

1 ☐ **Madness, Chaos and Violence Substance Abusing Families on the Brink**

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2 ☐ **Definitions**

- Madness: the condition of being mad, insanity, frenzy, ungovernable rage.
- Chaos: a state of utter confusion or disorder; a total lack of organization or order.
- Violence: rough or injurious physical force, action or treatment of a person.

3 ☐ **Causes of Family Stress**

- Financial Hardship: continually struggle to pay basic survival needs; stress can become a deep downward spiral until depression and hopelessness sets in; leads to marital, spousal or child abuse as an outlet of frustration. Many addicts have difficulty in maintaining a job and become dependent on their families.

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- Infidelity: can cause the ultimate demise of a family unit. Some people cheat on their spouses seeking love and attention. Cheating interjects distrusts which adds to the stress in a marriage. Addicts cheat not only for the abovementioned reason but because of blackouts or to get their drugs of choice.

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- Job Loss and Stress: Unexpected job loss makes the future of the family unstable. In today's economy when only one person is employed in the family this can lead to anger and resentment towards the person who is unemployed. In turn this can spell disaster.

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- Substance Abuse and Stress In Families: substance abuse can cause great stress in families, because addicts will make any sacrifice to get their drugs. This is usually at the expense of the family. They often lose jobs, steal money from the family, and do not have the ability to participate in the family unit.

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- Spousal or Child Abuse: spousal abuse can be verbal or physical. Abuse destroys a person's dignity and self-esteem. In abusive families the child's welfare is not always protected. How can someone protect their children if they can not protect themselves.

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- Families suffering from stress and substance abuse escalates sensitivity and irritability. No matter what is said or done it is never taken in the spirit it was intended. It's like being on an endless roller coaster ride with no way of stopping the ride or getting off.

9 ☐ **Cobra's and Pit Bulls**

- The cobra is a real snake in the grass, quiet and focused before striking its victim with little or no warning; are often sociopaths, cold and calculating con artists, with sadistic behavior. The cobra's violence grows out of a pathological need to have their own way. If they think their authority has been challenged they strike swiftly and ferociously. They threaten with knives and guns. Will kill family pets to make a point.

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- Pit Bulls: confine their monstrous behavior to the women they love, acting out of emotional dependence and a fear of abandonment. Pit bulls are the stalkers, the jealous husbands who are charming to everyone except their wives or girlfriends. The pit bulls fury smolders and builds, and once its teeth are sunk into its victim they won't let go. They monitor the woman's every move. They tend to see betrayal at every turn which infuriates them. Anger explodes into violence and they loss control.

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- In their study of 201 couples, including 63 couples where the wives were repeatedly beaten and emotionally abused, the Seattle psychologists discovered an extraordinary physiological difference between the two types of batterers. They hooked up the couples to polygraphs that recorded characteristics like heart rate, blood

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- pressure and skin resistance while the couples argued nonviolently in a laboratory setting about volatile issues in their marriages. The researchers noted that, as expected, the batterers they call pit bulls became physiologically aroused as their anger intensified, but, surprisingly, those they labeled cobras calmed down internally as they became increasingly aggressive.

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- When the police are called in response to violence inflicted by the cobra, they are likely to find a highly agitated woman and a calm, controlled man who blames the incident on his wife, which results in the arrest of the wrong person.

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- The researcher pointed out that there are estimates of 2 to 4 million wives that are severely assaulted each year by their husband and half of all murdered women are the victims of their husband, ex-husband, boyfriends or ex-boyfriends. The comparable statistic for murdered men is only 6 %

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- The histories of cobras and pit bulls tend to differ. Cobras often had violent, traumatic childhoods, criminal records, and a personal history of alcohol and drug abuse. Pit bulls, on the other hand, are less likely to have a history of delinquency or criminal behavior, but they are more likely than cobras to have had fathers who battered their mothers.

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- The two hallmarks of battering are fear and injury. Once physical violence succeed in intimidating the woman, it may taper off only to be replaced by a barrage of emotional abuse that is sufficient to remind the woman that the threat of physical violence is always present.

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- More often then not, women who attack back do it out of self defense, not aggression. Yet, Pit Bulls often profess that they are the who are the victims in a violent relationship.
- Pit Bulls may be easier to leave than Cobras but in the long run they are more dangerous. They are the one who kill their wives on the courtroom steps, when they seek a divorce or an order of protection.

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- According to Drs. Jacobson and Gottman not matter what a woman does to try to abort a

battering episode by leaving, the husband pursued her and intensified the beating.

- Wives rarely do or say anything that provokes a vicious attack

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- Emotional abuse can be more damaging than physical abuse because the man is always in their face, demeaning, degrading, humiliating, harassing, and robbing her of her identity.
- The researcher found that 38% of women managed to escape from their abusive relationships within the two year follow up period. None were the wives of Cobras

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- Yet in a five year follow up contact 25% of the wives of Cobras had also left their husbands. All told, 65% of the wives of violent men had left them at that point. The researchers stated that those who left demonstrated tremendous courage and resourcefulness.

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- Upon leaving the women faced the greatest likelihood of being killed. But as one woman said "Death would be preferable then to continue in this living hell" It may take time for a woman to leave but eventually they will find that inner courage unless it's too late.
- Researcher of this study are Drs. Jacobson & Gottman.

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- Professor Amy Holtzworth Monroe stated that understanding the types of batterers and how they got that way should help in the development of more effective programs as well as efforts to prevent domestic violence.

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Family Homelessness

- Homeless families comprise roughly 34% of the total U.S homeless population.
- Approximately 1.35 million children will experience homelessness over the course of a year. Researchers estimate that more than 200,000 children have no place to live.

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- The typical sheltered homeless family is comprised of a mother in her late twenties with two children
- 84% of families experiencing homelessness are female headed.
- Single parented families are among the poorest in the nation and are extremely vulnerable to homelessness. 71%

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- Many family shelters do not accept men in their program causing families to separate.
- Families that experience homelessness usually have limited educations.
- 53% of homeless mothers do not have a high school diploma.

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- 29% of adults in homeless families are working.
- 42% of children of homeless families are under the age of 6.
- The impact of homelessness of mothers is profound. Many experience anger, self blame, sadness, fear, and hopelessness. Mothers experiencing homelessness have significant histories of interpersonal violence.

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- For them, the experience of becoming homeless is another major stressor amidst already complicated traumatic experiences.
- Over 92% of homeless mothers have experienced severe physical and/or sexual abuse over their lifetime.
- 63% report the abuse was perpetrated by an intimate partner.

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- Children experience high rates of chronic and acute health problems while homeless. The constant barrage of stressful and traumatic experiences also had profound effects in their development and ability to learn. Violence plays a significant role of the lives of homeless children.

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- By age 12, 83% of homeless children had been exposed to at least one serious violent event.
- Almost 25% have witnessed violent acts within their families.
- 15% have seen their fathers hit their mothers.
- 11% have seen their mother abused by a male partner.

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- Children who witness violence are more likely than those who have not to exhibit frequent aggressive and antisocial behaviors, increased fearfulness, higher levels of depression and anxiety, and have a greater acceptance of violence as a means of resolving conflict.

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- A 2008 survey by the United States Conference of Mayors asked 25 cities for their top three causes of homelessness: Substance abuse was the single largest cause of homeless adults. (reported by 68% of cities)
- Substance abuse was reported by 12% of the cities for family homelessness.

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- According to Dedenko & Prankrotz two-third of homeless people report that drugs and alcohol were the major reason of becoming homeless. They questioned however if people used alcohol/drugs to cope with their homelessness which prevented them from being able to become employed.

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- Substance abuse in homeless is often untreated since they do not have access to health care, thus causing the symptoms to worsen. Homeless people with SA problems are more likely to be diagnosed with mental disorders, making it difficult for them to get out of homelessness. People with SA problems will become homeless more frequently and stay homeless longer than other homeless people They are also twice as likely to be arrested.

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- The types of substances most likely abused by homeless people are alcohol, marijuana, cocaine, heroin and methamphetamines.
- There is no single solution to the issue of substance abuse among homeless people. It requires an integrated, multifaceted solution that includes treatment of substance abuse,

transition housing, mental care and health care. It also require legal, educational and welfare services.

35 ☐ **Substance Abuse and the Family**

- Structural glue that binds families together, for better or worse, is the learned unspoken rule that emerges over time.
- Members in the family unit learn how to think and behave in accordance to the family rules.

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- Examples: Are there family dinners?
- What topics are off limit for family discussions?
- How are disagreements resolved?
- Are displays of anger, sadness, and sorrow permissible?
- How is love, affection, and respect expressed, if at all?

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- Despite these rules families are inevitably in a state of perpetual transition and evolution; they are living systems.
- When healthy family systems are learning to communicate effectively, form meaningful relationships, managing emotional needs and coping with loss and disappointment; the opposite is true for substance abusing families.

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- Understanding the family as a dynamic system continually reshaping itself in response to events and circumstances, is vital to understanding how substance abuse impacts the family and how the family unknowingly, tends to respond in unhealthy and unproductive ways.

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- Substance abuse starts out gradually and then progressively increases in intensity over time. In many cases families are unaware that trouble is brewing with one of their own.
- They only know that home is no longer a safe place; that tension and stress have replaced safety and predictability.
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- They realize that the person they once knew is now chronically irritable, short tempered, or to tired or disinterested to interact in a healthy way with the rest of the family. The family becomes more isolated; children discontinue to bring friends home and the spouse becomes angry and depressed.

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- Each family member develops their own coping strategies which becomes an integral part of the emotional and behavioral fabric of the family.
- The non-substance abusing spouse, partner, or children are forced to ignore their own needs, as well as the needs of other family members.

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- For example: they avoid confrontations with the addict.
- They excuse or cover up problematic behaviors of the substance abuser.

- They have to deal with the financial consequences of substance abuse.
- New rules gradually emerge.

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- These rules develop new behaviors to adapt and lessen the impact of addiction.
- These rules become a central organizing feature of the family system impaired by addiction.

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- Spouses and partners of addicts typically react in a variety of ways.
- They may take over chores or duties that once were the addicts.
- Try to hide and deny a problem exists.
- Feels that everything would be fine if the addict controls or cuts down their use.
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- Feels guilty or responsible for the addiction.
- Develops feeling of resentment and anger towards the addict.
- Withdraws socially from friends and extended family members.
- Loses their sense of self-respect, self-worth, and identity.

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- Children's may:
- Avoid activities with friends, especially in the family home, out of fear or shame.
- Stay away from home because of the unpredictability of the addict.
- Feel deprived of emotional and physical support.

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- Develop negative ways of dealing with their own problems and getting attention from parents and others.
- Feel torn between parents, feeling loyalty toward one and anger toward the other.
- Feel a diminished sense of self worth as a valued member of the family.

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- Experience confusion and a sense of loss of the person they once knew.
- Develop an inability to trust others.
- Addiction in the family creates a complex network of unhealthy actions and reactions.
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- Members of the family will need to unlearn coping mechanisms that evolved to adapt to the disease and learn new healthy thinking patterns, emotional responses, and behaviors.

50 ☐ **Families in Recovery**

- When the addicted family member enters treatment the family feels:
- Breathes a collective sigh of relief.
- Senses the nightmare is over.
- Painful feelings are in the past and their loved one will rejoin the family as a fully participating

member.

- The family will be normal again.

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- Such hopeful anticipation is common, but it fails to consider that family dysfunction has become the norm filled with unhealthy feeling and behaviors.
- Spouse may have lingering resentments and find conversation difficult.
- They may be reluctant to become close to the newly recovered family member.

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- Children may have found alternatives to home as a place of safety.
- Continue to suffer from the previous absence of parental involvement.
- They simply have grown up and lost the opportunity to experience the presence of a parent kept unengaged by substance abuse.

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- All family members that are willing to be involved must commit to maintaining an ongoing recovery lifestyle.
- Leave behind old unhealthy patterns of relating to each other.
- Respect for the interest and right of other family members.
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- Willingness to explore new ways of interacting as a unit.
- Communicating legitimate needs without fear of rejection or ridicule.
- Each family will experience its own pace of recovery.

55 ☐ **Early Recovery**

- The family has created an illusion of how things really were. As a result of their state of denial they tried to ignore and normalize the addiction problem.
- Personal self care is frequently a casualty of substance abuse. Family member often ignore their own physical, social and emotional needs.

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- During early recovery family members may find it difficult to express their feelings, or constructively address normal tensions.
- Family interaction previously characterized by strained silence or heated arguments and accusations can be challenging.

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- The threat of relapse and a return to chaos of the past is an ever-present and often an unspoken fear that creates an uncertainty and tentativeness in how family members deal with each other.
- Family members need to be willing to heal and attend to their own individual growth.

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- Families need to become reacquainted with themselves and their needs.
- Without developing healthy self care and communication practices in the early stages of

recovery, family members will find it more difficult to address the inevitable recovery challenges they will face in the future.

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- Families need to learn about and accept addiction as a disease.
- Understand the impact of addiction on the family system.
- Learn and accept responsibility for one's own actions and feelings.
- Develop a support network of other with similar experiences.

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- Learn coping skills to address life issues without alcohol or drugs.
- Learning how to ask for help.
- During the typical one-two year period of early recovery, family members must each seek personal knowledge, healthy behaviors, and support systems that will sustain them in future stages of recovery.

61 ☐ **Middle Recovery**

- The primary tasks of middle recovery are:
- Developing the ability to openly discuss past hurts and grievances.
- Developing a willingness and ability to share concerns and fears about recovery.
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- Learning to recognize and respectfully communicate individual needs.
- Developing sensitivity to the impact of one's actions on others.
- Learning to respect the recovery needs of other family members.

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- Developing a positive vision of a life in recovery
- Continuing to develop resources that support willing family members
- The overarching goal of middle recovery is for the family members to progressively integrate healthy change into their lives.

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- Build a foundation for change within the entire family system.
- There will be times that periodic disruption will occur some related to recovery and some to other issues.
- Using the tools and skills learned can avoid reverting to old unhealthy behaviors and unproductive emotional responses.

65 ☐ **Ongoing Recovery**

- The tasks of ongoing recovery includes:
- Understanding and respecting the power of addiction.
- Recognizing individual and family recovery as a lifelong process.
- Appreciating the need to focus on one's own recovery, rather than that of the others

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- Having the courage and willingness to let go of resentments.

- Maintaining a consistent commitment to physical and emotional self care.
- When families commit to recovery and fully engage in the ongoing process, they are richly rewarded with an enhanced health and vitality that allows them to experience a new beginning and the successful restoration of their family.

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- One of the greatest challenges for families in recovery is to avoid the temptation to blame all problems on the addicted family member; this inclination is to believe that once he or she is sober, these problems will suddenly vanish. Rarely is this the case.

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- Removing the addictive substance alone will not magically correct the dysfunctional behavior patterns of either the addict or the family.
- Recovery require the commitment and involvement of each of those within the family willing to participate.

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- The principals of recovery apply regardless of the participation of the addict.
- If the substance abusing family member refuses to abstain from using, the other family members can nevertheless move forward in their individual recovery efforts.

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- Family members should establish explicit boundaries and rules making clear what behaviors will and will not be tolerated from the non recovering addict. These actions should be taken not as retaliation but instead as the families legitimate concern for the health and well being of its members.

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- No pain is so devastating as the pain that a person refuses to face and no suffering is so lasting as suffering left unacknowledged.

72  **Family Therapy Concepts**

- Some of the problems in integrating family therapy in substance abuse treatment are as follows:
- Family therapy is more complex because more people are involved.
- Family therapy requires more skills and special training.

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- It is possible that more then one family member has a problem with substance abuse, mental illness, problems with domestic violence, or some other major difficulty.
- Biological aspects, the drug use has caused organic brain damage or the use of drugs has caused severe paranoia.

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- The field of family therapy has developed a number of theoretical concepts that can be used in the field of substance abuse. It provides a better understanding of the clients relationships with their families. The most accepted concept is that of systems theory among most therapists.

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- Elements of the family as a system:
- Complementarity refers to the interactional patterns in which members of an intimate relationship establish roles and take on behavioral patterns that fulfill the unconscious needs and demands of the other. An implication when treating SA is that the result of the family members recovery needs to be explored in relation to the rest of the family's behavior.

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- Boundaries: In structural and strategic models of family therapy it is stressed to pay attention to boundaries from one family member to the other; generational boundaries within family systems; boundaries between family and other systems.
- Ideally, boundaries should be clear and flexible allowing movement and communication.

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- Dysfunctional patterns can become enmeshed (smothering close) to disengaged (unreachably aloof).
- When boundaries are too strong family members become disengaged and lack the cohesion needed to hold itself together.

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- Weak boundaries cause family members to become psychologically and emotionally enmeshed and lose their ability to act as individuals.
- Subsystems are separated by clearly defined boundaries that fulfill particular functions. These subsystems have their own rules and roles within the family system.

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- Enduring family ties are about more than physical proximity and daily interaction. Strong emotional ties connect family members even when they are separated.
- Change and balance; family rules and scripts are not unchangeable, but families exhibit different degrees of adaptability when faced with the need to change patterns of behavior.
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- Resistance to change the equilibrium is a competing force and must be overcome for change to occur.
- Adjusting to abstinence can be difficult for family members who have deep seated resentments and anger towards the substance abuser. Attitudes, trust, and forgiveness takes time to heal.

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- At times there are family members that will not let go of what has happened to the family.
- Triangles: Murray Bowen developed the concept of triangulation. This is when two people need to talk about a sensitive subject but avoids talking about it by diverting their energy to a third member who acts as a go between, scapegoat, object of concern or ally.

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- By involving the other person, they reduce their emotional tension, but prevent their conflict from being resolved. This is a missed opportunity to increase intimacy in their relationship.

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- Whenever two people are struggling with conflict they can't resolve, there is a n automatic tendency to draw in a third party. In therapy, counselors need to be careful as to not be drawn into the drama of the couple or the family.

84 ☐ **Behavioral Marital Therapy**

- Purpose is to increase commitment and positive feeling within the marriage and improve communication and conflict resolution skills. Marriages have suffered with a partner that abuses substances.
- BMT exercises to increase commitment and goodwill:
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- Catch you partner doing something nice. Clients are asked to document acts that show love and caring from their partners. Tell partner what you have observed at next session and what was your favorite caring behavior. Clients can role play caring behavior with their therapist who can give them positive feedback.

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- Caring days; Each partner is told that they need to select one day out of the week that they shower the other with acts of caring and kindness. At the next session they have to guess what day the other selected. This exercise helps partners to notice and understand what each does for the other, while increasing positive actions within the relationship.

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- Shared rewarding activities; Substance abuse can lead to a significant decline in the amount of time couples spend together in recreational activities. To change this pattern, this exercise requires couple to list activities that they enjoy doing with their partner (either with or without children; inside or outside of the home) At the session the couple shares their list of activities. The therapist points out areas of agreements on both lists and the couple mutually agree and carry out an activity that they have chosen.

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- The following models have been effective for substance use disorder. Structural/strategic family therapy, multidimensional family therapy, multisystemic family therapy and behavioral and cognitive family therapy.

89 ☐ **Structural/Strategic Family Therapy**

- Begin with assessment of substance abuse, individual psychopathology, and family systems.
- Works with family to achieve abstinence.
- Abstinence is consolidated by resolving dysfunctional roles, rules, and alliances.

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- Developmental issues and personal psychopathology are treated as part of the family contract.
- A family plan for relapse prevention is incorporated.
- In the abstinence phase, intimacy deepens as families learn to appropriately express feeling, including hostility, and mourning of losses.

91 ☐ **Multidimensional Family Therapy**

- MDFT was developed to treat adolescents who were high risk for substance abuse and associated behavioral problems. Applied to several geographical distinct settings with a range of populations, targeting ethnically diverse adolescents. The majority of families treated have been from disadvantaged inner city communities.

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- Targeted outcome:
- Reducing the impact of negative factors.
- Promoting protective processes in as many areas of the teens life as possible.
- Improve overall family functioning and a health interdependence among family members.
- A reduction in substance abuse.

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- Dramatically reduce delinquency and involvement with antisocial peers.
- Improve school performance.
- Objectives for the adolescent would be transformation of a drug lifestyle into a developmentally normative lifestyle and improved functioning in several developmental domains, including positive peer relations.

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- Healthy identity formation, bonding to school and other prosocial institutions, and autonomy within the parent adolescent relationship.
- Parents objectives would be increasing parental communication and preventing parental abdication, improving relationship and communication between parent and adolescent, and increased knowledge about parenting practices.

95 ☐ **Multisystemic Family Therapy**

- Model originated in the observation of high treatment dropout rates among adolescents in family therapy for substance abuse. Programmatic features that seemed to lower dropout rates were identified and implemented to maximize accessibility of service and make treatment providers more accountable for outcomes.

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- Useful as a method for increasing engagement in treatment.
- Features of this therapy that are designed to make it successful includes the following:
- Provided in the home
- Low caseloads allows counselors to be available on an as needed basis around the clock.

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- Family members are full collaborators with the therapist.
- It has strength-based orientation in which the family determines the treatment goals.
- It is responsive to a wide range of barriers to achieving treatment goals. Services are designed to meet the needs of the clients, with the flexibility to changes as needs change.

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- The therapist and other members of the treatment team assume responsibility for engaging the client using creative approaches to achieve treatment goals.

- MST has influenced the development of other therapies including functional therapy, a brief prevention and treatment intervention used with delinquent youth and those with SA problems.

99 ☐ **Behavioral and Cognitive Behavioral Family Therapy**

- Behavioral family therapy combines individual interventions within the family problem solving framework. BFT helps each family member set individual goals since the approach assumes that:
- Families of people abusing drugs may have problem solving skill deficits.
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- The reactions of other family members influence behavior.
- Distorted beliefs lead to dysfunctional and distorted behaviors.
- Therapy helps family members develop behaviors that support nonusing and nondrinking.

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- Over time these new behaviors become more and more rewarding, leading to abstinence.
- Basis for cognitive-behavioral family therapy views substance abuse as a conditioned behavioral response, one which family cues and contingencies reinforce.

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- The approach is based on the conviction that distorted and dysfunctional beliefs about oneself or others can lead people to substance abuse and interfere with recovery.
- This model is helpful with the adolescent population.

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- Counselors can use the following techniques:
- Contingency contracts: Helps family members voice unrealistic or self-limiting beliefs that contribute to substance abuse or other family problems. Family member are encouraged to see how such beliefs threaten ongoing recovery and family tranquility. The family is helped to replace these self-defeating beliefs with those that facilitate recovery and individual/family strengths.

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- To find and correct the client's or the family's distorted thoughts or beliefs. Distorted personal beliefs may be "I have to use drugs to fit in". Distorted messages from the family can be "he uses drugs because he doesn't care about us" or "he is irresponsible and will never change". Such statements can be exposed as incorrect and more accurate statements submitted.

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- If funding was not an issue and you could design a program for families to get the help they needed, what would that program look like. Using some of the concepts learned today, as a group, design a program that you would like to implement into your agencies.

106 ☐ **What Are Counselors**

- C - Courageous and caring
- O - Observant and optimistic

- U – Understanding and unique
- N – Non judgmental negotiators
- S – Selfless and sensitive
- E – Energetic and effective

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- L – Limit setters and liaisons
- O – Organizers and orchestrators
- R – Regulators and Restrictors
- S – Self-esteem builders and self reliant

But most of all they are healers to those that thought they could not be healed and had no hope.