

Engaging Families in Treatment and Recovery

By James E. Campbell, MA, CACII



Who am I and Why am I here?

- Manager White Horse Academy, The Phoenix Center
- Founder of Family Excellence, Inc.
- Director of Family Excellence Institute, LLC
- Associate Pastor, Connection Fellowship
- Author of: Broken Finding Peace in Imperfection
- Author of: Perfect Marriage Twenty Myths that Can Really Mess Up Your Relationships

At the completion of this workshop, participants will:

- 1. Develop an understanding of the systemic challenges for those with substance use disorders as well as the systemic supports needed for healthy recovery.
- 2. Explore the supports that are available in our communities.
- 3. Gain an understanding of the need for developing self-efficacy in ourselves and those we serve.
- 4. Cultivate a working knowledge of how to assist those we serve in identifying and accessing community supports.
- 5. Be given the opportunity explore ways that they can partner in building support for recovery-based services and programs in their community and be an effective advocate for recovery.



Rome



Who are you and why are you here?

Considering the family...

Why are our families so important?

Why are our families so powerful?

Can a family simply wish change and make it happen?

Can a family simply think change and make it happen?

What really makes change last?

Considering the family...

What parents say is important.

What parents do in their home,
even when their children are not
there, is more important.

Who parents “are” is of greatest
importance.

Change starts in the family.

The Foundation



plus
experience
equals
Addiction



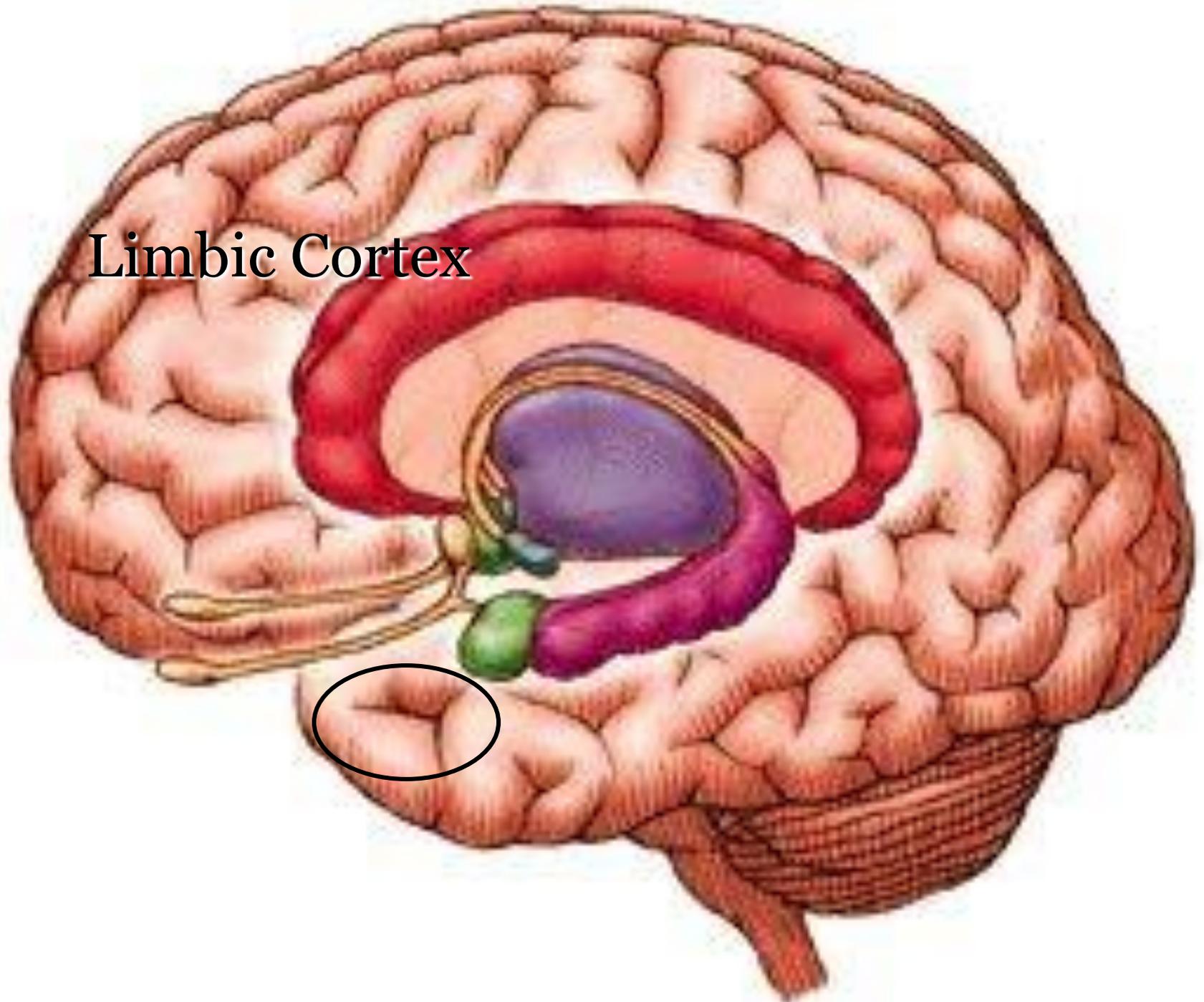
The Reframe



plus
experience
equals
Recovery



Limbic Cortex





We are pack
animals.





We are herd animals.





What is our first
pack or herd?



Definition of Family

Family is defined as.....

a group of individuals usually living under one roof, with one head; a group of persons of common ancestry; a group of people united by common characteristics. (Merriam-Webster, 1996)



*Family is the Principle
Institution for the Socialization
of Children.*



Defining Family

- It is important for providers to remember that "family" may include a broad spectrum of members, such as grandparents, older siblings, and foster parents.
- HOW DO YOU HELP IDENTIFY YOUR CLIENT'S SUPPORT SYSTEMS?

Functional Healthy Families

- A functional, healthy family is one in which all the members are fully functional and all the relationships between the members are fully functional.
- A functional family is the healthy soil out of which individuals can become mature human beings.



Functional Healthy Families

- Problems are acknowledged and resolved.
- All members can express their perception, feelings, thoughts, desires, and fantasies.
- All relationships are dialogical and equal. Each person is of equal value as a person.
- Communication is direct, congruent, and sensory based i.e., concrete, specific, and behavioral



Functional Families

- Family members can get *their* needs met.
- Family members can be *different*.
- Parents do what they say. They are self-disciplined disciplinarians.
- Family roles are chosen and flexible.
- Atmosphere is fun and spontaneous.

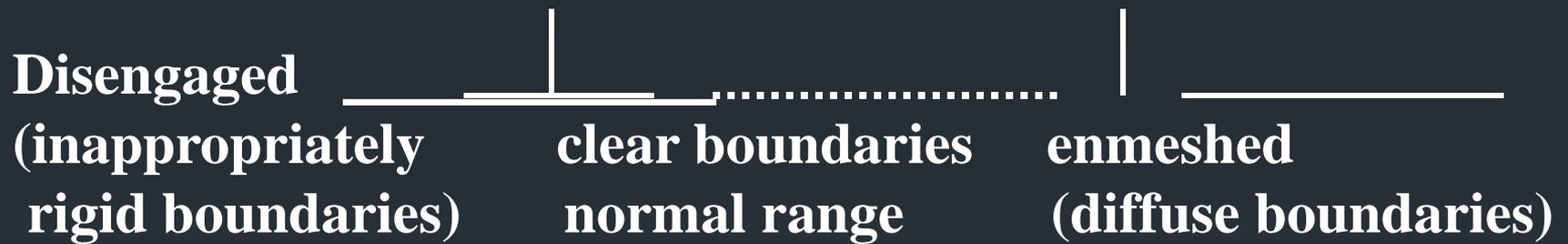


Dysfunctional Families

In dysfunctional families problems are denied. There is either fusion (agree not to disagree) or withdrawal.



Boundaries





In enmeshed families
small problems
reverberate
throughout
the entire
system



**In rigid, detached families
large problems are ignored.**

Considering the family...

It is not conversation that holds the family together.

It is not shared beliefs that is the family cement, although that helps.

It is not intellect that binds us to one another.

It is the shared limbic communication over time that makes us feel like family.

Stages Of Family Development





Couples:

Boundaries

Patterns of relating to others

Shared values

Deal with conflict

Families with young children:

Birth of first child

New relationships

Parental

Mother - Child

Father - Child

New tasks

Family must accommodate baby



*Families with school age
or adolescent children:*

How to deal with school

Friends

New boundaries

Peer group gains power

Process of separation



Families with grown children:

Empty nest

Grandchildren

New relationships

Partners of children



Healthy Family Rules

- The rules require accountability.
- Violation of other's values leads to guilt.
- Mistakes are forgiven and viewed as learning tools.
- The family system exist for the individuals.
- Parents are in touch with their healthy shame.



Rules in a Dysfunctional family

- Dependents use of drug is the most important thing in a family life.
- Drug use is not the cause of family problems, it is denial which is the root.
- Blaming others, don't make mention of it, covering up, alibis, loyalty of family enables.
- Nobody may discuss problem outside the family.
- Nobody says what they feel or think.

Family Systems

Basic Assumptions

- Families are powerful
- Families are never neutral
- Families are dynamic
- Families are always seeking to maintain balance
- Family systems resist change (as any other system)
- If one aspect of the family system changes the entire system changes
- To change the family system by addressing one individual is similar to the blind woman and the elephant

Family Systems

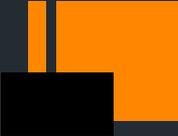
Basic Assumptions



- Parents love their children
- No one has children in order to make them miserable
- We do what we do because we believe it will help
- The best intentions do not necessarily lead to the best results
- Children love their parents

Family Systems

Basic Assumptions



- All the support and treatment possible may help the adolescent but if the family into which the adolescent returns remains the same, she will soon follow.
- Just because a child may no longer be living at home does not mean they are no longer living with the family.
- What you truly believe, matters.

Family Systems

Basic Assumptions

- The child should be the center of your family - false
- Before leaving for the Academy the child was often the organizing principle of the family.
- Parents need to be in charge.
- Parents need to use their power with loving clarity.

Parenting with Love and Limits

Basic Assumptions

- Incongruity in family hierarchy - the kid is in charge.
- Outside forces have assumed parental roles, you are now back in charge.
- The adolescent is attempting to solve a problem in the family.
- Adolescents operate on the pleasure/winning principle.
- Adolescents are two step ahead of their parents.
- Adolescents are more skilled at confrontation.



Parenting with Love and Limits

Questions for Families to Consider

- Is your child addicted?
- Does your child need to accept that their alcohol tobacco or other drug use is a problem?
- Do you need to believe your child has a problem?
 - no – you need to know they have a problem
- Be a recovering family - environment matters.

Parenting with Love and Limits



“The adolescent does not have to agree that his or her substance use is a problem; rather, the teen only has to realize that continuing the behavior is more trouble than it’s worth.” (Sells,1998)



Parenting with Love and Limits

Things to Remember

- Adolescents operate on the pleasure, winning principle and play a zero-sum game.
- The student will always be at least two steps ahead of you if you play that game.
- Adolescence are more skilled at confrontation than even the best corporate negotiator. (They now have their Ph.D.)

Parenting with Love and Limits

Empowering Parents With Knowledge

- Believe the research not your child.
- There is power in numbers so begin setting up your support system, now.
- It has been a difficult uphill journey and the climb is not over.
- Even if your child is no longer living at home you remain in charge of the family.
- Relinquishing your parental authority is not an option.

Parenting with Love and Limits

H Styles of parenting (Baumrind) (Also True of Staff)

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■ Authoritarian:
high consistency, low
warmth and involvement

■ Authoritative:
high consistency, high
warmth and involvement

■ Uninvolved:
low consistency, low
warmth and involvement

■ Permissive:
low consistency, high
warmth and involvement

L Warmth and connectedness H

Parenting with Love and Limits

research outcomes for adolescents (Baumrind)

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- These kids follow the rules. They are anxious and rigid in interpersonal relationships.
- These kids are at high risk for aggression and other emotional difficulties.
- These kids are able to form intimate and healthy relationships. They can overcome frustrations and persist in the face of difficulties
- These kids are likely to have high self-esteem but can experience difficulties in the face of responsibility and struggle with frustration.

L W a r m t h a n d c o n n e c t e d n e s s H

Parenting with Love and Limits

Parenting styles

Authoritative parenting, which balances clear, high parental demands with emotional responsiveness and recognition of child autonomy, is one of the most consistent family predictors of competence from early childhood to adolescence. (Baumrind & Baber, 1996)



Parenting with Love and Limits

Expectations and Consequences

- Know what you want and be clear about what you expect.
- Holding a boundary against tobacco, alcohol or drug use is no different than holding a boundary against any other pathogen.
- It's not a debate.
- It's not about being friends.



Parenting with Love and Limits

Expectations and Consequences

- Be proactive.
- Parents need to agree (different households are not an acceptable excuse for different expectations).
- If you cannot agree as parents, get help.
- Consequences must balance what your teen wants with what your teen does not want.
- Work directly with your student to make consequences meaningful (consequences are debatable expectations are not).



Parenting with Love and Limits

Expectations and Consequences

- Rewards should be related to the circumstance.
- Punishment should be related to the circumstance.



Parenting with Love and Limits

Expectations and Consequences

- Make a list of both positive and negative consequences.
- Give a reward immediately after the desired behavior.
- Do not allow your student to take rewards for granted.
- Keep consequences straightforward and manageable.



Parenting with Love and Limits

- Clear rules and expectations will work.
- If negotiations are appropriate use the “highball” or “lowball” approach.
- Establish a hierarchy of positive and negative consequences.
- Look for positive behaviors and traits.
- Don't forget praise.
- Be patient and endure.



Parenting with Love and Limits

it is not just about substance use

- Disrespect
- Lying
- Emotional distance
- The silent treatment
- Threats of self harm
- Poor school performance
- Picking favorites (good parent bad parent)



Parenting with Love and Limits

Negotiating the Substance Use Contract

- Remember, even though this is a negotiation you have veto power.
- Inconsistency sends the message that you can be manipulated.
- Never agree to a consequence that you won't or can't do.
- As you make your plans always ask you and your student, “what could go wrong?”



Parenting with Love and Limits

Negotiating the Substance Use Contract

- Be clear and be loving.
- The importance of nurture in negotiation
- Remember that things may get worse when your student comes home.
- Don't forget computers, cell phones, video games.
- Don't give in, don't give up, don't be defeated.

Parenting with Love and Limits

Trump Cards

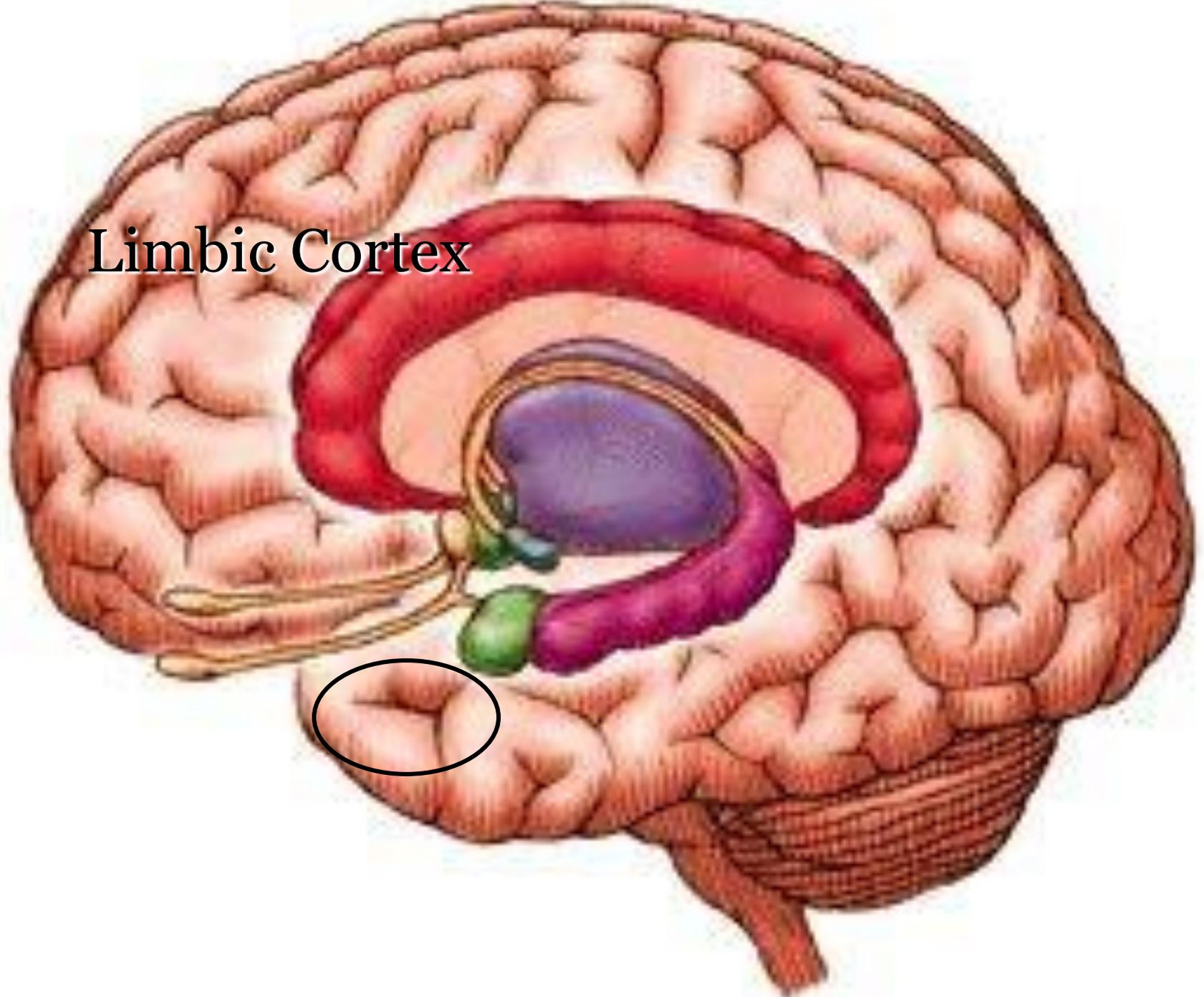
- “You don’t respect the hard work I have done in treatment.”
- “You don’t love me.”
- “I hate you” or, “you’re a liar/asshole/bad parent.”
- “You promised me _____.”
- “You don’t trust me.”
- “I don’t need you/I can do this on my own.”



Parenting with Love and Limits

- A written plan is necessary.

Limbic Cortex



Drugs of Abuse & the Limbic System

- All drugs of abuse impact the limbic system.
- While they may differ in their pharmacological impact they lead toward dysregulated limbic energy.
- Limbic communication is distorted.
- Limbic learning is compromised.
- Age and gender matter.

Limbic Resonance and Social Intelligence



- Emphasis on Social Intelligence
- Students given permission to love well

to be loved

to love others

to love self

Attachment and the Brain



- Despite all that we have learned.
- Despite all the techniques and skills we have perfected.
- Despite all of our evidenced based interventions.
- **It is the therapeutic relationship that matters the most.**

Limbic Resonance and Social Intelligence

Treatment Implications

- *Be alive-*
- *Be aware-*
- *Be intentional-*
- *Be self-loving- and be grateful for all the relationships who are making who you are*
- **And then, if you have the courage, (appropriately) love your students and they may learn how to love themselves.**

Limbic Resonance and Social Intelligence

Treatment Implications



1. Basic assumptions will change.
2. Families will be admitted to treatment not individuals.
3. Motivational enhancement techniques will amplify a therapeutic relationship and reduce shame.
4. Transference and countertransference will be examined and valued.
5. Treatment environments will be more welcoming.



Adolescents were babies before they became adolescents.

Babies have different needs than adolescents.

Babies are the center of the universe.

Adolescents are not a diagnostic category—
despite protests to the contrary.



Good Enough Parenting

Needs all babies have

- narcissistic,
- exhibitionistic,
- grandiose

Mirroring, empathetic, attending, attuned
Strong, safe, consistent, soothing.

- Self object



Parenting/object

Good Enough Parenting = appropriate frustration

- Healthy self esteem
- Appropriate ambition
- Enthusiasm for life
- Sense of wholeness
- Personal ideals
- Ability to identify feelings
- Internal safety
- Ability to self soothe



Healthy Attachment
Clear Boundaries
Cohesive Self

Not Good Enough Parenting

Needs all babies have

- narcissistic,
- exhibitionistic,
- grandiose

Mirroring, empathetic, attending, attuned
Strong, safe, consistent, soothing.

- Self object
- Something gets in the way

Parenting/object

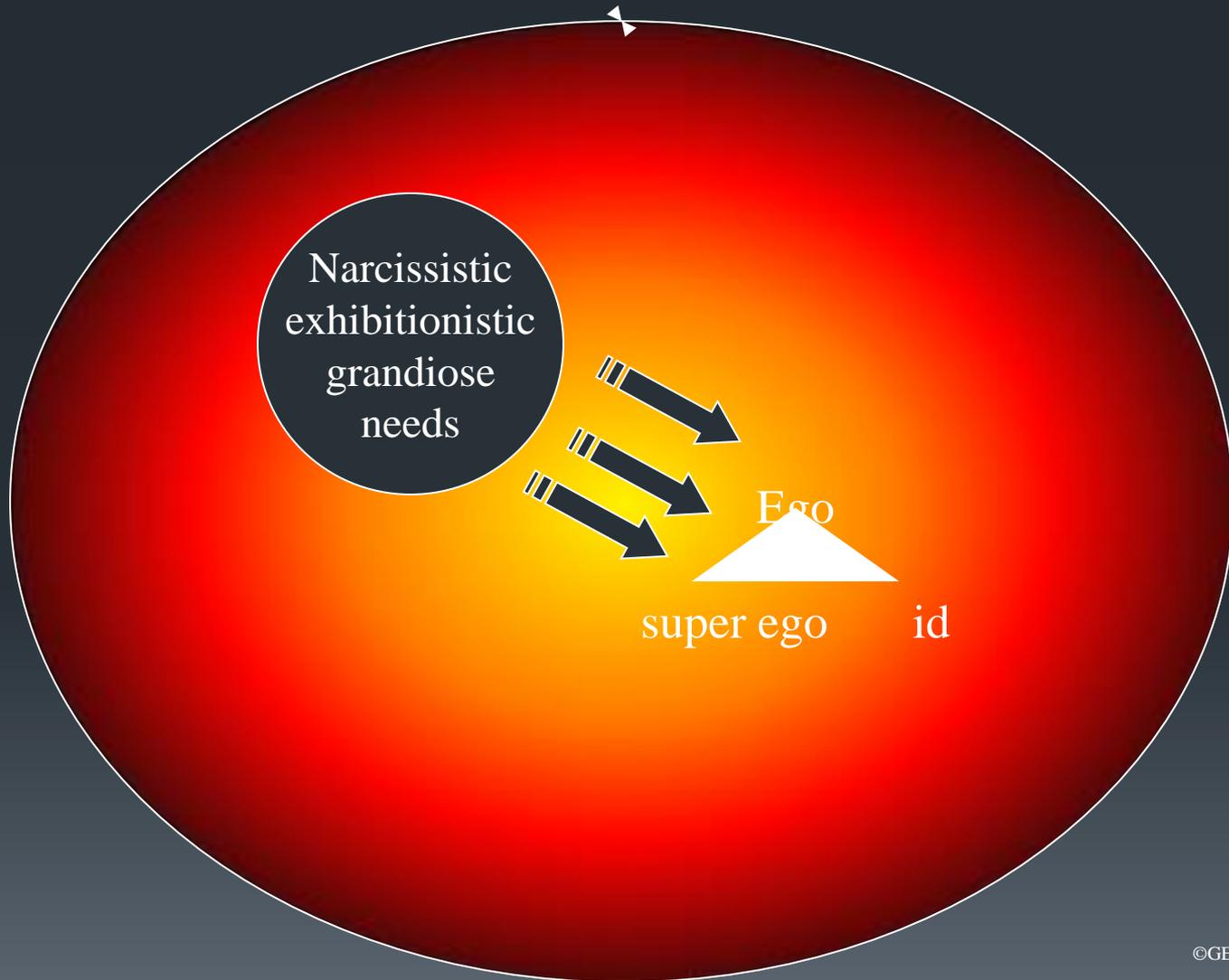
Not Good Enough Parenting = inappropriate
frustration

- Feeling of inadequacy, emptiness.
- Need for approval, critical of self/others.
- Need to Control!
- Insecurity, ill defined sense of self.
- Unclear personal values.
- “Black/white” thinking.
- Needs for external reassurance.
- Inability to internally self soothe.



Failure of Attachment
Unclear Boundaries
Fractured Sense of Self

Psychology of Shame



Psychology of Shame

Manifestation of False Self Structure

Guilt vs. Shame

- A **little** guilt is a good thing.
- Total lack of guilt is pathological.
- Feeling guilty is about what you have done **NOT** who you are.
- **Shame is about who you are.**

Psychology of Shame

Manifestation of False Self Structure

Shame

- The belief that at my core I am bad - therefore I must earn my value.
“To be good I must do good, and lots of it.”
- A need for constant external approval
- A persistent fear of punishment
- Nagging comparisons to others
“Do I measure up?”
- Extreme sensitivity to others’ expectations
- People pleasing

Psychology of Shame

Manifestation of False Self Structure

- The belief that “it” is never enough.
- Compulsive behaviors:
 - workaholism
 - perfectionism
 - chronic lateness
 - self defeating rituals
 - addictions.
- Hyper-vigilance and needs for control.

Psychology of Shame

Manifestation of False Self Structure

The Gift of shame gives birth to obligation which is always the safer side of freedom.



Parental Shame and Parenting aka “Lies Parent Believe”

- Our children make us happy.
- Our children are the source of our pride.
- If we are good parents our children will succeed.
- If we are bad parents our children will fail.
- Our children are a reflection of how well or how poorly we parent.

Parental Shame and Parenting aka “Lies Parent Believe”

- Our children are a statement to the world about who we are.
- We are responsible for our children’s failures.
- We are responsible for our children’s successes.
- If our children “fail” we have “failed” as parents.
- If our children “succeed” we have been successful parents.

Parental Shame and Parenting aka “Lies Parent Believe”

- We are the authors of our children’s happiness.
- We are the authors of our children’s misery.
- Good kids don’t get into trouble.
- Good kids don’t use drugs.
- Good kids are valedictorians, class presidents, straight “A” students, great athletes, considerate siblings, agreeable, sensitive, respectable, and get into good colleges.



Parental Shame and Parenting Therefore:

- We want our children to like us.
- We want to be our children's best friend.
- We want to make our children happy and think we can make it so.
- Blood is thicker than water.
- We expect our children to make the family shine.
- We just want our children to be healthy and happy – one of the great lies -



Shame is caused by
boundary violations that
lead to more shame.

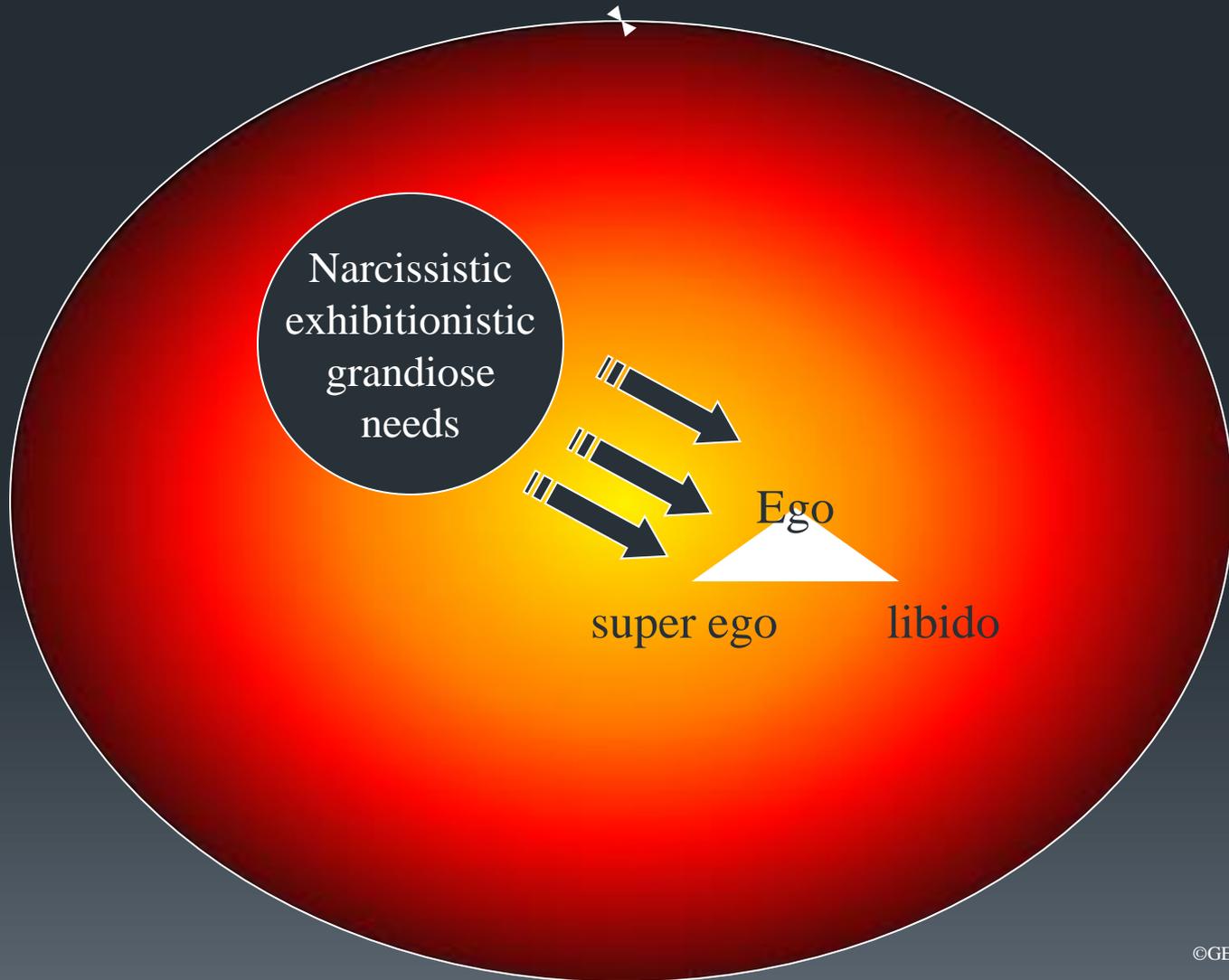


TRUTH:

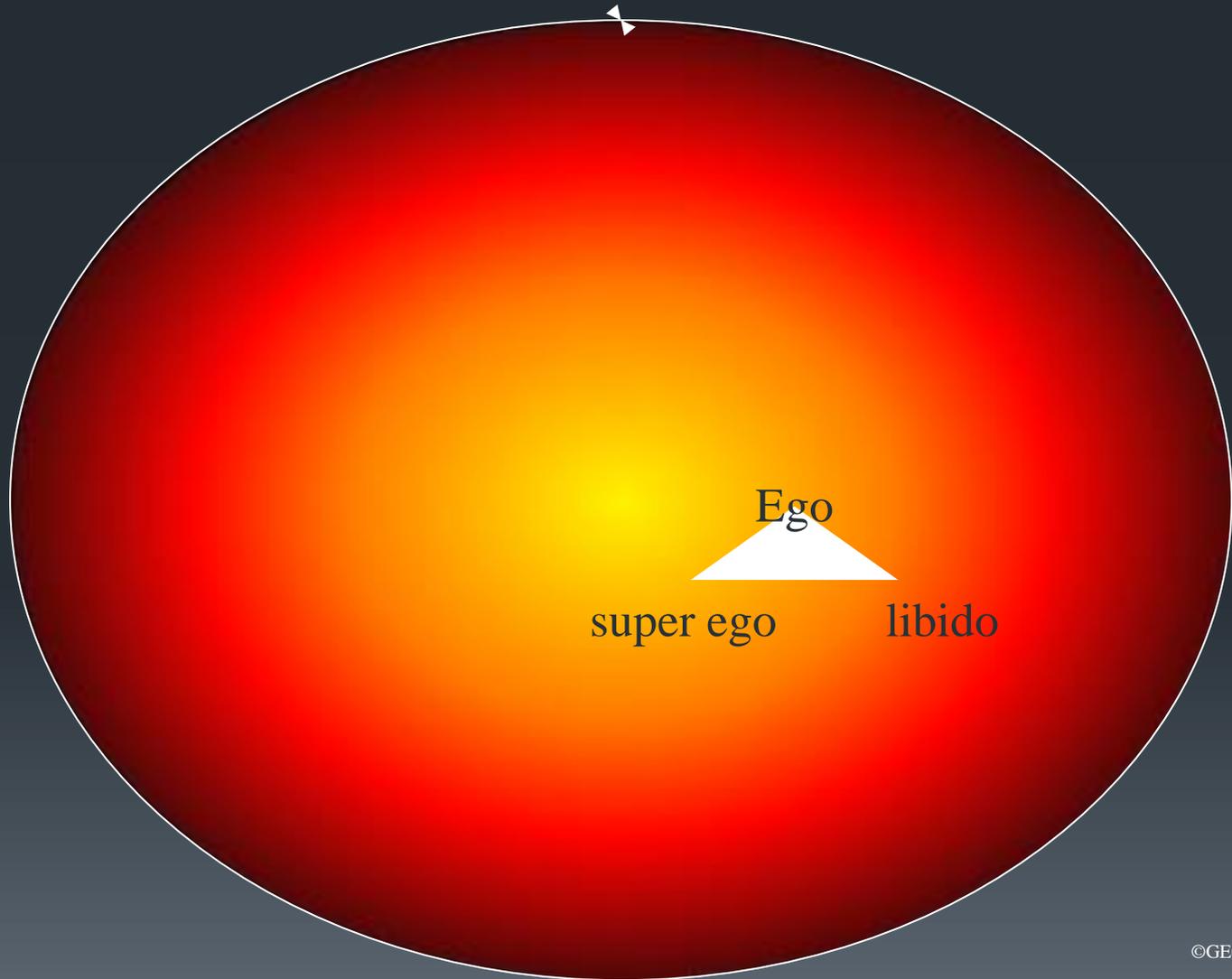
- Being better is more important than being best and far less important than being who you already are.
- Failure is not “ok”; it is unavoidable.
- You have made mistakes as a parent and you will make more.
- Everything is exactly as it should be.
- I am a fallible human being and I celebrate when I act like one.

Psychology of Shame

the price of perfection



Psychology of Addiction





Psychology of Adolescent Shame

- Greater need for external gratification and support.
- Sensitivity to the vulnerability of self.
- Awareness of the loss of affective (emotional) regulation.
- Attention to the fundamental failure of self care.
- Do not re-shame.



Psychology of Drug Abuse

- Drugs of abuse, for the adolescent, solve a fundamental structural problem within the psyche and the adolescent temporarily feels whole.
- The problem is that this fix is temporary and the behaviors, the lies, and broken promises give greater energy to the shame which then requires more “medication” just to survive.

Psychology of Shame

What do we do?

Love is not

tough, hard, ambivalent, frustrating, exhausting, lonely, confusing, infuriating, inconsistent, demanding, gentle, kind, clear, natural, sensible, warm, exciting, easy, forgiving, connecting, supportive, understanding.

Love is all of the above and more.

Psychology of Shame

What do we do?

Love

is the only true antidote to shame.

We must have the courage to operationalize the word love into our clinical lexicon and love our children through healthy boundaries so they in time may love themselves.



Practical Steps

Family Engagement

Facilitating familial involvement is key

- Parental **collaboration**
- Family groups
- Rapport building with family is important

Parent education groups are effective

- Orient parents to the treatment process
- Educate parents about addiction/mental illness
- Encourage social support among parents and Al-Anon, NAMI, Federation of Families



Family Involvement

Family participation may prove beneficial when..

- Parents (particularly mothers) who continue to protect their teenage or adult child from the consequences of their substance abuse (known as “enabling”)
- Parents who are so focused on their teenage or adult child that they begin to neglect their own personal well-being (known as “codependency”)



When Family Therapy is NOT Recommended

- Unwilling to work with partners and family members
- Struggling to come to terms with separation or divorce
- A victim or perpetrator of physical, emotional, or sexual abuse
- Family that includes other members who are also actively using substances, violent, excessively angry, or deny that the client has a substance abuse problem. In these instances, individual rather than conjoint therapy (where partners or families are together in therapy) is recommended.



How Can Our Family be Healthy Again?

- Join a support group
- Attend family therapy sessions
- Abstain from their own drinking and drug use



Family Recovery

Common traits of family recovery:

- You may feel tense, like you're waiting for the person to relapse.
- You might not trust the person
- You may feel guilty about not trusting the person.
- You might feel awkward and self-conscious with each other, not knowing the "rules for living in recovery."



Family Recovery

- A set of unspoken rules may spring up: Don't say or do anything upsetting; don't talk about problems; don't let feelings out in the open because they lead to conflict; recovery is more important than all other family needs.
- You may resent the person for attending lots of support meetings and not being around to help with household chores, and other family responsibilities.

Sustaining Recovery

Recovery is a process that consists of:

- Moving addictive substances out of the center of the person's life –usually, but not always, through abstinence.
- Learning and adopting new patterns of thinking and behaving that do not revolve around substance use as a means of social or psychological support. (Prosocial)
- Increasing the person's competence at living a life free of substance use.



Family Disease Model

The prevailing model used in most family therapy for alcoholism and drug addiction. In the family disease model, family members of the substance abusing family member suffer from the disease of “codependency”.

One of the few family therapy models that attempts to explain the cause of addiction.

- 
- **Historically what has been seen as family therapy in the addictions field has been a family meeting that inadvertently has kept the addict as the IP**
 - **When working with these families it is most important to take the focus off the IP-- sometimes difficult to do if they are under the influence or need detoxification**

- 
- **You must assess the need for detoxification when someone is a current drug user.**
 - **The drug of choice is often context specific and must be viewed that way when creating a therapeutic relationship.**
 - **Many therapists have a very limited understanding of family issues and often inadvertently scapegoat the client.**
 - **Drug use by the parents is a major issue in determining if the child will use.**

- 
- **Always attend to medical issues first.**
 - **The user is often the symptom bearer (SB) of a challenged system, school or home.**
 - **If the SB is an adolescent they should almost never be seen out of context alone.**
 - **Drug use alone is often not the problem.**

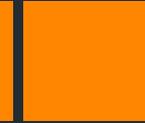
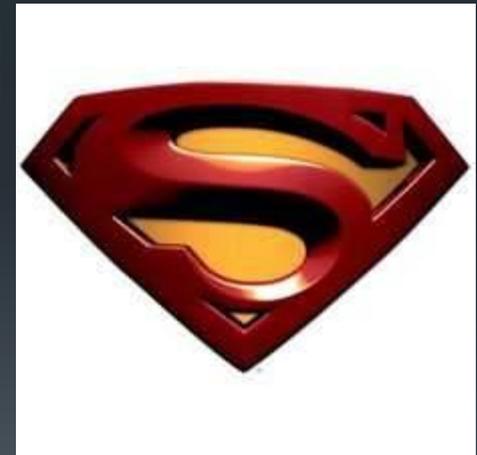
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- **Rigid disengaged fathers and over involved enmeshed mothers seem to be a prevalent pattern that leads to psychosomatic systems**
 - **We are much better at giving children roots than wings.**
 - **Grandparents will almost always want access to the grandchildren**



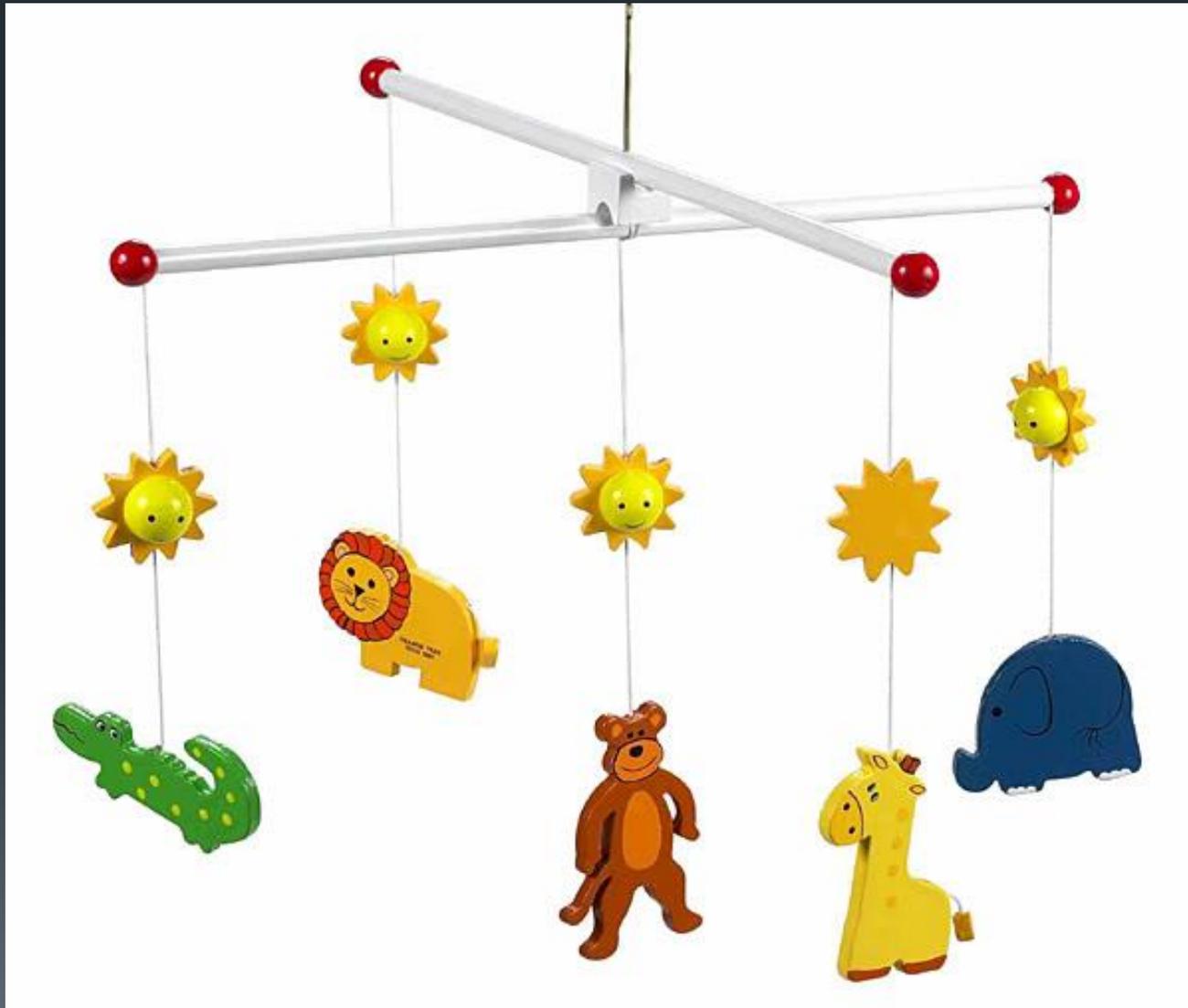
Family Roles of the Addicted Family

- ❖ The Addict
- ❖ The Hero
- ❖ The Mascot
- ❖ The Lost Child
- ❖ The Scapegoat
- ❖ The Caretaker (Enabler)

This is the old paradigm:



Homeostasis



Addicted Family Roles

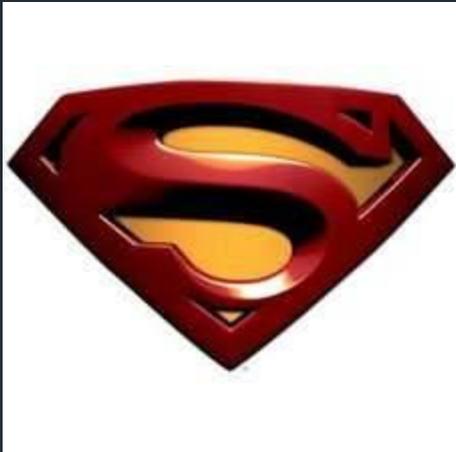
The Addict



- ❖ The person with the addiction is the center, and though the key to alcohol and drug addiction recovery, not necessarily the most important in family recovery.
- ❖ The "world" revolves around this person, causing the addict to become the center of attention.
- ❖ As the roles are defined, the others unconsciously take on the rest of the roles to complete the balance after the problem has been introduced.

Addicted Family Roles

The Hero



- ❖ The **Hero** is the one who needs to make the family, and role players, look good.
- ❖ They ignore the problem and present things in a positive manner as if the roles within the family did not exist.
- ❖ The Hero is the perfectionist. If they overcome this role they can play an important part in the addiction recovery process.
- ❖ The underlying feelings are fear, guilt, and shame.

Addicted Family Roles

The Mascot



- ❖ The **Mascot's** role is that of the jester. They will often make inappropriate jokes about the those involved.
- ❖ Though they do bring humor to the family roles, it is often harmful humor, and they sometimes hinder addiction recovery.
- ❖ The underlying feelings are embarrassment, shame, and anger.

Addicted Family Roles

The Lost Child



- ❖ The **Lost Child** is the silent, "out of the way" family member, and will never mention alcohol or recovery.
- ❖ They are quiet and reserved, careful to not make problems.
- ❖ The Lost Child gives up self needs and makes efforts to avoid any conversation regarding the underlying roles.
- ❖ The underlying feelings are guilt, loneliness, neglect, and anger.

Addicted Family Roles

The Scapegoat



- ❖ The **Scapegoat** often acts out in front of others.
- ❖ They will rebel, make noise, and divert attention from the person who is addicted and their need for help in addiction recovery.
- ❖ The Scapegoat covers or draws attention away from the real problem.
- ❖ The underlying feelings are shame, guilt, and empty.

The Kids?

DYSFUNCTIONAL FAMILY ROLES



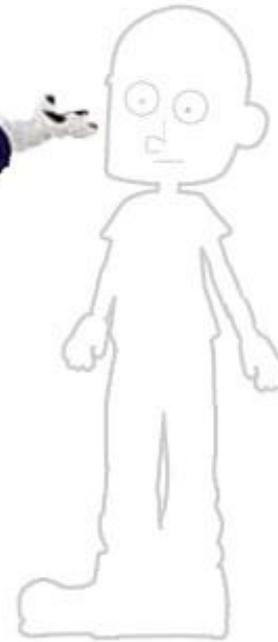
HERO



SCAPEGOAT



MASCOT



INVISIBLE

DYSFUNKY.org



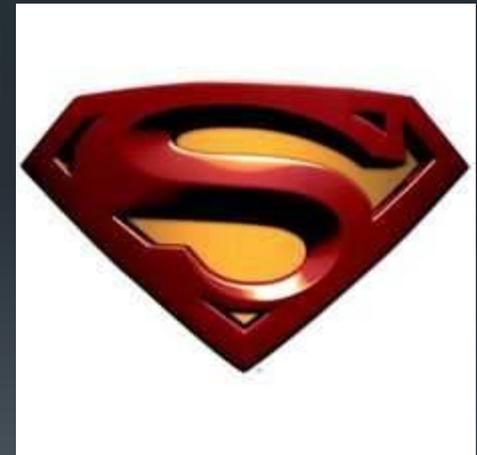
Addicted Family Roles

The Caretaker



- ❖ The **Caretaker (Enabler)** makes all the other roles possible.
- ❖ They try to keep everyone happy and the family in balance, void of the issue.
- ❖ They make excuses for all behaviors and actions, and never mention addiction recovery or getting help.
- ❖ The Caretaker (Enabler) presents a situation without problems to the public.
- ❖ The underlying feelings are inadequacy, fear, and helplessness

This is the old paradigm:



Consider a new paradigm:



ADDICTION



What Are Family Strengths

- ❖ Talents
- ❖ Skills
- ❖ Knowledge
- ❖ Interests
- ❖ Dreams
- ❖ Hopes
- ❖ Goals
- ❖ Culture
- ❖ Life experiences
- ❖ Resilience
- ❖ Ownership
- ❖ Concrete resources
- ❖ Passion/Drive
- ❖ Connections/Supports
- ❖ Creativity



Barriers We Face

- **We can be scared.** Make sure the environment is safe and comfortable for families and youth to speak frankly with honesty without incriminating themselves.
- **We can be misinformed.** Make sure families have a “roadmap” with all the information they need to understand what is being discussed – be accurate and factual not judgmental.
- **We can be isolated.** Open up multiple lines of communication with families and connect them to other families.
- **We can be confused.** Watch the vocabulary – avoid acronyms and technical jargon.

- 
- **Benefits of engaging families in treatment**
 - **Treatment** time brief-family support ongoing
 - **Quality** family member relationship
 - **Family** members' understand & seek help for co-occurring psychiatric disorders
 - **Supporting** post treatment strategies for sobriety

Considerations for Therapists

- • Normal cognitive and social
- -emotional development associated w/ substance use during adolescence
- • Programs should involve the adolescent client's family
- -possible role in origins of the problem
- -ability to change the youth's environment
- • Using adult programs for treating youth is ill-advised



Considerations for Therapists

- • Many adolescents have explicitly or implicitly been coerced into attending treatment
- • Coercive pressure to seek treatment is not generally conducive to the behavior change process
- • Be sensitive to motivational barriers to change

Considering the family...

It is not what you say that supports change.

It is not what you think that supports change.

It is not simply what you do that supports change.

It is who you are as a person and who you are becoming that allows the system to change.



Considering the family...

Drugs and alcohol dysregulate limbic activity.

It is through this distortion that the very foundations of the family begin to erode.

Limbic messages become garbled.

No matter how hard they try, families touched by substance abuse are separated by chemical barriers.



Defining Family Involvement

- Family involvement has been defined in many different ways across adolescent and child serving systems.
- Terms such as *family friendly*, *family focused*, *family support*, *family centered*, and more recently *family driven* have been used to describe the role of families in advocating, participating, supporting, and evaluating treatment and recovery support services for their children.

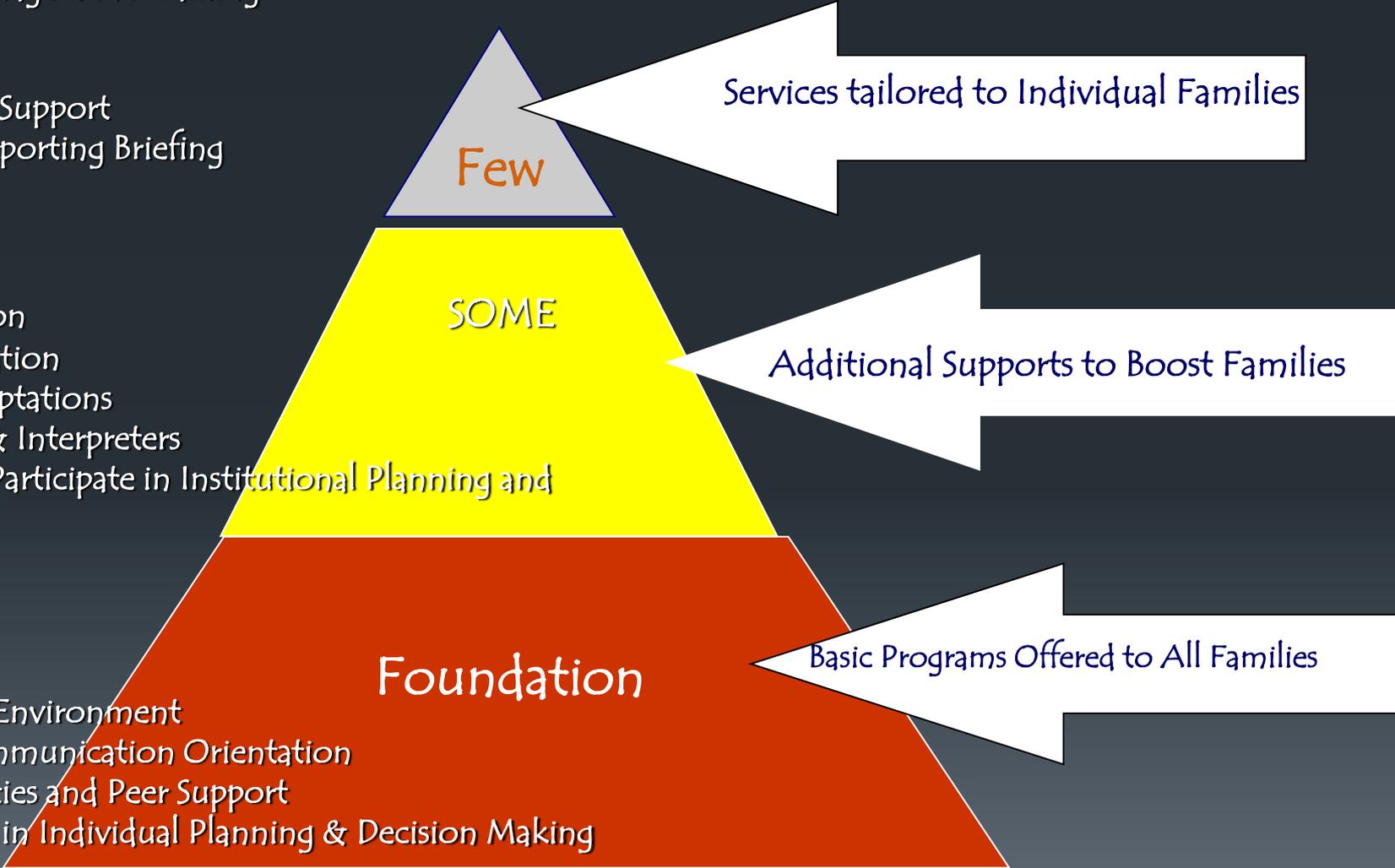
3 Levels of Family-driven Care



- ✓ Behavior Management Training
- ✓ Peer Mentor
- ✓ Home Aide
- ✓ Personalized Support
- ✓ Individual Reporting Briefing

- ✓ Child Care
- ✓ Transportation
- ✓ Parent Education
- ✓ Cultural Adaptations
- ✓ Translation & Interpreters
- ✓ Supports to Participate in Institutional Planning and Evaluation

- ✓ Welcoming Environment
- ✓ Routine Communication Orientation
- ✓ Social Activities and Peer Support
- ✓ Participating in Individual Planning & Decision Making



Few

Services tailored to Individual Families

SOME

Additional Supports to Boost Families

Foundation

Basic Programs Offered to All Families



- **Levels of Family Engagement**

- Level I: Minimal Emphasis on the Family

- Level II: Information and Advice for the Family

- Level III: Feelings and Support for the Family

- Level IV: Brief Focused Intervention

- Level V: Family Therapy



- **Levels of Family Engagement**

- **Questions:**

- • What “level” are most of the families you treat?
- • How do you support the progression of the “levels” with the families you treat?

- **Level I-Minimal Emphasis**

- Interactions with family members are institution centered and not family centered; and

- Families are not regarded as an important area of focus, but are dealt with for practical or legal reasons.

- **Level 1**

- Level 2

- Level 3

- Level 4

- Level 5

- **Increasing Level of Family Engagement**

- 
- **Level II-Information and Advice**
 - Knowledge base-content information about families, parenting, and development
 - Personal development-openness to engage families in collaborative ways
 - *engaging a group of parents and family members in a learning process*
 - *making pertinent and practical recommendations*
 - *providing information on community sources*
 - **Level 2**
 - Level 3
 - Level 4
 - Level 5
 - **Level 1 Example Skills:**
 - **Increasing Level of Family Engagement**

- **Level III-Information and Advice**

- Level 2

- **Level 3**

- Level 4

- Level 5

- Level 1

- Knowledge base – individual and family reactions to stress and the emotional aspects of the group process

- Personal development – awareness of one’s own feelings in relationship to family members and the group process

- **Example Skills:**

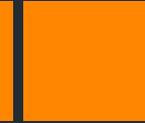
- *eliciting expressions of feelings and concerns*

- *empathetic listening*

- *creating an open and supportive climate*

- *tailoring a referral to the unique needs of the family*

- **Increasing Level of Family Engagement**



- 
- **Level IV-Brief Focused Intervention**
 - Knowledge base-family systems theory
 - Personal development-awareness of one's own participation in systems including one's own family, the parents' systems, and larger community systems

 - Level 2
 - Level 3 **Level 4**
 - Level 5
 - Level 1
 - **Example Skills:**
 - *asking a series of questions to elicit a detailed picture of the family dynamics*
 - *developing a hypothesis about the family systems dynamics involved in the problem*
 - *knowing when to end intervention effort and either refer or return to level 3 support*
 - *working with therapists and community systems to help the parents/family*
 - **Increasing Level of Family Engagement**



- **Level V-Family Therapy**

- Knowledge Base: Family systems and patterns whereby distressed families interact with professionals and other community systems
- Personal Development: Ability to handle intense emotions in families and self and to maintain one's balance in the face of strong pressure from family members or other professionals

- Level 2

- Level 3

- Level 4

- **Level 5**

- Level 1

- **Increasing Level of Family Engagement**



- **Phase V Example Skills**

- 1. Interviewing families or family members who are quite difficult to engage
- 2. Efficiently generating and testing hypotheses about the family's difficulties and interaction patterns
- 3. Escalating conflict in the family in order to break a family impasse



- **Phase V Example Skills**

- 4. Working intensively with families during crises
- 5. Constructively dealing with a family's strong resistance to change
- 6. Negotiating collaborative relationships with other professionals and other systems who are working with the family, even when these groups are at odds with one another.

- 
- **Program & Practice Issues When Engaging Families**
 - ***Strategies to consider***

■ Practice Issues for Families

- **What works:** families are empowered to provide valuable input for agency/program quality improvement planning.
- **Benefits:** families provide crucial input into developing community-based family support services.
- **Challenges:** family organizations lack infrastructure support, resources, and cultural competency necessary to increase the number and diversity of families involved.

Practice Issues for Professionals

- **What works:** families provide insight and experience into adolescent and family use history that can impact effective service planning and practice.
- **Benefits:** increase the engagement and retention of adolescents and their families in treatment, recovery, and support services.
- **Challenges:** families lack readiness to engage in treatment due to emotional crisis, culture, language, and/or logistical barriers.

Program Issues for Families

- **What works:** adolescent substance abuse treatment service providers who welcome, engage, support, and respect families “where they are.”
- **Benefits:** family members gain awareness and understanding of addiction as a brain disease, develop realistic treatment and recovery expectations, and identify available family support services.
- **Challenges:** professionals’ inconsistent use of effective family engagement techniques, communication methods, cultural competency, and family support.



Additional Program Issues for Professionals

- **What works:** professionals encourage family-to-family outreach; promote awareness, peer education, and other support services.
- **Benefits:** diverse family experiences assist efforts to improve the effectiveness, efficiency, and cultural competence of program staff and services



HOLISTIC HEALING: THE FAMILY



Importance of Holistic Healing

“The Decisions of One Affects the Lives of Many.”



If a child is addicted...

No drugs. No alcohol. No tobacco.

Expectations and consequences
must be clear.

It may mean a family member
needs treatment.



Who's The Problem?

- Fix My Child Mentality
- Focus On The Family
 - Enabling/codependence
 - Resentment
- Family Roles:
 - Victims, Chief Enabler, Family Hero, Scapegoat, Mascot, Lost Child



Removing Judgement

- Formal Diagnosis: BAD
- Blaming & Shaming
- Negative Environment

- Disease Model of Addiction
- Biological Predisposition
- Learned Behaviors



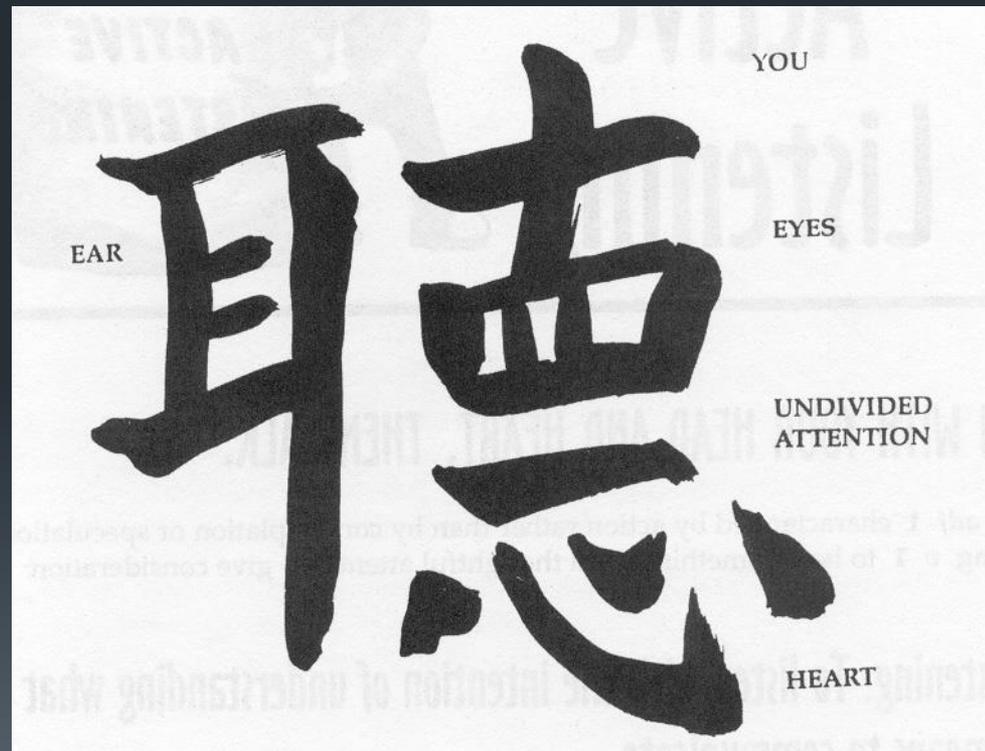
Developing Empathy

- “I’m Alone.”
- “No One Understands Me.”
- I’m a Screw Up.”
- I Hurt My Child.”
- It’s All My Fault.”

- Everyone Has Been Hurt
 - Breaking Down Barriers (Frontin’)
 - Becoming Vulnerable

Assertive Communication

- STOP – LISTEN
- Shift The Focus
 - “I’m right...here’s why
 - “Help me understand
- Use “I Statements”
 - You – Defensive
 - I – Inviting





Structure

- Family System:
 - Consequences
 - Rewards
- Consistency
 - “Do as I say not as I do”... Doesn’t Work!
- Family Accountability
 - Everyone Must Adjust



How To Promote Engagement

- Mandate It?
- New is Scary!
- Experience Creates Comfort
- Ready For Change



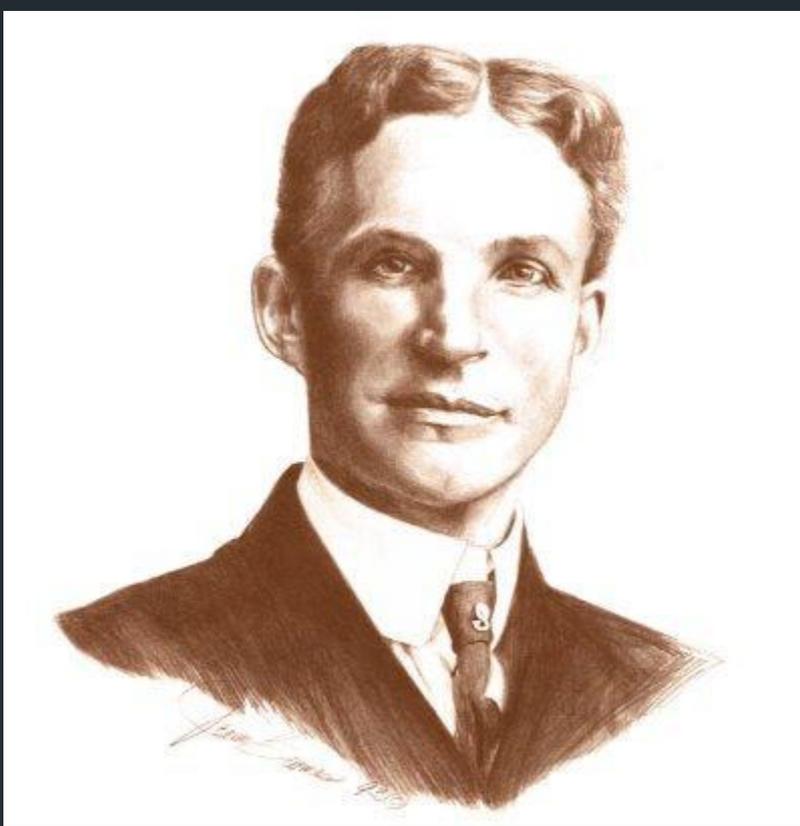
Motivation For Change

- “You’re only as strong as your weakest link.”
- 1 against the world
 - Isolation
- 1 with my Family
 - Unity
- “Worth Fighting For.”
 - Not fighting against



Benefits of Family Cohesion

- Open Communication
- Healthy Boundaries
- Structure & Expectations
- Respect
- Empathy



“Coming together is beginning, keeping together is progress, and working together is success.”

~Henry Ford



Practical Tools

- Jerry Moe and the Seven Cs
- Adolescent Treatment
- Parent-Child Dynamics
- Family Sculpting
- Family Scripts
- Fish Bowl
- Support Groups



The “Seven Cs” is a tool to help young people understand that they are not responsible for their parents’ problems.

Children need to know that it is not their fault when their parents drink too much or abuse drugs, and that they cannot control their parents' behavior. They should also be shown that there are ways they can learn to deal with their parents' alcoholism or drug use.





Here are the 7 Cs:

- I didn't **CAUSE** it
- I can't **CURE** it
- I can't **CONTROL** it
- I can help take **CARE** of myself by:
 - **COMMUNICATING** my feelings
 - Making healthy **CHOICES**
 - **CELEBRATING** me



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Family Therapy



THE FIRST SESSION

When a family comes into therapy it is stuck in a homeostatic phase



**When a family comes in they
are ill at ease and do not
know the rules.**



They assume the therapist is an expert who will help them with their problem as they perceive it

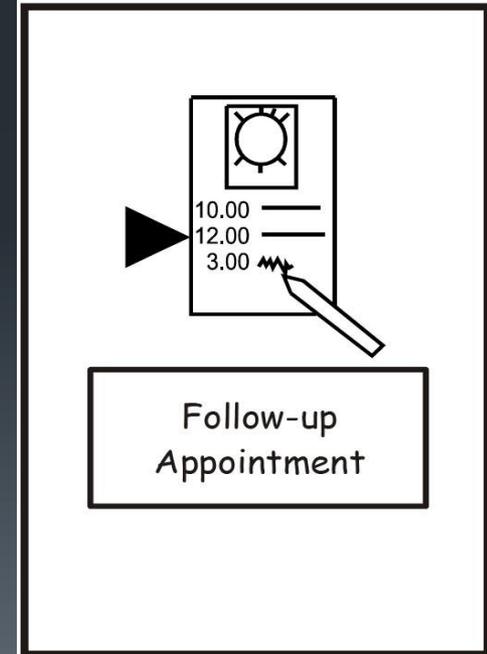
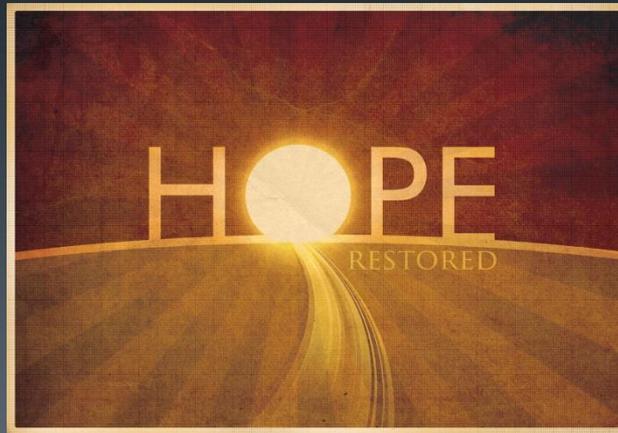


Closer to Reality...



Focus of the First Session

Relieve Stress, Create Hope
for Change, And Assure
That the Family Will Return



**The therapist's first concern
is to put the family at ease.**



Comfort

*At
Ease*

When they sit down, pay attention to how they position themselves





Early data is minimal but will provide clues as to what may be explored later on.

The therapist must accommodate each individual, get to know them and learn their perception of the problem.



Their responses alone to these inquiries will provide indications of how they negotiate boundaries with the outside world.

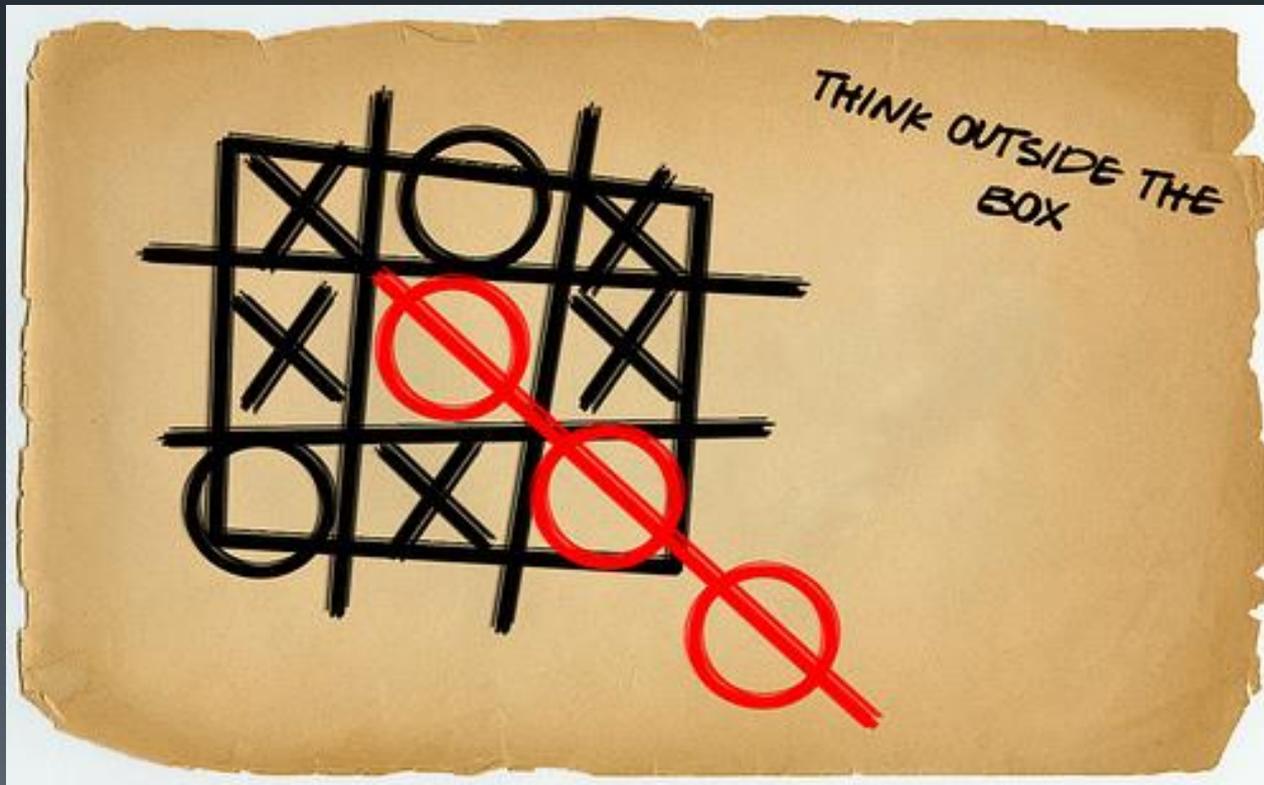
To understand the family dance the therapist must encourage the family to address each other in the session.





**Any challenge to the
rules (family dance)
will be countered
automatically.**

**Demands for the status quo
constrain the family's ability
to deal creatively with change**



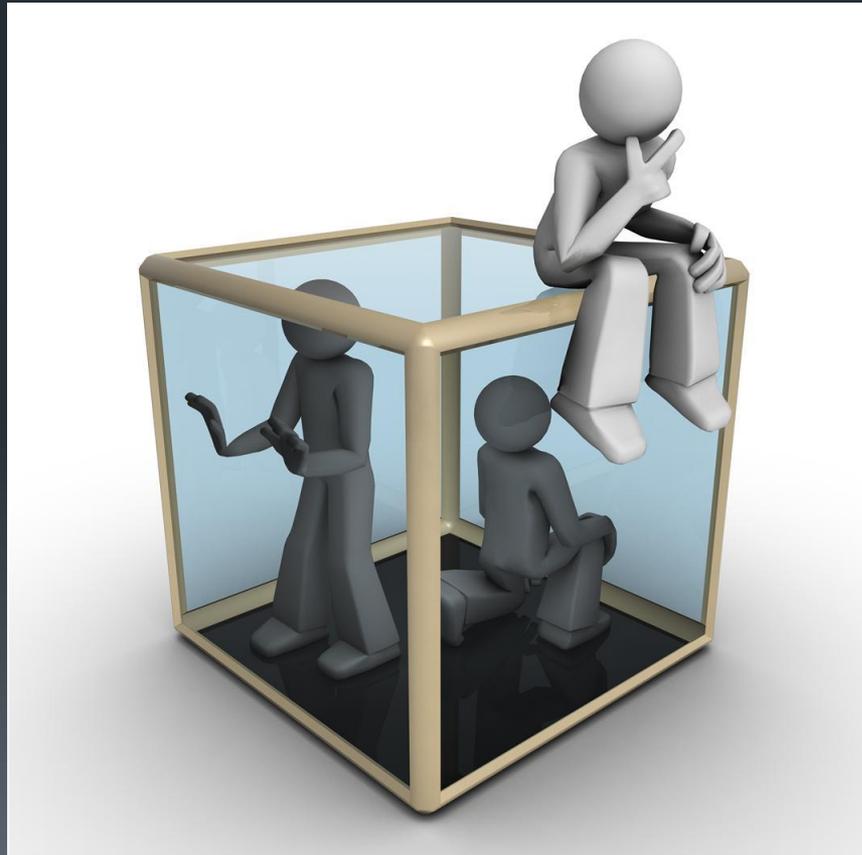
**The family will generally
identify one member as
the location of the
problem**



The therapist must resist the urge to rescue the symptom bearer or they will join in the scape-goating.



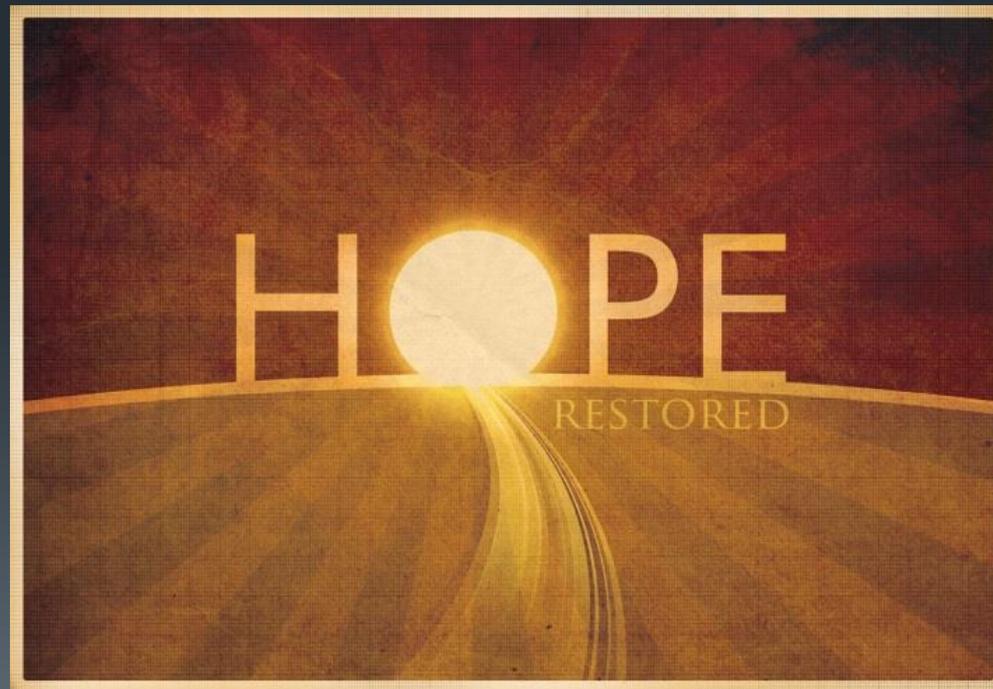
By broadening the focus the options for change become greater





The family must begin
to see the problem as
broader than one
individual.

By broadening the focus the therapist raises the hope that a different way of looking at the problem will bring new solutions.



The identified patient is only the symptom bearer... the cause is dysfunctional family transactions.



Because of their *over focus* on the IP they have less freedom than usual and their capacity for exploration has been reduced.





**Family's expectations also
limit their ability to change**



Family and therapist form a partnership to:

- Reduce conflict and stress for the entire family**
- Learn new ways of coping**
- Free the symptom bearer of symptoms**



Each New Session

The therapist must challenge the dysfunctional aspects of the family dance while confirming the individual.

The therapist must learn the idiosyncrasies of the family dance by having the family dance their dance during the session





**Families which have tenuous
boundaries with the outside
world will reveal themselves
immediately**

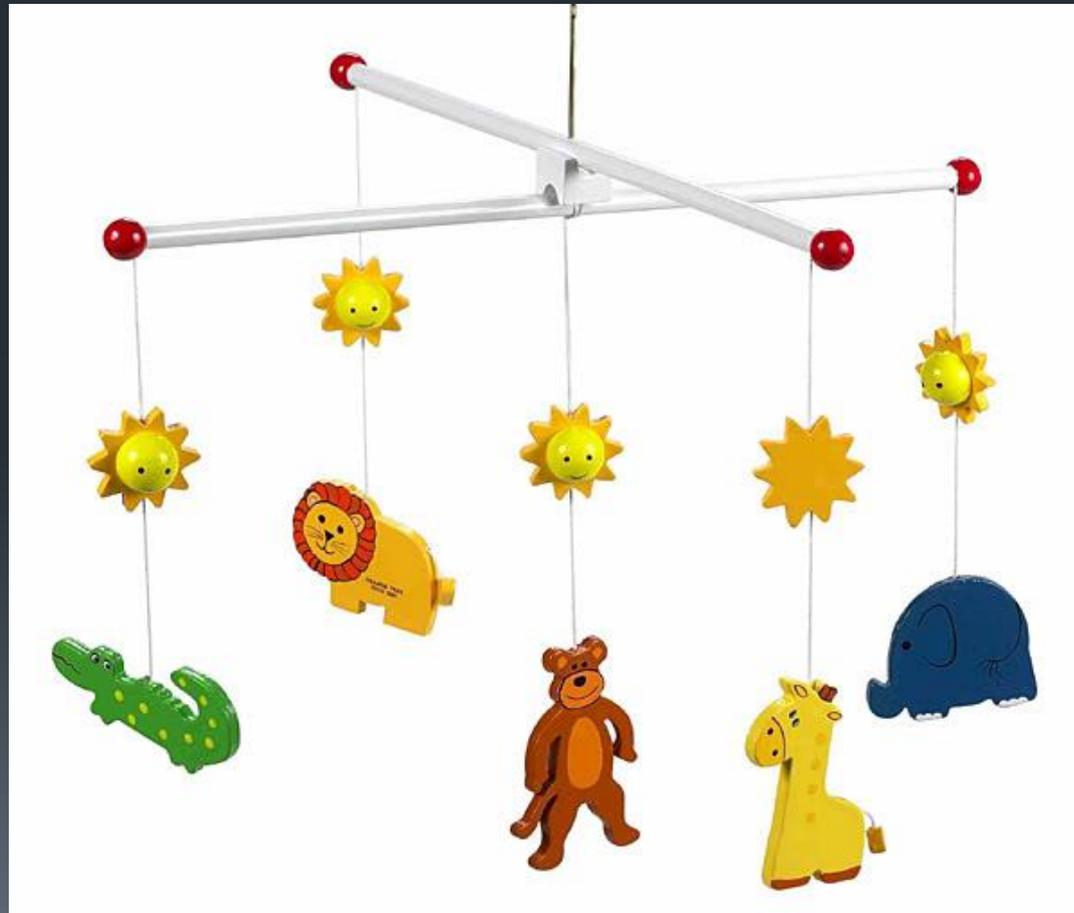


**Other families will protect
themselves by giving an
official version of the problem**



The therapist must get to know the family in their unofficial ways and must be careful not to join the family in supporting the status quo in an effort to accommodate the family

Change in one part of the system will cause change throughout the system.





Some concepts driving family therapy:

- **Context affects inner process**
- **Change in context produces change in the individual**
- **The therapist's behavior is significant to the change**



Advanced Concepts in Family Therapy

ASSESSMENT USING NEW LENSES

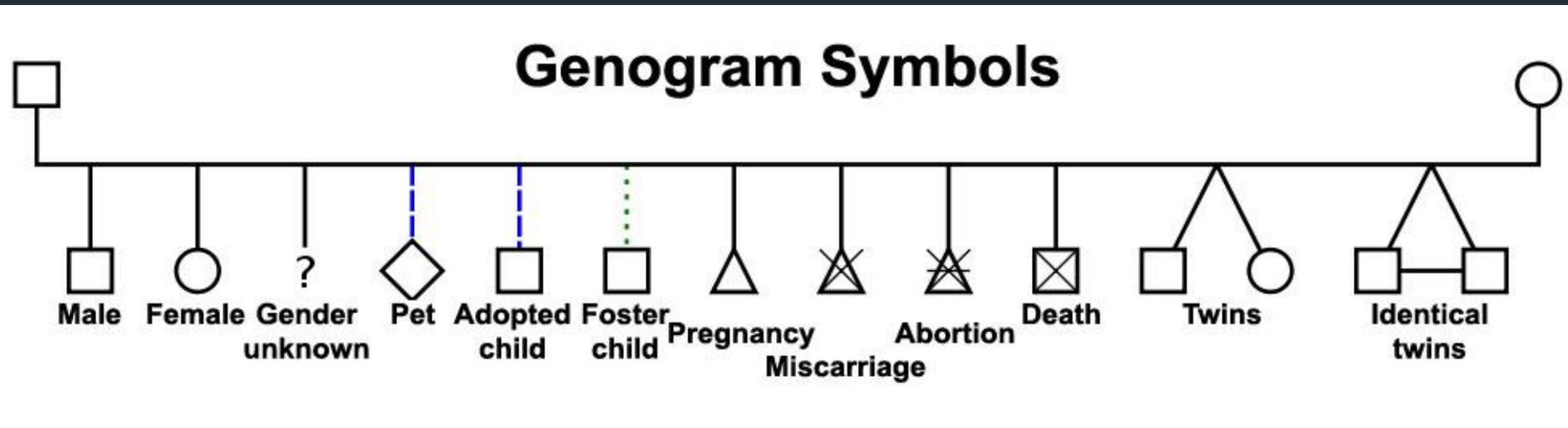
Contemporary developmental pressures

Structure

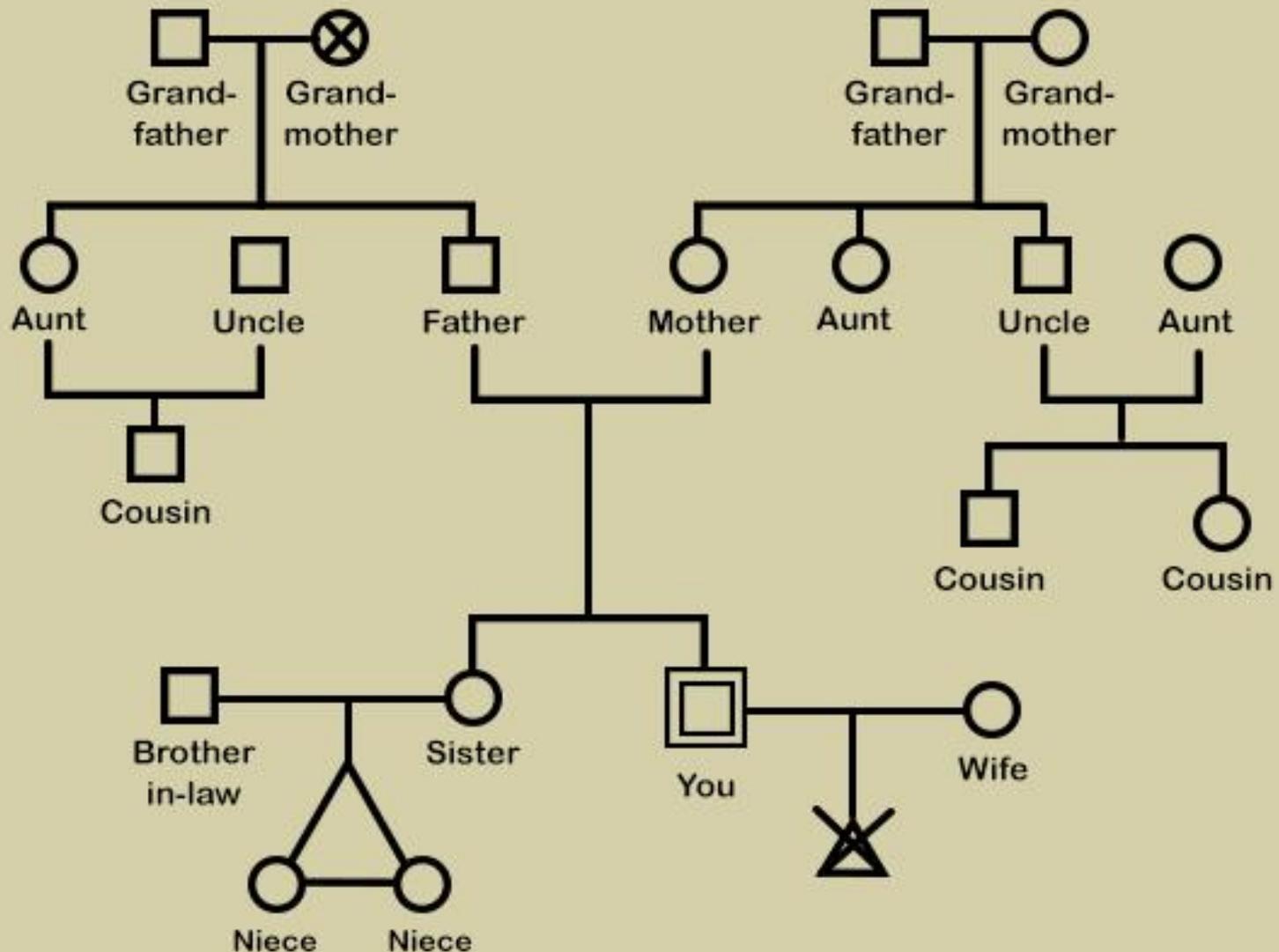
History

Process

Social Atoms/ Genograms

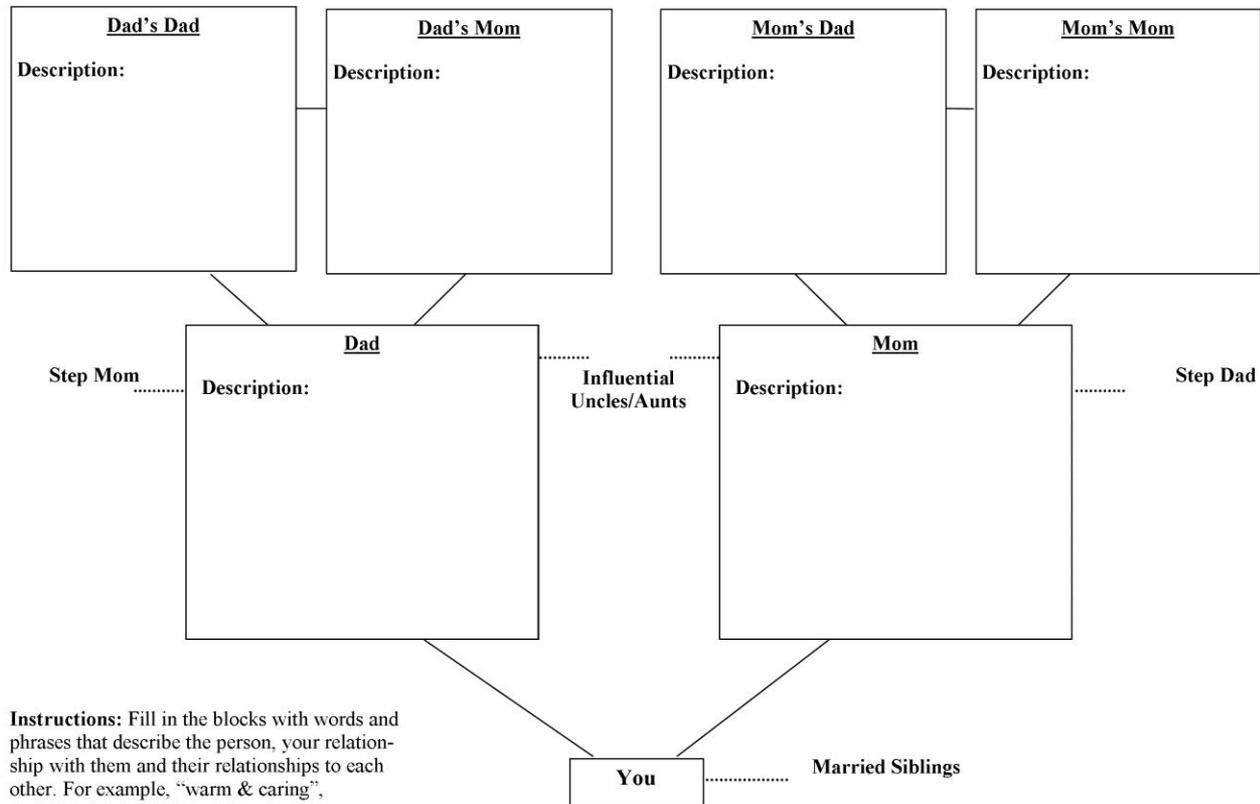


Social Atoms/ Genograms



Social Atoms/ Genograms

Mapping out a Genogram



Instructions: Fill in the blocks with words and phrases that describe the person, your relationship with them and their relationships to each other. For example, "warm & caring", "selfish", "driven", "disciplinarian", "abandoned us", "divorced", etc.



Challenging the system

Families come to therapy after a prolonged struggle

Have identified one member as the problem

They relate their struggle to the solutions they have tried and their failures

The family struggle produces heightened affect but not change

Enactment

The therapist observes the family and decides which area to highlight

The therapist organizes scenarios in which the family members dance their dance in his/her presence

The therapist suggests alternative ways of interacting and gives the family new ways of resolving problems



Enactment is like a conversation in which the therapist and the family try to make each other see the world as they see it.

Cognitive constructs are rarely powerful enough to produce change.





**Since childhood, therapists
have been trained to respect
and accept other's
idiosyncrasies.**



**THERAPY MUST GO
BEYOND “TRUTH” TO
EFFECTIVENESS.**

Therapy is the process of challenging how things are done.



One does things not because they
are but because they *work*.

What is the “fit” of the behavior?



Intensity must often be created in the session to facilitate change.



Intensity can be likened to a shouting match between a therapist and a hard of hearing family.





Techniques for creating intensity:

Repetition of message

Changing distance

Resisting the family pull

Family members have a discriminating sense of hearing with areas of selective deafness.



Sometimes simple conversation is intense enough and others require higher intensity.

Additional thoughts...

Creating a safe environment may very well mean changes in parental habits.

It may mean that parents need to talk to their extended families and friends.

It may also mean monitoring the behavior of your at risk child's siblings and saying no if they use.

It may feel awkward. Do it anyway.

It may be a pain in the behind. Do it anyway.

Additional thoughts...



If anyone told you raising children was easy, they lied.

Parental emotional growth is as important as their children;s emotional growth.

Treating professionals are not here to make raising children easy, but they can help parents to complete the most difficult job they will ever attempt.

Summary:

A transformation in structure will produce a possibility of change

The system is organized around the support, regulation and nurturance of its members.

The therapist joins the family not to educate or socialize it but rather to repair or modify the family's own functioning so they can perform these tasks.



Families have self-perpetuating properties. Any change will be maintained by the family's self-regulating mechanisms. The family will preserve the change producing a new way of operating, altering the feedback which continuously qualifies or validates family member's experiences.

With Gratitude To...

- Bellevue University
- Petra Clay-Jones
- Jeff Georgi
- Dr. Susan Holman
- Bob Lynn
- Elizabeth Serricchio



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