Module 1

Drug dependence and basic counselling skills

1. Biology of drug dependence
2. Principles of drug dependence treatment
3. Basic counselling skills for drug dependence treatment
4. Special considerations when involving families in drug dependence treatment
Workshop 4

Special considerations when involving families in drug dependence treatment
Training objectives

At the end of this workshop you will be able to:

► Understand the importance of involving a client’s family in the treatment process
► Identify a minimum of 4 family feelings and reactions to their relative’s drug addiction
► Understand the basics of child protection
► Identify strategies to insure that the client’s confidentiality is maintained when you are working with relatives
► Identify a minimum of 3 and conduct a minimum of 2 strategies for engaging families in treatment
Introduction to family support
Family is a powerful source of assistance and support. Families and significant others can effectively participate in the treatment process if the client consents.
Goals of involving the family

Involving the family

► Helps family members understand and cope with the client’s drug use disorder

► Helps achieve the recovery goals of the person affected by a drug use disorder
Working with families
At the point of first contact with a client, counsellors should ask questions such as:

- Who is important in your life at this moment?
- How do they support you?
- Do they know that you are getting treatment?
- Would they support you in getting treatment?
- Would you like them to be involved in treatment and, if so, in what way?
What is co-dependency?

A co-dependent person is being described as “dependent” along with another (drug user).

Co-dependency has been described as “enabling”: an individual inadvertently reinforces the drinking behaviour of the other party (Whitfield, 1984).
What is co-dependency?

Several instruments measure co-dependency as a personality variable.

There is controversy in considering the concept as a disorder.

Therefore it seems to be more cautious to better consider including a list of possible “family reactions” to the drug abuse of one of its members rather than considering “co-dependency” among any of them.

CO-DEPENDENCY

**Primary**
- developmental (developed in childhood when raised within a dysfunctional family)

**Secondary**
- reactive (e.g. a healthy person becoming involved in a relationship with an addicted individual (Whitfield, 1997))
Family reactions
Family reactions

Typical feelings and reactions in response to a relative’s drug problems:

- Denial
- Shame
- Self-blame
- Anger
- Confusion
- Preoccupation
- Making changes in themselves
- Bargaining
- Controlling
- Disorganisation
Let's practice!

Identify maladaptive reactions

Anna has been in treatment for alcoholism for 3 months. Anna’s husband is suspicious about her behaviour and is tracking all her movements through the day. His compulsive preoccupation drives him to waste his energy in unproductive ways, and as a result, he fails to do his own work. He tries to hide Anna’s problem from everybody and denies that there is a problem. It is too shameful for him, Anna and the rest of the family. He justifies her alcohol abuse in public by saying that she is under a lot of pressure from her work. He denies that she drinks at home. He takes responsibility for Anna. For example, he calls her office every day to make sure she is at work and if she is not, he makes excuses for her absence.
How to engage the family
How to engage the family

To effectively engage family members:

► Recognize their perceptions of the situation
► Provide a range of service options for families to choose from
► Actively engage family members (follow-up with phone calls and letters)
► Do not give up easily
► Deliver flexible services
How to engage the family

To effectively engage family members:

 ► Make sure that the family's greatest need is the one addressed first
 ► Be responsive to a crisis
 ► Insure that the service offered is what the family wants
 ► Present clear information
 ► Insure that promises and commitments are met
 ► Promote strengths-oriented conversations
Building positive communication between the client and the family
Communication problems

- Frequently, a client’s addiction can create many problems within a family
- Family members often feel guilty, angry, hurt, and defensive
- These feelings can negatively affect the way they communicate with one another
- Negative patterns of interacting often become automatic
Positive communication skills include the following:

► Avoid assuming what the other is thinking
► Communicate directly instead of hinting
► Avoid double messages
► Admit mistakes
► Use “I” statements
Case study 1:

Nancy asked her husband Pete, “Will you be coming home right after work?” Pete exploded, “You don’t have to check up on me every 5 minutes! Do you want a urine sample, too?” Nancy responded angrily, “Well, you’ve sure given me enough reasons to check up on you.”
Case study 2:

Ricardo, a 17-year-old in recovery, was playing a video game when his mother, Rosa, walked by and said, “Ricardo, the kitchen trash can is getting full.” Ricardo responded, “Uh huh,” and continued playing his game. Half an hour later, Rosa noticed that Ricardo hadn’t emptied the trash. She angrily confronted Ricardo for not taking the trash out right away. Ricardo responded to her anger by loudly saying, “Hey, I’ll do it when I’m ready to do it!”
Case study 3:

Tanya asked her husband, Andre, “Do you mind if I go fishing with Sharonne on Saturday?” Andre had been planning to spend time with Tanya on the weekend and didn’t want her to go with Sharonne. However, he replied, “Sure, go ahead.” As he said this, his arms were stiffly crossed across his chest and he didn’t look directly at Tanya. Tanya felt uneasy and said, “You’re really OK with it?” Andre responded angrily, “I said I was, didn’t I? The discussion escalated into an argument.
Case study 4:

Bob forgot that it was his and Catherine’s 5th wedding anniversary. A co-worker invited him to bowl a few frames after work, and he accepted. When he arrived home, he discovered the table set for two and Catherine in tears. When she confronted Bob about being so late, he responded defensively. “You know I have trouble remembering these things. You should have reminded me! How am I supposed to know you were planning a special dinner?” Catherine responded, “How could you forget our anniversary?” Bob was feeling guilty at this point, but not wanting to admit he was wrong, defensively replied, “Listen, Catherine, we’ve been married for 5 years now. What’s the big deal?” Catherine locked herself in the bedroom.
Case study 5:

Pam, a senior in high school, was out on a date. Her curfew was midnight, and she was already late. When Pam arrived home at 1 a.m., her mother, Emily, was extremely worried. Emily greeted Pam at the door saying, “You’re late! You could have picked up a phone and called. You’re always so inconsiderate!” Pam responded angrily, “I am not always inconsiderate!” A fight ensued.
How to engage the family?

Think about strategies to involve the family. How you would implement them in your organisation? Discuss your ideas with colleagues and share them with the rest of the group.
Break
Confidentiality
Confidentiality

- It is the right of the patient/client to determine to whom they or others disclose details of their treatment.

- No information regarding a person's treatment should be disclosed without the client's explicit consent in writing.
Organisations’ confidentiality policy

Organisations should have policies and procedures in place to assist practitioners in insuring confidentiality for the patient/client and their records. These policies should include:

- Having an agreement with the patient/client and informed consent before releasing any information regarding treatment
- Having a signed “release of information” form from the patient/client
- Clarifying to the patient/client the purpose and types of case records and what happens to them
Written consent should be obtained before disclosing:

- Details of a client's treatment to any family member
- Information about the client’s attendance
If in doubt …

► Ask your client if it is OK to talk about it
► Respect the patient/client’s or the family member’s wishes if they decide they do not want to talk about a particular issue
► In some circumstances, employ different practitioners for the family and the patient/client
► If a family member requests a service, but the patient/client does not want to be involved, refer the family member to another service
Support and information for patients/clients who have children
Support and information for clients who have children

Clinicians should identify the needs of clients with children. These might include:

► Referral to a specialist in parenting or family support programs

► Attention to child safety issues within the physical environment of the agency

► Provision of “child-friendly” areas within the clinic, including toys and resources for children, posters, and other aids to establish a welcoming and age-appropriate environment

► Provision of information on a range of welfare, child care, and family recreation services available in the local area
Organisations should have **policies and procedures** in place to assist practitioners in responding to suspicions of child abuse and neglect such as:

- Access to immediate supervision from an experienced practitioner
- Knowledge of what constitutes risk
- Knowledge of the child protection system
- Training on how to discuss concerns about safety with clients
Any Questions
What strategies are available to ensure that the patient/client’s confidentiality is maintained when you are working with their relatives?

Why engage families in treatment? What strategies for that do you know?

What are the basics of child protection?
Thank you for your time!
End of module 1

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