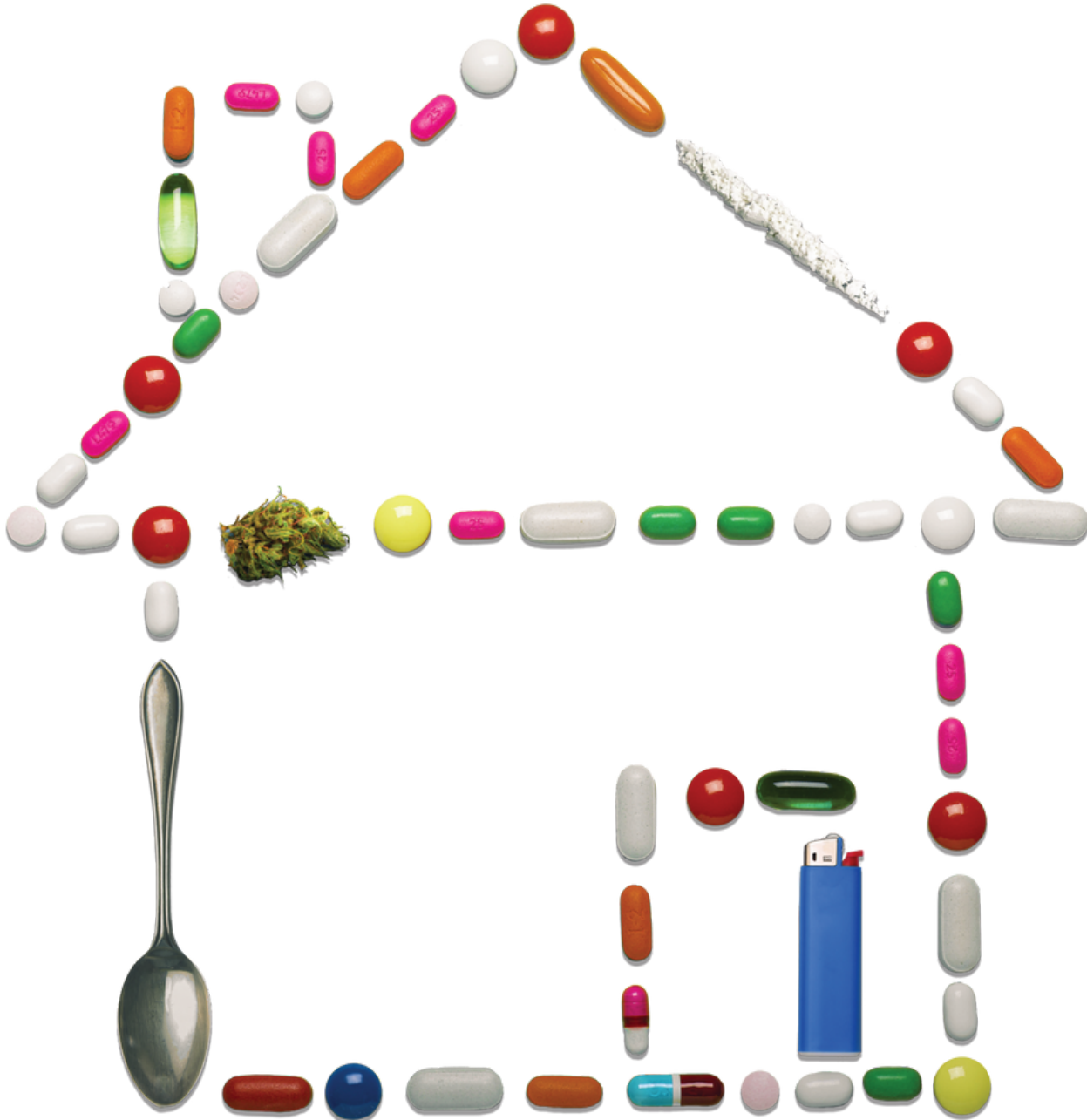


DOCUMENTARY DISCUSSION GUIDE



OUR AMERICAN FAMILY

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INTRODUCTION

Addiction is an all-encompassing force, not only in the lives of the afflicted but also those around them. *Our American Family* is a radically honest portrait of five family members grappling with the legacy of generational addiction as they fight to heal resentments and pull each other from the deepest depths.

This Discussion Guide was created in partnership with Herren Project, an organization driven to help individuals and families live healthy, fulfilling lives by preventing substance misuse, celebrating recovery, and creating resilient communities. This guide can help viewers discuss the film and glean insights surrounding recovery, hope, change, and family. The film and discussion guide are not a replacement for any expert or medical advice. If you or a loved one is struggling, please seek support from a professional.

When discussing substance use disorders and the individuals who were brave enough to participate in *Our American Family*, we urge you to use person-first language. Rather than referring to someone as “the addict,” which defines someone by a disease, we suggest phrases like “the person struggling with addiction.” By putting people first, we hope viewers can lessen the stigma surrounding the disease, see the strengths of individuals afflicted, and find meaningful connection points to one or more of the family members in *Our American Family*.

If nothing else, may viewers reflect on this family’s experience and walk away with a little more compassion toward a neighbor, one’s family member, or even oneself.

Visit the website OurAmericanFamilyFilm.com to learn more about screening the film to share with others in your community and social networks.

If over 21 million Americans struggle with the disease of addiction, imagine how many friends and family members struggle alongside them.



LETTER FROM THE DIRECTORS

Our country is ravaged by addiction, yet out of shame, many families suffer in silence. This allows the disease to thrive and afflict generation after generation.

Instead of locking doors and pulling shades, one brave family allowed us into their home and around their dinner table. With deep trust and unparalleled access, we filmed the family for a year as they fought for change for the next generation and hoped their daughter, who had been to 17 treatment centers, could find recovery. They wanted us to capture the “nitty gritty,” meaning not showing people with needles in their arms or sensationalizing the struggle.

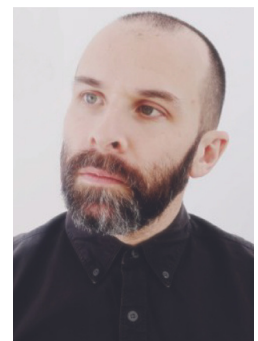
Through verité footage, we intend to humanize the disease of addiction. Rather than a fly-on-the-wall approach, we want audience members to blur the lines between viewer and participant. Our goal is for viewers to understand how Linda, a mother who grew up in a house with addiction, could have minimized warning signs that she saw in her children; how Bryan, the stepfather, could feel resentful toward raising a granddaughter because of the disease; how Chris, the middle child, could hide behind his sister’s struggles when he was faltering himself; how Stephen, the youngest son, could pretend to be perfect for easing the family’s burden; and how Nicole could wonder if “it’s easier if [she] just goes down because no one is used to [her] doing the right thing.”

We use “visual portals” to show family members coping during early recovery and have unflinching cameras to share what truly is happening in American homes. Our elegant score embodies the dignity that families facing any issue should be allowed to maintain.

In the United States, over 100,000 families lost a loved one to this disease in 2021. Families touched by the disease of addiction are strong. They work hard to combat this disease and deserve respect.

We are honored to have captured this family and thrilled that this is a story of change. Viewers will see Nicole as she achieves long-term sobriety for the first time and be with the family as they make important shifts for themselves and their next generation. As we write this letter, Nicole is over five years sober. *Our American Family* inspires hope for families. It sparks needed conversations and encourages compassion amidst our country’s grim statistics.

-Hallee Adelman and Sean King O'Grady



MEET THE FILM FAMILY



LINDA, Mother

Linda is the mother featured in *Our American Family*. Having had a parent who struggled with anorexia nervosa, she learned at an early age how to minimize addictive behaviors. With an ex-husband and children who have attended multiple treatment centers over a span of many years, she shares lessons learned with other parents and families. As the founder of Hummingbird Yoga and Massage, Linda teaches individuals and other instructors, trauma and recovery informed mind/body practices. She is passionate about sharing her experiences through writing and film, helping those affected by addiction, continuing to “show up” and work hard alongside her family members.



BRYAN, Stepfather

Bryan is the stepfather in *Our American Family*. Bryan married his soulmate who had three children from a previous marriage. One year later, Bryan realized that his wife’s oldest child was struggling with a substance use disorder. He shifted from saving money for vacations to finding ways to pay for rehabs and therapists. Initially resentful of his struggling family members, Bryan spent the next 15 years learning about addiction in efforts to support his wife and their children. He and his wife Linda not only support their children, but also help raise their granddaughter—who is the number one person in Bryan’s life. Bryan is a landscaper for his family business who also finds peace working with the lathe.



NICOLE, Daughter

Nicole is the oldest child featured in *Our American Family*. At one time, she was considered a “chronic relapser” with a heroin addiction. She attended over 15 treatment centers before achieving long-term sobriety. Today, Nicole has earned over five years of sobriety and works to help others as a certified recovery specialist. She has helped over 1000 people gain access to treatment. Her goal is to let other women and mothers know that no matter how low they are, they can “get there” and live a better life. She continues to work on herself and makes a decision every day to not use or get high.



CHRISTOPHER, Son

Christopher Jr. is the oldest brother featured in *Our American Family*. Despite the fact that his father and sister struggled with substance use disorders, Christopher was prescribed opioids for pain after a surgery as a teenager. Christopher quickly became addicted to the opioids himself, which eventually led him to learn “Heroin 101” from his sister. Christopher spent years in and out of treatment centers. Today he is over one year sober. Christopher credits the fellowship of AA, meditation, exercise, and close bonds with his family and friends for his continued success. Part of Chris’s recovery journey is giving back. He is humbled by the power of sharing his story with others that walk a similar path.



STEPHEN, Youngest Son

Stephen is the youngest brother featured in *Our American Family*. As a child, due to the substance abuse in his family, Stephen often put his own feelings and needs aside, and was identified as the “lost child” – his accomplishments were often overshadowed by the urgent needs of his struggling siblings. Stephen joined Alateen and Al-Anon groups and sought independent counseling to work through the pressures of living with addiction in the home. He talks about letting go of resentments, finding gratitude, and honoring oneself. Stephen now holds a bachelor’s degree in psychology and works to help other families and siblings touched by addiction.

UNDERSTAND THE ISSUE

The disease of addiction is the largest, most expensive preventable public health problem in our country today and one of the more stigmatized health issues.

The disease of addiction, sometimes referred to as substance use disorder, involves brain changes that are out of an individual's control. These brain changes can result from genetics, home environments, medications, mental health, and trauma. It is a progressive disease, but early intervention will lead to a more successful outcome.

- If addiction to a substance is left untreated, it can negatively impact the individual's life and family.
- According to the Partnership to End Addiction, more than 90% of people with a substance problem began smoking, drinking, or using other drugs before age 18.
- According to SAMHSA, the later substance use begins, the less likely a person will develop a substance use disorder.
- According to the 2020 National Survey on Drug Use and Health, 40.3 million people aged 12 and older had a past-year substance use disorder. But only four out of five Americans who needed treatment received it.
- According to the National Survey on Drug Use and Health (NSDUH), 45% of people with addiction have a co-occurring mental health disorder.
- Nearly half of all Americans have a family member or close friend struggling with addiction.
- Statistics show the more education loved ones receive related to SUD, the more likely the individual is to seek help.
- The stigma associated with addiction makes people afraid to talk about their struggles. People who speak of their struggle are more likely to have success in their recovery from drugs and alcohol and to empower others to seek treatment.



GET SUPPORT



SUPPORT. INSPIRE. EMPOWER.

No one should be ashamed to step forward and seek help. If you or a loved one is struggling, there are places you can go for help, like the Herren Project. You can reach out to Herren Project by emailing OAF@HerrenProject.org or by calling 1-855-OAF-HOPE (1-855-623-4673).

Herren Project is a national nonprofit organization started by professional basketball player Chris Herren who has been in long-term recovery since August 2008. Herren Project has been providing resources and support for the recovery and prevention of addiction to drugs and alcohol since 2011. They have walked with thousands of individuals and families on their recovery journeys and are grateful to partner with *Our American Family*.



TIPS FOR HOSTING A SCREENING

TWO MONTHS PRIOR

- Set the time, date, and location. Keep your audience in mind (age, community groups, corporations). Find a comfortable venue for your audience.
- Check A/V needs.
- Build a list of possible partners for community outreach and audience support.
- Identify the guest list and create the invitation with RSVPs if needed.
- Develop marketing and publicity for the screening, including social media and newsletters.
- Spread the word early and often. Share pictures, trailers, and clips from the film. If you need resources, reach out to connect with us at OurAmericanFamilyFilm.com.
- Decide the format of the screening and post-screening events. Will you host a family dinner? Will you organize a panel discussion following the screening?
- Decide if you want film family members or filmmakers to join your event.* If so, reach out to Good Docs or connect with us through OurAmericanFamilyFilm.com.
- Decide on and reach out to other possible panel participants and experts.
- Decide on and reach out to local, regional, or national experts or support organizations.

ONE MONTH PRIOR

- Send invitations with the event's time, date, location, and description.
- Coordinate with event partners assuring they have seen the film and know their role.
- Make sure local partners are creating a community atmosphere for a successful event.
- Have resource materials ready for the event.
- Decide if you will provide refreshments for guests. Check out our example recipes on page 9.
- Discuss with the venue the setup for the screening and post-screening panel.
- Explore the [Our American Family Screening and Panel Guide](#) on our website and create a document that captures your entire agenda, speaker roles, suggested questions, and cues to effectively guide the conversation.
- Share pre-prepared questions with your speakers or panelists ahead of time.

ONE WEEK BEFORE

- Send event reminders to all participants and guests.
- Prepare all discussion materials and handouts to distribute at the screening.
- Go over the event agenda and questions with all participants and partners.

DAY OF THE EVENT

- Send event reminders to guests.
- Arrive at least one hour before to ensure the room is set up. Test all A/V equipment.
- Review the event agenda with all active participants.
- Welcome guests and panelists.
- Introduce the film and share the disclaimer* with the audience. These items are found in the [Our American Family Screening and Panel Guide](#), along with event tips and sample questions.

DISCLAIMER

The film has a trigger warning and shares SAMSHA.org as one way for viewers to find resources. The film family and film team appreciate the opportunity to share *Our American Family* and to discuss their experiences with addiction, treatment, and recovery. As a reminder, they are not professionals and the screening of the documentary and any discussion with viewers about the film and their story, along with any information and resources shared, are not a substitute for medical advice and are in no way intended to be more than informational. If you or someone you love needs support, we urge you to obtain and follow the advice of physicians and other qualified healthcare professionals who work with substance use disorder diagnosis, care, and treatment. Attendees are welcome to call our partner, Herren Project, at 1-855-OAF-HOPE or email OAF@HerrenProject.org.

OUR AMERICAN FAMILY RECIPES

We frequently see Linda, Bryan, Nicole, Christopher, and Stephen around the dinner table in *Our American Family*. After our screenings at film festivals and in theaters, we always hosted *Our American Family* dinners to promote a sense of connection, openness, and honest conversation. After your screening, we hope you enjoy these dinner conversation prompts and recipes, especially Linda's fresh pasta! Thanks for being a part of *Our American Family*.

ROSEMARY PEAR REFRESHER

INGREDIENTS

- 3 tablespoons pear juice
- 1 teaspoon rosemary simple syrup
- 2 tablespoons lemon-lime soda
 - club soda
 - ice

ROSEMARY SIMPLE SYRUP

- 1/2 cup water
- 1/2 cup granulated sugar
- 1 spring of rosemary

INSTRUCTIONS

- Fill glass with ice.
- Add juice, simple syrup, & lemon-lime soda.
 - Top off with club soda.
- Garnish with pear slice & sprig of rosemary.

FAMILY DINNER TALK

What was the best/worst part of your day?

If your family had a theme song, what would it be and why?

What makes your family laugh out loud?

Share something that you've done to support a family member.

BLUEBERRY MINT REFRESHER

INGREDIENTS

- 7 mint leaves
- handful of fresh blueberries
 - 2oz. of lime juice
 - 2oz. of simple syrup
 - Splash of club soda

INSTRUCTIONS

- Lightly mix blueberries.
- Add all ingredients & ice into shaker.
 - Shake & serve.

FRESH PASTA

INGREDIENTS

- 2 cups of all purpose flour
- 2 large eggs + 6 large yolks
- 2 tablespoons of extra-virgin olive oil

INSTRUCTIONS

- Spoon flour onto a clean countertop.
- Make a well with your fist in the middle.
- Place eggs, egg yolks, and olive oil in well.
- Knead until a ball forms and is smooth.
- Add flour a little at a time until dough is not sticky.
- Cover with a clean towel and let sit for an hour.
- Shape using a pasta machine or by hand.

FILM DISCUSSION QUESTIONS

PRE-SCREENING

- In addition to addiction and substance use disorders, what other issues do some families try to hide?
- Have you or your family ever faced an issue that you didn't want to discuss or share with others? Why do you think you kept the issue quiet?
- How can secrets impact a family?
- Has anyone ever shared with you that they are struggling with addiction?
- What do you think of when you hear the word "addiction"?
- What do you think when you hear the word "addict"?
- How would you define "family"?

POST-SCREENING

- Which family members in the film did you connect with? Why?
- Why do you think Nicole found long-term sobriety in this film?
- What do you think helped each family member make shifts in their behaviors?
- What is the difference between enabling a family member and showing them love through compassionate boundaries?
- What else has helped you, a family member, or someone you know make a change?
- Do you think the families benefit from revealing issues that they struggle with?
- What do you think can help families who struggle with generational addiction?
- What do you think is needed in our country related to the disease of addiction?
- What is something you saw in the film that will stick with you? Why did it impact you?
- How have you changed after watching the film?



FOR DEEPER REFLECTION

THROUGH THEIR EYES BY HERREN PROJECT

As we see in *Our American Family*, substance use disorder (SUD) is a disease that affects individuals, their loved ones, and every person in the family. From a mother who works to “fix everything” when her child struggles, to a brother who tries to be perfect to ease the family’s burden, each family member – mother, father, stepparent, sibling, spouse, individual – copes very differently and plays a role in their loved one’s illness and recovery. There’s anger, fear, frustration, and sadness. But there’s also love, laughter, healing, and hope.

The following "Through Their Eyes" section was designed by the caring and talented team from Herren Project. It is their mission to help individuals and families live healthy, fulfilling lives by preventing substance misuse, celebrating recovery, and creating resilient communities. The information in this section is intended to support each familial role. We hope this encourages deeper reflection and compassion for yourself or others.



THROUGH THEIR EYES

THE GENERAL FAMILY OR FRIEND

Often when a friend or relative has someone dealing with a substance use disorder, they don't always know how to help or where to start supporting them. Individuals who suffer from substance use disorder revolve their life around using and obtaining their substance. Many individuals struggle and feel that combating substance use disorder is a journey traveled in solitude; in reality, friends, relatives, parents, children, and partners all experience some sort of emotional distress.

It is not uncommon for the friend or relative struggling to:

- Lash out on loved ones.
- Engage in behaviors that make loved ones want to pull away.
- Stop engaging in activities that used to bring them joy.
- Distance themselves from people they are/were close to.
- Have feelings of resentment, betrayal, and sadness.

Honesty, direct communication, and boundaries are three critical components of any healthy relationship. However, none of these components tend to be found in a relationship where substance use exists. When trust is lost, the relationship becomes fractured. Regaining that trust can be a complex process, but it is possible.

START THE CONVERSATION

- Has there been a time in your life that you thought someone you know might be suffering?
- If so, what did you do? What did you decide not to do? What shaped how you responded to your friend or loved one?
- What helped you cope with having a friend or loved one who was struggling?
- After watching *Our American Family*, would you change how you responded if you had a friend or relative suffering?
- What guidance would help you to understand or deal with the hard situation of having a friend or loved one who is struggling?
- Research has demonstrated that stigma damages the health and well-being of people with substance use disorder and interferes with them accessing treatment. What would it mean for a society to support, rather than turn its backs on, individuals with substance use disorders and their relatives/friends devastated by their disease?
- As a community, what are some things that could be done to reduce stigma to better support those suffering from substance use disorder?



THROUGH THEIR EYES

THE PARENT

Parents take the ride with their addicted children. They share in the suffering and the joy. Guided by love, they move from pain to growth and sometimes back to pain. Parents can be part of the problem or part of the solution on the path of recovery.

The more parents can learn about substance use disorder and addiction, the more likely they will begin creating healthy relationships for themselves and their children. Parents need to recover as well. The first year of sobriety is about relearning old patterns of behavior. Changing how parents react to their children helps reinforce positive and healthy relationship boundaries.

Having a child who is suffering from SUD is most often a challenging situation. Whether they are aware or not, parents often feel the burden and responsibility to save their children.

It is not uncommon for parents to:

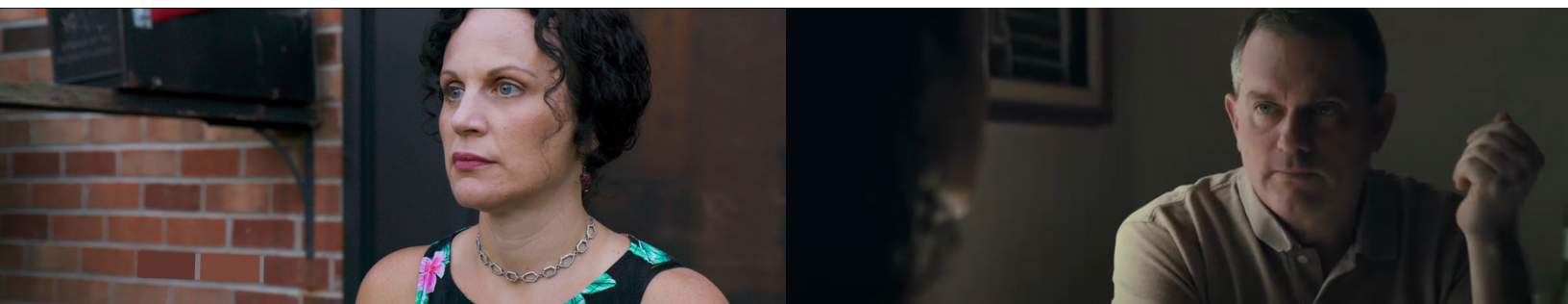
- Not be the first to know that their child is struggling.
- Miss early signs of addiction.
- Assume behaviors as purposefully defiant.
- Feel lied to, manipulated, or used by their struggling child.
- Have a strong desire to “fix” their child’s suffering.
- Shift from having feelings of anger and frustration to fear.
- Spend a lot of time feeling guilty and acting out of that guilt to improve the situation.

There are many common experiences among parents of addicted and substance-using children. Parents often report that they feel at fault for their child's condition. They will ask themselves, “What did I do wrong?” “Why, my child?” “Don’t they know I love them?” A common dilemma parents face when loving a child with SUD is learning how not to enable, or as we like to say, love fiercely. Learning how to set boundaries that encourage and nurture a child’s wellness is important, even if this means learning to love from more of a distance.

Finding balance with any of these concepts is never easy. For some parents, it feels counterintuitive and unnatural when it’s your child. Often, parents find themselves saying “no” all the time. It can empower parents when they develop their own “yes” list of actions to support their child's well-being.

As seen in *Our American Family*, parents and stepparents like Linda and Bryan can also have differing opinions about handling situations with their addicted children. There are no right or wrong ways. Each parent needs to find the best way for them and their child. Through learning to understand the disease of addiction, a parent can begin to make sense of their own comfort levels with how they react to their child.

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THROUGH THEIR EYES

THE PARENT (CONTINUED)

START THE CONVERSATION

“I’m speaking tonight on addiction and how it’s affected my family over the years. It’s been a really hard long journey because I’m that type of person that really cares what people think of me. And to do this, I have to be (like) fearless and speak about things that make me not look so great.” – Linda

Linda’s statements from the film illustrate that parents may reflect on their parenting as a cause of their child's addiction or feel shame for how their child's addiction reflects on them.

- Can you begin to see what elements of a parent’s struggle are their own as opposed to their feelings about their child?

“She has to transition to a new place. And that usually doesn’t go well. She’ll get wherever she is going; she’ll find fault with everything, she leaves. It’s the same old thing.” – Bryan

“What if it’s not this time?” – Linda

It is difficult for Linda to give up hope that maybe this time will be the time. However, Bryan is using his own logic by looking at Nicole’s pattern of behavior.

- Do you think it is more difficult to have hope or to give up hope?

“I think you get conditioned to be a minimizer. And because my mom was an addict with her eating disorder, our house was about her, about keeping her addiction alive.” – Linda

Parents often have had their own experiences with trauma, addiction, or substance use disorder in their lives before children. Linda shares her personal experience and says this shaped her view of addiction.

Consider this evidence from a study* conducted in 2011:

“From a clinical perspective, individuals with anorexia nervosa behave similarly to individuals with substance abuse by narrowing their behavioral repertoire so that weight loss, restricting food intake, and excessive exercise interfere with other activities in much the same way that substance abuse does.”

- How did Linda’s experiences with her mother shape her relationship with her children?

“We just have to keep showing up and doing the next right thing.” – Linda

Linda expresses compassion for Nicole and her disease, while Bryan shares his resentment toward her past actions and having to raise her child.

- Do you think one of these perspectives is more valid than the other?
- Are they both important?
- How do you think Linda would react to Nicole today if she used again?

*Nicole C. Barbarich-Marsteller, Richard W. Foltin, B. Timothy Walsh Curr Drug Abuse Rev. 2011 Sep; 4(3): 197–200. doi: [10.2174/1874473711104030197](https://doi.org/10.2174/1874473711104030197)

THROUGH THEIR EYES

THE SIBLING

“You’ve changed our family in every way. My mom is no longer the mother. My dad is no longer my dad. I find myself mad and angry that I still care. Most days, I wish I didn’t know you. The truth is, I want to hate you, but I spend every day worrying about you.” - Anonymous Sibling

The use of substances can fracture the family and the relationship between siblings. Being the brother or sister of someone suffering from SUD is a challenging and unique situation. A brother or sister can be a confidante and close friend, but active addiction can also sever the sibling bond.

Beginning in adolescence, if one sibling uses substances, they can influence their sibling(s) to use and share substances. As substance use increases, the person struggling with SUD will start to choose substances over their sibling and miss family get-togethers. This can leave the sibling confused and mourning the status of their relationship. It becomes increasingly difficult as the sibling to be a bystander watching the relationship between their sibling and parent unfold throughout active addiction.

It is not uncommon for siblings to:

- Become fearful around trust in a relationship.
- Feel conflicted and confused about their role as brother or sister.
- Disengage or be over-involved.
- Feel overlooked or neglected by parents.
- Feel like their parents are not doing enough.
- Feel anger towards their brother or sister.
- Feel guilty and resentful.
- Constantly attend to the addicted family member.
- Develop an overwhelming desire to save their sibling.
- Use substances themselves.

Our American Family illustrates how addiction can impact multiple siblings. As we see through Chris Jr. and Stephen, each has unique and different reactions to their sister Nicole. Their way of coping with their sister’s addiction significantly impacts their own choices around substances as well as their roles as brothers and sons.

START THE CONVERSATION

“I feel like I’ve done some pretty cool things in my life that have gone unnoticed. The littlest thing in their life at the dinner table was more important than the biggest thing in my life.” – Stephen

“I feel like I am missing something with Stephen this week, and that tends to happen with him because he’s always like good, and I feel like I didn’t do my job. And he always kind of slips through the cracks.”- Linda

Both statements from the film illustrate that siblings notice that their parent(s) are paying more attention to their suffering child. This can be very hurtful for individuals who are not struggling with addiction.

- How do sibling relationships and family dynamics change when one or more sibling(s) struggle with SUD?

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THROUGH THEIR EYES

THE SIBLING (CONTINUED)

"When it's just my brother and sister around, I don't feel like myself; I'm actually pretty depressed. When they left for rehab, I prayed for them all the time, but there were no problems here; it was just me, my mom, and my stepdad; life was good." -Stephen

Whether the sibling struggling with addiction is at home or not, their behaviors can still impact the family.

- Do you think the dynamic at home was favorably or unfavorably different when Stephen was the only child living at home?
- Why do you think Stephen did not feel himself when Chris Jr. and Nicole were around?
- Why do you think he felt no problems when they were gone?

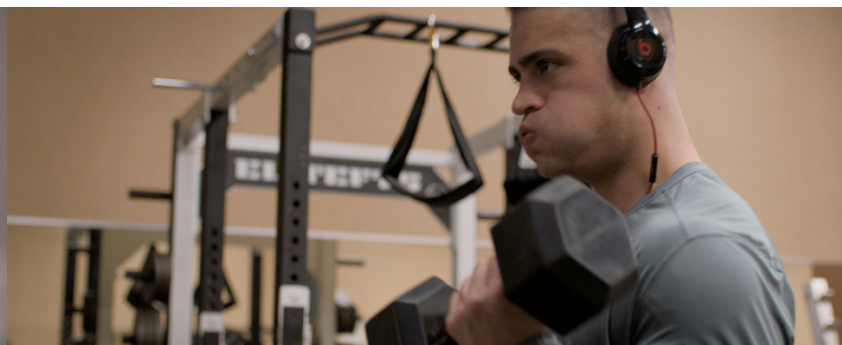
"My sister showed me everything you need to know about Heroin 101." – Chris Jr.

A sibling's behaviors and choices can influence their brother and sister.

- In what ways did Nicole's substance use impact Chris Jr.'s relationship with substances and their relationship?
- How do you think Chris Jr. feels about Nicole's current sobriety?
- Does Chris agree with Linda's involvement and support in Nicole's current sobriety? How do you think he feels about it?
- Nicole becomes pregnant with her daughter, Giovanna, while in rehab. The film shows Chris Jr. stating he picks her up from school daily. How do you think the birth of Nicole's child, Chris Jr., and Stephen's niece, changed their sibling relationship?
- How does Nicole feel about Chris Jr. being around her daughter and his current use of marijuana and alcohol?
- Do you think Linda raising Giovanna changed Chris & Stephen's relationship with their mother?
- Why do you think Chris is so hard on Nicole?
- Stephen expresses feeling like his accomplishments have had to take a back seat in the family because of his brother and sister's struggles. Do you agree?

"I really thought the cycle was going to repeat itself. Nicole was going to relapse, and everything was going to collapse again. Wow, I've never felt a connection to my family; I am so happy and grateful about that." - Stephen

- What do you think changed within the family that made Stephen feel connected to everyone and made him feel grateful and happy?
- How do you feel Nicole's sobriety has affected the other family members?



THROUGH THEIR EYES

THE INDIVIDUAL WITH ADDICTION

Our American Family highlights a typical American family dealing with the devastating effects of generational trauma and addiction. During the film, Nicole is in her first year of recovery from the disease of addiction. As a result of her addiction, her behavior has caused significant pain and chaos for every family member. Those family members without an addictive issue wonder why she doesn't just stop and wonder how she can continue to hurt the people she loves over and over again.

One thing we need to be reminded of is that drug and alcohol addiction is a disease of the brain. When the brain is adversely affected, one's behavior will thus be directly affected. The result is an inability to control the use of the drug, which may be legal or illegal. Marijuana, alcohol, nicotine, and heroin are some examples of legal and illegal drugs. Nicole's drug of choice was heroin, which is illegal and is from the opiate class. Sometimes, a drug may be legal or even prescribed by a physician.

Many drug and alcohol addictions begin through the recreational use of legal or illegal substances. This was how Nicole's substance use started. How fast one becomes addicted depends on the drug type and the individual's predisposition toward addiction. Nicole was using heroin, an opiate, which is a very addictive illegal substance. It's not discussed in the film, but most likely, Nicole didn't start with heroin. Most people with substance use disorders began with alcohol and/or marijuana.

You may also be wondering why Nicole became addicted. Many people use and even abuse alcohol and marijuana in their youth and do not become addicted. Why do some end up with a disease, while others mostly can leave it behind once responsibilities come? No one knows the exact answer to that; however, we do know that genetics, mental health issues, and trauma all play a role.

START THE CONVERSATION

"I believe I was an addict at birth." – Nicole

Genetics and the environment are believed to play a part in substance use disorder.

- Do you believe it is possible to be born an "addict"?
- What childhood events and issues may have contributed to Nicole's use and abuse of substances?
- What protective factors did Nicole have that may have contributed to her recovery?
- What factors may have contributed to her continued relapsing as a young adult?
- Why do you think some people can use alcohol and drugs socially or experiment with substances, but others cannot?

"I realize that I could make friends in sobriety that would like me for me, and it was a pivotal moment just to take that leap and just be myself." – Nicole

- How do you think finding authentic sober friends that she could be herself impacted Nicole's recovery?
- Do you think Nicole feels she can be herself with each of her family members? Discuss each family member separately – Linda, Bryan, Chris Jr., and Stephen.
- Nicole refers to feelings of guilt and shame. How do you think this affects her ability to be herself? Does this affect her ability to stay sober?

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THROUGH THEIR EYES

THE INDIVIDUAL WITH ADDICTION (CONTINUED)

During the film, there is a heated discussion between the family members at the dinner table. Studies have shown that eating at least one meal together as a family brings various health benefits.

- Do you think this is true of this family?
- How do you think this dinner table discussion affects Nicole's feelings of shame and guilt?
- How do you think it affects her ability to be herself with her family?
- Do you think Chris's honesty about how he feels about her past behavior is helpful or harmful for her recovery?

"There's a difference between enabling an addict and being a human being." - Nicole

Enabling can be a problem in many relationships affected by substance use disorder.

- What do you think Nicole means when she says this?
- What was Linda's reaction?
- Do you think Linda enables Nicole?
- Do you think Linda was being unfair to Nicole by going to the wedding on Giovanna's birthday?
- Do you think Nicole was being fair to Linda by asking her to miss the wedding?

Throughout the film, you notice that Nicole and her brother Chris Jr. have a complicated and contentious relationship.

- Why do you think Chris Jr. has so much anger towards Nicole, especially considering he has struggled with the disease of addiction?
- On more than one occasion, Nicole accuses Chris Jr. of "playing daddy" with her daughter. Do you think she's right?
- Why do you believe this is so upsetting to her?
- Should Chris manage this relationship differently?

"I feel like she (Nicole) can't see a lot of times the energy that goes into helping her, and other times I think she gets frustrated with me because maybe she doesn't need as much help as I think she needs." - Linda

- Why do you think Nicole gets so frustrated with Linda when they are at the train station?
- Why do you think Linda is forcing the practice run?
- Do you think this is helpful or harmful for Nicole?
- What do you notice about Nicole and Linda's relationship throughout the film?
- Is Linda helpful to Nicole's recovery?
- Does she do too much for her, as Chris suggests?

"I just every day make a decision that I'm not gonna drink or use." - Nicole

A common phrase used by those in recovery, particularly those who go to twelve-step programs (Alcoholics Anonymous, Narcotics Anonymous), is: "One day at a time." Nicole shares that when she has had big feelings in the past, the only way she's known to cope with them is to get high.

- How do you think the idea of "one day at a time" helps Nicole stay sober?
- What differences do you see between Nicole at the end of the film and the beginning?
- How can someone learn to cope with feelings besides using drugs?
- How do you think the family members cope with the struggle in their home?

THROUGH THEIR EYES

WRAP UP

Recovery is defined as a return to a normal state of health, mind, or strength.

Nicole's journey is filled with many strengths.

- She has a supportive, caring family doing their own work to help provide her with love and boundaries.
- She went to treatment.
- She stayed in a supportive environment afterward.
- She found a supportive network of sober friends.
- She has a therapist knowledgeable about SUD.
- She helps others in recovery.

All these factors increased her chance of sustaining long-term recovery. *Our American Family* showcases in an authentic way the beautiful and not-so-beautiful experiences involved in a typical family recovering from the grips of generational trauma and addiction. Recovery is a painful and beautiful process that affects the family, just like active substance use. Nicole said it best:

“The greatest people, the strongest people, rise out of nothing.”



THE WORDS WE USE MATTER

WORKING TOGETHER TO BREAK THE STIGMA

Many unintentionally speak about addiction in ways that bring stigma and shame to those affected. We can shift the negative stigma to promote positive change with simple changes in our words. This action can change the stereotypes and allow people to have the courage to share their stories of addiction, empowering others to reach out for help and support recovery from drugs and alcohol.

ABSTINENCE

The absence of substance use. There are many different types of abstinence.

- Continuous abstinence: not consuming the drug of choice during a specified period of time
- Essentially abstinent: not consuming more than a specified amount of the drug over a period of time
- Minimal abstinence: achieving a minimal period of recovery during a period of time
- Point-in-time abstinence: not consuming the drug of choice at a single point in time (e.g., the past 30 days)
- Complete abstinence: continuous abstinence from all alcohol and other drugs
- Involuntary abstinence: enforced abstinence due to hospitalization or incarceration

ADDICT – Stigma Alert

A person who exhibits impaired control over engaging in substance use (or other reward-seeking behavior, such as gambling) despite suffering severe harm caused by such activity. While this language is commonly used, to help decrease stigma associated with these conditions, it has been recommended to use “person first” language; instead of describing someone as an “addict,” describe them as “a person with, or suffering from, addiction or substance use disorder.”

ADDICTION

According to the American Society of Addiction Medicine (ASAM), addiction is a primary, chronic, neurobiological disease with genetic, psychosocial, and environmental factors influencing its development and manifestation. Addiction is characterized by behaviors that include:

- Impaired control over drug use
- Compulsive use
- Continued use despite harm
- Cravings

ALCOHOLIC – Stigma Alert

A person who exhibits impaired control over engaging in alcohol use despite suffering severe harm caused by such activity. While this language is commonly used, to help decrease stigma associated with these conditions, it has been recommended to use “person first” language; instead of describing someone as an “addict,” describe them as “a person with, or suffering from, addiction or substance use disorder.”

CLEAN – Stigma Alert

A reference to a state of a person abstaining from drugs of misuse. It may also be used in describing urine test results that are not positive for substance use. The term has been viewed as potentially stigmatizing because of its pejorative connotation, with the opposite being “dirty.” Instead, many in the field advocate for using proper medical terminology, such as describing someone as an individual in remission or recovery and describing urine toxicology test results as either negative or positive.

CO-DEPENDENCY – Stigma Alert

Immoderate emotional or psychological reliance on a partner. It is often used with regard to a partner requiring support due to an illness or disease like substance use disorder. The term has been viewed as stigmatizing as it tends to pathologize family members’ concern and care for their loved one and may increase their shame. A suggested alternative is “fierce lover and protector of your family”.

CO-OCCURRING DISORDERS

This is often used to describe both mental illness & substance use disorder. A personality disorder may also co-exist with psychiatric illness or substance use disorders. They are also known as comorbidity or dual diagnosis.

COPING STRATEGIES

The specific efforts, both behavioral & psychological, utilized to master, tolerate, reduce, or minimize the effects of stressful events.

CRAVING

A powerful & strong psychological desire to consume a substance or engage in an activity; a symptom of the abnormal brain adaptations (neuroadaptations) that result from addiction. The brain becomes accustomed to the presence of a substance, which, when absent, produces a manifest psychological desire to obtain and consume it.

DENIAL

In a psychological sense, denial describes individuals who deny substance use problems. Addicted individuals tend to either disavow or distort variables associated with their drinking or drug use despite evidence to the contrary. It’s a common misconception that all addicted individuals with substance use disorder are “in denial.” Individuals have various levels of awareness of substance use problems and readiness to change behavior. Individuals may accurately recognize certain facts concerning their use, such as the number of arrests or how often they drink. At the same time, they misperceive the impact that their use has on the individuals around them, their relationships, how they feel about themselves, or the implications of their substance use history.

DEPENDENCE

The state in which metabolic status and functioning are maintained through the sustained presence of a drug manifested as a mental or physical disturbance or withdrawal upon removal of the substance.

DISEASE MODEL OF ADDICTION

Classifies addiction as a disease. There are several “disease models,” but addiction is widely considered a complex disease with biological, neurobiological, genetic, and environmental influences among clinical scientists.

DRUG ABUSE – Stigma Alert

A term sometimes used to describe an array of problems resulting from the intensive use of psychoactive substances. It has also been used as a diagnostic label. According to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), “substance abuse” is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by one (or more) of the following, occurring within a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
- Recurrent substance use in situations in which it is physically hazardous.
- Recurrent substance-related legal problems.
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

DRUG CLASSES

Substances belong to one or more drug categories or classes. A drug class is a group of substances that, while not identical, share certain similarities, such as chemical structure, elicited effects, or intended usage. The three most common classes of medications and non-medically used psychoactive substances include:

- Opioids (oxycodone, hydrocodone, fentanyl, morphine, heroin)
- Depressants (diazepam, clonazepam, alcohol)
- Stimulants (dextroamphetamine, methylphenidate, cocaine)

ENABLING – Stigma Alert

Actions that typically involve removing or diminishing the naturally occurring negative consequences resulting from substance use, increasing the likelihood of disease progression. The term has a stigma alert due to the inference of judgment and blames typically of the concerned loved one. A suggested alternative is “fierce lover and protector of your family”.

HARM REDUCTION

Policies, programs, and practices aim to reduce the harms associated with alcohol or other drugs.

LONG TERM RECOVERY

5 years of continued remission; the point at which the risk of meeting criteria for a substance use disorder in the following year is no greater than that of the general population.

MEDICATION ASSISTED TREATMENT – Stigma Alert

Medication-assisted treatment (MAT), including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat substance use disorder. This term has been issued a Stigma Alert, as the term may not fully appreciate the research that has shown that with or without psychosocial support, medications are effective treatments for addiction – hence, the term “assisted” may undervalue the role of the medication. In addition, this term may create a double standard for substance use disorder treatment, as no other medications used to treat other health conditions are referred to as ‘assisted’ treatment.

RECOVERY

The process of improved physical, psychological, and social well-being and health after having suffered from a substance use disorder.

RECOVERY RESIDENCES

An alcohol and drug-free living facility for individuals recovering from alcohol or other drug use disorders that often serves as an interim living environment between detoxification experiences or residential treatment and mainstream society. They are also known as Sober Houses, Sober Living Houses (SLHs), Sober Living Homes, or Sober Living Environments.

RELAPSE – Stigma Alert

Relapse often indicates a recurrence of substance use. More technically, it would indicate the recurrence and reinstatement of a substance use disorder and would require an individual to be in remission prior to the occurrence of a relapse. This term has a stigma alert, as it can imply a moral failing for some people. Instead it may be preferable to use morally neutral terms such as “resumed,” “returned to use”, or experienced a “recurrence” of symptoms.

RISK FACTORS

Attributes (e.g., genetics), characteristics (e.g., impulsivity), or exposures (e.g., to prescription opioids) that increase the likelihood of developing a disease or injury.

SLIP – Stigma Alert

A non-technical term also referred to as a “lapse.” It is used to imply a short-term resumption of substance use or heavy/hazardous use (e.g., for a night or a day) that is followed by a return to the original goal of moderate use or abstinence. This term has a stigma alert as some people believe the term implies culpability and implied “accidental” manifestation. Instead it may be preferable to use terms such as “resumed,” “returned to use”, or experienced a “recurrence” of substance use or substance use disorder symptoms.

SOBER

A state in which one is not intoxicated or affected by the use of alcohol or drugs.

STIGMA

An attribute, behavior, or condition that is socially discrediting. Known to decrease treatment-seeking behaviors in individuals with substance use disorders.

SUBSTANCE USE DISORDER

The clinical term describing a syndrome consisting of a coherent set of signs and symptoms that cause significant distress and or impairment during the same 12-month period.

TOLERANCE

A normal neurobiological adaptation process characterized by the brain’s attempt to accommodate abnormally high exposure to a drug. Tolerance results in a need to increase the dosage of a drug over time to obtain the same original effect obtained at a lower dose. A state in which a substance produces a diminishing biological or behavioral response (e.g., an increasingly higher dosage is needed to produce the same euphoric effect experienced initially)

TRIGGER

A specific stimulus that sets off a memory or flashback, transporting the individual back to a feeling, experience, or event, which may increase susceptibility to psychological or physical symptom recurrence and reinstatement of substance use disorder.

Shared from ADDICTIONARY®. For a complete list, www.recoveryanswers.org/addiction-ary/ Other Sources: Kelly, Saitz, & Wakeman, 2016; Kelly & Westerhoff, 2010; Kelly et al., 2010; Sholten et al., 2017; Kelly, Saitz, Wakeman, 2015

FOR MORE INFORMATION

For those who would like more information about *Our American Family* or Herren Project, you can connect with us in a variety of ways!



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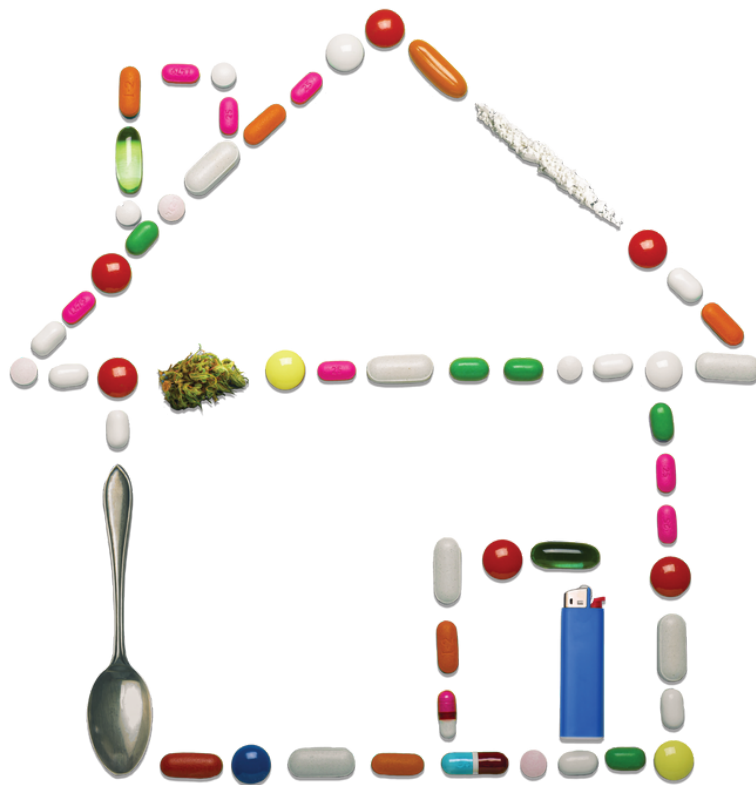


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ACKNOWLEDGEMENTS

Thanks to Herren Project team members Kristin Young, LICSW, Rebecca Helman, LICSW, Dena Henry, MA LPC, Elizabeth Venuti, LICSW, and Bonnie Sawyer for sharing their expertise and helping the *Our American Family* team make this film discussion guide as thoughtful as possible.

For full film credits that acknowledge the many talented people who worked on the documentary, *Our American Family*, please visit OurAmericanFamilyFilm.com/Credits. Thank you for your support.



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