Comparisons Continued

MDD/Dysthymia
- Feelings of guilt
- Social withdrawal

Bereavement
- Guilt

Substance Disorders
- Guilt regarding past
- Recurrent social and interpersonal problems; Impaired social functioning

DSM-IV-TR, 2000
Disorder Comparisons Continued

MDD/Dysthymia
- Brooding about the past
- Anger

Bereavement
- Preoccupation with past
- Anger

Substance Disorders
- Marked preoccupation with past
- Anger

DSM-IV-TR, 2000
Tie-In

• The symptoms of a disrupted identity, according to Boss (2006), include:
  – Uncertainty
  – Indecision
  – Inattention
  – Lack of Concentration

• Boss states that the above symptoms are often misinterpreted as markers for depression (Boss, 2006, p.116).
Tie-In

• When seeking medical attention for these symptoms, approximately, and only, 6% of doctors diagnose the client as having a substance abuse, or addiction, problem (Freimuth, 2010).

• The remaining diagnoses might include sleep disorders, low mood, depression, etc. (Freimuth, 2010).
Purpose of the Presentation and Rationale for the Program

• Database search revealed no specific programs aimed at treating addiction-related grief for women in recovery from alcoholism, using Boss’s model of Ambiguous Grief.

• The following program is based on Pauline Boss’ Model of Ambiguous Grief and Loss (2006).

• The following theories are the basis of the adapted model: Solution-Focused (DeShazer, 1988), Existential (Frankly, 1963), Gestalt (Perls, 1969) and Adlerian (1964), and Reality Theory (Glasser, 1985).
Ambiguous Loss Model

What is Ambiguous Loss?
“...loss that is unclear and thus has no closure (Boss, 2006).”

What is the Conceptual Base?
– Stress
– Resilience
  • When a situation is not “fixable”, or an illness cannot be cured, we help clients live within this ambiguity by strengthening their resilience (Boss, 2006).
• **Ambiguous Loss as a Stressor**
  – Experiencing ambiguous loss is extraordinarily stressful in as much as the anxiety and relentless and unending stress stops the grieving process and defies resolution (Boss, 2006, 11).
  – It encourages the person to deny any loss (Boss, 2006, 11).

• **For the Alcoholic in Recovery**
  – It is important to work through the addiction-related losses with the alcoholic in recovery, as they may be contributing to or sustaining the addiction itself (Shallcross, 2011).
• **What is Resilience?**
  
  – The ability to “regain one’s energy after adversity drains it (Boss, 2006)”;
  
  – In the case of crisis: the ability to come back from dysfunction, to a level of functioning present before the crisis, or even greater (Boss, 2006).

• **Resilience in Recovery from Alcoholism** –
  
  – Research suggests that resilience decreases the likelihood of engaging in high-risk behaviors such as drug abuse (alcohol) (Fadardi, Azad & Nemati, 2010).
Model Continued

• **Therapeutic Goals** —
  
  — Guide and assist client in learning how to walk through the losses incurred, and perhaps even thrive while doing it.
  
  — Build resilience in the face of a major change in life (recovery), and the stressors attached to it.
  
  — Rebuild a life characterized by new meaning, identity, and tools to use to maintain that life.

(Boss, 2006)
Addiction-Related Grief Treatment for Recovery From Alcoholism:
Adapted from Boss’ Model for Treating Ambiguous Grief and Loss

1. Making Meaning
2. Tempering Mastery
3. Reconstructing Identity
4. Normalizing Ambivalence
5. Revising Attachment
6. Discovering Hope

Boss, 2006
1. Making Meaning

- According to Boss, meaning is defined as “being able to make sense of an event or situation” whereby finding “some logic, coherence or rational reasoning about what has happened (Boss, 2006, 74).”

- Once in recovery from alcoholism, women are faced with gender-specific losses that occurred while in active addiction (DiBacco, 2010).

- Making meaning of these losses strengthens recovery, and relapse prevention (Shallcross, 2011).
Meaning Continued

• **Elements of Finding Meaning** –
  1. Naming the Problem
  2. Dialectical Thinking
  3. Religion and Spirituality
  4. Forgiveness
  5. Small Good Works
  6. Recovery Rituals (Recovery Routine)
  7. Positive Attribution
  8. Sacrifice for the Greater Good
  9. Perceiving Suffering as Inevitable
  10. Hope
• **Naming the Problem:**

  – By having a clear concept of what the problem(s) is, the client gains clarity of how to move forward, make important decisions, and over time, make sense of exactly what they are experiencing.

  – This boosts resilience, allowing the client to live within, and move forward despite the uncertainty they are experiencing.

  – Once the client is able to name the experience, they are better able to begin find the meaning of it.

  Boss, 2006.
• **Therapeutic Suggestions:**
  – Collaboratively, make a list of the client’s addiction-related losses.
    • Name the Losses
    • How it Occurred
    • Why it Occurred

  – Keep this list as a working document.
Making Meaning Continued

• **Dialectical Thinking:**
  – Taking a cognitive approach, guide client to understand it is possible to hold two opposing concepts simultaneously.
  – For example: “When I was drinking, I neglected my children, but I am still a good person today.”
  – Discuss what is present today within the client that is worth celebrating, including:
    • Her ideas;
    • Work;
    • Symbols of her life;
    • Rituals she loved and would want to continue, etc.

Boss, 2006
Making Meaning Continued

• **Therapeutic Suggestions** –
  
  – Collaboratively, make a list of client’s strengths, beginning with the prompt: “Even with everything I have been through, today my strengths are:”
  
  – Follow up with the client stating out loud:
    
    “While in active alcoholism I neglected my children, but today I am determined to stay sober and be a good mother.”
    
    “While in active alcoholism I lost my marriage, but today I am loveable.”
    
    “While in active alcoholism I lost my job, but today I am becoming employable.”
• Religion and Spirituality:

- Helping clients connect with their spiritual selves can be very helpful to them.

- Honoring the client’s spiritual beliefs, we help guide them to actively use those beliefs to build resilience.

Boss, 2006
• Forgiveness:

– Applying Victor Frankl’s groundwork of the connection between forgiveness and meaning, we help the client gradually shift her focus of resentment towards others and self, to a concept of forgiveness (Boss, 2006).
Meaning Continued

• **Therapeutic Suggestions** –
  
  – Begin by short education/discussion with client about the concept of forgiveness:
    
    • In learning to forgive others and self the client learns to overcome her resentments and anger whereby filling her spiritual void and moving forward in recovery and improving her well-being (Lyons, Deane & Kelley, 2010).
  
  – Collaboratively make a list of all resentments, including cause and client’s part in the resenting event.
  
  – Discuss the client’s incapacitation at the time, and the inability to change the past, but the courage to move forward in sobriety, changing only what she can control. (Serenity Prayer).
Finding Meaning Continued

• **Rituals:**
  – When there is loss, rituals help people find meaning (Boss, 2006).
  – Our job is to assist clients in developing new rituals and modify old rituals that will aid in their ability to move forward (Boss, 2006).

• **Rituals for Individuals in Recovery:**
  – Recovery maintenance rituals include:
    • “Centering rituals, sober fellowship, acts of self-care, acts of citizenship and service (White, 2009).”
Finding Meaning Continued

• **Therapeutic Suggestions:**
  – Assist client in developing a planned recovery routine with the following options:
    • Group Counseling
    • Individual Counseling
    • Attending 12-Step meetings (i.e. AA, NA, CA, etc.)
    • Working with a sponsor
    • Working with/ Helping fellow alcoholics
    • Reading the literature (AA, NA, etc.)
    • Journaling
    • Meditation
    • Physical Activities
Finding Meaning Continued

• **Hope:**
  – Finding meaning also includes finding hope for the future (Boss, 2006).
  – When the dreams once believed in are no longer alive, we must help clients develop new dreams for their future (Boss, 2006).

• **Hope in Recovery from Alcoholism:**
  – In a recent study exploring the relationship between hope and self-esteem and self-regulation in men and women in recovery, robust significance was found (Ferrari, Stevens, Legler & Jason, 2012).
Finding Meaning Continued

• **Therapeutic Suggestions:**
  – **One Month Goals**
    • Ex: Will follow recovery routine faithfully for one month.
  – **Three Month Goals**
    • Ex: Will add one recovery maintenance ritual to existing recovery routine.
  – **Six Month Goals**
    • Ex: Will begin thinking about going back to school, getting a better job, etc.
    • Will begin asking the question, “What do I really want to do/be in the future?”
2. Tempering Mastery

Perfect is the enemy of good.

~Voltaire
According to Boss, how an individual copes is dependent upon their beliefs about **mastery**, and her **agency** (p.98).

- **Mastery**: the ability to manage one’s life;
- **Agency**: the ability to extend or exert one’s own power in order to manage their life.

Valuing mastery, either too little or too much, however, can weaken one’s resiliency.

Boss, 2006
Furthermore, according to Boss (2006), “insisting on fixing an impossible situation…… can be destructive (p.100).”

In addiction, such as alcoholism, it is not, practically speaking, an acute illness; rather, it is a chronic, relapsing, re-occurring disorder (Leschner, 1997). The disease of addiction is not “fixable” or “curable”; it is only treatable.
Tempering Mastery Continued

- **Elements of Tempering Mastery:**
  - Recognizing That the World Is Not Always Just and Fair
  - Recognizing Where Views of Mastery Originate
  - Externalizing the Blame
  - Decreasing Self-Blame
  - Identifying Past Competencies
  - Managing and Making Decisions
  - Increasing Success Experiences
  - Softening Attribution
  - Accepting (sometimes) What Will Not Change
  - Having (sometimes) a Sense of Invincibility
  - Knowing the Exceptions
  - Reconstructing Rituals
  - Mastering One’s Internal Self

Boss, 2006
Tempering Mastery Continued

• **Externalizing the Blame:**
  • Boss says that regardless of the individual’s worldview, it can be beneficial for individuals to credit their feelings of helplessness and lack of mastery to an external source (2006, p.109).
  • In alcoholism or substance abuse disorders, use is often considered a maladaptive or avoidant coping strategy, characterized by behaviors such as risk taking, attention-seeking, and the like (Kuper, Gallop & Greenfield, 2010).
Therapeutic Suggestions:

– Refer to the client’s list of losses, and discuss how she would handle the situation today, while sober.

– Discuss at length insights, attitudes, feelings, etc. associated with behaviors as a sober person versus behaviors when in active addiction.
• **Identifying Past Competencies:**
  
  – Boss suggests that looking for past evidence of resiliency is beneficial (2006).
  
  – Boss also suggests that although we can learn from our own past experiences, we can also learn much from learning of the past experiences of others, who have gone before us and experienced similar loss (2006).
  
  – In an article written by Brendan Koerner (2010), he shares that when an AA member gets up and shares her experience, strength and hope, both the speaker and the audience develop new levels of self-awareness.
• **Therapeutic Suggestions:**
  
  – Suggest that client write stories of past competencies, *outside of active alcoholism*, when the client experienced successes, lived with competency, and was happy.
  
  • Discuss how this can happen again, today in sobriety.

  – Suggest client attend local AA meetings, being careful to find a meeting that she feels the most comfortable in, and where she can attend speaker meetings.
• **Accepting (sometimes) What Will Not Change:**
  – People need to hear stories from others about how they accepted powerlessness over their ambiguous losses when there is no rescue from suffering (Boss, 2006).
In recovery from alcoholism, it means the recovering alcoholic has the ability to take responsibility for herself (including her disease of alcoholism, the losses that occurred while in active alcoholism, the consequences in direct result of her alcoholism, etc.), without being over responsible for that which she cannot control (Bepko & Krestan, 2008).
Tempering Mastery Continued

• Therapeutic Suggestions:
  – Suggest client write narratives differentiating between portrayals of helplessness and acceptance (Boss, 2006).
  – Collaboratively decide how to memorialize losses that the client cannot make up for or change (Boss, 2006).
  – Differentiate between times when client felt helpless and the way she feels today.
  – Serenity Prayer
• **Mastering One’s Internal Self:**
  – When the client’s perceived external world is unmanageable, learning to manage her inner world is helpful and it reduces stress (Boss, 2006).
  – When a circumstance cannot be changed, we can help the client reframe her thinking about the situation, shifting the perception to where it is no longer immobilizing (Boss, 2006).
  – For women in recovery from alcoholism, the internal self (or self identification) includes intention, self-efficacy, coping skills, self-esteem, attitudes, beliefs, and perceived self worth (Moos, 2008).
Tempering Mastery Continued

• **Therapeutic Suggestions:**
  – Mindfulness Meditation (Boss, 2006)
  – Reading the AA Literature
  – Attending AA meetings
  – Working with a sponsor
  – Journaling
  – Self-Reflection
3. Reconstructing Identity

Identity crisis.

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• In Boss’s model, she states that the trauma from ambiguity significantly disrupts the client’s capability to clearly think about who they are, including expectations of what they are supposed to do (2006).

• In the process of recovering from alcoholism, it can be explained in terms of “the management of a spoiled identity: The addict has to restore her damaged sense of self (Taïeb, Révah-Lévy, Moro & Baubet, 2008).”
• *Identity* here is defined as: “knowing who one is and what roles one will play (Boss, 2006, p.116)”.

• Boss also states that clients also define themselves in conjunction with how others define them (2006).
Reconstructing Identity Continued

• **What Helps Reconstruct Identity? (Boss, 2006)**

  – From Boss’s suggestions for revising one’s identity, I adapt them here for a client in recovery from alcoholism:

  1. Defining Boundaries
  2. Selecting Major Developmental Themes
  3. Developing Values and Views
  4. Breaking Through Resistance to Change

Boss, 2006
• Therapeutic Suggestions:

• Defining Boundaries- (adapted from Boss, 2006)
  – Establishing who the support system is – Who is in? Who is out?
  – Reconstructing Roles
  – Recognizing Ex-Identities
  – Becoming more aware of own culture identity and diversity as a recovering alcoholic
  – Broadening Rules for Problem Solving
Revising tasks for recovery rituals and celebrations
– Using symbols to indicate reconstructed identity
– Learning a new language expressive of identity in recovery
– Discouraging familial transmission of negativity about recovery
– Uncovering secrets about addiction
Reconstructing Identity Continued

• **Selecting Major Developmental Themes:**
  – Identifying positive current themes of resiliency
  – Co-constructing recovery rituals with fellow recovering alcoholics
  – Exploring themes about gender as a recovering alcoholic

• **Developing Values and Views:**
  – Developing a spiritual identity in recovery
  – Finding choices about current values
  – Acknowledging the world is not always fair
  – Using dialectical thinking rather than absolute thinking
• **Resistance to Change** –
  
  – Holding on to the notion that ambiguous loss can be reversed, or in this case that addiction-related losses can be undone, blocks change and weakens resiliency (Boss, 2006).
  
  – The goal here, is to begin a process with the client of searching for new options about what she can be, can do, while leaving the road open for the possibilities that will emerge later (Boss, 2006).
  
  – As counselors, we never give up on the client, even when the client is showing resistance (Rice, 2011).
4. Normalizing Ambivalence

"Me, ambivalent?...Well, yes and no..."
• In Boss’s model, when the adjective *ambiguity* is employed to describe loss, she defines it as having “no validation or clarification of the loss, (p. 144)”.

• *Ambivalence*, then, refers to conflicting feelings and emotions associated with the ambiguity of the losses that have occurred.

Boss, 2006
Normalizing Ambivalence Continued

• In recovery, the client discovers that addiction-related loss can be both tangible and intangible (Haberstroh, 2007), or ambiguous.

• Likewise, clients may experience ambiguous losses in connection with finding meaning in life and constructing meaningful relationships with themselves (Haberstroh, 2007).

• The client may think it easier to feel ambivalent to the overwhelming host of emotions, confusions, and fear in moving forward (i.e." I will think about that later.").
• It is our goal as counselors then, to offer the client opportunities to express her genuine feelings and emotions that underlie her unresolved addiction-related losses (Habertsroh, 2007).

• In doing so, resilience will increase (Boss, 2006).
Therapeutic Suggestions:

- What Helps Normalize Ambivalence?
  - (Adapted from Boss, 2006)
  - Normalizing guilt and negative feelings
  - Regaining personal agency
  - Seeing the community as family
  - Reassigning everyday roles and tasks
  - Asking questions about context and situation
  - Bringing ambivalent feelings into the open
  - Managing the ambivalence once in the open
  - Valuing diverse ways of managing ambivalence
  - Developing tolerance for tension
Normalizing Guilt and Negative Feelings:

- Boss shares that although some find guilt a catalyst for change, she views it as preventing movement and change (2006, p. 154).
- Blaming, shaming, and guilting one’s self blocks the client from moving in the healing process (Boss, 2006).
- In recovery from alcoholism, seeking forgiveness may be associated with reducing feelings of guilt and a forgiveness of self (Lyons, Deane & Kelly, 2010).
• **Regaining Personal Agency:**
  – Ambiguous loss (or addiction-related loss) from addiction often interferes with the client’s ideas and expectations about personal agency and sense of mastery (Boss, 2006).

• **Therapeutic Suggestion:**

• To regain personal agency, the counselor might help the client become mindful and clearly aware of:
  – *what they can control about themselves today;*
  – *who they are today;*
  – *and what they want to be in the future.*
Seeing the Community as Family:

- Finding resilience from ambivalence happens more easily when in the presence of others who have gone before, and experienced similar circumstances (Boss, 2006).

- Groh, Jason & Keys (2008) report on a study where the support from members in AA was found to be of significant value to recovery.

- Furthermore, those in recovery who had support systems that supported drinking actually benefited the most from AA involvement (Groh, Jason & Keys, 2008).
• Bringing Ambivalent Feelings in the Open:
  – We support clients in expressing the dark side of their feelings about self.
  – We also encourage them to openly and thoroughly discuss their lingering feelings of guilt and shame.
  – The goal here is to help the client openly acknowledge their feelings of ambivalence in order to move towards change.

Boss, 2006
• **Managing the Ambivalence Once in the Open:**
  - Here, we help the client to develop a tolerance for the ambivalence and ambiguity of losses they cannot change today (Boss, 2006).
  - In recovery, it may look like this:
    - In active alcoholism, a mother lost her children to state protective care, lost her job, as well as her marriage. Now in recovery, she will be unable to change the event of losing her children, but she now has them back in her custody. Helping her to come to terms with the event occurring *during her active disease*, and not in recovery, raises tolerance for the past (that which she cannot control or change).
5. Revising Attachment

Why don’t you tell me you love me anymore?

Who are you?
Traditionally, attachment is defined as “the relational and reciprocal connection to a constant other (Boss, 2006, p.164)”.

In recovery, attachment may take on a different concept. In her dissertation, “Unresolved Grief and Loss Issues Related to Substance Abuse (2005)”, Davina Moss states that clients grieve their addiction in very much the same manner as one grieves the loss of a loved one (p.2).
• With the disease of alcoholism, true closure is not possible due to the fact that alcohol is everywhere in society. Therefore, helping the client develop a perceptual shift in the relationship, one that accepts the ambiguity of absence and presence, is helpful (Boss, 2006).

  – Ex: Alcohol is still physically present. I see it everywhere I go. But it is now absent in my personal life, as I do not drink any longer.
Counselors may also need to help the client revise her attachments in terms of social support. A model created by Longabaugh, Beattie, Noel, Stout, & Malloy (1993) proposes that support systems, such as AA, that promote abstinence from alcohol, increase sobriety outcomes (Groh, Jason & Keys, 2008).
Revising Attachment Continued

• **Therapeutic Suggestions** –
  
  – **What Helps Revise Attachment?**
    • Adapted from Boss, 2006
  
  – Thinking Dialectically
  
  – Moving from despair to protest
  
  – Thinking Systematically
  
  – Knowing that fantasies of drinking healthily are common
  
  – Using groups to build new connections
• **Moving From Despair to Protest:**

  – In recovery, you may hear your client in “despair” that she cannot live without drinking. That her whole life is about alcohol. That she has no idea how to live day-to-day with alcohol not being present.

  – We help her to shift her perspective, day-to-day, that through practice, small victories, and resilience, she will revise her attachment to alcohol from despair to protesting its presence.
• We also highly, and frequently, suggest our client go to AA meetings, at the same location, consistently.
  – This will revise her attachments to “old friends” and help her develop new, healthy attachments with a support group promoting sobriety.
As counselors, our long term goal is to help the client develop skills in revising her attachments to:

- Alcohol
- Peers
- Family
- Lifestyle
- Others
6. Discovering Hope

Uhhh, this sounds silly, but somehow you seem taller!

Oh that! New meds, minor side effect, that’s all.
• According to Boss’s model, at this stage of recovery we have come full circle – the work of finding meaning, tempering mastery, reconstructing identity, normalizing ambivalence, and revising attachment, together develop hope.

• Clients gradually see that hope is embedded in change, rather than in the strongly held status quo. Boss, 2006
• Boss defines hope as the belief that there is a future good; that suffering can cease, and that there is comfort for the individual in the future (2006).

• In recovery from alcoholism, individuals with strong beliefs in hope for their future may be more able to generate and implement strategies for preventing relapse (Mathis, Ferrari, Groh & Jason, 2009).
• Furthermore, researchers implore that “recovery from addiction involves a re-orientation from self-deception to the pursuit of higher ideals [5]. New meaning and hope in life is required (Sellman, 2009, p.10).”
Discovering Hope Continued

• **Therapeutic Suggestions:**
  – Adapted from Boss, 2006

• **Where Do We Find Hope?**
  – Finding spirituality
  – Imagining options
  – Laughing at absurdity
  – Redefining justice
  – Finding forgiveness
  – Acceptance
• **Finding Spirituality:**
  
  – Research indicates that spiritual support that includes meaning and hope helps people more effectively cope with situations of adversity.
  
  – We meet the client *where they are* in terms of spirituality, and foster their own beliefs in their time and orientation.
  
  – Boss states, “I do not judge their belief system, but I do nurture discovery options that are spiritual if they are healthy and life-enhancing (p.187).”

  Boss, 2006
Discovering Hope Continued

• **Therapeutic Suggestions:**
  – Concept of a Higher Power
  – AA Meetings
  – Literature regarding spirituality
  – Journaling
  – Therapeutic Discussion
    • About the client’s current understanding of spirituality
  – Psycho-education (if necessary)
Discovering Hope Continued

• **Imagining Options:**
  – Beginning task is to present to the client what may be her one remaining option – to imagine how her life will be moving forward (Boss, 2006).

• **Therapeutic Suggestions:**
  – Presenting options to the client, who is still confused about where to go next, includes short term and long term goals in sobriety.
  – From a strengths-based perspective, we can show the client how far she has come, which is evidence of her resilience that she can use moving forward.
• **Finding Forgiveness:**
  – Retribution does not promote change (Boss, 2006).
  – Boss (2006) uses the example of the execution of the Oklahoma City bomber, Timothy McVey. She shares that most of the people who experienced that catastrophic event *did not* feel better after McVey’s execution.
  – Clients in recovery from alcoholism hold a host of resentment in their perceptions.
– However, at this point in therapy, the client is more likely to be in a place of forgiveness of others, and perhaps more importantly, of self.

– AA promotes forgiveness regardless of the act; that forgiveness means freedom from that which brings the recovering alcoholic to darkness; that forgiveness lets the light in.

– This brings meaning and hope to the recovering alcoholic, for the future.
Discovering Hope Continued

• **ACCEPTANCE!!:**

  – I add this element to discovering hope for this reason: in AA, we say “Acceptance is the key to all of our problems.”

  – Acceptance is a direct result of practicing the Serenity Prayer in its truest form.

  – Higher Power, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference (Alcoholics Anonymous, 1978).
ACCEPTANCE!!

"You'll experience denial, anger, bargaining, depression, acceptance, and finally, stuffing."
References


References Continued


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The Party’s Over: Treating Grief During Recovery For Alcoholic Women

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*Note: I have provided extensive information in this outline for your information to take home with you. Each section will be briefly discussed during the presentation. Feel free to contact me, should you have any questions, after the conference. My email address is: sarah.skoog@ttu.edu. Thank you.

Society often expects women in recovery to quickly move on with their lives. This can be a daunting task since many women experience grief and loss that must be treated. This presentation distinguishes between symptoms of depression and the addiction related grief experienced by female alcoholics in recovery. Come learn about a new grief model counselors can use to help alcoholic women maintain sobriety.

I. DEFINITIONS -

A) Depression:
Despondency and anergia very similar to general sadness; however, severity and duration of symptoms, as well as the presence or absence of a triggering event are quite different (Holtzmheimer & Mayberg, 2010).
http://www.youtube.com/watch?v=AbCULoSZnAg

B) Grief:
“The normal but bewildering cluster of ordinary human emotions arising in response to significant loss, intensified and complicated by the relationship to the person or the object lost, and by the way the person dies (Anderson, 2010, 128.)”
http://www.youtube.com/watch?v=m9AnjALHCxo

C) Addiction-Related Grief:
A reaction to a variety of complex losses incurred as a direct result of addiction (including alcoholism), whether it be prior to onset of addiction, during active addiction, or during recovery from addiction (Shallcross, 2011, 13).

D) Addiction-Related Loss:
An experience of reduced resources, to which the individual was strongly attached, either personal, material, or symbolic in nature (Striefel & Servaty-Seib, 2009).
http://abcnews.go.com/GMA/video?id=6988695
II. DSM-IV-TR SYMPTOM COMPARISONS –
   A) MDD/Dysthymia
   B) Bereavement
   C) Substance Abuse/Dependence

III. TIE-IN -
   A) The symptoms of a disrupted identity, according to Boss (2006), include:
      1. Uncertainty
      2. Indecision
      3. Inattention
      4. Lack of Concentration

   B) Boss states that the above symptoms are often misinterpreted as markers for depression (Boss, 2006, p.116).

   C) When seeking medical attention for these symptoms, approximately, and only, 6% of doctors diagnose the client as having a substance abuse, or addiction, problem (Freimuth, 2010).

   D) The remaining diagnoses might include sleep disorders, low mood, depression, etc. (Freimuth, 2010).

IV. PURPOSE OF THE PRESENTATION AND RATIONALE FOR THE PROGRAM -
   A) Database search revealed no specific programs aimed at treating addiction-related grief for women in recovery from alcoholism, using Boss's model of Ambiguous Grief.

   B) The following program is based on Pauline Boss' Model of Ambiguous Grief and Loss (2006).

   C) The following theories are the basis of the adapted model: Solution-Focused (DeShazer, 1988), Existential (Frankly, 1963), Gestalt (Perls, 1969) and Adlerian (1964), and Reality Theory (Glasser, 1985).

V. EXPLANATION OF MODEL -
   A) What is Ambiguous Loss?
      “A loss that is unclear and thus has no closure (Boss, 2006).”

   B) What is the Conceptual Base?
      1. Stress
      2. Resilience
      3. When a situation is not “fixable”, or an illness cannot be cured, we help clients live within this ambiguity by strengthening their resilience (Boss, 2006).
C) Ambiguous Loss as a Stressor
   1. Experiencing ambiguous loss is extraordinarily stressful in as much
      as the anxiety and relentless and unending stress stops the grieving
      process and defies resolution (Boss, 2006, 11).
   2. It encourages the person to deny any loss (Boss, 2006, 11).

D) For the Alcoholic in Recovery
   1. It is important to work through the addiction-related losses with
      the alcoholic in recovery, as they may be contributing to or
      sustaining the addiction itself (Shallcross, 2011).

E) What is Resilience?
   1. The ability to “regain one’s energy after adversity drains it (Boss,
      2006)”;
   2. In the case of crisis: the ability to come back from dysfunction, to a
      level of functioning present before the crisis, or even greater (Boss,
      2006).

F) Resilience in Recovery from Alcoholism –
   1. Research suggests that resilience decreases the likelihood of
      engaging in high-risk behaviors such as drug abuse (alcohol)
      (Fadardi, Azad & Nemati, 2010).

VI. Therapeutic Goals –
   A) Guide and assist client in learning how to walk through the losses
      incurred, and perhaps even thrive while doing it.

   B) Build resilience in the face of a major change in life (recovery), and the
      stressors attached to it.

   C) Rebuild a life characterized by new meaning, identity, and tools to use to
      maintain that life. (Boss, 2006)

VII. Addiction-Related Grief Treatment for Recovery from
     Alcoholism: Adapted from Boss’ Model for Treating Ambiguous
     Grief and Loss –
     A) Making Meaning
     B) Tempering Mastery
     C) Reconstructing Identity
     D) Normalizing Ambivalence
     E) Revising Attachment
     F) Discovering Hope
A) Finding Meaning

1. According to Boss, meaning is defined as “being able to make sense of an event or situation” whereby finding “some logic, coherence or rational reasoning about what has happened (Boss, 2006, 74).”

2. Once in recovery from alcoholism, women are faced with gender-specific losses that occurred while in active addiction (DiBacco, 2010).

3. Making meaning of these losses strengthens recovery, and relapse prevention (Shallcross, 2011).

4. Elements of Finding Meaning –
   a) Naming the Problem
   b) Dialectical Thinking
   c) Religion and Spirituality
   d) Forgiveness
   e) Small Good Works
   f) Recovery Rituals (Recovery Routine)
   g) Positive Attribution
   h) Sacrifice for the Greater Good
   i) Perceiving Suffering as Inevitable
   j) Hope

a) Naming the Problem:
   i. By having a clear concept of what the problem(s) is, the client gains clarity of how to move forward, make important decisions, and over time, make sense of exactly what they are experiencing.

   ii. This boosts resilience, allowing the client to live within, and move forward despite the uncertainty they are experiencing.

   iii. Once the client is able to name the experience, they are better able to begin find the meaning of it.

   Boss, 2006.

   iv. Therapeutic Suggestions:
   Collaboratively, make a list of the client’s addiction-related losses.
   - Name the Losses
   - How it Occurred
   - Why it Occurred
   - Keep this list as a working document.

b) Dialectical Thinking:
i. Taking a cognitive approach, guide client to understand it is possible to hold two opposing concepts simultaneously.

For example: “When I was drinking, I neglected my children, but I am still a good person today.”

ii. Discuss what is present today within the client that is worth celebrating, including:

- Her ideas;
- Work;
- Symbols of her life;
- Rituals she loved and would want to continue, etc.

Boss, 2006

iii. Therapeutic Suggestions –

- Collaboratively, make a list of client’s strengths, beginning with the prompt: “Even with everything I have been through, today my strengths are:”
- Follow up with the client stating out loud:
  “While in active alcoholism I neglected my children, but today I am determined to stay sober and be a good mother.”
  “While in active alcoholism I lost my marriage, but today I am loveable.”
  “While in active alcoholism I lost my job, but today I am becoming employable.”

Boss, 2006

c) Religion and Spirituality:

i. Helping clients connect with their spiritual selves can be very helpful to them.

ii. Honoring the client’s spiritual beliefs, we help guide them to actively use those beliefs to build resilience.

Boss, 2006

d) Forgiveness:

i. Applying Victor Frankl’s groundwork of the connection between forgiveness and meaning, we help the client gradually shift her focus of resentment towards others and self, to a concept of forgiveness (Boss, 2006).

ii. Therapeutic Suggestions –

- Begin by short education/discussion with client about the concept of forgiveness:
• In learning to forgive others and self the client learns to overcome her resentments and anger whereby filling her spiritual void and moving forward in recovery and improving her well-being (Lyons, Deane & Kelley, 2010).
• Collaboratively make a list of all resentments, including cause and client’s part in the resenting event.
• Discuss the client’s incapacitation at the time, and the inability to change the past, but the courage to move forward in sobriety, changing only what she can control. (Serenity Prayer).

f) Recovery Rituals:
  i. When there is loss, rituals help people find meaning (Boss, 2006).
  ii. Our job is to assist clients in developing new rituals and modify old rituals that will aid in their ability to move forward (Boss, 2006).
  iii. Rituals for Individuals in Recovery:
    • Recovery maintenance rituals include: “Centering rituals, sober fellowship, acts of self-care, acts of citizenship and service (White, 2009).”
  iv. Therapeutic Suggestions:
    • Assist client in developing a planned recovery routine with the following options:
      o Group Counseling
      o Individual Counseling
      o Attending 12-Step meetings (i.e. AA, NA, CA, etc.)
      o Working with a sponsor
      o Working with/ Helping fellow alcoholics
      o Reading the literature (AA, NA, etc.)
      o Journaling
      o Meditation
      o Physical Activities

j) Hope:
  i. Finding meaning also includes finding hope for the future (Boss, 2006).
ii. When the dreams once believed in are no longer alive, we must help clients develop new dreams for their future (Boss, 2006).

iii. **Hope in Recovery from Alcoholism:**
   – In a recent study exploring the relationship between hope and self-esteem and self-regulation in men and women in recovery, robust significance was found (Ferrari, Stevens, Legler & Jason, 2012).

iv. **Therapeutic Suggestions:**
   – One Month Goals
     Ex: Will follow recovery routine faithfully for one month.
   – Three Month Goals
     Ex: Will add one recovery maintenance ritual to existing recovery routine.
   – Six Month Goals
     Ex: Will begin thinking about going back to school, getting a better job, etc.
     -Will begin asking the question, “What do I really want to do/be in the future?”

B) **Tempering Mastery**

1. According to Boss, how an individual copes is dependent upon their beliefs about **mastery**, and her **agency** (p.98).
   – **Mastery:** the ability to manage one’s life;
   – **Agency:** the ability to extend or exert one’s own power in order to manage their life.

2. Valuing mastery, either too little or too much, however, can weaken one’s resiliency.

   Boss, 2006

3. Furthermore, according to Boss (2006), “insisting on fixing an impossible situation...... can be destructive (p.100).”

4. In addiction, such as alcoholism, it is not, practically speaking, an acute illness; rather, it is a chronic, relapsing, re-occurring disorder (Leschner, 1997). The disease of addiction is not “fixable” or “curable”; it is only treatable.

5. **Elements of Tempering Mastery:**
   a) Recognizing That the World Is Not Always Just and Fair
   b) Recognizing Where Views of Mastery Originate
   c) Externalizing the Blame
   d) Decreasing Self-Blame
   e) Identifying Past Competencies

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f) Managing and Making Decisions  
g) Increasing Success Experiences  
h) Softening Attribution  
i) Accepting (sometimes) What Will Not Change  
j) Having (sometimes) a Sense of Invincibility  
k) Knowing the Exceptions  
l) Reconstructing Rituals  
m) Mastering One’s Internal Self  

Boss, 2006

c) Externalizing the Blame:  
   i. Boss says that regardless of the individual’s worldview, it can be beneficial for individuals to credit their feelings of helplessness and lack of mastery to an external source (2006, p.109).
   ii. In alcoholism or substance abuse disorders, use is often considered a maladaptive or avoidant coping strategy, characterized by behaviors such as risk taking, attention-seeking, and the like (Kuper, Gallop & Greenfield, 2010).
   iii. Therapeutic Suggestions:  
        - Refer to the client’s list of losses, and discuss how she would handle the situation \textit{today}, while sober.
        - Discuss at length insights, attitudes, feelings, etc. associated with behaviors as a sober person versus behaviors when in active addiction.

e) Identifying Past Competencies:  
   i. Boss suggests that looking for past evidence of resiliency is beneficial (2006).
   ii. Boss also suggests that although we can learn from our own past experiences, we can also learn much from learning of the past experiences of others, who have gone before us and experienced similar loss (2006).
   iii. In an article written by Brendan Koerner (2010), he shares that when an AA member gets up and shares her experience, strength and hope, both the speaker and the audience develop new levels of self-awareness.
   iv. Therapeutic Suggestions:  
        - Suggest that client write stories of past competencies, \textit{outside of active alcoholism}, when the client experienced successes, lived with competency, and was happy.
        - Discuss how this can happen again, today in sobriety.
-Suggest client attend local AA meetings, being careful to find a meeting that she feels the most comfortable in, and where she can attend speaker meetings.

i) **Accepting (sometimes) What Will Not Change:**
   
i. People need to hear stories from others about how they accepted powerlessness over their ambiguous losses when there is no rescue from suffering (Boss, 2006).
   
   ii. In recovery from alcoholism, it means the recovering alcoholic has the ability to take responsibility for herself (including her disease of alcoholism, the losses that occurred while in active alcoholism, the consequences in direct result of her alcoholism, etc.), without being over responsible for that which she cannot control (Bepko & Krestan, 2008).

   iii. **Therapeutic Suggestions:**
   
   - Suggest client write narratives differentiating between portrayals of helplessness and acceptance (Boss, 2006).
   - Collaboratively decide how to memorialize losses that the client cannot make up for or change (Boss, 2006).
   - Differentiate between times when client felt helpless and the way she feels *today*.
   - Serenity Prayer

m) **Mastering One’s Internal Self:**
   
i. When the client’s perceived external world is unmanageable, learning to manage her inner world is helpful and it reduces stress (Boss, 2006).
   
   ii. When a circumstance cannot be changed, we can help the client reframe her thinking about the situation, shifting the perception to where it is no longer immobilizing (Boss, 2006).
   
   iii. For women in recovery from alcoholism, the internal self (or self identification) includes intention, self-efficacy, coping skills, self-esteem, attitudes, beliefs, and perceived self worth (Moos, 2008).

   iv. **Therapeutic Suggestions:**
   
   - Mindfulness Meditation (Boss, 2006)
   - Reading the AA Literature
   - Attending AA meetings
   - Working with a sponsor
   - Journaling
   - Self-Reflection
C) **Reconstructing Identity**

1. In Boss’s model, she states that the trauma from ambiguity significantly disrupts the client’s capability to clearly think about who they are, including expectations of what they are supposed to do (2006).

2. In the process of recovering from alcoholism, it can be explained in terms of “the management of a spoiled identity: The addict has to restore her damaged sense of self (Taïeb, Révah-Lévy, Moro & Baubet, 2008).”

3. **Identity** here is defined as: “knowing who one is and what roles one will play (Boss, 2006, p.116)”.

4. Boss also states that clients also define themselves in conjunction with how others define them (2006).

5. **What Helps Reconstruct Identity?** (Boss, 2006)

   i. From Boss’s suggestions for revising one’s identity, I adapt them here for a client in recovery from alcoholism:

   1. Defining Boundaries
   2. Selecting Major Developmental Themes
   3. Developing Values and Views
   4. Breaking Through Resistance to Change

   Boss, 2006

   ii. **Therapeutic Suggestions:**

   • **Defining Boundaries** (adapted from Boss, 2006)
     - Establishing who the support system is – Who is in? Who is out?
     - Reconstructing Roles
     - Recognizing Ex-Identities
     - Becoming more aware of own culture identity and diversity as a recovering alcoholic
     - Broadening Rules for Problem Solving
     - Revising tasks for recovery rituals and celebrations
     - Using symbols to indicate reconstructed identity
     - Learning a new language expressive of identity in recovery
     - Discouraging familial transmission of negativity about recovery
     - Uncovering secrets about addiction

   • **Selecting Major Developmental Themes:**
     - Identifying positive current themes of resiliency
     - Co-constructing recovery rituals with fellow recovering alcoholics
     - Exploring themes about gender as a recovering alcoholic
• Developing Values and Views:
  – Developing a spiritual identity in recovery
  – Finding choices about current values
  – Acknowledging the world is not always fair
  – Using dialectical thinking rather than absolute thinking

• Resistance to Change –
  – Holding on to the notion that that ambiguous loss can be reversed, or in this case that addiction-related losses can be undone, blocks change and weakens resiliency (Boss, 2006).
  – The goal here, is to begin a process with the client of searching for new options about what she can be, can do, while leaving the road open for the possibilities that will emerge later (Boss, 2006).
  – As counselors, we never give up on the client, even when the client is showing resistance (Rice, 2011).

D) Normalizing Ambivalence
  1. In Boss’s model, when the adjective ambiguity is employed to describe loss, she defines it as having “no validation or clarification of the loss, (p. 144)”.
  2. Ambivalence, then, refers to conflicting feelings and emotions associated with the ambiguity of the losses that have occurred. Boss, 2006
  3. In recovery, the client discovers that addiction-related loss can be both tangible and intangible (Haberstroh, 2007), or ambiguous.
  4. Likewise, clients may experience ambiguous losses in connection with finding meaning in life and constructing meaningful relationships with themselves (Haberstroh, 2007).
  5. The client may think it easier to feel ambivalent to the overwhelming host of emotions, confusions, and fear in moving forward (i.e. “I will think about that later.”).
  6. It is our goal as counselors then, to offer the client opportunities to express her genuine feelings and emotions that underlie her unresolved addiction-related losses (Habertsroh, 2007).
  7. In doing so, resilience will increase (Boss, 2006).
  8. What Helps Normalize Ambivalence?
     a) Normalizing guilt and negative feelings
     b) Regaining personal agency
     c) Seeing the community as family
     d) Reassigning everyday roles and tasks
     e) Asking questions about context and situation
     f) Bringing ambivalent feelings into the open
g) Managing the ambivalence once in the open
h) Valuing diverse ways of managing ambivalence
i) Developing tolerance for tension

a) **Normalizing Guilt and Negative Feelings:**
   i. Boss shares that although some find guilt a catalyst for change, she views it as preventing movement and change (2006, p. 154).
   ii. Blaming, shaming, and guilting one’s self blocks the client from moving in the healing process (Boss, 2006).
   iii. In recovery from alcoholism, seeking forgiveness may be associated with reducing feelings of guilt and a forgiveness of self (Lyons, Deane & Kelly, 2010).

b) **Regaining Personal Agency:**
   i. Ambiguous loss (or addiction-related loss) from addiction often interferes with the client’s ideas and expectations about personal agency and sense of mastery (Boss, 2006).
   ii. **Therapeutic Suggestion:**
      •To regain personal agency, the counselor might help the client become mindful and clearly aware of:
      - what they can control about themselves today;
      - who they are today;
      - and what they want to be in the future.

   c) **Seeing the Community as Family:**
   i. Finding resilience from ambivalence happens more easily when in the presence of others who have gone before, and experienced similar circumstances (Boss, 2006).
   ii. Groh, Jason & Keys (2008) report on a study where the support from members in AA was found to be of significant value to recovery.
   iii. Furthermore, those in recovery who had support systems that supported drinking actually benefited the most from AA involvement (Groh, Jason & Keys, 2008).

f) **Bringing Ambivalent Feelings in the Open:**
   i. We support clients in expressing the dark side of their feelings about self.
ii. We also encourage them to openly and thoroughly discuss their lingering feelings of guilt and shame.

iii. The goal here is to help the client openly acknowledge their feelings of ambivalence in order to move towards change.

Boss, 2006

**g) Managing the Ambivalence Once in the Open:**

i. Here, we help the client to develop a tolerance for the ambivalence and ambiguity of losses they cannot change today (Boss, 2006).

ii. In recovery, it may look like this:

Ex: In active alcoholism, a mother lost her children to state protective care, lost her job, as well as her marriage. Now in recovery, she will be unable to change the event of losing her children, but she now has them back in her custody. Helping her to come to terms with the event occurring during her active disease, and not in recovery, raises tolerance for the past (that which she cannot control or change).

**E) Revising Attachment**

1. Traditionally, attachment is defined as “the relational and reciprocal connection to a constant other (Boss, 2006, p.164)”.

2. In recovery, attachment may take on a different concept. In her dissertation, “Unresolved Grief and Loss Issues Related to Substance Abuse (2005)”, Davina Moss states that clients grieve their addiction in very much the same manner as one grieves the loss of a loved one (p.2).

3. With the disease of alcoholism, true closure is not possible due to the fact that alcohol is everywhere in society. Therefore, helping the client develop a perceptual shift in the relationship, one that accepts the ambiguity of absence and presence, is helpful (Boss, 2006).

   Ex: Alcohol is still physically present. I see it everywhere I go. But it is now absent in my personal life, as I do not drink any longer.

4. Counselors may also need to help the client revise her attachments in terms of social support. A model created by Longabaugh, Beattie, Noel, Stout, & Malloy (1993) proposes that support systems, such as AA, that promote abstinence from alcohol, increase sobriety outcomes (Groh, Jason & Keys, 2008).

5. **What Helps Revise Attachment?** (Adapted from Boss, 2006)

   a) Thinking Dialectically
   
   b) Moving from despair to protest
   
   c) Thinking Systematically
d) Knowing that fantasies of drinking healthily are common

e) Using groups to build new connections

a) **Moving From Despair to Protest:**
   
i. In recovery, you may hear your client in “despair” that she cannot live without drinking. That her whole life is about alcohol. That she has no idea how to live day-to-day with alcohol not being present.

   ii. We help her to shift her perspective, day-to-day, that through practice, small victories, and resilience, she will revise her attachment to alcohol from despair to protesting its presence.

   iii. We also highly, and frequently, suggest our client go to AA meetings, at the same location, consistently.

   - This will revise her attachments to “old friends” and help her develop new, healthy attachments with a support group promoting sobriety.

   iv. As counselors, our long term goal is to help the client develop skills in revising her attachments to:

   - Alcohol
   - Peers
   - Family
   - Lifestyle
   - Others

D) **Discovering Hope**

1. According to Boss’s model, at this stage of recovery we have come full circle – the work of finding meaning, tempering mastery, reconstructing identity, normalizing ambivalence, and revising attachment, together develop hope.

2. Clients gradually see that hope is embedded in change, rather than in the strongly held status quo.

   Boss, 2006

3. Boss defines hope as the belief that there is a future good; that suffering can cease, and that there is comfort for the individual in the future (2006).

4. In recovery from alcoholism, individuals with strong beliefs in hope for their future may be more able to generate and implement strategies for preventing relapse (Mathis, Ferrari, Groh & Jason, 2009).

5. Furthermore, researchers implore that “recovery from addiction involves a re-orientation from self-deception to the pursuit of higher ideals [5]. New meaning and hope in life is required (Sellman, 2009, p.10).”

6. **Where Do We Find Hope?** (Adapted from Boss, 2006)

   a) Finding spirituality
b) Imagining options
c) Laughing at absurdity
d) Redefining justice
e) Finding forgiveness
f) Acceptance

a) Finding Spirituality:
   i. Research indicates that spiritual support that includes meaning and hope helps people more effectively cope with situations of adversity.
   ii. We meet the client where they are in terms of spirituality, and foster their own beliefs in their time and orientation.
   iii. Boss states, “I do not judge their belief system, but I do nurture discovery options that are spiritual if they are healthy and life-enhancing (p.187).”

   Boss, 2006

   iv. Therapeutic Suggestions:
       - Concept of a Higher Power
       - AA Meetings
       - Literature regarding spirituality
       - Journaling
       - Therapeutic Discussion
         • About the client’s current understanding of spirituality
       - Psycho-education (if necessary)

b) Imagining Options:
   i. Beginning task is to present to the client what may be her one remaining option – to imagine how her life will be moving forward (Boss, 2006).
   ii. Therapeutic Suggestions:
       - Presenting options to the client, who is still confused about where to go next, includes short term and long-term goals in sobriety.
       - From a strengths-based perspective, we can show the client how far she has come, which is evidence of her resilience that she can use moving forward.

e) Finding Forgiveness:
   i. Retribution does not promote change (Boss, 2006).
   ii. Boss (2006) uses the example of the execution of the Oklahoma City bomber, Timothy McVey. She shares that most of the people who experienced that
catastrophic event *did not* feel better after McVey’s execution.

*iii.* Clients in recovery from alcoholism hold a host of resentment in their perceptions.

*iv.* However, at this point in therapy, the client is more likely to be in a place of forgiveness of others, and perhaps more importantly, of self.

*v.* AA promotes forgiveness regardless of the act; that forgiveness means freedom from that which brings the recovering alcoholic to darkness; that forgiveness lets the light in.

*vi.* This brings meaning and hope to the recovering alcoholic, for the future.

f) **ACCEPTANCE!!:**

*i.* I add this element to discovering hope for this reason: in AA, we say “Acceptance is the key to all of our problems.”

*ii.* Acceptance is a direct result of practicing the Serenity Prayer in its truest form.

“*Higher Power, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference (Alcoholics Anonymous, 1978)*.”
References


