



Family Treatment for the Substance Abuse Client

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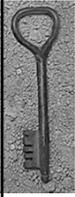
Family Systems and the Substance Abuse Client

- ◆ Two areas that a lot of professionals have hesitation diving into!!!!
- ◆ What do I want to take back from this training? _____



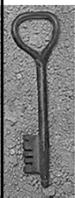
Chemical Dependency

- ◆ Often is a result of the brain's difficulty managing stress and strain.
- ◆ Substance use can be seen as an attempt to cope with the stress from internal and external events.
- ◆ Chemical Dependency is a Brain Illness.
- ◆ It has little to do with Willpower.
- ◆ Yes...No...Maybe???



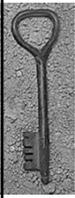
Chemical Dependency and the Brain

- ◆ Mid-Brain or “Old Brain”- Responsible for survival, managing stress, and sending messages to the.....
- ◆ Pre-Frontal Cortex- Seat of the self and personality. Conscious, decency, responsibility. If it is immature or harmed, it is the neurobiological explanation for why humans show poor judgment and act before thinking.
- ◆ Nucleus Accumbens- Motor Behavior. Is responsible for how much effort we will expend in order to seek rewards.
- ◆ Amygdala- It integrates our emotional reactions to pleasurable and aversive experiences.



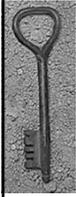
Chemical Dependency and the Brain

- ◆ Once the brain “tags” alcohol, cocaine, oxycontin, xanax, etc. as a way to relieve stress, we stop getting the messages that the Pre-Frontal Cortex needs to make good, sound, rational decisions.
- ◆ This brain chemistry change has a significant effect on the human beings that may be around the individual.
- ◆ Who typically gets affected negatively the most are those people that are around the most, typically family members.
- ◆ Statistics vary, but on average, at least 50% of individuals presenting with chemical dependency also suffer from co-morbid mental health issues.



Chemical Dependency

- ◆ Most chemically dependent people experience a stage where they believe it's:
 1. Not a problem, or not that bad.
 2. I can control it.
 Families tend to have two beliefs:
 1. There are no drug/alcohol problems in “The family.”
 2. We shouldn't even talk about it.
 Fear of separation keeps the beliefs alive and leads to a lack of communication, fear of risks, and fear of confrontation.



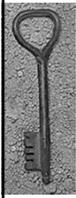
Chemical Dependency and the Family

- ◆ Think for a minute about the last family system you worked with that was affected by drugs and alcohol. What was especially challenging about that work?



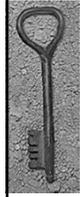
Assessment

- ◆ They're in my office, now what!!!!!!!!! What do we always need to be looking for?
- Signs and symptoms of dysfunction
- Using history
- Problematic behaviors
- Change in friends/activities
- Academic/vocational problems
- Affective issues
- Value structure
- Family history for everything



Assessment of Family Structure

- ◆ Who is in the family, near and far!
- ◆ What is their perception of how their use has affected others?
- ◆ To what degree is it an open or closed system? The drinking and drug use can cover up problems and families will hide and avoid problems through the drug and alcohol use. We can become comfortable with chaos-even predictable chaos. "I liked you better when you were sick!"



CD Families as Systems

- ◆ Families usually have a hard time seeing the system.
- ◆ Interactional patterns develop to help manage or survive the problem.
- ◆ The family adjusts to the disease to the point that it's a ritual or reality of their lives!



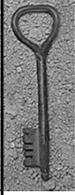
Characteristics of Family Systems

- ◆ **Organization:** All families have some organization, even those in chaos.
- ◆ **Interaction:** Some form occurs, including the agreement to not communicate.
- ◆ **Interdependence:** Implies mutual action/reaction. Each person's action prompts a reaction.
- ◆ **Stability:** Typically there is a consistency in the ups and downs. Attempts to change the instability reveals how stable it really is!
(Edwards, Treating Chemically Dependent Families, 1990).



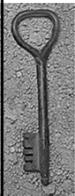
Stability

- ◆ Much of what we define as resistance is really the family attempting to maintain balance.
- ◆ It is normal for families to resistance outside influences, especially those that are viewed as threatening.
- ◆ WE are outside influences and are new input is sometimes unfamiliar.



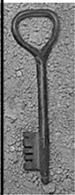
What are the Walls

- ◆ Families may deny the existence/severity of the problem, children encouraged to cover up, learn to lie about the condition of the alcoholic due to shame.
- ◆ Guilt- children/spouses take on responsibility for the behavior of the addict. Causes them to believe they have the power to control what happens in the family.



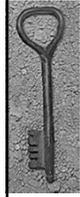
What are the Walls

- ◆ **Fear of Anger-Family members have difficulty expressing what they want in relationships due to chaotic behavior of patient. Children have a hard time learning that you can express anger without losing a relationship or making people upset.**
- ◆ **Unhealthy relationships- Significant boundary issues may develop. Parentified children, co-dependency, abuse, domestic violence.**



Closed Family Systems

- ◆ They have a significant impact on children.
- ◆ “Perfect Child” develops to avoid conflict
- ◆ Always second guessing parent(s) reaction in order to not upset or ‘cause’ drinking.
- ◆ Except unwanted blame to keep others from getting upset.
- ◆ Drink or use drugs
- ◆ Recognize the feelings of others and not their own. (Fox & Heavilin, Sept.,2006).



Closed Family Systems

- ◆ 8.3 million children in the US, approximately 11%, live with at least one parent who is in need of treatment for alcohol and drug dependency (CSAT, 2006).
- ◆ A lot of children are exposed to Closed Family Systems!!!



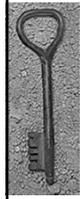
Addictive Relationships

- ◆ They move from superficial involvement into companionship, friendship, romantic love, and functional association in say....22 minutes after meeting the person!
- ◆ Magical or unrealistic expectations: The mere fact of being involved with this person will make my life better!
- ◆ Instant gratification: "Bells and Whistles...Blowing our minds". Just like drugs...children may model this.
- ◆ Dishonesty: "I can't be honest..they would leave me." Creates no-talk rules, which also keeps the fear alive.
- ◆ Compulsive and obsessive over-control: Everything in their life becomes secondary. Leads to lack of trust.



Codependency

- ◆ The denial or repression of the real self based on an erroneous assumption that love, acceptance, security, success, closeness, and salvation are all dependent upon one's ability to do "the right thing".
- ◆ Affected self-esteem "People Pleasing"
- Poor Boundaries Intimacy issues
- Strong denial Anxiety/PTSD
- Psychosomatic Stress related illnesses



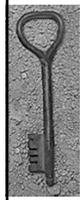
Individual vs. Systems Orientation

- ◆ An individual orientation focuses on each member of the family's behavior, feelings, thoughts as they are expressed to the therapist.
- ◆ A systems oriented therapist observes the family communication patterns unfold-you hear and see. Its not just being told what happens but watching it.



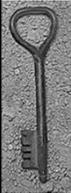
The Systems Therapist

- ◆ **The Manager or Director of the session.**
- ◆ **May focus on one individual, a relationship, an interaction between members, the whole family!**
- ◆ **Always view a set of relationships, not just the individual.**
- ◆ **May encourage family members to talk to one another about issues while also bringing others in and preventing others from interfering!**



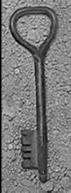
Family System Strengths/Open Systems

- ◆ **We are also looking for assets!!**
- ◆ **Healthy/honest communication.**
- ◆ **Ability to set and keep limits.**
- ◆ **Willing to show up consistently.**
- ◆ **Responsible parenting.**
- ◆ **Accepting that we are a family system.**
- ◆ **Willingness to work on issues regardless of the patient's willingness.**
- ◆ **Healthy boundaries.**



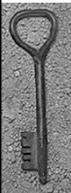
You mean I have to come back here????

- ◆ Ahh, Engagement!!!!



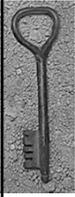
Engaging Families in the Intervention/Treatment Process

- ◆ Addict's families are "among the most difficult of all psychotherapy patients to get into the office."(Davis, Drug Forum: Family Therapy for the Drug User.)
- ◆ Key: Begin to build a therapeutic alliance with involved family as soon as possible.
- ◆ Start where the family is, not where we may want them to be!
- ◆ Often the family members that present with the identified patient have experienced significant stress in a variety of ways over an extended period of time.



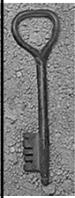
Engaging Families in the Intervention/Treatment Process

- ◆ Negotiation:
Identifying what needs to happen for the patient to get better.
Message from Professionals is important: "Just do this, this, and this vs. We have options and possible outcomes...What are we willing to do?"
We start trying to provide guidance.
What role will family members play?
The assessment should help determine how the family member's actions or lack of could have an impact on the patient.



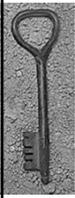
Engaging Families in the Intervention/treatment Process

- ◆ Regardless of the setting (Outpatient, IOP, Residential, etc.), start looking for a "Link Therapist".
- ◆ The family member that can have significant impact on getting the family to engage appropriately!
- ◆ Often times this is not the parent, spouse.
- ◆ They will often times be the best messenger for what needs to happen for the patient to get better and what role the family will play in that.
- ◆ Children of the identified patient often are in the least amount of denial, they just have a more difficult time describing it.



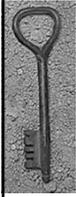
Engaging Families in the Intervention/Treatment Process

- ◆ Goal is to begin process of increasing motivation for recovery!
- ◆ In the beginning, many patients do not want their family involved...Just look at the ROI.
- ◆ It is our responsibility to present how it is in the best interest of the patient to have their family involved, and how it is in the best interest of the family to be involved.
- ◆ The family presence during the intervention and/or treatment can provide the needed anxiety and motivation for recovery.



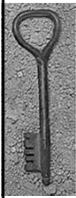
Engaging Families in the Intervention/Treatment Process

- ◆ Goal: Emphasize that the whole family is impacted.
- ◆ Chicken or the Egg??- "Alcohol or other drug use and family problems are both causes and effects of each other in a self-maintaining cycle" (Edwards, 1990).
- ◆ Family change can begin to occur simply from awareness.
- ◆ It is important to educate on the disease concept vs. moral or defect of character issue. Can at times be challenging for us!!!



Engaging Families in the Intervention/Treatment Process

- ◆ Change Family Patterns that Work Against Recovery.
 - Enabling- Any behavior that encourages the chemical use to occur. To make able.
 - Coalitions- Two or members unite against a third.
 - Conflicts- Arises from buried anger, resentments and fear of relapse.
 - The Peripheral CD Member- Continue isolation even when sobriety/recovery is achieved.



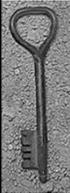
Common Family Patterns

- ◆ Parent in the Middle
- ◆ Peripheral Parent
- ◆ Enmeshed Child
- ◆ Triangulated Child
- ◆ Good Child/Bad Child
- ◆ Blended Family Patterns
- ◆ Single Parent Patterns (Edwards, 1990)



The Enmeshed Family

- ◆ Values and Clinical Assumptions to Consider:
 - ◆ The mother-father relationship is primary. It existed before the children came and will likely exist after they leave.
 - ◆ Parents should be in charge of and responsible for their children more so when the children are young and less as they mature.
 - ◆ Parents own the home and should be responsible for what happens in it.
 - ◆ A cross-generational coalition-one parent and one or more children sided against the other parent-spells trouble!



Engaging Families in the Intervention/Treatment Process

- ◆ Goal: Prepare the Family for What to Expect in Early Recovery.
- ◆ Strong feelings
- ◆ Mood Swings and Cravings
- ◆ Mistrust/Walking on Egg Shells
- ◆ Self- Help/Therapy
- ◆ Relapses



Engaging Families in the Intervention/Treatment Process

- ◆ Goal: Encourage Long-Term Family Treatment.
- ◆ Outpatient Specialist
- ◆ Self-Help Programs
- ◆ Encourage family members to look at their own behaviors and continue working their own recovery programs.



Engaging Families in the Intervention/Treatment Process

- ◆ Identify what the patient/family wants to see change from the treatment experience. Often times they are completely different, yet no one is communicating to find out!
- ◆ Again, provide family with education and refer them to resources.
- ◆ Identifying specific family members that need to address issues outside of their loved one's treatment. Again, presented in how it is in their best interest.
- ◆ Empathically challenge tendencies toward, "Why do I need help, they are the one with the problem!"



Engaging Families in the Intervention/treatment Process

- ◆ Open/Honest communication.
- ◆ Identifying family strengths and key family participation.
- ◆ Increase structure/Decrease chaos.
- ◆ Empower caregivers.
- ◆ Don't do what they can do for themselves.
- ◆ Focus on family presenting as a united front.
- ◆ Treatment contracts.



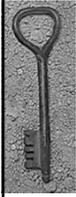
Specific Techniques for Engagement

- ◆ Joining: The process of making a connection between the therapist and families
 - Active listening
 - supporting strengths
 - Using their words
 - Communicating understanding
 - Expressing genuine concern
 - Providing them hope
- “There is no such thing as resistant families, only those inadequately joined.” (Edwards, 1990)



Joining

- ◆ With the Identified Patient:
 - Makes them less angry.
 - TV show “Intervention”
 - With no rapport established, we come of as another “nagger”
 - Increase your effort to try and understand how the patient got that way! “The baffling phenomenon of massive denial”. (Edwards, 1990)



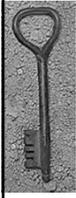
Specific Techniques for Engagement

- ◆ Assigning Tasks:
 - Rebuilding relationships with behavioral tasks.
 - Reinstating boundaries behaviorally
 - Re-establishing role modeling
 - Pick tasks that are simple and likely to be successful.
 - Always review tasks at the beginning of sessions



Specific Techniques for Engagement

- ◆ Creating Enactments:
 - Do family members only speak to us when communicating??? Rarely!!!
 - Conversations during sessions between family members about their issues
 - Ability to use “real time” opportunities to make communication changes.
 - Therapist play more a role of Communication Coach-Keeping the focus on the family!
 - Encourage family members to ask each other questions to help resolve issues.



Specific Techniques for Engagement

- ◆ Segmenting: Dividing family into smaller groups for a specific purpose.
 - Useful in stressing family roles.
 - Helpful in stressing particular boundary issues.
 - Can cut down on distractions.
 - Can help give the therapist more power in the session.



Specific Techniques for Engagement

- ◆ Johnson Institute Family Intervention:
 - Typically concerned family member/friends.
 - What are you willing to do if they don't change.
 - Increase teamwork-Breakdown of rigid patterns is more likely in a crisis than in stability.
 - Network is a powerful motivator of change.

- Brief Network Intervention: Can be effective for a variety of issues (Compliance in treatment, aftercare, etc.).



Specific Techniques for Engagement

- ◆ Family Circle Method (Thrower, 1982).
- ◆ Family Picture
- ◆ Classical Sculpting
- ◆ Change the Distance
- ◆ Guardrail



Assumptions to Watch Out For

- ◆ Chemical dependence is a compulsive disorder affecting an individual
- ◆ Like any compulsive disorder, it is treated individually
- ◆ With one chemical dependent in the family, there is one identified patient in the home
- ◆ Once the chemical use stops, the client's family becomes stable



Assumptions Can Lead To Traps!

- ◆ Focusing on the individual instead of the system: "Decide together now what you will do if ___ uses drugs again." Less chance of being inducted!!
- ◆ Getting bogged down in induction: Being pulled in to the families emotional network.
- ◆ Switching the problem person: The CD person is already identified. If you switch too early, you may lose them all! "My dad smokes more weed than me!!"
- ◆ Flying solo: Get clinical supervision, ask another therapist their perspective, or to sit in, map the family. (Edwards, Ph.D., 1990).



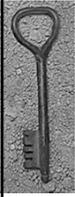
When Family Members are Disruptive to Treatment

- ◆ Majority of family members want their loved one to get better....some don't...but most do.
- ◆ Having a mother, father, wife, husband, son, daughter whose behavior is out of control-Leads to trying to control everything.
- ◆ It sets up power struggles!
- ◆ **Controllers**-They will draw blood to make a point...been there, done that-Not very teachable.
- ◆ The patient suffers the most. (Although it feels like we do!) They get frustrated, angry, especially adolescents in treatment.



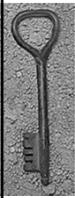
When Family Members are Disruptive to Treatment

- ◆ Goal: -Avoid arguments, you won't win.
-Catch more flies with honey!
-Stroke the positives you see.
-Consistently track with the patient how the family interaction is going.
-Family may undermine you/the treatment process at home.



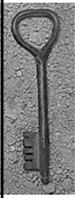
When Family Members are Disruptive to Treatment

- ◆ **Families that have difficulty enforcing limits:**
 “We had no signs, no idea he was doing this!”
They also may use drugs/alcohol with them.
 They present as ineffectual.
 The patient runs the household, and family may be dependent on them for a variety of things.
 Goal: Empower them, slowly
 Work on self-esteem, slowly
 Learn to handle conflict, slowly (What if they get mad at me?).



When Family Members are Disruptive to Treatment

- ◆ **Emotional Manipulation:** Family that use guilt, martyrdom to justify their behavior.
 “You are why I am depressed....Just drink!”
 They may look on the surface as ideal, but have unhealthy ways of controlling.
 Often times, they threaten the patient with harm to themselves because of their behavior.
 “Sanford and Son....Everybody Loves Raymond”
 Goal: If you confront this, they will drop out.
 You have to win them over...Positive Manipulation.



When Family Members are Disruptive to Treatment

- ◆ **The Doctrine Family:** They are following a certain doctrine of operation for the family.
 Keep using/selling
 Religion
 “Heavy” AA/NA
 Cult
 This family type is often the most difficult because we typically don’t fit into the doctrine.
 Goal: Appeal to their superiority.



Family System Relapse

- ◆ Families quit analyzing their “issues”!
- ◆ Members won’t take responsibility for their part in the recovery process.
- ◆ Families remain a closed system, not responsive to corrective feedback.
- ◆ Members engage in conflict with their loved ones, counselor, sponsor, support, etc.
- ◆ Unhealthy and inappropriate interactions continue to occur between patients and their families.



Evidence-Based Family Treatment

- ◆ **Multidimensional Family Therapy (MDFT)**
Outpatient family based drug abuse treatment.
Manualized treatment for therapist ease.
Adolescent drug use is understood in terms of network of influences.
Individual and family sessions focus on developmental tasks and decision making.



Contingency Management

- ◆ Drug use is a learned, operant behavior
- ◆ Behavior is overly controlled by the immediate reinforcing effects of drugs and inadequately controlled by other, less immediate and less certain consequences (Monti).
- ◆ Use behavior techniques to help clients: avoid situations associated with drug use, engage in pro-social activities incompatible with drug use; and change cognitions and feelings associated with drug use (Dyer, 2006).
- ◆ Frequent urine drug screens.
- ◆ Caregivers empowered to reward abstinence and otherwise reinforce desired behavior change.



MDFT

- ◆ Therapy is phasically organized.
- ◆ Attempt to increase pro-social behaviors.
- ◆ 10-25 sessions over 4-6 month period.
- ◆ Part of CSAT Cannabis Youth Treatment study (Liddle, et al. 2002).



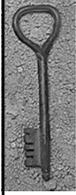
Evidence-Based Family Treatment

- ◆ Multisystemic Treatment (MST)
Goal oriented treatment that specifically targets those factors in each youth's social network that are contributing to his or her anti-social behavior.



MST

- ◆ Goals: Improve caregiver discipline practices
Enhance family affective relations.
Decrease youth association with deviant peers, while increasing youth association with pro-social peers.
Improve youth school/vocational performance/engage youth in pro-social recreational outlets.
Develop support network of extended family, neighbors, and friends (Henggler, 2002).



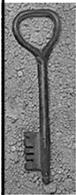
MST

- ◆ Delivered in natural environment (home, school, community).
- ◆ Focus on family strengths.
- ◆ Several hours of treatment weekly.
- ◆ MST Team: 2-4 therapists, supervisor, 24/7 access.
- ◆ “Primary Manual for Treating Serious Anti-Social Behaviors in Adolescents”.
- ◆ www.MSTservices.com



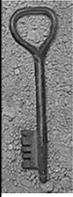
The Matrix Model

- ◆ Therapist as a teacher and coach, fostering a positive, encouraging relationship with the patient and using that relationship to encourage change.
- ◆ Positive relationship is critical for patient/family retention.
- ◆ Significant amount of education provided to family members.
- ◆ Delivered to families both individualized and in multi-family group format.



Community Reinforcement and Family Training (CRAFT)

- ◆ Teaches families to optimize their impact while avoiding confrontation or detachment.
- ◆ Employ effective communication/role-playing.
- ◆ Identifying and using positive rewards.
- ◆ Allowing for the “natural consequences” of use.
- ◆ Practicing self-care without detachment
- ◆ Getting a loved one into treatment
- ◆ Across a number of studies, gets 64-86% of cases into treatment!!!



Questions, comments, concerns??

- ◆ Thank You!!!!
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