

Part 1

Introduction

The purpose of this source book is to provide structured activities for families that are involved in substance abuse treatment.

When considering substance abuse treatment, we must consider contextual issues. First, we must be concerned with the context in which the substance abuse takes place. An important component of the development and maintenance of substance abuse is that people with addiction live in families that also have significant issues. This is not to blame the family for the addict's difficulties or blame the addict for the family issues. Both co-occur, and both need to change for lasting change in addicts and their families.

Second, we must consider the context in which treatment takes place. In our experience, removing the addict from the family for treatment and then returning him or her to the family after "successful" treatment is a recipe for relapse. Rather, the whole family (not just the addict) needs to make significant changes in its structure and process, creating an environment that will allow the recovering addict to maintain sobriety. Treating families as a whole presents some unique issues and challenges for the service delivery system.

While family is an important issue in substance abuse treatment, work is also needed to support the addict in getting clean, staying clean, and preventing and dealing with relapse. The activities included here are designed for the recovery portion of treatment that follows successful detoxification from substances. Detoxification for some drugs can cause severe adverse physical and emotional symptoms and, as a result, should only occur under the supervision of trained personnel. Our family-based activities for families in recovery is part of an intensive outpatient program (IOP). The IOP treatment program for substance abuse is a 3-hour group that meets three times/week. In our group, we use the Matrix model materials (Center for Substance Abuse Treatment, 2006) during two meetings each week, addressing individually focused issues related to substance abuse and recovery. In the third meeting of the week, we invite family members and supports to the group and facilitate these family-focused activities. The assumption is that because substance abuse impacts the entire family, effective treatment requires both individual and family treatment.

WHOLE AND PARTS

Most of the exercises in this workbook came out of our work with a family-oriented outpatient substance abuse treatment program (Winek et al., 2010). In this program, the substance abuser meets in individual group twice a week, and once a week, the group meets with families. The substance abuser also has a counselor that works with him or her (and the families when appropriate) and the person's substance abuse is monitored via urine analysis. Thus, this workbook is part of a larger whole. It is designed to be utilized in its entirety in situations in which the leaders guide the group through a different exercise at each meeting. It is also appropriate to use it in parts, where the leader selects exercises that

are relevant for issues as they arise in the group. Our group often gives rise to issues that clients are invited to process in their individual work. At times, clients also bring issues from their individual sessions to the family group. Thus, we see our work with the group as both a whole and a part.

The exercises could be implemented as part of a larger treatment program, as we use them, or as stand-alone treatment. If they are utilized as a stand-alone program, it would be important to screen for clients with severe addiction issues. It is essential that the level of care available to the client is appropriate to the client's needs. If it becomes apparent that the addicted person needs additional support or therapy, it becomes the responsibility of the group leader to assist the client in getting this support. Also, it is important that the group leaders are available briefly after group to assist clients that are triggered by the group process. Although this produces a time burden on the group leader, spending half an hour after a group may be more effective than helping a client recover from a relapse.

ORIGINS

The activities in this book have been utilized in the family group described above over an extended period of time. Most of the activities have been modified after being utilized in group, and many have been modified multiple times. Like most group leaders, we beg, borrow, and share ideas among other leaders and sourcebooks. We have tried to be diligent in tracing back to their origins the ideas we base our exercises on. In some instances, however, components of our exercises have been in common usage for so long that we have been unable to give full credit where it is due. It is a short journey for a really good idea to become part of the treatment culture, and in these instances, the origins are often quickly lost. Thus, we apologize in advance if we fail to give full credit to some of the ideas we build on and welcome feedback about the origins of these ideas.

ASSUMPTIONS

In our view, it is important to spell out the assumptions that our exercises are based upon. Speaking our assumptions that are embedded in our approach allows the reader direct access to the foundations of our work. Rather than make the reader search the text for clues to our assumptions, we chose to simply state them.

At its very core, the exercises in this book are based on systems theory. Systems theory is a theory about how parts of ecology are connected to form a whole and how the whole (in this case) gives rise to an addiction. Once an addiction is established, we become concerned with how the ecology of the addict unwittingly participates in the maintenance of the addiction. Thus, on the most basic level, we can say that given the addict's family situation, biological makeup, experiences, and history, the addict engages in the "natural" amount of drug or alcohol use. From here, it follows that the ecology needs to change in order for abstinence to be the natural state of the family ecology.

Our approach to working with families with substance abuse is based on a contextual world view. This perspective is a little difficult to grasp at first because it inverts conventional wisdom. In the conventional world view, we see clients as mostly (if not wholly) autonomous from the social and emotional context. Our worldview is built upon an emphasis of the importance of the context that the clients live their life in. We have found, however, that this view allows us to understand addiction within the context in which it occurs. It also advantages the therapist by providing a deep understanding of addiction.

Our position rejects theories that see addiction as the result of a single cause. For example, the view of the addict as a moral failure, someone with a genetic predisposition, or the product of a multigenerational process is seen as overly simplistic. Rather, given the whole of the person's life experience, his or her living situation, history, biological predisposition

to addiction, and significant relationships, that person is doing what his or her environment mandates. Given this, it becomes clear that it is not enough for the individual to just stop drinking. If the addicted person simply wills him- or herself to stop using, the environment that helped give genesis to the use is still intact.

Thus, a contextual perspective focuses on multiple issues that almost always coexist in the addict's life and family. Given that addiction occurs in the context of the environment, seeing the context as a focus of treatment creates the opportunity to affect the functioning of the addict's family system, thereby affecting the functioning of the addict.

When we say a "natural" amount of use, we simply mean natural in terms of what the environment supports. Given this, we see that treatment that does not pay attention to the environment is, very often, doomed to failure. Often, addicts enter a period of sobriety and clean living that is short lived if the environment is unaltered. The addict often slides back into old behaviors (including using) that are supported by that environment. This can often be avoided by working with the whole of the family system, creating an opportunity for change in the environment, creating a context that supports sobriety rather than addictive living.

EVERYONE IS IMPACTED

Given the relational emphasis of systems theory and our clinical experience, we see that everyone in a family is impacted by substance abuse. Impacts can be direct or indirect, but the lives of the entire family are impacted by the addict's substance abuse. Thus, it is extremely important to work with whole families (or as many family members as possible). Given this, we are frequently encouraging and welcoming of extended family members. We frequently invite clients to bring nonrelated parties who provide our clients emotional support and accountability. For our clients, emotional distance and being cut off from families is common. Although many of our clients have some significant family-like relations they can call on in a time of need, most of them reach us after years of living in their addiction, generally resulting in profound wounds to relationship with their families.

One important way healing takes place in our groups is by allowing an opportunity for family members to talk with each other about how they are impacted by the substance abuse. Alcoholic/addictive families often have unspoken rules of secrecy, and many of the families in our groups have not talked about these issues before coming to group. All families have privacy rules, but alcoholic families take privacy too far and develop rules of secrecy. In our minds, this secrecy is a darkness that allows substance abuse to flourish. Talking with each other (both with their own family members and with other families who have had similar experiences) about the impact of substances on their life brings light to the darkness of secrecy.

LEARN FROM LISTENING AND WATCHING

Part of systems theory is its emphasis on treating the patterns of interaction that support the family's problem. Since these patterns occur on an abstract level, it is often difficult to observe them in your own family. Likewise, the secrecy that is often present in families that struggle with addiction leads to an assumption that the problems of your family are unique. This is especially salient for the children who are raised in families with addiction issues. However, when you are in group with other families and you observe a pattern in someone else's family, you can often become aware of the pattern in your own family more readily. This also helps the families realize that they are not the first family to face an addiction. Thus, our families learn about themselves by seeing other families struggle with similar issues.

Families can also utilize what they learn about other families to develop new ways of coping within their own family. We have heard many of our group members, both addicts and family members, share their feelings of intense relief at realizing they are not alone with their experiences.

CHILD FOCUS

As we stated above, addicts often grow up in families in which their parent or parents struggled with addiction. This led to an assumption of our approach that holds that addiction is not only a family problem but also a multigenerational family problem. We strive to be mindful of the impact of the addiction on the families' children. Our exercises have modifications for when children are present, and we think that having children present leads to the best outcome. We also strive to be ever mindful of the impact of the addiction on the children. In part, we hold the focus on the children by asking ourselves and each other, "How does this impact the children?"

HEALTHY CARING, NOT ENABLING

Enabling is a process that is common in substance-abusing families: One person enables the substance abuser by blocking the addict from experiencing the consequences of addictive behavior. Typically, the person who acts as an enabler gets her or his sense of self from others. This is very common in our society and, in fact, in many situations is idealized and taught to others.

We find that it is helpful to differentiate between healthy caring and enabling. We have discussed elsewhere (Winek et al., 2010) that enabling is often only perceived after we have crossed over from healthy caring. In its simplest form, enabling is continuing to support a person who does not appreciate the support or who utilizes the resources to unhealthy means. For example, healthy caring may involve paying your adult child's rent during a period of transition, such as after the birth of your grandchild. However, paying your child's rent when he or she is using other funds to purchase drugs would cross over into enabling.

We find that family members often struggle with and respond negatively to the concept of enabling but are more open to the idea of "healthy helping." Coming from the perspective of learning how to help their loved one in a way that is helpful in the long term seems, in our experience, to be an almost universally desired goal for family members. Processing the difference between healthy caring and enabling is an important issue for the group to discuss. By talking with others with similar issues, the clients are more likely to find a healthy balance between supporting and enabling.

FAMILIES AND SUBSTANCE ABUSE—A BRIEF OVERVIEW

As stated above, family therapy concerns itself with the patterns of interaction that occur in a family. On a basic level, the interactions that go on between family members are referred to as *family process*. Family process involves how family members communicate and interact with each other. We can contrast this to "content," which is what families communicate about. Family therapy involves working with the family's process to help the family develop new processes, or ways of interacting. So a family therapist helps a family move from an unhealthy process that gives rise to and supports addiction to a more healthy family process that supports sobriety.

In developing a systemic understating of family systems, one has to consider the relationship between process and structure. Structures are enduring patterns and rules of interaction that occur over time. For example, parents working together to rear the children are a healthy structure. *Structure* refers to the family's process over time. When processes are repeated day in and day out, they become fixed and patterned. Structural family therapy developed by Minuchin (1974) and his colleagues is a highly successful and validated approach (Winek, 2010) that seeks to actively alter structure in families to help families develop more healthy structures and, ultimately, healthier functioning. In many of the activities in this workbook, the desired outcome is an exploration of the family's past and current structure and an invitation to identify and develop more healthy structures. Let us explore some key family structure concepts below.

ROLES

Role theory has a long history in sociology (Mead, 1934; Merton, 1949). In this approach, we consider the rights, duties, expectations, and norms in each social role we perform. From this perspective of role theory, people evaluate themselves and others based upon their ability and performance of their various social roles. Examples of social roles in families include parent, child, provider, partner, and so forth. We speak of role expectation as what is expected by someone in that role. For example, we have an expectation that the role of a parent is to keep his or her young child safe. Role strain is the effort required to perform a role, while role stress is the stress we experience as we perform our various roles.

Role theory is an established social theory that has been applied to a wide variety of situations. In family and substance abuse, it is a particularly robust way to view the ways families function. Role theory looks at social position as a series of roles that people perform in order to accomplish the goal of the organization. In families, we identify basic goals, which are to provide food, shelter, and clothing for family members. Families with children have the additional goal of providing nurturing and socialization necessary for the development of the children. In order to accomplish these goals successfully, family members organize and divide their labor.

Dividing labor is necessary in order to accomplish the goals of the family. Historically, roles were divided along strict gender lines and were prescriptive in nature. Challenging the gender basis of the roles was an accomplishment of the feminist movement. Despite increased flexibility in how families assign roles, however, families still need to divide labor. In healthy families, roles are flexible and based upon skills and talents. For example, Jon is a good cook and enjoys cooking, while his wife does not. As a result, he cooks most of the meals for his family. However, when he has to work late, Jessica is able and willing to provide a healthy meal for the family. In families, roles are both assigned and volunteered for. A common problem in addicted families is that roles are often assigned to family members who care the most or have the most anxiety. This leads to a situation in which children become parentified by taking on roles of the addicted parent(s).

In families with addiction, roles often become rigid and prescriptive. “Only a woman can cook a meal” or “only men can work for pay” are examples of rigid and prescriptive roles. In addition, over time, as the family members become more addicted, they often stop performing specific roles. For example, it is not uncommon for alcoholic parents to stop preparing meals. The children are left to fend for themselves and raid the cupboard. Candy for dinner is not an unheard-of adaptation that children will move toward when their parents are too inebriated to prepare a meal or supervise their food choices.

Roles also need to be developmentally appropriate in terms of difficulty and number. Simply stated, younger children should have fewer and simpler roles than older children. In healthy families, members are supported and trained to be successful in their role performance. Unhealthy families tend to assign roles that are not appropriate. For example, older children are often assigned the role of caring for a younger sibling before the older children are ready for that responsibility. Helping families negotiate more healthy roles is an important function of family groups.

RULES

Rules refer to the negotiated patterns of interaction that family members utilize to govern their interactions. Rules establish boundaries as well as limits to behavior. For example, looking at each other when we speak is a rule that promotes good communication. However, as a family becomes dysfunctional, it often develops unhealthy rules. Just as or perhaps even more harmful, families can fail to develop rules, resulting in chaos. A typical pattern is the addicted family developing rules mandating secrecy, prohibiting family members from talking about what is going on in the family. Families with addiction often develop rules forbidding

the children from speaking their feelings about their parent's addiction and the family's problems, which can lead to further inhibition around talking about one's feelings.

As a family develops, the definition of what healthy rules are often shifts. For example, the rules parents set for a child will change as the developmental needs of a child change. Some families continue to keep rules longer than they are appropriate. This can result in developmental delays, where rules in fact inhibit a person's normal development. For example, to protect a teen, parents do not allow her or him to date an age-appropriate peer. This rule against dating can prevent the teen from developing healthy dating skills. In order for a family's rules to change as they need to, the family needs to have the flexibility and ability to negotiate new rules. When a family member has an active addiction, particularly when the addict is a parent, this can be very difficult. Several of the activities in this book invite the family to discuss their rules, evaluate the rules' current usefulness, and work toward developing new ones.

BOUNDARIES

Boundaries were a key theoretical component of structural family therapy (Minuchin, 1974). A boundary is a barrier that separates an individual or system from others and from the environment. In families with an addicted member, there are often loose or inappropriate boundaries. For example, it is not uncommon for an addicted family to let drug addicts and people who engage in criminal activity into a home where children are present. Healthy families have boundaries that allow good influences to enter their family space and maintain boundaries to protect family members from people and situations that are unhealthy. Several of the exercises target assisting client families to establish and maintain more appropriate boundaries.

There is also a need for boundaries between generations of a family. It is frequently the case that children have been parentified. They are often treated as coparent when an addict parent becomes absent. Such a situation puts stress on the child, who suffers undue anxiety as a result. It is important to help the family establish appropriate boundaries between the generations so children can accomplish age-appropriate development tasks.

FAMILY ESPRIT DE CORPS (COLLECTIVE SENSE OF SELF)

Esprit de corps or family identity is the collective sense of self that exists in a family, similar to the personality or identity of an individual. Esprit de corps is the identity or personality of the collective we call "family." Like the negative self-identity an addicted individual can have, a negative family esprit de corps can have a profound and hurtful impact on the family.

The esprit de corps of a family is passed down through generations in the form of statements or concepts that are generalizations about the family. For example, an esprit de corps a client might have about his/her family is that "members of our family don't finish school." Another example is that "we help each other when we need help."

Less healthy examples of esprit de corps tend to communicate an acceptance of negative traits. We must realize that changing an esprit de corps can be difficult, as clients often feel that if they live outside of that mandate, they will lose their family identity.

In substance-abusing families, a particular difficulty around the family esprit de corps can be in the common elements of denial and secrecy. This increases when family members have the added social stigma of being involved with illegal activities. If members talk about issues around illegal activities, the family member can face legal consequences. This inhibition of talking about issues can impact group process and inhibit the development of a healthier esprit de corps. Several of the activities in this book revolve around helping the families articulate and move toward a more healthy collective sense of themselves.