

RHIZOME CONNECTIONS
Comprehensive Mental Health & Addictions Services

CENTER FOR DIVORCE TRANSITION

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Family Centered Recovery Monograph

Narrative

Drug and alcohol addiction has long been considered a “family disease” impacting in devastating ways on individuals, families and significant others who become entrapped by the addictive process. The insidious process of addiction has significant emotional and physical consequences and inflicts untold suffering for millions who succumb to the effects of what many consider an epidemic in the United States. It has been estimated there are approximately 30 million people addicted to alcohol and drugs in our country however, it is likely the statistic is grossly underestimated, especially if you take into account culturally co-existing addictions to tobacco, gambling, sugar and food, sex and pornography and others. Further, the statistics regarding addiction do not reflect the extent to which families and their natural extensions such as parents, grandparents, siblings, uncles, aunts, cousins, friends, neighbors, employers and the community at large are adversely affected and impacted upon. In that regard those who become connected to the “addictive process” themselves become sufferers and jailed by the effects of this most complex and challenging problem.

The process of addiction is one in which family members and significant others often become entrapped by the repetitive patterns of destructive substance misusing and attendant problematic behaviors by their loved ones. Family members and significant others become inducted into patterns of “enabling” and “co-dependent” behaviors themselves as they struggle to find ways to address and challenge the destructive path of their loved one. Inadvertently these behaviors serve to maintain the problem as family members and significant others in their often heroic efforts to support their loved one become increasingly connected to the addictive process through rescuing, overprotection and capitulating to irresponsible behaviors. In other circumstances there are in many families “co-addicts” who themselves are caught in an addictive process and unfortunately inhibit change in their loved one by supplying and engaging in substance misuse with them. In this context and amidst their frustration, disappointment, feeling of impotence and lack of authority to escape from the addictive process families seek help for their loved ones from inpatient residential rehabilitation programs, hospital programs, community based outpatient treatment centers, addiction medicine specialists and the like.

Okomentoval(a): [PN1]: Do you know the work of Karl Tomm from Calgary? I found especially his “interactional patterns” framework very inspirational. It is very relational way of understanding what is happening in the family interactions and at the same time, it inherently says that the substance use cannot be considered an individual problem...

The dominant practice for the treatment of substance misuse and addiction in diverse treatment settings in the United States is to focus on the individual as the unit of service and intervention. Primarily individuals referred for treatment in residential rehabilitation programs and community based outpatient programs are placed in group therapy, encouraged or mandated to attend self- help meetings (Alcoholics Anonymous/ Narcotics Anonymous) regularly, placed in education programs regarding the dangers and consequences of substance misuse and when appropriate prescribed drugs to cut down on the desire or craving of the drug of choice. Families may be involved in various ways in the treatment process including providing “family education” that may include signs and symptoms of addictive behavior, treatment options and avoidance of enabling behavior. However, it is very rare in this country to find inpatient and community based treatment centers that have primary family treatment components or who significantly integrate family therapy in their continuum of service. Families are advised their substance misusing loved one is unlikely to change unless they are “motivated” or “ready to change” and “there is nothing family members can do until their loved one hits “rock bottom.” I have worked in the mental health and addictions fields for over forty years and have spoken with and treated thousands of individuals and families impacted upon by the addictive process. Family members shared with me over these many years with few exceptions they were told by helpers there was nothing they could do to influence the course of addictive behavior in their loved ones except to stop engaging in enabling behavior. Families report the advice they most often receive is to either cut all ties with their substance misusing love one or throw out of their home. Further, with the same few exceptions families uniformly report no effort was made by treatment professionals to assess their suffering and to offer family therapy as part of the overall treatment plan or approach. The perception and experience of families seeking help for their loved ones is their voices were not heard and they felt “left out” of the treatment process

Description of Family Centered Recovery

Family Centered Recovery was developed over many years and integrates research evidence, practice experience and the common sense notion that involving families and natural support systems in a significant and central way whenever possible in the treatment process is likely to yield better outcomes. There are many advantages to assigning families major roles and responsibilities in assisting their loved ones along the path of recovery. I will describe this in the following section of this description. The theme of family centered recovery is to enlist family members and their natural supports and social networks as “change agents.” In general the family is empowered by enlisting their participation and support in every aspect of the treatment process including assessment, intervention, treatment, planning and management. The family and its social network is activated to identify patterns of substance misuse and actively plan and intervene, support and challenge patterns of addictive behavior and to attend the suffering of all family members and significant others impacted by the addictive process. For example, in many families drug screens are taken by a family member as an empowerment tool for accountability and enhancement of responsible behavior in their substance misusing love one.

Okomentoal(a): [PN2]: In Czechia, I would say, it is “the only practice”:-) I am in correspondence with a couple where the guy is a recovering opiates user and they moved from Brno to London recently. He had a relapse there and entered a Drug and addiction program. His wife was shocked when the person from the program called her the next day, whether she is OK, whether she needs something, she offered her some services and groups too.. She said: “this could never happen in Czechia”.

Okomentoal(a): [PN3]: Yes, exactly this is the point. The relationships should be in the center of the service....

Okomentoal(a): [PN4]: Again, I believe Karl Tomm’s notion of IP’s might be useful here. I have experience that people understand this theory quite well and they can start identifying pathologising interactional patterns themselves

The family and social network may be charged with the responsibility of developing rules, guidelines and expectations for their loved one and his/her behavior and to promote pro-social and functional behavior. Families at the center of this recovery process learn to assume functional roles with their loved one and to separate themselves from the addictive process while remaining connected to their loved one in more productive ways. If their loved one is hesitant, resistant or not ready to change the family and its social network can be engaged even without the participation of the loved one. Families learn how to precipitate crisis if necessary and by challenging addictive behavior in new ways. The power of the clan or tribe if you will is catalyzed to support and challenge their loved one so as to promote and sense of hope and optimism that change is possible after what is often been years of individual and family suffering.

Family Centered Recovery is a consumer driven practice where families are considered experts on their own realities and pathways for change are self-determined. This practice does not supplant but is an alternative to the dominant practice in our country where professionals are central to the process of assessment, intervention, treatment and planning. Families have an abundance of expertise and through collective efforts are likely capable when empowered properly to exert influences on the addictive process of their loved one in ways not ordinarily considered by treatment programs that have an individual treatment outlook. Further, family members and social networks are likely to be involved with their loved ones over the life span and if empowered properly provide a naturally sustainable support system for recovery over time.

Family Centered Recovery is certainly not a cure for addiction and may be considered as part of a continuum of services or a freestanding modality and can easily be integrated into other variations of treatment. The approach may not be preferred or appropriate in every situation. In a field that clearly states that addiction is a “family disease” it would seem sensible to turn our attention and resources to an epidemic problem that impacts so significantly on families, natural supports and our communities. Family Centered Recovery embraces the idea that suffering brought on by the addictive process is connected not only to individuals but to families, natural supports, social networks and communities and therefore is a collective/communal problem that is best turned around through collectively constructed solutions.

Advantages & Benefits of Family Centered Recovery

- Research and practice experience clearly indicate that high levels of family involvement in treatment and intervention of substance misuse yield better outcomes in recovery processes
- Family expertise and involvement enhances and widens possibilities for assessment, intervention and treatment planning
- Family involvement provides a context for relapse recognition, prevention and management
- Families, natural supports and social networks provide a more sustainable structure for long term recovery in that they will often stay connected to their loved one over a lifetime long after treatment professionals terminate their involvement

Okomentoal(a): [PN5]: This makes sense to me since I have the experience that talking about rules and guidelines can bring immediate relief even in very complex situations

Okomentoal(a): [PN6]: Very encouraging! Have you tried to involve another recovering addict in the family meeting? Just an idea how to support the hope and optimism...

- Families that are empowered properly can move from a position of enabling and co-dependence to that of “change agent” in supporting and challenging patterns of substance misusing behavior
- Family Centered treatment recognizes, attends and intervenes in the suffering of all family members and significant others affected by the addictive process
- In situations where loved ones are hesitant, resistant or not ready to change families and their social networks can be instrumental in challenging the addictive process of their loved one and inspiring them to accept change.
- Loved ones who have hurt and offended family members by substance misusing behavior have a direct opportunity to make amends and re-build bridges with their families and significant others, an essential element for healing in the process of recovery
- Family Centered Recovery has an inherent prevention component in that working with families allows for early recognition/intervention on behalf of other family members who may be vulnerable to the addictive process
- Family members identified as co-addicts and substance misusers who tacitly support and reinforce substance misusing behavior in their loved ones have been shown in research and practice to be willing to modify or work toward abstinence when called upon as a sacrifice to help a loved one get clean.
- Organizing and assembling family members, natural supports and social networks such as parents, grandparents, uncles, aunts, cousins, siblings, spouses, children, friends, neighbors and significant others provides a powerful context for supporting, challenging and intervening in the addictive process (See description of Family Network Therapy)
- Family members uniformly and frequently report that their central involvement in the process as outlined engenders hope, optimism and renewed energy for change in that they become contributors and an integral part of turning around substance misusing behavior in their loved ones

Description of Family Network Therapy

Family Network Therapy was founded and developed in the 1960's by Ross Speck, M.D., a psychoanalyst and family therapist and Carolyn Attneave, Ph.D., a Native American Indian Clinical Psychologist. Originally Speck and Attneave conducted “family networks” with individuals who had been labeled as “schizophrenics” and their families. The family network practice has been revived and adapted to working with substance misusers and their families as well as complex crisis situations and co-occurring problems (mental health/substance misuse/addiction) and has become an integral component of Family Centered Recovery.

In Family Network Therapy an assemblage of family members and their social network is convened for the explicit purpose of addressing issues related to the complex web of problems associated with the addictive process of a loved family member or significant other. Family Network assemblage may include but is not limited to the substance misusing loved one, parents, siblings, spouses, birth children, significant others

such as boyfriends/girlfriends, uncles, aunts, cousins, friend, neighbors, pastors/minister and members of faith communities/churches, employers, co-workers. Generally speaking networks usually vary in size ranging from about 12 to 40 or more participants and are most frequently conducted in a home setting.

A central feature of Family Network Therapy is to identify and activate family members and their social network and to enlist them as “treatment or change agents” in influencing the course of the addictive process and its deleterious effects on all family and network members. The substance abusing family member is invited to the network meeting but it is not necessary he/she attend in order for the network to do its work. In a network meeting the family and social network with or without the participation of their loved one identify problem areas and begin to construct pathways for change that addresses concerns and suffering associated with the addictive process the family has been immersed in often for many years. The activation of this process is called the “network effect” in which there are predictable stages the network members move through in order to make the necessary breakthroughs in changing addictive behavior processes. The network may develop rules, guidelines and expectations for behavior of their loved one, set boundaries on their substance misuse behavior, develop and implement accountability measures that enhance responsibility, address job and financial issues, develop measures to monitor substance misuse and to promote pro-social and functional behavior. Family members may be challenged regarding enabling, co-dependent behavior and supportive suggestions made to resist the pulls of the addictive process. If other family members are themselves going through an addictive process the network often grapples with how this may impact on their loved one and take steps to challenge the co-addict to make significant changes in his/her substance misusing behavior. In these social networks it is usual for many family and their natural supports to be experiencing considerable suffering having been exposed for many years to an addictive process and the attendant stress, anxiety and depression that so often accompanies their journey. Family Networks in identifying these dynamics take steps to help ameliorate the suffering of network members, including children and assist them in escaping from the negative influences of the addictive process.

Family Network Therapy is a facilitated process conducted by a qualified professional that may require the participation of more than one facilitator especially in very large network groupings. I have personally conducted hundreds of such meetings over the last several decades. The task of the facilitator is to guide the network through a series of stages that ultimately help family members and significant others as well as the substance misusing family member to reduce harm and suffering attendant to being connected to the addictive process. Family Network Therapy meetings may be scheduled weekly, monthly, on a one time basis or at any agreeable interval as desired by the network. Family Network Therapy may be a stand-alone intervention or part of a continuum of services that may include individual and group therapy, family therapy, participation in self-help meetings, medically assisted therapy and substance abuse education.

Family Network Therapy may be distinguished from what is traditionally called an “intervention” where family members, usually no more than a handful meet with their substance abusing loved one to influence him/her to accept treatment usually in an

inpatient rehabilitation setting. In Family Network Therapy the family and social network assumes the position of “treatment agent” with the goal of supporting and maintaining their family member in the home and community. Relying on family expertise, empowerment and placing responsibility and trust in families and their social networks to influence the course of the addictive process is a departure from traditional pathways for change in our culture where professional expertise dominates practice in the treatment of addictive processes.

Okomentoval(a): [PN7]: this is important to distinguish

Family Centered Recovery was developed to address what appears to be a major gap in the service continuum in the field of addictions treatment and intervention, in particular involving, empowering and entrusting families to be an integral part of assessment, intervention, planning, decision making and treatment in working with addictive processes in their substance misusing loved ones. Further the development of Family Network Therapy enhances those possibilities for changing patterns of addictive behavior by enlisting and unleashing the powerful forces of connection and relationship to address the suffering of all family members and significant others who are impacted by the addictive process. I welcome your thoughts, feedback and wisdom from families and the professional community as to how this methodology may be beneficial and helpful in addressing and combating this most complex and challenging epidemic problem we are facing in our communities.

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