SUPPORT Act Grant 101:16
SUD & The Family

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Disclaimer

• The information contained in this material can change as we learn more about the brain and the ways it is impacted by the environment, trauma, medications, substances of misuse, and other things

• Always follow the guidelines of your agency, ethical and legal standards of your certifying Board, evidence-based practice methods; local, state and Federal laws as well as your judgement and commonsense when working with clients
Questions?

If you have any questions, please do not hesitate to contact me

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SUPPORT Act Courses

1: Tele-Behavioral Health in the Time of COVID-19 (No longer available—Incorporated into all courses!)

2: Client Engagement

3: Suicide

4: Crisis & De-Escalation

5: Withdrawal Syndromes & Withdrawal Management

6: Trauma-Informed Care

7: Overview of SUD

8: Opioids & Stimulants

9: SUD Treatment Basics

10: Screening & Assessment

11: Co-Occurring Disorders

12: Individual Therapy Skills

13: Group Therapy Skills

14: Addressing SUD Bias & Building Provider Empathy

15: SUD & Cultural Humility

16: SUD Treatment & the Family

17: Alcohol & Cannabis

18: SUD & Legal System-Involved Clients

19: SUD & LGBTQ+ Communities

20: “Novel” Substances of Use
Program Content

I. Roles & Rules in Families Impacted by SUD

II. Family Engagement & Treatment

III. Tele-Behavioral Health Basics
How has our definition of *family* changed over time?

How might these different examples of *family* be impacted by substance use disorder?
SUD & the Family

• SUD is often called a Family Disease because one person’s use can have negative impacts among all members
  • Often more than one person in the family system is using chemicals or engaging in behavioral addiction

• Consequences to the family system can include:
  • Deterioration of values
  • Health issues
  • Adverse Childhood Experiences on children in the home
  • Disability of one or more family members
  • Escalation of violence within the home
  • Engagement with the legal system
Roles & Rules in Families Impacted by SUD

Bnasler, DMAS 2020
Family Roles in SUD (SAMHSA, 2015)

• SUD impacts the entire family, sometimes for generations

• As a result of family substance use, several roles can sometimes be created, sustained and protected within a family where there is a person with SUD

• Families with members with SUD often have rules, which can be overt or assumed

• When a person breaks a family rule or role and exposes the family secret, they can be shamed or even expelled from the family
The Identified Addict

• The person who has a SUD and/or behavioral addictions
• Often an adult, and typically one of the principle monetary providers for the family
• Surrounds him/herself with denial, and this is perpetuated by the family system
• The family’s various roles are to protect the identified addict
  • However, the IA may not be the only person in the family system with SUD or engaging in behavioral addiction
Codependency

A difficult, but often helpful, part of working with people with SUD is engaging the family system (when possible and with the consent of the client) and helping the family decrease codependent beliefs and behaviors while learning how to appropriately support one another AND their loved-one’s recovery.
Codependency
(Herron & Brennan, 2015, p. 364)

“Codependence refers to harmful over-involvement with others that both enables active addiction to continue and undermines the well-being of the codependent individual”

“A supportive enabler rescues others from the consequences of addictive behavior, while diminishing his/her own resources and self-esteem”

“The hostile enabler demonstrates disrespect, anger and aggression, exacerbating the addict’s guilt and shame.”
The Supportive Enabler

- Almost always an adult, and often the spouse/partner of the person with SUD
- Does for the IA what he/she can and should do for themselves
- Protects the IA from the consequences of their SUD
- Also keeps the people in other roles in line by directly or indirectly encouraging them to continue in their roles
- At times, may become so comfortable in their role that they will sabotage the IA’s recovery work because they are so used to the client’s continued use and have ordered their life around the IA’s behaviors
Resident Expert/Hostile Enabler

- Typically an adult in the extended family, but can also be a step-parent
- Spends a lot of time telling the Supportive Enabler what they are doing wrong regarding the IA
- However, in their quest to be “helpful,” they really do not want the Supportive Enabler (and by extension the IA) to get better because this would rob them of their role
- Often passive-aggressive
The Hero

- Often the oldest child
- Assumes a lot of the Supportive Enabler’s responsibilities because the Supportive Enabler is busy taking care of the client
- Excels in school, sports, etc., in an effort to get some attention from the Identified Addict and the Enabler(s)
- Still, receives some positive attention from the family...
- ...but all of this is in vain, and leads to a hollow feeling for the Hero
Who is Bart Simpson?

✓ Disobedient
✓ Rebel
✓ Trickster
✓ Risk-taker
✓ Brat
✓ Obnoxious
✓ Troublemaker
✓ Uncontrollable
✓ Bad Influence
✓ Smartass

The Scapegoat

• Usually the second-oldest child, but can be the oldest child
• A mirror to the Hero; provides a focus for the family’s blame, shame and negative energy
• Will often act out to receive this negative attention
• Is often blamed for the Identified Addict’s use
• Will usually develop SUD
The Lost Child

- Usually the third child
- Flies under the radar; can even be forgotten by the rest of the family
- May be cared for by the Hero
- Goes out of their way to avoid getting any attention (negative or positive) from others
- Pathologically shy and avoidant
The Mascot

- Not always present, but if present, usually the youngest child
- Draws most of the family’s positive energy; but superficial
- Typically “cute” (and knows it)
- Is used to help the family convince themselves that they are “normal” or “ok”
- Is often spoiled and can lack empathy for others
Family Rules

- Don’t talk/Don’t have problems
  - Denial is the family rule
  - Other people’s problems may reveal the Identified Addict

- Don’t trust

- Don’t feel
  - Vocalizing feelings just brings more pain to the family

- Don’t behave differently
  - Changing family roles would cause chaos in the family system
Family Rules

- Don’t blame SUD
  - Blame anything and/or anyone else
- Do behave as the IA wants
  - If not, the drug use may not be able to continue
- Do be better and be more responsible
  - Compensate for the substance user...
  - ...but you will never be good enough
- Don’t have fun
  - Fun = Drinking/Using
  - Family members are so busy keeping the family system in balance that there is no time for fun
Family Engagement & Treatment
Are ‘Interventions’ Helpful?

In my opinion, especially how they are portrayed in the media and other entertainment: No

• However, family members (with the right support), can express their concerns to a loved one and encourage them to accept help

• The person who receives this focus may not be aware of the impact of their behaviors on others, may be unsure of where to get help, or may not want to make changes in the present

• To address all of this, I highly recommend the CRAFT approach, outlined later in this section
Working with Families: Concepts

When working with a family or a couple, the family itself (not individual members) is the client

- **Homeostasis**: “The tendency of any system to try to maintain itself in a state of equilibrium and balance” (Hull & Mather, 2005 as cited in Boyle et al, 2009)
  - In some family systems, the drive toward maintaining homeostasis may be stronger than the system’s desire for healing

- **Boundaries**: The separation people place between themselves as individuals, families and groups

- **Open or closed systems**: flexibility

- **Rules**: Reflect values; may be spoken or unspoken
**Triangulation:** Two family members dealing with a problem come to a place where they need to discuss a sensitive issue. Instead of facing the issue, they divert their energy to a third member who acts as a go-between, scapegoat, object of concern or ally. By involving this other person, they reduce their emotional tension, but prevent their conflict from being resolved and miss the opportunities to increase the intimacy in their relationship (SAMHSA, 2015, p. 59)
Family Therapy Operationalized

• Family therapy is often used in conjunction with individual therapy

• Multi-family group therapy is also sometimes used, during which several families (adults and adolescents), attend group therapy sessions with other families
  • This is often a component of Partial Hospitalization programs, Intensive Outpatient programs or Drug Treatment Courts (Juvenile)
  • Participation in AA, NA, Al-Anon, etc., can also be encouraged
Types of Family Therapy

- Structural/Strategic Family Therapy
- Bowen Family Systems Therapy
- Multidimensional Family Therapy
- Multisystemic Therapy
- Community Reinforcement and Family Training (CRAFT)
Structural/Strategic Family Therapy

• Assumes that the family system’s power is greater than the individual’s power and that the family system determines individual behavior to an extent

• Key concepts include:
  • Subsystems within the family
  • Executive authority: Who handles primary decision-making?
  • Boundaries: Within and outside the family
  • Rules: Spoken and unspoken
  • Roles
  • Alliances & Triangles: How have they shifted?
  • Flexibility
  • Communication
Structural/Strategic Family Therapy

• Treatment works to identify the role that SUD plays in the family while the counselor guides changes in the family structure

• Key interventions:
  • Supporting system strengths
  • Relabeling (normalizing)
  • Problem tracking (journaling/observations between sessions)
  • Stress management skills
  • Discussion and mutual decision-making
  • Role-plays & manipulating space
  • Communication skills training
Bowen Family Systems Therapy

Theoretical Basis (SAMHSA, 2015, p. 96 – 97; Bacon, 2019, p. 75)

• Bowen family systems therapists believe that all family dysfunctions, including substance abuse, come from ineffective management of the anxiety in a family system.

• The person who abuses alcohol or drugs does so in part to reduce anxiety temporarily, and when the entire family can justifiably focus on the individual who uses drugs as the problem, it can deflect attention from other sources of anxiety.

• According to BFST, it takes only one person, maintaining a calm, non-anxious, meaningful presence, to change an entire system.
Bowen Family Systems Therapy

Techniques & Strategies
(SAMSHA, 2015, p. 99)

- BFST often works through one person
- BFST assumes that the past influences the present
- BFST attempts to reduce anxiety throughout the family by encouraging people to become more differentiated, more autonomous, and less enmeshed in the family emotional system
Multidimensional Family Therapy

- The identified client is often an adolescent and the therapy is provided in the home
- Counselors can respond to the home during a crisis
- Family members are full collaborators with the counselor
- Strengths-based orientation; the family sets treatment goals
- Services are designed to meet individual needs of clients, and can change as needed
- The counselor and other members of the team are responsible for engaging the client and exercising creativity to meet goals

(SAMHSA, 2015, p. 92)
Multisystemic Therapy

Views SUD in the broader context and how SUD is influenced by multiple variables

Goals of Therapy (SAMSHA, 2015, p. 55)

• The initial goal is to engage family members and, if necessary, to identify barriers to engagement and develop strategies for overcoming those barriers

• Examine the strengths and needs of each system and their relationship to the identified problem

• Address risk and protective factors as they impact the family from a range of sources

• Family members and caregivers have a major role in defining treatment goals
Multisystemic Therapy

**Strategies & Techniques** *(SAMSHA, 2015, p. 55)*

- Interventions are designed to promote responsible behavior
- Interventions are present-focused and action-oriented, targeting specific and well-defined problems
- Provide developmentally appropriate interventions
- Daily or weekly effort by family members is required
- Place responsibility on therapist for overcoming barriers
Community Reinforcement and Family Training (CRAFT)

- CRAFT recognizes that the person with SUD in the family may be unaware of their SUD and its impact on the family, OR may be ambivalent about making changes, particularly about deciding to enter treatment.

- CRAFT utilizes many of the assumptions and practices of Motivational Interviewing.

- The initial focus of CRAFT is with the IA’s family members.

- Even if the IA chooses not to engage in treatment, the changes within the family system will benefit all members of the family.
CRAFT Components (Meyers et al., 1999, p. 295 – 296)

1. Raising awareness of negative consequences caused by the IAs drug use and possible benefits of treatment
2. Learning specific strategies for preventing dangerous situations
3. Contingency management training to reinforce the IA’s non-using behaviors and to [change] drug use
4. Social skill training to improve relationship communication and problem-solving skills
5. Planning of activities that interfere and compete with the IA’s drug use
6. Practicing strategies to interfere with actual and potential IA’s drug use
7. Preparing to initiate treatment when the IA appears ready, and supporting the IA once treatment has begun
Tele-Behavioral Health Basics
Tele-Behavioral Health

We first need to admit that most of us do not enjoy “connecting” with clients this way; “I didn’t go to school for this!”

We also need to acknowledge that not all clients have access to technology to participate in tele-behavioral health and so we have to improvise.

Therefore practitioners and clients are using phones, Skype and FaceTime to conduct sessions; and getting creative in other ways.

Clinicians do not have to use HIPAA-compliant video conferencing technology during the current National Emergency; Health & Human Services will waive any penalties for HIPAA violations related to the platform used during this emergency.
Tele-Behavioral Health: Clinician

• Have a space set up where you can connect with your client without being disturbed
• Your work-space should provide some privacy for your client
• Internet connectivity and/or phone signal strength should be tested prior to engaging in tele-behavioral health
• If conducting a group therapy session, educate clients on muting themselves unless they are speaking
• I recommend against using your personal phone, but sometimes this cannot be avoided
  • If using a personal device, I would set firm boundaries with clients regarding when they can and cannot contact you
You’ll likely notice that the flow of clinical sessions will be slower than in-person.

Be aware that you will likely need to speak slower than in person.

Try to express empathy with your voice, especially when not connecting via video.
Tele-Behavioral Health: Client

• Try to have a private space where you can connect with your counselor that is also free from interruptions and distractions

• Test out your communications system (connectivity) prior to meeting with your counselor

• Most of us (counselors especially) don’t like meeting this way, so remember this is temporary and we (like you) look forward to meeting face-to-face again
Informed Consent to Tele-Behavioral Health Treatment—Essential Elements

- A statement explaining what tele-behavioral health will look like for you and the client (methods to be utilized: FaceTime, phone, etc.)
- A statement discussing the risks of tele-behavioral health (technology limitations and failures; possible/unintentional breaches of confidentiality)
- A statement agreeing that the sessions will not be recorded by either party
- A statement emphasizing that the content of the session is confidential and that a written release is required from the client to release information
- A statement noting the limits of confidentiality, including having to report suspected child abuse, vulnerable adult abuse, danger to self or others
Informed Consent to Tele-Behavioral Health Treatment—Essential Elements

• A statement explaining what steps must be taken should the clinician believe that the client is a danger to themselves, a danger to others or is unable to care for themselves
  • This could include a statement that participation in tele-behavioral health may not be appropriate and a higher level of care could be required

• A statement describing how you will handle technical problems should they arise

• A statement explaining that the client must disclose their physical location during the session and an individual the clinician can contact in case of an emergency

• A statement that you are continuing to maintain treatment records during this time
Documentation

- **If you don’t write it down, it never happened**
- Record, in detail, all aspects of client interactions, including any known precipitating events, interventions, outcomes, staff members involved and all contacts with outside agencies
- Record where the client says they are contacting you from
- Do this as quickly as possible following the session
- **Stick to the facts;** do not presuppose or assume anything
- See documentation as a necessary means to protect yourself, the people you serve, and your organization
References


