

Addiction as a Family Affair: The Addiction as an Organizing Principle

Using Systems Theory in Substance Abuse

Viewing the Family as a client

Why we should treat alcohol and drug problems

Activity: Watch the Movie **Affliction** (1997) and be prepared to discuss its contents in this week session.

Last Date to Sign Up for Brief Discussions

Student Brief Discussions Start

Addiction as the Family's Organizing Principle

Extracted from: Steinglass, P., Bennett, L., Wolin, S., Reiss, D. (1987), *The Alcoholic Family*. New York: Basic Books.

Tenets of a systems model of an alcoholic family.

1. Alcoholic Families are behavioral systems in which alcoholism and alcohol-related behaviors have become central organizing principles around which family life is structure. (The whole is greater than the sum of the parts).
2. The introduction of alcoholism into family life has the potential to profoundly alter the balance that exists between growth and regulation within the family. This alteration most typically skews the family in the direction of an emphasis on short-term stability (regulation) at the expense of long-term growth. (Systems are in a state of homeostasis-morphostasis and transformation-morphogenesis.)
3. The impact of alcoholism and alcohol-related behaviors on family systemic functioning is most clearly seen in the types of changes that occur in regulatory behaviors as the family gradually accommodates family life to the coexistent demands of alcoholism. (Systems contain patterns and move toward equifinality.)
4. The types of alterations that occur in regulatory behaviors can in turn be seen to profoundly influence the overall shape of family growth and development-changes in the normative family life cycle that we have labeled "developmental distortions." (Steinglass et al., 1987, p.47-48) (Systems have a circular causality.)

Family Regulatory Process

Deep Regulatory Behaviors: Patterns combining family organization, proces and "traces" (of something that has been there).

How do you "know" this family is organized around addictive behavior?

1. Deep Regulatory Structures: only known by "traces." These structures are not observable. They are hypothesized as organizing principles, which produce patterns of behavior seen as observable behaviors.

- Family identity: Underlying cognitive structure, shared beliefs, themes. The family creates family identity through rules and transmission of themes, which organizes reality.
- Family temperament: Energy-activity patterns, mediation of intimacy and distance, behavioral response styles.

How do you observe "deep structures?"

2. Observable Regulatory Behaviors

- Daily routines
- Family rituals
- Problem solving episodes

Family Roles : Roles maintain homeostasis of family.

Growth and Development in the Alcoholic Family: Family Unit Developmental Tasks (Steinglas, 1987): "Instead of tying family development to the life cycle of individual family members, we propose a family life cycle built around the notion of systemic maturation" (Steinglass, 1987, p.74)

- All families must define their external and internal boundaries.
- All families must choose a limited number of major developmental themes.
- All families must eventually develop a set of shared values and view, about the kind of family they are (family identity).

When is Appropriate to Use a Brief Family Therapy Approach?

From: Lawton Barry, Kristen (1999). Brief interventions and brief therapies for substance abuse. Treatment Improvement Protocol (TIP) Series 34. Compare these ideas with Brown and Lewis?

Long-term family therapy is not usually necessary within the context of treatment for substance abuse disorders. An exception is long-term residential treatment, during which the involvement of the client's family is highly recommended and often is an integral part of the therapeutic process. Making real progress with a family over a long period is challenging. Stumbling blocks, barriers, and

pathology seem to emerge. Family members drop out and reenter the therapeutic process, and it becomes increasingly difficult for the therapist to avoid making decisions. The family may try to incorporate the therapist into the family system, routinely seeking direction in a crisis. Boundary and projection issues must be addressed. In short-term family therapy, the boundary between the therapist and the family is more clear. In general, it is easier to continue to help an individual work within the family system through subsequent individual therapy.

Some traditional approaches encourage clients to work on themselves in isolation from others, but there are few instances in which the opportunity to work with the client's family – for at least one or few sessions - is not beneficial. Obviously, one such exception is when the client is unwilling to pursue this approach. Another instance best dealt with individually is when the client's situation involves issues of separation and individuation, although conjoint family work often helps complete this process. Physical, emotional, or sexual abuse of the client by a family member may also rule out family therapy. Short-term family therapy is an option that could be used in the following circumstances:

- When resolving a specific problem in the family and working toward a solution.
- When the therapeutic goals do not require in-depth, multigenerational family history, but rather focus on present interactions.
- When the family as a whole can benefit from teaching and communication to better understand some aspect of the substance abuse disorder.
- Family therapy offers an opportunity to:
- Focus on the expectation of change within the family (which may involve multiple adjustments)
- Test new patterns of behavior
- Teach how a family system works, and how the supports symptoms and maintains needed roles.
- Elicit the strengths of every family member
- Explore the meaning of substance abuse within the family

An obvious prerequisite for family therapy would seem to be the existence of a family. However, some therapists, including Haley, believe it is possible to “create” a family by simply drawing on the client's network of significant contacts. A more important question than whether the client is living with a family is, “can the client's problem be seen as having a relational component (that is, involving two or more people)?” Rather than simply trying to identify existent family members, therapists can begin conducting an assessment of the client's social network that would include significant others, friends, employers, and coworkers. These people are significant and helpful in the client's life and can be important elements of a client's recovery program.



The definition of “family” also varies in different cultures and situations. For example, for a substance abuser in a Native American group, the notion of family may extend to community members, including healers or others who can help promote or block change. Young children, although not the most powerful members of the family, often have helpful perceptions to contribute to the therapy process. In determining how and when to include children, it is important to consider their age and nature of the subject matter the family will address. Parental sexual relations, obviously, should be discussed by parents alone.

Family therapy approaches have been employed with a variety of specific substance abusing subpopulations, including those who are dually diagnosed (Read et al., 1993; Reilly, 1991; Rylewicz, 1991), Vietnam war veterans with substance abuse disorders and post traumatic stress disorder (Fahnestock, 1993; Moyer, 1988), older adults with substance abuse disorders (Amodeo, 1990; Crawley, 1993; Rathbone-McCuan and Hedlund, 1989), cocaine abusers (O’Malley and Konsten, 1988; Rice-Licare and Delaney McLoughlin, 1990), HIV-positive clients with substance abuse disorders (Barth et al., 1993), and substance abusing perpetrators of domestic violence (Flazner, 1989; O’Sullivan, 1989)

Definitions of Family:

The term “family therapy evokes images of parents and children. However, as mentioned above, family therapy can involved a network beyond the immediate family, may involve only one family member in treatment of a few members of the family system, or may even include several families at once.

Network therapy views substance abuse disorders from a cognitive-behavioral perspective (Galanter, 1993; Galanter et al., 1997; Keller et al., 1997). In network therapy, significant nonfamily members, cousins, and grandparents, as well as family members, are regarded as useful resources available to assist the client.

In contrast, some types of family systems therapy regard substance abuse as a symptom of an underlying pathology at work in the family. This approach seeks to restructure the family and the maladaptive behaviors which contribute to (or encourage) the client’s substance abuse (Keller et al., 1997).

Conjoint couples therapy addresses couples issues within the family (Epstein and McCrady, 1998; Zweben et al., 1988). Typically, couples carry out assignments in dealing with key therapeutic themes, such as listing the factors that attracted each partner to the other, discussion how the relationship could regain that attraction, and looking at expectations of each partner, needs from other partner and resentments. Couples may need to explore their ideas about gender roles within the relationship, or they may have to explore their views on parenting,

especially in regard to the disciplining of children. They may also be asked to share ways in which they communicate dissatisfaction or negative feelings about the ongoing substance abuse.

Multifamily groups are often used in substance abuse treatment for educational purposes and as support groups. They can explore ways to attain strategic objectives relevant to each family, offer an opportunity for sharing knowledge, address boundary and communication issues, and expose participants to new ways of managing challenges. Participants realize they are not alone and are helped to maintain their substance-free lifestyle through learning new coping techniques and ways to stop enabling substance abuse. The therapist can apply the experiences of one family to help another. After one family describes a solution, the therapist may ask another, "Would that work in your family?" This approach can promote accountability for maintaining agreements with less stress than would occur in single-family therapy. Typically, four or five families participate, often achieving meaningful results rapidly (Kaufman and Kaufman, 1979).

This approach helps with boundary setting and reestablishment of the parent-child hierarchy. If a parent is the substance abuser, a family role reversal may have occurred in which the children have taken the parental role and become caretakers. In therapy and recovery, it is important that these boundaries be reclarified and that the correct parent-child be reestablished. Not communicating is typical in families undergoing substance abuse treatment. One of the goals must be to reestablish lines of communication.

The disadvantage of this approach is that the families involved may not have much common experience; also, some families feel ashamed in this sort of encounter and are not willing to share their experiences. At times, this approach can lead client families simply to complain to one another, without being motivated to find new solutions. One of the responsibilities of the therapist leading the group is to guide the family in exploring alternatives and choosing among them.

Multiple family therapy offers an opportunity to deal with four concerns for families in which substance abuse has been a problem (Brill, 1981):

- Inadequate internal family development
- Family systems and role imbalance
- Selected socialization variances within the family (i.e., differences in the desire and ability of family members to socialize)
- Dysfunctional, ineffective family behaviors that maintain the problem

- Some researchers believe that multiple family therapy is especially useful for families dealing with substance abuse disorders (Kaufman and Kaufman, 1979). In families where one or more members have a substance abuse disorder, deterioration in the family system is usually seen.
- Multiple family therapy allows a quick assessment for the deterioration and stimulates a confrontation and strategy to reverse this process.
- It is most useful in residential settings where the family is easily accessible, although it has also been successfully used in outpatient settings. Kaufman and Kaufman also found that it works best with highly motivated and involved clients and reduces the incidence of premature dropouts, acts as a preventative measure for other family members, builds a subculture that acts as an extended 'good family,' and creates and supports structural family changes that interdict the return of drug abuse (Kaufman and Kaufman, 1979, p. 84).

Using Brief Family Therapies:

Opening Session: A typical opening session for a family in which a member has a substance abuse disorder might involve the following:

The therapist seeks to clarify the nature of the problem and to identify the family's goals. The therapist asks each family member the same sort of open-ended questions typically used in individual therapy. For example:

“What you would like to see happen here?”

“What would you like to work on?”

“What is your goal in coming here?”

“How did you get here?”

The therapist educates the family in what is needed to participate effectively in the therapeutic process and to understand key biosocial issues related to substance abuse.

The therapist provides feedback to the family on what was said, demonstrating whose goals are similar or different.

The therapist can then move on to prioritizing directions for change or, in the direction is sufficiently clear, start work. Some therapists ask the family to engage in a “contract” that identifies the direction of therapy and delineates each member's commitment to the process.

Early on, practitioners of different theoretical models will make choices about what they will focus on and how to proceed, for example:

Therapists who practice solution-focused therapy would devote more time to gathering information and affirming family members at the first session, which



would probably conclude with the assignment of tasks designed to test the possibility of change in areas where change seems feasible.

Therapists applying Eriksonian therapy, after asking family members what they want, might ask, “ How will you know when you get there?” A followup question would be, “is there any reason you can think of why it would not be okay to get there?” This question tests for resistance and any constraints, such as the possibility of family violence, which could prevent open and honest communication. The therapist would then try to do something about that constraint in order to create safety (an action referred to as an “ecological check”).

Therapists using the Mental Research Institute (MRI) strategic model would examine solutions that have already been attempted because most families with a member struggling with a substance abuse disorder try a variety of solutions that have not worked before formal treatment. The family’s solution may be seen as the problem.