



Family Meeting

Helping
Family Members
Solve the Puzzle
of Addiction

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Web-based Community and Informational Video

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Context & Need

Addiction is Often Misunderstood by Family Members

Despite advances in our understanding of its causes, addiction continues to have a demonstrably catastrophic effect on the public good in a number of ways. Crime rates are perhaps one of the easier ways to illustrate a connection between chemical dependency and antisocial behaviors, but correlations can be seen in a multitude of other areas, including educational achievement, marital longevity, family dysfunction, employment and mental health.¹ Addiction is literally expensive to society,² but its costs cannot be captured by statistical analysis alone. These costs go beyond quantifiable data and are perhaps best understood by family members and loved ones of addicts.

While family members share the misery of living with an addict, many have an incomplete or incorrect understanding of the causes of addiction, or how to mitigate its deleterious effects on family interaction, in order to help the addict on the path to recovery. Governments around the world have published a wealth of information about many aspects of addiction science, but the magnitude of the data is such that families looking for actionable information may feel overwhelmed and consequently may be unable to find the tools that they need. For-profit treatment centers publish materials that present information in more digestible formats, but the information tends to be skewed toward the treatment approach of the particular facility and profit motivations are often disguised to appear purely informational. As a result, many families attempt to deal with the numerous difficult facets of addiction while not understanding several crucial points: that addiction is a brain-based disease, that addicts' actions are consequently driven by physiological factors, and that addicts regularly manipulate family sensibilities to feed their dependencies. Family Meeting is a website based on these basic tenets that serves as a safe, unaffiliated community for family members of addicts to share resources, experiences and information to help their addicted loved ones. Its featured video, *Understanding Addiction: A Guide for Family Members*, encapsulates these concepts in an easily-understood format.

The Understanding of Addiction Evolves Through History

Ever since humans have discovered the ability to use state-altering substances, problems have resulted. 8,000 years ago, humans were fermenting alcohol and cannabis was being ingested in China. Alcohol and other intoxicants have been integrated into cultural customs, rituals and social mores in various civilizations for thousands of years. But history also recounts many incidents of antisocial or criminal behavior committed by individuals due to intoxication.³ Opium addiction became so prevalent in the United States in the early twentieth century after its spread from China that substantial and measurable societal dysfunction resulted.⁴

But while the destructive influence of intoxicants has long been understood, less has been known about the dynamics or causes of dependency. In early civilizations addicts and alcoholics were often thought to be possessed by evil spirits. Alcoholism was for many years viewed as a moral issue in Christian societies and treated more as a sin than an illness. In 1828 Rev. Lyman Beecher's "Six Sermons on Intemperance" described those "addicted to the sin" of intemperance and identified an "insatiable desire to drink" among this population.⁵

12-Step programs, first developed by Dr. Robert Smith and Bill Wilson as Alcoholics Anonymous (AA),⁶ arose in the middle of the 20th century in an effort to cope with increases in substance abuse. AA used a ritualized progression of "steps" and the sharing of common experiences to promote self-awareness, healthy decision-making, mentoring and improved self-esteem as paths to recovery.⁷ The model was later adopted by a number of other groups, including Narcotics Anonymous, Sexaholics Anonymous, Al-Anon and Alateen. Today, many medical treatment specialists attest to the positive influence of these programs and require patient participation in them, though the exact reasons for (and degree of) their effectiveness are debated.⁸

AA and other 12 step groups, because they were populated by addicts, were sympathetic to the struggles of dependency. But in the early 20th century, addiction continued to be considered a moral failing, and carried a strong stigma for sufferers.

Then, as now, addiction and mental illness frequently led to crime and social dysfunction. Early psychoanalysts such as Freud and Jung looked at how the psyche attempted to work out internal struggles through various deviant behaviors. Drug abuse and alcoholism were seen to be the result of these types of struggles, and symptomatic of mental illness. As a result, a disease model was applied and the mentally ill were viewed more compassionately in light of their struggles. Those who committed crimes were treated differently than others by the criminal justice system. This was meant to be humane, but an unintended consequence was extended or indefinite involuntary commitments and experimental practices on the mentally ill that are commonly seen as barbaric today.

Concerned about the classification and treatment of mental illness, Thomas Szasz formulated a new model in the middle of the century. He felt that mental illness was a myth, a pseudoscientific construction of health professionals to categorize behaviors that were otherwise inexplicable. Szasz also believed, by extension, that drug abuse was a myth:

*Drugs are inert chemicals that have no effect on human beings who choose not to use them. No one has to smoke cigarettes, and no one has to shoot heroin. People smoke cigarettes because they want to, and they shoot heroin because they want to.*⁹

Szasz's contentions were influential, and partially as a result, perceptions that mental illness and addiction didn't truly follow a disease model became more widespread from the 1950s on.

It was not until a better scientific understanding of neurological processes evolved in the late 20th century that brain chemistry and the impact of dopamine on various areas of the brain such as the amygdala, prefrontal cortex and hippocampus was identified as a contributing factor of not just alcoholism and drug addiction, but addictive behavior in general, manifesting in such areas as obsessive gambling, sexual promiscuity or even excessive religiosity.¹⁰ Addiction is now most commonly identified as a disease which combines behavioral, environmental *and* biological factors, and is recognized as such by The American Medical Association and many other organizations.¹¹

Though neural factors are commonly understood to be at the root of addiction, there is a sizable community of those in the scientific environment who, like Szasz (and possibly influenced by him) minimize their impact and instead stress the behavioral and environmental factors.¹² Even facilities that take a psychiatrically-centered approach almost always include group therapy and counseling as part of their treatment methodologies. Many also include cognitive training, workforce integration, exercise routines and dietary restrictions.

An area of understanding that is also developing with research is the concept of comorbidity; the causal relationship between addiction and mental illness or vice versa. Schizophrenia, for instance, is known to have a link to marijuana addiction in youth, but it is not known if the addiction heightens the schizophrenic symptoms or if the psychic disorder makes youth more prone to uncontrollable use because they compulsively self-medicate to alleviate the symptoms. Links between mental disorders and dependency are supported by research, however, and the number of treatment centers who use a dual-diagnosis methodology is increasing.¹³

What Families Need to Help Them Understand Addiction

The perception of addiction as a brain disease has developed slowly among the general public, partially because of the contrary views of Szasz and other dissenters which persist to this day. The neuroscientific model of addiction, however, has extensive substantiation in research studies.¹⁴ Moreover, biological sources make sense to families who experience the collateral damage of seemingly irrational addict behaviors. This picture of addiction is not a clear cause-and-effect; other factors are involved and not every addict behaves in exactly the same way. But there are enough commonalities between addictions that a basic theoretical model can be conceived to cover all. This model incorporates brain chemistry and mitigating environmental and behavioral elements, as well as mental illness. Understanding these dynamics and the science of addiction allows families to begin developing strategies for helping their loved ones.

Currently, resources are not only difficult for families to find, information is inconsistent and frequently misleading.¹⁵ Staff (and frequently leadership) at treatment facilities are largely made up of recovering addicts. Though personal experience lends perspective to treatment methodology, it often is not supported by a totality of medical research, which uses sound scientific practice, larger sample sizes and the most recent data.

Treatment is usually sought out by families of addicts rather than the addicts themselves; one common symptom of addiction is the avoidance of treatment by the afflicted person. Because the picture of addiction is unclear to many, a simplified but well-conceived presentation of concepts, physiological causes, behavioral factors, treatment methodologies and support strategies can be of great benefit to relatives who need to decide how to get help for their loved ones. These concepts should be executed with a liberal use of well-designed graphics to emphasize the key points. And because addiction affects all socioeconomic groups,¹⁶ a graphics-heavy approach is more likely to minimize cultural barriers to the dissemination of information.

A major problem in addiction treatment is codependency among loved ones. Because addicts are driven by their disease to compulsively manipulate, family members are especially vulnerable to committing well-intentioned but harmful enabling behaviors. Interactions in a family with an addict almost always lead to decisions by the family that feed the addiction. Understanding these dynamics is crucial to the success of any treatment approach, whether it is neurally-centered or not. *Addiction: A Guide for Families* communicates these concepts with simple metaphorical motion graphics in combination with interview footage.

The Effect of Aesthetics on Comprehension and Choice

Research about whether well-designed information graphics facilitate understanding is mixed. Some studies indicate that graphic embellishment can actually hinder comprehension (for instance, plain tables may be interpreted faster by the brain than illustrated information graphics).¹⁷ Website usability experts also advocate for transparent pages of unstyled html with hypertext links over the use of CSS styling, photos, or page hierarchy with mouseover interactivity.¹⁸ But scientific methodology does not necessarily lend itself to measuring aesthetic factors in comprehension or consumer choice, and the majority of scientific and marketing research supports the premise that decisions are heavily weighted by aesthetics.¹⁹

But what exactly is visually pleasing to consumers (in this case, families of addicts)? Changing technologies and media alter these aesthetic sensibilities over time. Moreover, the visual language of print design is different than web, which in turn is different than video. Part of Family Meeting's strategy to counter these disparities is to incorporate strong conceptual content in combination with consistent branding throughout the website and video. A good concept is innately understandable and impactful; and a strong brand is memorable and can influence consumer decisions by addressing their sense of trust.

Existing Visual Guides to Addiction

The web and social media platforms such as Pinterest are currently populated with a range of visual guides aimed at understanding addiction. Design runs the range from rudimentary to relatively sophisticated in execution. But a review of these resources reveals a striking paradoxical tendency: information graphics provided by reliable scientific sources such as government agencies tend to be more primitively rendered while better-illustrated visual guides are almost always provided by private treatment centers.²⁰ While the information provided by these private facilities can be useful to families of addicts, their ultimate goal is to market the services of the facility and generate business, not merely educate. The association to the treatment center is often "camouflaged" to make it appear that visitors are viewing impartial information.

Conversely, government sources tend to have limited design and marketing capabilities so information graphics are not prone to being especially sophisticated or visually compelling. As a result, viewers are less likely to engage with them or learn from them. Family Meeting and *Understanding Addiction: A Guide for Families* use principles of design and branding to create graphics that engage the viewer, but the website makes clear with written disclaimers that it is not affiliated with any private entity.

There are numerous addiction-themed videos available on broadcast and cable television outlets, as well as online. Web-based videos, like the aforementioned sites, are frequently affiliated with private treatment centers and are therefore prone to the same types of biases. The quality of some of the for-broadcast documentaries, such as HBO's "Addiction" series, are excellent, and graphics are used to illustrate key points. *Understanding Addiction: A Guide for Families*, however, is designed for online distribution; at just more than seven minutes it is shorter than typical broadcast options in order to capture a larger demographic, appeal to faster web-surfing sensibilities and provide information more efficiently. It also places a greater emphasis on metaphorical motion graphics in order to economically communicate potentially complex or confusing concepts .

Key Points

Family members of addicts frequently misunderstand basic scientific concepts of addiction and its related behaviors in their loved ones, as well as the the role of their own behaviors in supporting this dysfunction. Family Meeting provides a safe forum for exchange of information with other families, and *Understanding Addiction: A Guide for Families* uses metaphorical visual communication strategies to clearly outline causes, contributing factors, and treatments for addiction.

Deliverables

The Branding Approach

Families are frequently skeptical of the addiction information they receive. This distrust is often well-founded; treatment centers are inconsistently regulated and their treatment methodologies are not always based on best scientific practices. Neuroscientific understanding of addiction is also constantly evolving and may be difficult to understand. As a result, families often have the greatest trust for the insights of others who share similar experiences.

Family Meeting is conceived to leverage these tendencies. The name has a dual meaning; it connotes both an event that happens within a family at a time of crisis and the concept of peer-to-peer communication (families meeting with one another).

Family Meeting Logotype

The logotype has been designed to introduce the concept of families connecting with other families through its interlocking “f”s as well as to suggest the metaphor of puzzle pieces fitting together (supported by the tagline “Helping Your Loved Ones Solve the Puzzle of Addiction.”) Execution is clean, professional, and simple in order to communicate that the site is a reputable and established community. Curvilinear shapes are incorporated to suggest movement toward a central “meeting place.” Though meant to be a secondary visual element, the negative space between the “f”s can also be viewed as a slightly abstracted “m” letterform (for “meeting”).

The logo’s typography is kept simple and uses a rounded san serif typeface for friendliness and accessibility. This treatment extends to the “f”s in the symbol, which have been adapted from actual letterforms. The font is slightly customized from Helvetica Rounded; care has been taken to avoid overtly whimsical typefaces because of the seriousness of the subject matter. Letterspacing has been tightened to subtly advance the message of “togetherness.” (See Appendix A: Family Meeting Logo)

Fonts

Avenir (for print applications) and Avenir Next (for screen applications) have been used throughout in various weights for website, printed imprint and video. The fonts have been chosen for the flexibility provided by the wide range of weights, for their contemporary sans serif design, and because the different versions allow for a more seamless visual crossover from medium to medium without sacrificing readability.

(See Appendix B: Typography)

Colors

A palette of blues and greens has been incorporated throughout most of the materials. Green traditionally connotes health and growth in modern western society. Blue often symbolizes depression, though positive meanings are commonly attributed as well. This palette has been chosen in order to utilize the full range of interpretations. The green side of this limited spectrum is favored for graphics that communicate health or physiology. Blue is more commonly used when the subject matter is addiction or mental illness. The materials purposefully avoid hues in the red/orange/yellow family, which traditionally symbolize danger or strife, to advance the positive message that addiction is understandable and treatable. (See Appendix C: Color Applications)

Abstract Motif

The “floating ball” motif has been incorporated in both static and moving versions in various parts of the website and video to suggest concepts of aimlessness and disorientation often associated with addiction. The visual metaphor also works well as a tool to strengthen the brand identity across different media. (See Appendix D: Supporting Graphic)

Family Meeting Website

Families increasingly use the internet to find information about substance abuse and addiction. Search engines typically take users to websites of privately-run recovery centers first, even if keywords like “understanding addiction” or “treatment center directory” are used. Unbiased and factual sources are difficult to access. Government-run sites, while more objective and straightforward, are heavy with directories of providers and dense with information. Information seekers will benefit from a web resource that is educational but compelling and personal. (See Appendix E: Website Look and Feel)

The Family Meeting website communicates efficiently to families in need through its economical design.²¹ The structure has been kept simple to emphasize clarity over quantity of information. The site conveys to visitors that they are not alone in their experiences, that dependency is a disease that can be

understood and treated, and that many resources are available (links are provided, though a disclaimer disavows endorsement of any particular resource). (See Appendix F: Website Organization)

Because the majority of private treatment centers incorporate templates based on Wordpress or other platforms allowing content management, they tend to have similar looks and functionality. Family Meeting has therefore been designed and coded without the use of such a template, and the interface has purposely been treated differently.

Simple icons have been designed to make the site friendlier and to facilitate navigation. The rounded corners of the icons mimic the Helvetica Rounded font incorporated in the logo. (See Appendix G: Website Navigation Icons).

The concept of the site as a peer-to-peer online nexus is key to its perception by families as a trusted tool for navigating the various difficulties of addiction. A crucial component is therefore the Family-to-Family forum, which allows loved ones of addicts to share experiences, recommendations and information. The forum will be moderated in order to avoid commercial solicitations, personal attacks or other inappropriate behavior on the part of participants. In general, however, it will be perceived as an independent, unaffiliated resource for those whose relatives or loved ones struggle with addiction. To strengthen this perception, site visitors are notified that they are leaving Family Meeting when they click on the link, and the forum opens in a new window or tab.

The Media page of Family Meeting is conceived to be an adaptable platform for the development of published materials in various media while advancing and expanding the "Family Meeting" brand. The book series imprint is designed to accommodate a range of graphic cover styles depending on subject matter, but all materials are subject to the FM Press branding standards. (See Appendix H: Publications Expandability).

Understanding Addiction: A Guide or Families Video

Existing as a stand-alone product, but also central to the website presentation, *Understanding Addiction: A Guide for Families*, shot in documentary style, explains various aspects of addiction through interviews with experts and families.²¹ The video uses motion graphics liberally to simplify and clarify potentially complex concepts, using metaphorical visuals. An emphasis is placed on delivering usable information in a simple, clear manner. The video presents a concise and simplified explanation of the most widely supported (neuroscientific) understanding of addiction, but can also serve as a prototype for other more specialized areas of related interest, such as co-occurring addictions, family dynamics or addiction and children.

Families who view the video will often be in a state of crisis. Aesthetic choices have been heavily influenced by this fact. It is crucial that a viewer has an empathic reaction to the storytelling, so a number of narrative devices have been used to achieve this goal: a female narrator, piano soundtrack music, soft focus videography, testimonials, etc. The combination of visuals and sound have been chosen to create an equilibrium between somber, informational and (ultimately) uplifting messaging. Many of the creative choices for the video are made with the goal of maintaining balance in the narrative structure. For instance, interview segments are separated by others which incorporate the “omniscient” narrator. A female voice was chosen for narration to balance the longer interview segments, which are provided by Dr. Moran. (See Appendix I: Video Aesthetics).

An effort has been made to use the video to communicate only the most pertinent aspects of addiction that impact families. As we have seen, families are likely to be overwhelmed by a wealth of addiction-related information that is typically presented to them when they attempt to find help for their loved ones, whether that information comes from private or government sources. At various points in treatment and the recovery process, much of this information may have considerable value, but at beginning stages, the most important points for them to understand (and yet, which are frequently misunderstood) are that addiction is a brain-based disease, that it is unwittingly fed by enabling actions of family, and that it is treatable.

Communication Goals

In either medium (web or video) effective communication is as dependent on execution as it is on the information that is imparted. The ultimate goal is to provide families of addicts with useful information that will help them deal with their particular crisis. But it should be recognized that these families *are* in crisis, and the importance of a compelling visual lexicon should not be underestimated. Addiction recovery is typically represented in various media with a recurring and limited vocabulary of visual metaphors: sunsets, birds taking flight, clasped hands, etc. Repetition flattens the emotional appeal of such an approach.

The key to presenting information that is not only highly instructive but emotionally resonant is to execute all elements using strong brand consistency, accessible styling and friendly design elements. Color, scale, and overall user experience have been carefully chosen for the website. The video's impact depends to a large degree on choices for lighting, sound, music, narration and motion graphics.

Communication is ultimately storytelling, no matter the medium. The key narrative that families of addicts need to hear is that addiction is not something to be feared because it can't be comprehended. Addiction is a puzzle that, when it is understood, can be solved.

Implementation

Family Meeting is designed as a framework for future expansion. In this regard, content is purposefully organic and adaptable. The existing website may serve as the starting point for any number of possible variations, depending on how needs develop.

I have begun distributing the URL of the existing site to a number of selected groups that are organized around matters of mental health and addiction, in order to collect feedback and explore functional application scenarios for the implementation of a permanent version. Because it exists in a virtual space between government-sponsored informational sites and those of private treatment centers, I have begun searching for passionate and motivated family members who may be willing to take on the commitment to realize a fully-functioning version, either through the establishment of a foundation or otherwise. The truly unaffiliated, peer-to-peer aspect is important to the integrity of the site, but the forum will require a moderator to control more strident or libelous communications (about specific treatment centers, for example).

I have not yet organized a strategic plan for the rollout of social media materials, because I believe it necessary to better control the brand in its more initial stages of implementation. Social media has immense distribution potential, but the reasoning behind the development of Family Meeting, that a clear and helpful message about the true nature of addiction needs to be communicated to families, will be fundamentally undermined if the messaging is not consistent. As application scenarios for the site are developed, social media needs will crystallize and publishing decisions will be better informed.

Nevertheless, I will publish *Understanding Addiction: A Guide for Families* on YouTube and Vimeo and share freely with appropriate addiction and mental health support groups. The video is a standalone statement about addiction for families; therefore its messaging and branding aren't likely to be distorted by uncontrolled distribution.

In the short term, the video will be used in a slightly edited form by Wellington Retreat, in West Palm Beach, Florida, as part of their education outreach on their quarterly "family weekends." In addition, the Josh Anderson Foundation, a non-profit which works to prevent teen suicide, will distribute the link to the video as part of its teen mental health initiatives.

Acknowledgments

This thesis project's success depending to a large degree on participation of a great number of people. In particular I'd like to thank all who helped with production of the video: Kathy Amano, for helping with video lighting and sound, John Tibbs, for acting the opening sequence, Chrisy Moore, for her narration, Raymond Hardie for reviewing my script and storyboard, Jenny London for allowing me to film her for the second opening and closing sequences, and my family for posing for various vignettes.

Those who participated in the interview segments went to considerable trouble to rearrange their schedules, and I would like to thank Dr. Robert Moran, Stacey Hodges and the rest of the staff at Wellington Retreat in particular for both their participation and providing me with information about the neuroscientific model of addiction. Jim and Nancy opened their home and allowed me to interview them about personal issues. Dr. Linda Goglia provided valuable insights and allowed me to film her at considerable inconvenience.

Finally, of course, I'd like to thank my thesis committee, T.J. O'Donnell, Roger Friskey and Amy Pointer, as well as the other students and faculty in the MFA in Integrated Design program, who provided invaluable feedback and support throughout.

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Helvetica Rounded

PMS: 3255
CMYK: 64-0-32-0
RGB: 34-211-197
Hex: 22d3c5



The logo is limited to one color to address branding goals of simplicity and professionalism and for maximum utility.

Fonts

FOR SCREEN

Avenir Next Ultra Light
Avenir Next Ultra Light Italic

Avenir Next Regular
Avenir Next Italic

Avenir Next Medium
Avenir Next Italic

Avenir Next Demi Bold
Avenir Next Demi Bold Italic

Avenir Next Bold
Avenir Next Bold Italic

FOR PRINT

Avenir Light
Avenir Light Oblique

Avenir Book
Avenir Book Oblique

Avenir Roman
Avenir Oblique

Avenir Medium
Avenir Medium Oblique








Avenir Heavy
Avenir Heavy Oblique

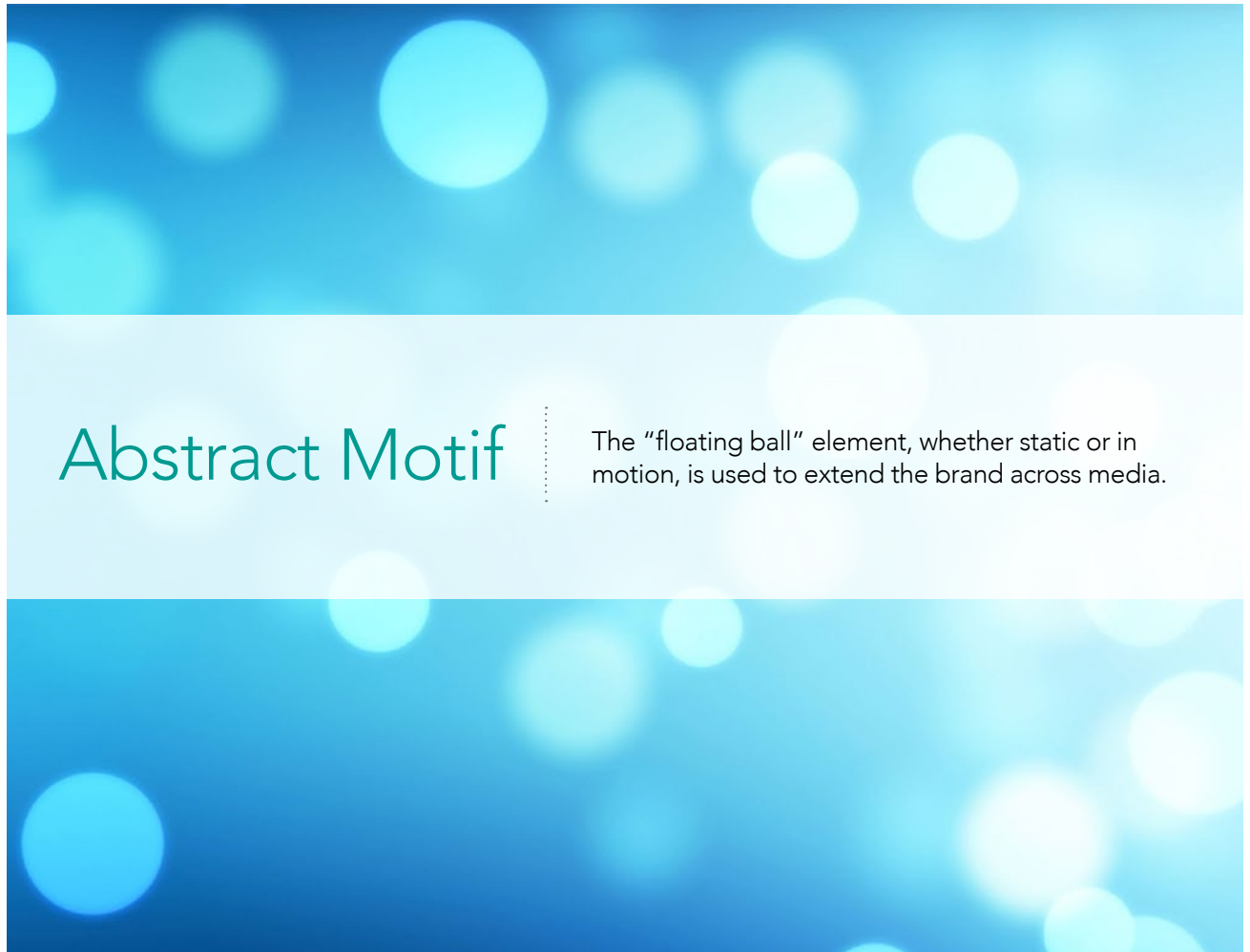
Avenir Next is used in various weights for web, video and other screen applications.

Avenir is used in various weights for print applications.

Color Palette

Colors are in the blue/green range of the spectrum to support concepts of health and growth.

Primary		PMS: 3255 CMYK: 64-0-32-0 RGB: 34-211-197 Hex: 22d3c5				
Secondary		PMS: 285 CMYK: 91-53-0-0 RGB: 0-113-206 Hex: 0071ce		PMS: 638 CMYK: 81-7-9-0 RGB: 0-173-216 Hex: 00add8		PMS: 540 CMYK: 100-80-39-37 RGB: 0-48-86 Hex: 003056
Tertiary		PMS: 7446 CMYK: 47-48-0-0 RGB: 141-133-202 Hex: 8d85ca		PMS: 660 CMYK: 64-0-32-0 RGB: 64-124-202 Hex: 407cca		PMS: 382 CMYK: 29-1-100-0 RGB: 196-214-0 Hex: c4d600

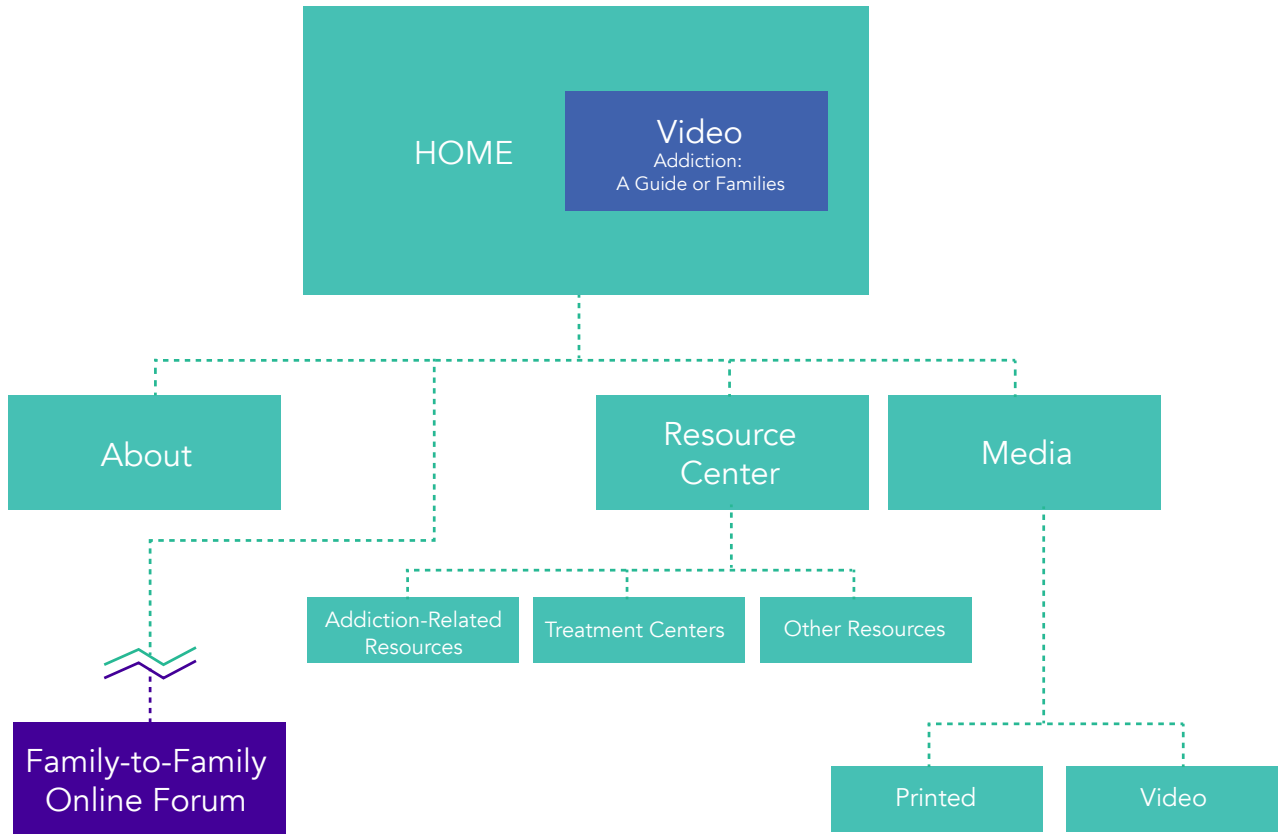


Abstract Motif

The "floating ball" element, whether static or in motion, is used to extend the brand across media.

The motif is used to abstractly suggest concepts of disorientation, aimlessness and overall confusion that may be associated with addiction.

Site Map



The online forum is a pure peer-to-peer tool that will be accessed from the Family Meeting website, but will be branded as a separate entity.

The printed section of the media page will offer publications under the FM Press imprint.

The video section of the media page will feature short subject-specific videos to expand on the information provided by the homepage video.

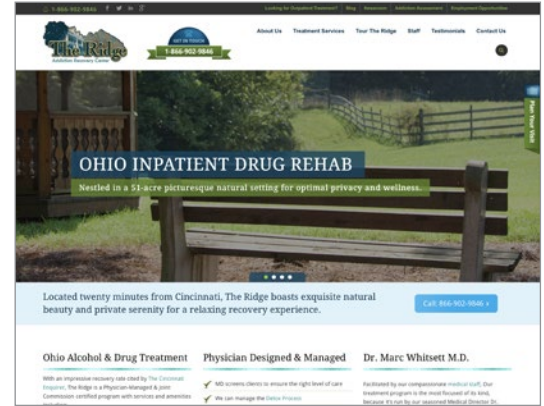
The website is an expandable platform for an online community that can be utilized by families of addicts.

APPENDIX E: Website Look and Feel

Typical Government Site Homepage



Typical Private Treatment Center Site Homepage



Family Meeting Homepage



The branding of the website is designed to differentiate itself from the clutter typical of government-sponsored sites as well as the templated look of private treatment centers.

APPENDIX G: Website Navigation Icons



A series of icons has been designed to aid in navigation and make the website more friendly; rounded corners reference the logo typeface.

APPENDIX H: Publications Expandability

Publications Imprint

Position of branded header is consistent in positioning; colors can be adapted to palette of cover art.

Art area is allowed maximum flexibility in color, typography, and graphic styles to accommodate varied subject matter.



Hypothetical covers designed to show how the imprint's brand can be implemented.

Aesthetic Taxonomy

The video has been divided into sections, beginning at top row and progressing through final section at bottom row.

The columns describe aesthetic choices made for (and between) each section throughout the chronology of the video narrative.

SECTION	PALETTE	MOTIF	TRANSITIONS	SPOKEN	MUSIC	MOOD
Intro	Black	Closeup Soft Focus	Cuts Cut to	Acted	Moody Piano	Empathetic
Title	Blue/Green	Floating Ball/Motion Graphics	Fade	Narration	Moody Piano	Somber
Intro 2	Full Palette	Sliding Puzzle	Wipes	Narration		Ambient Piano
Goals	Full Palette	Montage	Fade	Narration	Ominous Drone	Foreboding
Addiction Wall	Blue	Floating Ball/Motion Graphics	Dissolves	Narration		
Brain Chemistry	Blue	Floating Ball/Motion Graphics	Cuts Fade	Narration	Ominous Drone	Foreboding
Brain Chemistry	Green	Interview/Motion Graphics	Wipes	Interview/Moran		
Other Addictions	Blue	Motion	Fade	Narration	Moody Piano	Somber
Codependent Families	Full Palette	Montage/Interview	Dissolves/Fades	Narration Interview/Hodges Interviews/Parents		
Comorbidity	Blue/Green	Floating Ball/Motion Graphics	Fade	Narration	Moody Piano	Concerned
Treatment	Green	Interview/Motion Graphics	Wipes Fade	Interview/Moran	Ambient Piano	Positive
Healing	Full Palette	Interview	Fade	Interview/Goglia	Moody Piano	Hopeful
Close	Full Palette	Sliding Puzzle	Wipes	Narration		