Family Treatment - Part 1

Family Counseling in Addiction Treatment

“To put the world right in order, we must first put the nation in order; to put the nation in order, we must first put the family in order; to put the family in order, we must first cultivate our personal life; we must first set our hearts right.”

~ Confucius ~

Families play a central role in the treatment of any health problem, although family therapy is not used to its fullest capacity in substance abuse treatment. In substance abuse treatment, the client is the primary person in the family to receive care. In family therapy, on the other hand, the goal is to care for the needs of all family members.

The two disciplines, substance abuse treatment and family therapy, bring different perspectives to treatment implementation. Understanding the complex role of families in substance abuse treatment, as a source of help to the process and as individuals experiencing the consequences of addiction, is important. Family members have their own goals and issues; when they are addressed through counseling services, the whole family can benefit, while enhancing treatment effectiveness for the client.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has just released a new Treatment Improvement Protocol (TIP) #39, “Substance Abuse Treatment and Family Therapy”, parts of which are included in this series as a useful resource for counselors wanting to address family issues as part of the counseling process.

Defining “Family”

No single definition of the word “family” includes all cultural and belief systems that are reflected in modern family structures. There are traditional families, extended families (grandparents, aunts, uncles, cousins and other relatives) and elected families (emancipated youth who live with peers, godparents, and gay and lesbian couples).

For practical purposes, family can be defined by the individual’s closest emotional connections. Anyone who is instrumental in providing support, maintaining the household, providing financial resources, and with whom there is a strong and enduring emotional bond may be considered family for the purposes of therapy. No one should be automatically included or excluded.

Clients should identify who they think should be included in the process. The counselor or therapist cannot determine which individuals make up another person’s family. Ask your client, “Who is important to you? What do you consider family to be?” Families should be distinguished from social support groups such as 12-Step programs, although for some clients these dis-
tinctions may be fuzzy. Distinctions can be seen in the level and duration of commitment people have for each other, and by their source of connection. Families are connected by alliance and powerful emotional ties. Support groups, in contrast, are held together by a common goal.

**What Is Family Therapy?**

Family therapy includes a variety of assessment and intervention approaches. The family is viewed as a system, with each part of the system related to all the other parts. A change in one part of the system will result in changes throughout the system.

In substance abuse treatment, family therapy has two main purposes:

- to use the family strengths and resources to create ways to live without substance abuse, and
- to lessen the impact of substance abuse for both the client and their family.

**Family-Involved Therapy**

There are differences between family therapy and family-involved therapy; most substance abuse treatment incorporates family-involved therapy as opposed to true family therapy. Family-involved therapy attempts to educate families about the relationship patterns that typically contribute to the formation and continuation of substance abuse. **It differs from family therapy in that the family is not the primary therapeutic grouping, nor is there intervention in the system of family relationships.** Most substance abuse treatment centers offer such a family psychoeducational approach. It is typically limited to teaching the family about substance abuse, related behaviors, and the behavioral, medical, and psychological consequences of use. Although educational family activities can be therapeutic, they will not correct deeply ingrained, maladaptive relationships.

Substance abuse counselors should not practice family therapy unless they have the proper training and licensing, but they should have adequate knowledge to discuss family issues with their clients and to make referrals when indicated.

TIP 39 devotes a significant amount of attention to the many differences between family therapy and substance abuse treatment, and is worth reviewing for further clarification of the two disciplines.

**Family Therapy Techniques That Substance Abuse Counselors Can Use**

The techniques listed below are commonly used in the field of family therapy, and are similar to those used in individual client substance abuse treatment. TIP 39 identifies and more fully explains several other strategies that substance abuse counselors can use as well.

**Behavioral Techniques**

Behavioral Marital Therapy (BMT) is a behavioral family approach which seeks to increase commitment and positive feelings within the client’s marriage, and to improve communication and conflict resolution skills (Walitzer 1999). Improving the quality of marital interactions can increase the client’s motivation to seek and complete treatment. These techniques are generally not suitable when there is violence in the marriage or when one partner is sincerely too angry with the other to participate.

The following are two examples of BMT exercises used to increase commitment and goodwill between partners:

- **“Catch Your Partner Doing Something Nice”**
  Ask your client to notice and record acts on the part of their partner that demonstrate love or caring. Have your clients share what they have observed with their partner. Ask each partner to pick a favorite caring behavior from their list and to act it out in a role-playing exercise. Use this exercise as a way to give positive feedback and constructive suggestions for continuing these efforts.

- **“Shared Rewarding Activities”**
  The conflicts that arise in relationships because of substance abuse can result in couples spending less quality time together. The focus of this exercise is to change these patterns. Ask your client and their partner to list activities they enjoy doing together. Ask the couple to share their lists while you point out areas of mutual agreement. Use a role-play to illustrate how they could go about agreeing and planning an activity together. This type of modeling, presenting activities and discussing them in a positive manner, can help clients plan for any potential difficulties and learn how to agree on mutually beneficial activities.

**Structural Techniques**

In structural family therapy, problems are viewed as the result of the imbalance of hierarchial relationships. The emphasis is to strengthen, or rearrange, the structural foundation so the family can function more smoothly. An example of a structural technique is contracting. After completing an initial assessment of the client and their family you can collaborate on a written contract that describes the goals of treatment and explains the necessary steps for success. Such a contract can increase the family’s engagement, and therefore retention, because they will better understand how they will be resolving their problems.
Structural techniques can guide a counselor’s style as well. Using warmth and empathy, while remaining firm and objective, you can encourage change through a process of ‘joining’ with your client and their family. In this role you will:

- identify and adjust to the family’s way of relating to each other to lessen resistance,
- convey understanding and acceptance of each member to build trust,
- show respect to members by virtue of their family role,
- listen as each person expresses their feelings, and
- make efforts to form linkages with family members who are angry, powerful, or those less likely to stay engaged.

Another basic structural technique is to help clients and family identify boundaries, thus encouraging self-responsibility and respect for the individuality of others. Counselors can help family members identify when they:

- speak about, rather than to, another family member who is present,
- speak for another, instead of letting them speak on their own, and
- send nonverbal cues to influence or stop another person from speaking.

You can thus help the family learn and adopt new ways of behaving by identifying, supporting and modeling positive behavior.

Solution-Focused Techniques

Solution-focused approaches address future changes in family interactions and the family’s competencies, rather than on the origin of problems (Osborn 1997). These techniques may be familiar to substance abuse counselors who use motivational interviewing in their practice. Asking clients to remember a time when problem behaviors were not present (“Can you think of a time when the problem was not happening?”), then helping them examine the differences in their and their family members’ lives during those times (“What were things like at that point?”) helps clients see and believe that change is possible. Another solution-focused technique is posing the “miracle” question: “If a miracle occurred, and the presenting problem disappeared, how would you know that the problem had disappeared?” Analyzing and discussing these questions, helps clients see how their life can be different and supports their internal motivation to achieve positive changes.

Sources:


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“Family Treatment”

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#1
Family-involved therapy differs from family therapy in that:
a. the family is not the primary therapeutic grouping.
b. there is no direct intervention in the system of family relationships.
c. the focus is on the extended family.
d. “a” and “b”.

#2
Family-involved therapy attempts to educate families about the relationship patterns that typically contribute to the formation and continuation of substance abuse.
True False

#3
The level at which a substance abuse counselor intervenes with a family varies according to:
a. the extent to which family therapy has been integrated into the substance abuse treatment program.
b. the client’s requests.
c. how individualized the interventions are to the family.
d. “a” and “c”.

#4
When you ask your client to notice and record acts on the part of their partner that showed love or caring it is called: ____________________________(fill in the blank)

#5
Solution-focused therapy focuses most on a family’s competencies and future changes in their interaction patterns rather than on the origin of their problems.
True False

#6
Families can be used to foster client engagement and retention in treatment.
True False

#7
Behavioral Marital Therapy (BMT) is used to increase commitment and positive feelings within a marriage but it does not improve communication or conflict resolution skills.
True False

#8
A pictorial chart that illustrates the people involved in a three-generational relationship system used to examine a family’s relationships is called a:
_____________________________(fill in the blank)

#9
Counselors can help family members set boundaries through identifying when a family member speaks about, rather than to, another family member who is present. This is called:
a. a behavioral technique.
b. a structural technique.
c. a solution-focused technique.
d. all of the above.

#10
Substance abuse counselors should not practice family therapy unless they have the proper training and licensing, but they should have adequate knowledge of it to discuss it with their clients and to make referrals when indicated.
True False