OVERCOMING THE STRUGGLE OF FAMILY REUNIFICATION IN EARLY SOBRIETY –

IMPROVING OUTCOMES BY INCORPORATING FAMILY SUPPORT.....

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THE PREMISE

Research consistently shows that families play a critical role in supporting treatment and long-term recovery from substance use disorders (SUDs). Yet, despite their importance, families are often left out of standard clinical practice. By actively involving family members in treatment, providers can help both clients and their loved ones initiate and sustain recovery.

Most family-based approaches to SUD treatment are grounded in family systems theory, which views the family as an interconnected unit—where each member's thoughts, emotions, and behaviors influence the others. When one person changes, the entire system can shift. Helping families reframe their understanding of substance use and adjust their responses can lead to meaningful, system-wide healing.

THE PREMISE

When family members alter their perceptions of substance misuse and their reactions to it, the whole family system transforms.

Family-Systems based SUD interventions aim to

- encourage clients with SUDs to start and maintain their recovery
- improve family communication
- educate family members
- identify and assess family systems
- help family members engage in self-care and their own recovery
- I would add that one of the goals is to address enmeshment and to encourage *individual differentiation* - the ability to maintain one's own identity while remaining connected to the family

COURSE OBJECTIVES

- REVIEW the history of the development of the Family Roles in a Dysfunctional Family
- IDENTIFY and discuss facts about the benefits of having family support for the recovering alcoholic or addict
- IDENTIFY barriers and biases that may impact a recovering individual's ability to truly examine their impact on their family and friends without inducing shame
- EXPLORE skills to navigate the unique stressors experienced by families when their loved ones enter recovery: addiction treatment or healthcare systems
- ANALYZE and discuss the range of social, attitudinal, and emotional tools that create leverage for change beyond traditional marital and family therapy

CLARIFICATION . . . . . .

DEFINING “FAMILY”

Family is a broad term and can mean different things to different people (i.e., blended families, children living with grandparents, same-sex families, military families, and living with unrelated persons). Providers should allow the client to define whom they consider to be their family.

DEFINING “RECOVERY SUPPORTS”

Friends, family, significant others, etc.

WHY FAMILY INVOLVEMENT MATTERS

- Increased recovery rates
- Improved family functioning: creating healthier relationships and overall well-being for all family members
- Reduced relapse risk: by identifying and modifying enabling behaviors, the family can provide a supportive environment for recovery
- Breaking the cycle of generational dysfunction and trauma

THE MAIN EMPHASIS OF FAMILY COUNSELING IN SUD TREATMENT

- Engagement of significant others in the treatment process
- Understanding the roles, relationships, and communication patterns within the family system
- Psychoeducation
- Family support
- Modifying relational behaviors that may contribute to future substance use

TREATMENT CONTINUUM

- Screening and assessment
- Treatment Engagement
- Active Treatment
- Recovery Support
- Aftercare, Relapse Prevention
- Maintenance, Service Work, Giving Back

(ALSO APPLIES TO FAMILY TREATMENT)

HISTORY OF FAMILY ROLES

Before Sharon Wegscheider-Cruse’s Family Roles

Family Systems Theory was first developed by Psychiatrist Murray Bowen

Key concepts

- Each member plays a specific role in maintaining the system's balance, including dysfunctional roles within that system.
- Has a primary focus on the concept of "differentiation of self" - the ability to maintain one own’s identity while functioning in the “system”
- Doesn’t specifically label family roles

HISTORY OF FAMILY ROLES

Virginia Satir, Social Worker, “Mother of Family Therapy”

Roles -

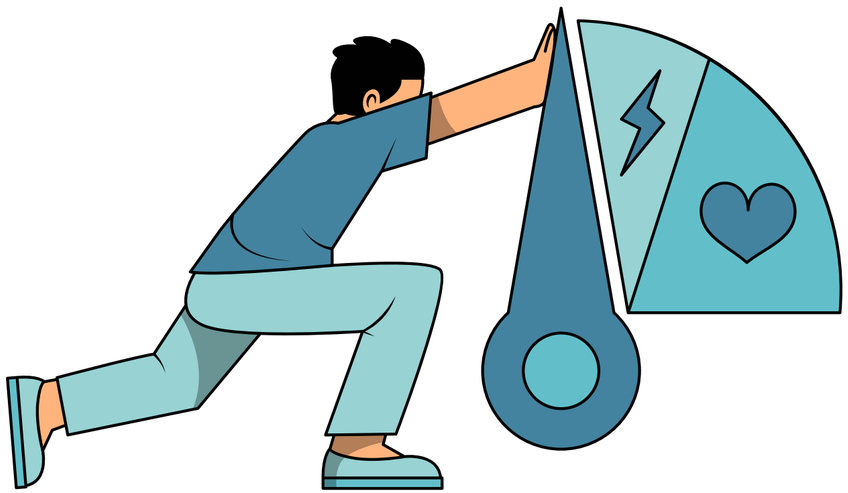
- The Blamer - The family member who constantly finds fault and criticizes
- The Computer - The non-affectionate intellectual
- The Distractor - The person who stirs things up in order to shift the focus
- The Placator - The apologetic people-pleaser
- The Leveler - The open, honest, and direct communicator

FAMILY ROLES IN ADDICTION

by Sharon Wegscheider-Cruse

- The Addict
- The Chief Enabler
- The Hero
- The Scapegoat
- The Lost Child
- The Mascot

BARRIERS TO TREATMENT



Assess and identify barriers and biases that may impact a recovering individual's ability to truly examine their impact on their family and friends *without inducing shame.*

BEGINNING WITH THE IDENTIFIED PATIENT...

OVERCOMING BARRIERS

Talk with your client in the early stages of treatment about the importance of having family members, significant others, and recovery support people involved in his or her treatment.

Assess mental clarity of patient.

Discuss issues around safety and cultural appropriateness of inclusion of family members and recovery supports, including boundaries around confidentiality.

Have your client sign releases to have family members and recovery supports involved.

OVERCOMING BARRIERS

Reassure your client that during initial recovery support sessions, the primary goal is to offer education and information in a structured and safe manner.

Stress the potential growth and benefits of all family members being involved in treatment.

Work collaboratively with your client to develop a plan for;

- identifying supportive family members and recovery supports,
- inviting them to an initial session,
- determining the best starting point, such as counseling, family, group sessions, or psychoeducational sessions,
- deciding what issues will be addressed

BARRIERS FROM THE SIGNIFICANT OTHER

Family members may avoid involvement in their loved one's treatment for various reasons;

- Feeling overwhelmed
- Lacking understanding
- Fearing confrontation
- Concerns about privacy, feeling helpless,
- Past negative experiences with healthcare, family dynamics
- Not believing a problem exists.

OVERCOMING BARRIERS

Take the time to listen to the family's concerns and understand the experiences and past involvement of family members in recovery or support groups.

Provide educational and counseling needs based on an assessment of the family systems. Discussing and dispelling misconceptions about family recovery support groups.

Exploring the challenges and benefits of participation in family recovery support groups.

Offering counseling and coaching options that align with the family's lifestyle and needs.

STRATEGIES TO INCLUDE THOSE WHO CANNOT, OR CHOOSE NOT TO ATTEND SESSIONS

Explore the reasons for resistance, validate the individual's feelings, offer individual sessions, or limit to educational groups until the family member feels comfortable

Utilize the "empty chair technique" to represent the missing family member, thus addressing the absent family member metaphorically

Utilizing Zoom and conference calling

Utilizing creative tools like letter writing

BARRIERS FROM THE TREATMENT CENTER

Some addiction treatment centers may discourage family involvement due to concerns about;

- Harmful family dynamics, such as enabling behaviors
- Active addiction within the family
- Extreme codependency
- Cases when the family is highly dysfunctional or actively contributing to addiction issues,
- Time management

OVERCOMING BARRIERS

- Zoom or conference calls
- Refering the family to their own independent therapy from (addiction professionals)
- Attend visiting hours and visitation

TRADITIONAL MARITAL AND FAMILY THERAPY CORE PRINCIPLES

- Create a safe and healthy home environment, maintaining boundaries, setting realistic expectations
- Obtain member's personal investment in creating change
- Improve communication
- Identify patterns of interactions and strengthen relationships

TRADITIONAL MARITAL AND FAMILY THERAPY CORE PRINCIPLES

- Explore how each individual and family's history impacts current patterns
- Learn how to process emotions and manage conflict
- Empowering family members' individuality
- Ensure mutual respect and honoring boundaries among members, especially when it comes to differences

FAMILY THERAPY IN SUD TREATMENT

- Family counseling in SUD treatment differs from more general family systems approaches because it *shifts the primary focus from the process of family interactions* to *planning the content of family sessions.* The counselor emphasizes substance use behaviors and their effects on family functioning.

- For instance, in a couples session where the couple discusses the husband's return to drinking after a period of abstinence, the counselor *notes the interactions* between the husband and wife *but focuses on the return to use.*

- By doing so, the counselor can develop strategies for the couple to use as a team, enabling them to learn from the experience and prevent another return to use.

TREATMENT MODELS FOR ADDICTION *

SYSTEMIC-MOTIVATIONAL THERAPY

Integrates aspects of both systemic family therapy and motivational interviewing. MI is a counseling method that helps individuals overcome ambivalence and tap into their intrinsic motivation for change

Goals and Key Objectives

- **Encourage clients to reflect on their reasons for change and recognize the gap between their current situations and future goals**
- **Enrich understanding of family beliefs about substance misuse**
- **Help the family work as a team to develop family-based strategies for abstinence**
- **Support families in collaborating to formulate strategies for abstinence**

TREATMENT MODELS FOR ADDICTION *

SYSTEMIC-FAMILY THERAPY

Systemic family therapy looks at problems as patterns in the family, not just individual issues. It focuses on how family members interact and affect each other and the whole family. It sees family members as connected and believes their relationships influence problems.

MOTIVATIONAL INTERVIEWING

Motivational Interviewing (MI) is a counseling style that helps people work through mixed feelings about changing their behavior. It's a friendly, person-focused approach that encourages individuals to find their own motivation to make changes, instead of having it pushed on them from outside.

BEHAVIORAL COUPLES AND FAMILY THERAPY

Counseling techniques consist of a recovery contract established between the counselor and the couple or family.

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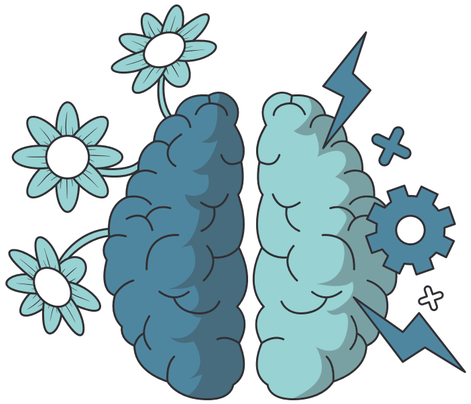
Sessions and interventions are highly organized, with every session featuring three counselor techniques tasks:

- Review any substance use, relationship concerns, and homework assignments
- Introduce new material
- Assign home practice

Goals include:

- Reduce relationship distress
- Improve interaction patterns
- Improving communication and problem-solving skills
- Strengthen relationships by enhancing caring behaviors and
- increasing shared activities



ADDITIONAL TREATMENT MODELS

Functional Family Therapy is a behavioral method that addresses dysfunctional family behaviors contributing to adolescent substance misuse. It promotes positive problem-solving for adolescent risk behaviors and is based on an *ecological model*, examining various factors (individual, relationship, community, society) that contribute to or reduce negative outcomes.

Brief Strategic Family Therapy (BSFT) aims to reduce or eliminate youth drug misuse and transform family interactions that contribute to drug misuse through its problem-focused, directive, and practical approach. The central assumption of BSFT is that adolescent substance misuse and other risky behaviors are connected to dysfunctional family interactions.

ADOLESCENT TREATMENT MODELS

Multisystemic Therapy (MST) is a rigorous, evidence-supported treatment approach focused on families, intended for adolescents and young adults exhibiting serious antisocial behaviors like delinquency, substance misuse, and violence. Its goal is to diminish these behaviors by addressing the various systems that impact an individual's life, including family dynamics, educational settings, peer relationships, and community environments

Multidimensional Family Therapy (MDFT) is a treatment designed for teenagers and young adults facing mental health issues, substance use, and behavioral challenges. This integrative approach merges individual therapy, family therapy, drug counseling, and community service.

ADOLESCENT TREATMENT MODELS

Family Checkup (FCU) is a brief assessment that addresses family risk factors for substance use, like poor parental monitoring and weak parent-child relationships. It combines motivational interviewing techniques and personalized feedback to motivate families to improve practices, preventing future substance use in children and addressing current adolescent use.

Community Reinforcement and Family Training (CRAFT) is a structured, family-oriented intervention for concerned loved ones. Lasting four to six sessions, it teaches them strategies to encourage family members misusing substances to change their behavior and seek treatment

ADDITIONAL TREATMENT MODELS

Network Therapy combines individual, group, and family counseling by involving a client's family and friends (ideally three to four people) who work with the counselor to help the client maintain abstinence. It uses three key elements for substance misuse recovery:

- cognitive-behavioral relapse prevention
- existing supportive networks
- community resources promoting abstinence, such as mutual-aid support programs

Family Behavior Loop Mapping analyzes interactions that lead to substance use and periods of abstinence for clients with SUD. All family members participate. This visual representation clarifies each member's role in the systemic process, emphasizing that no one is solely responsible for substance-related issues.

The map highlights alternative behaviors and thoughts that promote sobriety and encourages discussions on interrupting the cycle of substance use.

ELEMENTS OF FAMILY THERAPY IN SUD TREATMENT

- Providers should help families recognize how family patterns that promote generational trauma can be passed down from one generation to the next.
- Adopting a non-blaming, collaborative approach rather than an authoritative, confrontational one in which the counselor is the expert.
- Consider including harm reduction goals other than abstinence, which can bring positive physical and behavioral health benefits to the individual and the entire family.
- Expanding outcome measures of “successful” treatment to include the health and well-being of the entire family, along with the individual with an SUD.

PSYCHOEDUCATION OBJECTIVES

- Understand the biopsychosocial (biological, psychological, and social) effects of SUDs on the client and family's health and well-being
- Learn what to expect from SUD treatment and the ongoing recovery process of the entire family system
- Build their own support systems and learn coping strategies and skills from other group members
- Increase a sense of support and reduce feelings of isolation and shame

PSYCHOEDUCATION TOOLS

- Assigning homework in the session for the client and family members to do between sessions
- Teaching and practicing problem-solving and communication skills during sessions
- Providing educational handouts for the client and family members to take home and review
- Suggesting reading, audio, or video material, the client and family members can review at home
- Creating a family recovery maintenance notebook that includes educational handouts, in-session exercises, journal notes on new insights, as well as topics and questions for further exploration

TO SUMMARISE

FAMILY THERAPY IN SUD TREATMENT

- Engage families in SUD treatment by creating diverse, accessible programs that invite participation. This includes psychoeducational activities for multiple families or individual family members, as well as structured family-based counseling.

- Change family behaviors that support SUDs. Counselors should assist families in recognizing behavioral, cognitive, and emotional responses that unintentionally enable the client's SUD.

- Providers should motivate family members to support one another in their mutual motivation to pursue lifestyle changes and encourage involvement in outside support groups that can be continued after primary treatment

TREATMENT CONCERNS

- Providers should consider client factors, such as withdrawal/detox status, cognitive impairment, co-occurring disorders, legal involvement, or history of violence in the family, before implementing a family-based approach.

- Approaches to family counseling need to adapt to scheduling, travel, and/or ambivalence issues that can arise when involving family members (as opposed to individual sessions).

- Family counseling should be based on a *thorough family assessment* that examines patterns of family interaction as well as strengths and challenges in the family dynamic.

- *Culture and diversity* are vital aspects of effective family counseling. Awareness of these factors will help providers “meet clients where they are” in treatment.

TREATMENT GOALS FOR THE "FAMILY SYSTEM"

During initial recovery support sessions, the primary goal is to offer education and information of;

- **Early warning signs of relapse, triggers, and stressors**
- **The impact of addiction on family members,**
- **The importance of family and recovery support involvement in treatment**
- **Improve communication and problem-solving skills**
- **The science of addiction**

ONGOING GOALS IN FAMILY TREATMENT

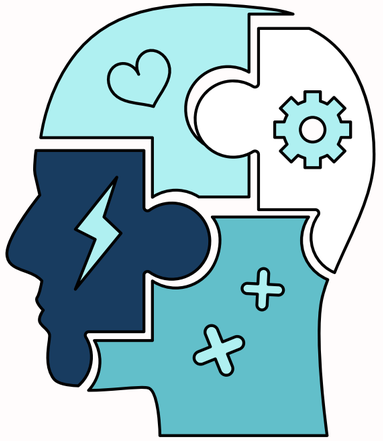
Facilitate engagement of family members to the treatment process - safety

- **Set boundaries**
- **Set group rules**
- **Ask Family and patient to share positive, non-substance using experiences with the client**

Facilitate behavioral contracting between family members and the client around such issues as

- **Abstinence**
- **Medication adherence.**
- **Commitment to treatment appointments, meetings, therapy, etc.**

ON-GOING TREATMENT GOALS



- Emphasize self-care
- Identify community resources and discuss the nature of their services
- When appropriate, refer for assessment or individual counseling family members who have their own substance use or mental health concerns—
- Refer them to family therapy to address family issues beyond your scope of practice

TOPIC AREAS IN FAMILY TREATMENT IN SUD
(NOT TO BE OVERLOOKED)

- **Role reversal**
- **Emotional overload or numbing**
- **Emphasis on education**
- **Understanding Relapse**
- **Developing skills to increase flexibility/resilience**

RELAPSE PREVENTION - FAMILY

Family members can also experience a “relapse” or return to old behaviors and strategies for *trying to manage* the stress of living with a relative's active substance use.

- Identify their own triggers or cues that signal a return to old behaviors
- Identify cognitive distortions (e.g., all-or-nothing thinking) that may precede a behavioral relapse
- Learn or reengage effective coping skills to manage the stress of the individual's return to misuse in the event of relapse.
- Create a written plan for family members, including specific self-care activities they can do, support people they can contact, and crisis numbers to call if the situation warrants.

SUPPORT FOR THE FAMILY

Although family members can be a source of support for the person with the SUD, they also need their own recovery support for;

- Decreasing isolations and forging emotional bonds
- Establishing social cohesion and a support network outside of the patient
- Gaining structure and routine

SUPPORT FOR THE FAMILY

- Accountability by family, friends, and other recovery supports
- Having mentorships - Observing and imitating positive role models
- “Playing the tape out” expecting negative consequences for engaging in risk behaviors
- Building self-efficacy

MUTUAL HELP SUPPORT GROUPS FOR THE FAMILY

12-STEP GROUPS, FAITH BASED SUPPORT GROUPS, ETC.

- Improve coping skills.
- Find strength in sharing their experiences
- Avoid judging another's pain
- Reject guilt and find greater self-acceptance
- Embrace humor as healthy
- Accept that they cannot solve every problem
- Understand that mental disorders are chronic illnesses

ADDITIONAL RESOURCES

Case management is a psychosocial intervention that assesses significant life issues (e.g., substance misuse), formulates an action plan, actively connects clients to community-based resources, coordinates care, and monitors participation in services.

Family case management addresses not only the needs of the client with a substance use disorder (SUD) but also the family issues related to the client's substance misuse. Criminal behavior, unemployment, financial and food insecurity, domestic violence, and child maltreatment are all examples of areas that may need to be addressed.

Peer Recovery Support Services help individuals with SUDs to start and maintain recovery. Family-focused specialists offer education and resources to relatives affected by a loved one's SUD. These specialists have personal experience with family members facing SUDs or related disorders.

IN CONCLUSION

Family counseling approaches in the treatment of substance use disorder (SUD) align with the principles of systems theory.

These methods recognize the client as a crucial part of the broader family system.

In SUD treatment, family counseling emphasizes how the family affects one member's substance use behaviors and how family members can learn to respond differently to substance misuse.

When family members modify their behavioral responses to substance misuse, the whole family system evolves, resulting in better health and well-being for all.

THANK YOU

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RESOURCES

“Rebuilding Relationships in Recovery: How to Connect with Family and Close Friends After Active Alcoholism and Addiction” by Janice V. Johnson Dowd, LMSW, 2025, North Atlantic Books Publishing

Family Involvement in Treatment and Recovery for Substance Use Disorders among Transition-Age Youth: Research Bedrocks and Opportunities https://pubmed.ncbi.nlm.nih.gov/34080559/

The Importance of Family Treatment in Substance Use Disorder Treatment https://library.samhsa.gov/sites/default/files/pep20-02-02-016.pdf

Relapse prevention https://pmc.ncbi.nlm.nih.gov/articles/PMC5844157/

www.janicejohnsondowd.com

RESOURCES

Relapse Prevention and the Five Rules of Recovery
https://pmc.ncbi.nlm.nih.gov/articles/PMC4553654/

Relapse prevention
https://pmc.ncbi.nlm.nih.gov/articles/PMC5844157/

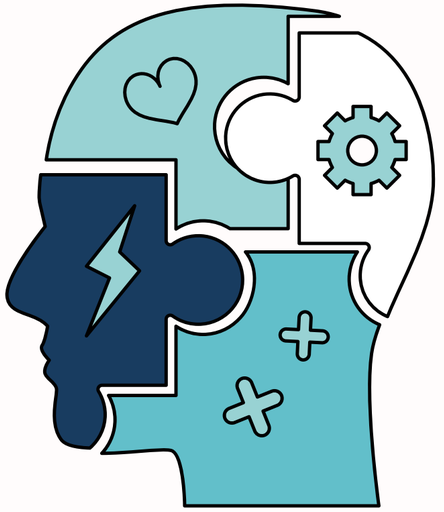
Saving Satir: Contemporary Perspectives on the Change Process Model
https://pubmed.ncbi.nlm.nih.gov/26898000/

Recovery Support Tools For Parents and Families
https://www.samhsa.gov/technical-assistance/brss-tacs/parents-families

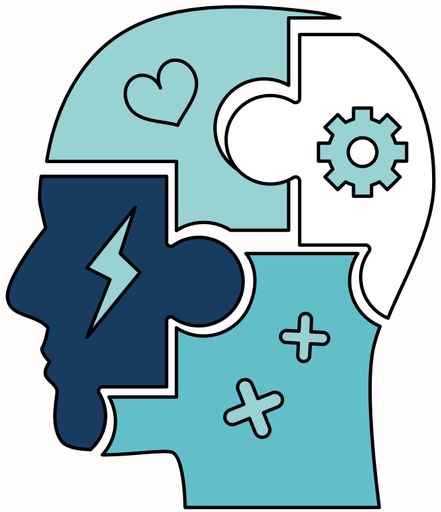
TIP 39 Substance Use Disorder Treatment and Family Therapy: Updated 2020.
https://www.ncbi.nlm.nih.gov/books/NBK571088/

THE FOLLOWING PAGES OFFER

ADDITIONAL SLIDES USED IN OTHER PRESENTATIONS....



DIFFERENCES IN FAMILY TREATMENT IN SUD



- Crisis vs. chronic illness approach
- The *adjustment period* to recovery is another major stressor.
- Addresses *brain fog*, cognitive functioning
- Examines role reversals of family members
- Stigma from the extended family (esp. of the primary partner.)
- Identifies emotional and physical support services from outside resources

MUTUAL HELP SUPPORT GROUPS

12-STEP GROUPS, SMART (SELF-MANAGEMENT AND RECOVERY TRAINING), ETC.

- Improve coping skills
- Find strength in sharing their experiences
- Avoid judging another's pain
- Reject guilt and find greater self-acceptance
- Embrace humor as healthy
- Accept that they cannot solve every problem
- Understand that mental disorders are chronic illnesses

RELAPSE PREVENTION GOALS

Involve supportive family members and other recovery supports in developing and implementing the continuing care plan

Work collaboratively with your client and recovery supports to develop a relapse prevention and emergency plan (in the event of a relapse) that includes roles for recovery supports.
***Take care not to burden them with responsibilities that your client should handle.**

Continue Psychoeducation as a component of relapse prevention in individual, family, and group work.

FOUR PRINCIPLES IN RELAPSE PREVENTION

- Relapse is a gradual process with stages. Treatment aims to help individuals recognize early stages, where success chances are highest
- Recovery involves personal growth with developmental milestones, each stage holding relapse risks
- Some primary tools for relapse prevention include; cognitive therapy, mind-body relaxation, and fostering healthy coping skills
- Preventing relapses can be explained by a few basic rules

FIVE RULES TO PREVENT RELAPSE

1) Transform your life (recovery involves building a new life where avoiding usage is easier)

2) Be entirely honest

3) Seek assistance

4) Prioritize self-care

5) Don’t bend the rules - Stay committed to your recovery

STAGES OF RELAPSE

- **Emotional - This stage is defined by poor self-care. It occurs before one starts thinking about using**

- **Mental - Think of this stage as a war of the mind, characterized by minimizing, bargaining, craving**

- **Physical - starts using/drinking**

COGNITIVE THERAPY AND RELAPSE PREVENTION

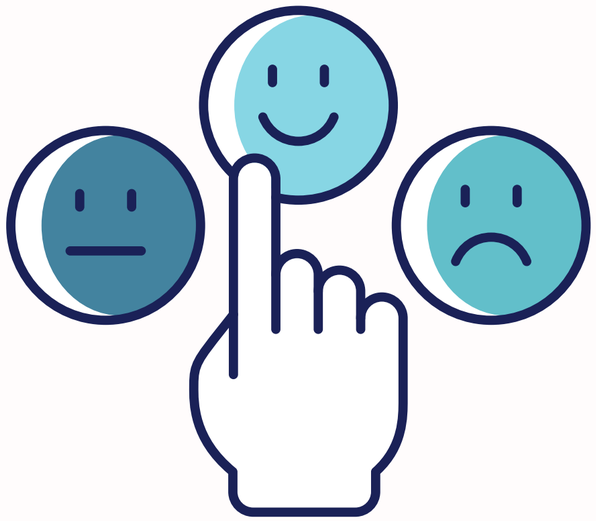
Cognitive behavioral therapy (CBT) is a form of psychotherapy that can help you change unhelpful or unhealthy patterns of thinking, feeling, and behaving.

The effectiveness of cognitive therapy in relapse prevention has been confirmed in numerous studies.

REASONS FOR RELAPSE IN LONG TERM SOBRIETY …

- Becoming complacent or over-confident
- Giving less attention to self-care
- Some clients feel that self-help meetings no longer offer new insights and subsequently attend less often
- Getting stuck - Many believe they should have “moved past” the foundational concepts
- Unexpected loss, crisis, or trauma
- Unresolved trauma or childhood issues

TARGET AREAS FOR INTERVENTION



- Decreasing isolations
- Forging emotional bonds
- Establishing social cohesion and support
- Maintaining goal direction
- Gaining structure through school, work, or faith-based organizations

TARGET AREAS FOR INTERVENTION

- Accountability - monitoring by family, friends, licensing, and other recovery supports
- Mentorship - observing and imitating positive role models
- “Play the tape out” - expecting negative consequences for engaging in risky behaviors
- Building self-efficacy, becoming involved in service work
- Developing effective coping skills
- Participating in rewarding, substance-free social activities.