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Quarantine: A Family Member in Crisis

Urgent communique: (fictional account)

As I sat relaxing @ home, I received a frantic phone call from my mother, about a conversation she had with my aunt. My aunt expressed nervousness, after a phone call with her son-in-law John about her daughter Jane. He stated finding Jane unresponsive, with a multitude of empty bottles of sleeping pills nearby. She was taken by ambulance to a nearby hospital for medical treatment. Currently she was being transferred to a psychiatric facility to be evaluated for inpatient treatment, because Jane had admitted @ the hospital to taking the sleeping pills in an attempt to end her life. My aunt related Jane had been estranged from the family for over a year. The last conversation my aunt had with her daughter, she admitted to having marital problems, but was vague about the conflict she was experiencing with John. After that communication, Jane began to distance herself from my aunt, other family members and friends. John was reluctant to provide further information, but upon urging from both his parents and my aunt, he reluctantly admitted Jane had experienced both anxiety and depression due to the quarantine. My aunt appeared helpless as she posed the following question to my mother of, "How can I help Jane, after her hospitalization?"

Gathering Additional Information:

After the conversation, I asked my mother if I could contact my aunt directly. Upon her agreement, I contacted my aunt and listened as she spoke about Jane. She stated Jane had previously admitted to having recently drunk a bottle of wine on a daily basis. After admitting to drinking, she reported in quick succession that she had discontinued drinking. In other conversations Jane also related having had ongoing arguments with John about finances. Jane stated that during one heated argument, John resorted to name calling, which resulted in his pushing her. She sustained a fall requiring medical treatment for a broken arm. Jane appeared contrite, stating the argument dealt with her overspending on personal items and reassured my aunt, the incident had only happened once. She said afterwards John was apologetic, stating it would never happen again.

Upon ending the conversation with my aunt, she asked me to find information for her to help Jane. Thus began my search for the requested information. Several of the agencies contacted were: Alcoholic Anonymous (AA); SMART Recovery; Shopaholics Anonymous; Emotional Abuse and Physical Abuse and the Suicidal Prevention Hotline.

Addictions

Information sought for my aunt dealt in contacting agencies specifically with addictions because many times people deny their addiction. In researching addictions, the biological effect of addiction is the release of endorphins, with a heightened adrenaline rush. That rush is a feeling of euphoria, when engaged in the addictive act, with the need to replicate that feeling. Though momentary in duration, it is cyclical in nature. The behavior is a desire to cope with intense and overwhelming emotions and thus replicate the primary adrenaline rush. The models that deal with one's addiction are provided through programs such as Alcoholic Anonymous, SMART Recovery and Shopaholics Anonymous, with other interventions delineated for physical abuse and suicide prevention.

Alcoholic Anonymous (AA)

The AA model refers to one's addiction from a medical perspective of alcoholism as being a disease. The disease alters the brain with alcohol as a depressant to one's bodily functions. On a psychological level, it results in feelings of depression and/or anxiety and also physically by stunting one's ability to complete tasks. The addiction has been categorized as an alcohol use disorder and ranges from mild to severe dependency. If severe dependency results, the need for alcohol consumption increases exponentially, with an addiction that is defined by both a psychological and physical dependency.

The ten warning signs of alcoholism include one's emotional (psychological) and biological (physical) need to drink. It can impair one's ability to make rational/thoughtful decisions; with stunted motivation and an inability to socially interact with others. In a sense, one can relate to the alcoholic, as having a secret life with a love relationship that centers on the bottle. Others may be ambivalent to the addiction, until it impedes a person's ability to function on a daily basis.

In attempts to work on their sobriety, the participants of AA begin their meetings by identifying themselves as either an alcoholic or addict. The 12 Step approach entails working on one's recognition of God or identifying one's higher power; past issues that hinder current relationships and encouraging service through sponsorship to others. In summation the 12 Step includes:

Step 1: Admit to one's "powerlessness over their drug of choice"

Step 2: Recognizing God or a "higher power" outside themselves

Step 3: Decision to turn one's will and life over to God

Step 4: Assessing one's "fearless-moral inventory"

- Step 5: Admit to “nature of our wrongs”
- Step 6: “Remove the nature of one’s wrongs”
- Step 7: “Remove our shortcomings”
- Step 8: “Make amends”
- Step 9: If possible “make direct amends”
- Step 10: “Continued personal inventory”
- Step 11: “Improved conscious contact with God”
- Step 12: “Carrying the message to [other] alcoholics”

Ending each meeting with the Serenity Prayer, with continued attendance encouraged to prevent a relapse and propagate one’s sobriety.

SMART Recovery

The SMART Recovery program focuses on self-empowerment/reliance of the individual taking initiative and being reliant on themselves in their recovery from addiction. It “teaches tools and techniques for self-directed change.” Individuals are taught “how to change self-defeating thinking, emotions, and actions;” and work on long-term recovery. Recovery implements and applies techniques of the 4-Point-Program. The program is inclusive of: “Point 1: Building and Maintaining Motivation; Point 2: Coping with Urges; Point 3: Managing Thoughts, Feelings and Behaviors; Point 4: Living a Balanced Life.” The tools in sobriety include:

- “Stages of Change”
- Worksheets:
 - “Benefit Analysis”
 - Decision making
- ABC’s of Coping
- Emotional “upsets”
- “DISARM (Destructive Images and Self-talk Awareness & Refusal Method)
- Hierarchy of Values

- Brainstorming
- Role-Playing and Rehearsing
- USA (Unconditional Self-Acceptance)"

Comparison of the SMART Recovery and AA Programs:

The similarities of the programs are: the SMART Recovery and AA program encourage sponsorship of other addicts who are in their recovery. The rationale in helping others is to promote healing for the addict, but also reinforce the sponsor's own recovery.

The difference is: The SMART Recovery program is open to members attending other supplemental groups, which aids in their recovery. The recovery group also encourages psychotherapy and medication management by other health care professionals. Whereas, the AA program discourages support services of psychotherapy, because their recovery should primarily focus on the 12-Step program.

Shopaholics Anonymous

Another program adhering to the 12 Step approach is Shopaholic Anonymous. Jane's overspending and thus overspending, exacerbated conflict in the marital relationship. Jane experienced increased marital stressors in her relationship, which may have resulted in increased symptoms of anxiety and/or depression. The quarantine may have also exacerbated these feelings, with Jane's need to decrease or eliminate those overwhelming feelings. One way she may have found relief was through excessive shopping.

Jane's shopping addiction is inclusive of one or more of the six following types of shoppers. They are identified as: compulsive shoppers; collector shoppers; image shoppers; codependent shoppers; bargain shoppers and trophy shoppers. By shopping, Jane may have experienced a momentary adrenaline rush in shopping, with resulting feelings of "shame and guilt." A desire to once again experience this adrenaline rush, leads to continual shopping, even though the effect may impinge on one's mental health and social interaction with others.

When one becomes aware of their shopping addiction, the recommended course of action is to contact a trained professional [(888) 997-3147] to help seek a treatment facility. Sometimes a residential or inpatient program may be recommended with physical isolation @ the center. The isolation helps to eliminate any type of undue psychological or social stressor, which could result in a shopaholic relapse. The facilities and programs recommended differ, according to the six type of shopper(s) previously noted.

If the addiction can be treated on an outpatient basis, the program would adhere to the 12 Step approach, similarly utilized in the AA program. The severity and feasibility of the program, as either inpatient or outpatient is dependent on the individual's addiction level. The type of program is determined by both the individual and the intervening professional.

Emotional and Physical Abuse

Jane's lack of social interaction may result in keeping her addictions a secret from others. But the secret of her addictions may also relate to the physical abuse Jane experienced from John. Thus the gathering of this information on Jane's emotional and physical abuse for my aunt is important.

Though my aunt reported that only pushing had resulted between Jane and John, any type of anger expressed by touching an individual, without permission is unacceptable. Physical abuse is usually preceded by "name calling," with the slow and continued denigration of one's character (i.e. statements of being worthless), usually erodes one's self esteem.

This erosion of Jane's self-confidence level is further affected by the quarantine, with little if any social interaction with other individuals. Thus any type of support one may have experienced in the past by family members or friends is curtailed. Current access of staying @ domestic violence shelter is in all probability non-existent, due to the quarantine.

Should Jane decide to leave this violent relationship, a safety plan that includes trusted individuals, family members, friends or neighbors with whom to communicate and whose home she could possibly reside. John should not be provided this information, because Jane's safety could be compromised. If her life is in imminent danger, it is imperative to contact the police department, dial 911 to speak to emergency personal and/or securing a Restraining Order to prevent John from contacting her. In total, fourteen basic elements of a safety plan are recommended by the National Domestic Violence (NDV) Hotline, which can be developed with both Jane and the respondent.

A task force for the Intimate Partner (IPV) was convened by the American College of Surgeons (ACS). Both the ACS and NDV provide resources for survivors to help formulate a safety plan. One plan entails a non-verbal hand Signal for Help, which includes: the palm to the camera and tuck thumb, with a trapped thumb. In addition to other resources that helps in educating healthcare professions and other individuals recognize when a person abused, with a non-verbal, "hand signing" that signify a Signal for Help .

Suicide Prevention:

In addition to contacting an IPV facility, it was imperative to contact a suicide prevention agency, because of Jane's recent suicide attempt. In contacting a Suicide Prevention Lifeline, I spoke to a caseworker about Jane's suicidal attempt and her current hospitalization. As I expressed my concern and identified marital conflict with John and also her addictive behaviors to cope with John's physical abuse that eventually resulted in her suicide attempt.

The subsequent questions by the caseworker centered on the Jane's safety and whether she was in any imminent danger. I informed her that Jane was currently being evaluated @ a psychiatric facility. Other questions by the caseworker were related to abuse issues, such as emotional, physical, substance, sexual abuses with a myriad of other questions on finances and additionally whether she had a strong support system. In ending the conversation with the caseworker, she recommended Jane and/or other family members to contact the Suicide Prevention Lifeline, when any questions arose.

Summary

With the information gathered to aid Jane in her recovery, I surmised that Jane had experienced emotional abuse by John through name calling, which usually precedes physical abuse. Jane appeared to minimize his actions stating he appeared apologetic about the incident, and he swore it would never happen again. But like many others who are physically abusive, a promise is made but many times the abuse will continue, if no type of treatment has been sought by the abuser.

Jane may have additionally experienced symptoms of anxiety and/or depression, prior or subsequent to the physical abuse incident. Her stress was probably experienced on a daily basis of being quarantined with John and may have been the impetus for her addictive behaviors, and her eventual suicide attempt.

In providing this information on various programs, I will suggest my aunt approach Jane with another trusted family member. It would also be important that John not be present, during this conversation with Jane.

When Jane is approached by my aunt, it would need to be with an open and non-judgmental demeanor. During the conversation, it would be important for my aunt to express her LOVE and caring for Jane. It is also important after expressing this positive emotion of love, that my aunt and the other person accompanying her, can similarly express their CONCERN about Jane's

attempt to take her life. With that concern expressed, they can both intermittently refer to the above cited dynamics of stress Jane experienced.

They can reiterate the need to continue an open dialogue with each other. The dialogue could entail her drinking and overspending she engaged in, as a means of coping with the stressors she experienced in her marriage. Also the importance of discussing the emotional and physical abuse she sustained by John.

The discussion should incorporate the various programs (i.e. AA, SMART Recovery, etc.), she is open to joining. After much discussion, should Jane decide to leave John, contacting a trained professional on physical abuse to help develop a Safety Plan is important. The support of family and friends should be identified and help decrease her feelings of isolation, which John may have perpetuated during the quarantine.

As a member of her support system, my role would be to provide information on various programs for Jane to heal. My aunt would similarly need to support Jane regarding the family participation in the various programs. In addition, my aunt would herself need to engage in the support services of a therapist and her physician. Her physician could provide medication evaluation because of the anxiety and/or depression, she was probably experiencing. In ending the communication with both Jane and my aunt, I would empathize my awareness about "the journey towards recovery, as being arduous, but yet..... a worthwhile process."

Programs

Programs available can be either @ an in-patient or out-patient facility medical facility. The in-patient facility can be in a hospital setting or building(s) specific to one's treatment. The out-patient program can either be in a group setting or on-line meetings via a specific website. The on-line virtual meetings can provide safe social (physical) distancing, with the following programs listed:

Alcoholic Anonymous:

Alcoholics Anonymous (aaonline.meeting.net/); Al-Anon Family Groups (al-anon.or/al-anon-meetings/electronic-meetings/); Families Anonymous (familiesanonymous.org/meetings/virtual-meetings/); Parents of Addicted Loved Ones (palgroup.org/find-a-meeting/pal-telephone-meetings/); Addiction Helpline (samhsa.gov)

Legal Aid – (lawhelpca.org)

Physical Abuse [phone contact: (800) 799-7233; Spanish (800) 787-3224]; National Domestic Violence Hotline (512) 453-8117] (thehotline.or); sheltersafe.com; 211.ca/; or text LOVEIS

National Suicidal Prevention Lifeline (800) 273-8355; Crisis Text Line (741-741)

SMART Recovery (smartrecovery.or/community)

Shopaholics Anonymous (enow.com; shopaholics anonymous)

Therapy - Victim Compensation Board (victims.ca.gov) or (800) 777-9229

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