



National American Indian & Alaska Native

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



**Native Center for
Behavioral Health**



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SAMHSA
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Services Administration

Counseling Families, Partners, and Significant Others

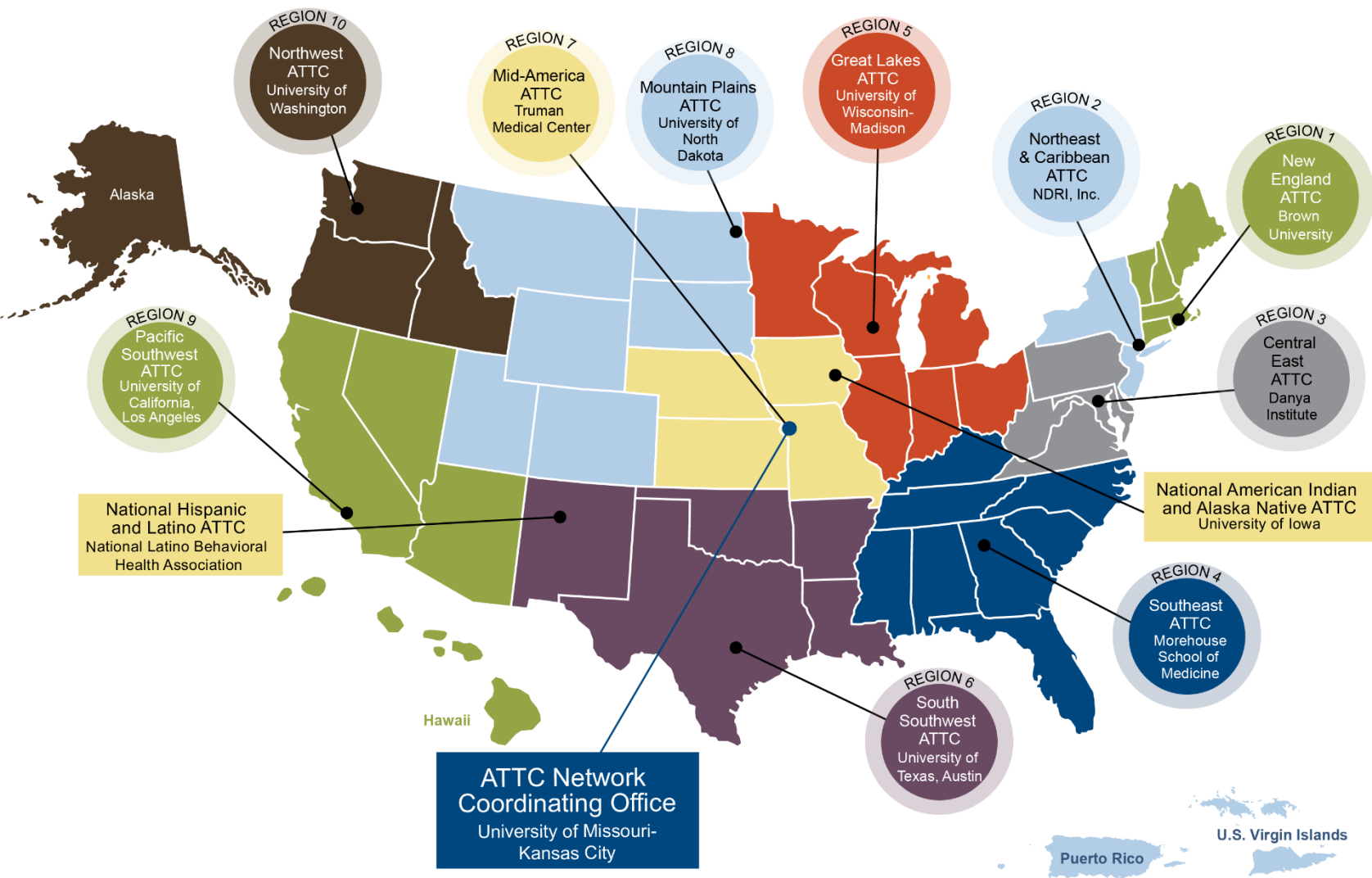
Avis Garcia, PhD, LAT, LPC, NCC,
Northern Arapaho



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U.S.-based ATTC Network



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

- CEUs are available upon request. We are currently waiving any fees for CEUs during quarantine.
 - This session has been approved for 1.5 CEU's by:
 - NAADAC: The National American Indian & Alaska Native MHTTC is a NAADAC (The Association for Addiction Professionals) certified educational provider, and this webinar has been pre-approved for 1.5 CEU.
 - Participants are responsible for submitting state specific requests under the guidelines of their individual state.
- Presentation handouts:
 - A handout of this slideshow presentation will also be available by download



Webinar follow-up

Evaluation: SAMHSA's GPRA

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

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.



Today's Speaker

Avis Garcia, PhD, L.P.C. L.A.T. (Northern Arapaho) is an enrolled member of the Northern Arapaho Nation and affiliated with the Eastern Shoshone Tribe of Wyoming. She earned a doctorate in counselor education and supervision at the University of Wyoming, and is also a Licensed Professional Counselor, and Licensed Addictions Therapist. For 20 years she has been a mental health provider in the treatment of Native American youth and families. She is also an advocate of education in Indian Country, a resource provider for promoting cultural enhancement of evidence-based practices and practice-based evidence of treatment approaches for Native American children and their families exposed to trauma. Avis Garcia has more than 20 years of experience and is knowledgeable about the concerns of implementation and adaptation of evidenced-based practices being introduced into Indian country.



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



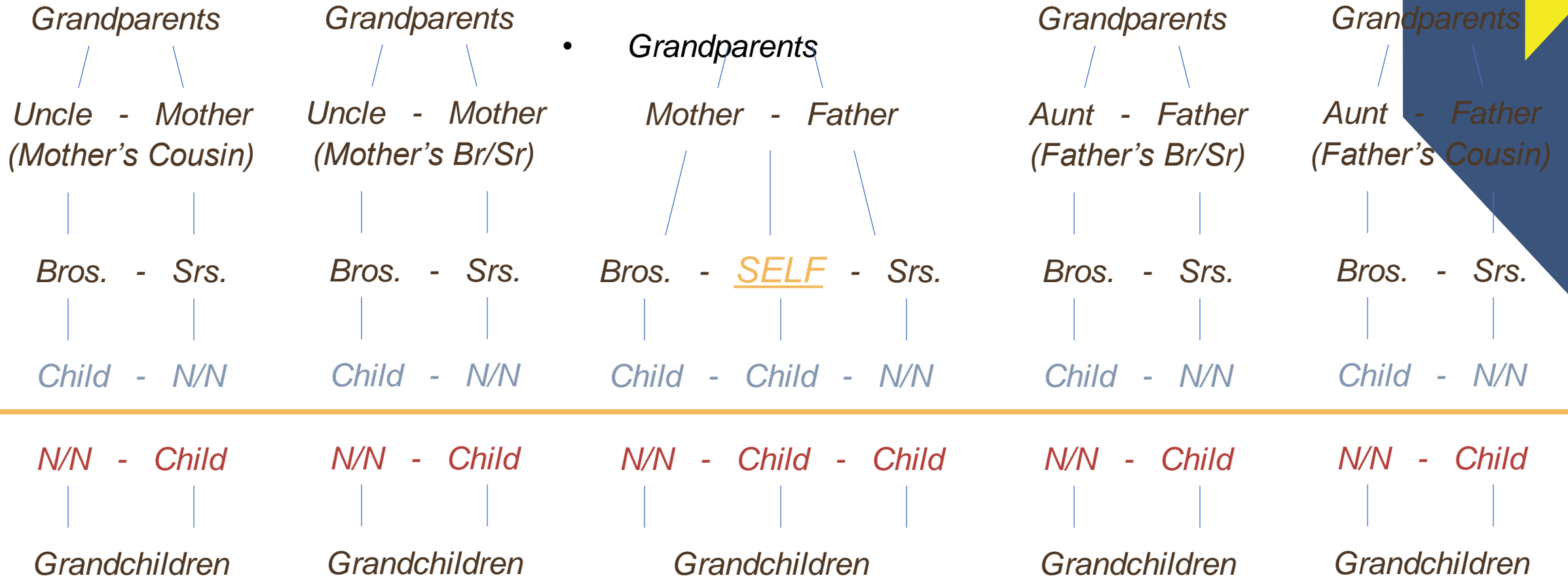


Race and ethnicity

- American Indians/Native Americans, Alaska Natives

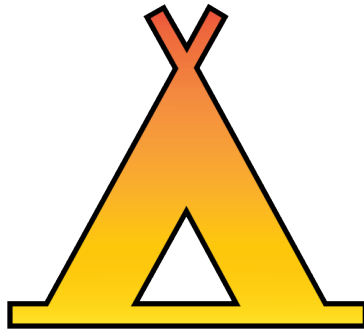


The Native American Family: based on some Native Traditions



Seven Values of Dakota/Lakota/Nakota Life

TO HELP THE PEOPLE



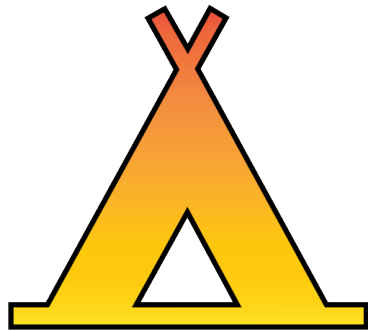
Wahpekute

*Woc'ekiya
(Praying)*

*Woksape
(Wisdom)*



Sissetunwan



Mdewakantunwan

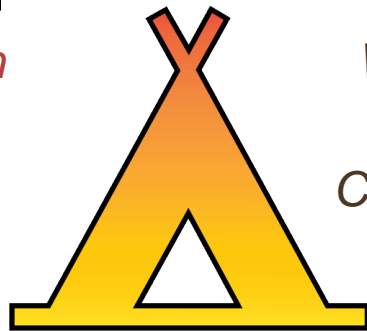
*Wa o' hola
(Respect)*

*Wowijake
(Honesty & Truth)*

*Wah 'wala
(Humility)*



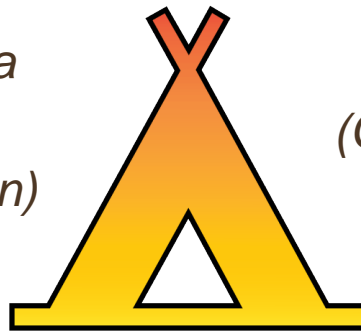
Ihanktunwan



Wahpetunwan

*Wa on' sila
(Caring & Compassion)*

*Wawokiye
(Generosity & Helping)*



Tetunwan



Ihanktunwanna





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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- Sells, Scott P. Treating the Tough Adolescent: A Family-Based, Step-by-Step Guide. New York: Guilford Publications, 2004.
- <http://www.mdft.org> Howard Liddle, University of Miami



Other online resources

<https://store.samhsa.gov/system/files/sma15-4219.pdf>

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

