Addressing the Unique Issues of Emerging Adults and Families in the Treatment Environment

Presented by:
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Participants will:

• Discuss the issues created in families with an adolescent or young adult experiencing addiction;
• Explore the role of the family in the treatment and recovery process;
• Identify strategies to support ongoing recovery for both the client and family;
• Learn the levels of counselor involvement and how that impacts family services;
• Examine personal attitudes, behaviors and beliefs that influence the clinical success in the delivery of family services;
• Generate a personal plan to strengthen commitment for family focused services;
• Share experiences and “lessons learned.”
Emerging Adults: Transitional Age Youth

• For young adults in the U.S., the transition into adulthood begins in the late teens and continues through the mid-20s. The transition can be a stressful process because young people become more self-sufficient and make decisions that shape their futures.

Emerging Adults: Issues of transition

- Identity
- Community
- Permanence
- Housing
- Life Skills
- Adult relationships
- Education
- Employment/Career Choice
- Finances

- Health
- Treatment services
- Legal
- Transportation
Developmental Tasks:

• Adjust to new physical sense of self;
• Adjust to a sexually maturing body and adult feelings;
• Develop and apply abstract thinking skills;
• Define personal sense of identity;
• Adopt a personal value system;
• Renegotiate relationship with parents and/or caregivers;
• Develop stable & productive peer relationships;
• Meet demands of increasing mature roles and responsibilities.

Source: Teipel, K. Developmental Tasks and Attributes of Late Adolescence/Young Adulthood. State Adolescent Health Resource Center, Konopka Institute, University of Minnesota.
Risk and Protective Factors

• Researchers have found the more risks in a person’s life that can be reduced, the less at risk they are to having subsequent health and social problems.

• Research has also demonstrated that exposure to even a significant number of risk factors in a person’s life does not necessarily mean that substance use or other problem behaviors will follow.

• Many young people growing up in high risk families and environments emerge relatively free of problems because of the presence of protective factors in their lives. **Protective factors balance and buffer risk factors.**
Risk and Protective Factors:

- **Fixed factors**: Factors that cannot demonstrate change by intervention. (Hawkins, 1992)
- **Contextual factors**: Factors that lie within individuals and their interpersonal environments. “Broad societal and cultural factors.” (Hawkins, 1992)
- Further research is needed to complete a picture of the risks that lead to problems with substance use in young adulthood, especially in the non-college population. Examples of factors related to the changing social contexts of the young adult are:
  - College attendance,
  - Employment,
  - Living arrangement,
  - Marital status.

Family defined:

• No single definition of “family.”
• Different cultures and belief systems influence the definition.
• The definition is not static.
• Broad categories:
  • Traditional families; Single parents; Adoptive families; Grandparents raising grandchildren.
  • Extended families; elected families.

Family and other Relationships

• Non-Familial Co-dependent Relationships: these are people other than family members. They may be co-workers, supervisors, religious leaders, professors and FRIENDS.

• Primary Co-dependent Family Relationships: (There are three categories since each has different emotional relationships.)

1. Spouse/Partner/Significant Other
2. Parent
3. Children

Source:
Parent Relationship

• The parent relationship is a different relationship from a co-dependent spouse or child of addict.

• It is not a fully equal relationship.

• In many instances, a “child” can share more personal information with the parent than the parent can share with their “child.”

Source:
Think about the following......

• How is the family treatment services related to the developmental tasks for transitional aged youth?

• Why is it important?
Primary issues for the parent – child relationship:

• Most parents of an addicted child (of any age) have the following issues:

• A parent cannot stop worrying about the child until the child is either sober or dead.

• If the parent is involved in worry and fear, there is very little detachment and they experience emotional pain.

• Most difficult issue to address is where the boundaries are between “caring” and “caretaking” or “enabling.”

Source:

Co-dependent Parent Feelings:

CO-DEPENDENT PARENT:

• Worry
• Fear
• Frantic
• Guilt
• Protective
• Confusion
• Anger
• Shame
• Over responsible
Continued:

- Rescuing
- Intense focus
- Neglect self
- Loss of fun
- Sadness
- Loneliness
- Exhaustion
Co-dependent parent behaviors:

- Worry
- Fear
- Shame
- Anger
- Frustration
- Confusion
- Possible abusive behaviors

- Possible permissiveness
- Probable breakdown in communication
- Possible loneliness
- Self-doubt
- Self-condemnation
- Great sadness

One key lesson learned..... Go back to the basics.

• The original work regarding family roles was done by Virginia Satir.
• Her work was adapted by Sharon Wegscheider Cruse and Claudia Black to address the family roles found in many families impacted by addiction.
• The SUD field has matured and research has taught us more about the chemical issues of the human brain. However, an understanding of the effect on family dynamics crucial.
• Knowledge of the beliefs, feelings, fears and strengths of family members is the basis for building strong family services.

Family Hero

Defenses:
* Working hard for approval
* Independent life from family
* Success
* Being "all together"
* Being super responsible
* Being special

Role: Provides Self-Worth for the Family

Feelings:
* Anger
* Inadequacy
* Confusion
* Loneliness
* Hurt

Scapegoat

Role: Provides Distraction and Focus for the Family

Defenses:
* Strong peer value
* Withdrawing
* Acting out
* Chemical use
* Sullenness
* Defiance
* Unplanned pregnancy

Feelings:
* Hurt
* Anger
* Loneliness
* Rejection
* Fear

Lost Child

Defenses:
* Aloofness
* Withdrawal
* Quietness
* Being distant
* Being super independent
* (Sometimes) being overweight
* Rejection

Role: Provides Relief for the Family

Feelings:
* Loneliness
* Anger
* Inadequacy
* Hurt

### Mascot

**Role:** Provides fun and humor for the family

#### Defenses:
- Getting attention
- Humor
- Fragility
- Being super cute
- Clowning
- Hyperactivity

#### Feelings:
- Fear
- Insecurity
- Loneliness
- Confusion

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Impaired Family

Addicted Son 18 yrs old
Addicted to alcohol & crystal meth
Lies & steals
Verbally abuses Mom & sisters

Sister 19 yrs old
Parties a lot
Angry
Sullen
Sarcastic
isolates

Sister 16 yrs old
Is also using
Doesn’t tell the truth

Family

Mom
Overworks
Stays away
Avoids issues
Overprotects kids
Makes excuses
Blames her husband

Dad
Doesn’t listen
Lectures
Doesn’t show much interest in kids
Minimizes drinking & smoking pot

Brother 14 yrs old
Silent anger
Hides in his room
Family System Roles

• In an addictive or stressed family system addiction becomes the focus or concern that organizes the family. The addict becomes the main figure. All the family members organize their behaviors and reactions in relation to the affected person.

• As a result family members often develop a variety of survival roles that become their way of addressing their surroundings.

“Who is the client?”

- Claudia Black, Ph.D. states that it is easy for the therapist, addicted person and family to view the addicted person as the identified client. Family services allows a shift in view to identify the family members as clients. The system allows everyone in the family the opportunity to develop and grow in recovery.

Integrated Treatment Services

Benefit for families:
• Treatment outcomes
• Client recovery
• Family recovery
• Intergenerational impact

Benefits for providers:
• Reduced resistance
• Flexibility in treatment planning
• Flexibility in treatment approach
• Increased skill set

The Therapist’s Role:

• Research indicates that the therapist’s comfort level is associated with therapeutic alliance.

• Therapeutic alliance is an important factor found to be associated with clinical outcomes across the research studies and treatment models.

• Therapist’s with low comfort levels may interfere with making a solid therapeutic alliance.

Co-dependent Parent Feelings:

CO-DEPENDENT PARENT:
• Worry
• Fear
• Frantic
• Guilt
• Protective
• Confusion
• Anger
• Shame
• Over responsible

RECOVERY:
• Reduced worry
• Safety
• New learning
• Reduced guilt
• No rescuing
• New learning
• Acceptance/calmness
• Talk “about” child
• Respect and dignity
Continued:

- Rescuing
- Intense focus
- Neglect self
- Loss of fun
- Sadness
- Loneliness
- Exhaustion

- Honor other’s choices
- Expanded focus
- Self-care
- Develop fun activities
- Grief processing
- Building social network
- Rebuilds energy

Levels of involvement with Families:

• Substance abuse treatment professionals intervene with families at different levels during treatment.

• The levels vary according to how personalized the interventions are with each family.

Levels of Counselor Involvement:

• **Level 1**: Little or no involvement with family
• **Level 2**: Provide psychoeducation and advice
• **Level 3**: Address family members feelings and provides support
• **Level 4**: Provide systematic assessment and planned intervention
• **Level 5**: Family therapy

How does engagement happen?

• Engagement refers to getting family members involved in a formal program.

• Unfortunately, counselors often consider families to be engaged if they attend the beginning of several scheduled sessions of a program.
• Engaging is an ongoing process that occurs throughout services.

• Families must not only become engaged, but must stay engaged.

Family Engagement: Often psychoeducation model.

• Recommended by treatment team;
• Inform clients about the option of family involvement;
• Convey the message that change is possible;
• Identify family members and schedule a meeting to inform them about the services;
• Eliminate any concerns of the family at that time;
• Family and client meet to discuss their involvement.

So important!!!

“The progress an individual makes in treatment can be hindered or undermined or even reversed if family dynamics don’t change too.”
Sources:

• Smith, Hornberger, Brewington-Carr, Finck, O’Neill, Cavanaugh, Bender. *Family Involvement in Adolescent Substance Abuse Treatment*, Vol 1, # 1. March 2009. Supported by SAMHSA grant number TI 05-006, State Adolescent Substance Abuse Treatment Coordination Grant


• Excerpts from *Integrated Dual Disorders Treatment: Best Practices, Skills, and Resources* for successful Client Care by Lindy Fox el al. Hazelden, 2010.


• *Substance Abuse Treatment and Family Therapy, TIP 39*. (2005, revised 2015). U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
