ENGAGING FAMILIES IN TREATMENT AND RECOVERY

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WHO AM I AND WHY AM I HERE?

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- Director and Lead Trainer of Family Excellence Institute, LLC
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  Perfect Marriage
  Twenty Myths that Can Really Mess Up Your Relationships
  Don’t Forget Me (Fall 2019)
AT THE COMPLETION OF THIS WORKSHOP, PARTICIPANTS WILL:

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

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

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

• 4. Explore how to leverage families in fostering recovery through practical, effective steps and suggestions for engaging families in treatment.
DEFINING FAMILY
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 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.
Change starts in the family.
THE BIOLOGY OF CONNECTION
WHY ARE ANY OF US HERE?
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.
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
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.
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.
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?
DEFINING FAMILY ROLES & RULES

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

Disengaged (inappropriately rigid boundaries) clear boundaries enmeshed normal range (diffuse 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.
We were babies before we became us.

Babies have some different needs than we do.

Babies are the center of the universe.

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

Life is 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

Narcissistic exhibitionistic grandiose needs

Ego

super ego   id

©GECS
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.
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 ADDICTION

Ego
super ego
libido
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.
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
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 them 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 themselves and 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.
The **Lost Child** is the silent, "out of the way" family member, and do not 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 emptiness.
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 behaviors and actions, and do not 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.
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.
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.
Couples:
Boundaries-Defining
Patterns of relating to others
Shared values
Deal with conflict
Families with young children:

Birth/Adoption of first child
New relationships
Parental
Mother - Child
Father - Child
New tasks
Family must accommodate baby
PARENTING 101
<table>
<thead>
<tr>
<th>Consistent discipline</th>
<th>Consistency</th>
<th>Warmth and involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authoritarian:</strong></td>
<td>high</td>
<td>low warmth and involvement</td>
</tr>
<tr>
<td><strong>Authoritative:</strong></td>
<td>high</td>
<td>high warmth and involvement</td>
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<tr>
<td><strong>Uninvolved:</strong></td>
<td>low</td>
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<tr>
<td><strong>Permissive:</strong></td>
<td>low</td>
<td>high warmth and involvement</td>
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</table>
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.

Consistent discipline

Warmth and connectedness
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)
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 exists for the individuals.

➢ Parents are in touch with their shame.
RULES IN A DYSFUNCTIONAL FAMILY

- Drug use is the most important thing in a family life.
- Drug use is not the cause of family problems, it is family 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
• All the support and treatment possible may help the person with an addiction but if the family into which they returns 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.
FAMILY SYSTEMS
BASIC ASSUMPTIONS

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

- Siblings who do not have problems with substance abuse but 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.
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 TREATMENT & RECOVERY
WHO’S THE PROBLEM?

• Fix My _______________ Mentality
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 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.
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.
• 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 Identified Patient (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 currently using drugs.

• The drug of abuse 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.
• 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.
WHAT ARE FAMILY STRENGTHS

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

- Normal cognitive and social-emotional development associated with substance use during adolescence
- Programs should involve the 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 - If this must occur, it should be done only with great caution
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.
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.
HOW TO PROMOTE ENGAGEMENT

• Mandate 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 between the levels of family engagement within your organization?
• **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.

• **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

• 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.
REMOVING JUDGEMENT

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

• 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
ASSERTIVE COMMUNICATION

• STOP – LISTEN
• Shift The Focus
  • “I’m right…here’s why
  • “Help me understand
• Use “I Statements”
  • You – Defensive
  • I – Inviting
“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” ARE A TOOL TO HELP (YOUNG) PEOPLE UNDERSTAND THAT THEY ARE NOT RESPONSIBLE FOR THEIR PARENTS’ PROBLEMS.
THE 7 CS:

- 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
PRACTICAL TOOLS

• Jerry Moe and the Seven Cs
• Developmentally Appropriate Treatment
• Parent-Child Dynamics
• Family Sculpting
• Family Scripts
• Fish Bowl
• Support Groups
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.
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.
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
The 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 individuals.
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

Dad's Dad
Description:

Dad's Mom
Description:

Mom's Dad
Description:

Mom's Mom
Description:

Step Mom
Description:

Dad
Influential Uncles/Aunts
Description:

Mom

Step Dad

You

Married Siblings

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.
Techniques for challenging homeostasis:
Repetition of message
Changing distance
Resisting the family pull
Family members may have a discriminating sense of hearing with areas of selective deafness.
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 they can help family members complete the most difficult job they will ever attempt—loving each other well.
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.
FAMILY RECOVERY
IMPORTANCE OF FAMILY RECOVERY

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

• 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—usually 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.
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