

# **Family-Centered Treatment for Women with Substance Use Disorders**

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**October 26, 2016**

**Great Lakes ATTC**



# Family-Centered Treatment

## Theoretical Approach

The eggs that hold the all the ingredients together regardless of level of care &/or resources available.



## Ingredients

The services provided for:

Women



Mother-Child



Children



Family



## **The Theoretical Approach**

### **The way we go about helping people change their lives**

- **How do we know what to do to help people change?**
  - **What beliefs do we have that guide what we do?**
  - **Why do we hold these beliefs? What are they based on?**

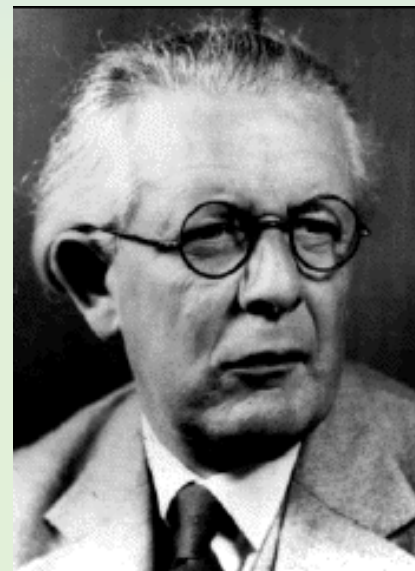
**We Operate from Theories  
Whether We are Aware or Not**

- **How do we consider the female gender as we understand substance abuse and appropriate interventions?**

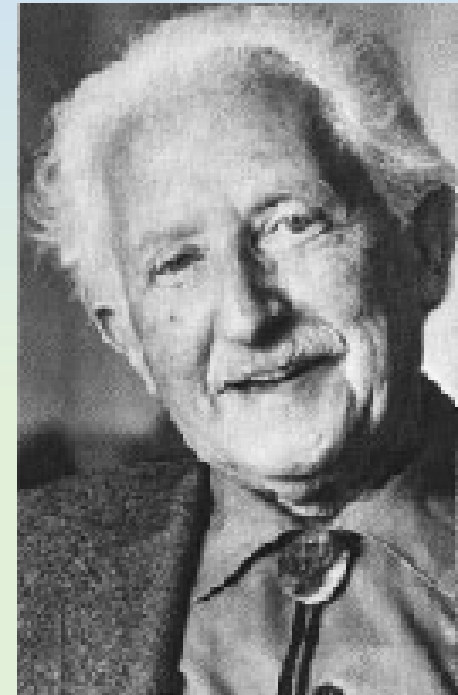
**We need a theory!**



**Freud**



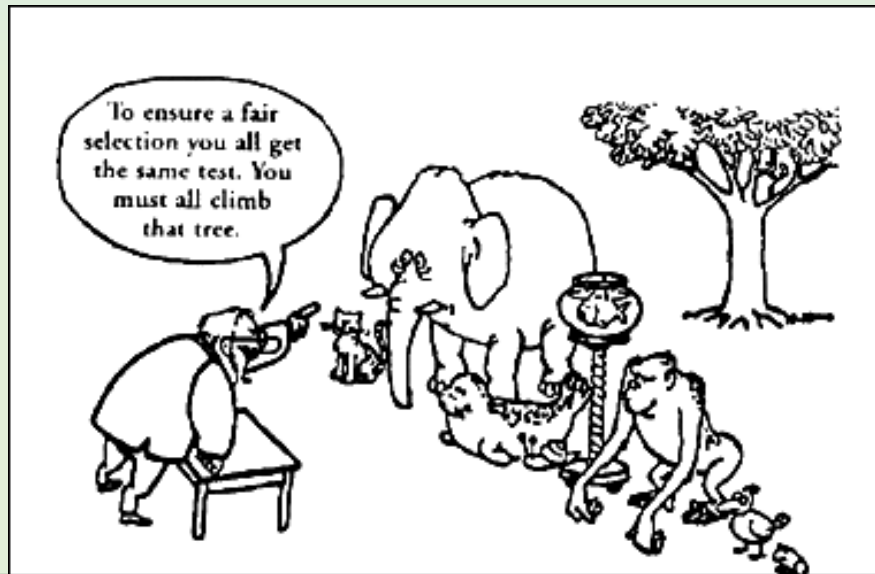
**Piaget**



**Erickson**

## Limitations of Main Theoretical Theories

- Does not accept or account for biological differences
- Cultural mandates generally & specifically for women
- Does not explain normal female behavior



## **Birth of the Relational-Cultural Theory** **The Psychology of Women**

**1976 Jean Baker Miller at the Stone Center at  
Wellesley College –**

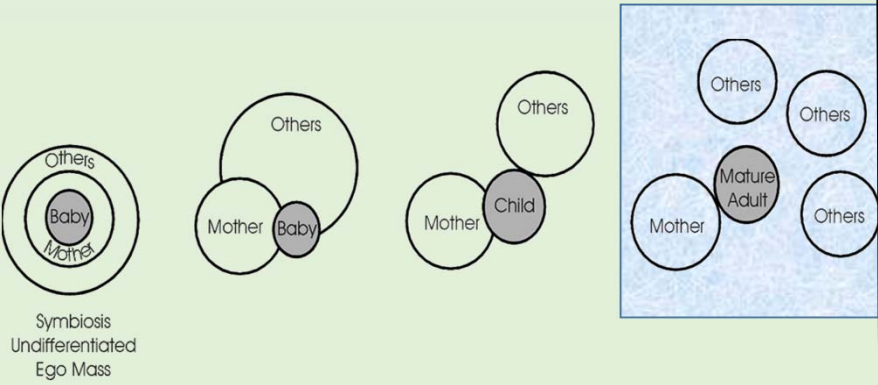
**Identified women's strong drive for affiliation as being  
valuable and a strength upon which to build**

## **Relational-Cultural Theory for Women**

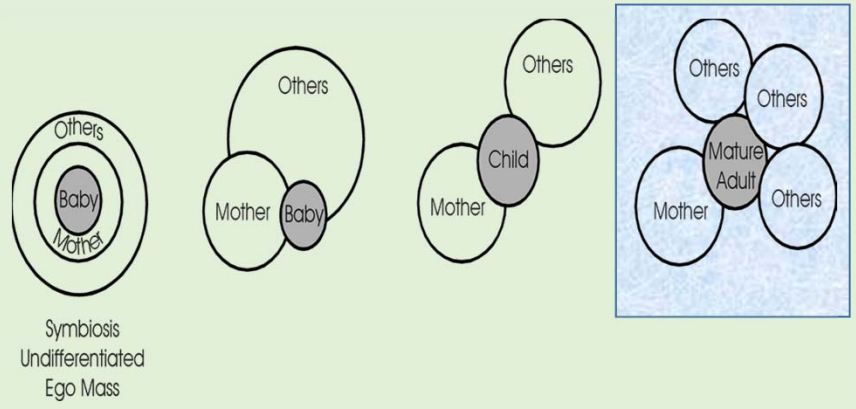
- **For women the sense of self is organized around making and maintaining affiliations with others**
- **Emotional growth and development for women occurs through connections to others**
- **These connections are necessary for psychological growth and for health**
- **Poor emotional health comes from disconnections- abusive relationships (relationships that are not authentic, empathic or mutual)**
- **Healthy connections are growth enhancing**

# Separation-Individuation Theory of Emotional Development as opposed to Relationship-Differentiation Theory

## Separation-Individuation Theory



## Relationship-Differentiation Theory





## **A Relational Approach Defines the Culture of Family-Centered Treatment**

- **How interactions take place among the women & their families & how all staff, including administration interact with each other (interpersonal & organizational style)**
- **The physical environment**
- **The family focus – who is involved in the treatment process with the woman**
- **The choice of services**
- **The content of interactions**
- **The other system involvement**

# The Impact of Trauma



## **The Impact of Trauma on Relationships**

**Lisa Bridget – talks about being raped in 1994**

**“The rape destroyed me, I just thought I was a bad person. I turned to drugs, crime. I started going to jail. He didn’t just take my body. He took my integrity, my peace, everything a woman can have that makes her ... He treated me like trash, and from that point on, I treated myself like trash. **The mistrust I feel toward others has left me very guarded!! Not allowing myself to love or be loved because I don’t feel worthy of anything!! ... “****

## **Interpersonal Trauma and Relationships**

- **Interpersonal trauma (IT)) occurs when there is a betrayal of trust such as childhood sexual or physical abuse or adult domestic violence (infliction by those we rely on for survival)**
- **Women report a much higher level of IT than men.**
- **Interpersonal trauma defines one's self-perception and perception about others.** (Disorganized attachment: Learned to view others as unavailable, threatening and rejecting. Afraid of genuine closeness and see themselves as unworthy of love and support).
- **It is a violation of trust which is highly associated with the quality of future relationships.**
- **When women experience trauma, they are 2 times more likely to develop the symptoms of PTSD.**

## **Interpersonal Trauma and Future Relationships**

**Relationships are characterized as victim - victimizer**

**Someone is the controller and someone controlled**

**I need you but I know you will betray me!**

*What are the implications for your relationship with those you are trying to help?*

<b>Traditional Approach (Defined by Ins. System) vs. a Relational Approach</b>	
<b>Traditional Insurance Based Model</b>	<b>Relational-Cultural FCT Model</b>
Focus on the individual with “presenting problem”	Focus on the whole family
Focus is only on the “presenting problem” (symptom)	Focus on all concerns
Goal is stabilization or symptom management	Goal is development of internal resources and prevention of future problems
Service commitment & time limits are defined by Ins. Co. & pre-determined	Service commitment is time is based on need and defined by the client and the provider in collaboration
Services are either prevention or treatment	Prevention & treatment are integrated
Relationships between provider & client is hierarchical – professional down to client	Relationships between provider & client are equal, open & collaborative

## Comparing Care Giver Approaches Traditional vs. FCT & Trauma Informed

<b>Traditional</b>	<b>FCT – Trauma Informed</b>
<b>Rule enforcers – focus on compliance</b>	<b>Caregivers/supporters – focus on collaboration</b>
<b>Approach based on a tradition of toughness</b>	<b>Approach – focus on affording individual as much control as possible and not re-traumatizing the person</b>
<b>Strong message to individual that staff are the experts and in charge (keys; yelling orders)</b>	<b>Individuals are equal partners with staff each having their own areas of expertise.</b>
<b>Encouragement to focus only on self</b>	<b>Focus on self and others</b>

# Comparing Care Giver Approaches

## Traditional vs. FCT & Trauma Informed

<b>Traditional</b>	<b>FCT – Trauma Informed</b>
<b>See individuals as broken, vulnerable and in need of protection and fixing</b>	<b>Provides the maximum level of choice, autonomy, self-determination, dignity, and respect; people fix themselves</b>
<b>Must manage individuals' behaviors</b>	<b>Help individual build skills to manage their own behavior</b>
<b>Blame the individual when service fails</b>	<b>Service may be inappropriate fit for needs – Learning opportunity – What can we do differently?</b>

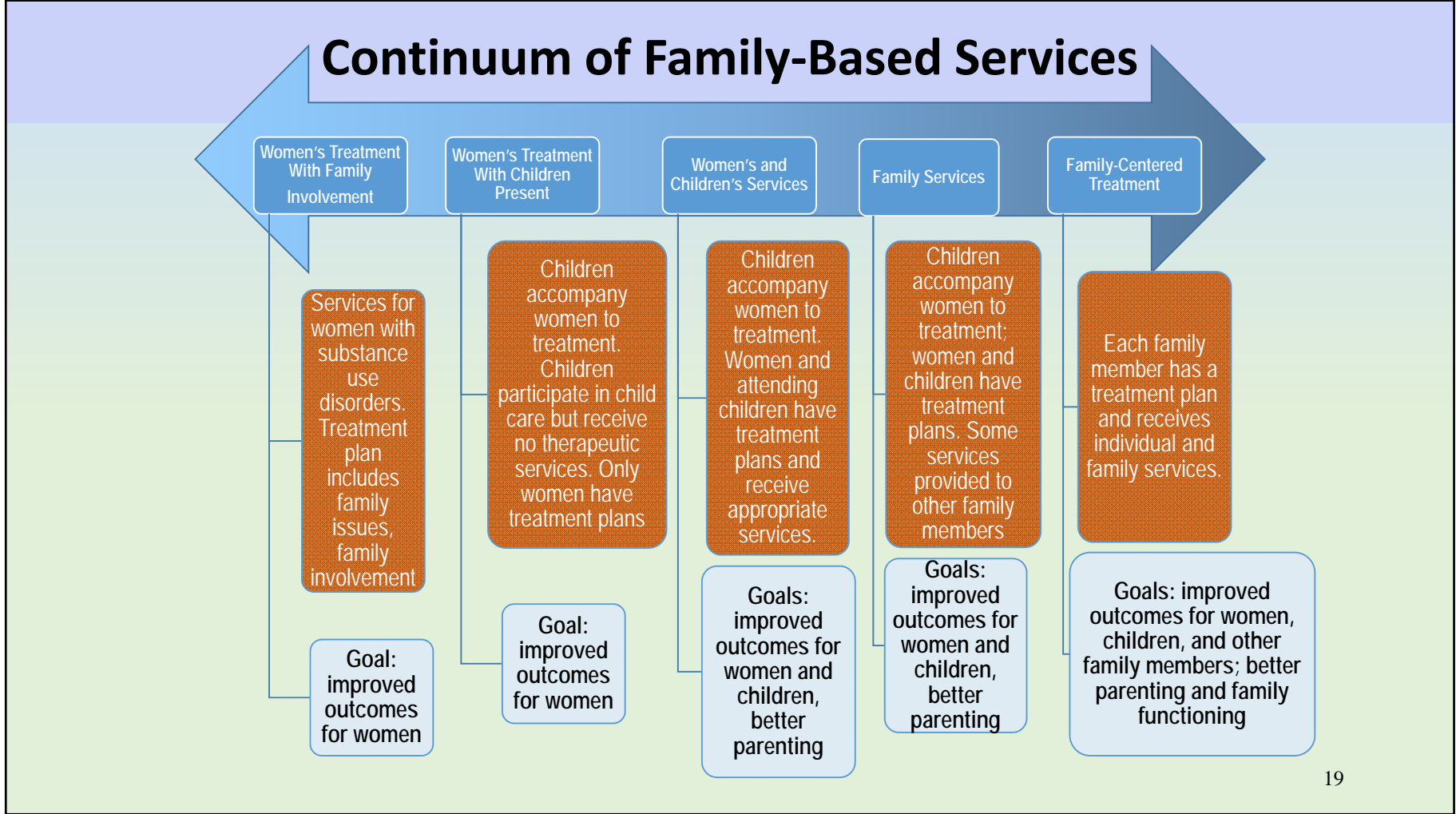


# Family Centered Treatment



## Family-Centered Treatment Assumptions

- Shift from a focus on the woman as an individual to a focus on her many roles in relationship to others as a mother, family member, employee, community member
- Recovery takes place within context of relationships
- Involvement of children supports the mothers treatment
- Relationships with children strengthen the treatment experience for all family members
- Expectation that roles and relationships among all family members will change



## Strength Based Assessment

### What is your vision for yourself?

**Goal:** Re-frame her situation into a context that helps her understand that she can cope and recover by using her skills, supports, routines, and positive thinking.

- **Identify skills** that the woman has which will help her address her concerns.
- **Identify supports** in the woman's life (healthy relationships, access to community resources, etc)..
- **Identify existing habits/routines** which can help her achieve her goals. A client with major depression may benefit from a former routine.
- **Identify areas of hope** to help her see the possibility of achieving her vision.

## **Examples of Additional Questions Added to Standard Assessments**

- **Do you have the primary responsibility for arranging for or providing meals, transportation, clothing, schooling and/or other care for anyone?**
- **What household chores do you do?**
- **Have your children ever been sick? (Should answer yes)**
- **Do you have any current concerns about the emotional or physical health of any of your child/children?**
- **Where are your children at the times that you drink alcohol or use drugs?**
- **How are your children supervised during the day and at night?**
- **Have you ever worried that you would not be able to take care of your children while using alcohol or drugs?**
- **Have you ever had trouble getting your children food, clothes or a place to live or had a hard time getting your children to school or child care, because you were using alcohol or drugs?**
- **Have you been hit, kicked punched or otherwise hurt by someone within the past year?**
- **Do you feel safe in your current relationship?**

## Services for Women Assessment

- Drug & Alcohol Use
- Medical
- Employment-Education
- Legal
- Family History
- Family/Social Relationships
- Mental Health
- Spirituality

## **Services for Women**

### **Case Management**

### **Potential Areas**

- **Financial and community resources – TANF Involvement**
- **Legal issues – Criminal Justice Involvement**
- **Child Welfare Involvement**
- **Transportation**
- **Housing**
- **Medical/Dental Involvement/Pre & Post Natal Care**
- **WIC**
- **Mental Health Treatment Involvement outside of agency**
- **Intimate Relationships**
- **Vocational & Education**
- **Social/Recreational**
- **Nutritional issues**

## **Services for Women Case Management Coordination Challenges**

**Women & other family members likely to be involved in other systems**

- **Staff may be well trained to understand their own system but they may not have a good understanding of other systems.**
- **Front line staff in each system develop plans for the woman (family) without consideration to other plans being developed for the same woman (family) in other systems.**
- **There may be little or no sharing of information between systems or it may be left to the woman (family) to carry information between systems**
- **The substance use treatment team needs to know all the case management needs and their impact on the clinical treatment process**



## **Services for Women**

### **Case Management**

### **When there is no Coordination**

- **Multiple meetings for woman; sometimes scheduling conflicts**
- **Requirements to receive same service from multiple providers**
- **Frenetic pace to meet all requirements**
- **Woman required to do the impossible**
- **Failure blamed on client resulting in severe consequences**

## **Services for Women**

### **Gender Appropriate Clinical Treatment**

**Curriculum with issues that focus on the realities of women's lives:**

- **Present focused trauma-treatment: skill building**
- **Development of a sense of self and positive self-concept – addressing shame, guilt, cultural roles**
- **Building healthy mutual relationships**
- **Caring for your physical & mental health**
- **How to live sober**
- **Understanding sexuality**
- **Spirituality**
- **Peer to Peer activities**

# The Mother-Child Relationship

**For women there is a relationship between improved maternal functioning and their prognosis and the prognosis for the children.**



# How Does Trauma Affect Parenting?



28

## **Parenting Behavior & Interpersonal Trauma (IT)**

- **As a group women with IT:**
  - **More likely to engage in risky sexual behavior**
  - **Reach puberty at a younger age**
  - **Become pregnant at a younger age**
- **IT is a risk for child maltreatment in the form of physical abuse**
- **IT interferes with parenting generally and is correlated with poor developmental outcomes for their children**

## **Parenting Behavior & Interpersonal Trauma (IT)**

### **As children**

- **The mothers are likely to have developed disorganized attachments in childhood which are carried into adulthood**
- **Likely to lack exposure to models of successful care-giving**
- **Usually exposed to a range of family problems that have the potential to affect their own parenting**

## **Parenting Behavior & Interpersonal Trauma (IT)** **Relational Distortions**

**Child becomes the solution:**

- **To loneliness**
- **Sense of isolation**
- **Someone to be faithful and reliable**
- **Someone in which to form a family**

## **Parenting Behavior & Interpersonal Trauma (IT)**

### **Relational Distortions**

- **Has not learned how to have a close relationship with a child or others.**
  - ★ **Interpersonal boundaries have been violated repeatedly**
  - ★ **Unaware of what is a reasonable distance between mother and child and others.**
  - ★ **Sometimes intrusive and sometimes very distant**
- **Mother-child role reversal: mother is overly dependent on the child to meet their own emotional needs**



## **Parenting Behavior & Interpersonal Trauma (IT)**

### **Relational Distortions**

- **More likely to treat their children like a close friend or companion – relying on children for emotional support**
- **Anxious about being physically intimate with their children -- bathing, diaper-changing, tucking into bed**
- **Poor adult relationships may put children in high risk situations- contact with male offending partners and other perpetrators**

## **Parenting Behavior & Interpersonal Trauma (IT)**

### **Relational Distortions Identification with the Child**

- **Permissive approach to parenting**
  - ✦ **avoid taking parental authority - own negative experience as victims of adult power**
  - ✦ **feel less in control**
  - ✦ **ineffective as parents**
  - ✦ **lack confidence to set limits**
- **Difficulty subjugating their own pressing needs to those of their children**

## **Parenting Behavior & Interpersonal Trauma (IT)**

### **Relational Distortions Identification with the Child**

- **Children are a constant reminder of their own childhood**
- **Inability to take the child's perspective**
  - ★ **To identify with the child is to relive their abuse**
  - ★ **Emotional distance**

## Services for the Mother – Child Relationship

- **Trauma Informed Parenting & Nurturing Training**
- **Mother Child Relational Therapy**
  - ★ help facilitate a positive relationship with children while learning skills to manage children's behavior.
- **Child Care**
  - ★ during treatment
  - ★ Provides access to young children for treatment
- **In-Home Mother & Infant after Birth (6 weeks)**
  - ★ Parenting assistance
  - ★ Continued Substance use & Mental Health Tx
- **Supervised Visitation**

## Services for the Children

- **Transportation to and from facility, school**
  - ✦ **Access to children can be an issue when not living in residential LOC**
- **Screening & Assessment**
  - ✦ **Children likely to be impacted by substance use –potential trauma**
  - ✦ **Provide in-house services or referral for- OT, PT, Speech, etc**
- **Case Management**
  - ✦ **Care Coordination –schools, Head Start, other treatments**
  - ✦ **Social Services – financial support**
- **Therapeutic Interventions**
  - ✦ **Child and infant mental health and trauma treatment**
- **Pediatric Care**
  - ✦ **General prevention and specific care**
  - ✦ **Opportunity to learn about child health & navigating system**
- **Age Specific education and prevention**

## Services for the Family

- **Parenting Training for other parent of children**
- **Family Strengthening Program**
- **Family Relational Therapy**
  - ★ **Participants identified by woman**
- **Case Management & Referral**
  - ★ **Assessment of needs**
  - ★ **Provide services in-house or by referral**
- **Substance Use Education General & re: Family Impact**
  - ★ **Impact on children**
  - ★ **Impact on parenting**
  - ★ **Impact on family when mother uses substances**

# Family-Centered Treatment The Commitment & Team



## **Complex Nature of the Task**

**Commit to addressing everything that arises in  
the families' life**

**Must have a significant percentage of flexible  
funding**



## The Commitment

- **Administrative and organizational support:**
  - ✦ **develop the philosophy and structure that can support a FCT program**
- This means changes in:**
  - ✦ **Policies**
  - ✦ **Procedures**
  - ✦ **Staffing patterns**
  - ✦ **Staff attitudes**
  - ✦ **Staff qualifications**
  - ✦ **Programming**
  - ✦ **Funding**
- **On-going training of all staff**

41

## The Team

- **Team is made up of many disciplines which must operate as one**
- **May be internal staff or external staff from other agencies**
- **Examples of specialties:**
  - ★ **AODA Counselors/ MSW-AODA/MH**
  - ★ **Case managers**
  - ★ **Child Care Staff**
  - ★ **Child & Family Therapists (Art Therapist)**
  - ★ **Parenting Specialists**
  - ★ **Living Skills Specialist**
  - ★ **Vocational/Educational Specialist**
  - ★ **Maternal Health Nurse**
  - ★ **Psychiatrist**

## Building a Team

- **Need staff internal and external staff that**
  - ✦ **are willing to be team players**
  - ✦ **can be very flexible, creative – and do not need to be told what to do**
- **Identifying external staff**
  - ✦ **Continual process of searching for agencies with the administrative and clinical willingness to partner**
  - ✦ **Constant training and educating about FCT and the win-win results for everyone**
- **Must share a common philosophy about the organizational and interpersonal style**
- **Staff that has expertise and primary responsibility for the adults and those that have expertise and primary responsibility for the children **must be aligned****
- **Each staff person needs to make it a priority to know how everyone else is working with the family**

## **Building the Team**

**Conflict is Inevitable!**

- **Cross training**
- **Spend time in other discipline**
- **Provide supervision that is family- focused**
- **Address the staff emotional attachment to the children**
- **Staffings**
- **Logs**
- **Communication**

## **It's Worth It**

**Sounds complicated and it is**

**However:**

- **It gives you the opportunity to provide a treatment experience based on how women navigate their world allowing you to participate in what is so vitally important to them**
- **It gives you the opportunity to assist with coping and behavior change based on women's real life situations**

**and**

**It is so personally rewarding!!!!**