ENGAGING FAMILIES IN TREATMENT AND RECOVERY

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WHO AM I AND WHY AM I HERE?

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  - Perfect Marriage
  - Twenty Myths that Can Really Mess Up Your Relationships
- Don’t Forget Me
AT THE COMPLETION OF THIS WORKSHOP, PARTICIPANTS WILL:

• 1. Define historic views of family roles and how those have impacted family engagement.

• 2. Develop an understanding of the impact of family systems on substance use disorders.

• 3. Distinguish between families of origin and families of support.

• 4. Explore how to engage and leverage families in fostering recovery through practical, effective steps and suggestions for engaging families in treatment.
DEFINING FAMILY
WHO MAKES UP YOUR 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)
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?
Family is the **Principle** Institution for the **Socialization** of Children.
WHY CONSIDER FAMILY?
Considering the family…

• Our families are powerful.
• Our families are important.
• Our families are progressive.
• What families say is important.
• What families do in their home (even when their children are not there) is more important.
• Who families “are” is of greatest importance.
• We treat a chronic condition in an acute setting.
• What really makes change last?
WHY ARE ANY OF US HERE?
ARE WE AS HUMANS NATURALLY:

• The biggest?
• The strongest?
• The fastest?
• By land?
• By sea?
• By air?
• The most numerous?
We are pack animals.

We are herd animals.
What is our first pack or herd?
IN A VERY REAL SENSE IT IS ABOUT BIOLOGY AND SURVIVAL
THE BIOLOGY OF CONNECTION
DRUGS OF ABUSE & THE LIMBIC SYSTEM

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

- Drugs and alcohol dysregulate limbic activity.
- Through this distortion 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.
WE CANNOT OUT-THINK OR OUT-TEACH ADDICTION
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 healthy yourself

- And then, if you have the courage, (appropriately) love your patients 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.
DEFINING FAMILY ROLES & RULES

Dysfunctional  Functional
FUNCTIONAL HEALTHY FAMILIES

- A functional family is the healthy soil out of which individuals can become mature human beings.
- 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.
In dysfunctional families problems are denied. There is either fusion (agree not to disagree) or withdrawal.
DEFINING FAMILY ROLES & RULES

Detached

Enmeshed
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.
Needs all babies have

• narcissistic,
• exhibitionistic,
• grandiose
GOOD ENOUGH PARENTING

Needs all babies have
• narcissistic,
• exhibitionistic,
• grandiose

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

• Self 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
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

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 identity, not behavior.
• 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 deep need for constant external approval
• A persistent fear of punishment
• Nagging comparisons to others
  “Do I measure up?”
• Extreme sensitivity to what others expect
• People pleasing
The belief that “it” is never enough.

Compulsive behaviors:

- workaholism
- perfectionism
- chronic lateness
- self defeating rituals
- addictions.

Hyper-vigilance and needs for control.
The Gift of shame gives birth to obligation which is always the safer side of freedom.
Shame is caused by boundary violations that lead to more shame.
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 those we serve so they in time may love themselves.
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.
FAMILY ROLES OF THE ADDICTED FAMILY

- The “Addict”
- The Hero
- The Mascot
- The Lost Child
- The Scapegoat
- The Caretaker (Enabler)
HOMEOSTASIS
• All the support and treatment possible may help the person with an addiction but if the family into which they return remains the same, they will likely follow.

• Just because a family member may no longer be living at home does not mean they are no longer living with the family.

• What you truly believe, matters.
RULES IN A DYSFUNCTIONAL FAMILY

- Don’t feel.
- Don’t trust,
- Don’t speak.
HEALTHY FAMILY RULES

- Feel.
- Trust.
- Speak.
FAMILY SYSTEMS
BASIC ASSUMPTIONS REVIEW

- 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 people and the elephant
• 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
Facilitating familial involvement is key
- Family collaboration
- Family groups
- Rapport building with family is important

Parent/Family 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
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.
Family involvement may prove beneficial when:

- Family members seek to “protect” their teenage or adult child from the consequences of their substance abuse (known as “enabling”)

- Family members are so focused on their teenage or adult child that they neglect their own personal well-being (known as “codependency”)

- Siblings who do not have problems with substance abuse carry resentments toward the addicted sibling. These resentments can be due to the addicted sibling’s negative impact on the wellbeing of the rest of the family or for constantly being the center of attention.
FAMILY TREATMENT & RECOVERY
WHO’S THE PROBLEM?

• Fix My _____________ Mentality
MOVE FROM WHO IS THE PROBLEM TO WHOSE IS THE PROBLEM.
FAMILY THERAPY
BENEFITS OF ENGAGING FAMILIES IN TREATMENT:

- **Treatment** time brief-family support ongoing
- **Quality** family member relationships
- **Family** members understand & seek help for co-occurring psychiatric disorders
- **Supporting** post treatment strategies for sobriety
BARRIERS: WHY DON’T THEY COME?

- Families can be scared. Make sure the environment is safe and comfortable for families and youth to speak frankly with honesty without incriminating themselves.

- Families 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.

- Families can be isolated. Open up multiple lines of communication with families and connect them to other families.

- Families can be confused. Watch the vocabulary – avoid acronyms and technical jargon.

- Families can be overwhelmed.
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.
Considerations for Therapists

• Many individuals have explicitly or implicitly been coerced into attending treatment

• Coercive pressure to seek treatment is not generally preferred as conducive to the behavior change process

• Be sensitive to motivational barriers to change
HOW TO PROMOTE ENGAGEMENT

• Mandate It versus Expect It?

• New is Scary!

• Experience Creates Comfort

• Ready For Change
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:

• How do you support the progression from one level of family engagement to another within your organization?
• **Level I-Minimal Emphasis**
  
• Interactions with family members are institution centered and not family centered

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

• **Increasing Level of Family Engagement?**
• **Level II-Information and Advice**
  
  • Knowledge base-content information about families, parenting, development, substance use, etc.
  
  • Personal development-openness to engage families in collaborative ways
  
  _Engaging a group of parents and family members in a learning process_
  
  • *Make pertinent and practical recommendations*
  
  • *Provide information on community sources*
  
• **Increasing Level of Family Engagement?**
• **Level III-Information and Advice**

• 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

• 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

• **Increasing Level of Family Engagement?**
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 family use history that can impact effective service planning and practice.

• **Benefits:** increase the engagement and retention of individuals 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:** 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

• **Challenges: US.**
  
  professionals’ old habits, being overextended, limited budgets, and reticence to change
HOW DO WE GET FAMILIES TO ENGAGE?

- Invite them. Follow-up. Repeat.

Address barriers. (Financial and Familial)

Determine how to engage.

Welcome them.

Avoid shaming or belittling them in any way.

Praise incremental change.

Let them know how important they are.

Focus on strengths.
WHAT ARE FAMILY STRENGTHS

- Talents
- Skills
- Knowledge
- Interests
- Dreams
- Hopes
- Goals
- Culture

- Life experiences
- Resilience
- Ownership
- Concrete resources
- Passion/Drive
- Connections/Supports
- Creativity
REMOVING JUDGEMENT

Discourage:
• Formal Diagnosis: BAD
• Blaming & Shaming
• Negative Environment

Encourage:
• Disease Model of Addiction
• Biological Predisposition
• Learned Behaviors
BENEFITS OF FAMILY COHESION

• Open Communication

• Healthy Boundaries

• Structure & Expectations

• Respect

• Empathy
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 (Playing Parts)
• Becoming Vulnerable
PRACTICAL TOOLS

- Jerry Moe and the Seven Cs
- Adolescent Treatment
- Parent-Child Dynamics
- Family Sculpting
- Family Scripts
- Fish Bowl
- Support Groups
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.
Change in one part of the system will cause change throughout the system.
Cognitive constructs are rarely powerful enough to produce change.
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?
Additional thoughts…

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

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

It may also mean monitoring the behavior of all family members 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.

If anyone told you family was easy, they lied.

Parental emotional growth is as important as children’s emotional growth.

Treating professionals are not here to make being in a family easy, but we can help family members complete the most difficult job they will ever attempt—loving each other well.
FAMILY RECOVERY
IMPORTANCE OF FAMILY RECOVERY

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

*Common traits of family recovery:*

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

Family members may resent the person for attending lots of support meetings and not being around to help with household chores, and other family responsibilities.
Recovery is a process that consists of:

• Moving addictive substances out of the center of the person’s life—often 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.
SUSTAINING RECOVERY

• If a family member is addicted…

No drugs. No alcohol. No tobacco. Environment matters.

Boundaries must be clear.

It may mean a family member needs treatment.
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.
CLOSING THOUGHTS
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