

FAMILY TREATMENT: EFFECTIVELY ENGAGING FAMILY IN THE RECOVERY PROCESS

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AGENDA

- The family as a system and characteristics of systems.
- What forms the walls against change in a family system.
- Important aspects to consider in engaging family systems.
- Engaging families in the treatment process.

ENGAGING CLIENTS IN THE TREATMENT PROCESS

- Client's engagement is the strongest determinant of outcome.
- The therapeutic alliance often mediates client engagement.
- Quality of the relationship more potent predictor of outcome than theoretical orientation, experience level, or professional discipline (S. Miller).
- Client perception of the relationship is better predictor of outcome than therapist's perception.
- Allegiance: Believing in the work you do!

FAMILY SYSTEMS

- 8.7 million children in the US, approximately 12.3%, live with at least one parent who is in need of treatment for alcohol and drug dependency (SAMHSA, 2014).
- Children of addiction are at a significantly greater risk for:
 - Mental illness/Substance abuse
 - Physical health problems
 - Learning problems, including difficulty with cognitive verbal skills, conceptual reasoning, and abstract thinking.

SUBSTANCE USE DISORDER 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).



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!”

STABILITY

- Much of what we define as resistance is really the family attempting to maintain balance.
- It is normal for families to resist outside influences, especially those that are viewed as threatening.
- WE are outside influences and are new input is unfamiliar and not how “things are done.”

WHAT ARE THE WALLS

- Families may deny the existence/severity of the problem, children may be encouraged to cover up, learn to lie about the condition of the alcoholic or addict due to shame.

Guilt- children/spouses take on responsibility for the behavior of the family member with a substance use disorder. This can cause 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.
- The above makes it difficult for US to get around the walls.....How we approach the walls is important!!
- Especially when the therapeutic process has begun by making a neglect/abuse report!!!!

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

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).

DENIAL

It takes on lots of forms:

“It can’t happen to us”...“Not my wife!”

“It’s just a little weed, alcohol, pills, etc.”

Denial to what needs to be done-

Filing a legal charge.

“Why do I need to be here?”

Calling police to the house.

Contacting professionals at different levels of care.

FEAR

Of exposure- Inappropriate boundaries, victimization, family drug use, etc.

Of being blamed: Often family experiences shame related to their teens drug problem.

Of what they might have to do or should have already done.

Of change in the family system. Again, even chaos can be predictable chaos.

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.

FAMILY TREATMENT

- It is essential and we must be aware of the relationship/family system challenges most clients face when trying to stay sober.
- Home may consist of spouses, parents, siblings, extended family that also use drugs and alcohol. Often family member's stage of change is Pre-contemplation: "Me...a problem?"

FAMILY PARTICIPATION

- Presenting to family members how it is in their best interest to meet with you:
- Potential Roadblocks:
 - Denial of a problem.
 - Fear: Of exposure, blame, change.
 - Past experiences with professionals.
 - Trust or lack of it.

FAMILY PARTICIPATION

- First contact with families should involve:

High degree of empathy.

Assessment: “Why do you think your _____ uses substances?”

Reflection for clarifying.

Determining who should be involved.

Negotiation for involvement.

FAMILY PARTICIPATION

- Identifying what needs to happen for the relationship/family to get better and how it is in their best interest to engage in change process with their loved one.
- Identify potential “Link Therapist” in the family.
- Message from professionals is important!!
- Telling them what to do vs. “We have options and possible outcomes...What are we willing to do?”
- Increase structure/decrease chaos.
- Looking to build on assets!

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.

ENGAGING FAMILIES IN THE INTERVENTION/TREATMENT PROCESS

- Goal: To begin the 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

- 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- Al-Anon, Families Anonymous
- Encourage family members to look at their own behaviors and continue working their own recovery programs.

QUESTIONS, COMMENTS, CONCERNS???

Thank You!!!

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