

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
- Founder of Family Excellence, Inc.
- Adjunct Professor, Various Universities
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- Author of: Broken Finding Peace in Imperfection
 - Perfect Marriage
 - Twenty Myths that Can Really Mess Up Your Relationships
 - Don't Forget Me (Feb. 2020)

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.

WHO ARE YOU AND WHY ARE YOU HERE?

WHY ARE ANY OF US HERE?

We are pack animals.

We are herd animals.

What is our
first pack or
herd?

DEFINING FAMILY

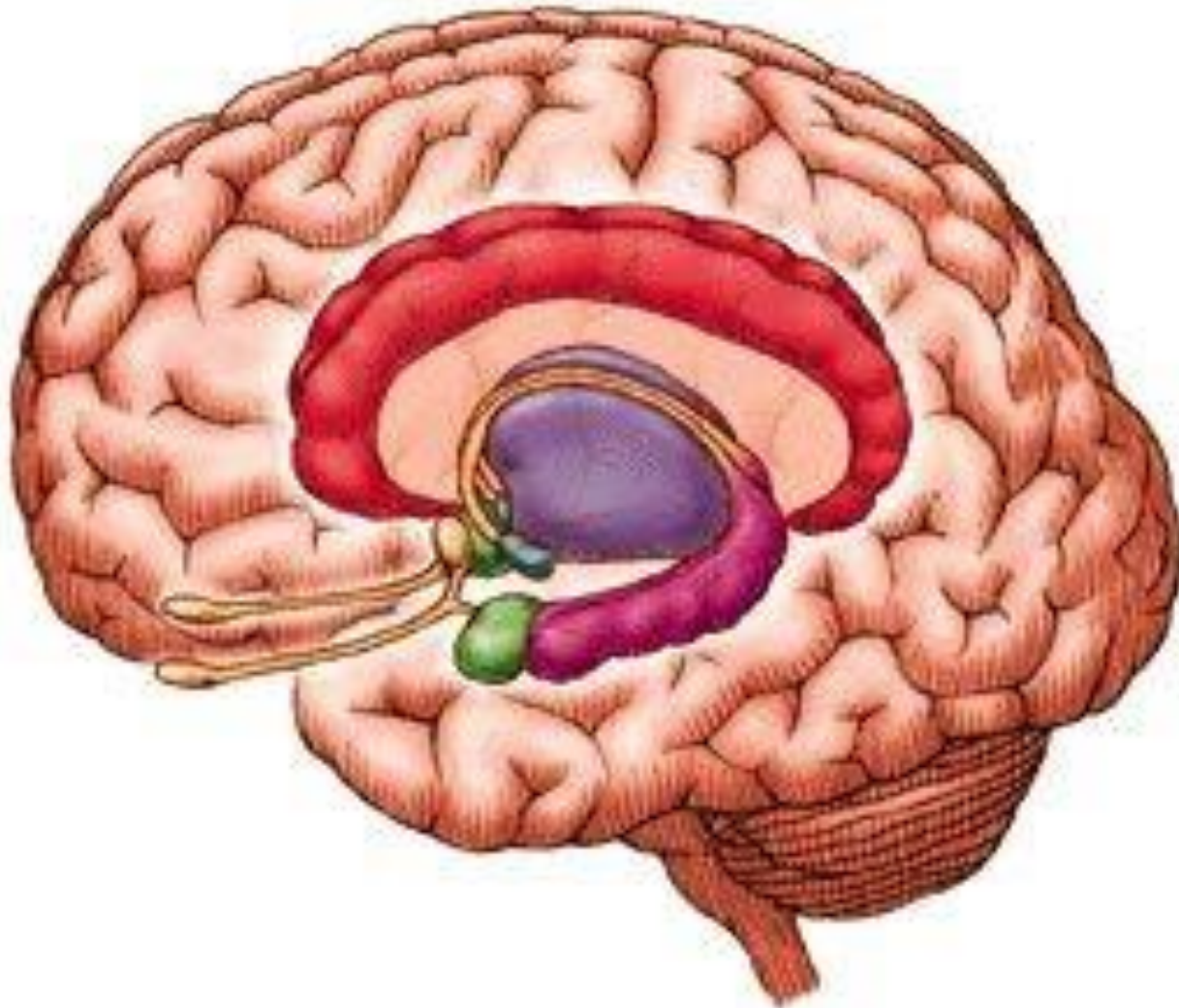
DEFINITION OF FAMILY

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)

*Among other things,
Family is the Principle Institution for
the Socialization of Children.*

THE BIOLOGY OF CONNECTION



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

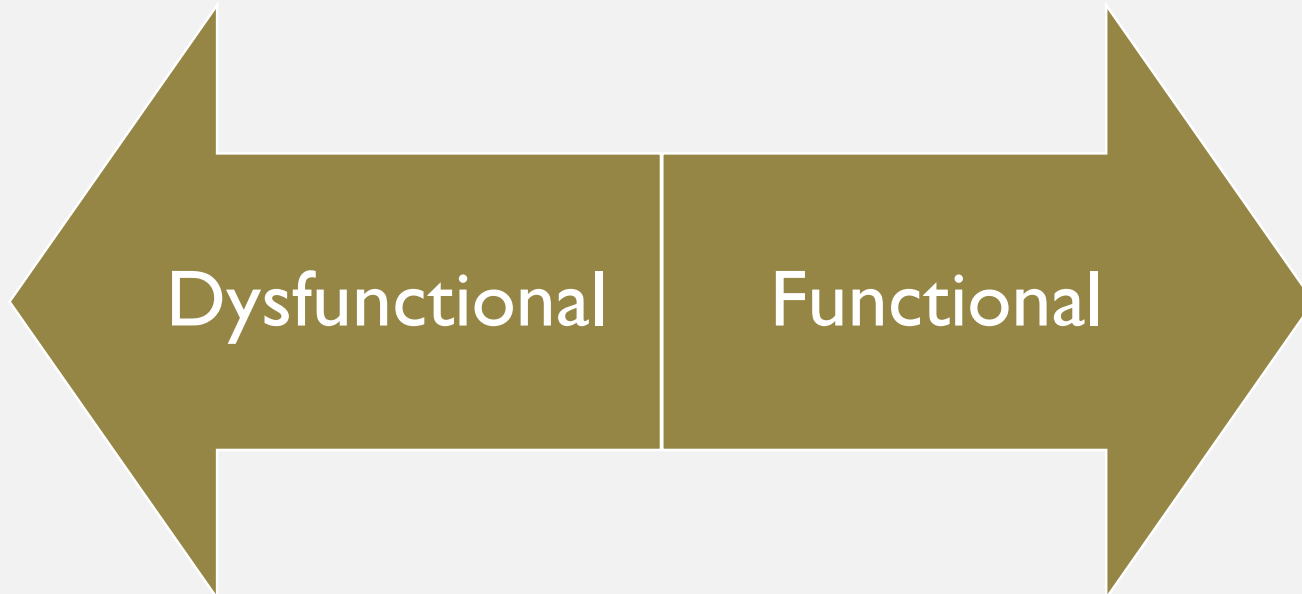
ATTACHMENT AND THE BRAIN

- 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.**

DEFINING FAMILY

- 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



FUNCTIONAL HEALTHY FAMILIES

- 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.

DYSFUNCTIONAL FAMILIES

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

Boundaries



**In enmeshed families
small problems
reverberate
throughout
the entire
system**

**In rigid, detached families
large problems are ignored.**

Considering the family...

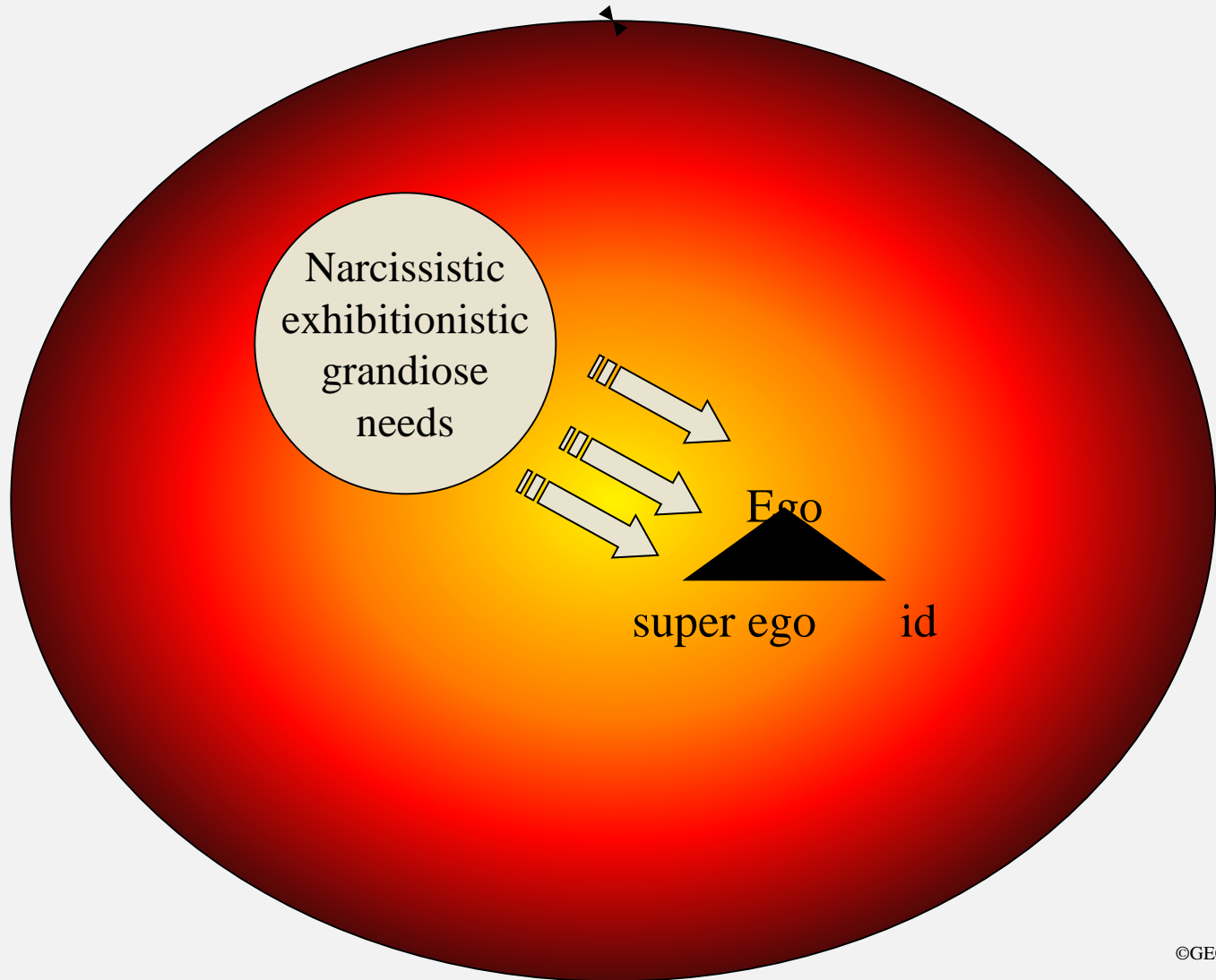
It is not conversation that holds the family together.

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.

PSYCHOLOGY OF SHAME



PSYCHOLOGY OF SHAME
MANIFESTATION OF FALSE SELF
STRUCTURE
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 who you are.**

PSYCHOLOGY OF SHAME
MANIFESTATION OF FALSE SELF
STRUCTURE

The Gift of shame gives birth to obligation which is always the safer side of freedom.

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)

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 our children through healthy boundaries so they in time may love themselves.

PSYCHOLOGY OF SHAME
WHAT DO WE DO?

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.

FAMILIES ARE FREQUENTLY “PROGRESSIVE”

- *Couples*
- *Families with small children*
- *Families with school age or*
adolescent children
- *Families with grown children*

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

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

FAMILY SYSTEMS

BASIC ASSUMPTIONS

- 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.

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 INVOLVEMENT

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.

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.

WHAT ARE FAMILY STRENGTHS

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

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 child, adolescent, and recovery 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

- **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?

HOW TO PROMOTE ENGAGEMENT

- Mandate It?
- Set the expectation..
- Give the reasons.
- New is Scary!
- Experience Creates Comfort
- Ready For 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.

■ **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 of Addiction
- Biological Model Predisposition
- Learned Behaviors

BENEFITS OF FAMILY COHESION

- Open Communication
- Healthy Boundaries
- Structure & Expectations
- Respect
- Empathy

PRACTICAL TOOLS

- Jerry Moe and the Seven Cs
- Adolescent Treatment
- Parent-Child Dynamics
- Family Sculpting
- Family Scripts
- Fish Bowl
- Support Groups

the 7C's

THE “SEVEN CS” IS 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**

**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.

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.

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WITH GRATITUDE TO...

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