VOLUME B
Elements of Psychological Treatment

MODULE 1
Drug dependence and basic counselling skills
- Biology of drug dependence
- Principles of drug dependence treatment
- Basic counselling skills for drug dependence treatment
- Special considerations when involving families in drug dependence treatment

MODULE 2
Motivating clients for treatment and addressing resistance
- Approaches to change
- Principles of Motivational Interviewing
- How to use motivational skills in clinical settings

MODULE 3
Cognitive behavioural and relapse prevention strategies
- Basic concepts of cognitive behavioural therapy and relapse prevention
- Cognitive behavioural strategies
- Methods for using cognitive behavioural strategies

Treatnet Family
UNODC Family-based Treatment Training Package for adolescents with drug and other substance use disorders including those in contact or at risk of contact with the criminal justice system
Elements of Family Therapy for Adolescents with Substance Use Disorders
Treatnet Family training goals

► Understand how family therapy works, and how it can help people with substance use disorders, including those in contact with the criminal justice system
► Understand how to support adolescents with substance use disorders
► Start applying elements of Family Therapy in daily practice
► Widen your lens, engage with community partners and begin shaping the definition of the problem in systemic way

Treatnet Family

Elements of family therapy for adolescent substance use disorders

1. Introduction to family therapy and Treatnet Family
2. Family therapy core strategies
3. Family therapy phases and interventions
4. Possible issues and themes
5. Micro teaching and evaluation
Welcome!

Pre-assessment
Workshop 1
Introduction to family therapy and Treatnet Family

Let’s begin!
Training objectives

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

► Understand core assumptions and foundations of Family Therapy (FT)
► Understand systems thinking and how it is applied in FT
► Reflect on your own attitudes, knowledge and skills
► Use the understanding of cultural context in your work

The teaching process we will use

► Lecture
► Discussion
► Demonstration
► Skill practice
► Learning activities
► Case examples
The teaching process we will use

<table>
<thead>
<tr>
<th>Experiential Learning Cycles</th>
<th>Act</th>
<th>Reflect</th>
<th>Conceptualize</th>
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<tr>
<td></td>
<td>Concrete Experience Facts (What Happened?)</td>
<td>Reflective Observation Feelings (What Did I Experience?)</td>
<td>Abstract Conceptualization Findings (Why Did This Happen?)</td>
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<td>Theory of Action</td>
<td>Assess Behavior &amp; Consequences</td>
<td>Revise Theory</td>
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1. David Kolb  
2. Roger Greenaway  
3. Chris Argyris & Donald Schon

Ground rules can be helpful

Here is ours:

- Begin and end on time
- Everyone gets a chance to speak
- One person speaks at a time
- Agree to disagree
- Participate at your own level of comfort
- Remember confidentiality
- Nobody checks email, Facebook, or surfs the internet during this workshop
- Dress comfortably
- Do you suggest others?
- Have fun!
How role plays will work

We will

► Work in small groups of 2-5 people
► Define each person’s roles
► Explain or read a scenario
► Sometimes ask to switch roles

A basket for questions
What is Family Therapy and why use it with teens with substance use disorders?

Video on the importance of the family

Good parenting as a buffering effect that can prevent drug use and other problematic behaviors
Let’s think!

Family can mean different things for different people.

► What can we learn about a person from his/her family?

General topics to be covered

► Theoretical foundations of family therapy
► Core assumptions of family therapy
► Cultural issues
► Treatment phases, interventions, and assessment methods
► Additional issues
► Problem solving
► (Micro-teaching practice)
This workshop will cover

- Cultural context
- Participants’ attitudes, knowledge, and skills
- Core assumptions and foundations of UNODC family therapy
- Shift to systems thinking

Considering the context
Let’s discuss!

The cultural context

► In what ways does your community view drug use?
► How are drug use problems treated in your community?
► What cultural, religious, spiritual and community factors can hinder or help address drug use?
► How do you define family? What’s the role of the family in addressing drug abuse?
► How would family members respond to a family intervention?
► What else should I know about cultural, spiritual or community factors in your country?

Let’s reflect!

Your previous training and experience

► What is your approach to serving youth who are using drugs?
► What do you believe works?
► What are your experiences working with families and presenting on family therapy topics?
► What’s been helpful? What hasn’t? What has been most challenging?
► Do you prefer seeing clients and families in your clinic or at your client’s home? Why?
► What do you consider a “family?”
Health service provision to adolescents

Points of service delivery
- Enable adolescents to obtain the health services they need
- Are appealing to adolescents & respectful of them
- Provide the health services that adolescents need

Service providers
- Are non judgmental & considerate in their dealings with adolescents
- Deliver the services in the right way

Community members
- Support the provision of health services to adolescents.

Adolescents
- Are aware of what services are being provided
- Are (& feel) able & willing to obtain the health services they need

Theoretical foundations of family therapy
Four theoretical frameworks underlying family therapy

1. Family systems theory

Four theoretical frameworks underlying family therapy

- Family systems theory
- Ecological systems theory
- Social construction theory
- Social learning/behavioral theories
Four theoretical frameworks underlying family therapy

2. Ecological systems theory

3. Social construction theory
Four theoretical frameworks underlying family therapy

4. Social learning / behavioral theories

Core assumptions and foundations of family therapy
1. Adolescence (WHO:10-19) is an important transition

- Transition between childhood and adulthood
- Physical development
- Cognitive development
- Egocentrism
- Socioemotional development

Brain development
Imbalanced neurodevelopment

First, think about it...

Just do it!

Video example

Sarah and Grandmom Reflect on their Relationship
One important fact

Many believe that teens begin drug use simply to pursue pleasure. However, according to scientific evidence, there are factors such as exposure to drug use, neglect, violence, and other family factors, that lead to vulnerabilities to initiate drug use.

Core assumptions and foundations of family therapy

2. A basic knowledge about drug use and drug use disorders (DUD) is important

Drug dependence is considered a multi-factorial health disorder that often follows the course of a relapsing and remitting chronic disease

UNODC-WHO
Risk and protective factors

Individual vulnerability underlying drug initiation and alcohol use

Spectrum of substance use and substance use disorders
The spectrum of substance use

▶ Hazardous use
  – A pattern of substance use that increases the risk of harmful consequences

▶ Harmful use
  – A pattern of psychoactive substance use that is causing damage to health (physical or mental). Commonly, but not invariably, has adverse social consequences.

Substance dependence

Diagnostic criteria

▶ Difficulties in controlling
▶ Withdrawal
▶ Tolerance
▶ Neglect of alternative pleasures
▶ Persisting despite harmful consequences
The brain

Long-lasting changes in the way in which the brain works changes the motivational, learning and decision-making systems.

Allostasis model – drug dependence

Koob et al., 2007
Important terms in understanding drug use disorders

- Psychological craving
- Tolerance
- Withdrawal
- Neglect of other interests
- Compulsive drug seeking/taking in spite of negative consequences

Understanding craving

- Psychological craving
- Coping with craving is a main goal in preventing relapse
Basic facts about craving

► Dealing with cravings is important in modifying drug use

► Cravings can continue long after quitting
  – Patient with a history of heavy drug use may experience stronger urges

A few basic facts about craving

► Craving can be triggered by
  – People
  – Situations
  – Feeling
  – Things
  – Place
  or anything else that have been associated with substance use in the past

► Craving lose their power if not reinforced by substance use
  – Using occasionally keeps cravings alive
  – We will talk more about handling cravings when we get into family therapy interventions
Let’s think!

A basic knowledge of drug use and drug use disorders

► What are the most common drugs used in your country/region?
► Is drug use among young people different? What about for boys versus girls?
► Is there significant stigma?
► What are standard supports/treatments for substance users? Limitations?
► What is the role of families in current substance use disorder treatment?
► Is the Justice System often involved with the youth and families?

A basic understanding of drugs and addiction

Biopsychosocial Model

► Considers the interaction of biological, psychological and social factors
► This framework has served as the basis of understanding healthy development
► Often used to guide intervention targets beyond biological factors alone
UNODC Treatnet training materials

► Go to UNODC website: unodc.org
► Topics (in the left bar): Drug prevention, treatment and care (open)
► Treatment and care (click)
► Scroll to see Training resources (click)
► Click on “read more” after Treatnet introduction text

More facts about drugs and addiction

UNODC Treatnet training package

► Volume A, introductory module “Basics of Addiction”
► Basic Volume, in particular, Module 1 “Drug dependence concept and principles of drug treatment”
Core assumptions and foundations of UN Family Therapy

3. Research evidence supports family therapy with adolescents with substance use disorders

► Greater **reductions in substance use** than alternative treatments (including individual, group and psychoeducation)

► Significant **pre to post treatment effects** are consistently obtained

► Drug use reductions are often **maintained** for one year follow-up in studies

► Increases **engagement and retention**

Evidence-based

As cited by the World Health Organization

<table>
<thead>
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<th>WHO Recommendations:</th>
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<td>Psychosocial interventions including contingency management, and cognitive behavioural therapy (CBT) and family therapy can be offered for the treatment of psychostimulant dependence. Although many of the research trials use monetary reinforcement, use of contingency management should be adapted to the culture and population with input from patients.</td>
</tr>
<tr>
<td>Psychosocial interventions based on cognitive behavioural therapy or motivational enhancement therapy (MET) or family therapy can be offered for the management of cannabis dependence.</td>
</tr>
<tr>
<td>Behavioral interventions for children and adolescents, and caregiver skills training, may be offered for the treatment of behavioral disorders.</td>
</tr>
<tr>
<td>Psychosocial interventions including cognitive behavioural therapy (CBT), couples therapy, psychodynamic therapy, behavioral therapies; social network therapy, contingency management and motivational interventions, and twelve-step facilitation can be offered for the treatment of alcohol dependence.</td>
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</table>

WHO-MHGap evidence centre (cannabis, stimulants), 2015
Evidence-based: Engagement & retention in treatment

Engaging and retaining difficult youth and family members

![Bar chart showing engagement and retention rates for Brief Strategic Family Therapy (BSFT) and Usual agency strategy.](https://www.mdft.org/Effectiveness/Substance-abuse)

Evidence-based: Reduction of cannabis use

Drug use reduction

![Bar chart showing drug use reduction in MDFT and Individual Psychotherapy (IP) groups.](https://www.mdft.org/Effectiveness/Substance-abuse)
Evidence-based: delinquency reduction

Delinquency reduction

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<th>Intake</th>
<th>6-month follow-up</th>
<th>12-month follow-up</th>
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Group Therapy
Multidimensional Family Therapy (MDFT)

Other outcomes

Family therapy also demonstrates:

► Greater change in parent reported behavior problems and adolescent reported emotional problems

► Fewer incarceration days and fewer out-of-home placements

► Greater improvement in academic functioning including grades, school attendance, reports of school problems

► Better family functioning
Core assumptions of family therapy

1. The family is the primary system in a person’s life

2. Poorer functioning at the family level can impact functioning at other levels (e.g., school, peer networks, etc.)

3. Relationships with family members can contribute to whether a member’s problems get better or worse

4. Family therapy for individual problems (e.g., substance use) can also improve other problems (e.g., grades)

5. Family therapy does not focus only on the individual, but also on family interactions. These interactions shape how family members behave in other contexts.
Core assumptions of family therapy

6. The primary focus of sessions should be on the relationships among family members. The family therapist wants to **interrupt problematic cycles, ineffective communication, and harmful behaviors** family members currently use to meet their emotional and interpersonal needs.

7. Change in family interaction can influence each family member’s behavior. Thus, **family members** are encouraged to be **part of the solution**.
Try on a different lens

“There are many lamps, but only one flame.”

Rumi

“A noble mind can see a question from all sides without bias.”

Confucius

Let’s think!

Systemic thinking

► What are systems?
► What is systemic thinking?
► Why learn this way of thinking?
► How does systemic thinking impact treatment?
Systems thinking

► Relating systems thinking to families and family therapy
► Connecting systems thinking to adolescent drug use and treatment

Case example

Systems thinking
► Systemic problem identification
► Developing a systemic hypothesis
► Testing a systemic hypothesis
Let’s observe!

**Systems thinking**
Demonstration of a systemic hypothesis

► How will this guide your intervention strategy?
► Who do you intervene with and how?

Let’s practice!

**Systems thinking role play**
Remember the therapist should:

► Follow a systemic hypothesis
► Avoid blame and shame
► Focus on positive intent
► Provide affirmation to everyone
► Stick with the present over past
End of workshop reflections

► What was the most meaningful to you today?
► What will you take away with you?
► What did you enjoy the most?
► How will you use this information?
► What skill(s) do you think you will begin to practice in your work?

Points to remember

► The family is the primary system in a person’s life
► Adolescence is an important transition
► Family therapy focuses on family interactions
► A basic knowledge of drug use and drug use disorders is important
► Research evidence supports family therapy
Thank you for your time!
End of Workshop 1