

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



PHASE IV

“Create a Family Plan of Action”

Seminar # 26

Roles & Responsibilities in a Family Plan of Action

Introduction

Creating a Family Plan of Action is a valuable step to take for the family to effectively and collectively respond to an issue, event or circumstance. However, it must include an assignment of roles and responsibilities in order for the plan's elements to become a part of the family empowerment. It is in the doing where a plan has value, otherwise it is just a nice piece of paper with good intentions printed on it.

The considerations are wide reaching in the family and outside the family. These include:

- Health Issues
- Work and/or School
- Financial Problems
- Relationships with Family & Friends
- Exposure to Situations or Environments that Involve Drug or Alcohol Use

By acknowledging these factors, knowing how to help your loved one cope can be extremely important. Guiding your loved one towards healthy coping mechanisms such as exercising, journaling, meditating, or even speaking with a therapist is important. The question is, are you will to be accountable and responsible for your role in their lives, in the contribution you make to the family dynamic.

Understanding what is involved in living with a person in recovery – especially early recovery – this is essential to helping yourself and your loved one. Addiction may be a family disease, but recovery is a family process. **EVERYONE IN THE FAMILY HAS A RESPONSIBILITY.**

When we consider most families do not take time to consider their role as a family member, it becomes awkward for the individual to just stand up and take responsibilities which are not theirs to choose. We want to help our loved one, but we are not sure of the best way to do this and have some reservations about if what is being done will hurt or help them in the issues of recovery.

It is very helpful for the family member to be given a role with a responsibility which are discussed and known to the other members of the family, so each can work in unison towards a collective end result.

For Example: Say Jack is abusing substances and his sister Barbara and brother Bill want to be helpful in his recovery, but they are not sure what to do, and what not to do. By assigning Barbara a role with responsibility she can now add to this her own expression of contributing. If Barbara was given the role stay up to date with Jack social life, then a clear path is created to help support Jack in this area of his recovery. If Bill is assigned the role of staying up to date with Jacks work life, then Bill can compare these notes with Barbara and trends can be more easily noted or possible new ideas on how the best support Jack in these two critical areas of his life.

The reason writing this into the family plan of action is to ensure most of jack's critical recovery support areas are being covered in a helpful way. In this Study Guide and Workbook, you will learn how to set up a family plan of action with assigned roles and responsibilities.



Issues the Family Faces

This section will clearly explain the issue by first using the F.T.R. model. It allows the family to breakdown the issue into understandable parts to then create a reasonable solution.



Obstacle the Family Faces

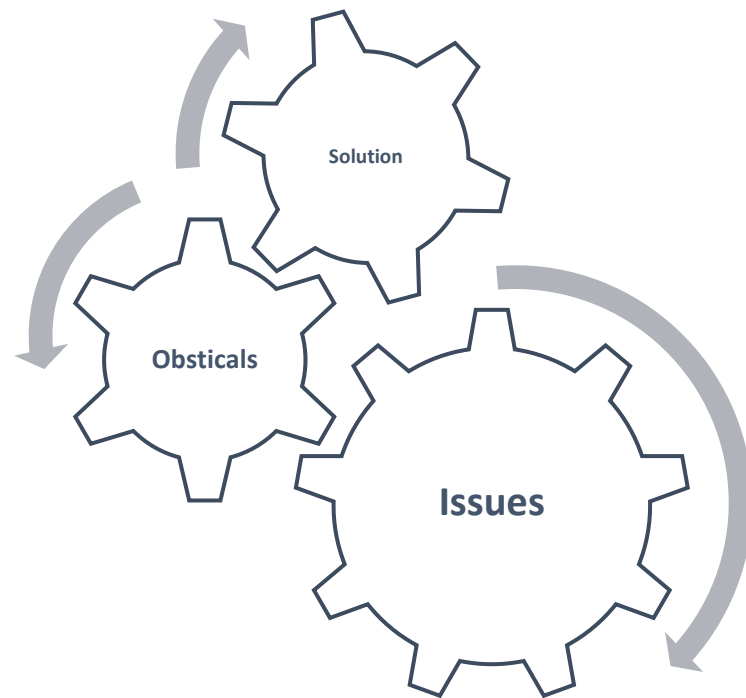
These are obstacle the family faces when trying to address this issue.



Solutions to Issues & Obstacles

The entire exercise of this seminar is to assist family members in finding solutions and overcoming obstacles presented in their journey with substance use disorders. In this section the practical exercises and video's bring together the lessons learned so it can be applied to the families real life situation.

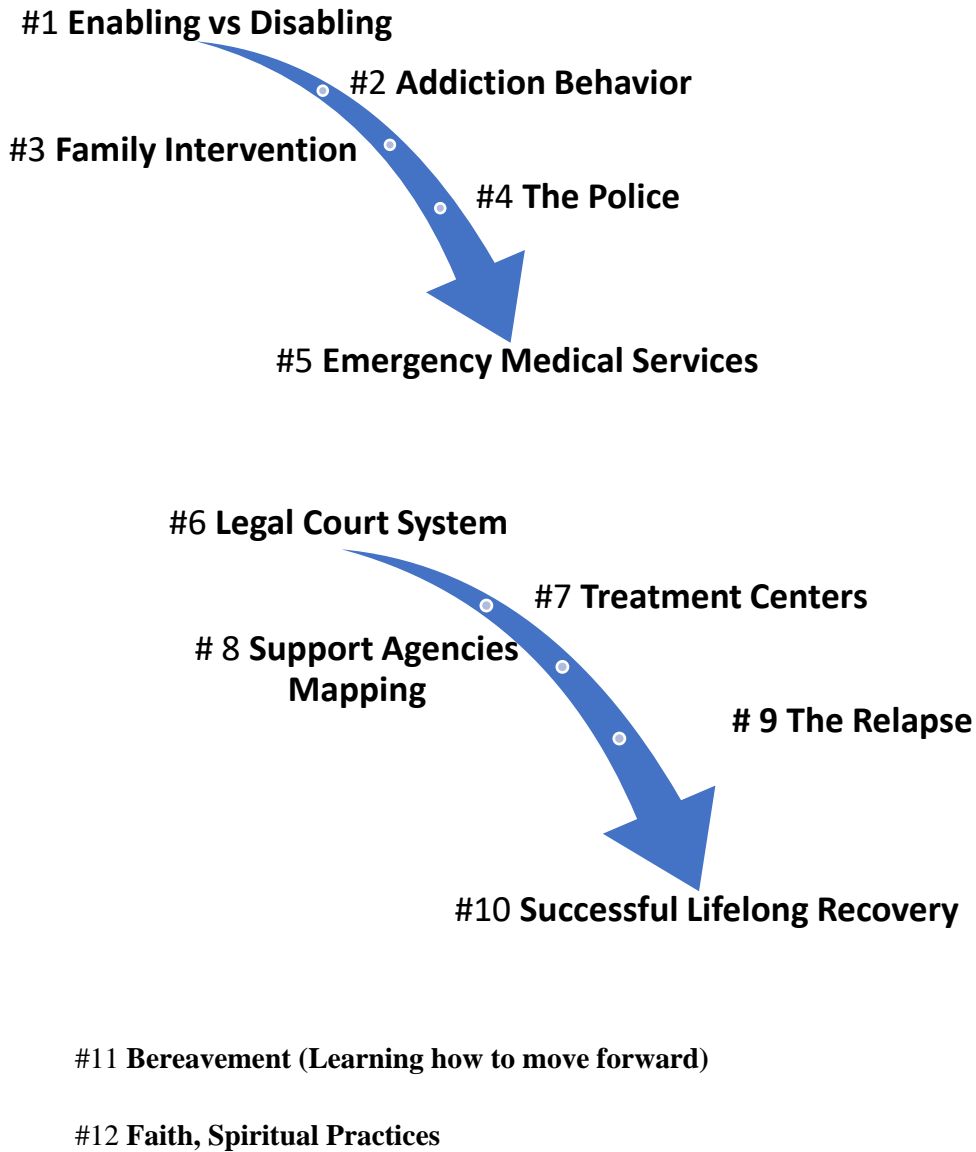
An Issue has obstacles, before the solution can be obtained



Plan to Address All Three

Sequence (consider relapse occurrences)

The 12 Key Issues a Family Faces



THESE ARE THE ISSUES A FAMILY WILL LIKELY MEET TO DISCUSS

The Family Solution Finder

Study Guide



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Roles and Responsibilities in the Family Plan of Action

Introduction: Family Plan of Action with Roles and Reasonability's

The family has a central role to play in the treatment of any health problem, including substance abuse. Family work has become a strong and continuing theme of many treatment approaches (Kaufmann and Kaufman 1992a ; McCrady and Epstein 1996), but family therapy is not used to its greatest capacity in substance abuse treatment. A primary challenge remains the broadening of the substance abuse treatment focus from the individual to the family members.

Family factors have been part of the drug abuse focus at least since Fort's early (1954) paper commenting on the parents of heroin addicts. The literature on family variables in the process and treatment of drug problems has shown steady and increasing accumulation; there were nearly 400 such publications between 1954 and 1978 (Stanton 1978), and that total would appear to have at least doubled by now (Heath and Atkinson 1988; Kaufman 1985; Mackenson and Cottone 1992; Sorenson 1989; Stanton 1988). If you are a family, you can not afford to wait for these groups to say what needs to be done, your needs are more immediate.

There are several areas which need to be considered when creating a family plan of action with roles and responsibility assignments. For the best results, creating a family plan of action and assigning roles and responsibilities should be done with the guidance of a family therapist or counselor.

Early views of drug-dependent individuals tended to characterize them as loners—people who were cut off from primary relationships and living a kind of "alley cat" existence. It was not until researchers began inquiring about addicts' living arrangements and familial contacts that the picture began to shift. We now understand the family can make significant contributions to the success of recovery. The opposite is also true.

In this seminar the attendee will review three critical areas for the family members to consider:

1. Communication between family members, with their loved one and with the community.
2. Triangularization within the family, within the treatment facility with the love one.
3. Building stronger internal support between family members

Communication

Our focus is the communication between family members, not just with the one abusing substances. Because family members avoid sharing subjects that might lead to more pain, they often wind up avoiding genuine connection with each other. Then when painful feelings build up, they may rise to the surface in emotional eruptions or get acted out through impulsive behaviors. Thus, these families become systems for manufacturing and perpetuating trauma.

Trauma affects the internal world of each person, their relationships and their ability to communicate and be together in a balanced, relaxed and trusting manner. As the “elephant in the living room” increases in size and force, the family has to become ever more vigilant in keeping its strength and power from overwhelming their ever-weakening internal structure. But they are engaged in a losing battle. The guilt and shame that family members feel at the erratic behavior within their walls, along with the psychological defenses against seeing the truth, all too often keep this family from getting help.

The development of the individuals within the family, as well as the development of the family as a resilient unit that can adjust to the many natural shifts and changes that any family moves through, becomes impaired. It is no wonder that families such as these produce a range of symptoms in their members that can lead to problems both in the present and later in life. Children from these families may find themselves moving into adult roles carrying huge burdens that they don’t know exactly what to do with and that get them into trouble in their relationships and/or work lives.

A good social support system is essential during the early stages of recovery. A network of friends and loved ones helps to minimize the feelings of isolation and frustration that are not uncommon during this challenging period. This is an area where the family member can help.

You can be an important part of your recovering loved one’s social support system. Try to maintain open communication with your family member; if your relationship has been strained by the effects of addiction, rely on the communication techniques you practiced in family therapy to defuse some of the tension and encourage open, honest dialogue. Spend time with your family member doing activities that support their recovery and keep them busy.

The Importance of Talking about What’s Going on: When what is going on within the family is never talked about, children are left to make sense of it on their own. Talking need not be constant but avoiding talking altogether can lead to confusion and disconnection. Talking about and processing pain is also an important deterrent to developing post traumatic symptoms that show up later in life.

Intense emotions such as sadness, that are an inevitable part of processing pain, can make family

members feel like they're "falling apart" and consequently they may resist experiencing the pain they are in. And the problems in an alcoholic family system are perpetual.

For the child in an alcoholic system there may be nowhere to run, as those they would normally turn to are steeped in the problem themselves.

1. Seeing the problem for what it is may alienate them from other family members.
2. If addiction remains untreated, dysfunctional coping strategies become very imbedded in the general behavior of the family.
3. Family members may find themselves in a confusing and painful bind, e.g., wanting to flee from or get angry at those very people who represent home and hearth.

If this highly stressful relational environment persists over time, it can produce cumulative trauma. Trauma can affect both the mind and the body. Intense stress can lead to deregulation in the body's limbic system – that system that helps us to regulate our emotions and our bodily functions.

Because the limbic system governs such fundamental functions as mood, emotional tone, appetite and sleep cycles, when it becomes deregulated it can affect us in far ranging ways. Problems in regulating our emotional inner world can manifest as an impaired ability to regulate levels of fear, anger and sadness. This lack of ability to regulate mood may lead to chronic anxiety or depression. Or, it can emerge as substance or behavioral disorders, for example, problems in regulating alcohol, eating, sexual or spending habits.

REF: The Set Up Living With Addiction Tian Dayton MA, PhD, TEP What Happens to the Family When Addiction Becomes Part of It?

DID YOU NOTICE: One well-regarded study outlined multiple characteristics that are likely to be found in a family unit where parents or children are abusing alcohol or illicit drugs:[2]

1. **Negativism:** All communication among family members is negative, coming in the form of complaints and criticism. The overall mood of the home is a negative one.
2. **Parental Inconsistency:** The home is an environment that lacks stability, clear boundaries or any form of consistent enforcement. Children are confused because they don't know what to expect from parents and cannot adjust behavior accordingly.
3. **Parental Denial:** Regardless of mounting evidence and an abundance of signs, parents steadfastly deny their child(ren) has any addiction or substance abuse problem.
4. **Miscarried Expression of Anger:** Due to the lack of proper functioning in the home, children or parents are likely to express displeasure and outrage in the form of substance abuse.
5. **Self-Medication:** In an effort to cope with the negative atmosphere in the home or with feelings of depression or anxiety, parents and children may resort to drug or alcohol use.
6. **Unrealistic Parental Expectations:** By parents setting expectations too high, children either obsessively strive to overachieve while never feeling anything is good enough or completely excuse themselves from doing anything because they feel failure is inevitable.

Communication involves family members sharing meaningful information amongst themselves. Family members communicate with one another in a variety of methods including verbal, non-verbal, written and electronic messages (Lewis, Haviland-Jones, & Barrett, 2008). This component interacts with all others on the list, but is particularly important as a mechanisms for promoting

family cohesion and resiliency (Schrodt, 2005).

Effective communication has the potential to increase intimacy and connections among family members; while hurtful, angry communication can damage relationships. Key Finding: Supportive communication has the potential to increase intimacy and connections among family members; while hurtful, angry communication can damage relationships.

Each family member has their own individual communication style that must be considered in the context of other family members and family cultural norms. Strong families have parents who teach and model effective communication, demonstrating open and honest sharing of feelings, and engaging in responsive listening.

Children learn both by their parents' specific instructions and by observing parental interactions (Adams, Berzonsky, & Keating 2006; Black & Lobo, 2008; DiClemente et al., 2001; Saltzman, 2011). Moreover, it is important to consider the role of positive communication as a strength in the couple's and in the parent-child relationship. Couple. Open, honest communication between the couple is a cornerstone of strong family functioning, as it creates the foundation for how information is shared and provides a model for children. Good communication is marked by mutual, open sharing of thoughts and feelings as well as responsive listening and emotional support (Gottman, 2011).

Couples can foster intimacy and strength in their relationship by showing respect, engaging in frequent conversations, listening to and responding empathically, making important decisions together, and resolving the inevitable conflicts that arise as part of everyday family life (Harris, Skogrand, & Hatch, 2008). Parent-Child. Strong families demonstrate positive interpartner communication, and effective communication skills with their children. Open and respectful communication benefits the child, parent, and the parent-child relationship (Lochman & Van-den-Steenhoven, 2002).

Good communication within the family offers children a safe place to bring their joys, worries, and hurts to their parents; such intimate sharing strengthens the attachment bond and teaches the child that he/she can count on a parent being available and responsive. Effective communication can provide a buffer against the development of negative or antisocial behaviors (Griffin, 2011).

Positive parent-child communication contributes to improvement in children's social competence, particularly in the areas of social problem-solving skills and social self-efficacy (Leidy & Guerra, 2012). Thus, the literature clearly documents the importance of open, honest, and genuine communication in strong families (Lochman & Van-den-Steenhoven, 2002; Griffin, 2011; Leidy & Guerra, 2012). Setting up Roles and Responsibilities allow these things to formulate within the family dynamic.

Triangulation

Triangulation occurs when an outside person intervenes or is drawn into a conflicted or stressful relationship in an attempt to ease tension and facilitate communication. This situation is often seen in family therapy.

WHAT IS TRIANGULATION?

Triangulation can happen in nearly any type of relationship. For example, a relationship between two siblings can be triangulated by a parent when the siblings disagree, and a relationship between a couple can be triangulated when one partner relies on a child or parent for support and communication with the other partner. Two friends might also draw another friend into a conflict in an attempt to resolve it.

Triangulation can lead to problems in relationships, and the individual members of the triangulated relationship may experience stress, anxiety, or other mental health concerns as a result of the triangulation. When an individual feels as if he or she has been pushed out of an important relationship by a third party, for example, he or she may often feel angry, confused, or rejected and may experience depression or resentment. Further, when tension and focus is shifted to a third person, that person may feel burdened and frustrated and may attempt to withdraw from the relationship altogether.

Identifying and Addressing Triangulation

Triangulation may be troublesome in a relationship if:

1. Attention is drawn away from important issues in a two-person relationship.
2. The third member of the relationship feels pressured, overtaxed, or manipulated as a result of being brought into the conflict.
3. One of the three people in the relationship begins to feel ignored, excluded, or rejected.
4. Triangulation pulls a third party into an inappropriate role (for example, when a child becomes a mediator of conflict between two parents or a friend outside a conflicted relationship becomes a confidant for one of the partners).
5. When recognized, triangulation may be best addressed by the individuals in the primary relationship. When a third member recognizes that triangulation is a problem, he or she should encourage the other two people involved to communicate directly about their difficulties.
6. When triangulation persists or leads to increased stress, it can often be helpful to find a qualified therapist or counselor and explore possible causes of the conflict.

What happens in the marital dyad (between the two) when the parents focus on the child or children? If both parents focus on one child, a triangle is established. Family therapy theorist Murray Bowen introduced the concept of triangulation in 1955. Bowen linked the development of maladjustment in children to triangulation, which, in simple terms, is a dysfunctional relationship device where a third person is brought into a two-person relationship.

Two of the people within this relationship will be closer than they are with the third. Focusing on the parent-child relationship is used to divert tension and conflict between the marital couple when they are experiencing stress in their relationship. For triangulation to occur, a third person is drawn into the dyad in order to diffuse relationship stress.

A triangle is more stable than a dyad, but a triangle creates an "odd man out," which causes anxiety in the one who is left out. Frequently, in a family with more than one child, each parent will make a primary bond with one child and avoid whatever issues the marital dyad may have. And so helicopter parents are born.

Although we hear about this phenomenon in high-achieving families, another common scenario for triangles in families is when a teen starts acting out and getting into trouble. Finally, the parents agree on something: the kid is the problem, and they want the therapist to fix him or her.

Years ago, I saw a family with several children, the oldest of whom, a teen, was the identified patient. She'd been flouting curfew and generally challenging the parents but had not violated societal rules and was doing fine in school.

After talking to the family together and then the kids and parents separately, it became clear where the issue in the system lay. The children clearly articulated (and I witnessed) that Mom and Dad undermined each other—if one set a limit, the other countermanded it; if one gave permission, the other nixed it, leaving the kids confused and angry.

With her behavior, the teen was simply calling attention to the pattern. When I presented this pattern to the parents (alone), they were gracious enough (and healthy) to agree that they owned the problem and to begin therapy as a couple. The kids were sent home to be kids, and the oldest was acknowledged as a regular adolescent.

More next time on what happens to kids who grow up with poor boundaries from parents who make primary bonds with them instead of their partner. Have you worked with a family experiencing triangulation? What did you find helpful?

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Stronger Internal Support between Family Members

Based on various assumptions about what a strong family does, researchers have developed lists of structural and behavioral attributes that characterize successful families. In spite of differences in discipline and perspective, there seems to be a consensus about the basic dimensions of a strong, healthy family. The following constructs, which are often interrelated and complex, will be identified, defined, and described briefly as they exist in strong, healthy families:

- communication
- encouragement of individuals
- expressing appreciation
- commitment to family
- religious/spiritual orientation
- social connectedness
- ability to adapt
- clear roles
- time together

The presence of effective *communication* patterns is one of the most frequently mentioned characteristics of strong families. Researchers characterize the communication patterns of strong families as clear, open, and frequent. Family members talk to each other often, and when they do, they are honest and open with each other (Stinnett and DeFrain, 1985; Lewis, 1979; Epstein, 1983; Olson, 1986).

Practical Exercise One:

Do your own research on each topic. For the search take each of the above topics and add to it the words, “the family” then type the selected above topic. It is important for the family members to search out their own understandings and not rely on a single source to explain it to them.

**BUILDING INTERNAL SUPPORT BETWEEN FAMILY MEMBERS
WORKSHEET**

Search:

Findings:

Communication between family members:

encouragement of individuals between family members:

expressing appreciation between family members:

commitment to family between family members:

religious/spiritual orientation between family members:

social connectedness between family members:

ability to adapt between family members:

clear roles between family members:

time together between family members:

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Issues the Family Faces

Practical Exercise Two: Family Plan of Action, Issue Role Assignment and Responsibility Description

12 Key Issues	Role Assignment: Who.	Responsibility Description for this Role: Will do What.
Enabling		
Addiction Behavior		
Family Intervention		
Police Intervention		
Emergency Medical Services		
Legal Court Intervention		
Treatment Centers		
Community Mapping		
Relapse		
Successful Lifelong Recovery		
Bereavement		
Spirituality, Faith Practices		

Practical Exercise Three: List of Resources Required

To create a list of resources needed to successfully complete a task.

RESOURCE REQUIREMENT WORKSHEET

The required resource:

The source of this resource:

The steps or criteria for receiving the resource:

The budget needed for this resource:

The timeline for secure:

Who needs to be involved in this project:

- 1.
- 2.
- 3.



An Obstacle is the time it takes for a family to meet.

Triangles

A triangle is a three-person relationship system. It is considered the building block or “molecule” of larger emotional systems because a triangle is the smallest stable relationship system. A two-person system is unstable because it tolerates little tension before involving a third person. A triangle can contain much more tension without involving another person because the tension can shift around three relationships. If the tension is too high for one triangle to contain, it spreads to a series of “interlocking” triangles. Spreading the tension can stabilize a system, but nothing gets resolved.

People’s actions in a triangle reflect their efforts to assure their emotional attachments to important others, their reactions to too much intensity in the attachments, and their taking sides in others’ conflicts. Paradoxically, a triangle is more stable than a dyad, but a triangle creates an odd man out, which is a very difficult position for individuals to tolerate. Anxiety generated by anticipating being or by being the odd man out is a potent force in triangles.

The patterns in a triangle change with increasing tension. In calm periods, two people are comfortably close “insiders” and the third person is an uncomfortable “outsider.” The insiders actively exclude the outsider, and the outsider works to get closer to one of them. Someone is always uncomfortable in a triangle and pushing for change. The insiders solidify their bond by choosing each other in preference to the less desirable outsider. When someone chooses another person over oneself, it arouses particularly intense feelings of rejection.

If mild to moderate tension develops between the insiders, the most uncomfortable one will move closer to the outsider. One of the original insiders now becomes the new outsider and the original outsider is now an insider. The new outsider will make predictable moves to restore closeness

with one of the insiders. At moderate tension levels, triangles usually have one side in conflict and two harmonious sides. The conflict is not inherent in the relationship in which it exists but reflects the overall functioning of the triangle.

At a high level of tension, the outside position becomes the most desirable. If severe conflict erupts between the insiders, one insider opts for the outside position by getting the current outsider fighting with the other insider. If the maneuvering insider is successful, he gains the more comfortable position of watching the other two people fight. When the tension and conflict subside, the outsider will try to regain an inside position.

Triangles contribute significantly to the development of clinical problems. For example, getting pushed from an inside to an outside position can trigger a depression or perhaps even a physical illness, or two parents intensely focusing on what is wrong with a child can trigger serious rebellion in the child.

NUCLEAR FAMILY TRIANGULATION SCALE FOR CHILDREN

For each of the questions, please choose one of the following answers that best describes your family. There are no right or wrong answers.

(0) never (1) rarely (2) sometimes (3) often (4) very often

____ 1. When your parents disagree, how often do you feel “caught in the middle” between them?

____ 2. How often does your mother “butt in” to disagreements between you and your father?

____ 3. Do you ever do things to try to keep your parents apart?

___4. Does your father share secrets with you that he doesn't share with your mother?

___5. Do your parents ever try to involve you in their fights or problems?

___6. Do you ever think that your father would rather spend time with you than with your mother?

___7. When your parents are fighting or are unhappy with each other, do you tend to misbehave?

___8. How often do you feel the need to take sides when your parents disagree?

___9. When you are spending time with both of your parents, do you wish your father would not be there?

___10. Do you find it difficult to feel close to both of your parents at the same time?

___11. Do you ever feel that your mother cares more about you than she cares about your father?

___12. Do you feel your parents need your help in order to get along with each other?

___13. How often are your parents' discussions about you?

___14. When your parents are fighting or are unhappy with each other, do you tend to get sick (stomach aches, headaches, etc.)?

___15. Do you ever think that your mother would rather spend time with you than with your father?

- ___16. How often does your father “butt in” to disagreements between you and your mother?
- ___17. Is it ever difficult to feel friendly toward both of your parents at the same time?
- ___18. Does your mother share secrets with you that she doesn’t share with your father?
- ___19. Do you try to solve your parents’ problems when they are not getting along with each other?
- ___20. Do you ever feel that your father cares more about you than he cares about your mother?
- ___21. When you are spending time with both of your parents, do you wish your mother would not be there?

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: authors. Beck, A.T., Emery, G., & Greenberg, R.L. (1985). *Anxiety disorders and phobias: A cognitive perspective*. USA: Basic Books. Black, B. (1995). Separation anxiety disorder and panic disorder. In J.S. March (Ed.), *Anxiety disorders in Children and Adolescents* (pp. 212-234). New York: The Guilford Press. Bowen, M. (1978). *Family therapy in clinical practice*. New Jersey: Jason Aronson. Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. USA: Basic Books. Bray, J.H., Harvey, D.M., & Williamson, D.S. (1987). Intergenerational family relationships: An evaluation of theory and measurement. *Psychotherapy* 24(35): 516-529. Compton, S.N., Nelson, A.H., & March, J.S. (2000). Social phobia and separation anxiety symptoms in community and clinical samples of children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry* 39(8): 1040-1046. Guerin, P.J., Fogarty, T.F., Fay, L.F., & Kautto J.G. (1996). *Working with relationship triangles: The one-two-three of psychotherapy*. New York: The Guilford Press. Jellinek, M.S., & Kearns, M.E. (1995). Separation anxiety. *Pediatrics in Review* 16(2): 57-61. Johnson, P., & Nelson, M.D. (1998). Parental divorce, family



Solutions to Issues & Obstacles

VIDEO ONE:



ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: Family Roles in Addiction

Families for Depression Awareness

Duration: 51.52 min

Link: <https://www.youtube.com/watch?v=VdvDa4j-ZX8&t=16s>

FAMILY PLAN OF ACTION

The Issue: _____

CURRENT SITUATION

Describe what has happened or is likely to happen:

COMPLETE A FAMILY TRANSFORMATIONAL RESPONSE (F.T.R.)

State the Solution from the F.T.R. worksheet:

COMPLETE A FAMILY DECISION MAKING MODEL

State the Decision to be Acted Upon from the Family Decision Making Model:

FAMILY PLAN OF ACTION, ISSUE ROLE ASSIGNMENT AND RESPONSIBILITY DESCRIPTION

12 Key Issues	Role Assignment: Who.	Responsibility Description for this Role: Will do What.
Enabling		
Addiction Behavior		
Family Intervention		
Police Intervention		
Emergency Medical Services		
Legal Court Intervention		
Treatment Centers		
Community Mapping		
Relapse		
Successful Lifelong Recovery		
Bereavement		
Spirituality, Faith Practices		

Resources Required:
