



# CANAM INTERVENTIONS

**FAMILY ASSESSMENT TOOL:**

Full Name: \_\_\_\_\_

Residence (City, State): \_\_\_\_\_

Relationship to the loved one in active addiction or recovery: \_\_\_\_\_

1. What are the family case management goals?

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\_\_\_\_\_  
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2. Do you have a loved one in active addiction or in the process of recovery, if yes, please explain?

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\_\_\_\_\_  
\_\_\_\_\_

3. Are you or other family members/friends attending support groups, or have you attended a family program in the past, if so, please explain?

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\_\_\_\_\_  
\_\_\_\_\_

4. Is there a history of addictions and/or mental health issues in your family system?

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\_\_\_\_\_  
\_\_\_\_\_

5. Describe your relationship with other family members that have been affected by a loved one's addictions?

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\_\_\_\_\_  
\_\_\_\_\_

6. What are some of the current issues with your loved one's addiction and lifestyle?

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\_\_\_\_\_  
\_\_\_\_\_

7. What are some of the patterns in your family that enable your loved one's addiction?

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8. What does “enabling” mean to you, what is “codependency”, and what are ways that you have tried to rescue your loved one?

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9. As it relates to addiction and recovery, what are your fears and anxieties, and what are your current coping mechanisms?

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10. Are you engaging and debating with your loved one knowing fully that you are enabling their behaviors?

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11. Do you give in to your loved one because you feel beat down by them or their behaviors?

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12. Are there ongoing outbursts of anger between family members and your loved one as a result of their addiction, if so please explain?

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13. Are you lying to yourself and others to cover your loved one’s addiction and/or negative consequences resulting from their addiction?

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14. Are you staying awake worrying about how you are going to come up with money for your loved one?

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15. Have you ever bought drugs and/or alcohol for your loved one?



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16. Do you find yourself being dishonest with other family members to keep things hidden so you can hold onto the secret alone?

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17. Are you seeing that the impact of drugs and/or alcohol are increasing and causing more damage in your loved one's life?

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18. Are you feeling alone and trapped in your loved one's addictive patterns?

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19. Has your loved one experienced legal issues, arrests, convictions, homelessness, or financial debt for drug and/or alcohol related issues?

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20. Do you feel negatively impacted, or even abused, by your loved one's addictions?

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**RECOVERY:**

21. Is your loved one in the recovery process?

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22. What are your expectations of your loved one's treatment aftercare and recovery journey?

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23. How are you taking care of yourself while your loved one is recovering, is so, please explain?



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24. Are you and other family members open to have a weekly conference call, or more often if needed?

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25. What are your current concerns for yourself, your family, and/or your loved one?

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