

The Family Solution Finder
Study Guide & Workbook w/video's

“Certificate of Completion Course”



PHASE III

“Getting Organized”

Seminar # 17

12 Key Issues a Family Faces in Substance use Disorders

Issue # 8 of 12 key issues: Support Agencies

Introduction

The family will be traveling on a path that many before them have taken. Each family is different and the circumstances they face are rarely identical. However, there are many aspects by category which remain common to all. So, it is reasonable to assume, the family would benefit to know what is likely to happen prior to it coming up in their journey. We know what will happen, but there is no one to bill for taking the time to tell the family. Therefore, to date the family has been left out of the dialog. These seminars are created to fill this GAP of KNOWLEDGE. These are the 12 key issues a family is likely to face and need to prepare for in their journey. We will present them in three parts: 1. The Issue (define it clearly), 2. The issues obstacle, things that will likely come up when the family addresses the issue, 3. Solution to both the issue and its obstacle. The issues are presented in the Study Guidebook, the Obstacle and Solutions are presented in the Workbook. Please read both and watch the assigned video.

An Example: The Legal System will likely be a part of the family journey, and the issue that will come up is “Drug Court”. The Drug Court has a specific process which each family will follow, and this information can be presented and learned in advance. By learning this information in advance, the result for the family is EMPOWERMENT THROUGH KNOWLEDGE.

Learning these issues in advance reduces stress of the unknown, saves time, allows the family to budget their expenses, and gives them room to gather the needed resources.



THESE 12 KEY ISSUES ARE A “CERTIFICATE OF COMPLETION COURSE SEMINARS.

They are essential to a family members knowledge base in becoming empowered to address each issue in their journey with substance use disorders.

The next 12 seminars will address each of the 12 key issues a family faces in their journey with addiction. It is our goal to break these issues into three parts for each issue:



Issues the Family Faces

This will clearly explain the issue and by using the F.T.R. model allow the family to break it down into a solution.



Obstacle the Family Faces

These are obstacle the family faces when trying to address each issue.



Solutions to Issues & Obstacles

Each of these will be presented in the 12 Key Family Issues.

The 12 Key Issues a Family Faces

ISSUE # 1. Enabling vs. Consequences

GOAL: To use this seminar content as a foundation towards *building denial techniques* that do not enable substance misuse. Also learn the consequences of enabling and denial that disables the positive habits of successful recovery. How communication makes a safe place for the family.

ISSUE #2. Addiction Behavior

GOAL: To learn the *behavior traits of substance use disorder*. To understand how boundaries work to create change over time. Also, learn how to responds to these behaviors.

ISSUE #3. Family Intervention

GOAL: Gain a practical understanding of the *5 Stages of Change* theory. Be able to apply the motivational interview (family level) work sheet for each stage.

ISSUE #4. The Police Intervention

GOAL: To learn the typical steps needed when the police intervene. Create a *missing person's report* in advance. Learn the options and paths this intervention might take. Be able to bridge from the police intervention to the next level of intervention.

ISSUE #5. The Emergency Medical Services Intervention

GOAL: Learn what to do in the case of a medical emergency. Understand what to expect at an Emergency Room. Be prepared to make the needed decisions required at this part of the journey.

ISSUE #6. The Legal System Intervention

GOAL: Learn how to navigate the court system. What is the requirement for drug court and other options?

ISSUE #7. The Treatment Center Intervention

GOAL: Learn what the treatment center will do and what it will not do. How to select the right treatment center using a criterion check list.

ISSUE #8. The County, State, Federal Agencies

GOAL: Learn how to create a family Resources Plan by using a *Family Resources Plan of Action Work Sheet*. Using the list of available agencies to properly match the agency with the needs of the family.

ISSUE #9. Relapse

GOAL: Learn how to create a *Getting Back to Work Plan*. Using the Getting Back to Work Planning Guide match each step with the proper agency or program.

ISSUE #10. Successful Lifelong Recovery

GOAL: Learn how to create a supportive and safe space for the family and the loved one in recovery.

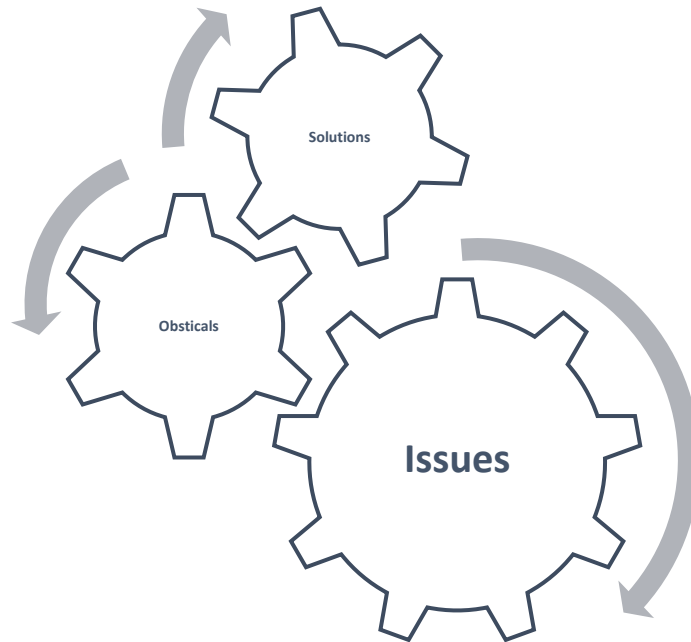
ISSUE #11. Bereavement

GOAL: Learn how to navigate the journey of grief and all that life give us in these times.

ISSUE # 12. Faith, Spiritual Practices

GOAL: How to create a new State Certified Addiction Counselor position at your place of worship. Open Doors to Open Hearts May 5th call for universal inter-faith prayer across NE Ohio. 2-4pm

An Issue has obstacles, before the solution can be obtained



Plan to Address All Three

Sequence (consider relapse occurrences)

The 12 Key Issues a Family Faces

#1 Enabling vs Disabling

#2 Addiction Behavior

#3 Family Intervention

#4 The Police

#5 Emergency Medical Services

#6 Legal Court System

#7 Treatment Centers

8 Support Agencies

9 Getting Back to Work

#10 Successful Lifelong Recovery

#11 Bereavement (Learning how to move forward)

#12 Faith, Spiritual Practices (It's His will first and in all ways)

Family Transformational Response Model (F.T.R.)

Instruction: Take the issue and in clear details define what the issue is, then state how this issue will impact the family, then identify what steps your family can take to prepare or respond to this issue, then find those organizations/professionals who can help the family in dealing with this issue. **This model creates a known expectation for the outcome. This model/tool is part of the family's empowerment response.**

The F.T.R. Model:

- I. Define the Issue?
- II. How does this issue impact the family?
- III. What steps can the family take to prepare and respond to this issue?
- IV. Creates of list of who can help and assist the family in their response?
- V. What should the family expect as their outcome?

The F.T.R. Model Worksheet

I. Define the Issue?

- ❖ Clearly State what happened or will happen.

- ❖ Identify who is involved or should be involved.

- ❖ What would you like to have happened, or like to see happen?

II. How does the issue impact the family?

- ❖ Who in the family?

- ❖ In what way?

- ❖ What is needed to move forward?

III. What steps can the family take to prepare and then respond to the issue?

- ❖ What needs to be done, prioritize the list.

- ❖ Who needs to be involved?

- ❖ What will it look like when completed?

IV. Who can help and assist the family in their response?

- ❖ How to search for an organization to help.

- ❖ What to ask from them?

- ❖ What to expect?

V. What should the family expect as their outcome?

- ❖ Timeline.

- ❖ The expenses/cost involved in this issue.

- ❖ Required changes to successful respond to this issue.

Use the F.T.R. model for every issue, to find your best solution.

The Family Solution Finder

Study Guide



PHASE III

“Getting Organized”

Seminar # 17

12 Key Issues a Family Faces in Substance use Disorders

Issue # 8 of 12 key Issues: Support Agencies Mapping

The 12 Key Issues a Family Faces

#1 Enabling vs Consequences

#2 Addiction Behavior

#3 Family Intervention

#4 The Police

#5 Emergency Medical Services

#6 Legal Court System

#7 Treatment Centers

8 Support Agencies
Mapping

9 Getting Back to Work



#10 Successful Lifelong Recovery

#11 Bereavement (Learning how to move forward)

#12 Faith, Spiritual Practices

Introduction: Support Agencies Mapping

It is because most families on a journey with Substance Use Disorders do not have a full understanding of what is required to solve the issues they will face on this journey, that makes finding the right level of support so difficult. Therefore, a tool for determining what the family is facing, i.e. the Family Transformational Response Model combined with Family Resource Mapping and knowledge of Community Reinforcement Family Training (C.R.A.F.T.) is so important.

These three components are included in this Seminar # 17 “Support Agencies Mapping” family learning seminar. There is an incredible advantage for each family when a strategy for promoting interagency collaboration by better aligning programs and services for is part of the Families Master Plan of Action. But, this is not what the industry provides. In its place is a disjointed, selection of silo providers that provide no transition paths between services as the family travels through the phases of their journey.

So, it is up to the family to create their own, Support Agencies Network. We already know the 12 key issues a family is likely to experience, and that there are providers, services and programs available for supporting the family on each issue. Therefore, let’s plan ahead, interview them for which is the best fit and include them to the family master plan of action, to use when and if that issue is presented.

What is needed is a community map of who is out there to help. For this we will create our own, family resources map of providers based on each of the 12 key issues. The major goal of the *Family Resource Mapping* is to ensure that all family members have access to a broad, comprehensive, and integrated system of services essential in achieving outcomes related to the issues they are dealing with in their journey with SUD’s. Family Resource Mapping can be used to improve personal coping skills, personal mental and medical health, and support in dealing with the 32 plus issues a family will likely face on their journey with SUD’s. By identifying areas of need and aligning their needs with available services and resources in the community, streamlining those services and resources from organizations to support the family, the family will have created their own referral network for family member support.

The idea of resource mapping builds on the community’s strengths by increasing the frequency, duration, intensity, quality of services and supports from the community. It is a way to organize information and give direction to meet a common family/community goal.

As a result of resource mapping, family members have more flexibility and choice in navigating the system. Family Resource Mapping for the family members is particularly important as a strategy for improving school, work, social and spiritual life for the family members who have a complex and varied list of needs. When collectively pooled, these resources can create a synergy that produces a variety of services going well beyond the scope of what any single system can hope to mobilize. The problem is, when looking for a these services, the family members have no idea what they are asking for, how to evaluate the organization and how to compare them against their other options. And this industry does not make it easy for you to do a “search and compare” strategy.

What is Family Resources Mapping?

Family Resource Mapping is not a new strategy or process. It has been in use for many years in varying forms. Family Resource Mapping is sometimes referred to as asset mapping or environmental scanning. Family Resource Mapping is best noted as a systematic-building process used by many different families at many different stages in order to align resources and programs in relation to specific family system goals, strategies, and expected outcomes.

Mapping of needed services, support organizations, and programs within a community can have essentially three outcomes: 1) the identification of resources available to the family members 2) the identification of new or additional resources to sustain existing needs of the family with activities or initiatives from within their community, and/or 3) the identification of resources to assist in creating and building capacity to support a more complex family system. The first outcome typically occurs at the local community level while the second and third outcome can happen at any level—local, state, or federal. This seminar “Support Agencies” focuses on strategies for building the capacity of communities to better serve the families in their journey with substance use disorders.

There are four steps to the Family Resource Mapping process: 1) pre-mapping; 2) mapping; 3) taking action; and 4) maintaining, sustaining, and evaluating mapping effectiveness. The pre-mapping step allows stakeholders/organizations to lay the foundation for their programs and products as a collaboration with the family to establish a clear vision and goals for supporting a family system. The second step, mapping, determines which resources to map and how to best map them. The collection and analysis of data helps stakeholders/organizations to identify strengths and challenges more clearly based on the family’s inquiry prior to needing the services. 3) Taking action; this allows stakeholders/organizations to determine the most useful plan of action for effectively addressing the family system likely needs. Because “No one agency can meet the needs of all family member’s needs, all of the time.” A network of providers and programs and service are required to be included to the Family Resource Mapping strategy. 4) Established goals; Communicating and disseminating information about the family goals and needs is key throughout the implementation step. The final step involves maintaining, sustaining, and evaluating the efforts outlined in the map by continuously evaluating progress, making necessary changes to the plan, and learning from experiences.

Step One: Pre-Mapping

The pre-mapping step allows the necessary partners to come together with the family and establish a purpose and overall direction for the mapping activity. This step in the mapping process should not be overlooked or rushed. Specifically, during the pre-mapping step, you will identify and secure the organizations and key stakeholders and define the vision and goals for aligning the family to community resources. Establishing clear communication in the beginning will make it easier to achieve your long-term goal of aligning and streamlining community resources. This section will highlight strategies to establish the mapping efforts and how to set realistic goals.

The goals need to be specific, measurable, action-oriented, realistic, and time-constrained. The way in which a goal is stated strongly affects its effectiveness. It is important to be positive, precise, and practical when stating goals and setting priorities. Goals set the expectations for overall performance over time.

Therefore, be sure to set goals at a level slightly out of your immediate grasp, but not so distant that there is no hope for achievement. Determining short-term goals allow for the bigger goals to be more manageable.

When thinking about setting realistic yet meaningful goals, ask yourself the following questions:

- What skills, information, and knowledge will be needed to achieve each goal?
- What assistance or collaboration is required to achieve each goal?
- What resources will be needed to achieve each goal?
- What factors may inhibit meeting each goal?
- How will we know when we have met each goal?
- Are there other goals we should be pursuing?

Goal setting is an ongoing and ever-changing process that is accomplished over time. Keep in mind, you will need to periodically review your goals and modify them to reflect any changes in priority.

Step Two: Mapping

The mapping process begins by selecting one issue in the 12 Key Issues a family is likely to face in their journey to map. The usefulness of resources is determined by evaluating the extent to which they assist in meeting strategic goals and objectives of the family system. This stage involves selecting a focus, identifying and collecting data or resources, and analyzing the information or resources collected. While the mapping step can be time-consuming, efficient organization can make it one of the simplest steps.

The first step in the mapping phase is to determine what resources need to be collected in order to provide the information necessary for making informed decisions about change. You can collect what will be the family's outcomes using this organization or, what process they use to meet the family's needs.

The type of information you choose to collect depends largely on the issue you select to map. Sources of information extend far beyond those traditionally assessed. Resource identification should not be limited to dollars in support the family; the identify cation of resources needs to be expanded to include human resources, technical assistance, in-kind resources, academic and spiritual support. Not only are new resources identified during the mapping process, but how other families have utilized current resources is examined.

The primary question is whether current resources can be used differently to help meet the needs presented by this issue or whether new resources are needed. The amount of information collected during the mapping process can often be overwhelming. It is essential to select only what is needed to get the reporting job done. Prioritize your resource mapping issues based on your overall vision of what is most likely, and then map around each of the issues. Strive to organize the information in a manner that is comprehensive, responsive, and meaningful to the family.

Step Three: Set-Up a Map

Mapping Steps 1. Reach consensus on the parameters of the map—select a goal to map. 2. Select the information to be collected based on these parameters— determine what types of resources you would like to collect. 3. Develop tools to collect your information. 4. Collect data with help from stakeholder organizations. 5. Conduct a community (or geographical) scan. 6. Review, analyze, and interpret the information. 7. Communicate your findings. 8. Set priorities. 9. Include to the families, “Master Plan of Action”.

Different methods can be used to gather information. The information collection methods you select depend on the type of information you want and the stakeholders who are sharing the information. Possible methods include questionnaires, on site or by telephone interview meetings, and written or at a public event/presentation. No single collection method can provide all the necessary information to support good decisions, be creative in how you collect the information. Remember, much data already exists within your community and is available for your use, such as state eligibility requirements, referral processes and about us pages on the organization’s website.

A significant first step in the resource mapping data collection process is to geographically scan the community for existing and potential resources. A geographical scan includes an analysis of both the external to the community and internal to the community geographical boundaries.

Specifically, you need to determine what your community has to offer that will assist you in meeting your goals. For example, a community may be insufficient in providing resources to effectively address mental health issues by has strong support in addiction treatment of detox services.

The inquiry might encourage the development of new programs within the community in an effort to reduce duplication of services and resource use, minimize gaps in services and resources, and expand a community’s services/resources to meet the needs of more of its members. This is one advantage from a family being proactive, the community can gain a better understanding about what a family needs and is look for in services.

Ways to Collect Information Keep in mind that there are many suitable ways to collect information. No single collection process is perfect. Some, but not all, options for collecting useful information are listed below. • Geographical or community scans; • Interviews, presentations with key audiences (e.g., formal/informal leaders, program advocates, service providers to targeted audiences, and end-users); • Interviews with specialists (e.g., legislators, administrative consultants, and internal/external evaluators); • Site visits or observation of a setting (e.g., climate, attitudes of specific personnel, professional practices, resources and support services, facilities, and budget allocations); • Analysis of written and online documents; • Interaction with existing groups (e.g., support groups, advisors, faith groups, organizations management teams, and staff); • Case studies and success stories.

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Workbook



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Seminar # 17

12 Key Issues a Family Faces in Substance use Disorders

Issue # 8 of 12 key issues: Support Agencies Mapping

How the Family Participates

INSTRUCTIONS: View this video prior to continuing in this workbook.

VIDEO ONE:



ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: Six Skills for Families Affected by Addiction

By: [Jan Ligon](#)

This brief video provides an overview of six skills to help families and significant others who are affected by a person who has a substance abuse or addiction problem.

<http://helpingfamiliesaffectedbysubst...>

Link: <https://www.youtube.com/watch?v=3sBff2khxpo>

Duration: 8:36 min



Issues the Family Faces

A Dual Diagnosis?



Search Title:, REF: Supporting Recovery: Integrated Treatment for Co-Occurring Disorders.

VIEW VIDEO LINK: <https://www.youtube.com/watch?v=DfwaLQRWBaQ>

The reason we are viewing the topic of Co-Occurring Disorders is these diagnoses are very common and require more extensive coordinated care and integration. The person with suspected substance use disorder visits a family doctor or primary care physician, who may then refer them to an addiction or rehabilitation specialist. But did they miss the mental health diagnosis?

The doctor will ask questions about frequency of use, impairment of daily living, and whether the use of a substance is increasing and how the pattern of use is impacting important social, occupational, educational or other functional areas.

They will also ask about withdrawal symptoms which may have occurred at times when the person attempted to decrease or stop use.

The doctor will complete a physical examination and run some blood work to assess overall health. This helps to determine if medical treatment is needed. Now comes the question, how prepared is the family to use the diagnosis in setting up a path of services for their loved one?

It is important to engage stakeholders/organizations in the results of diagnosis findings, during your family resource mapping. The information gained from the diagnosis to include mental health, drug addiction and medical co-morbidities is a part of the mapping process and it can be used to help stakeholders make decisions on whether to improve, develop, and/or continue new and existing practices or programs.

Throughout the analysis of the map, keep your goals in mind, and think about how you want to present your findings to meet the needs of diverse audiences and ultimately improve the performance outcomes. You may choose to prepare summaries from other partners services and share them between your network of stakeholders/organizations, as well as summary sheets that highlight key findings.

Regardless of the communication method, it is imperative that content necessary for audiences to place the findings and results in a proper context and perspective. Simple, user-friendly summaries briefly review and highlight the major aspects of a programs outcomes, its conclusions, and its significance to the audience may be invaluable.

Reflection Questions for your past programs and services outcomes:

- Have you identified the goals to a past program and service?
- Have you included the set priorities for that program and service?
- Have you determined how to collect the information?
- What collection process will be used?
- How does the use of a summary and outcomes collected relate to your goals/outcomes for the next provider?
- Are existing resources effectively targeted and used to meet the goals of care?
- Are your findings reliable and credible?
- Are the products being considered for the next phase responsive to the needs of the patient and the capabilities of the stakeholders/organization? Are there other provider in the community that may be a better fit?

Consider sharing your past summaries with new providers so they can understand what worked in the past and what did not.

The Family Resource Mapping:

Once the data has been collected and analyzed, the challenging part begins. Acting on the information from the mapping process is an important step. What are you going to do with the information now? The misconception exists that once resources are identified and mapped; the work is completed. It is not. The greatest challenge in Family Resource Mapping often exists in developing a plan of action for implementing the map. This step in the process allows the family to take pro-active action in planning and building its system.

Developing an Family Master Plan of Action is a matter of detailing the action the family will take to build their system so it meets the families individual needs. Action planning allows you to determine how to strategically act on the information revealed in the information analysis step. The action plan aligns your resources with the goals outlined in the pre-mapping stage. For example, you may identify new resources to support your goal. If this is the case, the action plan would focus on pursuing those resources. You also may discover that existing resources could better meet your goals if they were realigned. This action plan would outline a course for redirecting these resources to support the goals as outlined earlier in the pre-mapping step.

Most important are other possible actions, in light of the information analysis, are aligning services to fill gaps or eliminate duplication or un-necessary services.

Consider when a family is documenting the person(s) or organization(s) is now accountable for a particular action, the completion of the action, and how you will measure success. Identifying your past results, allows

others to see they too will be measured, and that level of self administered accountability can go a long way.

Many patients' individual needs are such that some program with standardized, one size fits all, may not include these needs to the plan of care. Often, stakeholders/organizations in one patient's outcomes stand at cross-purposes with each other. Programs must seek a mutually satisfactory response, for example, when courts and departments of corrections, whose primary interest is public safety, mandate lengthy residential treatment in secure settings, while health plans require brief treatment in the least intensive environment. Or when a treatment center excludes the family from understanding how to support sustainable recovery after the discharge from services, the family is not well served.

Programs confront the issues of stakeholder/organization conflict most commonly, perhaps, when treating clients with co-occurring mental health and substance use disorders. These cases tend to involve the most from stakeholders/organization because of the exceptional number of community services these men and women require. Moreover, substance abuse and mental health programs historically have had problems forming good collaborative relationships. Programs also encounter substantial potential for stakeholder conflict when treating adolescent patients. Families routinely disagree with courts; juvenile justice, child protection, and school representatives all have their opinions on the most appropriate care. Disagreements on the nature and duration of treatment are common, and subtle conflicts are the norm rather than the exception. In a context of limited financial resources, programs must balance competing claims for access to services coming from courts and corrections, employers, schools, and families.



Obstacles the family will likely address

Adopting a holistic view of clients in substance abuse treatment is especially important for any service provider making referrals to other providers or agencies. At the point of referral, there is both an opportunity to address a client's unmet needs and a potential danger of losing the client. Collaboration is crucial for preventing clients from "falling through the cracks" among independent and autonomous agencies. Effective collaboration is also the key to serving the client in the broadest possible context, beyond the boundaries of the substance abuse treatment agency and provider.

The traditional referral system from substance abuse treatment programs to outside agencies can create obstacles to effective collaboration. Examples of obstacles are designation of which agency has major responsibility for a client, structural barriers driven by funding sources (e.g., payment to only one treatment agency), difficult-to-treat clients, and differing staff credentials.

The issue of which agency "takes credit" for a client is a difficult question arising from competition among different agencies, each of which has an interest in maintaining a certain "head count" to ensure continued funding. This barrier highlights the need to change the way that agencies are credited for their participation in a client's recovery. In many treatment systems, only one agency can receive credit for clients who are served by several service providers.

It would be preferable to allow all participating agencies to take credit for these clients. For example, this happens in communities that have collaborative relationships based on shared outcomes negotiated across agencies. These cross-agency outcomes can occur across service systems (e.g., substance abuse treatment and social services) or across provider networks (e.g., residential and outpatient providers). Outcomes are negotiated both across agencies and with funders of services. Funders play a critical role because they must "change the rules" that allow only one agency to receive credit for a client.

This change from a rules-driven system to a results-based system encourages all participating agencies to be recognized for their contribution to client outcomes. Also, it is important that each provider understand the role of the other providers so that it does not seem as if they are competing. Each provider must create an appropriate working relationship with the other providers so the client can benefit from all.

Structural barriers may also be posed by program policies that are determined by the program's primary funding source. Such policies may dictate, for example, that clients cannot engage in concurrent activities, such as vocational training and treatment of substance abuse disorders. If the State or a managed care system does not allow clients to participate in concurrent services, then collaboration efforts will be difficult, or even impossible. However, in some cases, this is simply a program philosophy and not a formal policy, and efforts should be made to change this mode of operation. Another major barrier in the past has been confidentiality requirements. One answer to addressing this problem is joint training.

In the present system, there are no rewards for serving difficult-to-treat clients, and sometimes agencies set criteria under which only the clients with the greatest potential for success are accepted. Incentives are needed for programs to accept those clients who have the greatest problem severity or multiple needs. This is known as "case mix adjustment."

The incentives should be based on three factors: (1) identification of difficult-to-treat clients based on analysis of differential outcomes and clients' characteristics, (2) analysis of the additional average costs of serving these clients, and (3) provision of either explicit incentives for serving these clients or a more equitable approach.

Staff licensing can sometimes be a barrier to collaboration because it is defined categorically. For example, sometimes the referring agency has a policy requiring that the staff members of the receiving agency have the same licenses and credentials as the referring agency's staff. In addition to requiring specific types of expertise, a referring agency sometimes requires the staff members of the other agency to be "professionals" with advanced degrees. The unfortunate consequence is that credentialing standards, rather than transdisciplinary collaboration, often dictate the services clients receive.

Vocational Training & Substance Use Disorders Treatment

Agencies and organizations that provide vocational training in collaboration with substance abuse treatment programs can be divided into two levels--agencies providing specific training for employment (Level 1), and agencies with resources and services needed by clients at the same time they are receiving substance abuse treatment and employment rehabilitation services (Level 2).

Examples of Level 1 resources include:

- City-, county-, and State-operated vocational rehabilitation (VR) services
- Public and private employment and job placement services
- Public and private employers in the community
- Vocational-technical colleges
- Community colleges
- Privately owned VR facilities
- Criminal justice vocational training programs

Examples of Level 2 resources include:

- Economic Development Centers (One-Stop or Workforce Development Centers)
- Shelters for survivors of domestic violence
- Mental health agencies
- Homeless shelters
- Child welfare agencies
- Child care services
- Family services
- Housing authorities
- Evening adult education programs
- Alternative education programs
- Literacy programs

- Adult basic education programs and general equivalency diploma (GED) programs
- Young Men's Christian Associations (YMCAs), Young Women's Christian Associations (YWCAs), Young Men's Hebrew Associations (YMHAs), and Young Women's Hebrew Associations (YWHAs)
- Social service organizations
- HIV/AIDS programs
- Health and disability organizations
- Independent living centers
- Religious groups
- Self-help meetings
- Accessible meetings

These are just a sample of what is to be considered when building the Family Resource Map.



Solutions to Issues & Obstacles

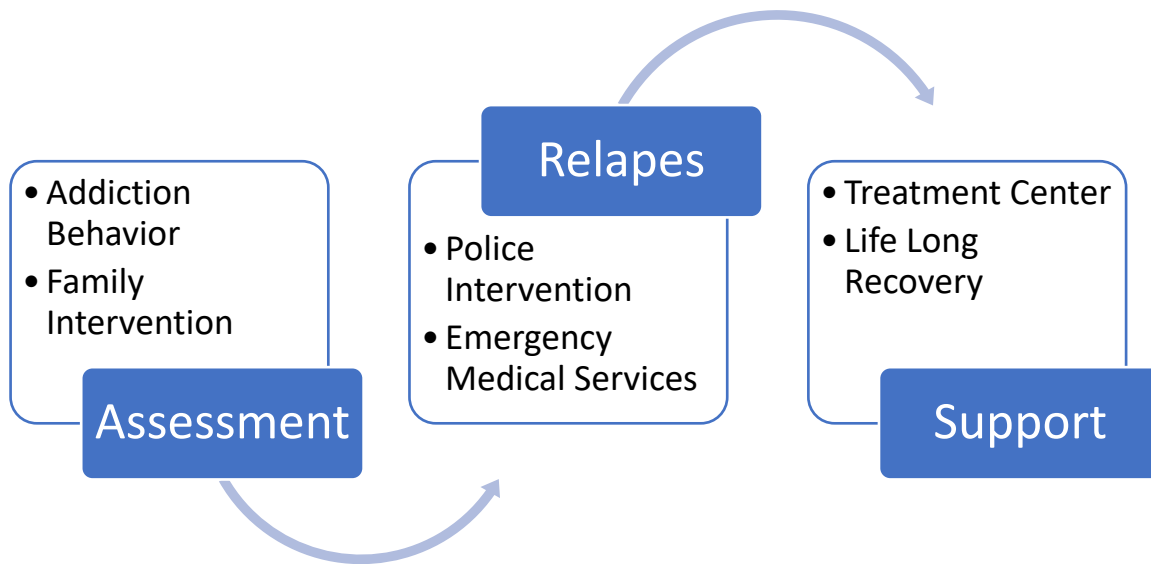
People live in different environments, and service providers have a responsibility to understand the contexts in which their clients operate. Client-focused treatment and referral needs to be based on an understanding of the family relationships, cultures, and communities of the clients. Culture can be broadly defined as incorporating demographic variables (e.g., age, sex, family), status variables (e.g., socioeconomic, educational, vocational, disability), affiliations (formal and informal), and ethnographic variables (e.g., nationality, religion, language, ethnicity). In many cases the client's belief system is intricately woven with culture, and providers should start where the client is and acknowledge the spiritual part of the work. Substance Use Disorders treatment programs typically are not open to faith-based organizations in their communities, which could be a valuable collaborative partner. So, it will be up to the family resource mapping to include.

Substance abuse treatment that is both client-centered and client-focused is more likely to improve the lives of client. Collaboration among agencies providing requisite services is an initial step toward client-centered care. Referral can be a way for agencies to hold each other accountable for getting results for clients. Referrals are necessary and appropriate when the substance abuse treatment program cannot provide special services needed by their clients. Some of the areas for which referrals may be needed include job readiness, job training, medical care, and ethnic/cultural expertise. The family resource mapping needs to consider the transition of services as a special part of the overall treatment effectiveness. It is only the family who will have the transition and persons interest as a foremost part of the criteria in discharge from one service to admission into the next.

If the rationale for integrated treatment is a successful outcome for the client, there must be some way of measuring whether the referral is successful. From the referring provider's perspective, referral represents an act of faith, hope, and trust that the agency to which the client is referred will be accountable and will share the goal of client success along with the referring agency. Referrals also represent an opportunity for change, growth, and development. Far too often, however, a referral consists merely of handing a client a list of names and telephone numbers and assuming or hoping that the client will take the initiative to make the necessary contacts.

Distinct from a traditional model is one where collaborations are fostered and maintained among agencies providing services to clients with overlapping needs, such as substance abuse treatment, employment, housing, education, and child care. In this context, the multidisciplinary team approach comes into play, but rather than coexisting under one roof, team members work within the various agencies engaged in collaboration. Referrals are negotiated among interlinked and interdependent agencies that share mutual goals and outcomes.

PRACTICAL EXERCISE # ONE:



Knowing what stage of the journey you are in, helps to determine what services is going to be needed next. The purpose of completing this seminar is to become aware of the family members support services, having the family ready to engage these resources at the right time and knowing what is going to be the possible outcome.

STEP TWO:

Take the 12 Key Issues and submit each to a Family Transformational Response exercise:

The 12 Key Issues a Family Faces

#1 Enabling vs Disabling

#2 Addiction Behavior

#3 Family Intervention

#4 The Police

#5 Emergency Medical Services

#6 Legal Court System

#7 Treatment Centers

**# 8 Support Agencies
Mapping**

9 Getting Back to Work

#10 Successful Lifelong Recovery

#11 Bereavement (Learning how to move forward)

#12 Faith, Spiritual Practices

STEP THREE:

Apply the F.T.R. Model for Each Issue Worksheet

VI. Define the Issue?

- ❖ Clearly State what happened or will happen.

- ❖ Identify who is involved or should be involved.

- ❖ What would you like to have happened, or like to see happen?

VII. How does the issue impact the family?

- ❖ Who in the family?

- ❖ In what way?

- ❖ What is needed to move forward?

VIII. What steps can the family take to prepare and then respond to the issue?

- ❖ What needs to be done, prioritize the list.

- ❖ Who needs to be involved?

- ❖ What will it look like when completed?

IX. Who can help and assist the family in their response?

- ❖ How to search for an organization to help.

- ❖ What to ask from them?

- ❖ What to expect?

X. What should the family expect as their outcome?

- ❖ Timeline.

- ❖ The expenses/cost involved in this issue.

- ❖ Required changes to successful respond to this issue.

You are projecting in this exercise because the actual event has not occurred, updating this for each issue as it happens may be required.

STEP FOUR:

Make an inventory of each provider that has services or programs which address each issue:

The 12 Key Issues a Family Faces

ISSUE # 1. Enabling vs. Consequences

GOAL: To build a foundation *denial coping techniques* that do not enable substance misuse. Also learn the consequences of enabling and denial that disables the positive habits of successful recovery. Learn how communication makes a safe place for the family. A family counselor or life coach is considered in the mapping process.

Providers:

- 1.
- 2.
- 3.

ISSUE #2. Addiction Behavior

GOAL: To learn the *behavior traits of substance use disorder*. To understand how boundaries work to create change over time. Also, learn how to responds to these behaviors. A drug addiction counselor is considered in the mapping process.

Providers:

- 1.
- 2.
- 3.

ISSUE #3. Family Intervention

GOAL: Gain a practical understanding of the *5 Stages of Change* theory. Be able to apply the motivational interview (family level) work sheet for each stage. A Family Therapist using Bowden Family Therapy models is considered in the mapping process.

Providers:

- 1.
- 2.
- 3.

ISSUE #4. The Police Intervention

GOAL: To learn the typical steps needed when the police intervene. Create a *missing person's report* in advance. Learn the options and paths this intervention might take. Be able to bridge from the police intervention to the next level of intervention. The recommendations of the local Chief of Police or Quick Response Team is considered in the mapping process.

Providers:

- 1.
- 2.
- 3.

ISSUE #5. The Emergency Medical Services Intervention

GOAL: Learn what to do in the case of a medical emergency. Understand what to expect at an Emergency Room. Be prepared to make the needed decisions required at this part of the journey. An Emergency Room Social Worker is considered in the mapping process.

Providers:

- 1.
- 2.
- 3.

ISSUE #6. The Legal System Intervention

GOAL: Learn how to navigate the court system. What is the requirement for drug court and other options? The prosecutor's office staff is considered in the mapping process.

Providers:

- 1.
- 2.
- 3.

ISSUE #7. The Treatment Center Intervention

GOAL: Learn what the treatment center will do and what it will not do. How to select the right treatment center using a criterion check list. The local treatment center admission director is considered in the mapping process.

Providers:

- 1.
- 2.
- 3.

ISSUE #8. Support Agencies

GOAL: Learn how to create a family Resources Plan by using a *Family Resources Plan of Action Work Sheet*. Using the list of available agencies to properly match the agency with the needs of the family. Take this seminar.

ISSUE #9. Relapse

GOAL: Learn how to create a *Getting Back to Work Plan*. Using the Getting Back to Work Planning Guide match each step with the proper agency or program. Taking seminar # 18 Relapse, and Support Agencies Seminar # 17.

ISSUE #10. Successful Lifelong Recovery

GOAL: Learn how to create a supportive and safe space for the family and the loved one in recovery. A peer to peer director is considered in this mapping process.

Providers:

- 1.
- 2.

ISSUE #11. Bereavement

GOAL: Learn how to navigate the journey of grief and all that life give us in these times. A bereavement MSW is considered in this mapping process. Contact a hospice company.

Providers:

- 1.
- 2.
- 3.

ISSUE # 12. Faith, Spiritual Practices

GOAL: How to use your faith in the journey of substance use disorders. Also, create an “Invest in the Family Ministry” at your place of faith practice. www.amazon.com

Providers:

- 1.
- 2.

PRACTICAL EXERCISE TWO:

SUMMARY OF SERVICES AND PROGRAMS

Previous Providers, contact information	Services/Programs Provided	Duration of program	Outcome of Program	Un met needs	New Expectations

PRACTICAL EXERCISE THREE:

FAMILY RESOURCE MAP

ISSUE	Services/Programs Provided	Title of Program	Point of Contact	Required Eligibility Criteria	Expectations

PRACTICAL EXERCISE FOUR:

Communication & Coordination Memo

Organization: _____

Point of Contact: _____

Email: _____

Website: _____

_____ I have, _____ do not have a HIPPA Release Form on file. Date on File:

ISSUE: _____

What program does the provider have to address this issue	How many of the criteria points were met by this program	What is the primary reason for selecting this program	How will you monitor progress in the program
			See Notes dated:
			See Notes dated:
			See Notes dated:

VIDEO THREE:



ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: CRAFT: Community Reinforcement And Family Training

Advance video to minute 7.min if you want to bypass the introductions.

Published on March, 2012

Link: <https://www.youtube.com/watch?v=hLYFcXb0JBk>

Duration: 58 min.

Greenfieldcc

Dominique Simon-Levine with Allies in Recovery presents the CRAFT process for helping individuals and families with addiction problems at an OPIOID Task Force event. She introduces the website developed using the CRAFT process to help families in working with addiction problems.

MASTER FAMILY PLAN OF ACTION FOR: "Support Agencies Mapping"

Complete answers and move to "Master Family Plan of Action" found in back of workbook.

1. Your family is to complete a diagnosis and assessment with severity of stage.
2. An interview of the agencies by selection of the 12 key issues list.
3. The organization chart for the facility will be recorded for future reference.
4. The family members will seek family therapy during the time the loved one is in treatment.

As part of the Master Family Plan of Action the family members will complete the review the needed "points of contact" at the agencies they will possibly need to work with in the future.