



LEARNING MODULE I

Seminar # 4

The Different Types of Family Therapy

Learning Objectives:

1. What is the issue
2. How can the issue impact the family?
3. What are the options

What is the Issue

We normally do not start a study guide session with a video, but this video seems to create the dialog of what needs to be considered. In understanding that *family therapy* can be one of most important decisions you will make in this journey we need to consider the journey itself. Then we need to clarity of our role in this journey to determine how we can empower ourselves and contribute to the solution. Getting family therapy is an intervention for the family members not just the one abusing substances. It may seem backwards, but it is not. The family needs an intervention before or at the same time as the person abusing needs the intervention.



Go To: [youtube.com](https://www.youtube.com)

IN SEARCH TITLE: 3 Rules That Govern the Family System in Addiction

Many people ask why family therapy is needed, if it is the other family member who needs the care, the one who is misusing substances.

The goal of family member therapy is to help family members identify how specific behaviors affect others, learn new ways of relating to each other, resolve existing conflicts, and open lines of communication between all family members. This is what entails a “Family Dynamic”.

Families can benefit from therapy when they experience any stressful event that may strain family relationships, such as financial hardship, divorce, or the death of a loved one. In addition, it can be effective in treating mental health concerns that impact the family, such as depression, substance abuse, chronic illness, and food issues, or everyday concerns, like communication problems, interpersonal conflict, or behavioral problems in children and adolescents.

Family counseling aims to promote understanding and collaboration among family members to solve the problems of one or more individuals. For example, if a child is having social and academic problems, therapy will focus on the family patterns that may contribute to the child's acting out, rather than evaluating the child's behavior alone.

As the family uncovers the source of the problem, they can learn to support the child and other family members and work proactively on minimizing or altering the conditions that contributes to the child's unwanted behavior.

Family counseling is provided by licensed marriage and family therapists (LMFT). Other mental health professionals—such as professional counselors, social workers, and psychologists—who have received formal training in family therapy approaches may incorporate those principles into their own work.

This mode of therapy is solution-focused and short-term, with as few as nine sessions required, on average. Meetings are often held once per week and typically last for 50 minutes. The number of family members who attend each session may vary, depending on therapy goals, and often a therapist will offer individual sessions to supplement the family sessions. Family counseling is conducted in a variety of settings including family counseling services, community agencies, and residential treatment centers.

Family and marriage counseling costs can vary widely. Rates vary from about \$75 to \$200 per hour, but many therapists offer sliding scale fees based on income, while some accept insurances, and some do not. The average cost for marriage and family counseling is about \$100 per session.

Therefore, it is important to shop around and find the right therapist. Be a good consumer of finding the right fit and type of therapy.

How can the issue impact the family?

Family-based Behavioral Treatment – Parent only

Parents are often an important part of therapy for children, and in family-based therapy, research has shown that in treating children with SUD issues, it can often be beneficial to include only the parent in the therapy process. Taking this approach often involves parents practicing modeling, identifying rewards, implementing consequences, and being more mindful of how children's behaviors get reinforced.

This type of therapy has been proven especially effective when added to a lifestyle or recovery program for children with SUD or Mental Health issues.

Note: Family-Based Behavioral Treatment – Parent Only has only been proven well-established for children, but not for adolescents.

Functional Family Therapy

Functional Family Therapy (FFT) is a family-based therapy that was developed to help youth with behavioral issues and has been proven effective in treating substance use disorders in adolescents. The goals in Functional Family Therapy are to motivate adolescents and their families to reduce negativity in the household and to build skills within each family member to reduce problematic behaviors by using communication, effective parenting, and conflict management.

Multidimensional Family Therapy

Multidimensional Family Therapy (MDFT) is a family-centered that addresses the individual, family, and environmental factors that influence a variety of behavioral issues in youth. This treatment is based on the idea that behavioral problems in adolescents are caused by many factors and treatment should come from a place of respect and compassion. In MDFT, youth learn coping, problem-solving, and decision-making skills, and the family learns ways to enhance family functioning.

MDFT has been proven through research to be effective in treating substance use disorders in adolescents.

Multisystemic Therapy (MST)

Multisystemic therapy (MST) is a family-focused evidence-based intervention for youth with significant antisocial behaviors, delinquency, and substance problems. MST appraises these behaviors within the larger context of multiple systems of influence, including multiple social-ecological factors such as individual, family, peer, school, and community influences. In a cost-effective framework, MST interventions reduce these problem behaviors and improve youth and family functioning.

QUESTION: Which therapy looks like it might benefit your family more than the others? State Why?

What are the options?

These therapies 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 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.

Professional Family Therapy Type:s

- 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

Integrated Treatment Models

Several 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 may have problem 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
- 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.

SUBSTANCE USE DISORDER AND FAMILY THERAPY

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 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. For this reason, family's when seeking family therapy should avoid using a Substance Use Disorders Drug Counselor in place of a Licensed and Experienced Family Therapist.

Addiction is a Family Disease

The National Council on Alcoholism and Drug Dependence calls addiction a ***Family Disease***. That is because addiction affects the entire family system and the individuals who comprise it. Addiction puts family members under a great deal of stress, disrupting routines and causing unsettling or even frightening experiences.

As a result, family members develop unhealthy coping strategies as they strive to maintain equilibrium in the household. The family unit becomes a fragile and dysfunctional system, and this often unwittingly contributes to the addiction as the family adopts destructive behaviors because of it.

Children in the household are particularly affected by addiction. Substance abuse in the home interrupts a child's normal development and leads to a higher risk for physical, mental, and emotional health problems. Children of an addicted parent often have difficulties in school and are more likely than their peers to have a learning disability, skip school or be expelled. They are also four times more likely than their counterparts to become addicted to alcohol or drugs themselves.

Although the effects of substance abuse vary based on family structure, drug and alcohol-abusing behaviors impact family dynamics in several ways that are very unhealthy.

1. **Negative emotions** – As a result of the substance abuse, family members typically experience negative emotions such as anger, resentment, anxiety, concern, guilt, and embarrassment.
2. **Safety** – In some cases, the safety of other family members may be put at risk by a person's substance abuse. Children or spouses may also feel the need to obtain legal protection due to fear of their loved one's actions.
3. **Responsibilities** – Certain family members inherit too many responsibilities or responsibilities that are not age-appropriate. This can cause children or spouses to become overwhelmed, anxious, and resentful.

4. **Communication** – When a family member is abusing drugs, communication within the family unit is often negative and positive interaction is extremely limited. In addition, the needs, concerns, and wants of the family members other than the substance abuser may be overlooked.
5. **Structure and boundaries** – Homes in which substance abuse exists often have a lack of structure with minimal parental involvement and loosely existing or non-existent boundaries. This results in confusion for children and negative/inappropriate behaviors. Parents and siblings may also adopt enabling behaviors that contribute to their loved one’s substance abuse.
6. **Denial** – In many cases, when a child has a substance abuse problem, parents will deny that there is an issue. This may be because they do not want to face the problem, or they simply cannot see it clearly.
7. **Relationships** – Substance abuse produces damaged relationships that can continue through generations through negative behavioral modeling. Additionally, drug or alcohol abusers will often isolate themselves from other family members and spend most of their social time with other substance abusers.

Children may develop their own set of unhealthy coping skills in response to addiction in the household and the chaos and uncertainty it inevitably brings. Many children blame themselves for a parent’s substance abuse and may strive for perfection to avoid upsetting the delicate balance in the household. Conversely, they may withdraw for the same reason.

Children who witness or fall victim to physical, emotional, or sexual abuse may develop post-traumatic stress disorder and suffer from related nightmares, insomnia, and flashbacks. They may withdraw socially due to a lack of social skills or the fear that someone may find out the truth, and they may suffer from anxiety born from an unstable living environment or from a deep-seated fear of losing their parent to the addiction.

WHAT DEFINES A FAMILY?

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

Nuclear Family

The nuclear family is the traditional type of family structure. This family type consists of two parents and children. The nuclear family was long held in esteem by society as being the ideal in which to raise children. Children in nuclear families receive strength and stability from the two-parent structure and generally have more opportunities due to the financial ease of two adults. According to 2010 U.S. Census data, almost 70 percent of children live in a nuclear family unit.

Single Parent Family

The single parent family consists of one parent raising one or more children on his own. This family may include a single mother with her children, a single dad with his kids, or a single person with their kids. The single parent family is the biggest change society has seen in terms of the changes in family structures. One in four children is born to a single mother. Single parent families are generally close and find ways to work together to solve problems, such as dividing up household chores. When only one parent is at home, it may be a struggle to find childcare, as there is only one parent working. This limits income and opportunities in many cases, although many single parent families have support from relatives and friends.

Extended Family

The extended family structure consists of two or more adults who are related, either by blood or marriage, living in the same home. This family includes many relatives living together and working toward common goals, such as raising the children and keeping up with the household duties.

Many extended families include cousins, aunts or uncles and grandparents living together. This type of family structure may form due to financial difficulties or because older relatives are unable to care for themselves alone. Extended families are becoming increasingly common all over the world.

Childless Family

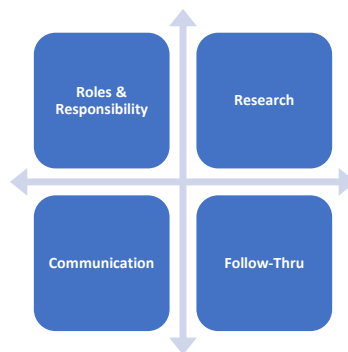
While most people think of family as including children, there are couples who either cannot or choose not to have children. The childless family is sometimes the "forgotten family," as it does not meet the traditional standards set by society. Childless families consist of two partners living and working together. Many childless families take on the responsibility of pets or have extensive contact with nieces and nephews.

Stepfamily

Over half of all marriages end in divorce, and many of these individuals choose to get remarried. This creates the step or blended family which involves two separate families merging into one new unit. It consists of a new husband, wife, or spouse and their children from previous marriages or relationships. Stepfamilies are about as common as the nuclear family, although they tend to have more problems, such as adjustment periods and discipline issues. Stepfamilies need to learn to work together and work with their exes to ensure these family units run smoothly.

Grandparent Family

Many grandparents today are raising their grandchildren for a variety of reasons. One in fourteen children is raised by his grandparents, and the parents are not present in the child's life. This could be due to parents' death, addiction, abandonment or being unfit parents. Many grandparents need to go back to work or find additional sources of income to help raise their grandchildren.



Conclusion

It is a difficult thing to ask all the members of the family to attend a few sessions with a family therapist, but the rewards are enormous. So maybe it would be helpful for one person to first meet and evaluate if this is the right therapist fit for your family before bringing all the members together. You can ask the therapist for help in designing the right approach.

But just having this awareness is not the end to our learning. Now we will use the Family Solution Finder Workbook to apply this learning to our own lives through completing the practical exercises.

Then we will use the “Let’s Get Organized” workbook to apply this learning and practical exercise of our lives in finding a solution, making a family decision, and creating a family plan of action in how we will respond.

From there we will take our family plan of action for this issue to a licensed professional and seek their guidance and assistance in implementing the plan. This will be completed by using the “Let’s Get Networked” workbook.

Some Self Reflection Questions:

1. How prepared are the family members to handle a review of therapy alternatives and join in on the selection of which is the best family therapy?

2. How can the family prepare for this move forward?

First Step:

Second Step:

Third Step:
