



National American Indian & Alaska Native
ATTC Addition Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

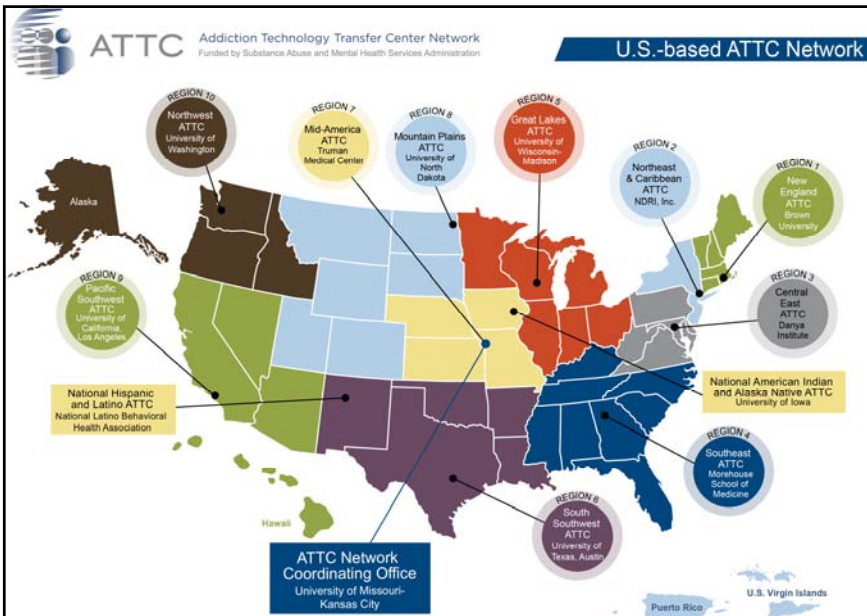


Native Center for
Behavioral Health



Counseling Families, Partners, and Significant Others

Presented by Steven G. Steine, MA, CADC



**Essential Substance
Abuse Skills
webinar series**

This webinar is provided by the National American Indian & Alaska Native ATTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Webinar follow-up

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Webinar follow-up

Evaluation: SAMHSA's GPRA

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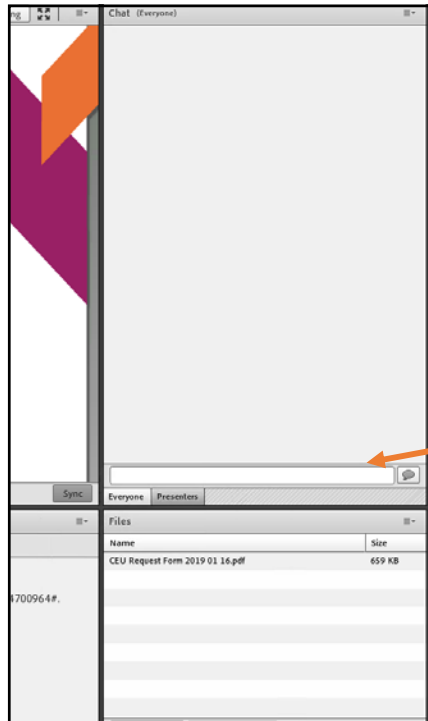
Participation in our evaluation lets SAMHSA know:

- How many people attended our webinar
- How satisfied you are with our webinar
- How useful our webinars are to you

You will find a link to the GPRA survey in the chat box. If you are not able to complete the GPRA directly following the webinar, we will send an email to you with the survey link. Please take a few minutes to give us your feedback on this webinar. You can skip any questions that you do not want to answer, and your participation in this survey is voluntary. Through the use of a coding system, your responses will be kept confidential and it will not be possible to link your responses to you.

We appreciate your response and look forward to hearing from you.





Adobe Connect Overview

Participant overview:

- To alternate between full screen mode, please click on the full screen button on the top right of the presentation pod. (It looks like 4 arrows pointing out)
- To ask questions or share comments, please type them into the chat pod and hit "Enter."

The screenshot shows the Adobe Connect interface. On the left, there is a sidebar with a 'Files' section containing a table with columns 'Name' and 'Size'. The table lists a file named 'CEU Request Form 2019 01 16.pdf' with a size of '659 KB'. Below the table, there is a text input field for chat, with an orange arrow pointing to it from the text 'type them into the chat pod'. The chat window is titled 'Chat (Everyone)' and has a 'Sync' button. The interface also shows a 'Presentation' pod on the right.

Today's Speaker

Steven G. Steine, MA, CADC, earned his BA in Communications (1994) and his MA in Substance Abuse Counseling (1997) from the University of Iowa. He has been a certified Alcohol and Drug Counselor with the State of Iowa since 1997. He was born and raised in Iowa, and has worked in the Behavioral Health Services and non-profit sector for the past 23 years, providing both direct patient care as a clinician and provided supervision as a clinical manager. He has been in recovery for over 31 years and has committed his life and profession to helping others in the recovery process. "Persons with Substance Use Disorders, can and do recover from the disease of addiction, but recovery goes far beyond simply not drinking or using."

Counseling Families, Partners, and Significant Others

Essential Substance Abuse Skills

Goals and objectives

1. Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.
2. Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family structures.
3. Assist families, couples, and significant others to understand the interaction between family system and substance use behaviors.
4. Assist families, couples, and significant others to adopt strategies and behaviors that sustain recovery and maintain healthy relationships.

Concepts and foundations



Key reasons to use family therapy

- Build upon family strengths
- Improve Communication
- Decrease Conflict
- Reduce the impact of SUD, MH issues, or significant change events within the family dynamic
- Other?

Family: What does it mean to you?

- Ancestral sense is from early 15c.; "household" recorded in English from 1540s; main modern sense of "those connected by blood" (whether living together or not) is first noted in mid-1600s.
- Later replaced as an adj. meaning "suitable for a family," by 1807. From 1809; *family man*, one devoted to wife and children, is 1856;
- Buzzword *family values* first recorded 1966.
- **group of relatives:** a group of people who are closely related by birth, marriage, or adoption
- **people living together:** a group of people living together and functioning as a single household, usually consisting of parents and their children
- **lineage:** all the people who are descended from a common ancestor
- For Native Americans, family went beyond their parents and siblings.
- Other ideas?

Family Therapy Defined

- Family therapy is often seen as a type of psychotherapy that involves all members of a nuclear family or stepfamily and, in some cases, members of the extended and/or adopted family (e.g., grandparents, foster parents, legal guardian, etc.)
- A therapist or team of therapists conducts multiple sessions to help families deal with important issues that may interfere with the functioning of the family, a patient's recovery, and the level of support in the home environment.

Key concepts of family therapy

- Whole system is more than the sum of its parts
- Parts of a system are interconnected
- Certain rules determine the functioning of a family system
- Systems are dynamic carefully balancing continuity against change

Purpose of Family Therapy

- Often the goal of family therapy is to help family members improve communication, solve family problems, understand and handle special family situations (e.g. death, divorce, serious injury, substance abuse, mental illness, or adolescent issues), and create a better functioning home environment.

Description of Family Therapy

- Typically, family therapy is initiated to address a specific problem, such as an adolescent with a psychological disorder, substance abuse disorder, or adjustment to a death or significant change in the family structure in the family.
- Frequently therapy sessions reveal additional problems in the family, such as communication issues. In a therapy session, therapists seek to analyze the process of family interaction and communication as a whole and do not take sides with specific family members.
- Therapists who work as a team can model new behaviors for the family through their interactions with each other during a session.

Challenges to involving family in the treatment process

- General Resistance/ Unwillingness
- Severe Deterioration of Family Unit
- Opportunity/Time to engage family
- Impaired Family members (e.g. actively using/ untreated mental health issues, past abuse or domestic violence)
- Revealing Unresolved Conflict
- Potential for Harm or marked increase in conflict
- Lack of staff experience and/or training
- Other barriers we experience?

Foundations

- Individual therapy
 - Can provide the concentrated focus to help people become more fully themselves
- Family therapy (FT)
 - Believes the dominant forces in our lives are located externally, in the family
 - FT is directed toward changing the organization of the family

Perspectives

Bowenian perspective

- Comprehensive view of human behavior and human problems
- Unresolved issues with our original families is the most important
- Centered around two counterbalancing life forces: togetherness and individuality
- Differentiation—balance thinking and feeling



Experiential perspective

- Designed to change families by changing family members
- Families are treated as groups of individuals more than as systems
- Enhanced sensitivity and expanded awareness are the essential aims of treatment
- Focus on intrapersonal change and a commitment to growth as opposed to problem-solving

Structural family therapy

- A way of looking at families
- Techniques: Reframing, punctuation, unbalancing, restructuring, enactment. Boundary formation, working with spontaneous interaction, intensity, shaping competence



Strategic perspective

- Derived from a combination of Ericksonian hypnotherapy and Batesonian cybernetics
- Developed a body of powerful procedures
- Vary in the specifics of theory and technique

Cognitive behavioral perspective

- Clinician is seen as a teacher
- Substitute positive controls
- Family symptoms are treated as learned responses, involuntarily acquired and reinforced
- Focus on subsystems considered central to the targeted behaviors

Current perspectives

Solutions-focused perspective

- Pragmatic minimalism, cognitive emphasis, and easily teachable techniques
- De-emphasis on history and underlying pathology
- Patients concentrate on solutions rather than on problems, they have little to say about how problems arise
- Prefer to focus on the future
- Prominent Contributors:
 - Milton H. Erickson
 - Jay Haley
 - Cloé Madanes (pronounced "Madiens")
 - Tom Andersen
 - Michael White



Narrative perspective

- Personal narrative and social construction
- "Narrative truth" vs. "Historical truth"
- Incompatible with systems thinking and has distanced itself from the concepts and methods of traditional family therapy
- Techniques

Functional perspective

- Concerned with the function that family behavior is designed to achieve
- Assumes that most family behaviors are attempts to become more or less intimate
- Set up contingency management programs to help them get the kind of intimacy they want more directly
- Blends strategic and behavioral therapies



Family disease perspective

- Encourages people to fight problems (with medication, support groups, education) rather than to explore the network of relationships in which their problems were embedded

Multi-systemic and multi-dimensional perspectives

- Resulted out of research with difficult adolescents
- A combination of techniques
- Actively considering and intervening into the extra-familial systems in which families are embedded

Multidimensional Family Therapy (MDFT)

- **MDFT was developed by Dr. Howard Liddle, from the University of Miami, in 1985.**
- **Multidimensional Family Therapy (MDFT) is an integrated, comprehensive, family-centered** treatment for teen drug abuse and related behavioral problems. MDFT focuses on key areas of the adolescent's life and provides an effective and cost-efficient treatment.

Strategies/techniques for working with families

- Proper seating (patient should feel supported)
- Calm/ comfortable environment
- Meeting separate, then together
- Rapport with identified patient
- Be prepared with an agenda, but flexible if the need arises.
- It is a process, allow for several sessions to reach goals/ objectives
- Modeling communication
- Manage conflict/ negative language
- Other?

Cultural considerations



Definition of family of origin

The birth or biological family or any family system instrumental or significant in a patient's early development

Cultural considerations

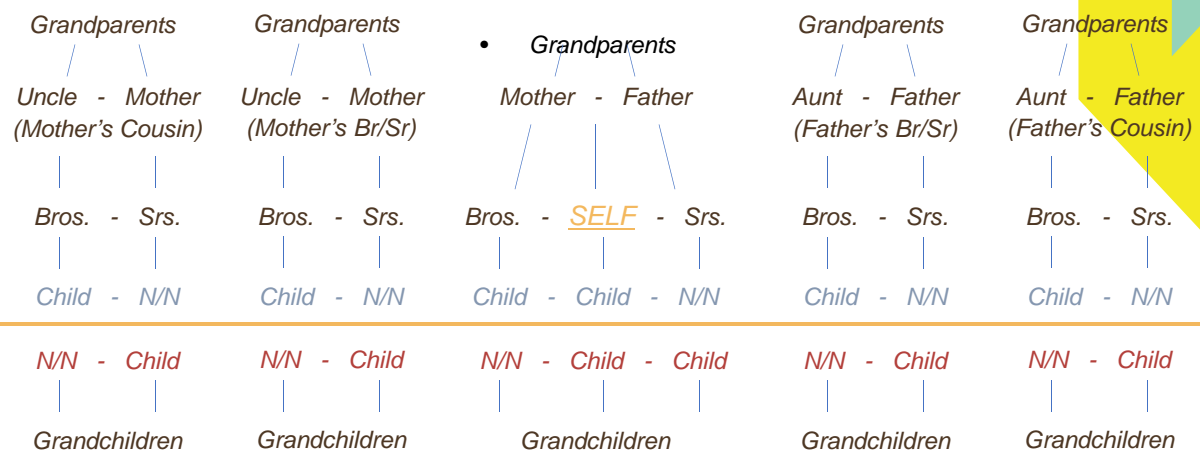
- Increased immigration and contact with the global media exposed cultures
- Is our own worldview healthy?
- Differences aren't necessarily problematic
- Overemphasis on ethnicity can lead counselors to exaggerate the difference between themselves and their patients
- Ethnicity is a powerful meaning generator



Race and ethnicity

- American Indians/Native Americans, Alaska Natives

The Native American Family: based on some Native Traditions



Seven Values of Dakota/Lakota/Nakota Life



Sexual/Gender Orientation

- Native LGBTQ
- Two-Spirit

Lesbian, gay, bisexual, and transgender: family networks

- LGBT people may create "replacement" family networks that are made up of individuals who are significant to them when individuals who have passed on or are no longer an immediate part of the patient's life because of addiction, HIV/AIDS, a relationship break-up, or other life events.
- including:
 - friends
 - partners
 - families of partners
 - ex-significant other
 - blood relatives

Stages of family change



Stages of family change

- Attainment of sobriety
- Adjustment to sobriety
- Long-term maintenance of sobriety

Family dynamics

- Previously referred to as “Co-dependency”
- Other words could be: “Dysfunctional Families”
- Verb often referred to is “Enabling”
- Control others as they believe they are incapable of taking care of themselves
- Have low self-esteem and a tendency to deny their own feelings
- Excessively compliant

Family dynamics (continued)

- Often react in an oversensitive manner
- Hyper-vigilance and lower tolerance for stress
- Remain loyal to people who do nothing to deserve their loyalty
- Feel less able or powerless to influence the family dynamics
- Domestic violence
 - (TED Radio Hour story: <http://www.npr.org/2013/05/31/175617775/why-don-t-domestic-violence-victims-leave>)

Patient lives with partner and minor children



- Similar to maltreatment victims, children believe the abuse is their fault
- Children feel guilty and reasonable for their parent's drinking problem
- Trust and intimacy are key child development issues

Patient lives with partner and minor children (continued)

- At increased risk for mood and anxiety disorders
- Increased rates of divorce, violence, and the need for control in relationships
- Some children develop resiliency and adaptability



Adolescent who lives with family of origin

- Violent behavior
- Delinquency
- Psychiatric disorders
- Risky sexual behavior
- Impulsivity
- Neurological impairment
- Developmental impairment

Effects of substance use disorders (SUD) and family structures

- Patient lives with a partner
- Patient lives with partner and minor children
- Patient is part of a blended family
- Older patient with adult children
- Adolescent patient and family of origin

Clinician involvement



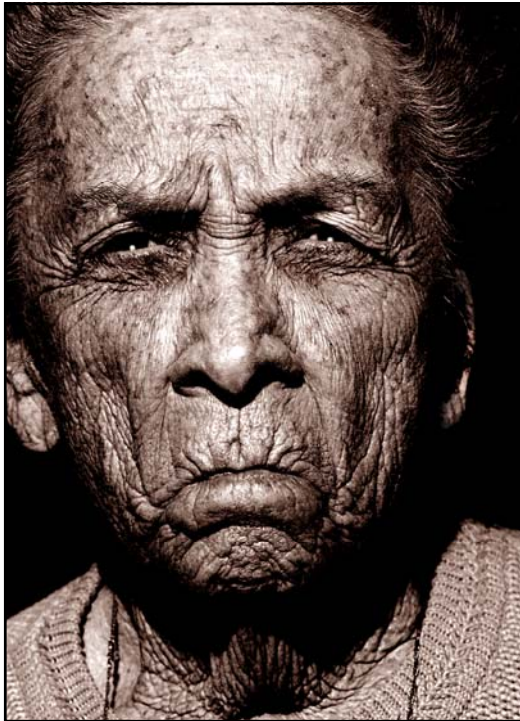
4 levels of clinician involvement with families

- Level 1: Minimal Emphasis of Family
- Level 2: Information and Advise
- Level 3: Feelings and Support
- Level 4: Brief Focused Intervention

The seven C's for Couples and Families

- Character Features
- Cultural & Ethnic Factors
- Contract Features
- Commitment
- Caring
- Communication
- Conflict Resolution

Birchler, G.R. et al (1999). It Takes Two: The Family Journal. Counseling and Therapy for Couples and Families, Vol.(3) July, pp. 253-264.



The seven C's: Character features

- Character = characteristics of a person that tend to be persistent and play a major role in defining that person

The seven C's: cultural and ethnic factors

- Variables that form the context in which individuals and couples exist
- Surrounding cultural forces shape relationships

The seven C's: contract features

- A set of implicit or explicit expectations that partners have concerning how they will define their relationship and relate with one another
- An effective contract is:
 - Explicit
 - Attainable
 - Mutually agreed upon
 - Beneficial to both partners

The seven C's: commitment

- Pledged, devoted or obligated oneself
- Being involved with, remaining loyal to, and maintaining a relationship over time
- Two types:
 - Stability
 - Quality

The seven C's: caring

- A person's ability to express behaviors that promote emotional and physical intimacy
- Expressed through:
 - Affection and sexual intimacy
 - Mutually pleasing activities
 - Quality time together
 - Enjoying a supportive and understanding friendship



The seven C's: communication

- Positive **daily** communications = relationship success
- Negative communications are characterized by:
 - Expressions of negative feelings (i.e. anger, shame), thus the message is not heard by the listener

The seven C's: conflict resolution

- Personal skills and interpersonal interaction patterns that promote effective decision-making
- SOLVE:
 - S = stop, slow down, and see the problem
 - O = outline options
 - L = Look at consequences of options
 - V = Vote
 - E = Evaluate

The seven C's: summary

- Taking the time to think through personal and relationship areas helps identify strengths to build upon and goals to strive for:
 - Socially compatible personal values and a healthy personality
 - Love, affection, emotional support, and balance
 - Loyalty to the partnership with a long-term perspective, accompanied by the will to work out problems
 - Open and effective communication.
 - Strong family traditions and compatible cultural and ethnic backgrounds
 - A marital contract that is flexible and a match between expectations and experiences
 - Use of healthy and effective problem solving, anger management, and conflict resolution tools.

Taking a family history

All patients :

- What were the rules of the family system?
- Was there a history of physical, emotional, spiritual, or sexual trauma?
- Were all family members expected to behave or evolve in a certain way?
- What were the family's expectations in regard to careers, relationships, appearance, status, or environment?
- In general, was sex ever discussed?

LGBT patients :

- Was anyone else in the family acknowledged as identifying as lesbian, gay, bisexual, or transgender individual?
- How did the family respond to other individuals coming out or being identified as LGBT individuals?
- Is the patient out to his or her family?
- If the patient is out, what type of response did he or she receive?

Guidelines for working with LGBT families

- Demonstrate support and understanding for the life partners and significant others
- Be sensitive to the individual's self-identification
- Be sensitive to the diversity and variety of relationships in the LGBT community
- Demonstrate support and understanding for the life partners and significant others
- Be sensitive to the individual's self-identification
- Be sensitive to the diversity and variety of relationships in the LGBT community

Individual and organizational mission

- Because LGBT communities are underserved and often invisible, it is important that treatment providers make a commitment to serving this population and incorporate the commitment into the organization's mission statement, philosophy, and service literature.
- Examine all aspects of a program for overt and covert expressions and perceptions of heterosexual bias.
- Make a commitment at every level of the program, from the board of directors to the direct line staff, to design and deliver services in a manner sensitive to the needs of LGBT individuals.



Thoughts, ideas, feedback?

Thank You

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Other online resources

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<https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/providers-introduction-substance-abuse-treatment>