FAMILIES REMEMBERING OUR COMPETANCIES, KNOWLEDGE, AND STRENGTH GROUP: A PROPOSAL FOR THERAPY GROUP FOR FAMILY MEMBERS OF YOUTH IN TREATMENT FOR SUBSTANCE USE.

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Abstract

The purpose of this project is to utilize my professional and clinical experience and the theoretical assumptions of family therapy to design a counseling group to provide support, encouragement and psycho-education to family members of youth who are in substance use treatment. A review of the literature indicates the importance of family involvement in substance use treatment and highlights the systemic factors that impact youth and their substance use. It highlights theory for family involvement in the treatment process as well as a collaborative approach to group therapy. A narrative inquiry, of my experience working in a residential drug and alcohol treatment center, forms the basis for the proposed family counseling group. This inquiry, coupled with the systemic review of the literature incorporating family involvement into adolescent substance use treatment, to provide the framework for integrating theory into practice. The group aims to involve the youth’s chosen family members in remembering their competencies, knowledge and strengths. The purpose is to help family members build coping strategies and parenting skills, and foster awareness about how best to support their youth while they are in treatment. The hope is for practitioners to utilize these for the implementation of their groups in effort to support youth and their families reclaim their lives from substance use.
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**Introduction**

Substance use among youth in Canada is a growing concern in many communities and organizations have implemented many treatment and prevention measures to address some of the issues of substance misuse. The widely studied area of family therapy has created a strong evidence-based practice for the treatment of adolescent youth who are struggling substance use. Some youth experience pressure and obligation to make changes to their substance use. Much of this pressure and concern comes from family and supports, as sometimes they feel they are enabling if they continue to support a youth’s irresponsible behavior (Battjes et al. 2003). The family of young people who are sometimes struggling feel like they must use hard-line approaches to show ‘tough love’ when managing their teens (Clark, 2012). The idea of ‘tough love’ implies that caregivers need to draw rigid boundaries to shock their teens into compliance. At time, substance use has taken youth down a road where the supportive people in their life feel they are enabling them if they continue to support any irresponsible behavior. As a result, young people face removal from their homes, foster care, disconnection, isolation and participation in high-risk behaviors to meet their basic needs. This position leaves family and supportive people with feelings of uncertainty, dislocation and hopelessness when coping with the difficulties of substance misuse. Many research studies emphasize the importance of family involvement in substance use treatment and conclude family participation in treatment is integral for decreasing substance use and increasing positive outcomes for youth (Currie, 2013; Baldwin, Chrisitan, Berkeljon, Shadish & Bean, 2012; Schlauch, Levitt, Connell & Kaufman, 2013; Hornberger & Smith, 2011).

The scope of this project is to focus on a proposal for incorporating family involvement into adolescent treatment. Through experience and research, of family participation in treatment, this
project proposes the theoretical structure and guidelines for family therapy groups to run alongside youth who are engaging in substance use treatment. The purpose of these groups is to provide education, therapy, and peer support to caregivers and family members who may be seeking to make changes alongside the work of their young person. It is important to note that this program can be adapted and changed according to the structure and policies of the community agency it may work within.

A framework is developed based on the Social Constructivist theoretical perspectives of Collaborative Therapy (Madsen, 2007), Narrative therapy (White & Epston, 1990) and Strengths Based, Motivational Interviewing techniques (Miller & Rolnick, 2013). These theoretical perspectives inform the structure and outline of a counseling group for caregivers and family members of youth who are engaging in intensive drug and alcohol treatment. At this stage, the assumption is if family members actively participate in making changes, following outcomes, and learning about the problem, youth in a treatment program may benefit and receive the support they need to remain successful in their goals. The intention of this project is to offer a creative response for the involvement of family members in youth substance use treatment and help families, communities and youth stand up to the problems of substance misuse. Chapter one provides an outline of the entire group proposal project, the scoop of the problem with involving family members in treatment and the core questions to be answered in this proposal. Chapter two consists of a literature review on the issues of substance use among adolescent populations, the importance of healthy youth development, protective and risk factors for substance use and standard treatment practices. It provides an introduction to the history of family therapy and its use in substance use treatment, an outline of standard family therapy models, and the use of group therapy for family systems treatment. Chapter 3 highlights the Grounded Theory method
of inquiry employed in this paper and outlines my professional ethics, philosophy and theory that will inform the creation of the family therapy groups. Chapter 4 outlines the specific framework and structure of the proposed family therapy group program that will serve to compliment the therapeutic process of young people in treatment. Chapter 5 will include a discussion, limitations, and reflections on the final work presented in this document.
CHAPTER 1: Focus of the Program

This project pulls from my personal experience of working in a substance use treatment center for youth. I had the opportunity to witness the work of young people and their families reconstruct their lives, making significant changes, standing up to the struggles of addiction and substance use (Sanders, 2007). For this project, substance use and misuse use are the words used to describe individuals who are struggling with addiction and drug or alcohol use. This language is purposeful and deliberate, stepping away from an oppressive and problem saturated definition of an addict, alcoholic, and abuser and towards a preferred identity, not defined by substance use. This chapter outlines the background and problem of adolescent substance misuse in Canada and how substance use impacts youth and families. The scope and core questions of this project set up the purpose and basic premise for creating a Multi-Family therapy group for family members of young people in treatment for substance use. The underlying assumptions of this group are that family involvement will hopefully offer the support, community and care for those trying to reclaim their lives from the difficult problem of substance misuse.

Background of the Problem

Youth substance use is a growing concern in Canadian society impacting various areas of teenage life such as school and work, relationships and family, and cognitive and emotional development. Alcohol, tobacco, and marijuana are the most commonly used substances, among youth in Canada. Over one-third of students have binged on alcohol, almost 1 in 10 youth have used cannabis on a daily basis, and 50% of those youth experience health, social and legal problems, and felt they did not have control over their use (Paglia-Boak & Adlaf, 2007). Also, over a period of 15 years there has been a consistent increase in adolescent use of marijuana, cocaine/crack, ecstasy, speed, heroin and LSD (Paglia-Boak & Adlaf, 2007). Poly-substance use,
which is the use of different substances, on the same or different occasion, is the most common form of drug use among youth and has increased significantly over time (Paglia-Boak & Adlaf, p. 6, 2007). Youth report impacts of substance use on friendships and social life, physical health, home life, school, finances, legal problems and learning difficulties (Health Canada, 2007). These impacts potentially affect youth behaviors leading to difficulties with family dynamics, violence, mental health, risky sexual activities, and irresponsible choices, making changes difficult. While experimentation with drug and alcohol use is a normal part of adolescent development, there is a fine line between use and misuse with adverse impacts on youth, families and communities.

Often when young people recognize the harmful effects, substance use has in their life; they have the option to seek help. Help can take many forms such as one-to-one counseling, group therapy, peer support groups, self-help groups, day treatment and residential treatment. While some resources are available, the challenge is finding the motivation and reasons for wanting to make changes. Strategies for cultivating motivation in young people may vary according to the theoretical orientation and perspective of the organizations, programs, and communities offering support. According to the Center for Substance Abuse Treatment (2004) the treatment community often takes the position of “confronting clients and breaking down their defense [as] necessary for treatment of substance abuse” (p.74). This approach seems to place the entire responsibility for discontinuing substance use and irresponsible behaviors onto the individual, failing to look at of factors that contribute to problematic substance use. Despite this common perspective, Leyton & Stewart (2014) assert that scare and confrontation tactics are shown to be ineffective and at times have the opposite desired effect. Instead when family
members actively seek knowledge and understanding of substance use and how it works, they can understand and offer support to their youth, leading to a greater likelihood of change.

**Statement of the Problem**

Families affected by substance misuse, face issues related to mistrust, parental stress, financial strains, and unclear physical and emotional boundaries (Leyton & Stewart, 2014). These issues influence the family dynamics and cause strain in the relationships between family members. Consequently, this relational stress has an influence on the actions and behaviors of the youth. When youth enter treatment, they engage in a change process, begin to examine their motivations and actions, and realize the impact their substance use has on their family. Many young people seek to repair their broken relationships and struggle with the time, energy, and commitment to do so. It is during this significant change process when family involvement and support will help facilitate and reinforce desired change (Jiménez-Iglesias, Moreno, Rivera & García-Moya, 2013).

While the literature and research cite the importance of family involvement in treatment (Hogue & Liddle, 2009; Schlauch, Levitt, Connell, & Kaufman, 2013) some programs view “family members as part of the problem and not as part of the solution” (Hornberger & Smith, 2011, p. 571). This perspective invites judgment, suspicion, and criticism directed towards the family and the youth who are struggling with the oppression of substance use. When faced with the challenge of stigma and oppression from multiple angles many families feel helpless and alone. While families may appear to have inherent problems, there also exists the possibility for solutions. Professionals and counselors can introduce alternative possibilities to families and youth, acting as an “appreciative ally” identifying family’s resilience, resources and competence (Madsen, 2007) thus strengthening the support available to youth.
Society has a particular viewpoint about the nature of substance use. The stigma associated with having a child who is an ‘addict’ may prevent young people and their families from engaging in therapy. The difficulty lies with how to overcome these ideas and encourage family members to become actively involved in their youth’s treatment. It is in my experience that family members care about their teens deeply. However, they often are stuck in problematic interactional patterns (Liddle, 2004), become entrenched in blame (Bowen, Madill & Stratton, 2002) and fear for the health and safety of their young person. Thus, it is the task of service providers and treatment programs to bring forth the strengths and concerns of the family, challenge societies dominant ideas and offer families a different perspective. When a counselor, family, and youth align themselves against the problem of substance use, change seems more possible.

Systems Theory as described by Rivett & Street (2008) perceives individuals within their context and evaluates problems as a part of relational systems, which influence behaviors, attitudes, and feelings of each in the system. A systems perspective suggests working through problems with the involvement of key members of the family structure, through intensive therapy and uncovering how a problem has affected the lives of all the family members (Baldwin, et. al, 2012). A systems perspective shifts the responsibility from the individual to the family and community systems inviting collaboration with the supports the youth engages with on a daily basis (Madsen, 2007). Since family is one of the primary motivations for youth entering treatment, it makes sense for treatment interventions to incorporate family involvement (Battjes, Gordon & O’Grady, 2003). With increased family involvement, family members have a greater investment in the treatment plan that increases motivation and participation, which in turn improves treatment outcomes (Hornberger & Smith, 2011). The problem presented in this paper
pulls from my observations of the perpetuating issues youth face in substance use treatment and what works and what does not work within adolescent addiction treatment.

**Purpose and Significance of this Project**

The concept for this project comes from my experience working in a youth treatment center for substance use and my observations of a gap in active family involvement in the treatment process. Families face systemic challenges and barriers to becoming involved in their youth’s treatment. The challenge lies in overcoming these difficulties and engaging families in treatment for the benefit of their child and the entire family. This thesis project will hopefully address some of the challenges with involving family members and offer a suggestion with how to engage the family in a supportive connection to their young people while in treatment. Not only through family therapy sessions but rather an inclusive attitude that the parents know what is best for their child and have their child’s best interests at heart. When practitioners have this attitude, it allows the family, and consequently the youth the space to change.

The overall aim of this research is to form the theoretical basis for a family therapy group program that will serve to support youth with positive lifestyle changes and support the family with a connection to a ‘community of concern’ (Madigan & Epston, 1995). Active involvement of household family members in substance use treatment leads to more favorable outcomes for families, youth and their communities (Bertrand, Richer, Brunelle, Beaudoin, Lemieux & Ménard, 2013; Liddle, 2004; Hornberger & Smith, 2011). Through collaborative involvement in treatment, youth, and their families may have the opportunity to remember their collective competencies, strengths and abilities to combat and solve their problems. Group therapy may allow families to restructure their problem stories and work collaboratively together to fight the problem of substance use. No particular methodology or theory claim to be the path to success in
treatment, but rather the engagement of the family that makes a difference in treatment outcomes (Schlauch, Levitt, Connell & Kaufman, 2013). This project examines the treatment of substance use from a family systems perspective, viewing change as the responsibility of all members of the family rather than the individual. Focusing on family factors and the role that family members play in helping young people get back on track when they are struggling with substance use.

Such a group offers the chance for family members to engage in the treatment of their youth and potentially develop a supportive relationship with other family members who are struggling with similar stories. Increased family involvement offers youth the benefit of a supportive atmosphere and better chance of moving away from substance use. The benefits of family members learning how to support their youth, develop an understanding of substance use and showing interest and involvement in their youth’s treatment will hopefully strengthen the family’s resilience, coping skills and abilities to manage future problems and distress. The benefits this group may offer to chance for a formation of a supportive community enables the family and young people under a common goal of reclaiming their lives from substance use.

The questions explored in this thesis are:

• What can practitioners do to encourage family involvement in adolescent substance use treatment?
• How can Family members become more actively involved in their youth’s treatment?
• What are the barriers/supports to family involvement in their teen’s treatment?
• How may a Collaborative Family therapy approach aid young people in treatment?

It is my assertion that with information about how substance use influences a young person’s life, family members will be able to support youth with maintaining the changes they made while
in treatment. Engagement in these groups may possibly initiate reluctant families into therapy, which serves as a comfortable step into the world of treatment (Piper, 1991) thus destigmatizing ideas about what it means to ask for help. Additionally, these groups may help family members remember their competencies, and reframe perspectives around substance use offering a different narrative for how to stand up to difficulties. Through mobilizing the family and community towards the common goal of change, youth may potentially cease to engage in risky behaviors of substance use.

I hope that this program proposal will lead to a more permanent implementation of these types of groups into regular treatment programming and thus enable youth to reclaim their lives from substance use. The assumption is if family members actively engage in learning about substance use and making changes to support their youth, young people in a program may be more likely to stay in treatment. The implications of this program proposal are for treatment programs to incorporate family group learning and therapy into goals and outcomes in treatment. Such significant changes to programming have a family and community affect, creating a continuum of care for struggling youth, potentially leading to more permanent and lasting changes. The goal of this project is to create a viable, economical and useful group program that may serve as a part of an active part of an existing treatment program.

Language and Definitions

Language and words serve as a cornerstone of our understanding of concepts and ideas. The language and words used in psychotherapy vary across disciplines, theories and models. The dominant discourse in society informs our language and how it is used potentially replicating the violence and oppressions that these discourses create through our use of certain words, phrases and descriptions of people (Coates & Wade, 2007). When working with youth these oppressions
manifest in words and phrases they choose to define who they are and what matters most to them. A critical look at words and their meanings creates space for alternative definitions to become possible, leaving room for practitioners to be creative with how they define the language of their work (Anderson, 1995). Alternative definitions leave room for individuals to re-create the meaning behind terminology used to define their identities, problems, and behaviors. The language utilized in this paper has two theoretical orientations coming from the family model and the substance use model. It is important to define the terms and how it relates to this project.

Redefining Family

It is common for people to make assumptions about the meaning of words, especially terms such as family. In the literature, the term “Family” often refers to an individual’s family of origin which traditionally is the biological family from whence a person is born. The traditional definition is a hetero-normative one, and while this definition may have served families in the past, it is out-dated for current and future families. The term family has evolved from the typical nuclear family to a myriad of configurations from a single parent, same sex couples, ordinary dwellings, children or no children (McWhiter et al., 2012). The Canadian statistics agency (CSA), cites at least eight different definitions of the family including a minimum of two people and ranging from lone parents with one child in the house, common law couples, foster families and blended families (Census Canada, 2011). These statistics collected are what inform government funding and policy within the Canadian system. This definition of family, as outlined by the government of Canada, allows for the fluidity of what family means and takes into consideration environmental and life circumstances. The definition for family used in this paper is any adult who is in the role of caring for the needs of a young person, someone who has a vested interest in the young person and ultimately a person that cares and loves the young
person. From this definition, the term “family” does not have to involve one's family of origin but rather a chosen family. This alternative definition gives young people the unique opportunity to redefine their ideas of who is their family, what family means to them and who, in their life, has an interest in seeing them makes changes in their life. The therapeutic value of ‘re-authoring’ (White, 1997) the family identity allows youth to construct their community of support in a way that will help them rather than hinder them.

The Language of Addiction

It is hard to talk about substance use without speaking using the word “Addiction.” This term and the term addict or alcoholic refers to those individuals who struggle with the use of drugs or alcohol and experience the negative consequences of their use. The Oxford English Dictionary defines addiction as “The fact or condition of being addicted to a particular substance, thing, or activity” (Oxford English Dictionary, online: retrieved Aug 22, 2015). An ‘addict’ may classify someone as one who engages with substances in a socially unacceptable way. Drugs classified as ‘hard drugs’ have a certain amount of stigma associated with their use, and many are deemed socially unacceptable. Individuals considered ‘addicted’ in society differ across culture, belief, context and academia and this term has changed in meaning and definition over time. There is risk-labeling person in this way because it often assumes the individual has the negative traits, behaviors and attitudes associated with an ‘addict.’ Mainly a deficit identity forms about who a person is and how they behave. All too often young people use the term “I think/act this way because I am an addict” attributing their actions and behaviors to this deficit identity. ‘Once an addict, always and addict’ mentality leaves little room for change or difference. When youth become involved with substance use and choose to do treatment, they risk assuming the ‘addict identity’ pushed on them by the organizations and systems they are
accessing. Alexander states, “Substance abuse is a human problem that requires a human and community response, and we need to go beyond our traditional ways of dealing with youth who struggle with substance abuse” (2007). I propose using a broader less oppressive definition by using the terms ‘substance use and misuse’ and ‘struggling with substances’ to refer to the behaviors commonly labeled in an abovementioned way. Therefore, it is important to unlearn the definitions and ideas associated with the terms addiction and addict and teach parents how to support their young person away from this identity and towards a more positive definition of self.

**Chapter Overview**

In summary, this chapter outlines the background of the problems adolescent substance use and involvement of family in treatment. The purpose and significance of this project are to generate a family therapy group that will bridge that gap in family participation in substance use treatment for youth. The content of this research study and family groups will pull from already existing theoretical and treatment frameworks. The philosophical assumptions are that people construct meaning from the world around them and work to interpret these meaning drawing from life experience, learned knowledge and wisdom, community interactions and cultural knowledge (Creswell, 2009). It is important to highlight this proposal is designed to work alongside the policies, structure and guidelines of an existing treatment program. One assumption of this project is most families will choose to participate in their youth’s treatment in some way when opportunities are available and options are provided to help overcome system issues and barriers.
Chapter 2: Literature addressing the problem

The purposes of this literature review are to consider the research surrounding adolescent substance use treatment and family involvement and provide the framework for a family group program. This review will briefly outline the theoretical foundations of family therapy, family-based therapy in substance use treatment and group therapy practices. It will describe the factors that influence youth substance use and describe the impact of substance use on the family. It will outline the current frameworks for adolescent substance use treatment and explore the benefits and barriers to involving family members in substance use treatment.

Factors Contributing to Youth Substance Use

According to Greenberg, (2007) adolescent youth are important members in the development and evolution of society and culture. Youth’s actions and ideas contribute to political, social and cultural evolution in society. Incredibly, youth populations shape technology, politics, culture and social conventions through music, subcultures, entertainment, sports and fashion (Greenberg, 2007). Future ideas build on the innovations of young people. Conversely, there is another perspective that assumes youth are non-contributing members of society, characterized by their poor decision-making and irresponsible behaviors. These discriminations may lead to feeling misrepresented and misunderstood. With the difficult task of growing up youth has the challenge of balancing expectations of society, family, peers and school systems often sending conflicting and confusing messages about what is acceptable behavior.

As part of their development, youth try on new identities, develop responsible habits, secure lasting friendships get their first jobs, discover their values, morals, and beliefs, and eventually become productive members of society. Experimentation with substance use, sexual
activity, risk taking and challenging the status quo, are significant events in adolescent
growth. The consequences of these experiences depend on some risk factors. The term ‘at-risk’
describes the factors and dynamics that may lead to negative life consequences for any person,
child or adolescent engaging in certain actions and behaviors (Mcwhiter et al., 2012). Some risk
factors involve influences found in one’s environment such as the neighborhood, economy, and
socioeconomic status; social factors such as family, peers and school; and characteristics such as
coping skills, genetics and heredity (Paglia-Boak & Adlaf, 2007). These wide-ranging factors
influence adolescent substance use, forming a complicated web of information to
decide appropriate interventions and prevention measures.

Different models of substance misuse have varying perspectives on the nature and
consequences of risk-taking behaviors. Typically, ‘at-risk’ behaviours exist along a spectrum,
with varying degrees of risk and protective factors influencing the chance of misusing
substances. The bio-psychosocial-spiritual model emphasizes a multitude of sources that
contribute to the overall health outcomes of an individual. These factors involve biological
environmental and cultural influences, social, peer and family dynamics and mental, spiritual and
emotional connections (Briones, Wilcox, Mateus & Boudjenah, 2006). Many of these factors are
outside of the direct influence of the youth including income, access to education, employment
opportunities, working conditions, extracurricular activities and social connections of the entire
family (McWhirter et al., 2012). The presence or absence of these factors impacts the degree of
risk or protections for substance misuse. Knowledge of potential risk for youth and families can
inform the approach of intervention and prevention services.

Marginalized youth may be more at risk for developing a problematic relationship with
substances and are least likely to get access to treatment for their difficulties. Phillips, DeBeck,
Desjarlais, Morrison, Feng, Kerr & Wood (2014), completed a longitudinal study examining the factors associated with youth accessing substance use treatment. The participants in this study were street-involved young people in Vancouver, Canada. During the period of the study, 52% of the youth participants attempted to use treatment services and 26% were unable to get access to treatment. A significant number of these youth had characteristics such as aboriginal ancestry, homelessness and being a recent victim of violence. These at-risk groups are more likely to develop a problematic relationship with substance use, yet they have less access to treatment services. The authors suggest specific treatment interventions to target Aboriginal youth and homeless youth, to address the disparities in treatment access (Phillips et al., 2014). This study illustrates the disparity between the facts that these populations requires the most help, yet they are the ones who have the least access. Tailoring services and programs to address the risk factors of marginalized populations is essential to addressing the problem of substance use in the community.

Velleman, Templeton & Copello identify several family factors that influence adolescent substance use behaviors. These issues include the relational structure, cohesion and communication, parenting styles, family management, parental behavior, supervision, and influence (2005). Factors influencing early development in the youth’s growth included a chaotic family environment; ineffective parenting and lack of mutual attachment are crucial indicators of risk (Velleman, 2005). Protective elements include healthy parent-child relationship, positive discipline, monitoring and supervision, family advocacy, and seeking help and information (Velleman, 2005). Family and peer influences are the strongest predictors and protections against youth substance use and ultimately “parenting support in helping children develop dreams, goals,
and purpose in life is one of the most important, protective factors in preventing drug abuse” (Velleman, Templeton & Copello, p. 102, 2005).

One of the most influential factors in a youth’s life is their relationship with their family. Family structures and dynamics serve both as protective and risk factors for substance use. According to Rowe (2012), parental substance use, family conflict, and relational distance may be predictor adolescent use of substances (Rowe, 2012). Family members and parents often model appropriate and inappropriate behaviors, showing youth what is acceptable behavior. Through parental modeling and acceptance, substance use may be sanctioned or frowned upon, in the eyes of youth, making them more likely to experiment or shy away from these actions (Rowe, 2012).

There is a considerable amount of literature discussing how families may influence youth development, and it suggests building family skills and resilience will positivity affect young people and decrease their chances of developing a difficulty with substances (Velleman, Templeton & Copello, 2005; Bertrand et al., 2013;). Bertrand and colleges (2013), look at how parenting practices, knowledge of substance use and responsiveness to adolescents use, predicts consumption. Use will decrease when family members alter their approach, set boundaries, limits and take a firm stance on substance use. Other factors associated with changes in use are family participation in community programs and services resulting in changes in parenting strategies and mental health (Bertrand et al., 2013). More importantly, when family members seek support and engage with support services they are modeling to their youth behaviors associated with asking for help and making a change.
The Effects of Youth Substance use on Family Members

Ideas about substance use involve stigma and assumptions about the nature of use and the integrity of the person using. These assumptions come from the dominant ideas about the nature of substance use, influenced by the bias, stigma and subjective opinion of its creators. Media representations of substance use embellish, distort and engineer fear-based reactions to substance use, problematic or not. Therefore, it is understandable for family members to react with shock, dismay or fear when they learn of their youth’s use. With these emotions, families may seek to protect and shelter their youth from harm, taking a hardline, restrictive, tough love approach (Clark, 2012; Newton, 1985). Originally, the ‘tough love’ philosophy was part of 12 step philosophy, it describes, “A confrontive yet caring response to negative behavior caused by [substance] use” (Newton, 1985, p. 691). The premise of tough love asserts that parents “have the right and the responsibility…to set limits on their children’s behaviors and take back control of the household from their out-of-control teenagers” (Newton, 1985, p. 691). This perspective informs the general community and family response to adolescent substance use (Clarke, 2012).

Often parents and family members want to do whatever they can to aid their youth with getting their life back on track and away from the risk and danger. In their attempts to help, family members inadvertently push and isolate their youth with pressure to change and respond with fear based reactions to their behaviors. Family members reach out to professionals in the community looking for answers and solutions and at times, there is a lack of response. The youth voice, needs, and motivations are significant and placed first in the client-centered directives of many community organizations. This approach inadvertently keeps families in the dark about their youth’s involvement with substances (Hornberger and Smith, 2011). While confidentiality of youth’s behaviors and actions is ethical and imperative, lack of communication
with parents, caregivers and family members leave them left out of the treatment process and lost about how to support their youth.

Velleman and colleges, look at the impact of substance use on close relatives of the affected person. Behaviors such as violence, stealing, lying and deception affect family members and contribute to difficult feelings of loneliness, lack of support, anxiousness, isolation, depression, guilt, fear, worry, confusion and suicidality (1993). Coping strategies for these feelings and experiences include interpersonal conflicts, mistrust, and alienation. The way with which family members cope can put a strain on the family dynamic, and they can lose confidence in their abilities, knowledge, skills with managing, family issues (Velleman, Bennett, Miller G., Miller T., Orford, Rigby & Tod, 1993).

In an interview study, Butler & Bauld (2005) explore the family experience of finding out about their youth’s substance use. Parents have shared their stories about how they first discovered of their youth’s use. Some of the initial red flags were their young person's involvement with police, social workers or counselors. The authors of this study found when parents noticed the peculiar behaviors of their child, such as lying, stealing, difficulties with school or interpersonal conflict, they ignored it because they are unfamiliar with warning signs or were unclear about what to do. In the interviews, the situations family member's experienced related to substance use were stealing, borrowing money, paying off their youth’s debts and the need to replace household items. The impact of these behaviors takes a toll on the mental and emotional health of family members, especially parents. Some parents and family members choose to keep the substance use a secret, for fear of embarrassment, guilt, and shame (Butler & Bauld, 2005). This secrecy leads to feelings of isolation, loneliness, and withdrawal from family and community. Families may choose to use discretion because of the stigma associated with
drug use, particularly those drugs considered dangerous and addictive. One of the enlightening aspects of this study is how societal attitude and stigma towards substance use influence the support family members received. Feelings of shame and guilt affect the individual’s willingness to reach out and ask for help. If families manage to overcome the stigma and reach out for help, then other barriers such as lack of programs, eligibility and access prevent them from getting support. The authors suggested ways of reducing these adverse effects are to increase family related programs, flexibility with the nature of those services, training for how to respond to families and providing wrap around care and treatment through collaborative community practices (Butler & Bauld, 2005).

**Models of Treatment**

Harm Reduction and the Medical Disease Model are two philosophies of treatment individuals struggle with substance use. These beliefs make up the approach programs and service providers take to treatment. Harm reduction is a philosophy and public health strategy that aims to reduce the impact and harm of a variety of issues and behaviors related to sexual health, substance use and risk-taking behaviors. A harm reduction approach works along a spectrum and attempts to reduce certain risky behaviors through education and information giving, exploration of harmful consequences and a discussion of alternatives, and access to services that maintain an at-risk individuals basic need (Brochu, 2007).

Harm Reduction as outlined by the Chicago Recovery Alliance:

The first priority of harm reduction is to decrease the negative consequences of drug use.

By contrast, drug policy in North America has traditionally focused on reducing the prevalence of drug use. Harm reduction established a hierarchy of goals, with the more immediate and realistic ones to be achieved as first steps toward risk-free use or, it
appropriate, abstinence…a harm reduction framework offers a pragmatic means by which consequences can be objectively evaluated (as cited in Denning & Little, 2011, p. 6).

Harm reduction approaches differ from the other models of addressing substance use because people are not required to take an abstinence approach but rather reduce risk through safer using practices, education about risk and safety and strategies for reducing the harmful effects of substance use.

In contrast, the long-standing and dominating medical model or ‘disease’ philosophy asserts people who struggle with substance use have an illness, which is medically treated and is present with a person for most of their life. Historically many treatment facilities and programs have this philosophy, as well as many 12-step recovery programs, assume that individuals have a disease of addiction (Mitchel et al., 2010). As discussed in Chapter 1 this philosophy may have a detrimental effect on a person as they are labeled as an ‘addict’ and may assume negative attributes, role, and behaviors associated with this tag. Therefore, some family members and practitioners have this perspective about youth who struggle with substance use, which affects approaches and philosophy used in treatment.

As discussed above family members are the strongest motivating factors for teens to seek change and engage in treatment. Encouraging the active participation of family members in treatment leads to higher treatment retention and greater decreases in substance use in youth (Rowe, 2012; Velleman Et al., 2005). When a young person decides to enter treatment, there are a few options available with benefits and drawbacks to each kind of treatment. Short-term programs offer a chance for youth to engage in short-term treatment without the fear of commitment, rather testing the waters of change (Becker & Curry, 2008). According to Friedman, Granick, Kreisher and Terras (1993) long-term outpatient treatment is more effective
for the reductions of substance use, for youth who have severe social, family, employment and psychiatric problems. According to Selznick, Erdem, Bartle-Haring & Brigham (2013) three treatment approaches that involve family, community and motivational interviewing all serve to reduce adolescent substance use; with no one, a method more efficient. Williams & Colleges propose a number of considerations for effective treatment programs those of which involve and family involvement and parental support, accessibility, attention to dropout rate, a variety of interventions, empirically validated techniques, attention to individual youth needs, focus on protective factors, attention to developmental issues and aftercare planning (2000). According to much of the previous literature outlined in this chapter, most of these factors need the input and influence of the youth’s family.

One of the difficulties in treatment is the engagement and retention of young people in treatment programs. According to Berlin (2002), adolescents who have little motivation to stop use or make, a change have a 79% dropout rate and look for ways to leave a program. When any family member is actively involved in treatment, the dropout rate significantly changes, and youth are more likely to stay in their respective treatment programs (Liddle, 2010). According to Velleman and colleges (2005), the involvement of family members shows an alliance and collaboration with the treatment center offering an easier transition for youth who may be experiencing a myriad of emotions related to the fact they are in an intensive treatment setting for their substance use. The collaboration between program and family may help create consistency and reliability for youth allowing the space to make significant changes in their substance use. In the context of this project family, program collaboration helps create a clear and consistent message about substance use that has a harm reduction, DE stigmatizing approach to working with families and youth reclaiming their lives from substance use.
Barriers to Treatment

In an ideal scenario, a youth would attend a treatment program and their family would be actively involved in the treatment process, supporting the youth with the changes they need to make to get their lives back on track. However, it has been discussed the factors leading youth to substance use are also the barriers families face to becoming involved in the therapeutic process. These barriers occur on an individual family level as well as a systemic level. Some of the barriers are parental substance use, lack of parental support, abuse in the home (Currie, 2013), childcare responsibilities, financial challenges, denial of the problem (Bertrand et al, 2013), geographic and transportation barriers, stigma associated with counselling, and linguistic and cultural barriers (Center for Substance Abuse Treatment, 2007). Poverty, socio-economic status, ethnicity, and intergenerational effects influence these obstacles. (Nash, McQueen & Bray, 2005; Van Ryzin, Fosco & Dishion, 2012). Therefore, it is important to address barriers and offer possible solutions for community service providers looking to increase treatment outcomes.

Given the significant impact substance use has on the family and how important stable family structure and environment is to positive youth development than supporting families with getting back on track is integral to the success of young people in treatment. Once given access to support family members are able to become more actively involved in the care of their young person. Robbins & Neeb (2013), draw a comparison between the family-based treatment of substance use and regular programming that does not incorporate family counseling. This study determines parental, and family involvement is integral to successful outcomes for youth in treatment (Robbins & Neeb, 2013). Additionally, Baldwin and colleges (2012), also examine the effects of family therapies on adolescent delinquency. These research papers are important justifications for the current family group proposal because they emphasize the importance of
incorporating the family into substance use treatment and suggest positive outcomes that address barriers for treatment for both youth and their families.

**Family Therapy**

The evolving field of family therapy offers extensive theories and ideas about what works in therapy. Exploring every model of family therapy is beyond the scope of this project instead, this section will outline the history and critique of family systems therapy and describe the evolution of postmodernism, social constructionist concepts in the field of family therapy.

Family therapy began as a ‘radical experiment’ in the 1960 has and has evolved to include many schools of thought and models of practice (Nichols, 2013). The models underlying various schools of family therapy pull from cybernetics, systems theory, control theory, learning theory, and communications theory (Bateson, 1972; Hoffman, 1993; Nichols, 2013; Rivett & Street, 2008). Traditional models of psychotherapy focused on the treatment of the individual’s behaviors, attitude, and feelings, negating the influences of other factors within a person’s life. Systems theory shifts the perspective of treatment to the context and environment system bringing the influence of family to the forefront (Nichols, 2013). The focus is “on the pattern of connection between one individual and another, each component of a family system seen as contributing to its operation as a whole (Rivett & Street, 2008, p.7). Systems Theory is criticized for regarding people as things, disregarding the individual, ignoring social context, minimizing the social constructions of gender and re-enforcing ‘normality’ in family relationships and actions (Rivett & Street, 2008). Despite these criticisms, theories of family therapy have been rooted in the systems view, seeing families as interconnected with the histories and experiences dictating their actions. Tracking these, origins of family therapy highlight some the current perspectives of how to work with families.
Rivett & Street (2008) describes System Theory as perceiving individuals within their context and evaluating problems as a part of relational systems, which influence behaviors, attitudes, and feelings of individuals in the system. A family systems perspective suggests working through problems with the involvement of key members of the family structure, through intensive therapy, uncovering how a problem has affected the lives of all the family members (Baldwin et al., 2012). In the view of systems therapy, the responsibility for change shifts from the individual to the family and community systems. Since family is one of the primary motivations for youth entering treatment, it makes sense for effective treatment interventions to incorporate family involvement (Battjes, Gordon & O’Grady, 2003).

Postmodern approaches emphasize a shift from traditional systems deconstructing instead accepted practices, recreating meanings within those systems and challenging the existing power structures (Nichols, 2013). Viewing individual’s and their behaviors as responses to meaning and context of larger systems, invites responsibility and accountability for problems with the entire system and suggests it is the system which influences and aids in significant changes. Hoffman (1993) introduces a social constructionist, feminist perspective to family therapy. She builds on the original ideas of family systems but locates the family within social realm where “language, action and meaning intersect.in relational events rather than internal events and a shift from personal narratives and life scripts to the meanings people produce in concert with one another” (p.112). The feminist perspective acknowledges the importance of relationship within the systems perspective and focuses on how meaning is created within the larger context of a person's life will determine how they perceive problems within their life.

Ultimately, most family therapists do not select a particular model because it is the most effective, but rather develop an emerging model that is consistent with their values, ethics,
and way of being (Barker & Change, 2013). Thus, many family therapists use an integrated approach pulling from a multitude of techniques using to respond to the problems, needs and situation of the family. According to Duncan, Miller, Wampold & Hubble, the common factors that account for effective therapy are those related to client characteristics, the working alliance and therapeutic relationship, the model or technique and the effect of hope (2010). Of these factors, the model or technique used by the therapist account for only 15% of the outcomes in therapy and therapeutic change relies more on the client and the therapeutic relationship (Duncan, Miller, Wampold & Hubble, 2010). Therefore, from this perspective it is necessary for family therapy to focus on building a relationship and emphasizing strength and resilience of the family rather than what model or technique to utilize. Baldwin and colleges (2012), perform a meta-analysis of family-based treatment approaches and found that no one approach had greater outcomes than the other, but rather only engaging in any form of family therapy, in contrast to treatment as usual, lead to a reduction of substance use and problematic behaviors. These findings suggest that simply involving family members in the treatment process is beneficial. It is important to note that many treatment programs operate within established programs, policies, and structures. Therefore, it is necessary for the involvement of family to work within the existing structures of the programs.

**Family-Based Interventions for Adolescent Substance use: What Works?**

The use of family-based models for treating substance use is heavily supported in the literature (Liddle & Dakof, 1995; Rowe, 2012; Kasiram & Thaver, 2013) and reflects the growing importance of family members’ involvement in the treatment process. Integrated models of family therapy address the multiple needs and systemic oppressions that families experience. The array of integrated models of family-based treatments for substance use is long and
extensive. Rowe (2012) conducts a comprehensive literature review of family-based treatments for substance misuse from 2003-2010. The author classifies family-based interventions into three categories: Behavioural, family systems and ecological approaches (Rowe, 2012). Methods reviewed include Multidimensional Family Therapy (MDFT; Liddle, 2010) Functional Family Therapy (FFT; Alexander, Waldron, Robbins & Neeb, 2013); Brief Strategic Family Therapy (BSFT; Szapocznik, Zarate, Duff & Muir, 2013) and Multi-Systemic Family (MST; Henggeler et al., 2002). These are system-oriented approaches that “address problematic family relationships, management patterns that influence the problem’ and target the problem through helping the family develop new ways of interacting that improve functioning of family members and support the individuals [substance] free lifestyle” (Rowe, p. 61). Treatments within these approaches focus on enhancing communication, reducing conflict, teaching parenting skills, reducing parental substance use. Of these interventions, only three work in multiples settings such as schools, homes, and communities, increasing treatment accessibility and engagement. There are some limitations to these approaches, especially when working within non-profit community organizations. Time, labor and limited funding are all barriers to implementing these methods, and while empirically tested and valid, potentially these techniques are difficult to apply in non-profit organizations (Rowe, 2012).

Liddle & Dakof (1995) explain that traditional family therapy is replaced by family-based treatments involving more individuals outside of the traditional family structures focusing on the environment and the ecology of substance use. According to Rowe, “family-based models are not only a viable treatment of [substance users] but are now consistently recognized as being among the most effect approaches for treating both adults and adolescents with [substance use] problems” (2012, p. 59). The authors suggest ‘family based’ approaches view substance use as a
problem across entire ecosystems, much more than the responsibility of the family unit. An example of an organization that actively incorporates family involvement into treatment is ‘The Alberta Alcohol and Drug Commission.’ This team completed and extensive literature review into best practices for adolescent treatment, and one of their recommendations was simply to have family members actively involved in an aspect of the treatment process (Alberta Alcohol and Drug Commission, 2006). As a direct consequence of this extensive literature review, this organization has engineered all of their substance use treatment programs to include some component of family participation. This organization chose to structure most of their programs around incorporating family opinions, decision-making processes, goal setting and directions directly from family members themselves. This is an example of an organization that has seen the empirical evidence supporting family participation and implemented programs and policy to reflect family involvement practices. Ultimately from this perspective what works in family therapy is, anything works. Simply the inclusion of family members in the therapeutic process is beneficial. One of the challenges is how service providers can address the systemic issues preventing family members from becoming more involved in the therapeutic process.

Families who are marginalized, living in poverty, unemployed or accessing income assistance are often unable to access counseling programs to help address their problems; ultimately counseling and therapy is powerless to assist with these systemic issues. As discussed above youth who are more at risk for substance misuse are those who experience these oppressions. Thus, the challenge lies with how to make family therapy more accessible to those who need it most. Community Family Therapy is a systems approach that uses the community to advocate for success for the individual, family and community needs as a whole. Kasiram & Thaver state “personal and family problems are linked to individuals, family and community
underdevelopment” (2013, p.159) and propose “when individuals and families are empowered through developing capacity to problem solve, through inventories of personal and family strengths and resources, they can turn toward their communities so that their experience may benefit others” (2013,p.167). Community family therapy enables parents to become agents of their communities, engaging in collaborative problem solving and working together to create longer lasting change to the system. It is through incremental changes to the system that may empower families to rediscover their abilities to confront their difficulties and become agents of change.

**Chapter Summary**

This literature review highlighted the issue of adolescent substance use and its effect on family members. Many of the conclusions investigated in this review were that any family participation in the therapeutic process is valuable to youth and successful outcomes. The theoretical orientation and methods were not nearly as important as the active inclusion of a youth’s chosen family members into the treatment process. Many of the barriers preventing family members from becoming actively involved in treatment are access and suitability of programs, time, cost and simply not knowing what resources are available to them. Given these barriers, the most important aspect of this project is the time put into the creation of a workable family group that practitioners may utilize to meet the needs of the families in their communities.
Methodology Chapter 3

This chapter outlines the method used to create the underlying framework for the proposed family therapy group. The project uses a Grounded Theory method (Clarke, 2005; Wertz, Charmaz & McMullen, 2011) to outline the unique perspective, ethics and theoretical orientation of my experience and education in the substance use field. These ideas form the base from which the preceding chapter will structure the family therapy groups. While I worked in the field and engaged in post-secondary education, I used this unique, evolutionary opportunity to merge academic theory into everyday practice. The methods used in this inquiry hopefully hold the framework of the family therapy groups accountable to the community and people with whom the inspiration for this project came. While, this project is not new or revolutionary work it is an effort to fill a gap and create a useable group, which may serve the community and help youth and their families reclaim their lives from substance use.

Methodology

The method utilized in this project is a Grounded Theory method that situates the research within the context of the social world where the “situation itself” is the key unit of analysis (Clark, 2005). The data for this project comes from the context of the community I work in and my unique perspective working with youth and their families. The study analysis is how the experience and knowledge I have as a practitioner can be applied to the necessity for family involvement with youth who are in treatment. These differing elements combine to create the proposed group structure, which support and challenge the situation of substance use. In order to generate research, which is useful to the community, Clarke (2005) suggests using mapping techniques to establish a relationship between different elements in the research situation making space for all perspectives and voices. With regard to research and practice Reynolds refers to
‘messy mapping’ as a technique of inquiry which “invites the person doing the inquiry to show up, not disappear, in the decision making process of deciding what will be attended to, what resonates and what is of use” (Reynolds, 2014, p. 137). This methodology of messy mapping captures the true purpose of this project because it invokes my experience and those I have worked with into the research and honors the wisdom contributed to the creation of these groups.

At times, research mistakably ignores its practicality and usability in favor of positive outcomes and valid measures thus skewing the original purpose of the research project (Lather, 1993). The impracticality is especially evident when examining family therapy techniques in the literature. Many proposed evidence-based practices are predominantly used in research settings and not readily available, or easily implemented in the communities it wishes to serve. This project’s goal is to engage with the empirical research in a generative way, structuring emerging concepts into an ethical framework to that will form the outline of the proposed family therapy groups. A messy mapping of my experience and learned knowledge of what works in the substance use field creates the space for my voice, potentially allowing for this project to matter, rather than disappear into academia

A research project becomes valid for the larger interest of the community when it engages with the perspectives and ethics of the researcher. Grounding research in the interests of the community serves as a check and balance for the work of professionals holding them accountable for the safety and wellbeing of individuals and communities they aim to help. When paying attention to the ethics of the researcher, it helps to pay attention to the power of the researchers’ position and challenges the researcher to explore outcomes to be relevant to communities and practitioners. Through acknowledging the power I have as the creator and research of this project I am working within an ethical framework which, according to Reynolds
“the ethics of solidarity requires that [we] do not replicate exploitation or abuses of power in [our] work of the inquiry of it” (Reynolds, 2014, p.132). Instead, the hope is for “practitioners to respond by creating their own practices in line with some of our collective ethics for doing justice” (Reynolds, 2014, p.134). Therefore, this project uses theory as a starting point for research rather than the definition of research and uses experience and practice as the base for what is attended to in the family therapy groups. Essentially, the research for this project began when I entered into the substance use field and started working with youth. According to Wulff, research is a daily practice, where practitioners are encouraged to “examine data from [their] clinical work to more richly understand practice and societal discourses” (Dan Wulff, 2012) therefore making community work and experiences a form of ongoing research.

The experience, observations and knowledge as well as youth, families and my colleges in the social work field, inform the data in this project. It also involves an engagement with ethics and practices and informed by narrative, solution-focused and collaborative therapies (White & Epston, 1990; Strong, 2000; De Jong & Berg, 2002). It is essential to acknowledge the youth, families, counselors, community workers, co-workers, peers and friends that have contributed to my practice and ethics as a counselor. The following writing is a narrative inquiry into my ethical, philosophical and theoretical stance to counseling and community work. The purpose of this research is to ensure the proposed groups remain ethically accountable, will serve the community and maintain a position of solidarity with those involved in this project. The following is a narrative of my perspectives on theory, philosophy, and ethics in my counseling work.
The Map of the Island: Philosophy, Ethics, and Theory

As discussed above the analysis technique of mapping helps make sense of the ideas, contexts and situations within the research project. Fully embracing the concept of ‘showing up’ in the work, I see my principles, essential beliefs, and ethics within the metaphor of an island. This island is the home base from which a practitioner works. It has everything a counselor needs to support them within their practice. From my perspective, the island contains the counsellors foundation of therapeutic practice, philosophical and ethical stance, solidarity team (Reynolds, 2011) and their generative reflective practice (Ralein, 2002). From this home, counselors can branch out into the ocean and meet their clients where they are at, encounter uncertainty and not knowing (Anderson, 2007) with the reassurances of the safety and security of the island. This metaphor suggests that no matter how far one travels into unfamiliar territory a counselor has support and reassurances of the island of their practice. As discussed above the ideas and practices of the family therapy group remain accountable through doing justice and solidarity (Reynolds, & Polanco, 2012) with the larger community. This section outlines the core principles and concepts that make up my island and how these inform my work.

Personal Philosophy

Humans are unique with the capacity to foster awareness and create their identity of how they want to represent themselves within the full context of society. At times, a person’s current perception and the story of how they see themselves or how others see them can create problems and difficulties. The assertions that people are not their problems, problems are the problem (White & Epston, 1990) is significant because people are not defined by their diagnosis, history or medical limitations. In many ways, negative history stories may lead to the creation of a
negative self-view, which can, in turn, prompt feelings of having an inability to solve one’s
difficulties. Mental and physical states, such as depression, may be seen as a disease that has
symptoms to be treated and medicated into manageability. By being able to put aside
categorizing and diagnosis individuals and family, instead witnessing them beyond their
challenges. The hope is to focus on family’s positive assets empowering them to make a change
and adapt to their problems, making life much more manageable. With any change process, there
are barriers, which may disallow people from reconstructing a preferred vision of their lives.
Some barriers include limited access to basic needs resources for food, shelter and safety
(Maslow, 1943) family, social and cultural contexts (Stanton, 2010) and imbalances of power
(White & Epston, 1990). Factors affecting engagement in therapy relate to readiness and
willingness for change, the ability to enact change, and belief one is deserving of that change
(Miller & Rolnick, 2013). I believe that part of the process of change is working to overcome
barriers by utilizing the resources and capabilities people already have available to them.

One of the integral and significant shifts in my practice is the value and importance found
in a supportive community of like-minded people who are allies to my work and professional
development. The basis for this research study comes from my lived experience of working
within an organization called Peak House over the past six years (Sanders, 2000). Working with
the substance use community has taught what it means to listen, collaborate, attend to power,
respect diversity, hold the space for structured safety, facilitate healing and experience pain.
These concepts do not come from a textbook but rather experienced through the individuals that
touch and influence our lives. There have been many academic publications about the work at
Peak house illustrating the immense knowledge and wisdom in this community (Dennstedt,
2010; Reynolds, 2002; Sanders, 2014; Saville, 1998; Whyte, 2012). These published articles illustrate the theoretical basis for the history of practices within this organization.

I see my community connections as the people who hold me accountable and support me in maintaining an evolving ethical practice that allows me to continue a journey of life-long learning and development. These ideas are integral to my community and therapy practices and consistently try to ensure that my professional actions are in line with my values and ethics. I believe that the evolution of my personal learning and counseling development has also helped me to discover more about myself. I feel confident trusting my intuition and know I will do what is in the best interest of my clients and the individuals in my life.

**Reflective Practice**

An important part of any counseling practice is engaging in a ‘reflective practice’ (Hoffman, 1993; Amulya, 2004). With each conversation, interaction or session involves a process of self-reflection informing future conversations, interactions and sessions. Reflective practice helps professionals discover the heart of their values, ethics and beliefs (Amulya, 2004) essential for ensuring therapeutic work remains accountable to the people it serves. I started my professional reflections as an outreach worker on the Downtown Eastside of Vancouver. I used a journal specifically for the purpose of reflection on my experiences, conversations, and curiosities with my front line work. My journaling practice continued, and my professional journal took shape to include ideas about how to navigate difficult conversations, boundary making and relationship building. The importance of journaling and reflection became theoretically relevant when I started my Master’s degree where reflection and sharing of experience is an important cornerstone of learning and a process of discovering. This kind of exploration and reflective process helps individuals grow to recognize the heart of their values,
ethics and beliefs (Amulya, 2004) an essential aspect of becoming a counselor. The nature of this work is evolutionary changing and morphing to fit the needs of the families as well as the skills and abilities of the counselors.

Ralein (2002) describes reflective practice as:

*The practice of periodically stepping back to ponder the meaning of, what has recently transpired to us and others in our immediate environment. It illuminates what the self and others have experienced, providing a basis for future action. In particular, it privileges the process of inquiry, leading to an understanding of experience that may have been overlooked in practice. It typically is concerned with forms of learning that seek to inquire about the most fundamental assumptions and premises behind our practices.*

According to this definition engaging in a reflective process creates awareness of our behaviors, facilitates a receptiveness to other ways of thinking, fills in discrepancies between what we say and what we do, acknowledges our biases and helps us to discover new solutions. Reflective process is a dialogue of thinking, doing and learning through curiosity about our experience, reactions, feelings and thoughts and engaging with our self, how we connect with others, and how we discover the meaning of these interactions. Practising Reflexivity may help to bridge the gap between the study and learning of psychotherapeutic theory and the actual doing of therapy.

Burnham (2010) defines reflective practice as:

*Experience by itself does not necessarily lead practitioners to learn. It requires the ability to reflect on that experience in a way, which leads to active experimentation with the difference in the performance of practice.*
According to these statements the process of reflection is generative and an integral part of learning and development. When in collaborative conversations with clients, the reflexive process serves as a way to deepen the work. It seems that a consultation with self is one of the most important factors in creating sustainability and resting burnout in counseling work because through discussion with self, counselors can have a clear understanding of their values, beliefs, and ethics and if their work aligns with their ideas.

**Ethical Framework**

The youth and social services community, my peers and colleges, and my personal values and morals inform my ethical stance towards counseling and therapy. Reynolds states an “ethical stance is not finite or fixed, but always in flux…as experience, community workers, and clients inform and transform, and as we counter influence each other, our communities and our environment” (2014, p.140). Reynolds invites practitioners to assume their ethical stance using guiding intentions designed to enact justice and solidarity in community work. These concepts are integral to working with populations who are at the fringes of society, pushed away and ignored. The intention is for professionals to structure the guiding intentions behind solidarity and justice doing practices into their own work. These guiding intentions include centering ethics, doing solidarity, addressing power, foster collective sustainability, critically engaging with language and structuring safety (Reynolds, 2014). These intentions form the base of my island of practice and make up my ethical approach to counseling and community work. Much of my training at Peak House as well as my ethical stance mirrors these intentions. All of these core ideas from the behaviors and actions of practice and keep my work accountable, and it is these ethical and guiding intentions that form the base of accountability within the family group project.
A Relational Stance to Counselling

When establishing collaborative relationships, counselors face the challenge of navigating and balancing the power that is inherent in the relationship between the family and the counselor. Ideally, sessions function on equality, respect for the knowledge and wisdom of each family member, and form a mutual exchange that facilitates learning and discovery. However, it is important to acknowledge many therapists practice within the context of professional organizations and work within certain policies, procedures, and ethics. Unfortunately, the nature of policy replicates some of the power imbalances inherent in the structures of our society thus creating unbalanced relationships that are systemic rather than individualistic. A collaborative and relational stance works on the basis that knowledge and narratives evolve over time, are generative social processes, step away from universal truths and generalizations, and instead engage with individuals in a transformative way (Anderson, 2000). Collaborative knowledge is an engagement between the stories, experiences, and differences of individuals in a community. Safety must be established and maintained within the group, so individuals feel comfortable sharing differences, experiences and knowledge about what it means to survive with a child who is struggling with substance use. Creating safety in a group counseling context is essential and requires building a therapeutic relationship. Thus, collaboration must occur in a dialogical relational context, informed by the various conditions of self, sense of safety, creation of community and dominant discourses (Anderson, 2012; Anderson 1995).

Therapeutic Foundation of the Family Groups

The underlying core theory of these groups has values placed on sharing of knowledge, (Carlson & Erickson, 200), collaboration and relationship (Anderson, 1995; Anderson, 2012;
Crocket, 2012), reflective practice (Amulya, 2004; Raelin, 2002; Schon, 1983) and community ethics and values (Reynolds, 2012; Reynolds, 2014). The awareness of these values developed, through generative conversations and reflections, with peers and colleges in the counseling field. It is important to acknowledge that people are individuals, and each has their unique perspective. Thus, as a counselor it is important to recognize multiple theory allocations and techniques to support the diversity of populations. The core aspects of my counseling perspective pull from narrative, solution-focused and collaborative counseling theories using motivational interviewing and strengths-based techniques. Consequently, the family therapy groups use these philosophies at their therapeutic base and form the basis for practice.

**Collaborative Approach**

A collaborative approach and integrated therapeutic techniques help counselors may build upon existing ideas and co-create new and innovative solutions to problems. The postmodern school of thought is characterized by a movement in the psychotherapy field from the therapist as the ‘expert’ to the assertion that people are experts and construct their realities of what does or does not work within their lives. Tom Strong describes an umbrella of postmodern therapies that have foundations in social constructionism, post-colonialism, and post-structuralism (Strong, 2000). These therapies are fundamentally collaborative with commonalities and shared ideas across disciplines. The postmodern therapies outlined in this project include Narrative (White and Epson, 1990) Solution-focused (Deshazer, 1985) and Collaborative Therapies (Anderson, 1995; Madsen, 2007). They focus on generative conversations, respectful partnerships between the client and therapist, and emphasize client strengths, resources and future possibilities (Hoyt, 1998). Strong describes collaboration in therapy as “finding what we say or do next from what our clients say, and less from our theories.
With appropriate humility, clients can be seen as the experts on their lives, and we are the retained consultants” (Strong, 2000, p. 39). Rather than focus on one particular theory or methodology the framework for the family therapy group pulls from the perspectives that counselor work in collaboration with their clients. Collaborative therapy emphasizes the power of social interactions that generate meaning, interpretations and influence perceptions and behavior (Lock & Strong, 2010). Therefore, in family work it is essential to consider the entire environment and context of a family realizing that there is no “one size fits all” approach to family therapy rather a multitude of factors with which the family is the only expert (Madsen, 2007).

In *Collaborative Therapy with Multi-Stressed Families*, Madsen (2007) outlines a collaborative practice framework to help workers ground their practice in family-centered ideas and principles. The core of this framework assumes a relational stance to therapy is strengthening the relationship between the therapist and the family, honoring family wisdom, believing in their natural resources and strengths, and empowering them to become agents of change. Madsen suggests therapists take the stance of an “appreciative ally” honoring the family’s definitions of their problems, identifying resources and potential solutions “standing in solidarity” (p. 16) against the problems that challenge families. Madsen refers to a collaborative partnership between the counselor and families bringing forth their ‘insider knowledge’s’ (Epston, 1999) and remaining accountable to families about the direction of therapy.

A collaborative group framework engages family members through a position of ‘not knowing’ (Anderson & Polishing) bringing forward “competence, connection, vision and hope” (Madsen, 2007, p. 16) for families to stand up to adversity and create a story of resilience. Rather than being defined by their problems Madsen describes families living in relationship
Running Header: FAMILY’S REMEMBERING OUR COMPETENCIES KNOWLEDGE AND STRENGTH

with the problems in their lives and suggests externalizing conversations (White and Epston, 1990) as a way for families to generate a different relationship with the problems their family experiences (Madsen, 2007). Central to this model is the notion that families become increasingly organized around the problems of substance use and ‘constraints’ affect the family and their responses to substance use. The ‘theory of constraints’ situates the issues families face with youth struggling with substance misuse, within the social context of each family’s life, and take into consideration the oppression and power struggles these families experience on a regular basis (Madsen, 2007). This perspective is important in group therapy because often families are responding to the oppression they are facing within the larger systems controlling their lives. Therefore, identities may be understood as social constructions created through relationships with others, through social connections. Social construction theorists and narrative therapies influence these ideas (Anderson, 1995; White & Epston, 1990).

**Narrative Therapy**

Narrative therapy uses a conventional approach to externalizing problems as separate from the person and positioning themselves in opposition to the problem discourses. Creating an opposition to problems gives people to space from the influence of the problem, to take a look at the power the dominant discourses and stories in their lives (Morgan, 2002). People have the tools and capability to construct their goals and solutions; they have an inclination to move away from maladjustment and towards increased psychological health. They use their competency and strength to make active and constructive changes leading productive and useful lives (Cepeda, & Davenport, 2006; De Jong & Berg, 2002; Rogers, 1961). Narrative therapy reflects on the meaning and significance a person gives to the realities that a person experiences through the cultural or social context in their lives (Strong, 2000). “In narrative therapy perspective problems
only survive and thrive when they are supported and backed up by particular ideas, beliefs and principles…Narrative therapists are interested in discovering, acknowledging and taking apart deconstructing the beliefs, ideas and practices of the broader culture in which a person lives that are serving to assist the problem” (Morgan, 2000, p.45). The beliefs that are supporting the problem are taken for granted’ as ‘truths’ or as conventional understandings deconstructing the dominant ideas around substance use is one of the most important aspects of working with families in a treatment context. Dialogue among the group members allows for multiple realities of substance misuse and its context to come forth offering differing perspectives on the struggles as well as the competence, resourcefulness and strength of family members. Through conversation and dialogue, families can deconstruct the ‘problem-saturated stories’ in their lives and re-enact a preferred story for how they would like to respond to the problem (White & Epston, 1990) thereby, enabling family members to utilize their strengths and resources to mobilize against the issue of substance misuse.

Chapter Summary

This chapter outlined the method used to create the family therapy groups and established the ethics, theoretical and philosophical orientation as the basis for the groups. My personal philosophy of counseling includes the idea of personal responsibility for one's practice. Thus as a practitioner it is a delicate balance of building a relationship with a counselor to serve them in a way that fit with their personal philosophies and values of their practice. From there I have evolved my framework to incorporate many of my fundamental counseling practice values, beliefs, and ethics. My work is continually developing through my personal, professional and educational experiences and informed by my peers, colleges, teachers, supervisors and of course, youth and their families. A member of my class once summed up beautifully what it feel like to
engage in a reflective counseling process. He said, “As soon as I think I know what my philosophy is, the floor is smashed out from under me, and there is another layer” (Purdie, A., CPC 610 Class discussion, Nov 22, 2014). It is through the ethical accountability of the research, which holds the groups accountable to the community, and the families it may serve.
Chapter 4: Family: Remembering our Competencies, Knowledge, and Strength (ROCKS)

The following chapter will outline the basic framework for the multi-family counseling group. As stated, this group will function alongside youth who are in treatment for substance use. The themes described in the previous chapters will serve as the theoretical framework for the group as well as inform the best practices for the implementation of the group. Each group outline contains suggested content, inquiry questions, externalizing questions, possible activities, handouts, and resources. The intention of format is to have a readable and easily referenced document for practitioners to build upon and generate Family: Remembering Our Competencies, Knowledge and Strength (ROCKS) groups within their communities. It is important to keep in mind these groups are generative and reflective; practitioners are encouraged to add their content and ideas. Much like moving into a new house, the framework and structure are already built, and the new homeowner may choose to decorate, modify and personalize their home their own space their own. That is the intention and hope for these group outlines. It is only with this kind of creativity do we grow and learn how best to serve families and youth within our communities.

Benefits of Group Therapy

Multi-family therapy groups bring together different families suffering from the effects of substances use, connecting them with each other and mobilizing their collective strengths and resources. The goal of multiple families together is to create a ‘community of concern’ counteracting the isolating effects of the problems of substance use, helping families engage with an alternate version of themselves within the safety of a group who understanding of some of the struggles each other are facing (Madigan & Epston, 1995).

People will seek out what makes their existence significant and meaningful (Frankl, 1984) trying to find a way to make sense of why they exist. Self-exploration is a difficult and
consuming task, and people become stuck between the image they portray to society and groups of people and their preferred way of being in the world. This search for meaning and self appears to be an individual process; however, our mutual connections are what help us get out of our heads and think about doing things differently. Therapeutic groups provide an opportunity for individuals to explore their unique identities with the support of others looking to do the same. Engaging in a group presents a new dynamic to the individual; challenging people to put aside some of their needs, attend to group needs, learn from the experiences of others and form connections with people who matter. In traditional group structures, such as school, church, clubs and the workplace people struggle to make connections based on the limited parameters of a closed group, with limited interests, where new members may be excluded. While there are some structures put into place, within these institutionalized groups, there are many unsafe practices of exclusion, singling out, gossip and bullying. These unsafe practices may create unhealthy connections that potentially harm people, leading to implications that one does not work well with others with little friendships and do not like groups and prefer to be alone. These beliefs then influence a person's future group interactions leading to further isolation, social stigma, and feelings of depression, sadness, and anxiety potentially provoking mental health difficulties. Thus, there is an increased importance for groups and facilitators to challenge the traditional group structures, and foster a safe environment free from stigma, judgment, and bullying. Existing challenge and change become easier when people work together to establish meaning, form new connections, challenge societal structures, and relate to each other’s experiences normalizing perceived abnormal behavior.

Group therapy is a valuable therapeutic tool because the group functions as a therapeutic social network for family members. It can serve to invite the preferred family dynamic, help
members practice, and strengthen their alternative stories. In a group setting families can stand up to, social isolation and stigma associated with substance use, learn alternative coping skills and generate a new sense community among the other family members in the group (Lemmens, Eisler, Migerode, Heireman & Demyttenaere, 2007). The presence of community serves as a witness to the different stories family members constructed during the groups (Madsen, 2007). By including the family members of these groups, they may not only feel supported and better understood but their presence may lead to a broader perspective on their youth’s problems and the systemic issues faced when supporting their child with treatment.

Often, groups do not need the facilitator to continue the group; will function successfully on their own through already established structures, norms of behaviour, and implied consequence to undesirable behaviors. To ensure continued success of a group, a facilitator must structure safety, be consistent and foster an environment of learning for participants of a group (Cohen, 2009). Through this consistency, the requested behaviors of respect, non-judgment, and open-mindedness become second nature and are sustainable over time without the direct influence of the facilitator. Another important role of the facilitator or leader is to involve themselves in a process of learning as well. Often, people learn from an example by viewing the actions of a person in a position of power. It is important for facilitators’ to model desired behaviours show openness to learning and safety use their position of power to influence the group in a positive direction. An excellent example of a group where leader modeling works well is in a residential treatment setting. Staff and clients will often perform daily duties with each other, such as eating, cleaning, participating in groups and engaging in downtime activities. It would be difficult to require a change from residents if the counselors were requesting behaviors they did not model as well. Through remaining open-minded to learning and change, the leader
can diminish the perception of power and help create an equal therapeutic environment. Equality within the group may help participants feel as though they have the power in their lives to determine its direction and meaning outside the influence of others who appear to be more powerful than them.

A reality is that many families face barriers to becoming involved in the treatment of their young person. With all group-oriented programs, there are challenges for the family to participate in these groups. Common challenges included keeping participants engaged throughout programming. Some family members may choose not to come to groups because of the cost involved. Many families are facing marginalization, discrimination, poverty and challenges in everyday living. A common challenge these families will face is childcare, loss of wages to attend groups, transportation costs, substance use, fear of stigma and judgment. The goals of these groups are to generate motivation for family members to support their child with the changes they are making and hopefully some changes themselves. Additionally the group design provides information and opportunities for family members to build community with other who are facing similar struggles. The title chosen is “Family Group: Remembering Our Competencies, Knowledge, and Strength (ROCKS).” I believe this beautifully captures the true intention of these groups as well as the abilities, wisdom, and strengths of its participants.
<table>
<thead>
<tr>
<th>Therapeutic Foundation</th>
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</thead>
<tbody>
<tr>
<td><strong>Family: Remembering Our Competencies Knowledge and Strength (ROCKS) Group</strong></td>
</tr>
<tr>
<td><strong>THERAPEUTIC MODEL</strong></td>
</tr>
</tbody>
</table>
| - Collaborative Helping  
- Narrative Therapy  
- Appreciative inquiry  
- Solution-Focused  
- Motivational Interviewing  
- Signs of safety |
| **ETHICAL FRAMEWORK** |
| - **Honoring Family Wisdom**: Families have a unique culture, history and wisdom. Honoring these experiences positions family members as experts in their lives and the counselor as the witness to this knowledge.  
- **Taking the position of ‘Not-knowing’**: Stepping away from assumptions about family and their dynamics and looking to the family members to provide an explanation of their experience.  
- **A belief in possibilities and using resourcefulness**: Focus on families as different from their problems and look for resources to address these problems.  
- **Working in Partnership**: Family members have the answers to their difficulties, we as counselors draw out their skills and knowledge to manage their problems.  
- **Empowering families**: Empowerment means “ways of thinking and acting that acknowledge, support and amplify people’s participation and influence in developing the lives they prefer” (Madsen, p.2.)  
- **Discovering the Family’s Theory of Change**:  
- **Remaining Accountable**: Actively solicit feedback from families about the effects of our actions as counselors.  
- **Negotiating Permission**  
- **Structuring Safety**  
- **Trauma-Informed Practice** |
| **RELATIONSHIP AND THERAPEUTIC ALLIANCE** |
| - **Meeting People Where, they are**: Taking the time to get to know families outside of their immediate difficulties.  
- **Being Appreciative Ally**: Form an alliance with people and maintain a stance of respect, connection, curiosity and hope.  
- **Thinking Forward**: Organize families around hope for the future rather than focus on problems and what needs to change. Preferred ways of being.  
- **Relationship to problems**: Think about families as being ‘in relationship’ with problems rather than having or being a problem.  
- **Collaborative Inquiry**: Help people envision their desired lives, identify challenges that stand in their way and develop constructive ways to respond to these challenges. |
## Therapeutic Foundation

**Family: Remembering Our Competencies Knowledge and Strength (ROCKS) Group**

### FRAMEWORK OF COLLABORATIVE HELPING (MADSEN, 2007; 2014)

Families envision their preferred and desired lives, address long-standing problems and develop more proactive coping strategies. Within the context of substance use, the entire family needs to change together to enact this preferred life stance.

- Principles and Ethics: these inform how practitioners respond to the messiness of frontline practice
- Attitude and Relational Stance: approach families from a non-judgmental, relational perspective
- Focus on Stories: genuine curiosity about the lives people live
- Collaborative Inquiry – the ability to ask meaningful and respectful questions in a spirit of genuine curiosity.

### Helper role

- Build relationship and engagement
- help families to envision new possibilities and preferred direction in life
- acknowledge abilities, skills, and know-how
- identify and address obstacles to their preferred direction
- Develop communities to support preferred lives
- Envision and Preferred Direction:

### Tools:

- Externalizing Conversations
- Identifying a Community of Care
- Collaborative Helping Maps (See Appendix B Facilitator handout 2): designed to serve a guideline for conversations between worker and families about challenging situations (Madsen, 2011)
- Externalizing Strengths
- Enhancing Motivation for Change
- Collaborative Action Planning

### EXTERNALIZING CONVERSATIONS

**Experience of the problem**

In what situations is the problem most likely to come into your life?
How do you notice when the problem shows up
What is it like to have this problem in your life?

**Response to the Problem:**

How have you stood up to the problem?
What did you do differently? Who helped you do that?
What capacities and abilities do you have to stand up to this problem?
What steps have you taken to gain space from the problem?

**Preference about the Problem:**

As you think about the effects the problem has in your life would you like more or less of them?
What would you rather have in your life?
What does it say about you that you would like a different direction for your life?
### Therapeutic Foundation

**Family: Remembering Our Competencies Knowledge and Strength (ROCKS) Group**

<table>
<thead>
<tr>
<th>Effects of the problem</th>
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<tbody>
<tr>
<td>When the problem is in your life, what effect does it have?</td>
<td></td>
</tr>
<tr>
<td>What effect does the problem have on those close to you?</td>
<td></td>
</tr>
<tr>
<td>Has it created problems in your relationships? How?</td>
<td></td>
</tr>
<tr>
<td>If the problem were making the decision for you where would it take you in your life?</td>
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### IDENTIFYING A COMMUNITY OF CARE (EPSTON, 2007)

The problem of substance use has a considerable amount of stigma attached to it; therefore, families may become disconnected from their community of support and care. Reconnecting with a community of care is essential to counteract the isolating effects of this problem.

Helping Families reconnect to a Community of care:

- **Remembering Conversations**: Bring forth people who have served as allies to the family and support their preferred life story. These can be community partners, counselors, other relatives, friends, etc. These people stand in support of the Families preferred life story.
- **Use Reflecting Teams & Witnessing Groups (Anderson, Reynolds)**
- **Using the Group as an Audience**: other family group members can serve as an audience for change within the group as well as witness a preferred life story
- **Cultural Witnessing Groups**: (Reynolds, )
- **Recruiting Allies** In the Future group members can serve as supportive allies, remembering a time when family members have stood up to the effects of the problem.

### ENHANCING MOTIVATION FOR CHANGE:

Motivation Interviewing is:

- Person-centered and Guiding
- Address ambivalence to change.
- Pays attention to the language of change
- Strengthens personal motivation for change and commitment to a goal
- Atmosphere of acceptance and compassion
- Enhancing Motivation for Change
- Change Talk: Eliciting Change Talk (Handout 1.1 in Appendix A)
- Commitment Talk

‘Working With’ rather than ‘Doing To’

**Dancing Vs. Wrestling**

**Skills: OARS**
- Open ended questions
- Affirmations
- Reflective Listening
- Summarizing

**REDS Principles**
- Roll with Resistance
- Express Empathy
- Develop Discrepancy
- Support Self Efficacy
**Therapeutic Foundation**

**Family: Remembering Our Competencies Knowledge and Strength (ROCKS) Group**

### EXTERNALIZING STRENGTHS (MADESEN, 2007; WHITE, 2001)

- Externalizing conversation can also be used to focus on strengths, resources and sustain elements in a family’s life.
- Less internal and more external.
- Strengths are values, achievements, qualities, skills, hopes, dreams, beliefs and activities.

**Ways to Ask about a Particular Strength:**

- What are the ways this strength is put into practice?
- Explore abilities and skills used to cultivate the strengths
- Explore the history and development of this particular strength?
- What meaning does this strength hold for the family?
- The values and beliefs, hopes and dreams supporting this strength
- What does this strength say about the family?

### STRUCTURING SAFETY

- Negotiating Permission (Bird, 2000)
- Recognizing Family wisdom and holding this knowledge at the center
- Creating space for all voices
- Identify issues tied to power, privilege and poverty and how these may affect other members of the group.
- Address safety issues early and continue to readdress throughout sessions

### COLLABORATIVE ACTION PLANNING (KINMAN, 2001)

See Appendix C
# Family ROCKS: Group Structure

## Family: Remembering Our Competencies Knowledge and Strength (ROCKS) Group

### FORMAT

- **Intake:** done by a counselor, continuous group intake
- **Who may attend:** Family members of youth in substance use treatment?
- **Length:** Groups are designed to be run once weekly 2 hours long with 2-15 min breaks
- **Location:** Since it is designed to complement treatment ideal location would be at or near the treatment location. Choose a place that allow for ease and accessibility
- **Modules:** Core themes and topics generated for a total of 10 weeks
- Maintain the group commitments and foundational principles and ethics.

### SELECTING PARTICIPANTS

- **Any** chosen family members of youth who are attending any substance use treatment program.
- Treatment programs may include in-patient/out-patient, live-in, long term or short term, day treatment programs, etc.
- Counsellors within the treatment program will actively have conversation with youth about the importance of family involvement and offer families and youth the option of participating in groups during referrals and intake processes. These conversations are important to begin early on thus setting the precedent for the involvement of family.
- If youth do not want their family members, participating it is important for them to know this is not family therapy. The youth are not obligated to attend these groups. If youth are actively involved in the process of involving and selecting their family member to be in these groups, they may be open to family therapy later on.
- Family members must be interested in being actively involved with supporting their youth with changes related to their substance use.
- Programs that may choose to run these groups may include inpatient or outpatient treatment programs, community organizations, counselling programs, government program, etc.
- Youth should be in agreement with family members’ participation in groups.
- The youth in treatment should be involved in the selection of whom they consider family and who they would like to participate in the groups.

### MEETING BEFORE THE FIRST SESSION

- Each group member will have an intake with the Counselor leading the group sessions
- During this meeting, group intake paperwork will be completed, according to organization policy and guidelines (e.g., limits of confidentiality, client rights & responsibilities, ethical considerations, etc.)
- Counsellor explains the purpose of groups are to support their youth through their changes by becoming involved inadvertently
- The counselor will explain group format, goals, and commitments. Each group members must be able to agree to the commitments and follow through to participate in the group.
- During this time, the counselor assesses group readiness. These are voluntary groups and family members, or youth should not feel forced.
## Family ROCKS: Group Structure

### Family: Remembering Our Competencies Knowledge and Strength (ROCKS) Group

#### GROUP COMMITMENTS

- Substance-free atmosphere
- Commit to remaining open minded attending and participating in activities
- Showing up and staying for the duration of the group
- Confidentiality: discuss what the group feels if they encounter each other in the community. Do we say hello? What is the group comfortable with
- Minimize the use of cells phones and electronics during group time
- Other: Add any additional commitments group members feel they need to uphold the safety of the group

#### GROUP GOALS

- Provide a forum for family members to share their wisdom and strength with each other
- Encourage participants to connect with the community in a comfortable, non-threatening environment
- Encourage family members to take care of themselves while coping with the effects of their youths substance use.
- Present accurate and non-judgmental information about substance use and recovery
- Help family members understand the recovery process and how it will affect current and future family dynamics.
- Offer resources and supports family members can take with them back into their life
- Empower families to generate solutions to their problems.

#### GROUP NORMS

- No racist, homophobic, transphobic, Sexist, Prejudicial and discriminatory comments
- Avoid cross talking
- Non-judgmental acceptance of other group members, especially indiscretions and shortcomings
- Reciprocal Vulnerability
- Taking Healthy Risks
- Staying in the here and now
- Challenging own ideas
- Giving and receiving feedback
- Using active listening
- Honest and specific responses
- Willingness to deal with conflict
- Openness to dealing with feelings
- Enacting prefers lives and ways of being
- The group serves as an audience for change
# Family ROCKS: Group Structure

**Family: Remembering Our Competencies Knowledge and Strength (ROCKS) Group**

## GENERAL FACILITATION ISSUES

- **Flexibility of Focus:** While following the session topics and plans is important, counselors also want to be flexible and adapt to the needs of the group, pay attending to process difficult issues and make the space for family members to bring forth their wisdom.

- **Processing in group Therapy:** The facilitators functions as a role model. There are no stupid questions or wrong ideas. Affirm group members strengths, values, and goals. View past shortcomings as learning opportunities rather than failures.

- **Bring in the Wisdom and Knowledge of the participants.** Bring in client experiences and knowledge and link it to the topic.

- **There is a seniority range within groups, new members and old members will offer different perspectives on the group topics.** Important to pay attention to the different areas each member will be at and use their experience to illustrate progress and hope for change.

## ADDRESSING BARRIERS

- **Try to provide options for groups that will coincide with the parent’s schedule.** Many treatment programs have family visits. Perhaps groups can be scheduled around these visits.

- **Evening times often work better for many parents**

- **Looking into child care options**

- **Providing transportation and Bus fare.**

- **Encourage carpooling**

- **Provide snacks, tea, and food.**

- **Always take time for the resources section, for many family members they are looking for resources and programs that will support them and their families.** Sharing of resources can help pool resources together.

## TREATMENT PLANNING/GOALS

- Using a Collaborative Action Planning Technique (Kinman, 2001)
- Outcome Rating Scale (Duncan, Miller, Sparks, 2004)
- Collaborative Helping Maps (Madsen, 2013)

## GROUP COMPLETION

- **Group completion happens when individual family members have completed all of the modules.**

- **Since the groups are running on a continuous intake and some family members may miss some group’s completion if up to the discretion of the facilitator.**

- **If youth should leave the treatment program, they are in family members may choose to complete the group cycle as this may be a time when youth and families need the most support.**
# Group Framework and Outline

## Family ‘ROCKS’ Group

### PURPOSE & GOALS OF SESSION

Each group has core focus points
- Information giving
- Community connections
- Value and one family member helping others
- Drawing on the wisdom, strength, resilience of each family members experience
- Recognizing Resilience

This section provides the overall focus for the group session. Sometimes session may take more time depending on the topic and the considerations of group members.

### MINDFUL CHECK-IN (10-20MIN)

Check-in is designed to elicit conversation and dialogue about some of the challenges families during the week and bring forward their methods of working through these challenges.

**Initial Check-in**: engage each group member in a brief dialogue with himself or herself. In this conversation, include their name; how they are feeling that day and something they did mindfully outside of the group.

**Follow-up Questions**: In the second go around choose a question as it relates to the goals and success each group member has experienced the past week. This section is to help family members envision a preferred direction in life and explore new possibilities.

- Miracle Questions
- Move from Complain to Commitment: what would you like to do instead?
- Appreciative Inquiry
- Inquire about progress
- Inquire about accomplishments

If the group gets off topic or irrelevant issues, come up gently steer the group back to relevant conversations in a polite, prompt and assertive way.

Pay attention to the time and space each member takes up and keep the group moving forward to give everyone the opportunity to share.

### HANDOUTS

- Handouts are an information sheet for family members to refer to after the sessions. The information in the handouts is not needed for the group facilitation but rather as an information-giving tool for Family members to reference after group sessions, takes home and potentially does on their own.
- Handouts may be exploratory, journal or task oriented for group members to engage with the material outside of the group.
Group Framework and Outline

Family ‘ROCKS’ Group

LEARNING AND DISCUSSION (40-60MIN)

- The discussion, while based on a certain topic, is designed to bring forth the knowledge and wisdom of the participants.
- It is important for the groups to be flexible and generative according to the needs of each member.
- The nature of these groups is evolutionary and generative. The topics may be changed within the basic premise and core tenant of the groups.
- All voices should be honored and brought forward.
- Listening is an important participation position and must be acknowledged.
- While counselor wisdom is not the center of the session, it should be named.
- Learning and discussion, while information based, is designed to generate conversations about the topic, pulling forth the knowledge family members have about each subject.
- Using ‘insider knowledge’ of the families about how they combat and stand up to the challenges in their lives.
- Group’s outlines will highlight prompting questions designed to bring forth preferred stories, acknowledging strengths and resilience and resisting the histories and stories of the problems in peoples live.
- Conversations are structured around the fundamental therapeutic principles outline as collaborative helping principles and premises.

Core Topics & Themes
- Understanding Substance use
- Understanding Relapse and Prevention
- Co-Creating Limits and Boundaries: What Works?
- Understanding your Teen: Supporting Change
- Talking to your Youth: Strategies for Communication
- The Importance of Self Care
- Co-Creating Competency and Resilience
- Dealing with Emotions and Feelings
## Group Framework and Outline

### Family ‘ROCKS’ Group

**ACTIVITIES (40-60MIN)**

- Activities are grounded in collaborative, narrative, strengths-based, motivational interviewing.
- Designed to facilitate engagement with ideas outlined during the discussion.
- Supportive of alternative learning styles and inspiring collaborative and cooperative engagement with group members.
- Draws on the knowledge of the group participants, emphasizes sharing of knowledge.
- Activity suggestions are: (See Appendix B: Facilitator Handouts for a more detailed explanation of the activities)
  - Gift Exchange (Kinman, 2014, personal communication & lecture)
  - Talk/Listen groups (Reynolds, 2002; Anderson, 1991)
- Role Playing activities
- Change talk Conversations (Miller & Rollnick, 2013)

**WRAP-UP/FEEDBACK (10MIN)**

- Group Wrap-up is for eliciting feedback and guidance about the usefulness of groups.
- On a scale of 1-10 how useful was group today?
- What was one thing you will take away from our discussions today?

**RESOURCES/SOCIAL (30MIN)**

- The goal of this portion of each session is for family members to share resources they are aware of as well as have time to socialize and connect with other group members.
- Some Resources may include:
  - Community programs
  - Counseling programs
  - Treatment options
  - Professional resources
  - Books
  - Videos/movie that are helpful
  - Self-care techniques
- Also included in each group outline are resources the counselor may choose to make available to the participants. Please take into consideration group dynamics/safety and norms before sharing certain resources.

**CONSIDERATIONS FOR FACILITATORS**

- Safety considerations for groups
- Some topics of conversation may need specific factors to attend to the safety and development of the groups.
- Since the groups is based on a collaborative framework considerations are important to enact.
# Group Framework and Outline

<table>
<thead>
<tr>
<th>Family ‘ROCKS’ Group</th>
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<tbody>
<tr>
<td>the therapeutic principles outlined and fundamental tenants of how these groups should run</td>
</tr>
<tr>
<td>Considerations include</td>
</tr>
<tr>
<td>- Safety Considerations</td>
</tr>
<tr>
<td>- Cultural considerations</td>
</tr>
<tr>
<td>- Collaborative activities</td>
</tr>
<tr>
<td>- Moving from problem saturated talk toward standing up to problems</td>
</tr>
</tbody>
</table>
# Understanding Substance Use

## Family ‘ROCKS’ Group

### PURPOSE & GOALS OF SESSION

- De-stigmatize the nature of substance use
- Provide factual information about the nature of substance use, its effects mentally and physiologically
- Discuss the nature of ‘addiction’ and develop an understanding that substance use exists on a continuum. Less black and white thinking
- Consider possibilities for why someone may use substances in a problematic way

### CHECK-IN

- When you think about the word “addiction” what comes to mind?

### HANDOUTS

- Substance use Continuum Handout (see Appendix A: Handout 1.1)
- Stages of Change

### DISCUSSION TOPIC

- Substance use happens on a continuum. Not everyone is ‘addicted’, and not everyone has a problem with substance use. Many parents when they find out their teen is using substances what them to stop
- What is a drug?
- What leads youth to use substances?
- When does substance use become a problem?
- What may be some reasons for substance use?
- What influences do you think to contribute to your teen’s involvement with alcohol or other drugs?
- What would your teen say are the reasons they use? (e.g. social acceptance, coping, managing anxiety)
- What would your teen say are the not so good things about the use (e.g. conflict, dropping out
# Understanding Substance Use

## Family ‘ROCKS’ Group

### ACTIVITIES

- Tips for Talking about Substance use
- Basics of Reducing Harm
- Stages of Change Handout

### WRAP-UP

- Were you surprised by any of the information you learned here today

### CONSIDERATIONS FOR FACILITATORS

Facilitators are encouraged to pay attention to problem saturated language around substance use such as ‘addict,’ ‘junkie’ and ‘alcoholic’ offering up the language that is less labeling and categorical such as Substance use and misuse and affected by drugs and alcohol rather than addict.

In this session, the kind of information given is not to scare or frighten members but rather have an open an honest discussion about substance use. Problems thrive in secrecy. Therefore, a direct conversation about substance use brings the nature of the problem out into the open.

### RESOURCES

- Marijuana Fact Sheet [http://ades.bc.ca/assets/pdf's/marijuana.pdf](http://ades.bc.ca/assets/pdf's/marijuana.pdf)
# Understanding Relapse and Prevention

## Family ‘ROCKS’ Group

### PURPOSE & GOALS OF SESSION

- Understanding relapse means and the impact relapse has on youth and families.
- Help Participants explore their feelings and fears about relapse.
- Help family members understand that relapse does not mean things will go back to the way things were.
- Develop safety plans for family members to support their youth if they have a relapse.

### CHECK-IN

What have been some of the success and challenges you have faced over the past week?

### HANDOUTS

- Supporting Youth Through Cravings
- Grey Model of Relapse & Prevention strategies
- Coping with the Possibility of Relapse

### LEARNING AND DISCUSSION

- Define Relapse: Relapse is when a youth uses substances after a period of abstinence or reduction in their substance use.
- Often there are signs that young people are heading off track. Recognizing these signs and supporting the youth may help prevent a relapse.
- Discuss:
  - Signs of Relapse
  - Triggers and cravings
  - Urge surfing
  - Creating Safety Plans
- How to have a conversation with your youth about preventing relapse
- Getting Back on track after relapse
  - How to dealing with difficult feelings associated with a relapse. How are you feeling vs.? How is your youth feeling? How will you support your youth in the face of these feelings?
  - Often there are other family members (children) affected by a teen's substance use, and they may be at risk if the youth begins using again. Caregivers may need to reassert some limits and boundaries with their young people and be very clear about the expectations around harm.
- What are your biggest fears about a Relapse?
- If your youth relapses what feelings, might you think you would experience? How may you deal with these feelings at the moment?
- If you have experience a relapse in the past how, did you deal with it? What helped you the most?
Understanding Relapse and Prevention

Family ‘ROCKS’ Group

ACTIVITIES

Co-Creating a Safety Plan:

- A relapse prevention strategy often involves creating a safety plan. It is important Family members strategize, communicate and support their youth’s safety plan. Families may not always agree with everything in the plan, keep in mind this is the best plan for the youth, often it involves what will work for them at the moment.
- Pair family members up. Explain the purpose of role-playing is to practice the skills of having conversations in a safe environment.
- One person is the youth the other the Family member
- Have family members play out any of the following scenarios where they are having a conversation with their youth about relapse. What boundaries will they make? How will they offer support? What are the limits needed to keep other family members safe?
- Remind the youth about their reasons for getting back on track.
- Do not forget to tell your youth that you love them. Remember the behavior is the problem, not the youth themselves. Rather than say “why did you use” become curious about what is going on for your teen and what lead them to use. It may be useful to point out what you may have noticed when they were getting off track.
  - What thoughts feelings behaviors did you notice when your youth went off track?
  - How will you support them with getting back on track?

WRAP-UP

What is one thing you noticed happening for you talking about a tough topic of relapse?

CONSIDERATIONS FOR FACILITATORS

- Use the group to normalize feeling family members may have about the possibility of their youth relapsing.
- Pay attention to the language of fear and try to reframe family statements away from all or nothing thinking about relapse for, e.g., if my teen uses again, they cannot live at home.
- Move toward resilience and competency family members have to cope with relapse. Many family members have been managing their substance use of their teen for some time. What are the skills they have to get through the tough times? How can these strengths help in a relapse situation?
- Highlight resilience and competencies of family members to support their youth through scary times.

RESOURCES

From grief to Action Coping Kit: http://www.fromgrieftoaction.com/family-support/free-resources-form/
BOOK: Get your Loved one Sober By Robert Meyers & Brenda Wolfe
# Co-Creating Limits and Boundaries: What Works?

## Family ‘ROCKS’ Group

### PURPOSE & GOALS OF SESSION

- Discuss appropriate limits and Boundaries family members may have to support their youth
- Learn about over and under involvement and discuss how to find balance
- Explore natural consequences for crossing boundaries and how to enact them without shaming, guilting or blaming youth.
- Explore the concept of Expectations

### CHECK-IN

- What Kind of Limits and boundaries do you have within your family?

### HANDOUTS

- Discovering Expectations (See Appendix A)
- Balancing involvement (see Appendix A)
- I statements handout

### LEARNING AND DISCUSSION

- What are rigid boundaries?
- What does it mean to have no boundaries?
- What are flexible Boundaries?
- What are some natural consequences when boundaries are crossed?
- Explore some of the non-flexible boundaries family members may have for their youth? How have these limits affected their family? Are the beneficial or a hindrance?
- When your boundaries are crossed how does it feel in your body?

Practice how to:

- Solve problems together using the various methods and skills learned during the program;
- Use developmentally appropriate disciplinary methods for the actions of each family member;
- Stay consistent and fair in discipline practices for each family member; and
- Provide adequate feedback to each other
- Reinforce youth independence, identity development, positive peer relationships, accomplishments
- Reinforce Self-awareness of behaviors rather than placing limits on.
# Co-Creating Limits and Boundaries: What Works?

## Family ‘ROCKS’ Group

### ACTIVITIES
- Physical Boundaries activity
- Role Playing activities focusing on setting limits and boundaries
- I statements role play: often it’s not as easy as it seems to make I statements

### WRAP-UP
- What is one thing you are going to do this week to balance over involvement or under involvement with boundaries?

### CONSIDERATIONS FOR FACILITATORS
- Use group dynamics and Groups norms to illustrated boundaries.
- Group work is an excellent way to illustrate how boundaries work and how it implements them. Lots of role playing may be useful for this session

### RESOURCES
- Book: How to say Yes and How to Say No. By Henry Cloud
# Understanding Development & Change

**Family ‘ROCKS’ Group**

## PURPOSE & GOALS OF SESSION

- Discuss adolescence as a bridge between childhood and adulthood (Neufeld, 2007) and understand the unique challenges teens face during this time in their life.
- Establish roles within the family environment
- Brainstorm ways to support youth with their developmental changes while maintaining family roles
- Discuss ways to support and empower youth with changes
- Use this group as a way to introduce the concept of change (stages of change) and how one goes about making change in one’s life
- Understand how and why we change

## CHECK-IN

- What does it mean to you to be an adult?

## HANDOUTS

- Understanding Teen Development: What is happening?
- Stages of Change

## LEARNING AND DISCUSSION

### Teen Development:

- What is a Youth’s Job description?
- What is a Parent/Caregiver Job description?
- When you think about the process of change where would you say your youth is at? What may help/hinder them from moving towards a different stage?
- Review Handout on Youth development. Has there been a time where you have noticed these behaviors in your youth? Did you notice these behaviors in yourself when you were younger? How may these behaviors affect the family?
- How may substance use affect the different development stages of youth?

### Exploring Change:

Talk about Involve your teen in the development of goals and ideas of change. Increase your teen’s capacity for being able to create wellness by honoring his or her own ability to define what change might look like, and how it might be achieved. This comes by taking a nurturing stance that draws out their thoughts and encourages them to own the success that could come from setting a goal and making it come to fruition. Many youths will have to try a number of times before making a particular change stick. When you continue to encourage them and provide opportunities, they learn how to solve problems and increase their resiliency in dealing with adversity.
Understanding Development & Change

**Family ‘ROCKS’ Group**

**ACTIVITIES**

Write a letter to your teen, telling them about the changes you have noticed in them. Take this opportunity to tell them anything you have wanted tell them but have not.

- **Suggestions and Considerations**
  - Keep comments positive
  - Talk about hopes
  - Notice changes
  - Avoid blaming
  - Provide encouragement, positive feedback, and demonstrate a belief in their ability.

Family members then take turn reading their letters out to the group (only if they are comfortable)

**WRAP-UP**

- Share the one thing you chose to do this week to support your youth’s recovery and healthy development.

**CONSIDERATIONS FOR FACILITATORS**

- Pay attention to highlighting strength and resilience noticed in families. Try to step away from negative and frustrated talk about their youth
- Even small changes are significant
- Family members may think they do not need to change in order to support their youth.

**RESOURCES**


# Talking to your Youth: Strategies for Communication

## Family ‘ROCKS’ Group

### PURPOSE & GOALS OF SESSION
- Discuss Communication styles, technique, and traps
- Discuss family communication issues
- Practice new communication skills

## CHECK-IN

- What did you notice you were mindful of this week?

## HANDOUTS

- Improving Communication
- Compassionate Communication
- I statements review

## LEARNING AND DISCUSSION

Read over the handouts and generate a discussion about family communication styles.

- What is the difference between healthy communication and unhealthy communication?
- Discuss some of the Communication Barriers family members encounter with their youth.
- How could change your communication impact your family relationships?
- How has communication with your family changed since your youth went to treatment?
- Describe your family’s history with communication? How do you usually speak to each other?
- How would you prefer to communicate in your family?
# Talking to your Youth: Strategies for Communication

## Family ‘ROCKS’ Group

### ACTIVITIES

- Complete a task without using any words
- Practice Exchange Vocabulary
- Family Meeting Planning Activity
- Role Playing Communication Strategies

### CONSIDERATIONS FOR FACILITATORS

### RESOURCES

### The Importance of Self-Care

#### Family ‘ROCKS’ Group

#### PURPOSE & GOALS OF SESSION

- Discuss the value of Self-Care and discover self-care techniques
- Engage in and the practice mindfulness

#### CHECK-IN

- What is one mindful thing you have done this week?

#### HANDOUTS

- Self Care ideas
- Mindfulness activities
- Wellness Wheel

#### LEARNING AND DISCUSSION

- What does Self Care mean to you? What purpose does self-care serve?
- What do you like to do for self-care?
- Describe a time you felt joy. What were you doing, who was involved?
- Describe a time when you experienced helpful support. What was it about you and others that influenced this and how did it influence you?
- Do these challenges get in the way of your self-care?
- What is one thing that you can begin to do to address these challenges?
# The Importance of Self-Care

## Family ‘ROCKS’ Group

### ACTIVITIES

- Wellness Wheel Activity
- Mindfulness meditation

### WRAP-UP

- What is one new care activity you are willing to try this week?

### CONSIDERATIONS FOR FACILITATORS

- Keep in mind that self-care, while about take care of self, can also blame a person for not doing enough self-care if they are having a tough time
- Pay attention to participant’s social situation and realize that many forms of self-care are not economical or viable for family members.
- Be inclusive of culture, economic position, gender, ethnicity, etc. when exploring different forms of self-care.
- No idea is a bad idea. What works for some may not work for others. All suggestions are good suggestions.

### RESOURCES

- What is Mindfulness [http://media.psychology.tools/worksheets/english_us/what_is_mindfulness_en-us.pdf](http://media.psychology.tools/worksheets/english_us/what_is_mindfulness_en-us.pdf)
- Wellness Wheel Powerpoint: [https://www.nwmissouri.edu/wellness/PDF/shift/BalancingYourWellness.pdf](https://www.nwmissouri.edu/wellness/PDF/shift/BalancingYourWellness.pdf)
# Building Family Competency and Resilience

## Family ‘ROCKS’ Group

### PURPOSE & GOALS OF SESSION

- Discover the resilience and strengths family members have together.
- Examining the relationship family members have with their youth from a strengths-based positive framework.

### CHECK-IN

**Question:** What is something you did this week to strengthen your family connections and relationships?

### HANDOUTS

- Discovering Family Strengths

### LEARNING AND DISCUSSION

- How would you describe your teen to someone who didn’t know them?
- How would your Teen describe you to someone they don’t know?
- As a family, where are the areas you are strongest? How were these areas created?
- Was there a time where you noticed your family’s strengths the most?
- What are the ways these strengths are put into practice within your family?
- What abilities and Skills help to maintain this strength?
- When did you first notice these strengths in your family? Have they always been present or is this new? What helped develop this strength into what it is today?
- What would your youth say about these family strengths? What would other family members say?
- What meaning does this strength have for your family?
- What is your hope for these strengths in the future? How may they change the more space your family gets from the problem?
## Building Family Competency and Resilience

### Family ‘ROCKS’ Group

### ACTIVITIES

Ask participants to describe (either to the group or in writing) a difficult situation that they handled really well when they were growing up. What personal characteristics or support systems helped them to deal with it successfully?

Have participants plan a fun family activity. It can involve just the parent and the youth or other family members, or the entire family. Give participants paper and pencil, and have them answer these questions:

- What activity will we do?
- Who will be involved in it?
- When will it be?
- How should we prepare, and who will do it?
- Will this be an activity that will be enjoyable for everyone involved?

Talk/Listen witnessing groups

Values Based Living Activity

### WRAP-UP

- What is one site of resilience you have noticed from your youth or family over the past week?

### CONSIDERATIONS FOR FACILITATORS

- Newer group members may be stuck in problem saturated thinking it may be difficult to see strengths. Try to illicit strengths from other members of the group, pulling on the knowledge and wisdom of senior group members.
- Offering a list of values or potential strengths may help family members identify where they feel their family fits.
- If participants are stuck finding strengths in the present, moment look into the past for a time when they feel that family was strong. What was happening then and what were the strengths?
- These strengths are not gone however family members may have a hard time seeing them at the moment. Offer an appreciative inquiry into the nature of this “is it possible to have strength even in the face of weakness?”

### RESOURCES

- Book: Don’t Let your Kids Kill You. By Charles Rubin
Dealing with Emotions and Feelings

Family ‘ROCKS’ Group

PURPOSE & GOALS OF SESSION

- Establish the language of feelings and sharing some of the common thoughts, behaviors and reactions associated with them
- Normalizing these thoughts behaviors and reactions
- Helping participants feel they are not alone
- Discussing coping strategies and techniques for working through these feelings

CHECK-IN

- How are you feeling today? If this feeling had a color, what would it be? If it had a shape, what shape would it be? Where do you feel this feeling in your body?

HANDOUTS

- What is Emotional Intelligence?
- Feelings Wheel [https://med.emory.edu/excel/documents/Feeling%20Wheel.pdf]

LEARNING AND DISCUSSION

Difficult Emotions:
Common feelings that come up for family members when they find out their youth are using anger, shame, guilt, disgust, fear, sadness, anxiety panic, etc. These emotions often lead to reactions and behaviors that do not fall in line with our preferred reactions. This group is designed to explore these reactions and feelings and discover preferred responses for when these emotions show up again in the future.

- When you first discovered your youth was using what was your reaction? How did you feel inside? Who knows about these feelings?

Rebuilding Trust: Rebuild trust can be frustrating for both youth and their families. Take a min to image what it must be like to feel untrusted. Imagine you have worked hard to make important life changes and your family still does not trust you.

- How has trust in your relationship been affect by substance use?
- What can your youth to rebuild trust
- What can family members to contribute to rebuilding a trusting relationship?
- How can you show you are trusting your youth
- What steps have you taken to reestablish trust? what has worked so far? how will you continue to build on the successful efforts?
# Dealing with Emotions and Feelings

**Family ‘ROCKS’ Group**

## ACTIVITIES

- Feelings Wheel
- Feeling Web

## WRAP-UP

What was one feeling you noticed show up for you today during our session? How did this feeling affect you today? What is one thing you can do, when you leave, to be okay with this feeling?

## CONSIDERATIONS FOR FACILITATORS

- Emotional containment for this group will be very important
- Make an effort to positively reframe difficult feelings and bring in the youths perspective as well.
- Aid family members with the language of feelings & emotions.
- Normalize feelings. Draw upon the wisdom and knowledge in the group about how to deal with difficult feelings of anger, betrayal, fear etc.

## RESOURCES

Chapter Summary

This chapter outlines the entire group structure including the format, theoretical modality, and practice of each group. It is important to take into consideration this structure may be modified and adapted for the population it is serving. The intentions of these groups are to provide a framework for practitioners to build upon to create useable and functional groups within their programs and organization. It is my hope this chapter has adequately outlined my practice framework. For further research considerations, it may be useful to implement these groups to determine how effective this format is and if it is usable in practice. The preceding chapter discusses the limitations of this project and proposals for future research.

The theoretical orientation and ethics underlying the groups suggest that the groups are adapted and built upon, thus leaving the space to change and modify the groups to serve the client population appropriately. Therefore, the uses for this kind of group would vary according to the family members that are a part of it. It is integral the groups remain fluid and adaptable for this reason. In this chapter, it is suggested to build upon the fundamental ethics and framework of this group to meet the needs of the family members it is intended to serve. Much like Reynolds ideas around solidarity, doing justice and ethics of practice (2014) these groups is meant to provide a foundation where practitioners add their wisdom and knowledge gleaned from their people they work with.

Through engagement in these groups, family members can show their commitment to their youth’s health and wellbeing as well as potentially make significant changes themselves. These groups are not meant to force family members to change, but rather introduce to them the concepts and ideas their young people will be learning in treatment and involve them in the process of change built, in this case, with the family and the youth in
treatment. Truly the technique and method of inquiry used in the paper are fluid, messy and imperfect pulling from my experience, education and practice perceived through the lens of my biases and privileged position. The interpretation of these ideas is then translated into this writing, which will potentially serve counsellors to engaging in a creative approach to involving families in the treatment of substance use. Ultimately putting theory into practice, creating a document meant for use rather than archiving.
Chapter 5 Discussion

This work has attempted to outline the scope and importance of family involvement in adolescent substance use treatment, proposes a family therapy group as a solution addressing the barriers, and challenges family members to become actively involved in their child’s treatment. Chapter one outlines the structure of the entire paper and outlines the nature of the problem with involving family members in treatment. This chapter defines key terms for family, addiction and recommends the use of strengths-based language throughout the rest of the project.

Chapter two is an extensive review of the central themes and literature surrounding adolescent substance use and family therapy. It outlines the problem of adolescent substance use, models and perspective of treatment and the impact of use on family members. This chapter explores in detail the history and framework of family therapy and explores the postmodern collaborative therapies for working with families. This extensive literature review provides the support and justification for the proposed Family ROCKS groups.

Chapter three outlines the Grounded Theory methodology used to develop the framework for this project. This chapter describes my philosophy and ethics and how they inform the greater scope of this project. The validity of this project comes from the accountability to my ethical stance and practice in the community I work within, and the knowledge and wisdom passed on from the youth I have worked with over the years.

Chapter four offers a more thorough outline and structure of the Family ROCKS groups. Each session has an underlying framework grounded in a collaborative, narrative, and solution-focused therapies. Particular attention is on ethics and safety within the group. This chapter describes eight possible topics for each session. The proposed session framework includes check-in’s based on mindfulness practices, information worksheets and handouts, learning and
discussion among group members, group activities, resource sharing and group wrap up. Also discussed are the generative and collaborative intentions for these groups and an invitation to the reader to build upon and modify the existing group structure to fit for the population it is serving.

Finally, this current chapter outlines the assumptions and limitations of this project as well as future research suggestions. Also included in this chapter are personal reflections on the experience of creating and generating this paper and hopes for the future of this project.

**Assumptions**

Family systems research suggests that with increased caregiver involvement will result in a more favorable long-term outcome in post-treatment factors (Santis, Hidalgo, Jaramillo, Hayden, Armijo & Lasagna, 2013). The basic assumptions made for this study are that families want what is best for their teens and can put in the work necessary to support and work alongside their youth. A reality is that many families face some barriers that will prevent them from attending the family therapy groups. Therefore, an important consideration for caregiver participation is the availability and time of these groups to make access easier for participants to attend. We are presuming that the youth who are accessing treatment programs are willing to make changes in their life and step away from active or problematic drug using. The assumptions made are that both the youth and their families want to make some any change. It may be difficult to engage family members with group work if they feel forced or coerced to participate. Therefore, it is integral these groups remain voluntary.
Limitations of this Project

This section examines some of the possible limitations facilitators may face when carrying out the proposed family group. Group facilitators must be aware of potential obstacles and address them. Part of the proposed group structure includes specific facilitator considerations for each topic, however; this section discusses the broader issues inherent with these kinds of groups.

Cost and Time: One important limitation is the availability of resources necessary to run the proposed group. Group therapy tends to utilize resources more efficiently compared to individual counseling yet there is still a significant amount of time and money needs to implement these groups. Some practitioners may face difficulties such as finding a location, budget constraints, time requirements for group preparation and implementation.

Group Motivation and Membership: Family motivation proposes a significant challenge because many people may not want to have active involvement in their youth’s treatment. There are some reasons this may happen including fractures relationships, personal substance use issues, negative experience with counselling or shame with asking for help. When a young person enters treatment, their relationship with their family members may be fractured. Helping family members take part in groups may have to begin early on in the youth’s treatment process, perhaps even before intake into the treatment programs its self. If counselors within treatment organizations incorporate family involvement into the dialogue of treatment, then it may be easier to get family members involved, because it is the expectation.

Family Participation Barriers: At times family members may also be struggling with other dilemmas such as their substance use, financial strain, dealing with other children or job stress. Family members that are facing other issues may find it difficult to dedicate the time
needed to participate in these groups. Family members that are facing multiple barriers may benefit from the involvement and support of other community organizations. Collaborating with other community services providers may help to address some of the obstacles family members may face to participating in these groups.

**Implications for Community Service Providers**

Collaborative therapy works within existing frameworks and allows for different modalities and theories to work together. This project has the potential to be a useful tool for community organizations looking to provide a larger continuum of care for youth in substance use treatment. As stated, any involvement of family members in treatment allows for outcomes that are more positive for youth. Multi-family therapy groups create a possibility of family member involvement in an economical, efficient and innovative way. A reality is that many families face barriers to becoming involved in the treatment of their young person. With all group-oriented programs, there exist challenges for the family participating in these groups. A common challenge these families will face is childcare, loss of wages to attend groups, transportation costs, substance use, fear of stigma and judgment. The goal of the Family ROCKS group is to put provisions into place that will lessen the impact of these barriers.

The success of this group will rely on the facilitator’s ability to adapt the groups to match the needs of each participant. It is important for the counselor to have a basic understanding of the principles outlined in the group proposal and an understanding of how to navigate group dynamics. That said the qualifications of who is a ‘counsellor’ or therapist varies, particularly when engaged in frontline community work. Waldegrave has a concept called ‘Just Therapy’ which attempts to “demystify therapy (and therapist) so that it can be practiced by a wider range of people including those with skills and community experience or cultural knowledge” (2009,
Miller and his college study effectiveness in therapy and surmise the relationship and interaction with a client are much more valuable than technique or theory of counseling (Miller, Hubble, Duncan, Wampold, & Darwin, 2001). Based on these principles the person who would be able to facilitate these groups may vary to those within the community who work with clients from an ethically sound framework and practice engaging in relationship building necessary for successful therapy. The inclusiveness of this kind of group allows community organizations to be flexible when selecting the facilitator of these groups, therefore, lessening some of the barriers related to time and cost.

In summary, the knowledge and competency of the group facilitator are primarily based on the wisdom and experience they have about group work and their knowledge of how substance use affects family members. This person may be a family or social services worker that already works within the substance use community and has first-hand knowledge about the barriers family members and youth face getting treatment.

**Suggestions for Future Research**

The basis for these groups, while grounded in experience and theory, may not prove to be useful in practice. Therefore, future research may involve the actual implementation of the Family ROCKS groups. A study examining the implementation of these groups and analyzing outcomes may help determine if these groups are effective for family members and their youth. Input from family members and youth involved in the groups will contribute to the collaborative and generative framework at the heart of this project.
Reflections

In many ways, this inquiry began when I entered into the social services field working as a youth outreach worker in Vancouver, British Columbia. I witnessed the disconnection, dislocation, resilience and resistance of young people on the fringes of society; living isolated and cut off from their communities and families. My observations of parental child interactions continue with my work in a substance use treatment center. I witnessed many youths have a level of respect and consideration for the youth workers and counselors in the program and then shift to snarling and yelling at their parents on the telephone. Many young people communicated to me the story of their lives, the injustices their parents had caused them and the pain they experience on a daily basis. With these youth, I took their stories as the complete truth and their recounts shaped how I saw their parents and families. I was surprised with I finally meant and interacted with the supports in the youth’s life to find that these parents were regular people struggling with the impacts of substance use in the life of their family. I learned that parents are scared and fearful of the activities their youth is involved in and, at times, they do not react in their preferred way because they do not know what else to do.

A job transition within my workplace helped me gain a solid grasp of the realities families were facing with the risky behaviors of their youth. Much of the time was spent talking to the community and the supports of youth wanting to get into the treatment program. Parents would leave messages of panic and concern on the voicemail, desperate to get their youth some help. One particular conversation with a parent stands out as an illustration of a family member who felt isolated and cut off from the activities of their young person. Their youth had accessed services, engaged drug and alcohol counseling, detox, support recovery beds and yet seemed to be spiraling out of control with their drug use. This parent cried on the phone as she recounted
her feeling of uncertainty, fear, and isolation, not knowing what to do or how to help her child, whom she loved so much. These experiences sparked the idea that there was a gap in communication and services for the families of youth involved in the social services systems for substance use treatment. In conversation, many family members recounted feeling they lacked information and knowledge to support their young people and a sense of powerlessness while their child was engaging increasingly risk-taking behaviors. Parents felt helpless and alone and did not know what to do.

Alison Rice, a colleague of mine at Peak House, completed a thesis advocating for the importance of a transitional home for youth leaving treatment (2010). In this document, a fictionalized story is shared about the struggles and journey of young people making an effort “get their life back on track” (Rice, 2010, p. 12). In this fictionalized account, we see a young women named Jane try to claim her life from substance use and her journey in treatment as she gains back ‘hope’ and a desire to create a different story for herself. A quote from this story stands out for me “Jane’s parents and her younger brother were extremely supportive and had been participating in family sessions since the beginning of her stay…they had seen the change in her and wanted to support her in continuing this trajectory…they wanted to keep her safe” (Rice, 2010, p.15). The narrative of Jane captures the experience of many of the young people I have worked with over the years. It shares the hope, commitment and love families have for their youth and the willingness to do whatever it takes to lead the down the right path. I reflect on the conversations with parents, families and caregivers over the years and the struggles these ‘families’ move through to reclaim their lives from the realities of substance misuse.

Here is where my first thoughts began about the importance of family involvement in the therapy process and my perspective shifted to include that of the family and the parent. These
new views reflected in the conversations I had with young people as I spoke to them about the impact their substance use has on their family. Some of these conversations did not go well, and it became apparent that many youths did not want their parents involved in their lives. I heard a common statement reflecting youth felt they entered treatment for their families and somehow their desire to be free from drugs and alcohol needed to be independent and internal rather than influenced by external sources. In my work, I took the perspective of externalizing problems and ideas and realized the tactics substances had in youth’s lives use their family, supports and external motivations against them.

As my work evolved, I was privileged with the opportunity to witness the work of young people, against the problems of substance misuse, making changes and reconstructing their lives (Sanders, 1994). My observations and experience working with youth, in treatment, highlight the incredible challenges young people encounter trying to make changes happen in their lives. The experience in this program informs my perspective and learning about what works, and does not, therapeutically for youth in treatment. The young people I work with were the most important contributors to my learning. I engaged early on in my community work in a reflective practice of my work and through journaling and writing down my curiosities, observations and thoughts as well as engaging in conversations through group supervision and consultation with the team I worked with on a daily basis. The work and learning I accomplished in my time in this program had a significant impact on my academic work.

When I began the writing for this project, I felt overwhelmed by the vast array of theory and models available for how to work with families. After many hours of reading, writing, compiling and synthesizing I realized the essential components of this project are my experience, wisdom, and hope. The knowledge and wisdom I have witnesssed from youth and their families is
the most important and informed the heart of what works, and what does not work in treatment. At the end of the day, many of the family therapy models I researched had only been tested in research settings, many never having been implemented in a real world practice setting. Therefore, while I include much of this research in the literature review to back up my claims, the relevant concepts are what I have learned from this experience. From my experience the integral aspect of therapy and counseling is not in the theory, intervention or model one adopts but rather a relationship formed over years of witnessing the competencies, resilience knowledge and strength of youth and their families.

In summary, substance use is a difficult and challenging problem many young people and their families face. This project focuses on trying to bridge the gap of family involvement in treatment services for youth. The proposed family therapy groups are potentially one solution to help family members gain access to the information they need to help their youth with change. Through my reflective process and inquiry, I have discovered the values, ethics and beliefs, reflected in my work and translated these into a functional group for families. It is my hope this group will form a foundation for collaboration and reflection and enable family members to rediscover their strengths and ability to function in their worlds. The ideas and philosophy of these groups come from a set of values, beliefs and ideas formed through my experiences, the experiences of others. The core of my practice has been reflective, generative and collaborative. It is my hope these groups will reflect the same attitude and mindset. With this project as a solid foundation for my practice, I hope to implement these groups in a community setting and evolve the ideas within these pages. I also hope that other practitioners and service providers use this work to build up and offer supportive family therapy groups within their communities.
Appendix A: Handouts
• Connect on a relationship level.
• Tune into your instincts and choose a time that feels comfortable and safe for your teen -- not when they are under the influence. Pick a place and space that is neutral.
• Invite their thoughts and ideas before putting in your own thoughts and advice - it may be difficult to hear some of your teen’s questions and comments about drugs, sex, peers etc., and hear them out before imparting advice or countering their ideas.
• LISTEN, LISTEN, and LISTEN some more! Even though you may not agree with or like what your teen is saying, give them the space to speak and time to process thoughts. Recall that your teen’s brain is interpreting information a little differently than yours and it may take time and clarification for both you and your teen to understand what is being said. Encourage honesty and authenticity by being honest yourself about where you are coming from and by not using your teen’s discussion as ammunition for repercussions down the road.
• Pay attention. Watch as well as listen.
• Most teenagers say that adults who ‘get them’ are adults who listen.
• Be patient and try not to interrupt.
• Sometimes teenagers can be resistant to hearing advice or opinions from parents and other adults. By listening empathetically and drawing out their ideas, thoughts, plans, and opinions, you allow your teen to be heard and validated. This creates the space for being able to impart your own words of wisdom and ideas.
• Communicate understanding of what your teen is saying by paraphrasing or saying back the main points of their dialogue. Ask for clarification if you do not understand.
• Let your teen know that the relationship can handle the weight of the challenges at hand, and that you are a resource they can depend on. Ask how you can be involved in supporting them or addressing the problem.
• Frame your language in a strength-based way that decreases defensiveness and portrays that you believe your teen is a capable and able individual. Describe the behavior you want to see as opposed to focusing on what they’re doing or not doing that is causing problems.
• Take responsibility for your own thoughts and feelings. Should you disagree or want to respond, do so respectfully using ‘I’ statements and acknowledging your part in the conflict at hand.
• Avoid judgment, negative criticism, insults, blaming and shaming. Stay away from language that discourages or disregards your teen’s efforts to deal with adversity, e.g. “You never,” “You’re wrong,” “You always.”
• Use conversation starters like discussing something you saw on TV or heard on the radio, “e.g. I heard that …..” or “What do you think about…”
• Follow heated conversation or constructive exchanges with connection, a meal, a smile, and sentiments such as “Thanks for sharing your ideas,” or “You did well being patient.”

Obtained from: [http://keltymentalhealth.ca/sites/default/files/Recognizing%20Resilience%20Workbook%20April%202012_0.pdf](http://keltymentalhealth.ca/sites/default/files/Recognizing%20Resilience%20Workbook%20April%202012_0.pdf)
<table>
<thead>
<tr>
<th>Developmental Process</th>
<th>What is Happening?</th>
<th>How does it affect Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Development</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puberty</td>
<td>Need to sleep longer, body sensitivity, concern with weight gain, comparison to other peer development, awkwardness, attraction to the opposite sex, curiosity about sex</td>
<td></td>
</tr>
<tr>
<td>Brain Development</td>
<td>Attraction to rewards despite risk, impulsiveness, reduced foresight into long term consequences, invincible feelings, sensation seeking, difficulty regulating emotions</td>
<td></td>
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<tr>
<td><strong>Cognitive Development</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Reasoning skills: logic, thinking hypothetically, considering multiple options</td>
<td>Sensitivity, Self-consciousness</td>
<td>Concern with the opinions, judgments, thoughts of others, Feeling like other people are watching/judging them</td>
</tr>
<tr>
<td>Abstract Thinking: conceptualizing what cannot be seen, heard, or touched. E.g.: beliefs, values, moral, religion</td>
<td>Become dedicated to humanitarian causes, vegetarianism, passionate about helping the world, Justice oriented. Pointing out discrepancies between adult words and actions</td>
<td></td>
</tr>
<tr>
<td>Thinking about Emotions: communicating complex emotional and feelings</td>
<td>Over dramatization of emotions “my life is ruined” Believing they are the only one that feels this way</td>
<td></td>
</tr>
<tr>
<td>Establishing Identity: Who am I?</td>
<td>Argumentative, questioning values, judgment and opinions “you don’t understand me!”</td>
<td></td>
</tr>
<tr>
<td>Autonomy: becoming independent, self-sufficient and empowered</td>
<td>Spending more time in rooms, less time with family, hesitant about being with family in public</td>
<td></td>
</tr>
<tr>
<td>Social Skills, Intimacy with others, close peer relationships</td>
<td>Spending more time with Friends</td>
<td></td>
</tr>
<tr>
<td>Sexuality and Sexual Identity</td>
<td>Exploring dating relationships</td>
<td></td>
</tr>
<tr>
<td>Establishing goals for the future: recognizing strengths and abilities</td>
<td>When experience success confidence increases. Failures and perceptions of being “not good enough” lead to decreased self-esteem/ identity.</td>
<td></td>
</tr>
<tr>
<td>Type of Use</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Beneficial Use</td>
<td>Pharmaceuticals, coffee/tea to increase alertness, moderate consumption of red wine, ceremonial use of tobacco. May be for health, spiritual, or social reasons</td>
<td></td>
</tr>
<tr>
<td>No Use</td>
<td>Personal choice, religious or cultural beliefs, health related concerns.</td>
<td></td>
</tr>
<tr>
<td>Experimental Use</td>
<td>Use is often only on weekends, limited to first couple of times. Use may be a result of curiosity, peer pressure and desire to experience new feelings. Curiosity, peer pressure, to rebel. Motivated by curiosity.</td>
<td></td>
</tr>
<tr>
<td>Occasional/Social Use</td>
<td>Occurs one to three times per month or less, or on specific social; occasions</td>
<td></td>
</tr>
<tr>
<td>Regular/Situational Use</td>
<td>Use becomes more frequent and may be weekly or even daily. Sometimes occurs during the week, before school, lunch breaks. May occur during certain situations. Sometimes stronger substances are tried. Person still using substance in a controlled manner. Becoming fairly integral part of person’s life. Friendships are developed with people who are using.</td>
<td></td>
</tr>
<tr>
<td>Intense Use</td>
<td>Use tends to become excessive, begins to move into higher doses due to tolerance, or trying stronger substances or combining substances. A habit or pattern of substance use is developed and becomes the norm around which activities must revolve. Use becomes a lifestyle preference to cope with the negative symptoms of withdrawal or to avoid stress, feelings, responsibilities, family and other relationship conflicts (which have become increasingly frequent due to use). Work/school performance/attendance drops. Development of legal and financial problems as well as reputation. Compromises personal values and/or health.</td>
<td></td>
</tr>
<tr>
<td>Compulsive Use</td>
<td>Substance use becomes a preoccupation, and is the centre of any interaction. Inability to predict or control drug use. Periods of abstinence then to be short lived and very traumatic. Activities other than drug use are avoided. Extreme intoxication is common. Previously unthinkable methods of using the drugs become possible. To feel acute chemical intoxication. To avoid both physical and psychological pain of withdrawal. To feel normal. To be able to function. To forget. Serious negative consequences arise in many areas of life. Person has difficulty understanding and accepting that drug use may be cause of many problems. Physical problems: Weight loss, blackouts, sickness, uncontrollable behaviour like aggression, extreme feelings of guilt and self-hate, illegal activities. Avoids school, work, family, and friends.</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from Core Addictions Practice (2008) & Joint Consortium for School Health (2009)
Exploring Family Values

Where do your core family values come from?

1. 6.
2. 7.
3. 8.
4. 9.
5. 10.

Core Family Values
Rank your core values from 1-18, 1 being the most important, 18 being the least important

<table>
<thead>
<tr>
<th>A comfortable life</th>
<th>Inner harmony</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>Mature love</td>
</tr>
<tr>
<td>Togetherness</td>
<td>National Security</td>
</tr>
<tr>
<td>A world at peace</td>
<td>Pleasure</td>
</tr>
<tr>
<td>A world of beauty</td>
<td>Salvation</td>
</tr>
<tr>
<td>Equality</td>
<td>Self-respect</td>
</tr>
<tr>
<td>Family security</td>
<td>Social recognition</td>
</tr>
<tr>
<td>Freedom</td>
<td>True Friendship</td>
</tr>
<tr>
<td>Happiness</td>
<td>Wisdom</td>
</tr>
</tbody>
</table>

Instrumental Values

<table>
<thead>
<tr>
<th>Ambitious</th>
<th>Independent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broad-minded</td>
<td>Intellectual</td>
</tr>
<tr>
<td>Capable</td>
<td>Logical</td>
</tr>
<tr>
<td>Cheerful</td>
<td>Loving</td>
</tr>
<tr>
<td>Clean</td>
<td>Obedient</td>
</tr>
<tr>
<td>Courageous</td>
<td>Polite</td>
</tr>
<tr>
<td>Forgiving</td>
<td>Responsible</td>
</tr>
<tr>
<td>Helpful</td>
<td>Self-controlled</td>
</tr>
<tr>
<td>Honest</td>
<td></td>
</tr>
<tr>
<td>Imaginative</td>
<td></td>
</tr>
</tbody>
</table>

Most and Least Important Values

<table>
<thead>
<tr>
<th>Most Important</th>
<th>Least Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
</tbody>
</table>
Supporting Youth through Triggers and Cravings

Many people struggling with Substance use will struggle with triggers and cravings. It is useful to think of cravings like a habit. When we are used to doing something every day, there are going to be times when we catch ourselves doing that thing without even thinking about it.

Cravings are apparent as expressions in the body, emotions and thinking

- **Bodily Changes**: increased heart rate, respiration, muscle tension, perspiration, upset stomach
- **Emotional Responses**: anxiety, tensions, irritability, aggravation, frustration and anger, restlessness
- **Thought processes**: “I want it now” thinking, repetitive thinking about ‘getting it or ‘needing it”

In moments of craving youth can practice a number of techniques including self-care tactics, urge surfing, mindfulness, meditation, playing the tape. The goal is to relax the physical response of the body, decrease the emotional response and change the thinking patterns. A craving is a normal response to a trigger in the environment. Triggers range depending on the youth and may be related to a person, place or thing, a smell or sound, a certain feeling or emotion or a situation.

Common Triggers are:

- Friend who are using
- Anger and Irritability
- Substance use in the home
- Boredom or loneness
- Special Events

How will you support your Youth with Cravings?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What Ideas do you have to help Youth move through Cravings?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Handout 1.3 Tips for talking about substance use

There is no script for talking with your teen about drugs. But here are a few tips to keep in mind.

Inform your teen you have something you would like to discuss with them. Offer them control of the situation. Let them pick the time and place.
Approach the conversation with a sense of curiosity and interest, rather than accusation and fear. Remember that some experimentation is normal – you and your teen need to discuss what that means and where to draw the line.
Plan the main points you want to discuss, rather than to speak on impulse. Avoid saying everything you think all at once. Instead, target your main points.
Listen to them and respect their opinion. If they see you as a good listener, they may be more inclined to trust your input. Give them room to participate and ask questions.
Focus on facts rather than emotions. If your teenager is using drugs, you may feel anger, sadness, fear or confusion. Those are natural reactions. But talking about the issue is more productive than talking about your feelings.
Avoid being judgmental.
Respect their independence. Tell them you are trying to help them make good decisions, by giving them information they may not know.
Be clear about why you are worried. Whatever your teenager may think, communicate that your main concern is for their well-being.
Ask your teen about THEIR concerns regarding substances. Discuss and address those issues. Let them know that they can be open and honest with you and let them know that you have their safety in mind – “My #1 concern is your safety – that means I need to know where you are and who you’re with.”
Take the time to understand and address your greatest fears regarding your teen. Discuss these with a friend, partner or therapist. Try not to let irrational fears create undue anxiety while talking with your teen.
Honesty (about what you know and don’t know), courage (about having the discussion in the first place) and faith (that your child will make mistakes, but with a loving and supportive family, will turn out all right) is the spirit in which you want to engage your teen.
Think very carefully before rifling through your child's journals, emails, etc., searching for clues of substance use. The potential gains, in most cases, are far outweighed by the potential damage it would do to your relationship with your teen.
Make your position clear when it comes to substances like alcohol, tobacco, and other drugs. Don’t assume that your youth knows where you stand.
At times, having this discussion with a qualified youth and/or addiction therapist can be very helpful. If your teen is not interested, you may still benefit in meeting with a counsellor for support and suggestions.

Parenting approaches often exist on a continuum that ranges from being over-involvement to under involved. Involvement in your teen's life is crucial and means you care and believe your teen is important. Involvement expresses commitment and safety within a relationship.

- **Over Involvement**: can communicate feelings to your teen about their capacity and ability to manage their life on their own, looks like hyper vigilance, control, rigidity, fear.
- **Under involvement**: communicates lack of important and significance, disengaged connection, disinterest, concern with being too strict, detached

Involvement requires balance, some independence, autonomy and ability to make decisions and learn from mistakes balanced with limits, clear boundaries, stability, structure and safety.

How does being over involved or under involved work for you and your teen?

How does being over involved or under involved not work for you and your teen?

What are the barriers that get in the way of becoming more or less involved?

What is one small step you can take to address these barriers?

How may your youth respond if you were to become more or less involved?
Handout 1.6: Strength and Mastery

All people need to feel they are capable, worthy, good enough and competent. A sense of Mastery is important for adolescent health and well-being. Mastery is the belief that individuals have control over their influences that affect their life. A sense of mastery helps a person respond to challenges, recognize choices, and affect outcomes.

Mastery is a healthy part of development where teens realized their efforts of important for resolving difficulties. In order to encourage the development of Master caregiver can actively encourage teens to become involved, participate and influence the outcomes of challenges.

How can you support a sense of Mastery around the challenge of substance use?

- Invite youth to be a part of family decision making
- Develop safety plans around youth capacity to implement boundaries and make good decisions around substance use
- Ask for their ideas and support them with follow through of those ideas
- Encourage their own actions they can do with or without you
- When changes are made they celebrate the natural rewards

Expectations are important aspects of relationships because the communicate behaviors that support boundaries and health. Pressure and expectations can lead to frustration and distance in relationships with your teen. Support your teen with the person they want to be as opposed to the person you feel they should be.

One helpful thing is to try to let go of the smaller things and focus on the bigger things. For example the color of your teens hair, what they are wearing of the music they are listening to, while frustrating in the moment are small things compared to some of the larger challenges associated with substance use. It is useful to ask yourself is this behaviors harmful to my teen? If it is not it may be useful to let it go and preserve the relationship with your young person.

What are the expectations you place on your teen? Which expectations are realistic and helpful? Which expectations are constraining? How can you focus on the helpful and realistic expectations?

What are the expectations you place on yourself? Which are realistic and helpful? Which one are constraining? How can you focus on the helpful realistic expectations?
### Appendix B: Strategies for Evoking Change Talk

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Example</th>
</tr>
</thead>
</table>
| **Ask evocative open questions:** the answer to which is likely to be change talk. | -  *In what ways does this problem concern you?*  
-  *How important is it for you to make this change? What/who needs to change?*  
-  *So what do you think you'll do?*  |
| **Ask for elaboration/examples:** when a change talk theme emerges, ask for more details. Ask the parent to give specific examples. | -  *Tell me more about how you would manage Billy’s tantrums?*  
-  *In what ways do you show Billy you are upset?*  
-  *When was the last time you had a good day with Billy?*  
-  *Give an example of what a good day looks like?*  
-  *What do you notice about Billy/yourself/the family when are having a good day?*  |
| **Explore decisional balance:** ask for the pros and cons of both changing and staying the same. | -  *What are the pros and cons of making changes in your family?*  |
| **Looking back questions:** ask about a time before the problem emerged. How were things better, different? | -  *How were things better/different before John (violent partner) moved in with you?*  |
| **Looking forward questions:** Ask what may happen if things continue as they are (status quo). Invite the parent to address their ambivalence and highlight the benefits of change and the | -  *How would you like your family to be 5 years from now?*  
-  *How would things be better/different if you made changes?*  |
negative consequences of not changing.

- If you were 100% successful in making the changes that you want, what would be different in your family?

**Query extremes:** explore the advantages and disadvantages of not changing.

- What are the best things that might happen if you do make this change?
- What are the worst things that might happen if you don’t make this change?

**Use change rulers:** to explore readiness to change

- On a scale of 1 to 10, how important is it to you to change [the specific target behavior], where 1 is not at all important and a 10 is extremely important?
- Follow up with: And why are you at a __ and not a __ [higher number]? What might happen that might move you from a __ to a __ [higher number]?

**Explore goals and values:** ask what the parent's guiding values are.

- What do you want from life?
- What does being a "good parent" mean to you?
- Ask how this fits in with the parent's goals or values.

**Come alongside:** explicitly side with the negative (status quo) side of ambivalence to invite the parent to argue for change.

- Perhaps [being in a violent relationship/drinking alcohol to cope] is so important to you that you won't give it up, no matter what the cost.

Adapted from: Motivational Interviewing Resources. (no date)

Organizing Vision: Where would you like your family to be headed?

Obstacles/Challenges: What helps you get there?

Problematic Experiences & feelings:

Old habits and practices:

Constraining Interpersonal interactions:

Beliefs, lifestyles, life stories, dilemmas and difficult situations

Constraining Cultural Expectations:

Supports: Who and what supports you toward moving toward your vision?

Abilities, skills and knowledge:

Counter habits and practices:

Sustaining interpersonal interactions:

Intentions, values, hopes and commitments:

Supportive community members:

Sustaining cultural expectations:

Plan
How can we draw on supports to address obstacles to help you move towards your preferred future?
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