

"Ideas for Treatment Improvement"

ADDICTION *Messenger*

MARCH 2008 • VOLUME 11, ISSUE 3

PLEASE COPY OR POST

SERIES 29

Northwest Frontier
Addiction Technology
Transfer Center

810 "D" Street NE
Salem, OR 97301
Phone: (503) 373-1322
FAX: (503) 373-7348

A project of
OHSU
Department of Public Health
& Preventive Medicine

Steve Gallon, Ph.D.,
Principal Investigator

Mary Anne Bryan, MS, LPC
Program Manager, Editor
bryanm@ohsu.edu

Be sure to check out
our web page at:

www.nfattc.org



The Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

*Unifying science,
education and services
to transform lives*

Family Participation in Addiction Treatment - Part 3 Interventions and Cultural Considerations to Improve Engagement

Adolescence is a period of rapid changes. Between the ages of 12 and 17, for example, a parent ages as much as 20 years.

~ Al Bernstein (1949-present) ~

The successful integration of family members into addiction treatment and recovery services can enhance outcomes for everyone involved. Adequate therapeutic time, trained clinicians, and an informed staff serve to increase effectiveness. We have many options, ranging from the utilization of specific interventions to the full-fledged adaptation of family-based models of care. The Center for Substance Abuse Treatment has published *Substance Abuse Treatment and Family Therapy* (TIP 39) which offers useful information on how you can begin incorporating family services into your treatment design. TIP 39 describes strategies that are appropriate for use in the recovery and maintenance stages of care. Several different types of intervention are identified below. If you would like to review full descriptions of these approaches they are provided in Chapter 4 of the TIP.

- **Contingency contracting** (from Cognitive Behavioral Family Therapy). For example, a teenager may agree to call home regularly while attending a concert in exchange for her parents' permission to attend it. These agreements stipulate what each member will do in exchange for rewarding behavior of other family members.
- **Scaling questions** (from Solution Focused Family Therapy (SFFT). "On a scale of 1 to 10, where 1 means none of your goals is met and 10 means all your goals have been met, where would you rate yourself today?" "What would it take for you to move from a 4 to a 5 on our 10 -point scale?" Such questions help clients gauge progress toward their goals and see change as a process rather than an event.
- **Relational questions** (from SFFT). "What will other people notice about you as you move closer and closer to your goal?" Helping clients set goals that take the views of important others into account can extend the benefits of change into the client's environment.
- **Exceptions to problem behavior** (from SFFT). "Tell me about the times when you decided not to use, even though your cravings were strong." The answer will set the stage for examining how the client's own actions have helped lead to that different outcome.
- **Renegotiate relationships with larger systems** (from Family/Larger System/Case Management therapy). For instance, agree with Child Protective Services that once the

family has completed treatment, the child(ren) can be returned to the home.

- **Encourage ongoing participation** in Al-Anon, spousal support groups, and multifamily support groups (from Network Therapy). Al-Anon, and Alateen are interventions long used to break the cycle of substance abuse and can complement other interventions.

As noted in the previous issue of *AM*, the *Southern Coast Addiction Technology Transfer Center* (SCATTC) conducted a needs assessment to determine how best to involve families when a youth enters a recovery program. Their results are highlighted below.

Practices that Facilitate Parental Involvement:

Treatment providers identified a number of clinical practices that facilitate parent/family involvement in recovery-focused activities. These practices include:

- Consistent rapport building and maintenance of communication with parents throughout treatment.
- Thorough assessment and diagnosis is key. Many youth use drugs or alcohol as self-medication for an underlying mental health disorder. Many parents believe habitual or excessive drug use is a “choice” and need education regarding the relationship between mental disorders, drug pharmacology and substance use disorders.
- Cognitive reframing for parents can help them see their son or daughter in a more positive light.
- Motivational enhancement strategies can improve engagement of parents as well as youth.
- Using standardized curricula like “Family Support Network,” “Active Parenting,” or “Parenting with Love and Logic” can help parents improve their parenting behavior.
- Using Brief Strategic Family Therapy can facilitate a therapeutic alliance with parents and other family members.
- Exposing families to social support groups like Al-Anon.
- Providing treatment services in the home.
- Providing recreational or social events for the entire family to attend such as pot luck dinners, barbeque picnics, etc.

Cultural Factors

A recent SCATTC monograph titled, “Engaging Family Members into Adolescent Drug Treatment” (Santisteban, 2008), illustrates key cultural factors in the engagement process. The following paragraphs contain selections from that monograph.

Understanding cultural factors can enhance a counselor’s ability to “read” and “connect” with families during treatment. In working with families from diverse cultures, the counselor must consider:

- 1) his/her knowledge of the family’s culture, world view, beliefs, and/or value system; and,
- 2) the compatibility between the underlying assumptions and techniques of a given therapeutic approach and the expectations/value system of the client and family.

Some studies suggest programs that take a client’s culture and life experiences into account can be more successful at family involvement, engagement and retention. One study, especially important to the NFATTC region, shows retention rates of Mexican Americans, who were treated in an ethnicity-specific program, compared to a mainstream treatment program. Mexican Americans in ethnically-specific programs were 11 times more likely to return after the first session when compared to mainstream programs. The findings suggest that it is crucial that counselors demonstrate:

- 1) an understanding of stressors related to such things as immigration, acculturation, and discrimination; and,
- 2) positive attitudes toward a client’s cultural uniqueness.

Introducing ethnicity related content into a conversation can also enhance engagement. Clinical researchers working with African American youth and families found that by adding salient cultural theme content such as anger, alienation, and one’s journey from boyhood to manhood, engagement could be significantly increased.

Some ethnic and racial groups have more traditional or “hierarchical” family organization. Family organization is prominent, and parents of adolescents may share that they feel weak, defeated, and ashamed because they are unable to carry out their expected roles as leaders. As you, the counselor, become involved it may punctuate a parent’s feeling of being unable to be an effective family leader. By being particularly sensitive you can send the message that the parents are the leaders of the family and that you can’t do the job of helping their family member without their expertise and leadership.

Be aware that clients who have been the targets of chronic discrimination, such as people of color, may be somewhat distrustful. Some families you work with may have experienced a history of feeling discriminated in an institution or agency setting that practices subtle forms of discrimination. These experiences can result in a healthy level of skepticism.

In immigrant families parents and youngsters are often caught in a clash of cultures (new host vs. original culture) and differing values. You may be able to reduce anxiety, levels of de-

fensiveness and feelings of hopelessness in the family by reframing clashes as being between cultures and not individuals. That can help parents recognize that their adolescent family member is not primarily rebelling against them, but rather responding to more individualistic values than those of the original culture.

Lastly, with minority patients it is important to establish your credibility as a counselor. Credibility comes when you, the counselor, are seen as understanding your client's expectations and working to create a fit between treatment and those expectations. Focus on a sensitivity and respect for the beliefs and world-view of the family. In families that expect a no-nonsense, problem solving approach, the counseling can be presented as having concrete and effective short-term goals that are attainable. Highlighting indications of progress early in the treatment process may be important in retaining the client and their family in treatment.

Resources for Counselors

<http://www.addictionandfamily.org>

This website offers a variety of evidence-based manuals on family treatment issues, including Behavioral Couples Therapy for Drug Abuse & Alcoholism, Brief Behavioral Couples Therapy for Drug Abuse & Alcoholism, Group Behavioral Couples Therapy, all of which are skills-based programs addressing substance abuse, relationship distress, family conflict, and communication problems and tools for supporting sobriety. Also available are parenting skills components and modules which can be used in family education sessions. You can register at the website to receive free downloads of the manuals.

Support Groups for Family Members

Resources to recommend to family members as they seek information and support during treatment and later during recovery:

- Al-anon and Alateen: www.al-anon.org/
- Co-dependents Anonymous: www.codependents.org/
- Families Anonymous: www.familiesanonymous.org

- Secular Organization for Sobriety: www.secularsobriety.org

Manuals for Adolescent Treatment Interventions

<http://www.kap.samhsa.gov/products/manuals/cyt/index.htm>

Adolescent Treatment Manual Resources available from **Chestnut Health Systems**.

Cannabis Youth Treatment (CYT) Series, Vols. 1 – 5: The five-volume CYT Series for substance abuse treatment professionals provides a unique perspective on treating adolescents for marijuana use. These volumes present effective, manual-based treatment for use with teens and their families.

Tips for Successful Engagement of Family Members

1. Have a flexible understanding of “resistance” as a natural response to requests for change.
2. Be willing to challenge your habitual ways of engaging family members into the process of treatment.
3. Have a clear perspective of the possible benefits of family involvement and help families understand those benefits.
4. Have a clear vision of the type and level of family involvement that is optimal given the resources and family situation.
5. Develop a set of strategies for tailoring engagement interventions to the specific conditions of the family.

Next Issue:

“Recovery Oriented Systems of Care”

Source:

Center for Substance Abuse Treatment. **Substance Abuse Treatment and Family Therapy**. Treatment Improvement Protocol (TIP) Series, No. 39. DHHS Publication No. (SMA) 04-3957. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2004. Download it at <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.70382>

Adolescent Featured Products and Publications, **Parental Involvement In Adolescent Substance Abuse Treatment Programs**. Retrieved from the World Wide web at <http://www.scattc.org/>

Takeuchi, D.T., Sue, S. & Yeh, M. (1998). **Return rates and outcomes from ethnicity-specific mental health program in Los Angeles**. In P. Balls-Organista, K.M. Chun, & G. Marin (Eds.), *Readings in ethnic psychology*. Routledge: New York.

Sue, S., Zane, N. & Young, K. (1994). **Research on psychotherapy with culturally diverse populations**. In A.E. Bergin & S.L. Garfield (Eds.), *Handbook of psychotherapy and behavior change*, (pp. 783-817). Oxford, England: John Wiley & Sons.

Jackson-Gilfort A., Liddle, H.A., Tejada, M.J., & Dakof, G.A. (2001). **Facilitating engagement of African American male adolescents in family therapy: A cultural theme process study**. *Journal of Black Psychology*, 27(3), 321-340.



Northwest Frontier ATTC

810 "D" Street NE
Salem, Oregon 97301
Phone: (503) 373-1322
FAX: (503) 373-7348

*The Northwest Institute of Addictions Studies and
the Addiction Studies Program at Lewis & Clark*

present

**The Continuum of Recovery:
New Visions and Perspectives
July 30 - August 1, 2008**

With presenters:

Lisa Najavits, Ph.D.
Ed Latessa, Ph.D.
Eric Martin M.A.

Rick Rawson, Ph.D.
Darryl Inaba, Pharm.D.
Alan Marlatt, Ph.D.



Monarch Hotel and Conference Center, Clackamas, Oregon

For more details visit our websites after February 10:

nwias.org or lclark.edu/dept/ccps/

Watch for conference information in the ACCBO Newsletter & Addiction Messenger

The Continuum of Recovery: New Visions and Perspectives

July 30 - August 1, 2008

Monarch Hotel and
Conference Center
Clackamas, Oregon



Northwest Institute of Addictions Studies

in partnership with
The Addiction Studies
Program at the Graduate School of
Education and Counseling,
Lewis & Clark

with support from
DHS Addictions and Mental Health,
Problem Gambling Services,
Oregon Department of Corrections,
and Northwest Frontier ATTC.

*For full workshop descriptions
go to:*

lclark.edu/~ccps/nwais/index.html

To register: see reverse

Wednesday, July 30

Plenary: What We Target for Change Matters

Edward Latessa, PhD, University of Cincinnati

Breakout Sessions

- What Works in Reducing Recidivism for Offenders?: Edward Latessa, PhD, University of Cincinnati
- Chemicals, Crime and Character: Ed Roberts, MA, LCDC, CCJP, CEC/Civigenics Inc.
- Current Science & Tx of Substance Use Disorders: Darryl Inaba, Pharm D, Asante Health Systems and CNS Productions and Eric Martin, MA, CADA-III, ACCBO
- Integrating Spirituality Into Treatment: Gordon Lindbloom, PhD, Lewis & Clark
- Using it All: Exploring the Dreamworld of the Gambler: Philip Yassenoff, MS, LPCC, Private Practice
- Ethical Issues in Problem Gambling Treatment: Charles Maurer, PhD, ABPP, NCGC-II, Pacific Psychological Services
- Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency: Denna Vandersloot, MEd, LAC, NFATTC
- Advanced Clinical Supervision: Infusing Cultural Identity into the Supervisory Process: Lisa Aasheim, PhD, NCC, ACS, Portland State University

Thursday, July 31

Plenary: Understanding Methamphetamine Addiction

Rick Rawson, PhD, UCLA

Breakout Sessions

- Tx of Methamphetamine Dependency: Strategies that Work: Rick Rawson, PhD, UCLA, Department of Psychiatry
- Promoting Awareness of Motivational Incentives: MaryAnne Bryan, MS, LPC, NFATTC
- Mindfulness-Based Relapse Prevention in the Tx of Addictive Behaviors: Alan Marlatt, PhD, University of Washington
- Working with Domestic Violence Survivors in Treatment: Emmy Ritter, LCSW, Lifeworks NW
- Healing Addicted Families: What Works: Beth Glisczkinski, MA, LPC, Lifeworks NW
- Promoting Change in Drug and Criminal Behavior: Glen Walters, PhD, Center for Lifestyle Studies
- Gambling Counselor Competency Training: Jeffrey Marotta, PhD, Problem Gambling Solutions

Friday, August 1

Plenary: The Link Between PTSD and Substance Abuse

Lisa Najavits, PhD, Harvard Medical School, McLean Hospital

Breakout Sessions

- Seeking Safety Therapy for Trauma and Substance Abuse: Implementation Strategies: Lisa Najavits, PhD, Harvard Medical School, McLean Hospital
- Sobriety Enhancement: Jim Holder, MA, LPC, LPC-S, MAC, McLeod Behavioral Health Services
- Adolescent Development: Implications for Tx and Long-Term Outcomes: Kristen Anderson, PhD, Reed College
- Indigenous Ways of Knowing: Tribal Leadership Speaks to Addiction Crises and Remedies in Indian Country: Mary Clare, PhD, Lewis & Clark
- Applying Art Therapy to Gambling, A+D, and Compulsive Behaviors: Jeanne Cory, MA,

2008 NWIAS Conference Registration

Fees:

Early Registration Prior to July 16, 2008

\$235 - Three day conference, 20 CEUs

\$125 - Single-day, 6.5 CEUs

Agency Discount: \$210 per person for three or more individuals from the same agency registering at the same time.

Late Registration After July 16, 2008

\$250 - Three day conference, 20 CEUs

\$135 - Single-day, 6.5 CEUs

Agency Discount: \$225 per person for three or more individuals from the same agency registering at the same time.

Register by mail or fax:

Center for Continuing Studies
Lewis & Clark, MSC 85
0615 S.W. Palatine Hill Road
Portland, Oregon 97219-7899
Fax: 503-768-6045

Name _____
Address _____
City/State/Zip _____
Phone _____
Email _____
Employer/Agency _____

Payment Options

Check enclosed (Make payable to Lewis & Clark)

P.O. #

VISA MasterCard

Print name as it appears on card

Cardholder name _____

Amount to charge \$ _____

Card # _____

Expiration date _____ V-code _____

Signature _____

The Monarch Hotel offers a special conference rate. Call 1-800-492-8700 for reservations, use the special conference code NWIAS.

\$109 per night, the reservation deadline is **June 29**.

If you require a special accomodation or have dietary restrictions please contact our office.

**For more information: lclark.edu/dept/ccps
or call 503-768-6040**

Select the workshops you will attend.

Please choose Option 1, full day seminar **or** Option 2, two half day seminars, for each day you are attending. Go to lclark.edu/~ccps/nwais/index.html to see detailed descriptions of each session.

Check in opens at 7:30 a.m. each day

WEDNESDAY, JULY 30

Plenary: 8:30-9:30 a.m.,

What We Target for Change Matters Latessa

Option 1: One all day session 10 a.m.-4:30 p.m.

_____ Science & Tx of Substance Use Disorders Inaba & Martin

_____ Integrating Spirituality Into Treatment Lindbloom

Option 2: Select one AM and one PM workshop

Morning 10 a.m.-12 p.m.

_____ What Works in Reducing Recidivism Latessa

_____ Using it All: Exploring the Dreamworld Yassenoff

_____ MI Assessment: Supervisory Tools Vandersloot

Afternoon 1:30-4:30 p.m.

_____ Chemicals, Crime and Character Roberts

_____ Ethics and Gambling Treatment Maurer

_____ Advanced Clinical Supv: Infusing Culture Aasheim

THURSDAY, JULY 31

Plenary: 8:30-9:30 a.m.

Understanding Methamphetamine Addiction Rawson

Option 1: One all day session 10 a.m.-4:30 p.m.

_____ Mindfulness-Based Relapse Prevention Marlett

_____ Promoting Change in Drug & Criminal Behavior Walters

_____ Gambling Counselor Competency Training Marotta

Option 2: Select one AM and one PM workshop

Morning 10 a.m.-12 p.m.

_____ Tx of Meth Dependency: Strategies that Work Rawson

_____ Working with Domestic Violence Survivors Ritter

Afternoon 1:30-4:30 p.m.

_____ Promoting Awareness of Motivational Incentives Bryan

_____ Healing Addicted Families: What Works Glisczynski

FRIDAY, August 1

Plenary: 8:30-9:30 a.m.

The Link Between PTSD and Substance Abuse Najavits

Option 1: One all day session 10 a.m.-4:30 p.m.

_____ Seeking Safety Therapy for Trauma & Substance Abuse Najavits

_____ Sobriety Enhancement Holder

Option 2: Select one AM and one PM workshop

Morning 10 a.m.-12 p.m.

_____ Adolescent Development Anderson

Afternoon 1:30-4:30 p.m.

_____ Indigenous Ways of Knowing Clare

_____ Applying Art Therapy to Gambling Tx Cory

Earn 2 Continuing Education hours for \$20

NAADAC Approved

by reading a series of three Addiction Messengers (AM)

If you wish to receive continuing education hours for reading the AM:

- fill out the registration form below, and complete the 2-page test on the following pages,
- return both to NFATTC with a fee **payment of \$20** (make checks payable to: NFATTC, please).

You will receive, by return mail, a certificate stating that you have completed 2 Continuing Education hours.

You may complete any of the past series you wish. You can download issues by clicking on the Addiction Messenger button on our website: www.nfattc.org or you can check the boxes below and they will be mailed to you.

- | | |
|---|---|
| <input type="checkbox"/> Series 1 Vol. 4, Issues 1-3 “Evidence-Based Treatment Approaches” | <input type="checkbox"/> Series 14 Vol. 7 Issues 4-6 “Group Skills” |
| <input type="checkbox"/> Series 2 Vol. 4, Issues 4-6 “What Works for Offenders?” | <input type="checkbox"/> Series 15 Vol. 7 Issues 7-9 “Research and the Clinician” |
| <input type="checkbox"/> Series 3 Vol. 4, Issues 7-9 “Manual-Based Group Skills” | <input type="checkbox"/> Series 16 Vol. 7 Issues 10-12 “Recovery Support” |
| <input type="checkbox"/> Series 4 Vol. 4, Issues 10-12 “Preparing Clients for Change”, “What Is A Woman Sensitive Program?” and “Naltrexone Facts” | <input type="checkbox"/> Series 17 Vol. 8 Issues 1-3 “Family Treatment” |
| <input type="checkbox"/> Series 5 Vol. 5, Issues 1-3 “Methamphetamine: Myths & Facts” | <input type="checkbox"/> Series 18 Vol. 8 Issues 4-6 “Cognitive-Behavioral Therapy” |
| <input type="checkbox"/> Series 6 Vol. 5, Issues 4-6 “Co-Occurring Disorders” | <input type="checkbox"/> Series 19 Vol. 8 Issues 7-9 “Counselor As Educator” |
| <input type="checkbox"/> Series 7 Vol. 5, Issues 7-9 “Trauma Issues” | <input type="checkbox"/> Series 20 Vol. 8 Issues 10-12 “Recovery Support” |
| <input type="checkbox"/> Series 8 Vol. 5, Issues 10-12 “Cultural Competence” | <input type="checkbox"/> Series 21 Vol. 9 Issues 1-3 “Problem Gambling” |
| <input type="checkbox"/> Series 9 Vol. 6, Issues 1-3 “Engagement & Retention” | <input type="checkbox"/> Series 22 Vol. 9 Issues 4-6 “Treatment Planning” |
| <input type="checkbox"/> Series 10 Vol. 6 Issues 4-6 “Co-Occurring Disorders” | <input type="checkbox"/> Series 23 Vol. 9 Issues 7-9 “Methamphetamine” |
| <input type="checkbox"/> Series 11 Vol. 6 Issues 7-9 “Integrated Services for Dual Disorders” | <input type="checkbox"/> Series 24 Vol. 9 Issues 10-12 “Using and Building Motivational Interviewing Skills” |
| <input type="checkbox"/> Series 12 Vol. 6 Issues 10-12 “Infectious Diseases” | <input type="checkbox"/> Series 25 Vol. 8 Issues 1-3 “Nicotine Cessation” |
| <input type="checkbox"/> Series 13 Vol. 7 Issues 1-3 “Contingency Management” | <input type="checkbox"/> Series 26 Vol. 8 Issues 4-6 “Improving Agency Processes” |
| | <input type="checkbox"/> Series 27 Vol. 9 Issues 7-9 “Motivational Incentives” |
| | <input type="checkbox"/> Series 28 Vol. 9 Issues 10-12 “Recovery Oriented Systems of Care” |

Registration Form for Series 29 “Family Participation in Addiction Treatment”

Name _____

Address _____

City/State/Zip _____ Phone _____

Email _____

Return your Pre-test and Registration form by mail or FAX at (503) 373-7348

Northwest Frontier ATTC
810 D Street NE, Salem, OR 97301

Name _____

TEST Series 29

1. Level 3 care would include:
 - a. providing psychoeducation and advice
 - b. addressing family's feelings and provides support
 - c. provides family therapy
 - d. a and c.

2. Not understanding written agency materials, anxiety regarding particular family members being present and having difficulty with transportation to treatment should not be considered barriers.

True or False

3. Which of the following helps to enhance a family's motivation:
 - a. focus on family strengths.
 - b. develop therapeutic partnerships with each person in the family.
 - c. refrain from using labels and inhibit use of labels from others.
 - d. All of the above

4. List 6 intervention approaches from TIP 39:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

5. Developing a set of strategies for tailoring engagement interventions to the specific conditions of the family you're working with is a tip for successful engagement.

True or False

6. Practices that facilitate parental involvement include:
 - a. Providing treatment services in the home.
 - b. Use of cognitive reframing to see their child in a more positive light.
 - c. Providing recreational/social events for entire family to attend
 - d. All of the above.

7. An awareness of family cultural factors should not include issues of immigration and discrimination.

True or False

8. In immigrant families parents and their children (circle correct answer) do or do not often experience different values or cultural clashes.

9. List three ways to develop rapport with families:
 1. _____
 2. _____
 3. _____

10. A tip for successful family engagement is to know the benefits of family involvement and help the family you're working with understand those benefits.

True or False

Mail or FAX your completed test to NFATTC
Northwest Frontier ATTC, 810 D Street NE, Salem, OR 97301 FAX: 503-373-7348
You can register for continuing education hours for Series 1 through 25.
Contact Mary Anne Bryan at 504-378-6001

