# Administrators: Family Therapy in Substance Abuse Treatment

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## BACKGROUND: FAMILY AND FAMILY THERAPY

The family has a central role to play in the treatment of any health problem, including substance abuse. Family work has become a strong theme of many treatment approaches, but a primary challenge remains the broadening of the substance abuse treatment focus from the individual to the family.

Though substance abuse treatment providers should not practice family therapy unless they have proper training and licensing, they can be informed about family therapy in order to discuss it with their clients and know when a referral is indicated. Substance abuse treatment programs can also benefit from incorporating family therapy ideas and techniques into their work with individual clients, groups of clients, and family groups.

### What Is a Family?

There is no single definition of *family*. However, several broad categories encompass most families:

- Traditional families (two heterosexual parents and minor children all living under the same roof).
- Single parents.

- Foster relationships.
- Grandparents raising grandchildren.
- Stepfamilies.
- Extended families, which include grandparents, aunts, uncles, cousins, and other relatives.
- Elected families, which are joined by choice and not by the usual ties of blood, marriage, and law. Examples include:
  - Emancipated youth who choose to live among peers
  - Godparents and other nonbiologically related people who have an emotional tie
  - Gay and lesbian couples (and minor children all living under the same roof)

For practical purposes, family can be defined according to the individual's closest emotional connections. A counselor or therapist cannot determine which individuals make up the client's family; rather, counselors can ask, "Who is most important to you?" This allows clients to identify who they think should be included in therapy.

### What Is Family Therapy?

Family therapy is a collection of therapeutic approaches that share a belief in family-level assessment and intervention. A family is a system, and in any system each part is related to all other parts. Consequently, a change in any part of the system will bring about changes in all other parts.

Therapy based on this point of view uses the strengths of families to bring about change in a range of diverse problem areas, including substance abuse.

**Note:** Family therapy can take place only when the safety of all participants can be guaranteed and no legal constraints preclude it. Counselors should have training in handling families with violence and/or neglect. Guidelines for assessing violence are provided beginning on page 45 of the Quick Guide for Clinicians based on *Substance Abuse Treatment and Family Therapy*, and also in appendix C of TIP 39.

## Differences Between Substance Abuse Treatment and Family Therapy

Although compatible in many ways, the fields of substance abuse treatment and family therapy often use different terms, sometimes understand the same terms differently, have different professional requirements and expectations, and are governed by different assumptions. Some of the basic differences are outlined below.

***Family-Involved Therapy and Family Therapy.*** A distinction should be made between *family therapy* and *family-involved therapy*. Family-involved therapy attempts to educate families about the relationship patterns that typically contribute to

the formation and continuation of substance abuse. It differs from family therapy in that the family is not the primary therapeutic grouping, nor is there intervention in the system of family relationships. Most substance abuse treatment centers offer such a family educational approach.

***Denial.*** In substance abuse treatment, the term *denial* is generally used to describe a common and complex reaction of people with substance use disorders who, when confronted with the existence of those disorders, deny having the problem. Family therapists' understanding of the term *denial* will vary more according to the particular therapist's theoretical orientation; some may see it as a strategy for maintaining stability and therefore not a "problem" at all.

***Substance Abuse.*** Many substance abuse treatment counselors base their understanding of a family's relation to substance abuse on a *disease model*. Within this model, practitioners have come to appreciate substance abuse as a "family disease"—that is, a disease that affects all members of a family as a result of the substance abuse of one or more members and that creates negative changes in their own moods, behaviors, relationships with the family, and sometimes even physical or emotional health.

Family therapists, on the other hand, for the most part have adopted a *family systems model*. It conceptualizes substance abuse as a symptom of dysfunction in the family—a relatively stable symptom because in some way it serves a purpose in the family system. It is this focus on the family system, more than the inclusion of more people, that defines family therapy.

***Family Interventions.*** Family interventions in substance abuse treatment typically refer to a confrontation that a group of family and friends have with a person abusing substances. Their goal is to convey the impact of the substance abuse and to urge entry into treatment. The treatment itself is likely to be shorter and more time-limited than that of a family therapist, who will focus more on intrafamily relationships in an effort to improve family functioning.

***Spirituality.*** In part because of the role of spirituality in 12-Step groups, substance abuse treatment providers generally consider a spiritual emphasis more important than do family therapists. Family therapy developed from the mental health medical field, and as such the emphasis on the scientific underpinnings to medical practice reduced the role of spirituality, especially in theory and largely in clinical practice.

***Process and Content.*** Compared to substance abuse counselors, family therapists tend to focus more on the process of family interactions and the dynamics among family members than on the content of each session. For example, a family therapist might comment more on how family members ignore or pay attention to one another in conversation, rather than what specifically was being discussed.

***Focus.*** The focus for substance abuse counselors is the substance abuse. For family therapists, it is the family system.

***Identity of the Client.*** Most often the substance abuse counselor regards the individual with the substance use disorder as the primary person requiring treatment (though the family may be involved in treatment to some degree). The family therapy community assumes that if long-term change is to occur, the entire family must be treated as a unit, so the family as a whole constitutes the client.

***Self-Disclosure by the Counselor.*** Many people who have been in recovery for some time and who have experience in self-help groups have become paraprofessional or professional treatment providers. As a result, it is common for substance abuse treatment counselors to disclose informa-

tion about their own experiences with recovery. Clients in substance abuse treatment often have some previous contact with self-help groups, and usually feel comfortable with counselors' self-disclosure.

The practice of sharing personal history receives much less emphasis in family therapy. For the family therapist, self-disclosure is downplayed because it takes the focus of therapy off of the family.

For more information on differences in theory and practice, see chapter 3 of TIP 39.

## Implementing Family Therapy: Factors to Consider

### *Cost-Effectiveness*

Only a few studies have assessed the cost benefits of family therapy or have compared the cost of family therapy to other approaches such as group therapy, individual therapy, or 12-Step programs. A small but growing body of data, however, has demonstrated the cost benefits of family therapy specifically for substance abuse problems.

Other cost benefits result from preventive aspects of treatment. While therapy usually is not considered a primary prevention intervention, family-

based treatment that is oriented toward addressing risk factors may have a significant preventive effect on other family members. For example, it may help prevent substance abuse in other family members by correcting maladaptive family dynamics.

### *Reimbursement Issues*

Like the substance abuse treatment system, the American health care insurance system focuses care on the individual. Little, if any, reimbursement is available for the treatment of family members, even less so if "family" is broadly defined to include a client's nonfamilial support network.

However, recent evidence of the effectiveness of family involvement, as well as clinical and research evidence that supports family therapy for substance abuse treatment, may eventually move funders to alter payment systems so that families can be included.

### *Coercion*

Legally coerced referrals come with powerful leverage that strongly affects the treatment process. Providers should be prepared to address several issues:

- If a treatment program requires family member participation and the client refuses to involve them, or the treatment episode is not successful, what are the consequences to both client and family?
- What happens if a family-focused approach is in place and the family does not show up? Do you punish the client?

If such questions are not anticipated and answered adequately, the result may be harm to, rather than assistance for, the client and/or the family.

***Cultural Competence***

Concerted efforts should be made to hire staff and build an organizational culture that reflects the diversity of the client populations served. However, even when a therapist is from the same culture as the family in treatment, trust should be built, not assumed.

For more information about cultural competence, including organizational cultural competence, see the forthcoming TIP *Improving Cultural Competence in Substance Abuse Treatment.*

### *Outcome Evaluation*

Many researchers have proposed guidelines for the design of family therapy research, including the need for studies to have clinical relevance, standardized treatment manuals, and resolve the debate between the reliability of comparative studies and "within-model comparisons." Such research recommends the consideration of objective outcomes (not just self-reported information) and the measurement of a wide range of outcomes, such as the ability to hold a job, manage finances, or stay married.

### *Long-Term Followup*

Monitoring rearrests, recidivism, and readmission to substance abuse treatment programs can serve as measures of long-term functioning. Collection of long-term followup data is difficult and rare in healthcare treatment research in general, and especially in the substance abuse field. Vaillant (1995)[1] provides family-related outcome measures such as marital happiness. Though Hser et al. (2001)[2] present significant long-term research outcomes in narcotics treatment, the panelists who developed TIP 39 know of no such long-term followup with a focus on family.

[1]Vaillant, G.E. *The Natural History of Alcoholism Revisited*. Cambridge: Harvard University Press, 1995.

[2]Hser, Y.I., Hoffman, V., Grella, C.E., and Anglin, M.D. A 33-year follow-up of narcotics addicts. *Archives of General Psychiatry* 58(5):503–508, 2001.

For more information on these and other factors relevant to the implementation of family therapy in substance abuse treatment, see pages 8--19 of chapter 1 and pages 147--149 of chapter 6 of TIP 39.

## LEVELS OF PROGRAM INTEGRATION

Including family therapy issues in substance abuse treatment settings at any level of intensity requires a systematic and continuous effort. The four program planning models presented in this section provide a framework for program administrators and staff/counselors.

See the contact information for the American Association for Marriage and Family Therapy on page 30 to learn more about family therapy or to contact family therapists in your area.

### Level 1: Staff Education

At this level of integration, staff develops awareness of—and participates in training designed to enhance their knowledge of—the importance of the family as a strength and positive resource in substance abuse treatment. Staff generally understands that clients require support systems to maintain recovery and avoid relapse, but at this level, resources are almost completely informational in nature.

### *Issues for Administrators*

- Administrators must assess the amount of effort and support required to develop staff education activities related to family issues. When the agency does not have in-house resources, it might be best to seek input from the entire staff about resources in the community and/or specific providers worth considering for participation in the educational activities.
- Although viewpoints regarding substance abuse and its treatment need not be identical for all family therapy presenters, administrators might wish to give advanced thought to how to address issues that could arise over conflicting views.
- Check with licensing or certification agencies to ensure that any professional invited into one's agency is in good standing and has the background and training that are represented in the person's resume.
- Many presenters have their own "pre- and post-" questionnaires to demonstrate that participants have acquired certain information from the presentation. Certain accrediting organizations require such program evaluation components in order for a presentation to be eligible for consideration as continuing education credits.
- Formal or informal mechanisms for obtaining participants' own assessments of the educational activities should also be undertaken.

- In some locations there might be numerous inexpensive or even free educational activities that relate to family issues and family therapy-from local college courses to evening presentations given by various community organizations. E-learning is another possible resource.

**Level 2: Family Education and Participation**

At this level, educational opportunities, information, and informal referrals are presented to the general public and potential clients and families to learn about the role of families in the substance abuse treatment process. However, as with Level 1, Level 2 substance abuse treatment programs generally lack the financial and human resources to provide direct services to family members. Although some educational seminars may be offered, they are not mandatory for clients and families as part of the formal substance abuse treatment program.

Education of the family can include providing Internet access, informal referral and educational opportunities, and printed materials such as pamphlets, videotapes, and reference books. Another method is the use of psychoeducational groups, which can be conducted with several families in a single session, making the approach highly cost-effective.

***Issues for Administrators***

- Working with families will increase the amount of clinical time for each client, so overall adjustments in a counselor's caseload might be necessary, especially since work with families can at times carry a heavy emotional burden. Staff burnout prevention needs to be considered, and difficulties with the stressors associated with additional training, information, and so on need to be monitored.
- Separate confidentiality warnings might be included in the informed consent form so that clients and their families realize and agree that the loss of confidentiality resulting from families meeting in groups is understood and agreed to by all.
- If confidentiality issues are not clarified, family members may regard sign-up sheets as violating their confidentiality. If family members sign a log sequentially, the program will illegally disclose to client B that client A is in treatment. These issues become especially complicated when a client identifies as "family" people who are neither related by blood nor by law and wishes to include friends or coworkers.
- Evaluating the outcome benefits and drawbacks of family education activities and new ways of incorporating family techniques into the treat-

ment process can be qualitative or quantitative, simple or complex. Methods can range from simple questionnaires and feedback sessions to more intensive analyses that employ focus groups and performance measurement techniques that are developed by outside experts.

### Level 3: Provider Collaboration

At this level, clients' families are actively involved and understand their importance as a resource in the substance abuse treatment program, which refers clients for family therapy services through coordinated substance abuse treatment efforts that maintain collaborative ties.

Collaboration goes beyond referral; it indicates that the substance abuse treatment program and the family social service agency have established an ongoing relationship so that the treatment that takes place at one agency is communicated to and influences the course of treatment or services at the other. This will require a strong community perspective and resource commitment on the part of the substance abuse treatment agency.

***Issues for Administrators***

- Resources need to be provided to monitor and ensure that high-quality referrals, outreach, and partnership components are in place within the agency and community. Examples include family education sessions, a comprehensive referral system, expanded informed consent, and client and family education about both the benefits and challenges of using any particular provider or service.
- Coordinated efforts include active involvement of substance abuse staff in the therapeutic process and continuous contact with the family therapist at the external agency.
- Detailed understanding of each other's processes and protocols, as well as a detailed memorandum of understanding (MOU), can avoid redundancies and improve quality. For example, if each program screens for mental health issues, coordinating the screening processes will avoid duplication and unnecessary confusion on the part of clients. An MOU also establishes separate responsibilities for on-call service provision and responses to crises.
- To ensure adequate communication flow among coordinating providers, administrators can consider designating a staff member as the provider collaboration coordinator—perhaps as part of quality assurance duties or a position that imple-

ments, monitors, evaluates, supervises, updates, and educates staff about the relationships with other providers.
- Staff could be assigned duties related to cross-training efforts and participate in each other's boards, committees, or multiagency efforts.
- Administrators also have to consider other costs and the taxing of resources by the responsibilities of collaboration, whether it is how to manage group forms of treatment in the other agency or how to address the Health Insurance Portability and Accountability Act (HIPAA) requirements (for more information on HIPAA see www.hhs.gov/ocr/hipaa).
- Additional considerations might include policies for nonclients on the treatment premises, space considerations, security, insurance issues to be sure that one's liability protection remains secure, and reimbursement issues.

***Recommendations for Collaboration***

- Integration can be enhanced through cross-training. Family therapists can obtain training in substance abuse treatment, especially in the areas of screening, assessment, motivational enhancement, and relapse prevention, as well as in specific approaches such as cognitive–behavioral therapy or 12-Step programs. Additionally, many family therapy techniques—

such as telling family stories—can be of great importance in the process of substance abuse treatment engagement.

- An empowering partnership model is a consumer-based collaboration that incorporates community perspectives in the development of substance abuse treatment programs. Inclusion of community members' perspectives can heighten their commitment as key stakeholders, involve them in their own care, and reduce the levels of opposition to substance abuse treatment.
- The workplace is another potential partnership area for family therapy and substance abuse treatment. Many Employee Assistance Programs know and make referrals to family therapists who are also knowledgeable about substance abuse.

### Level 4: Family Integration

At this level, adequate infrastructure, financing, and human resources are available to implement and sustain the integrative project. Program activities are based on the strengths of families and an enhanced view of the family as a positive influence and resource. Social, individual, and family supports are in place to improve family dynamics and prevent relapse.

Fully integrated programs have multiple staffing patterns with clinical personnel who are educated, comfortable, and competent in substance abuse treatment and family therapy, as well as knowledgeable about social services and other available resources in the community. These programs also have nonclinical staff educated on the importance of family involvement in substance abuse treatment.

Throughout the agency, the staff has a thorough understanding of how family will be engaged in the substance abuse treatment and family therapy processes, and implementation of treatment is well coordinated. A comprehensive range of program activities are available, including

- Screening and assessment for substance abuse and family issues
- Substance abuse treatment
- Family therapy or family-involved interventions
- Information and outreach, using multimedia approaches such as the Internet and videos
- Community partnerships
- Education and psychoeducation
- Therapeutic home-based interventions and family case management services
- Individual and family counseling and parent education
- Process and outcome evaluation

- Linkages with social services agencies, or those that interact with child welfare agencies, to provide assistance with transportation, housing, health care, food, and childcare

***Issues for Administrators***

- At this level, best practice is formed from evidence-based, family-supported therapeutic modalities that have been replicated across a variety of populations, have been evaluated rigorously, and are monitored for adherence.
- Cultural competence is evident throughout the organization. In the course of substance abuse treatment and family therapy, close attention is paid to racial and ethnic influences, class, gender, and spiritual values. Infrastructural concerns are also addressed, such as the availability and use of physical space, and the availability of bilingual informational materials.
- Informed consent is rigorously implemented and enforced.
- Clients are also informed of the potential risks of forgoing services, possible alternatives to proposed treatment, and information that links evidence-based support with various services.

## COORDINATING SERVICES AMONG MULTIPLE AGENCIES

When families receive services from several providers, coordinating appointments, paperwork, and requirements in the family's primary language becomes a necessity. The following methods can be used to accomplish this coordination:

- It is important for the larger system players to coordinate their efforts to help the family and clearly communicate the treatment plan to the family. Sometimes, a formal staff meeting attended by all service providers and the family can accomplish this function.
- As different agencies may recommend or require conflicting courses of action, counselors should work with all service providers to develop a treatment plan that prioritizes tasks (for example, for an adolescent, attending school may be the first priority, followed by getting a job).
- Encourage the family to keep an up-to-date calendar, with appointments and requirements listed.
- If service providers leave an agency or new professionals are assigned to work with a family, the counselor should set up a meeting between the old and new providers and the family so that important information is made known to the new professional and the family has a chance to say goodbye to the departing practitioner.

- As a way to advocate for the client, monthly reports to all service providers can document treatment attendance, compliance with mandated activities, and progress toward goals. Monthly reports can also bring attention to parts of the treatment plan that are not working and need to be reformulated.
- Memos and reports can be used as interventions. For instance, sending a memo after a session reiterates what happened during the session, reinforces the positive, and can ask questions such as, "Did you realize such-and-such was happening?"
- Regularly scheduled meetings can help coordinate services for agencies that often work together, with paperwork documenting actions before and after these meetings.

# RESOURCES

This list of resources is not exhaustive, and does not necessarily signify endorsement by CSAT, SAMHSA, or the U.S. Department of Health and Human Services (DHHS).

**Addiction Technology Transfer Centers (ATTCs)**
**National Office**
University of Missouri, Kansas City
5100 Rockhill Road
Kansas City, MO 64110
Phone: (816) 482-1200
Fax: (816) 482-1101
Web site: www.nattc.org

The Addiction Technology Transfer Centers are a nationwide, multidisciplinary resource that draws upon the knowledge, experience, and latest work of recognized experts in the field of addictions. Launched in 1993 and funded by CSAT, the Network today is composed of 14 independent Regional Centers and a National Office.

**Adult Children of Alcoholics (ACA)**
**World Services Organization, Inc.**
P.O. Box 3216
Torrance, CA 90510
Phone: (310) 534-1815
Web site: www.adultchildren.org

Adult Children of Alcoholics is a 12-Step, 12-Tradition program of men and women who grew up in alcoholic or otherwise dysfunctional homes.

**Adult Children Anonymous**
**ACA General Service Network**
P.O. Box 25166
Minneapolis, MN 55458
Web site: www.12stepforums.net/acoa.html

Adult Children Anonymous is a 12-Step program modeled after Alcoholics Anonymous. It is a spiritual program designed to help adults raised in families where either substance addiction, mental illness, or generalized dysfunction was present.

**Al-Anon and Alateen**
**Al-Anon Family Group Headquarters, Inc.**
1600 Corporate Landing Parkway
Virginia Beach, VA 23454
Phone: (757) 563-1600
Fax: (757) 563-1655
Web site: www.al-anon.org

Al-Anon is a group of relatives and friends of alcoholics who share their experience, strength, and hope to solve their common problems. The purpose of Al-Anon is to help families of alcoholics by practicing the 12 steps, by welcoming and giving comfort, and by providing understanding and encouragement.

Alateen, which can be contacted through Al-Anon, is a group made up of young Al-Anon members, usually teenagers, whose lives have been affected by someone else's drinking.

**American Association for Marriage and Family Therapy (AAMFT)**
112 South Alfred Street
Alexandria, VA 22314
Phone: (703) 838-9808
Fax: (703) 838-9805
Web site: www.aamft.org

The American Association for Marriage and Family Therapy represents the professional interests of more than 23,000 marriage and family therapists throughout the United States, Canada, and abroad.

**Co-Anon Family Groups**
**Co-Anon Family Groups World Services**
P.O. Box 12722
Tucson, AZ 85732
Phone: (800) 898-9985
Voice recorder: (520) 513-5028
Web site: www.co-anon.org

Co-Anon Family Groups are a fellowship of men and women who are husbands, wives, parents, relatives, or close friends of someone who is chemically dependent.

**Co-Dependents Anonymous, Inc. (CoDA)**
P.O. Box 33577
Phoenix, AZ 85067
Web site: www.codependents.org

Co-Dependents Anonymous, Inc. is a fellowship of men and women whose common purpose is to develop healthy relationships. CoDA relies on the 12 Steps and 12 Traditions for knowledge and wisdom.

**Families Anonymous**
P.O. Box 3475
Culver City, CA 90231
Infoline: (800) 736-9805
Fax: (310) 815-9682
Web site: www.familiesanonymous.org

Families Anonymous is a nonprofit organization that provides emotional support for relatives and friends of individuals with substance or behavioral problems using the 12 steps.

**The International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC)**
6402 Arlington Boulevard, Suite 1200
Falls Church, VA 22042
Phone: (703) 294-5827
Fax: (703) 875-8867
Web site: www.icrcaoda.org

The IC&RC is a not-for-profit voluntary membership organization composed of certifying agencies involved in credentialing alcohol and drug abuse counselors, clinical supervisors, and prevention specialists. IC&RC member boards are currently located in 40 States, the District of Columbia, and 10 countries outside the United States. Members also include the U.S. Army, U.S Air Force, U.S. Navy, U.S. Marine Corps, the Indian Health Service, and the U.S. Administrative Office of the Courts.

There are currently five reciprocal certifications offered through IC&RC including Alcohol and Drug Counselor, Advanced Alcohol and Drug Counselor, Certified Clinical Supervisor, Criminal Justice Addictions Professional, and Certified Prevention Specialist.

**NAADAC (The Association for Addiction Professionals)**
901 N. Washington Street, Suite 600
Alexandria, VA 22314
Phone: (703) 741-7686 or
Toll-Free (800) 548-0497
Fax: (703) 741-7698 or
Toll-Free (800) 377-1136
Web site: www.naadac.org

Formerly the National Association of Alcohol and Drug Abuse Counselors, NAADAC provides certification in many States that also have IC&RC reciprocity. NAADAC offers the only Master's-level credential based on education and not experience.

**Nar-Anon Family Group**
Nar-Anon World Service Office
22527 Crenshaw Boulevard, Suite 200B
Torrance, CA 90505
Phone: (310) 547-5800
Web site: www.naranon.com

Nar-Anon Family Group is a 12-Step recovery program for the families and friends of individuals with substance use disorders.

**The National Association for Children of Alcoholics (NACoA)**
11426 Rockville Pike, Suite 100
Rockville, MD 20852
Phone: (888) 55-4COAS or (301) 468-0985
Fax: (301) 468-0987
Web site: www.nacoa.org

NACoA is a national nonprofit membership organization working on behalf of children whose parents have substance use disorders. NACoA's mission is to advocate for all children and families affected by alcoholism and other drug dependencies.

**National Center on Substance Abuse and Child Welfare (NCSACW)**
Web site: www.ncsacw.samhsa.gov
E-mail questions to ncsacw@samhsa.gov

The National Center on Substance Abuse and Child Welfare is an initiative of the DHHS and jointly funded by SAMHSA, CSAT, and the Administration on Children, Youth and Families, Children's Bureau's Office on Child Abuse and Neglect.

One of NCSACW's primary goals is to develop materials and resources that serve to advance knowledge and practice in the linkages among substance abuse, child welfare, and family court systems. A wealth of products and services—including curricula, tutorials, and training materials, publications, technical assistance, and presentations—can be accessed via its Web site.

**U.S. Department of Health and Human Services**
Families & Children Web Site
Web site: www.dhhs.gov/children/index.shtml

This Web site provides information and resources for and about families and children under several categories, including adoption, babies, children, family issues (child support, child care, domestic violence, child abuse), low-income families, DHHS agencies, immunizations/vaccinations, kids' Web sites, pregnancy, safety and wellness, teenagers, teen Web sites, and other resources.

**WestEd**
730 Harrison Street
San Francisco, CA 94107
Phone: (415) 565-3000
Toll-Free (877) 4-WestEd
Web site: www.WestEd.org

WestEd is a nonprofit research, development, and service agency formed in 1966 when Congress created a network of Regional Educational Laboratories. WestEd is committed to improving learning at all stages of life--from infancy to adulthood, both in school and out.