



*The Family Solution Finder,*  
*Specialty Court Family Learning Program*

*Family Members Living with Substance Use Disorders*

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## About this start-up guidebook

This start-up guidebook is about uniting the family around a loved one's experience in dealing with substance use disorders. It identifies areas for a family member to learn to assist in creating a more successful and sustainable recovery environment.

Our focus is to help a family member connect the puzzle pieces of this complex journey. The Family Learning Program Administrator is a person appointed by the Courts or Jail System to oversee the set-up and implementation for the Family Solution Finder Specialty Courts Family Learning Program.

The program provides the Court with three choices in how to implement a Family Solution Finder Specialty Courts Family Learning Program.

Program One: The Courts will use the From Legal Courts to Family Table Study Guide and Workbook family learning seminars.

Program Two: The Family Solution Finder On-Demand Curriculum Builder Program Workbook. The courts assist in selecting seminars.

Program Three: The Family Solution Finder eLearning Program Workbook. A local provider or Court Staff provides a selection of seminars online through [www.zoom.com](http://www.zoom.com) each week, duration 1.5hrs.

Each of these three choices are their own program for family learning. Although the content is the same for each of the key issue seminars the structure in how the seminar is delivered is different. This gives the courts flexibility to determine which program (1-3) works best.

Once the program type is determined, the Courts will need to set up policies in how the program is to be processed. Considerations of staff, family assignments and proctoring progress follow up, or contracting with an outside vendor with follow up criteria.

In Program One: the From the legal courts to the family table workbook is used. In Program Two: the family solution finder on-demand curriculum builder workbook is used. In Program Three: the Family Solution Finder eLearning Program is used. Purchase books: [www.amazon.com](http://www.amazon.com).

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## *Introduction*

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Our state, federal prisons, and jails in the United States house nearly 1.6 million inmates, the majority of whom have drug problems. Given in most families there are at least four people, this means 6.4 million family members' lives are impacted, and this is only counting those who have gone to court and received sentencing. There is no instruction, no education provided to these family members in how to navigate through the maze of issues they will face in this phase of their journey as a family living with substance use disorders. Also, this applies to their entire journey in the health care system, treatment centers and mental health, the family members are left outside the equation.

What we are seeking to do is recalculate the math in how this is managed. What we have is an opportunity to educate these family members, because at some point this person will be released and will likely desire a reunification with their family if the family members are willing. Without any family member education, they will likely not be willing and in taking this step and we have lost a great opportunity to change the cycle. Family balance is what creates a greater success for sustainable long-term recovery.

Until now, there was no education model to use in meeting with and assisting the family members in how to prepare for the next step in their journey.

There is little to no structure, process, or implementation to deliver an education curriculum to the family.

Homeostasis Theory is the family's natural way of seeking balance. The family understands (knowingly or not) their goal is to help each other in life and to keep the family as a system "in-balance". When family members' behavior becomes disruptive to the family unit, it causes imbalance in their roles, relationships and communication.

As the family responds to this undesired behavior, it compensates by adjusting. The greater the behavior, the greater the required adjustments.

By setting up the structure, process and implementation through a Specialty Courts Family Learning Program, we will deliver useful education and coping skills to reinforce their functionality and potentiality to provide the family members what they need in creating solutions, making decisions and design a plan of action. Our goal is to educate the family members so they can in turn help themselves towards creating a more successful and sustainable recovery environment.

These family members will become empowered through knowledge and their learned coping skills will aid them in their daily interactions while living with substance use disorders.

“There is strong evidence that family-based skills training programs result in positive outcomes with participants” K. L. Kumpfer and W. Hansen, “Family-based prevention programs,” in Parenting and Teen Drug Use, L. Scheier and W. Hansen, Eds., chapter 8, Oxford Press, 2014.

For example: One such area is therapy for family members as a part of overall treatment in substance use disorders. This has become an increasing focus of discussion and new modeling. There has been empirical evidence as to the effectiveness and usefulness of including the family members to the overall therapy. Because the family is a system which needs to work together in support of each other, if one part is dysfunctional, it impacts the entire system. So, both require their separate and combined level of therapy. But the family is not likely to run towards family therapy unless they understand why it would be useful. This takes educating them before referring them. We typically do this backwards and get minimal results. The Courts and Jail System can push forward this education into the lives of the family members, causing a purpose driven response to learn and get ready for what will likely happen next.

#### **WHAT IF:**

**59%** reduction in cocaine/methamphetamine and opioid use was possible?

**46%** reduction in delinquency and criminal behavior was possible?

**86%** started living at home.

**85%** started showing stable mental health functioning.

The above are proven results from referring family members into “Multidimensional Family Therapy”, in addition to the work completed by their loved one in a treatment center or while this person is incarcerated.

Family involvement is critical to improving school outcomes, mental health outcomes, and reducing mental health disparities (Osher, Osher, & Blau, 2008).

We are also offering the Courts and Jail system a Family Solution Finder Learning Series, 32 key issue seminars. This is the core of the Specialty Courts Family Learning Program. This can be yours to give to them. There is a \$325.00 onetime registration fee for your Court, all other materials are free.

Again, what is needed most is what is most missing: 1. Structure, 2. Process and 3. Implementation. Now the Courts and Jail Systems have the forum to provide all three. The Specialty Courts Family Learning Program.

To learn more about the Family Solution Finder Learning Centers, Ref: The Family Solution Finder Learning Centers User Manual found as a free download on our website: [www.familiesimpactedbyopioids.com](http://www.familiesimpactedbyopioids.com) or purchase a printed copy on [www.amazon.com](http://www.amazon.com).

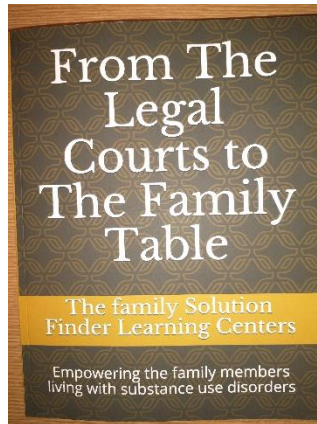
\*SAMHSA TIP 39 Substance Abuse Treatment and Family Therapy  
[www.samhsa.gov](http://www.samhsa.gov)

# Program One

Family Solution Finder  
From Legal Courts to The Family Table Workbook.

- The 3-D's Coping Skills.....
- Family Member Assessment Tool .....
- Family Member Assignment Card .....
- Workbook Seminar Questions .....
- Family Member Report Card .....

**Using the workbook:**



**Order: From The Legal Courts to the Family Table workbook**

**[www.amazon.com](http://www.amazon.com)**



## The Process

In the From Legal Courts to Family Table the family member will first learn about the Family Solution Finder 3-D's Coping Skills. We do this first because to give the family information without first explaining how to use the information, lessens the impact of learning.

The next part of the workbook is a Self-Administrated Assessment. In this section the family member can determine from a list of 12 core competency issue seminars which are the best match for them.

From this exercise, a selection of seminars is made and recorded. This becomes their "Family Assignment Card".

Each seminar has a study guide where three learning objectives are presented. Then for that same issue is a workbook with Practical Family Life Exercises. This is where they will apply the three learning objectives to their real-life situations.

By using the 3-D's coping skills for each issue they will **D**etermine a Solution to the Issue, **D**evelop a Decision in how to respond to the issue and **D**esign a Plan of Action in how they will follow through as family members.

By doing this several times on the different selected issues, not only will they learn, but they will also unite and strengthen their ability to work as a family towards developing a better, more successful family environment for long term recovery.

## Decision Making is the Most Used Coping Skill.

The family members will use decision making as their most valuable asset in this journey. How well they are able to make successful decisions varies from family to family. By creating a standard process in how decisions are made we increase the likelihood of the family completing a strong decision-making outcome. We want families that can make strong successful decisions. This coping skill gives the family a model to support strong successful decision making.

For each family, there will be a great number of factors for the family members to address as seen in Part One: The Family Dynamic Seminar, of the *Family Solution Finder Study Guidebook Learning Module I*.

For this reason, *The Family 3-D's Skill Set* is offered to assist families using a path of steps that will guide them through responding effectively to their issues.

When we look at the family dynamic as a collaboration of different family members, each family member will likely have their own ideas in how to move forward. It has been noted that different roles are assumed by each family member, as they contribute to the family system. It will be to the family's advantage if they understand these different roles so each can work with the other for a better final outcome.

### I. Family Roles in Decision Making

Individual members of families often serve different roles in decisions that ultimately draw on shared family resources.

1. **Information gatherers/holders:** These are family members who seek out information about products of relevance. These individuals often have a great deal of power because they may selectively pass on information that favors their chosen alternatives. Who is the Information Gatherer in your family ?
2. **Influencers:** These family members have an opinion but do not ultimately have the power to decide between selected alternatives. Who is an influencer in your family?

3. **Decision maker(s):** These family members have the power to determine issues such as:
- Whether a service or program is needed.
  - Which program to use.
  - Which organization to select; (competing organization providing alike services)

Who is the Decision Maker in your family?

4. **Purchaser:** These family members go out and set up the services for the family. This person is considered the **purchaser**. As for the family member who implements the decision and coordinates with outside family resources, they hold the role of putting the plan into action.

It should be noted that family decisions are often subject to a great deal of conflict. The reality is that few families are wealthy enough to avoid a strong tension between demands on the family's resources especially when the topic surrounds substance use disorder issues.

*Please also note*, many decisions inherently come down to values. One spouse may believe that it is important to save for the children's future; the other may value spending now to help prepare their child or spouse. Who is right? There is no clear answer here. The situation becomes even more complex when more parties—such as relatives, friends, counselors—are involved.

So why label the different roles? Because by knowing who is doing what in a family decision the family members can communicate better, use each other's gifts/skills more efficiently and make stronger decisions. Roles are not assigned, and should not be manipulated, they just happen naturally.

## II. Different Family Member Strategies

- A. Some family members may resort to various strategies to get their way in the decision-making process.
1. **Bargaining**—one member will give up something in return for something else. These roles may shift, and the family system might become imbalanced.

2. **Reasoning**—trying to get the other person(s) to accept one's view through logical argumentation.
3. **Negative reinforcement** - Individuals may simply try to "wear down" the other party by endless talking in the guise of reasoning.



**B. Various manipulative strategies may also be used:**

1. **Impression Management**, where one tries to make one's side look good (e.g., argue that a new TV will help the children see educational TV when it is really mostly wanted to see sports programming, or argue that all "decent families make a contribution to the church").
2. **Authority** involves asserting one's "right" to make a decision (as the "man of the house," the mother of the children, or the one who makes the most money).
3. **Emotion** involves making an emotional display to get one's.  
*REF: Lars Perner, Ph.D. Assistant Professor of Clinical Marketing, Department of Marketing Marchall School of Business, University of Southern CA.*  
[https://www.consumerpsychologist.com/cb\\_Family\\_Decision\\_Making.html](https://www.consumerpsychologist.com/cb_Family_Decision_Making.html)

Between the different roles and different strategies, we can see how complicated it can be for the family to assemble and make a collective decision.

The advantages of making a decision as a family are numerous:

4. Strengthens family member bonding.
5. Reduces isolation.
6. Destroys fear of stigma.

This is the reason for providing "*The Family 3-D's Coping Skill*". This model of exercises strengthens the next step for families when seeking to resolve a key issue in their journey living with Substance Use Disorders.

In the Family Solution Finder Learning Series the family will use this model for each 32 key issue seminars.

### **The Family May Question:**

What books to use in researching an issue? Where to go for more information? Who and what to ask when seeking assistance? What is likely to come next?

*These are some of the question's family members experience most often in their journey living with substance use disorders.*

### **Our Answer:**

The Family Solution Finder Learning Centers, helps the family members get educated in a way that teaches them how to solve issues, get organized is another skill the learning center provides and get networked to face the issues most often experienced by these families.

*The Family 3-D's Coping Skills* is used with each of the 32 key issues seminars. These three skill sets are at the beginning of our books for a reason, they will be used in all area of the learning process.

*It is not enough to have knowledge about an issue, but rather to have the skill in how to use this knowledge.*

We are not a family support group. It is all about the word “**FAMILY SOLUTION FINDER**” that creates their ability to Determine, Develop and Design their own successful response.

**Apply “The Family 3-D’s Skill Set”: (Determine, Develop, Design)**

1. The Family Transformational Response,

**Determine a Family Solution**

2. The Value Based Family Decisions Making,

**Develop a Family Decision**

3. The Family Plan of Action,

**Design a Family Plan of Action**

If we can assist a family in learning how to use the *Family 3-D’s Coping Skills*, they will greatly benefit in all areas of their lives.

**The Family 3-D's Coping Skills  
is used for each of the 32 key issues.**



### Family 3-D's Skill Set

1. **D**etermine a Family Solution
2. **D**evelop a Family Decision
3. **D**esign a Family Plan of Action

*To Combine, Knowing with Doing*



## **Family Skill Set #1**

### **“Family Transformational Response Model (F.T.R.)”**

**Determine the Solution to a Key Issue**



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***FAMILY TRANSFORMATIONAL RESPONSE***  
***(F.T.R.) Model***

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**Finding a solution for the 32 Key Issues can be addressed by using this model format.**

**Example** Take your issue and define what the issue is, then state how this issue will impact the family, then identify what steps your family can take to prepare for this issue, then find those organizations/professionals who can help the family in dealing with this issue. **You now have a solution to this issue.**

**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. Create a list of who can help and assist the family in their response?
- V. What should the family expect as their outcome?

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*The F.T.R. Model Worksheet*

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**I. Define the Issue?**

- ❖ Clearly State what happened or will happen?

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- ❖ Identify who is involved, or should be involved?

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

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**2 How does the issue impact the family?**

❖ Who in the family?

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❖ In what way?

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❖ What is needed to move forward?

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**3 What steps can the family take to prepare and then respond to the issue?**

❖ What needs to be done, prioritize the list?

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❖ Who needs to be involved?

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❖ What will it look like when completed?

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**4 Who can help and assist the family in their response?**

❖ How to search for an organization to help?

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❖ What to ask from them?

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❖ What to expect?

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**5 What should the family expect as their outcome?**

❖ Timeline?

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## **Family Skill Set # 2**

### **“Value Based Family Decision-Making Model”**

Develop a Value Base Family Decision

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## *Family decision making*

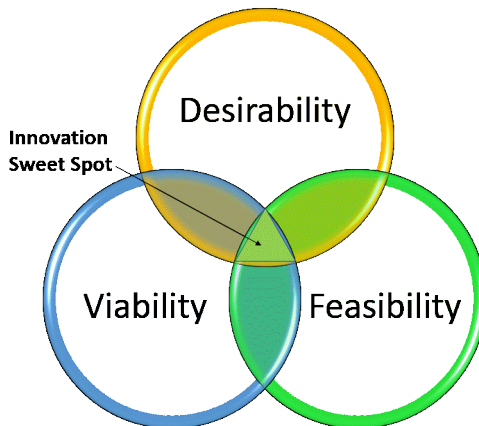
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### **The science behind the decision roles.**

Consider how we approach the Solution, is there a bias in our thinking. The Family 3-D's Skill Set can improve how well the family members will combine how they feel going into addressing an issue. If we consider our likely sources of personal interest first, we will possibly have greater success in knowing why we feel the way we do about a topic that is being discussed between family members.

We all have our own desires, we all use our logic and judgment to determine if something is viable, and when looking at a plan of action, we consider if it is feasible. In the middle is where we find our own innovation on what we can contribute, and possibly an internal compromise has taken place from within ourselves.

REF: Davis and Rigaux (1974), Wolfe (1959), Davis and Rigaux (1974)





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*Understanding what motivate decision making.*

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**Practice Exercise One:** What are your *desires* as you address a **“Solution”** for this issue?

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**Practice Exercise Two:** How *viable* is your **“Decision”**, is it something you want to see happen?

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**Practice Exercise Three:** How *feasible* is the **“Plan of Action”**, is this something you can complete, and will it bring the results you are seeking?

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## *The Value Based Family Decision-Making Model*

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In our values, we find ourselves taking a stance on how we will follow a certain way towards making a family value-based decision. It is therefore important to understand the family values, prior to making critical decisions about the lives of our loved one.

In ethics, **values** denote the degree of importance for some thing or action, with the aim of determining what actions are best to do or what way is best to live. It deals with “the right conduct” and how we live a good life.

**Practical Exercise:** What do you treasure the most that is without substitution for anything else?

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Write your values down as an individual family member.**

(not as an individual, but as a family member).

- 1.
- 2.
- 3.

Now discuss together as a family, each person stating what they feel are their most important family values. (note there is no wrong answer).

**TOP FAMILY VALUES.****Our individual top Family Values Are:**

- 1
- 2.

There are six steps taken to make a value-based family decision. The Value Based Decision-Making Model will identify these six steps. When using in the Family Solution Finder Learning Series Workbook you will be asked to complete a practical exercise and then apply it to the specific key issue the family faces.

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*First Step: Identify Exactly What Happened*

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**Practical Exercise: What Happened?**

Identify the details of the situation? (what happened, how did it happen, who was involved?)

What:

How:

Who:

Identify what you would have liked to have happened/happen?

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## *Second Step: Analyzing the Situation*

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Every problem has a situation that surrounds it. Inside the situation is where you will find the solution to the problem. By analyzing the situation more closely, the solution will typically present itself. It will then be clarified and used in your decision-making process.

**Practical Exercise:** We will look at the problem that impacts the situation. (what went wrong)?

**1 Assessing the Problem:** (Describe exactly what is happening that is not working?)

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**2 Identify, what is causing this to happen?**

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### *Fourth Step: Gathering Information*

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It may seem unnecessary to have a segment that reviews “Gathering Information” however, this is a critical part of the decision-making process and can significantly impact the quality of your decision and its outcome.

There are three types of information to consider gathering:

1. The **Primary Source** information, The information comes from the person it happened too, or that was there.
2. The **Secondary Source** information, He Said She Said.
3. The **Gut Feeling Source**, no one person saw it happen, but I think this is what occurred.

All the above “information gathering types” are reasonable to include in the decision-making model.

**The Primary Source**: Prepare a list of questions and then go to the primary source for answers. At times you may not know which best questions to ask. So, research possible questions, then go ask them.





**Example:** If you are considering a treatment center for your loved one, go to the facility and take a tour. Do not just read their website, listen to someone else’s opinion about the facility or telephone them for a few answers. You will need to go directly to them as they are the “primary source” of information. You should come with a prepared list of questions to have an accurate understanding of their facility. Search online for how to assess a treatment facility.

**The Secondary Source:** This is also a good resource to consider using when deciding. The Secondary source is valuable because it allows others to provide information about your search for answers. From Secondary Sources you may find other topics or questions that need to be considered.

There are two areas that you need to be aware of; 1. The source of the secondary information. Who are they, what authority do they speak from, why are they providing this information? 2. Is this information a direct correlation to the topic that you are researching. Be careful, sometimes in a secondary search it becomes tempting to seek out information that proves your premises to be correct. That is called bias. We want to avoid being bias, just the facts please.

**INFORMATION GATHERING CARD**

Gathered Information:

- What did you learn?

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- Who did you learn it from?

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- Why do you feel it is creditable?

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Use these answers to assemble your decision.

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*Fifth Step: Create a Criteria, what is most important.*

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**Practical Exercise: Does your solution qualify for consideration? Use the Family Transformational Response Model (F.T.R.) to determine the solution.**

**CRITICAL CRITERIA**, *Final Review (True or False)*

- Will this action ensure safety for your loved one?
- Do you have the resources needed to complete these tasks?
- Is your timetable realistic?
- Do you understand the negative impact(s) your actions may create?
- Would you want others to take this action on your behalf?

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*Sixth Step: Choose the Best Decision*

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**Practical Exercise: What is your decision:**

**We will do the following:**

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**Our expected outcome is:**

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*Final decision is more useful when in writing, it helps you see them more clearly and you can easily share with others.*

**State the Decision Here**

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## **Family Skill Set # 3**

### **“The Family Plan of Action”**

**Design a Family Plan of Action**

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*Family Plan of Action:*

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**I. SOLUTION** (forwarded)

The Family Identified Solution: (From the completed F.T.R. Worksheet):

**Our Solution Is:**

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**II. DECISION** (forwarded)

The family Decision-Making Process: (From the completed Family Values Decision-Making worksheet)

**Our Decision Is:**

*IN CREATING ACTION,  
WE BECOME PURCHASER'S of SERVICES AND PROGRAMS. You  
Become a consumer of healthcare.*

This is the point in where it all comes together, Determining the solution for the issue, developing a family decision, and now designing a *Family Plan of Action*.

What we are doing is “creating a family model” to purchase a service or program that will assist the family in achieving their goals and objectives. In the Family Plan of Action is where knowledge becomes “**doing**” something about the issue.

It is particularly important to introduce consumer socialization because the family members are now consumers of healthcare and social services. Their currency is money, time and love that is exchanged for these services and programs. We should approach these services and programs as consumers. We provide what we have in value for what we need services and programs.

Consumer socialization is a lifelong process, (Ward, 1974), a framework where a child acquires the appropriate behavior in society (Bilton et al, 1988), and he learns to feel as to the society's expectations (Moschis, 1987), and he learns to behave willingly as to the norms established by a given community culture. (Fromm, 1947). For this reason, everyone will view their consumerism differently.

In this framework we are introducing the word “socialization” on purpose. Because what the family is doing will create a socialization of their consumerism in order that others can participate in providing them with what they need. The family should want this to happen, most families need this to happen, their local community is available to make this happen.

Consumer socialization makes a person capable to take part efficiently in the life of the whole society or their given social group. During this process, a young human being acquires the values and knowledge of their social group and other family members, they learn appropriate social norms and the way in how to behave as a consumer of programs and services. Through consumer socialization people acquire those skills that make them capable to be efficient members of a society (Ward, 1974) (O1).

By using *The Family 3-D's Skill Set*, we have taken great strides in assuring each step was given careful consideration. Now, is the stage where we place our **solution** and **decision** into a Family Plan of Action. We are now consumers of healthcare and social services and programs. It's time to go to market.



**Practical Family Real Life Exercise:**

Create a list of tasks which need to be accomplished to complete the objective.

**OBJECTIVE:**

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Task:

Task:

Task:

**OBJECTIVE:**

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Task:

Task:

Task:

**OBJECTIVE:**

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Task:

Task:

Task:

PLANNING

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**PLAN OF ACTION** (prioritize the tasks)

**The Family Plan of Action process: (Assign family members and others a task, to combine in the overall workload of completing the family response to this issue)**

**Priority # 1.**

**Assigned**

**To:**

Task:

Task:

Task:

**Priority # 2.**

**Assigned**

**To:**

Task:

Task:

Task:

**Priority # 3.**

**Assigned To:**

Task:

Task:

**State the Family Plan of Action Here:**

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**Next Step: Go into the community and find a professional to assist  
you in implementing your plan.**

# Family Member Self-Assessment



**SEMINAR SELECTION QUESTIONNAIR & ASSIGNMENT**

**Family Solution Finder Learning Series, 12 Core Competency  
Seminars**

## **INSTRUCTIONS**

### **Family Member Self-Assessment Questionnaire**

- I. The instructor requests each family member complete a “Family Self-Assessment Questionnaire. This will allow the instructor to select the seminar programs that best match the family member’s needs.
- II. Upon completion, the family member will return the Family Member Self-Assessment Questionnaire back to the Instructor or Navigator.
- III. The Instructor or Navigator will discuss these results with the family member and complete the Family Members Seminar Assignment Card.
- IV. The seminars will be delivered through, in person presentation, zoom.com or self-administrated.

## SECTION ONE

### Family Member Self-Assessment Seminar Selection

Instructions: Check the box for selection of seminar, then record to seminar assignment card.

**ISSUE # 1.** Enabling vs. Disabling

**Seminar Goal:** Learn the 10 Types of Enabling, How to find it in the family members, what is the best way to respond.

**Three Learning Objectives:** 1. Learn the 10 Types of Enabling, 2. How to deal with an enabler who is in denial of their enabling behavior, 3. Understanding how to change enabling behavior.

**ISSUE # 2.** Addiction Behavior, Boundaries.

**Seminar Goal:** Boundaries are about their addiction behavior as a measurement, the focus is on the family members need to change for the boundaries to work.

**Three Learning Objectives:** 1. To learn the behavior traits of substance misuse, 2. To understand how the behavior progresses and changes over time. 3. To learn how to responds to these behaviors by setting boundaries.

**ISSUE # 3.** Family Intervention, five stages of change & motivational interviewing.

**Seminar Goal:** Know the five stages and the motivational steps to enact change.

**Three Learning Objectives:** 1. Identify the five stages of change and motivational interviewing to address them, 2. Learn the ten processes of change. 3. Gain an understanding dual diagnosis, mental health condition,

**ISSUE # 4.** The Police Intervention. □

**Seminar Goal:** Given it is likely to happen, how to prepare by completing a missing person's report focuses the family on a preparedness position and not reactionist position.

**Three Learning Objectives:** 1. Identify the six phases of Police intervention, 2. Learn the do's and do not's of a missing person's report, 3. How to complete a missing person's report.

**ISSUE # 5.** The Emergency Medical Services Intervention. □

**Seminar Goal:** Many areas after an ER visit balanced on what is done during an ER Visit.

**Three Learning Objectives:** 1. Understand the paramedic first response phrases, 2. Learn what happens in a hospital emergency room visit. 3. Understanding the value of SBIRT, family role in continuity of care.

**ISSUE # 6.** The Legal System Intervention. □

**Seminar Goal:** Many steps are required in the segmented world of the legal court system, learn them now while the family members head is clearer.

**Three Learning Objects:** 1. Have a working knowledge of the incarceration diversion or Sequential Intercept Model (SIM), 2. Finding an attorney, 3. What is Drug Court.

**ISSUE # 7.** The Treatment Center Intervention. □

**Seminar Goal:** Which one, what to ask, what to look for, Which area is more important than the other.

**Three Learning Objectives:** 1. Determine the right level of treatment, 2. What is Intensive Outpatient Treatment, IOP. 3. Family role in communicating with treatment center staff.

**ISSUE # 8. Support Agency Mapping.** □

**Seminar Goal:** Know your community resource providers before they need to know your family.

**Three Learning Objectives:** 1. Define family community mapping (who can assist the family), 2. Steps to create a family community map 3. Advantages gained by having a family community map.

**ISSUE # 9. The Relapse.** □

**Seminar Goal:** It happens in stages, know what your family members can do in each stage.

**Three Learning Objectives:** 1. What is relapse, 2. List three stages of relapse, 3. How can the family identify these stages.

**ISSUE # 10. Successful Lifelong Recovery.** □

**Seminar Goal:** Because it is a lifelong disease, it needs a lifelong plan for total recovery. What is the family's role.

**Three Learning Objectives:** 1. Four main ideas in relapse prevention. 2. Learn the Stages of Recovery 3. How to create a strong support system.

**ISSUE # 11. Bereavement.** □

**Seminar Goal:** There are different types, learn them, share them, use this as a start to your understanding of the issue.

**Three Learning Objectives:** 1. Learn the 3 types of grief, 2. Understand the grief cycle, 3. Create an inventory for complicated grief.



**ISSUE #12.** Faith, Spiritual Practices. □

**Seminar Goal:** Where is God in the family members journey is an individual response. Create a space where this can be explored safely.

**Three Learning Objectives:** 1. Review the need for faith organization participation, 2. Create an Invest in the Family Ministry, 3. Offer the “Invest in the Family Ministry” program at your place of worship.

**INSTRUCTIONS:**

**Take the assigned seminars from the above assessment and record them on the “Family Member Seminar Assignment Card”**

**The family members will use the book: From Legal Courts to The Family Table workbook and our website:**

**<https://familiesimpactedbyopioids.com/32-learning-seminars>.**

**Both are to be used in the learning sessions.**

## SECTION TWO

### Family Member Seminar Assignment Card

Seminar Number	Type of Delivery:  Presentation, Zoom or Self - Administrated	Date Started	Date Completed
Issue # 1			
Issue # 2			
Issue # 3			
Issue # 4			
Issue # 5			
Issue # 6			
Issue # 7			
Issue # 8			
Issue # 9			
Issue #10			
Issue #11			
Issue #12			

## SECTION THREE

### Family Member Seminar Assignment Card

**The Seminar Assignment Progress Report Card:** (started, in-progress, completed)

Issue # 1.
Issue # 2.
Issue # 3.
Issue # 4.
Issue # 5.
Issue # 6.
Issue # 7.
Issue # 8.
Issue # 9.
Issue # 10.
Issue # 11
Issue # 12

Use this worksheet to record your progress.

## Other Books to Order for Extended Learning

The Family Solution Finder Learning Series  
has 32 key issue seminars

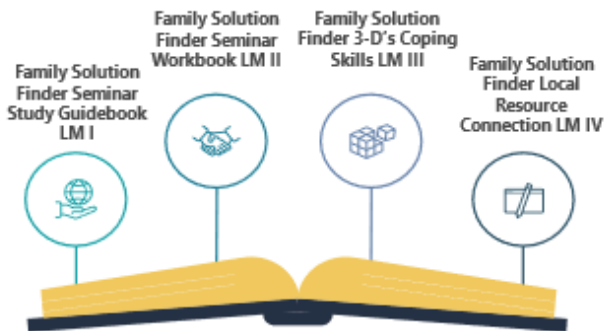
These Four (4) Books: [www.amazon.com](http://www.amazon.com).  
Order by title.

1. The Family Solution Finder Learning Study Guidebook Learning Module I.
2. The Family Solution Finder Learning Seminar Workbook Learning Module II.
3. The Family Solution Finder 3-D's Coping Skills Workbook Learning Module III.
4. The Family Solution Finder Local Resource Connections Workbook Learning Module IV.

How to learn:

### Family Solution Finder Learning Series

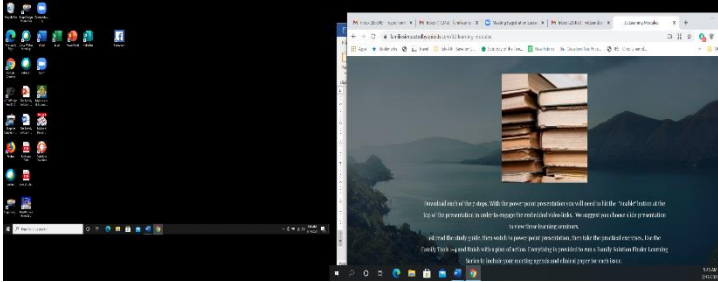
Learning Modules I-IV



Family Learning Four Book Series, 32 key issues, seminars

## How to use our website:

Include the power point download from our website for each seminar: <https://familiesimpactedbyopioids.com/32-learning-modules>.



## The Seminar Question

Apply these questions for each seminar. Complete answers and submit to courts for record of completion.

### Seminar Questions:

What are the learning objectives?

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What is the issue?

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How can the issue impact the family?

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What are the options?

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# 32 Key Issues Family Member Report Card

**Completed Seminars:**

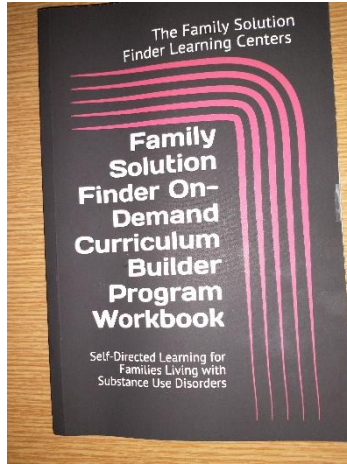
1.	11,	21.
2.	12.	22.
3.	13.	23.
4.	14.	24.
5.	15	25.
6.	16.	26.
7.	17.	27.
8.	18.	28.
9.	19.	29.
10.	20.	30.
		31.
		32.

# Program Two

Family Solution Finder  
On-Demand Curriculum Builder Program.

- Family 3-D's Coping Skills .....
- Family Member Assessment Tool .....
- Family Member Assignment Card .....
- Workbook Seminar Questions .....
- Family Member Report Card .....

**Use this workbook:**



**Order workbook: Family Solution Finder On-Demand Curriculum Builder Program Workbook.**

**[www.amazon.com](http://www.amazon.com)**



In this program the courts will allow the family members to complete their Self-Assessment then either allow the family member to choose which of the 32 key issue seminars they want to take or choose for the family by assigning the seminars they are to complete.

### **Breaking Down the Program into parts.**

**The Family 3-D's Coping Skills:** This section will outline how to implement this program.

**Family Member Assessment Tool:** This section will outline how to assessment the needs of the family members, topics of most importance to make seminar assignments.

**Family Member Assignment Card:** This section will outline the assigned seminars for purpose of record keeping and progress monitoring.

**Workbook Seminar Questions:** This section provides after the material has been completed, the answers provided by the family members helps them to summarize what was learned and for the courts to complete a progress report for records of completed seminars.

**Family Member Report Card:** This section provides a report on family completion. A certificate by the courts to the family would be a nice touch.

**The Family 3-D's Coping Skills  
is used for each of the 32 key issues.**



### Family 3-D's Skill Set

1. **D**etermine a Family Solution
2. **D**evelop a Family Decision
3. **D**esign a Family Plan of Action

*To Combine, Knowing with Doing*



## **Family Skill Set #1**

# **“Family Transformational Response Model (F.T.R.)”**

**Determine the Solution to a Key Issue**

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***FAMILY TRANSFORMATIONAL RESPONSE***  
***(F.T.R.) Model***

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**Finding a solution for the 32 Key Issues can be addressed by using this model format.**

**Example** Take your issue and define what the issue is, then state how this issue will impact the family, then identify what steps your family can take to prepare for this issue, then find those organizations/professionals who can help the family in dealing with this issue. **You now have a solution to this issue.**

**The F.T.R. Model:**

- VI. Define the Issue?
- VII. How does this issue impact the family?
- VIII. What steps can the family take to prepare and respond to this issue?
- IX. Create a list of who can help and assist the family in their response?
- X. What should the family expect as their outcome?

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*The F.T.R. Model Worksheet*

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**II. Define the Issue?**

- ❖ Clearly State what happened or will happen?

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- ❖ Identify who is involved, or should be involved?

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

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## 6 How does the issue impact the family?

❖ Who in the family?

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❖ In what way?

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❖ What is needed to move forward?

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**7 What steps can the family take to prepare and then respond to the issue?**

❖ What needs to be done, prioritize the list?

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❖ Who needs to be involved?

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❖ What will it look like when completed?

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## 8 Who can help and assist the family in their response?

- ❖ How to search for an organization to help?

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- ❖ What to ask from them?

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- ❖ What to expect?

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## 9 What should the family expect as their outcome?

- ❖ Timeline?

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## **Family Skill Set # 2**

### **“Value Based Family Decision-Making Model”**

Develop a Value Base Family Decision

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## *Family decision making*

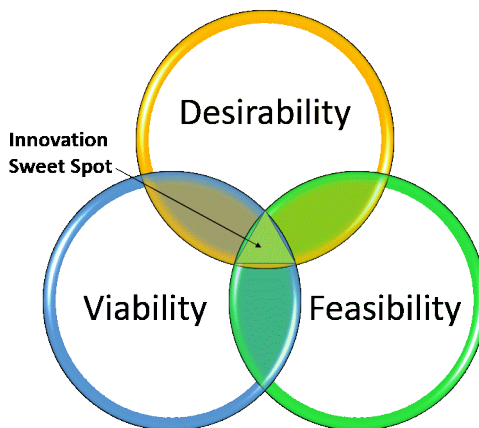
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### **The science behind the decision roles.**

Consider how we approach the Solution, is there a bias in our thinking. The Family 3-D's Skill Set can improve how well the family members will combine how they feel going into addressing an issue. If we consider our likely sources of personal interest first, we will possibly have greater success in knowing why we feel the way we do about a topic that is being discussed between family members.

We all have our own desires, we all use our logic and judgment to determine if something is viable, and when looking at a plan of action, we consider if it is feasible. In the middle is where we find our own innovation on what we can contribute, and possibly an internal compromise has taken place from within ourselves.

REF: Davis and Rigaux (1974), Wolfe (1959), Davis and Rigaux (1974)



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*Understanding what motivate decision making.*

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**Practice Exercise One:** What are your *desires* as you address a **“Solution”** for this issue?

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**Practice Exercise Two:** How *viable* is your **“Decision”**, is it something you want to see happen?

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**Practice Exercise Three:** How *feasible* is the **“Plan of Action”**, is this something you can complete, and will it bring the results you are seeking?

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## *The Value Based Family Decision-Making Model*

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In our values, we find ourselves taking a stance on how we will follow a certain way towards making a family value-based decision. It is therefore important to understand the family values, prior to making critical decisions about the lives of our loved one.

In ethics, **values** denote the degree of importance for some thing or action, with the aim of determining what actions are best to do or what way is best to live. It deals with “the right conduct” and how we live a good life.

**Practical Exercise:** What do you treasure the most that is without substitution for anything else?

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Write your values down as an individual family member.**

(not as an individual, but as a family member).

- 1.
- 2.
- 3.

Now discuss together as a family, each person stating what they feel are their most important family values. (note there is no wrong answer).

### **TOP FAMILY VALUES.**

**Our individual top Family Values Are:**

- 1
- 2.

There are six steps taken to make a value-based family decision. The Value Based Decision-Making Model will identify these six steps. When using in the Family Solution Finder Learning Series Workbook you will be asked to complete a practical exercise and then apply it to the specific key issue the family faces.

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*First Step: Identify Exactly What Happened*

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**Practical Exercise: What Happened?**

Identify the details of the situation? (what happened, how did it happen, who was involved?)

What:

How:

Who:

Identify what you would have liked to have happened/happen?

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## *Second Step: Analyzing the Situation*

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Every problem has a situation that surrounds it. Inside the situation is where you will find the solution to the problem. By analyzing the situation more closely, the solution will typically present itself. It will then be clarified and used in your decision-making process.

**Practical Exercise:** We will look at the problem that impacts the situation. (what went wrong)?

**4 Assessing the Problem:** (Describe exactly what is happening that is not working?)

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**5 Identify, what is causing this to happen?**

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### *Fourth Step: Gathering Information*

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It may seem unnecessary to have a segment that reviews “Gathering Information” however, this is a critical part of the decision-making process and can significantly impact the quality of your decision and its outcome.

There are three types of information to consider gathering:

1. The **Primary Source** information, The information comes from the person it happened too, or that was there.
2. The **Secondary Source** information, He Said She Said.
3. The **Gut Feeling Source**, no one person saw it happen, but I think this is what occurred.

All the above “information gathering types” are reasonable to include in the decision-making model.

**The Primary Source:** Prepare a list of questions and then go to the primary source for answers. At times you may not know which best questions to ask. So, research possible questions, then go ask them.



**Example:** If you are considering a treatment center for your loved one, go to the facility and take a tour. Do not just read their website, listen to someone else’s opinion about the facility or telephone them for a few answers. You will need to go directly to them as they are the “primary source” of information. You should come with a prepared list of questions to have an accurate understanding of their facility. Search online for how to assess a treatment facility.

**The Secondary Source:** This is also a good resource to consider using when deciding. The Secondary source is valuable because it allows others to provide information about your search for answers. From Secondary Sources you may find other topics or questions that need to be considered.

There are two areas that you need to be aware of; 1. The source of the secondary information. Who are they, what authority do they speak from, why are they providing this information? 2. Is this information a direct correlation to the topic that you are researching. Be careful, sometimes in a secondary search it becomes tempting to seek out information that proves your premises to be correct. That is called bias. We want to avoid being bias, just the facts please.

## **INFORMATION GATHERING CARD**

Gathered Information:

- What did you learn?

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- Who did you learn it from?

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- Why do you feel it is creditable?

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Use these answers to assemble your decision.

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*Fifth Step: Create a Criteria, what is most important.*

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**Practical Exercise: Does your solution qualify for consideration? Use the Family Transformational Response Model (F.T.R.) to determine the solution.**

**CRITICAL CRITERIA**, *Final Review (True or False)*

- Will this action ensure safety for your loved one?
- Do you have the resources needed to complete these tasks?
- Is your timetable realistic?
- Do you understand the negative impact(s) your actions may create?
- Would you want others to take this action on your behalf?

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*Sixth Step: Choose the Best Decision*

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**Practical Exercise: What is your decision:**

**We will do the following:**

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**Our expected outcome is:**

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*Final decision is more useful when in writing, it helps you see them more clearly and you can easily share with others.*

**State the Decision Here**

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## **Family Skill Set # 3**

### **“The Family Plan of Action”**

Design a Family Plan of Action



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*Family Plan of Action:*

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**III. SOLUTION** (forwarded)

The Family Identified Solution: (From the completed F.T.R. Worksheet):

**Our Solution Is:**

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**IV. DECISION** (forwarded)

The family Decision-Making Process: (From the completed Family Values Decision-Making worksheet)

**Our Decision Is:**

*IN CREATING ACTION,  
WE BECOME PURCHASER'S of SERVICES AND PROGRAMS. You  
Become a consumer of healthcare.*

This is the point in where it all comes together, Determining the solution for the issue, developing a family decision, and now designing a *Family Plan of Action*.

What we are doing is “creating a family model” to purchase a service or program that will assist the family in achieving their goals and objectives. In the Family Plan of Action is where knowledge becomes “**doing**” something about the issue.

It is particularly important to introduce consumer socialization because the family members are now consumers of healthcare and social services. Their currency is money, time and love that is exchanged for these services and programs. We should approach these services and programs as consumers. We provide what we have in value for what we need services and programs.

Consumer socialization is a lifelong process, (Ward, 1974), a framework where a child acquires the appropriate behavior in society (Bilton et al, 1988), and he learns to feel as to the society's expectations (Moschis, 1987), and he learns to behave willingly as to the norms established by a given community culture. (Fromm, 1947). For this reason, everyone will view their consumerism differently.

In this framework we are introducing the word “socialization” on purpose. Because what the family is doing will create a socialization of their consumerism in order that others can participate in providing them with what they need. The family should want this to happen, most families need this to happen, their local community is available to make this happen.

Consumer socialization makes a person capable to take part efficiently in the life of the whole society or their given social group. During this process, a young human being acquires the values and knowledge of their social group and other family members, they learn appropriate social norms and the way in how to behave as a consumer of programs and services. Through consumer socialization people acquire those skills that make them capable to be efficient members of a society (Ward, 1974) (O1).

By using *The Family 3-D's Skill Set*, we have taken great strides in assuring each step was given careful consideration. Now, is the stage where we place our **solution** and **decision** into a Family Plan of Action. We are now consumers of healthcare and social services and programs. It's time to go to market.

**Practical Family Real Life Exercise:**

Create a list of tasks which need to be accomplished to complete the objective.

**OBJECTIVE:**

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Task:

Task:

Task:

**OBJECTIVE:**

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Task:

Task:

Task:

**OBJECTIVE:**

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Task:

Task:

Task:

# **Family Member Self- Assessment**



**Family Self-Administered Learning Seminar Assessment**

## **INSTRUCTIONS**

### **Family Self-Administered Learning Seminar Assessment**

I. The instructor requests each family member complete a “Family Self-Administered Learning Assessment. This will allow the instructor to select the seminar programs that best match the family member’s needs.

II. Upon completion, the family member will return the Family Member Self-Assessment Questionnaire back to the Instructor or Navigator.

III. The Instructor or Navigator will discuss these results with the family member and complete the Family Members Seminar Assignment Card.

IV. The seminars will be delivered through, in person presentation, zoom.com or self-administrated.

**Instructions:** Check the box for selection of seminar, then record to seminar assignment card.

~ **THE FAMILY, ISSUES # 1-5** ~

**ISSUE # 1.** Family is a system.

**Seminar Goal:** The family sees each family members as a partner in the family system, contributing to the family dynamic.

**Three Learning Objective:** 1. Learn each family members Functionality, 2. Learn their Potentiality, 3. Learn the Obstacles that prevents the family members from contributing to the family dynamic.

**ISSUE # 2.** Different roles of the family members.

**Seminar Goal:** The family sees each family members in the role they play, understands their interaction characteristic and the sequence of thought process.

**Three Learning Objective:** 1. Learn the Characteristic Patterns of how family's member interacts, 2. Learn the 7 different roles family member play, 3. Understanding the sequence of thought, how we use what we know.

**ISSUE # 3.** Childhood trauma and SUD.

**Seminar Goal:** Understand what to look for and how to seek professional assistance in Childhood Trauma.

**Three Learning Objectives:** 1. Learn what is childhood trauma, 2. Learn the signs of childhood trauma, 3. Understanding the tools used to diagnose childhood trauma.

**ISSUE # 4.** Different types of family therapy. □

**Seminar Goal:** As a consumer, learn the different types of family therapy practices. What to ask for when seeking family therapy.

**Three Learning Objectives:** 1. Learn the different types of family therapy, 2. Learn which are the four (4) predominate type models, 3. Learn why SUD is referred to as a family disease.

**ISSUE # 5.** Four primary support structures of the family. □

**Seminar Goal:** Understand the different areas of the community that support the family.

**Three Learning Objectives:** 1. Learn which are the four (4) primary family support structures, 2. Learn how to get organized to get the most from these organizations, 3. Understanding how to use a plan of action in approaching these groups.

~ THE DISEASE, ISSUES # 6-9 ~

**ISSUE # 6.** Getting a diagnosis. □

**Seminar Goal:** Learn the Three Types of Diagnosis to request, why get a staging and how to use this information to get organized.

**Three Learning Objectives:** 1. Learn the medical diagnosis path, 2. Learn the mental health diagnosis path, 3. Learn the Addiction diagnosis path. 4. Get an assessment (screening), Diagnosis, Staging, 5. Get organized.



**ISSUE # 7.** SUD is a brain disease. □

**Seminar Goal:** Learn what changes to make this a brain disease, what it means to be chronic.

**Three Learning Objectives:** 1. Learn why addiction is a brain disease, 2. How it is different from other disease, 3. Learn Why it is chronic.

**ISSUE # 8.** The disease progresses in stages. □

**Seminar Goal:** Know the stages of progress to prepare for each, why individualized care matters, learn how the disease diagnosis is staged.

**Three Learning Objectives:** 1. Learn the 7 stages of progression, 2. Learn the importance of “Individualized Treatment, 3. Learn the three (3) levels “stages” of disease, (mild, moderate, sever).

**ISSUE # 9.** Relapse is a part of the disease journey. □

**Seminar Goal:** Why knowing the types of mental health therapy used in treatment, how it combines with medical assisted treatment and what is a CC Care Plan that a family can participate.

**Three Learning Objectives:** 1. Learn the types of mental health therapy in recovery, 2. How the value of Medical Assisted Treatment (M.A.T.) in recovery, 3. Learn to support their Collaborative Comprehensive Care Plan (CC Care Plan) to deal with an enabler who is in denial of their enabling behavior.

~ THE FAMILY CORE COMPETENCY, ISSUES # 10-21 ~

**ISSUE # 10.** Enabling vs. Disabling

**Seminar Goal:** Learn the 10 Types of Enabling, How to find it in the family members, what is the best way to respond.

**Three Learning Objectives:** 1. Learn the 10 Types of Enabling, 2. How to deal with an enabler who is in denial of their enabling behavior, 3. Understanding how to change enabling behavior.

**ISSUE # 11.** Addiction Behavior, Boundaries.

**Seminar Goal:** Boundaries are about their addiction behavior as a measurement, the focus is on the family members need to change for the boundaries to work.

**Three Learning Objectives:** 1. To learn the behavior traits of substance misuse, 2. To understand how the behavior progresses and changes over time. 3. To learn how to responds to these behaviors by setting boundaries.

**ISSUE # 12.** Family Intervention, five stages of change & motivational interviewing.

**Seminar Goal:** Know the five stages and the motivational steps to enact change.

**Three Learning Objectives:** 1. Identify the five stages of change and motivational interviewing to address them, 2. Learn the ten processes of change. 3. Gain an understanding dual diagnosis, mental health condition,

**ISSUE # 13.** The Police Intervention. □

**Seminar Goal:** Given it is likely to happen, how to prepare by completing a missing person's report focuses the family on a preparedness position and not reactionist position.

**Three Learning Objectives:** 1. Identify the six phases of Police intervention, 2. Learn the do's and do not's of a missing person's report, 3. How to complete a missing person's report.

**ISSUE # 14.** The Emergency Medical Services Intervention. □

**Seminar Goal:** Many areas after an ER visit balanced on what is done during an ER Visit.

**Three Learning Objectives:** 1. Understand the paramedic first response phrases, 2. Learn what happens in a hospital emergency room visit. 3. Understanding the value of SBIRT, family role in continuity of care.

**ISSUE # 15.** The Legal System Intervention. □

**Seminar Goal:** Many steps are required in the segmented world of the legal court system, learn them now while the family members head is clearer.

**Three Learning Objects:** 1. Have a working knowledge of the incarceration diversion or Sequential Intercept Model (SIM), 2. Finding an attorney, 3. What is Drug Court.

**ISSUE # 16.** The Treatment Center Intervention. □

**Seminar Goal:** Which one, what to ask, what to look for, Which area is more important than the other.

**Three Learning Objectives:** 1. Determine the right level of treatment, 2. What is Intensive Outpatient Treatment, IOP. 3. Family role in communicating with treatment center staff.

**ISSUE # 17.** Support Agency Mapping. □

**Seminar Goal:** Know your community resource providers before they need to know your family.

**Three Learning Objectives:** 1. Define family community mapping (who can assist the family), 2. Steps to create a family community map 3. Advantages gained by having a family community map.

**ISSUE # 18.** The Relapse. □

**Seminar Goal:** It happens in stages, know what your family members can do in each stage.

**Three Learning Objectives:** 1. What is relapse, 2. List three stages of relapse, 3. How can the family identify these stages.

**ISSUE # 19.** Successful Lifelong Recovery. □

**Seminar Goal:** Because it is a lifelong disease, it needs a lifelong plan for total recovery. What is the family's role.

**Three Learning Objectives:** 1. Four main ideas in relapse prevention. 2. Learn the Stages of Recovery 3. How to create a strong support system.

**ISSUE # 20.** Bereavement. □

**Seminar Goal:** There are different types, learn them, share them, use this as a start to your understanding of the issue.

**Three Learning Objectives:** 1. Learn the 3 types of grief, 2. Understand the grief cycle, 3. Create an inventory for complicated grief.

**ISSUE # 21.** Faith, Spiritual Practices. □

**Seminar Goal:** Where is God in the family members journey is an individual response. Create a space where this can be explored safely.

**Three Learning Objectives:** 1. Review the need for faith organization participation, 2. Create an Invest in the Family Ministry, 3. Offer the “Invest in the Family Ministry” program at your place of worship.

~ **THE FAMILY TAKING ACTION, ISSUES 22-33** ~

**ISSUE # 22.** Elements of a family plan of action. □

**Seminar Goal:** Building a strong family plan of action take steps and participation. Learn both.

**Three Learning Objectives:** 1. Learn elements of a family plan of action, 2. Learn the steps in developing a family plan of action. 3. Be aware of the obstacles in developing a plan of action.

**ISSUE # 23.** Roles family members play in a plan of action. □

**Seminar Goal:** Triangulation is a tactic used to prevent relationship integrity, Knowing the six common characteristic and identifying communication patterns will aid the family to respond towards the source of how family members can contribute.

**Three Learning Objectives:** 1. Learn to identify and manage triangulation relationships, 2. How to deal with the six common characteristics of family unit living with substance use disorders, 3. Identify existing communication patterns within the family members.

**ISSUE # 24.** Getting networked in advance. □

**Seminar Goal:** Getting networked at a time when the service is not required gives the family the opportunity to consider the criteria for selection. Proactively determining in advance where are local services to assist the family in each of the 32 issue is an strong position for the family to be in.

**Three Learning Objectives:** 1. How to use the Family Solution Finder Local Resource Connections Workbook Learning Module IV, 2. How to apply community mapping into your family plan of action, 3. What steps to take in making learning module IV an action step.

**ISSUE # 25.** Suicide prevention. □

**Seminar Goal:** Being brave to address the topic of suicide prevention is a strength the family members must decide for themselves, learning how is part of taking that next step.

**Three Learning Objectives:** 1. Learn the common risk factors, 2. Learn the warning signs, 3. Learn the silent contributor.

**ISSUE # 26.** Financial management in SUD. □

**Seminar Goal:** This journey is expensive, for most a finite number is how care will be determined, know the cost of services based on the issues they may face will allow the family to more effectively budget and weigh the value of treatment plans and services.

**Three Learning Objectives:** 1. Learn the possible paths and their costs, 2. How to get your financial affairs in order, Learn to manage this chronic disease and your expenses.

**ISSUE # 27.** Foster care services. □

**Seminar Goal:** This is emotional time and has a complex system. Learning it in advance, where the family knows it is possible will allow the family members to provide the best level of support.

**Three Learning Objectives:** 1. Learn the serviced providers case management role, 2. How bend with the requirements, 3. Options in achieving family reunification involving substance use disorders.

**ISSUE # 28.** NARCAN. □

**Seminar Goal:** At the time it is needed is not the time to learn how to administer it. Learn when to use it, how to use it and what to expect after you use it.

**Three Learning Objectives:** 1. Learn what is NARCAN, 2. Learn when to use it, Learn what to expect as an outcome.

**ISSUE # 29.** Peer to Peer Support Services. □

**Seminar Goal:** A partner who has traveled this road is a strong support in getting started in a journey of sustainable recovery. These services provide that level of support. The family needs to know how to use it to their advantage. Everyone has a role to play.

**Three Learning Objectives:** 1. Learn what is Peer to Peer Support Service, 2. How to create your own Peer to Peer concept when local service is not available, 3. Understand the value of peer-to-peer exchange.

**ISSUE # 30.** Medical Assisted Treatment (M.A.T.) .

**Seminar Goal:** M.A.T. what is it, how it works, why it is a valuable tool in sustained recovery and include it to CBT care as part of the plan of treatment.

**Three Learning Objectives:** 1. Learn what is Medical Assisted Treatment (M.A.T.) why it has value in long term recovery, 2. Learn as a family member how to support the inclusion of M.A.T. in the plan of care, 3. Understand the regimen and titration.

**ISSUE # 31.** Creating a Family Solution Finder Learning Centers, (FSFLC).

**Seminar Goal:** What is an FSFLC, how to set up an FSFLC in your county.

**Three Learning Objectives:** 1. Learn how to set up a local Family Solution Finder Learning Centers for your county, 2. How to receive instructor training (train the train), 3. Understanding how operate the center and engage the local community in a community collaboration and education.

**ISSUE # 32.** Harm Reduction.

**Seminar Goal:** What actions can a family take for harm reduction, where to find these resources.

**Three Learning Objectives:** 1. Learn the family member role in harm reduction, 2. How to manage ones selfcare with mindfulness of self, 3. Learn tips on how to deal with difficult people.



**ISSUE # 33.** The Family Members Role Re-Entry Process. □

**Seminar Goal:** How can the family members participate in the re-entry process.

**Three Learning Objectives:** 1. Learn the elements of the re-entry process, 2. How to manage the family members role in the re-entry process, 3. How to identify the obstacles involved in the re-entry process.

## Family Member Seminar Assignment Card

The 32 Key Issue, Family Seminar Library

<b>Seminar Number</b>	<b>Type of Delivery:  Presentation, Zoom or Self - Administrated</b>	<b>Date Started</b>	<b>Date Completed</b>
Issue # 1			
Issue # 2			
Issue # 3			
Issue # 4			
Issue # 5			
Issue # 6			
Issue # 7			
Issue # 8			
Issue # 9			
Issue #10			
Issue #11			

Issue #12			
Issue #13			
Issue #14			
Issue #15			
Issue #16			
Issue #17			
Issue #18			
Issue #19			
Issue #20			
Issue #21			
Issue #22			
Issue #23			

Issue #24			
Issue #25			
Issue #26			
Issue #27			
Issue #28			
Issue #29			
Issue #30			
Issue #31			
Issue #32			
Issue #33			

This is your selected curriculum for learning.

## Order Books Instructions

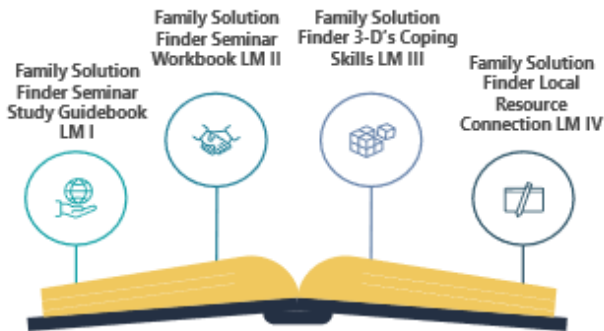
These Four (4) Books: [www.amazon.com](http://www.amazon.com).  
Order by title.

1. The Family Solution Finder Learning Study Guidebook Learning Module I.
2. The Family Solution Finder Learning Seminar Workbook Learning Module II.
3. The Family Solution Finder 3-D's Coping Skills Workbook Learning Module III.
4. The Family Solution Finder Local Resource Connections Workbook Learning Module IV.

How to learn:

### Family Solution Finder Learning Series

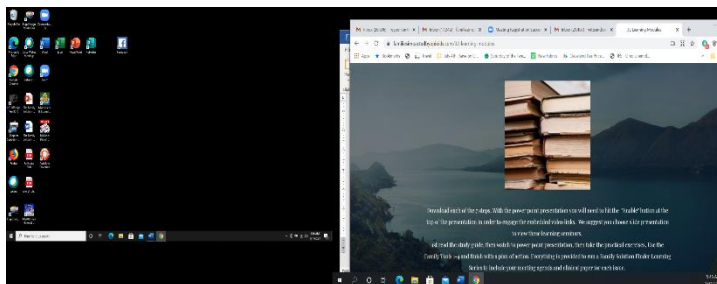
Learning Modules I-IV



Family Learning Four Book Series, 32 key issues, seminars

## How to use the website:

Include the power point download from our website for each seminar: <https://familiesimpactedbyopioids.com/32-learning-modules>.



# The Seminar Question

Apply these questions for each seminar. Complete answers and submit to courts for record of completion.

## Seminar Questions:

What are the learning objectives?

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What is the issue?

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How can the issue impact the family?

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What are the options?

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# 32 Key Issues Family Member Report Card

Completed Seminars:

1.	11,	21.
2.	12.	22.
3.	13.	23.
4.	14.	24.
5.	15	25.
6.	16.	26.
7.	17.	27.
8.	18.	28.
9.	19.	29.
10.	20.	30.
		31.
		32.



# Program Three

The Family Solution Finder eLearning Program Workbook.

Family 3-D's Coping skills .....  
Family Member Assessment Tool .....  
Family Member Assignment Card .....  
Workbook Seminar Questions .....  
Family Member Report Card .....

## Family Solution Finder



e-Learning Program

Families Living with Substance Use Disorders

Order Book: Family Solution Finder Learning Program.

[www.amazon.com](http://www.amazon.com)



In this program the Courts or Jail System will allow the family members to complete their Self-Assessment then allow the family member to choose which of the 32 key issue seminars they want to take, for the completion of their court learning assignment.

They will go online: <https://familiesimpactedbyopioids.com/32-learning-modules>. They will find the seminar, download the steps 1-8.

### **Breaking Down the Process into parts.**

**The Process Procedure:** This section will outline how to implement this program.

**Family Member Assessment Tool:** This section will outline how to assessment the needs of the family members, topics of most importance to make seminar assignments.

**Family Member Assignment Card:** This section will outline the assigned seminars for purpose of record keeping and progress monitoring.

**Workbook Seminar Questions:** This section provides after the material has been completed, the answers provided by the family members helps them to summarize what was learned and for the courts to complete a progress report for records of completed seminars.

**Family Member Report Card:** This section provides a report on family completion. A certificate by the courts to the family would be a nice touch.

**The Family 3-D's Coping Skills  
is used for each of the 32 key issues.**



### Family 3-D's Skill Set

1. **D**etermine a Family Solution
2. **D**evelop a Family Decision
3. **D**esign a Family Plan of Action

*To Combine, Knowing with Doing*



## **Family Skill Set #1**

# **“Family Transformational Response Model (F.T.R.)”**

**Determine the Solution to a Key Issue**

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***FAMILY TRANSFORMATIONAL RESPONSE***  
***(F.T.R.) Model***

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**Finding a solution for the 32 Key Issues can be addressed by using this model format.**

**Example** Take your issue and define what the issue is, then state how this issue will impact the family, then identify what steps your family can take to prepare for this issue, then find those organizations/professionals who can help the family in dealing with this issue. **You now have a solution to this issue.**

**The F.T.R. Model:**

- XI. Define the Issue?
- XII. How does this issue impact the family?
- XIII. What steps can the family take to prepare and respond to this issue?
- XIV. Create a list of who can help and assist the family in their response?
- XV. What should the family expect as their outcome?

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*The F.T.R. Model Worksheet*

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**III. Define the Issue?**

- ❖ Clearly State what happened or will happen?

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- ❖ Identify who is involved, or should be involved?

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

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**10 How does the issue impact the family?**

❖ Who in the family?

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❖ In what way?

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❖ What is needed to move forward?

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**11 What steps can the family take to prepare and then respond to the issue?**

❖ What needs to be done, prioritize the list?

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❖ Who needs to be involved?

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❖ What will it look like when completed?

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**12 Who can help and assist the family in their response?**

❖ How to search for an organization to help?

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❖ What to ask from them?

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❖ What to expect?

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**13 What should the family expect as their outcome?**

❖ Timeline?

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## **Family Skill Set # 2**

### **“Value Based Family Decision-Making Model”**

Develop a Value Base Family Decision

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## *Family decision making*

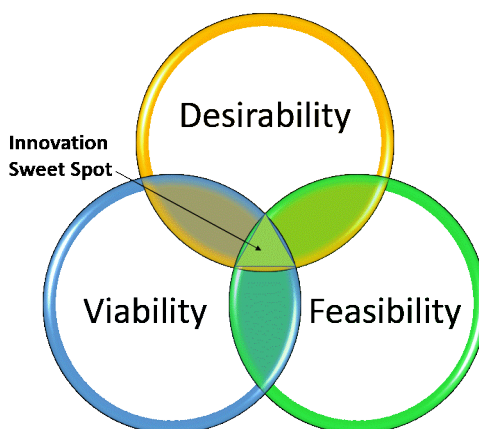
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### **The science behind the decision roles.**

Consider how we approach the Solution, is there a bias in our thinking. The Family 3-D's Skill Set can improve how well the family members will combine how they feel going into addressing an issue. If we consider our likely sources of personal interest first, we will possibly have greater success in knowing why we feel the way we do about a topic that is being discussed between family members.

We all have our own desires, we all use our logic and judgment to determine if something is viable, and when looking at a plan of action, we consider if it is feasible. In the middle is where we find our own innovation on what we can contribute, and possibly an internal compromise has taken place from within ourselves.

REF: Davis and Rigaux (1974), Wolfe (1959), Davis and Rigaux (1974)



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*Understanding what motivate decision making.*

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**Practice Exercise One:** What are your *desires* as you address a **“Solution”** for this issue?

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**Practice Exercise Two:** How *viable* is your **“Decision”**, is it something you want to see happen?

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**Practice Exercise Three:** How *feasible* is the **“Plan of Action”**, is this something you can complete, and will it bring the results you are seeking?

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## *The Value Based Family Decision-Making Model*

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In our values, we find ourselves taking a stance on how we will follow a certain way towards making a family value-based decision. It is therefore important to understand the family values, prior to making critical decisions about the lives of our loved one.

In ethics, **values** denote the degree of importance for some thing or action, with the aim of determining what actions are best to do or what way is best to live. It deals with “the right conduct” and how we live a good life.

**Practical Exercise:** What do you treasure the most that is without substitution for anything else?

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Write your values down as an individual family member.**  
(not as an individual, but as a family member).

- 1.
- 2.
- 3.

Now discuss together as a family, each person stating what they feel are their most important family values. (note there is no wrong answer).

### **TOP FAMILY VALUES.**

**Our individual top Family Values Are:**

- 1
- 2.

There are six steps taken to make a value-based family decision. The Value Based Decision-Making Model will identify these six steps. When using in the Family Solution Finder Learning Series Workbook you will be asked to complete a practical exercise and then apply it to the specific key issue the family faces.



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***First Step: Identify Exactly What Happened***

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**Practical Exercise: What Happened?**

Identify the details of the situation? (what happened, how did it happen, who was involved?)

What:

How:

Who:

Identify what you would have liked to have happened/happen?

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## *Second Step: Analyzing the Situation*

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Every problem has a situation that surrounds it. Inside the situation is where you will find the solution to the problem. By analyzing the situation more closely, the solution will typically present itself. It will then be clarified and used in your decision-making process.

**Practical Exercise:** We will look at the problem that impacts the situation. (what went wrong)?

**7 Assessing the Problem:** (Describe exactly what is happening that is not working?)

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**8 Identify, what is causing this to happen?**

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### *Fourth Step: Gathering Information*

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It may seem unnecessary to have a segment that reviews “Gathering Information” however, this is a critical part of the decision-making process and can significantly impact the quality of your decision and its outcome.

There are three types of information to consider gathering:

1. The **Primary Source** information, The information comes from the person it happened too, or that was there.
2. The **Secondary Source** information, He Said She Said.
3. The **Gut Feeling Source**, no one person saw it happen, but I think this is what occurred.

All the above “information gathering types” are reasonable to include in the decision-making model.

**The Primary Source:** Prepare a list of questions and then go to the primary source for answers. At times you may not know which best questions to ask. So, research possible questions, then go ask them.



**Example:** If you are considering a treatment center for your loved one, go to the facility and take a tour. Do not just read their website, listen to someone else’s opinion about the facility or telephone them for a few answers. You will need to go directly to them as they are the “primary source” of information. You should come with a prepared list of questions to have an accurate understanding of their facility. Search online for how to assess a treatment facility.

**The Secondary Source:** This is also a good resource to consider using when deciding. The Secondary source is valuable because it allows others to provide information about your search for answers. From Secondary Sources you may find other topics or questions that need to be considered.

There are two areas that you need to be aware of; 1. The source of the secondary information. Who are they, what authority do they speak from, why are they providing this information? 2. Is this information a direct correlation to the topic that you are researching. Be careful, sometimes in a secondary search it becomes tempting to seek out information that proves your premises to be correct. That is called bias. We want to avoid being bias, just the facts please.

**INFORMATION GATHERING CARD**

Gathered Information:

- What did you learn?

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- Who did you learn it from?

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- Why do you feel it is creditable?

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Use these answers to assemble your decision.

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***Fifth Step: Create a Criteria, what is most important.***

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**Practical Exercise: Does your solution qualify for consideration? Use the Family Transformational Response Model (F.T.R.) to determine the solution.**

**CRITICAL CRITERIA, *Final Review (True or False)***

- Will this action ensure safety for your loved one?
- Do you have the resources needed to complete these tasks?
- Is your timetable realistic?
- Do you understand the negative impact(s) your actions may create?
- Would you want others to take this action on your behalf?

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*Sixth Step: Choose the Best Decision*

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**Practical Exercise: What is your decision:**

**We will do the following:**

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**Our expected outcome is:**

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*Final decision is more useful when in writing, it helps you see them more clearly and you can easily share with others.*

**State the Decision Here**

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## **Family Skill Set # 3**

### **“The Family Plan of Action”**

**Design a Family Plan of Action**

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*Family Plan of Action:*

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**V. SOLUTION** (forwarded)

The Family Identified Solution: (From the completed F.T.R. Worksheet):

**Our Solution Is:**

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**VI. DECISION** (forwarded)

The family Decision-Making Process: (From the completed Family Values Decision-Making worksheet)

**Our Decision Is:**

*IN CREATING ACTION,  
WE BECOME PURCHASER'S of SERVICES AND PROGRAMS. You  
Become a consumer of healthcare.*

This is the point in where it all comes together, Determining the solution for the issue, developing a family decision, and now designing a *Family Plan of Action*.

What we are doing is “creating a family model” to purchase a service or program that will assist the family in achieving their goals and objectives. In the Family Plan of Action is where knowledge becomes “**doing**” something about the issue.

It is particularly important to introduce consumer socialization because the family members are now consumers of healthcare and social services. Their currency is money, time and love that is exchanged for these services and programs. We should approach these services and programs as consumers. We provide what we have in value for what we need services and programs.

Consumer socialization is a lifelong process, (Ward, 1974), a framework where a child acquires the appropriate behavior in society (Bilton et al, 1988), and he learns to feel as to the society's expectations (Moschis, 1987), and he learns to behave willingly as to the norms established by a given community culture. (Fromm, 1947). For this reason, everyone will view their consumerism differently.

In this framework we are introducing the word “socialization” on purpose. Because what the family is doing will create a socialization of their consumerism in order that others can participate in providing them with what they need. The family should want this to happen, most families need this to happen, their local community is available to make this happen.

Consumer socialization makes a person capable to take part efficiently in the life of the whole society or their given social group. During this process, a young human being acquires the values and knowledge of their social group and other family members, they learn appropriate social norms and the way in how to behave as a consumer of programs and services. Through consumer socialization people acquire those skills that make them capable to be efficient members of a society (Ward, 1974) (O1).

By using *The Family 3-D's Skill Set*, we have taken great strides in assuring each step was given careful consideration. Now, is the stage where we place our **solution** and **decision** into a Family Plan of Action. We are now consumers of healthcare and social services and programs. It's time to go to market.

**Practical Family Real Life Exercise:**

Create a list of tasks which need to be accomplished to complete the objective.

**OBJECTIVE:**

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Task:

Task:

Task:

**OBJECTIVE:**

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Task:

Task:

Task:

**OBJECTIVE:**

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Task:

Task:

Task:

# Family Member Self-Assessment



**Family Self-Administered Learning Seminar Assessment**

## **INSTRUCTIONS**

### **Family Self-Administered Learning Seminar Assessment**

- I. The instructor requests each family member complete a “Family Self-Administered Learning Assessment. This will allow the instructor to select the seminar programs that best match the family member’s needs.
- II. Upon completion, the family member will return the Family Member Self-Assessment Questionnaire back to the Instructor or Navigator.
- III. The Instructor or Navigator will discuss these results with the family member and complete the Family Members Seminar Assignment Card.
- IV. The seminars will be delivered through, in person presentation, zoom.com or self-administrated.

**Instructions:** Check the box for selection of seminar, then record to seminar assignment card.

~ **THE FAMILY, ISSUES # 1-5** ~

**ISSUE # 1.** Family is a system.

**Seminar Goal:** The family sees each family members as a partner in the family system, contributing to the family dynamic.

**Three Learning Objective:** 1. Learn each family members Functionality, 2. Learn their Potentiality, 3. Learn the Obstacles that prevents the family members from contributing to the family dynamic.

**ISSUE # 2.** Different roles of the family members.

**Seminar Goal:** The family sees each family members in the role they play, understands their interaction characteristic and the sequence of thought process.

**Three Learning Objective:** 1. Learn the Characteristic Patterns of how family's member interacts, 2. Learn the 7 different roles family member play, 3. Understanding the sequence of thought, how we use what we know.

**ISSUE # 3.** Childhood trauma and SUD.

**Seminar Goal:** Understand what to look for and how to seek professional assistance in Childhood Trauma.

**Three Learning Objectives:** 1. Learn what is childhood trauma, 2. Learn the signs of childhood trauma, 3. Understanding the tools used to diagnose childhood trauma.



**ISSUE # 4.** Different types of family therapy. □

**Seminar Goal:** As a consumer, learn the different types of family therapy practices. What to ask for when seeking family therapy.

**Three Learning Objectives:** 1. Learn the different types of family therapy, 2. Learn which are the four (4) predominate type models, 3. Learn why SUD is referred to as a family disease.

**ISSUE # 5.** Four primary support structures of the family. □

**Seminar Goal:** Understand the different areas of the community that support the family.

**Three Learning Objectives:** 1. Learn which are the four (4) primary family support structures, 2. Learn how to get organized to get the most from these organizations, 3. Understanding how to use a plan of action in approaching these groups.

~ **THE DISEASE, ISSUES # 6-9** ~

**ISSUE # 6.** Getting a diagnosis. □

**Seminar Goal:** Learn the Three Type of Diagnosis to request, why get a staging and how to use this information to get organized.

**Three Learning Objectives:** 1. Learn the medical diagnosis path, 2. Learn the mental health diagnosis path, 3. Learn the Addiction diagnosis path. 4. Get an assessment (screening), Diagnosis, Staging, 5. Get organized.

**ISSUE # 7.** SUD is a brain disease. □

**Seminar Goal:** Learn what changes to make this a brain disease, what it means to be chronic.

**Three Learning Objectives:** 1. Learn why addiction is a brain disease, 2. How it is different from other disease, 3. Learn Why it is chronic.

**ISSUE # 8.** The disease progresses in stages. □

**Seminar Goal:** Know the stages of progress to prepare for each, why individualized care matters, learn how the disease diagnosis is staged.

**Three Learning Objectives:** 1. Learn the 7 stages of progression, 2. Learn the importance of “Individualized Treatment, 3. Learn the three (3) levels “stages” of disease, (mild, moderate, sever).

**ISSUE # 9.** Relapse is a part of the disease journey. □

**Seminar Goal:** Why knowing the types of mental health therapy used in treatment, how it combines with medical assisted treatment and what is a CC Care Plan that a family can participate.

**Three Learning Objectives:** 1. Learn the types of mental health therapy in recovery, 2. How the value of Medical Assisted Treatment (M.A.T.) in recovery, 3. Learn to support their Collaborative Comprehensive Care Plan (CC Care Plan) to deal with an enabler who is in denial of their enabling behavior.

## ~ THE FAMILY CORE COMPETENCY, ISSUES # 10-21 ~

### ISSUE # 10. Enabling vs. Disabling

**Seminar Goal:** Learn the 10 Types of Enabling, How to find it in the family members, what is the best way to respond.

**Three Learning Objectives:** 1. Learn the 10 Types of Enabling, 2. How to deal with an enabler who is in denial of their enabling behavior, 3. Understanding how to change enabling behavior.

### ISSUE # 11. Addiction Behavior, Boundaries.

**Seminar Goal:** Boundaries are about their addiction behavior as a measurement, the focus is on the family members need to change for the boundaries to work.

**Three Learning Objectives:** 1. To learn the behavior traits of substance misuse, 2. To understand how the behavior progresses and changes over time. 3. To learn how to respond to these behaviors by setting boundaries.

### ISSUE # 12. Family Intervention, five stages of change & motivational interviewing.

**Seminar Goal:** Know the five stages and the motivational steps to enact change.

**Three Learning Objectives:** 1. Identify the five stages of change and motivational interviewing to address them, 2. Learn the ten processes of change. 3. Gain an understanding dual diagnosis, mental health condition,

**ISSUE # 13.** The Police Intervention. □

**Seminar Goal:** Given it is likely to happen, how to prepare by completing a missing persons report focuses the family on a preparedness position and not reactionist position.

**Three Learning Objectives:** 1. Identify the six phases of Police intervention, 2. Learn the do's and do not's of a missing person's report, 3. How to complete a missing person's report.

**ISSUE # 14.** The Emergency Medical Services Intervention. □

**Seminar Goal:** Many areas after an ER visit balanced on what is done during an ER Visit.

**Three Learning Objectives:** 1. Understand the paramedic first response phrases, 2. Learn what happens in a hospital emergency room visit. 3. Understanding the value of SBIRT, family role in continuity of care.

**ISSUE # 15.** The Legal System Intervention. □

**Seminar Goal:** Many steps are required in the segmented world of the legal court system, learn them now while the family members head is clearer.

**Three Learning Objects:** 1. Have a working knowledge of the incarceration diversion or Sequential Intercept Model (SIM), 2. Finding an attorney, 3. What is Drug Court.

**ISSUE # 16.** The Treatment Center Intervention. □

**Seminar Goal:** Which one, what to ask, what to look for, Which area is more important than the other.

**Three Learning Objectives:** 1. Determine the right level of treatment, 2. What is Intensive Outpatient Treatment, IOP. 3. Family role in communicating with treatment center staff.

**ISSUE # 17.** Support Agency Mapping. □

**Seminar Goal:** Know your community resource providers before they need to know your family.

**Three Learning Objectives:** 1. Define family community mapping (who can assist the family), 2. Steps to create a family community map 3. Advantages gained by having a family community map.

**ISSUE # 18.** The Relapse. □

**Seminar Goal:** It happens in stages, know what your family members can do in each stage.

**Three Learning Objectives:** 1. What is relapse, 2. List three stages of relapse, 3. How can the family identify these stages.

**ISSUE # 19.** Successful Lifelong Recovery. □

**Seminar Goal:** Because it is a lifelong disease, it needs a lifelong plan for total recovery. What is the family's role.

**Three Learning Objectives:** 1. Four main ideas in relapse prevention. 2. Learn the Stages of Recovery 3. How to create a strong support system.

**ISSUE # 20.** Bereavement. □

**Seminar Goal:** There are different types, learn them, share them, use this as a start to your understanding of the issue.

**Three Learning Objectives:** 1. Learn the 3 types of grief, 2. Understand the grief cycle, 3. Create an inventory for complicated grief.

**ISSUE # 21.** Faith, Spiritual Practices. □

**Seminar Goal:** Where is God in the family members journey is an individual response. Create a space where this can be explored safely.

**Three Learning Objectives:** 1. Review the need for faith organization participation, 2. Create an Invest in the Family Ministry, 3. Offer the “Invest in the Family Ministry” program at your place of worship.

**~ THE FAMILY TAKING ACTION, ISSUES 22-33 ~****ISSUE # 22.** Elements of a family plan of action. □

**Seminar Goal:** Building a strong family plan of action take steps and participation. Learn both.

**Three Learning Objectives:** 1. Learn elements of a family plan of action, 2. Learn the steps in developing a family plan of action. 3. Be aware of the obstacles in developing a plan of action.

**ISSUE # 23.** Roles family members play in a plan of action. □

**Seminar Goal:** Triangulation is a tactic used to prevent relationship integrity, Knowing the six common characteristic and identifying communication patterns will aid the family to respond towards the source of how family members can contribute.

**Three Learning Objectives:** 1. Learn to identify and manage triangulation relationships, 2. How to deal with the six common characteristics of family unit living with substance use disorders, 3. Identify existing communication patterns within the family members.

**ISSUE # 24.** Getting networked in advance. □

**Seminar Goal:** Getting networked at a time when the service is not required gives the family the opportunity to consider the criteria for selection. Proactively determining in advance where are local services to assist the family in each of the 32 issue is an strong position for the family to be in.

**Three Learning Objectives:** 1. How to use the Family Solution Finder Local Resource Connections Workbook Learning Module IV, 2. How to apply community mapping into your family plan of action, 3. What steps to take in making learning module IV an action step.

**ISSUE # 25.** Suicide prevention. □

**Seminar Goal:** Being brave to address the topic of suicide prevention is a strength the family members must decide for themselves, learning how is part of taking that next step.

**Three Learning Objectives:** 1. Learn the common risk factors, 2. Learn the warning signs, 3. Learn the silent contributor.

**ISSUE # 26.** Financial management in SUD. □

**Seminar Goal:** This journey is expensive, for most a finite number is how care will be determined, know the cost of services based on the issues they may face will allow the family to more effectively budget and weigh the value of treatment plans and services.

**Three Learning Objectives:** 1. Learn the possible paths and their costs, 2. How to get your financial affairs in order, Learn to manage this chronic disease and your expenses.

**ISSUE # 27.** Foster care services. □

**Seminar Goal:** This is emotional time and has a complex system. Learning it in advance, where the family knows it is possible will allow the family members to provide the best level of support.

**Three Learning Objectives:** 1. Learn the serviced providers case management role, 2. How bend with the requirements, 3. Options in achieving family reunification involving substance use disorders.

**ISSUE # 28.** NARCAN. □

**Seminar Goal:** At the time it is needed is not the time to learn how to administer it. Learn when to use it, how to use it and what to expect after you use it.

**Three Learning Objectives:** 1. Learn what is NARCAN, 2. Learn when to use it, Learn what to expect as an outcome.

**ISSUE # 29.** Peer to Peer Support Services. □

**Seminar Goal:** A partner who has traveled this road is a strong support in getting started in a journey of sustainable recovery. These services provide that level of support. The family needs to know how to use it to their advantage. Everyone has a role to play.

**Three Learning Objectives:** 1. Learn what is Peer to Peer Support Service, 2. How to create your own Peer to Peer concept when local service is not available, 3. Understand the value of peer-to-peer exchange.



**ISSUE # 30.** Medical Assisted Treatment (M.A.T.) . □

**Seminar Goal:** M.A.T. what is it, how it works, why it is a valuable tool in sustained recovery and include it to CBT care as part of the plan of treatment.

**Three Learning Objectives:** 1. Learn what is Medical Assisted Treatment (M.A.T.) why it has value in long term recovery, 2. Learn as a family member how to support the inclusion of M.A.T. in the plan of care, 3. Understand the regimen and titration.

**ISSUE # 31.** Creating a Family Solution Finder Learning Centers, (FSFLC). □

**Seminar Goal:** What is an FSFLC, how to set up an FSFLC in your county.

**Three Learning Objectives:** 1. Learn how to set up a local Family Solution Finder Learning Centers for your county, 2. How to receive instructor training (train the train), 3. Understanding how operate the center and engage the local community in a community collaboration and education.

**ISSUE # 32.** Harm Reduction. □

**Seminar Goal:** What actions can a family take for harm reduction, where to find these resources.

**Three Learning Objectives:** 1. Learn the family member role in harm reduction, 2. How to manage ones selfcare with mindfulness of self, 3. Learn tips on how to deal with difficult people.

**ISSUE # 33.** The Family Members Role Re-Entry Process. □

**Seminar Goal:** How can the family members participate in the re-entry process.

**Three Learning Objectives:** 1. Learn the elements of the re-entry process, 2. How to manage the family members role in the re-entry process, 3. How to identify the obstacles involved in the re-entry process.

# Family Member Seminar Assignment Card

The 32 Key Issue, Family Seminar Library

<b>Seminar Number</b>	<b>Type of Delivery:  Presentation, Zoom or Self - Administrated</b>	<b>Date Started</b>	<b>Date Completed</b>
Issue # 1			
Issue # 2			
Issue # 3			
Issue # 4			
Issue # 5			
Issue # 6			
Issue # 7			
Issue # 8			
Issue # 9			
Issue #10			
Issue #11			

Issue #12			
Issue #13			
Issue #14			
Issue #15			
Issue #16			
Issue #17			
Issue #18			
Issue #19			
Issue #20			
Issue #21			
Issue #22			
Issue #23			

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Issue #25			
Issue #26			
Issue #27			
Issue #28			
Issue #29			
Issue #30			
Issue #31			
Issue #32			
Issue #33			

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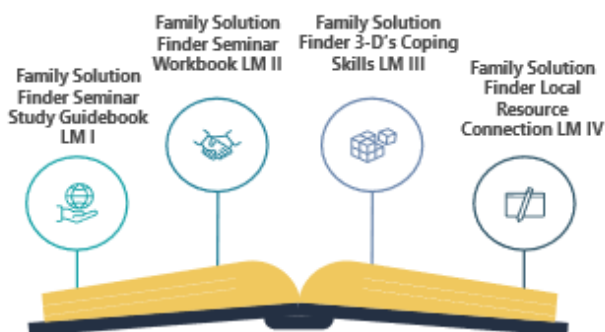
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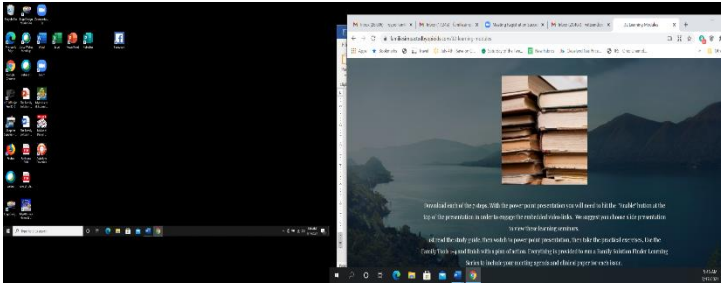
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## The Seminar Question

Apply these questions for each seminar. Complete answers and submit to courts for record of completion.

### Seminar Questions:

What are the learning objectives?

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What is the issue?

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How can the issue impact the family?

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What are the options?

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# 32 Key Issues Family Member Report Card

Completed Seminars:

1.	11,	21.
2.	12.	22.
3.	13.	23.
4.	14.	24.
5.	15	25.
6.	16.	26.
7.	17.	27.
8.	18.	28.
9.	19.	29.
10.	20.	30.
		31.
		32.

## **APPENDIX(s)**

Family Roles

Transtheoretical 5 Stages of Change

Ten Catalyst of Change

What is Family Therapy

NARCAN Demo Notes

Suicide Prevention Notes

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## ***FAMILY ROLES***

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Most experts identify six dysfunctional family roles in particular. In her book, *Another Chance: Hope and Health for the Alcoholic Family*, addiction and codependency expert Sharon Wegscheider-Cruse identifies the six dysfunctional family roles of the alcoholic family as follows:

- The Substance Misuser
- The Enabler
- The Hero
- The Scapegoat
- The Mastermind
- The Mascot
- The Lost Child

### **The Substance Misuser:**

We generally characterize the Dependent as the focal point within the greater spectrum of dysfunctional family roles. As they slide farther down the scale and lose themselves in substance misuse, the family's trajectory alters course. Family members change their behaviors, whether willingly or unwillingly, to accommodate the Dependent's lifestyle. For some, this means enabling. A family member may find themselves lying to family friends or cancelling obligations to bail their loved one out of a jam. Other family members react more harshly, sometimes even cutting off all contact with the Dependent. At either extreme, this changes the whole of the family dynamic.

Naturally, the Dependent faces the most obvious struggles in recovery. In fact, some might even say they benefit from the existence of such a clear-cut role. They often needn't do much soul-searching to arrive at the conclusion that their behaviors must change. (Obviously, there are exceptions, and not all Dependents succeed in recovery or even attempt it.) The Dependent will still need to identify certain behavior patterns if they wish to achieve a full recovery. At the onset, however, the problematic aspects of this particular dysfunction will appear far more tangibly than those stemming from other dysfunctional family roles.

### **The Enabler:**

Also known as the caretaker, we can identify at least one primary similarity between the Caretaker and the Dependent: the bulk of their daily lives seem to revolve around drugs and alcohol.

Common behaviors of the Caretaker may include posting bail after an arrest, making excuses for their addicted loved one's behavior, and looking after the Dependent's basic needs when intoxication prevents the Dependent from doing so themselves. Caretakers generally suffer from codependency, which affects their relationships with all members of the household. They often facilitate—and sometimes encourage, whether purposefully or not—all dysfunctional family roles. Heaping praise upon the Hero, enabling the Problem Child's behaviors, falling prey to the Mastermind's manipulation, etc.

We usually think of the Caretaker as a spouse or parent. In some cases, however, the chemical dependency of an adult in the household may necessitate that one of the children step up to fill this role. In such cases, the Caretaker may fit the roles of both Hero and Lost Child. They work to keep the family together but grow up feeling as if they never got to experience a true childhood. This may lead to feelings of bitterness and resentment. Fear and inadequacy also tend to characterize the Caretaker, especially those who blame themselves for the Dependent's suffering.

## **The Hero:**

The Caretaker might make excuses for the Dependent, but the Hero is ultimately the one who does the best job of bringing esteem to the family. Heroes work hard to demonstrate responsibility, seeking achievement in any form possible. Younger Heroes will often find numerous extracurricular activities at school, while working in their free time. The family may rarely see the Hero due to the sheer amount of time they spend adding to their roster of accomplishments.

Despite outward appearances, the Hero suffers as much internal strife as any of the other dysfunctional family roles. Due to their hard-working lifestyle and extreme perfectionism, Heroes suffer high levels of stress. The constant struggle for achievement, the drive to set themselves apart from the family's dysfunction, essentially becomes its own addiction. Much like the Caretaker, the Hero often develops major control issues. They seek validation by trying to control the world around them. To some extent, they may succeed in this. But as each accomplishment fails to provide true inner peace, they respond by working even harder. Eventually, the Hero may take on too much or spread themselves too thin. This leads to extreme feelings of guilt and shame when the Hero finally takes on a task they cannot accomplish and must come to grips with failure.

Relationships between the Hero and other family members sometimes become volatile. The Hero may resent the Dependent or Problem Child, blaming them for the family's struggles. They may even blame the Caretaker for allowing this to happen. In many cases, the Hero feels stuck in their lifestyle simply because nobody else is stepping up to the plate. They may feel as if the family's burdens rest upon their shoulders. Left unresolved, these inflated feelings of self-importance may lead to a difficult life of constant overwork.

**The Scapegoat:**

Many define the Scapegoat in the same manner as we defined the Problem Child above, particularly in regard to those who draw attention away from the Dependent's behavior. They characterize this as an effort to protect their addicted family member, possibly out of feelings of guilt or shame. But in *Not My Kid: A Family's Guide to Kids and Drugs*—which precedes Wegscheider-Cruse's book by about five years—authors Beth Polson and Dr. Miller Newton define the Scapegoat as a family member who often does nothing to earn their role within the family's dysfunction.

In this take on dysfunctional family roles, the Scapegoat suffers misplaced blame for the behaviors of others in the family. Rather than a Problem Child who diverts attention, this definition casts the Scapegoat as an individual who generally exhibits relative stability and emotional health compared to the rest of the household. Nonetheless, they may receive blame for the Dependent's behaviors if even tangentially connected to them. “How could you allow this to happen?” “Why didn't you say something sooner?” In some cases, they may even receive blame for events in which they did not participate by any action or inaction, and in fact did not even know about until they found themselves drawn into the conflict as a wrongly accused culprit.

The Scapegoat will sometimes grow to believe others' perceptions of them. The guilt with which they have been unjustly saddled will characterize future relationships by causing frequent feelings of inferiority and self-loathing. By contrast, some Scapegoats who recognize their unfair treatment may struggle with trust issues. And due to the complexities of human behavior, some Scapegoats will find themselves regularly torn between both extremes.

## **The Mastermind:**

Much like the Problem Child, the Mastermind may fail to appear on most addiction-centered breakdowns of dysfunctional family roles due to the sheer assumption that the Dependent usually takes up this mantle. We associate the Mastermind with manipulation and opportunism, traits sometimes employed by Dependents to hide or facilitate their continued use. From the standpoint of the Caretaker, and occasionally the Scapegoat, the Dependent most certainly fills this role.

The Mastermind, however, sometimes occupies a much more complex space within the overall family dynamic. Some Masterminds put on the façade of other dysfunctional family roles at will, depending upon the aims they seek to achieve. Usually, however, the Mastermind simply observes the behaviors exhibited by the rest of the family, using them to their advantage. They may use the diversions of the Problem Child or Scapegoat to engage in their own misbehavior. Or they may take advantage of the Caretaker's enabling nature to fulfill desires that might otherwise be denied to them.

We should clarify that, while the above description casts the Mastermind almost as a villain, they don't necessarily act with nefarious intent. Sometimes, in the wake of the chaos caused by competing dysfunctional family roles, opportunism may seem the only way to meet their needs.

## **The Mascot:**

All of the dysfunctional family roles share one thing in common—regardless of their outlook on the situation, they usually take the Dependent's addiction seriously. The same can be said of the Mascot; however, you wouldn't necessarily know it.

The Mascot often cracks jokes or finds other ways of trying to provide entertainment. They do so to alleviate the family's stress, although sometimes this may backfire. Particularly insensitive jokes or immature antics will sometimes test others' patience. When their jokes are poorly received, this often only heightens their fear and causes them to double down with more humor. On such occasions, the Mascot may briefly switch roles and become the Scapegoat. Eventually, when things calm down, they return to their role as the family jester.

Much like the Hero, the Mascot's outward appearance masks deep-seated insecurities. They use their sense of humor as a defense mechanism to put off dealing with pain, fear, or any other sort of emotional discomfort that might cause them trouble. As a result, these feelings remain unprocessed and unresolved. Mascots find themselves in a state of arrested emotional development, unable to cope properly with negative emotions. Their sense of humor becomes their most defining characteristic, and they fear that any failure on their part to maintain it may result in abandonment. And so while their antics may gain them some popularity (both inside and outside the family), this popularity feels cheap. The Mascot becomes isolated within a sea of people who enjoy their company, yet don't really know them as anything other than a walking laugh factory.

### **The Lost Child:**

Each of the above dysfunctional family roles manifests through action. The Lost Child stands apart, in that we characterize this role primarily by inaction. Those who fit into this role try hard not to rock the boat. They may never mention the Dependent's behavior, perhaps even going out of their way to avoid family discussions about it. Introverted and inconspicuous, the Lost Child may take this role by choice. Many times, however, the Lost Child is as their title implies—someone whose needs were simply neglected, lost in the bedlam of family drama.

Since we characterize the Lost Child by their neglected needs, they may easily fit into many of the other dysfunctional family roles. A Lost Child who gets fed up and angry with their role may wear the mask of Problem Child for a day, simply to take the spotlight for a short period of time. The Hero may identify as the Lost Child if they feel the rest of the family does not acknowledge their achievements. Sometimes the Lost Child plays the role of Scapegoat, disappearing from the family's radar until they become entangled in a family dispute against their will. Usually, however, the Lost Child simply stays out of the way. In a dysfunctional household, the Lost Child feels it safer to remain neither seen nor heard.

Even when the Lost Child assumes their role by choice, they may still resent the family for their neglect. Lost Children often grow up feeling ostracized, lonely and inadequate. They assume their neglect must result from some sort



of personal failing. That something must be wrong with them, or else they would receive the love they deserve. This lack of esteem may lead to dangerous behaviors later on, such as self-harm or a tendency to become involved in abusive relationships.

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## *Transtheoretical 5 Stages of Change Model*

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The change process has been conceptualized as a sequence of stages through which people typically progress as they think about, initiate, and maintain new behaviors (Prochaska and DiClemente, 1984).

### 1. **Precontemplation**

During the precontemplation stage, substance-using persons are not considering change and do not intend to change behaviors in the foreseeable future. They may be partly or completely unaware that a problem exists, that they have to make changes, and that they may need help in this endeavor. Alternatively, they may be unwilling or too discouraged to change their behavior. Individuals in this stage usually have not experienced adverse consequences or crises because of their substance use and often are not convinced that their pattern of use is problematic or even risky.

### 2. **Contemplation**

As these individuals become aware that a problem exists, they begin to perceive that there may be cause for concern and reasons to change. Typically, they are ambivalent, simultaneously seeing reasons to change and reasons not to change. Individuals in this stage are still using substances, but they are considering the possibility of stopping or cutting back in the near future. At this point, they may seek relevant information, reevaluate their substance use behavior, or seek help to support the possibility of changing behavior. They typically weigh the positive and negative aspects of making a change. It is not uncommon for individuals to remain in this stage for extended periods, often for years, vacillating between wanting and not wanting to change.

### 3. **Preparation**

When an individual perceives that the envisioned advantages of change and adverse consequences of substance use outweigh any positive features of continuing use at the same level and maintaining the status quo, the decisional balance tips in favor of change. Once instigation to change occurs, an individual enters the preparation stage, during which commitment is strengthened. Preparation entails more specific planning for change, such as making choices about whether treatment is needed and, if so, what kind. Preparation also entails an examination of one's perceived capabilities—or self-efficacy—for change. Individuals in the preparation stage are still using substances, but typically they intend to stop using very soon. They may have already attempted to reduce or stop use on their own or may be experimenting now with ways to quit or cut back (DiClemente and Prochaska, 1998). They begin to set goals for themselves and make commitments to stop using, even telling close associates or significant others about their plans.

### 4. **Action**

Individuals in the action stage choose a strategy for change and begin to pursue it. At this stage, clients are actively modifying their habits and environment. They are making drastic lifestyle changes and may be faced with particularly challenging situations and the physiological effects of withdrawal. Clients may begin to reevaluate their own self-image as they move from excessive or hazardous use to nonuse or safe use. For many, the action stage can last from 3 to 6 months following termination or reduction of substance use. For some, it is a honeymoon period before they face more daunting and longstanding challenges.

## 5. Maintenance

During the maintenance stage, efforts are made to sustain the gains achieved during the action stage. Maintenance is the stage at which people work to sustain sobriety and prevent recurrence (Marlatt and Gordon, 1985). Extra precautions may be necessary to keep from reverting to problematic behaviors. Individuals learn how to detect and guard against dangerous situations and other triggers that may cause them to use substances again. In most cases, individuals attempting long-term behavior change do return to use at least once and revert to an earlier stage (Prochaska et al., 1992). Recurrence of symptoms can be viewed as part of the learning process. Knowledge about the personal cues or dangerous situations that contribute to recurrence is useful information for future change attempts. Maintenance requires prolonged behavioral change—by remaining abstinent or moderating consumption to acceptable, targeted levels—and continued vigilance for a minimum of 6 months to several years, depending on the target behavior (Prochaska and DiClemente, 1992).

## The Individuals Stage of Change and appropriate Motivational Steps.

**#1. Precontemplation** the client is not yet considering change or is unwilling or unable to change.

Establish rapport, ask permission, and build trust. Raise doubts or concerns in the client about substance-using patterns by Exploring the meaning of events that brought the client to treatment or the results of previous treatments  
Eliciting the client's perceptions of the problem

Offering factual information about the risks of substance use

Providing personalized feedback about assessment findings

Exploring the pros and cons of substance use

Examine discrepancies between the client's and others' perceptions of the problem behavior.

Express concern and keep the door open.

**#2. Contemplation** The client acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain.

Normalize ambivalence. Help the client "tip the decisional balance scales" toward change by Eliciting and weighing pros and cons of substance use and change  
Changing extrinsic to intrinsic motivation  
Examining the client's personal values in relation to change  
Emphasizing the client's free choice, responsibility, and self-efficacy for change  
Elicit self-motivational statements of intent and commitment from the client. Elicit ideas regarding the client's perceived self-efficacy and expectations regarding treatment. Summarize self-motivational statements.

**#3. Preparation** The client is committed to and planning to make a change in the near future but is still considering what to do.

- Clarify the client’s own goals and strategies for change.
- Offer a menu of options for change or treatment.
- With permission, offer advice.
- Negotiate a change—or treatment—plan and behavior contract.
- Find, Consider and lower barriers to change.
- Help the client enlist social support.
- Explore treatment expectancies and the client’s role.
- Elicit from the client what has worked in the past either for him or others whom he knows.
- Assist the client to negotiate finances, childcare, work, transportation, or other potential barriers.
- Have the client publicly announce plans to change.

**#4. Action** Engage the client in treatment and reinforce the importance The client is actively taking steps to change but has not yet reached a stable state. of remaining in recovery. Support a realistic view of change through small steps. Acknowledge difficulties for the client in early stages of change. Help the client identify high-risk situations through a functional analysis and develop appropriate coping strategies to overcome these. Assist the client in finding new reinforcers of positive change. Help the client assess whether she has strong family and social support.

**#5. Maintenance** Help the client identify and sample drug-free sources of The client has achieved initial goals such as abstinence and is now working to maintain gains. pleasure (i.e., new reinforcers). Support lifestyle changes. Affirm the client’s resolve and self-efficacy. Help the client practice and use new coping strategies to avoid a return to use. Maintain supportive contact (e.g., explain to the client that you are available to talk between sessions). Develop a “fire escape” plan if the client resumes substance use. Review long-term goals with the client.

## **Recurrence**

Help the client reenter the change cycle and commend any The client has experienced a recurrence of symptoms and must now cope with consequences and decide what to do next. willingness to reconsider positive change. Explore the meaning and reality of the recurrence as a learning opportunity. Assist the client in finding alternative coping strategies. Maintain supportive contact.

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## *Ten Effective Catalysts for Change*

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1. Consciousness raising is increasing information about the problem. Interventions could include observations, interpretations, and bibliotherapy.
2. Self-reevaluation involves assessing how one feels and thinks about oneself with respect to problem behaviors. Interventions could include clarifying values and challenging beliefs or expectations.
3. Self-liberation means choosing and committing to act or believing in ability to change. Interventions could include commitment-enhancing techniques, decision making therapy, and New Year's resolutions.
4. Counterconditioning involves substituting coping alternatives for anxiety caused by substance-related behaviors. Interventions could include relaxation training, desensitization, assertion, and positive self-statements.
5. Stimulus control means avoiding or countering stimuli that elicit problem behaviors. Interventions could include avoiding high-risk cues and removing substances from one's environment.
6. Reinforcement Management is rewarding oneself or being rewarded by others for making changes. Interventions could include contingency contracts and overt and covert reinforcement.
7. Helping Relationships are created by being open and trusting about problems with people who care. Interventions could include self-help groups, social support, or a therapeutic relationship.
8. Emotional Arousal and Dramatic Relief involve experiencing and expressing feelings about one's problems and solutions to them. Interventions could include role-playing and psychodrama.



9. Environmental Reevaluation is the process of assessing how one's problems affect the personal and physical environment. Interventions could include empathy training and documentaries.

10. Social liberation involves increasing alternatives for nonproblematic behavior. Interventions could include advocating for the rights of the oppressed and policy interventions.

Source: Adapted from DiClemente and Scott, 1997.

### ***Five General Principles (to keep in mind)***

1. Express empathy through reflective listening.
2. Develop discrepancy between clients' goals or values and their current behavior.
3. Avoid argument and direct confrontation.
4. Adjust to client resistance rather than opposing it directly.
5. Support self-efficacy and optimism

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## *What Is Family Therapy?*

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Family therapy is a collection of therapeutic approaches that share a belief in family level assessment and intervention. A family is a system, and in any system each part is related to all other parts. Consequently, a change in any part of the system will bring about changes in all other parts. Therapy based on this point of view uses the strengths of families to bring about change in a range of diverse problem areas, including substance misuse.

### **Differences Between Substance Misuse Treatment and Family Therapy**

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

Family Involved Therapy and Family Therapy. A distinction should be made between family therapy and family involved therapy. Family involved therapy attempts to educate families about the relationship patterns that typically contribute to the formation and continuation of substance misuse. It differs from family therapy in that the family is not the primary therapeutic grouping, nor is there intervention in the system of family relationships. Most substance misuse treatment centers offer such a family educational approach.

## **Advantages for person misusing substances:**

Examining substance use disorders through the dynamics of the whole family has a number of advantages.

Treatment outcomes. Family involvement in substance misuse treatment is positively associated with increased rates of entry into treatment, decreased dropout rates during treatment, and better long-term outcomes.

- Client recovery. When family members understand how they have participated in the client's substance misuse and are willing to actively support the client's recovery, the likelihood of successful, recovery.
- Family recovery. When families are involved in treatment, the focus can be on the larger family issues, not just the substance misuse.
- Intergenerational impact. Integrated models can help reduce the impact and recurrence of substance use disorders in different generations.

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### *Four predominant family therapy models*

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These are used as the bases for treatment and specific interventions for substance misuse:

1. **The family disease** model looks at substance misuse as a disease that affects the entire family. Family members of the people who misuse substances may develop codependence, which causes them to enable the IP's substance misuse. Limited controlled research evidence is available to support the disease model, but it nonetheless is influential in the treatment community as well as in the general public (McCrary and Epstein 1996).
2. **The family systems** model is based on the idea that families become organized by their interactions around substance misuse. In adapting to the substance misuse, it is possible for the family to maintain balance, or homeostasis. For example, a man with a substance use disorder may be antagonistic or unable to express feelings unless he is intoxicated. Using the systems approach, a therapist would look for and attempt to change the maladaptive patterns of communication or family role structures that require substance misuse for stability (Steinglass et al. 1987).
3. **Cognitive-behavioral** approaches are based on the idea that maladaptive behaviors, including substance use and misuse, are reinforced through family interactions. Behaviorally oriented treatment tries to change interactions and target behaviors that trigger substance misuse, to improve communication and problem solving, and to strengthen coping skills (O'Farrell and FalsStewart 1999).

**4. Multidimensional Family Therapy (MDFT)** has integrated several different techniques with emphasis on the relationships among cognition, affect (emotionality), behavior, and environmental input (Liddle et al. 1992). MDFT is not the only family therapy model to adopt such an approach. Functional family therapy (Alexander and Parsons 1982), multisystemic therapy (Henggeler et al. 1998), and brief strategic family therapy (Szapocznik et al. in press) all adopt similar multidimensional approaches.

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### *Professional Family Therapy Types*

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- Structural/strategic family therapy
- Multidimensional family therapy
- Multiple family therapy
- Multisystemic therapy
- Behavioral and cognitive-behavioral family therapy
- Network therapy
- Bowen family systems therapy
- Solution focused brief therapy

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## *Substance Use Disorder and Family Therapy*

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

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

### What Is a Family?

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

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

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## *Integrated Treatment Models*

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### Examples of Integrated Treatment Models

A number of integrated treatment models have been discussed in the literature. Those discussed in this section are among the more frequently used integrated treatment models. For a more detailed discussion of these and other models of family therapy, see chapter 4 of TIP 39.

### **Structural/Strategic Family Therapy**

In this model, family structure (defined as repeated patterns of interaction) is the focus of interventions. It is based on two assumptions:

- Family structure largely determines individual behavior.
- The power of the system is greater than the ability of the individual to resist.

This system can be used to

- Identify the function that substance misuse serves in maintaining family stability.

- Guide appropriate changes in family structure (e.g., because the patterns in dysfunctional families are typically rigid, the counselor must take a directive role and coach family members to develop, then practice, different patterns of interaction).

One of the basic techniques of structural family therapy is to mark boundaries so that each member of the family can be responsible for him or herself while respecting the individuality of others. One of the ways to make respectful individuation possible is to make the family aware when a family member:

- Speaks about, rather than to, another person who is present
- Speaks for others, instead of letting them speak for themselves
- Sends nonverbal cues to influence or stop another person from speaking



## **Multidimensional Family Therapy**

Multidimensional family therapy (MDFT) was developed as a standalone, outpatient therapy to treat adolescent substance misuse and associated behavioral problems of clinically referred teenagers. The model integrates several different techniques with emphasis on the relationships among cognition, affect (emotionality), behavior, and environmental input.

For the adolescent who misuses substances, the goals include:

- Positive peer relations
- Healthy identity formation
- Bonding to school and other prosocial institutions
- Autonomy within the parent–adolescent relationship

For parents, the goals are:

- Increasing parental commitment and preventing parental abdication
- Improving relationship and communication between parent and adolescent
- Increasing knowledge of parenting practices (e.g., limit setting, monitoring, and appropriate autonomy granting)

## **Behavioral Family Therapy and Cognitive–Behavioral Family Therapy**

Behavioral family therapy (BFT) combines individual interventions within a family problem solving framework. The approach assumes that:

- Families of people abusing substances have problems solving skill deficits.
- The reactions of other family members influence behavior.
- Distorted beliefs lead to dysfunction and distorted behaviors.
- Therapy helps family members develop behaviors that support non-using and nondrinking. Over time, these new behaviors become more and more rewarding, promoting abstinence.

Cognitive–behavioral family therapy views substance misuse as a conditioned behavioral response, one which family cues and contingencies reinforce.

To facilitate behavioral change within a family to support abstinence, the counselor can use the following techniques:

- Contingency contracting. These agreements stipulate what each member will do in exchange for rewarding behavior from other family members. For example, a teenager may agree to call home regularly while attending a concert in exchange for permission to attend it

Skills training. The counselor may start with general education about communication or conflict resolution skills, then move to skills practice during therapy, and end with the family's agreement to use the skills at home.

- Cognitive restructuring. The counselor helps family members voice unrealistic or self-limiting beliefs that contribute to substance misuse or other family problems. Family members are encouraged to see how such beliefs threaten ongoing recovery and family tranquility. Finally, the family is helped to replace these self-defeating beliefs with those that facilitate recovery and individual and family strengths.





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## *CONTACT US*

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