THIS DOCUMENT PROVIDES A PRACTICAL GUIDE FOR WORKERS TO EFFECTIVELY INVOLVE FAMILIES IN YOUTH ALCOHOL AND OTHER DRUGS (AOD) TREATMENT.

This practice manual has been developed by Anglicare Linking Youth and Families Together (LYFT) Program at Anglicare Victoria and written by Jacqui Sundbery for the Bouverie Centre, La Trobe University. The manual has been funded by the Mental Health Drugs and Regions Division, Department of Health.

The practices of LYFT Alcohol and Other Drugs Family Workers at Anglicare have provided the inspiration for the content described throughout this manual. Generous contributions have been made from David Giles, LYFT practitioners and the Steering Committee.

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Alcohol-related harm costs the state $4.3 billion a year through road accidents, health and social problems, and crime and workforce issues. As a result, calls from bodies such as the Auditor-General for tougher policies to tackle the issue of binge drinking – particularly amongst young people – reflect the emerging broader concern of the impact of alcohol in our community. Finding ways to reduce the economic and social consequences of these trends will result in Victorians living more safely and enjoying healthier lives.

In 2009, Anglicare Victoria received funding from the Department of Health to pilot a program targeting young people with drug and alcohol problems and their families. This program, known as Linking Youth and Families Together (LYFT), engages the family along with the young person in therapeutic interventions. Anglicare Victoria’s conclusion from this pilot is that involving the family is integral to changing and sustaining more healthy behaviours amongst young people.

The evaluation of the LYFT program has shown remarkable outcomes for young people:

- 88% said that their alcohol use had decreased or ceased
- 84% said that their violent behaviour had decreased or ceased
- 87% using cannabis said that they had reduced or ceased their use
- 77% said that their relationship with their parent had improved
- There was a statistically significant decrease in self reported psychological distress
- 95% said it was useful for parents to be part of the young person’s treatment.

Anglicare Victoria has captured many of the insights and techniques as to why this program has been so successful in this practice manual, Linking Youth and Families Together: Family Interventions for Alcohol and other Drug Use Amongst Young People. We are confident that the application of various theoretical frameworks combined with so many illustrative case studies will add to the knowledge of practitioners within the sector.

I commend all staff associated with the LYFT program for their individual and collective contributions toward the preparation of this manual. I would like to take this opportunity to thank the Department of Health for funding and the Bouverie Centre, La Trobe University for their expert guidance in the preparation of this manual.

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This manual provides a practical guide for workers to effectively involve families in the treatment of a young person’s substance misuse. The interventions outlined are meant to be used flexibly in response to the needs of the family and adapted to reflect the style of individual workers. Aside from the chapter on assessment, the chapters have not been placed in a particular order so the interventions can be used within a fluid, client-directed approach.

The term ‘worker’ is used throughout the manual to describe Youth and Family Workers in the Alcohol and Other Drug sector.

The case studies and practice examples used within this manual have been developed using non-identifiable case scenarios.
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PART ONE: PROGRAM CONTEXT

Background

History
Over the past three years, Anglicare Victoria has been piloting an innovative Youth Drug and Alcohol Treatment program called Linking Youth and Family Together (LYFT). The program provides a unique family-systems approach to the drug and alcohol treatment of young people aged 12 to 21 years, and is highly effective due to the involvement of family. Therefore, even when working with the most challenging of young people, positive behaviour changes are reinforced and sustained through improvements in family functioning. The following manual is based on the learning from this Department of Health-funded pilot, and is designed to provide practical advice for drug and alcohol workers working with families.

Why Work with Families?
It’s hard for young people to make progress or achieve their goals if their family is not supportive or considers them to be a ‘problem child’. This manual encourages practice that does not label any one person as the ‘problem’, but rather looks at both individual and family factors that may be contributing to the situation. This is a powerful approach, as it allows a young person’s family and community to be part of the solution.

Family is the most enduring connection a young person has, and by strengthening this connection a natural support system is built for the young person. The positive changes in family relationships and communication can sustain the changes the young person has made long after the worker is no longer involved. This approach promotes the importance of reducing harm even if a young person does not want to change their behaviour. This is because positive change in the family can directly influence the young person’s behaviour.

For further reading, the recently released Youth Support and Advocacy Service (YSAS) guide, A resource for strengthening therapeutic practice frameworks in youth alcohol and other drug services (Bruun & Mitchell, 2012), provides a thorough review of the benefits of family-oriented practice for young people affected by alcohol and other drugs.

Overview of the LYFT Model
Linking Youth and Families Together works with young people and those most influential in their network to:

- reduce harm from problematic alcohol use.
- improve health and wellbeing outcomes.

The LYFT model does this by:

- combining therapeutic and treatment techniques to assist the family and young person to engage in more helpful behaviours.
- providing information and education to young people and their families.
- providing flexible support to young people.
While LYFT incorporates techniques from a youth development, alcohol and other drugs, and family systems perspective, it is the way they come together in practice that leads to effective and measurable change for young people.

A typical LYFT intervention involves approximately 12 sessions with a young person and their family. This is flexible depending on the family’s needs. Assessment, planning, intervention and review are intrinsic elements within each session, and are instructive as to where the emphasis of each session is directed.

Aboriginal and Torres Strait Islander People

Aboriginal and Torres Strait Islander people have suffered greatly as a result of European colonisation. The subsequent deprivations that Aboriginal families, kinship groups and nations have experienced (including deprivation of their land and removal of their children) underlie many Aboriginal and Torres Strait Islander people’s experiences of significant disadvantage today (Giles & Pizzi, 2009).

Because of this there are particular needs of Aboriginal and Torres Strait Islander Alcohol and Other Drugs (AOD) clients that are distinctly different to those of other clients. Any AOD service’s practice with Aboriginal people must be comprehensively informed by these needs, and proceed in a spirit of respect and desire for reconciliation, Aboriginal self-determination and decolonisation.

Workers need to be aware that connection to cultural heritage acts as a significant protective factor for all young people, but particularly young people of Aboriginal and Torres Strait Islander heritage. In recognition of this, and in accordance with the Children, Youth and Families Act 2005, workers should seek to ensure that Aboriginal and Torres Strait Islander people are able to maintain connection to their cultural heritage so that they can experience the resilience-enhancing benefits of such connection (Giles & Pizzi, 2009).

Workers also need to be vigilant about not imposing their own culturally specific values regarding parenting practices on Aboriginal and Torres Strait Islander clients. Of course, young people’s best interests remain paramount, but it is essential that workers understand Aboriginal values and how they relate to Aboriginal child-rearing practices as well as how culture shapes all persons’ views of the world, their hopes and expectations, and how they perceive problems and envisage solutions (Miller, 2007).

It is vital that practice with Aboriginal and Torres Strait Islander people always respects and promotes Aboriginal self-determination and avoids paternalistic approaches. Workers need to be mindful of the experiences Aboriginal peoples have had with welfare services: the Stolen Generations and Aboriginal and Torres Strait Islander peoples’ over-representation in the statutory child protection system, which continues today. These experiences and their after-effects, along with recurring experiences of racism, marginalisation and institutionalised subordination to white privilege and direction, have led many Aboriginal and Torres Strait Islander people to develop a mistrustful view of governments, government instrumentalities and white society in general, all of which service providers may be perceived to be a part (Giles & Pizzi, 2009).

To ensure that AOD services practice is as relevant to and effective for Aboriginal and Torres Strait Islander clients as possible, it is important that programs and individual workers seek the advice and assistance of Aboriginal community groups and community service organisations whenever they are working with Aboriginal and Torres Strait Islander clients.
There are clearly many issues and sensitivities workers need to take into account when working with Aboriginal and Torres Strait Islander clients. Some of the barriers to accessing services by Aboriginal and Torres Strait Islander people can be addressed by both a cultural audit and cultural sensitivity training. An audit tool that is readily available is the Koori Practice checklist which can be downloaded from the Ngwala Willumbong Cooperative Ltd website http://www.ngwala.org. Cultural sensitivity training can be accessed through the Victorian Aboriginal Childcare Agency http://www.vacca.org

**People from Culturally and Linguistically Diverse Communities (CaLD)**

As the client-base of AOD youth services is culturally and linguistically diverse, being able to engage with a range of communities requires that services be culturally sensitive. Central to culturally sensitive practice is the understanding that culture is a significant influence on personal and family beliefs and values and it shapes how ‘specific problems are experienced, expressed and defined’ (Proctor in Romios, McBride & Mansourian, 2007, p. 19). It also involves appreciating the challenges that families face in a cultural environment that may be largely alien to them and which may view them with fear, intolerance and contempt (Giles & Pizzi, 2009).

Whilst engaging with families from different cultural backgrounds workers need to be mindful of how their own culture has shaped their understandings. Workers must successfully reconcile the need to challenge certain behaviours or practices whilst avoiding the imposition of their own cultural norms, beliefs and values.

Workers need to equip themselves with knowledge about their clients’ cultures, particularly with respect to beliefs surrounding parenting practices, AOD use and what informal resources for community support may be available. This can be achieved through undertaking training and research along with building partnerships with ethno-specific agencies, organisations and community groups around the needs of families (Giles & Pizzi, 2009).

An important part of culturally sensitive practice is the understanding that no cultural group is homogeneous and each family has its own particular culture that needs to be worked with to ensure effective engagement and appropriate use of interventions.

The Victorian Department of Health outlines six areas for action to increase the use of health services by people from CaLD communities:

- Understanding clients and their needs.
- Partnerships with multicultural and ethno-specific agencies.
- A culturally diverse workforce.
- Using language services effectively.
- Encouraging participation in decision making.
- Promoting the benefits of a multicultural Victoria.

(Victorian Department of Human Services, 2006)

**Gay, Lesbian, Bisexual, Transgender or Intersex Clients (GLBTI)**

As with other communities it is important that AOD services recognise the specific needs of GLBTI people. A useful starting point is to ensure that the recommendations made by the Victorian Department of Health’s *Well Proud: A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services* have been incorporated into service delivery. These are:

- A welcoming environment.
- Staff education and training.
• Staff/client communication that promotes acceptance of sexual orientation, gender orientation and relationship status.
• Staff seek consent from families when recording information and offer reasons why certain information is needed.
• Referral and resources where consumers benefit from a database of GLBTI support groups and services.
• Disclosure and confidentiality where confidentiality statements are developed that are specific to GLBTI and the right not to disclose is respected.

(Victorian Department of Health, 2009)

People with a Disability

People with a Disability

Access to AOD services is a major barrier that people with a disability experience. Wheelchair access, guide dog access and disabled toilets are essential to engage this section of the community, along with interpreter services for people with hearing or vision impairment.

Planning for inclusivity begins with organisational policy and the desire to understand the needs of all those in the community requiring AOD services. This in practice will include making all people with a disability feel welcomed and respected and may involve displaying disability services literature and providing adequate education and training for staff.

The co-occurrence of mental health and substance-use issues is common and young people are particularly vulnerable because of their age and stage of physical, neurological, psychological and social development. As a result of the Victorian Dual Diagnosis Initiative and the Federal Improved Services Initiative many services have increased their capacity to respond to dual diagnoses through application of the five service development principles:

1. Dual diagnosis is systematically identified and responded to in a timely evidence-based manner and is core business in both mental health and alcohol and other drug services.
2. Staff are ‘dual diagnosis capable’, that is, they have the knowledge and skills necessary to identify and respond appropriately to dual diagnosis clients and advanced practitioners are able to provide integrated assessment, treatment and care.
3. Specialist mental health and alcohol and other drug services establish effective partnerships and agree on mechanisms that support integrated assessment, treatment and care.
4. Outcomes and service quality for dual diagnosis clients are monitored and regularly reviewed.
5. Consumers and carers are involved in the planning and evaluation of service responses.

(Victorian Department of Human Services, 2007)

Through attendance to the above principles young people with a dual diagnosis and their family members are better positioned to benefit from the approaches outlined in this manual.
There are numerous approaches which are effective in engaging young people and their families to work together around substance-use issues. The following represents some useful starting points for making ‘in-roads’ into family work:

1. **Asking young people about family at intake and assessment:**
   ‘Who are the important people in your life?’
   For any young person coming into the service, it is important to get a picture of their family and home life by asking who they live with, who is important to them, and what things are like at home. This can open up conversations that will help in developing a rationale for involving the young person’s family in treatment. It is recommended that family work be offered to all young people as part of service provision.

2. **Having a clear rationale for family work**
   It is helpful to develop a clear rationale for how working with a young person and their family can be of benefit. An example of how a worker might explain this to a young person is:
   
   Often the young people we work with tell us that they feel hassled by their parents or that there is some conflict going on at home. I’m wondering if this is the case for you? We’ve found that sitting down and talking about some of these things can sometimes reduce the conflict or get parents off your back. What do you think about arranging for your family to be part of the next session?

3. **Exploring any concerns the young person may have about the meeting**
   Some young people may be reluctant to involve their parents or family members, and the worker can gently explore with the young person what concerns they have about this. It may be that the young person is worried about conflict escalating, their parents finding out more information about their AOD use, being ganged up on or lectured. The worker and the young person can discuss together how these situations would be managed in a family meeting, which may help to allay any fears the young person has.

4. **Keeping it on the agenda**
   Regardless of whether a young person chooses to involve their family, the family can still be included by asking how a parent reacted to a situation or what usually happens when they come home late or stay out all weekend. Some young people may not want their family involved, but it can be useful to check in regularly to see whether or not this is still the case.

5. **Confidentiality**
   Create an expectation of information sharing and discuss with the young person and their family what can and can’t be shared and under what circumstances. Keep checking in regarding attitudes to information sharing as these may change over time (Proctor, Young, & Weir, 2006). An example of how this might be discussed with a young person is:
   
   While what we talk about is confidential, there are times when it may be useful to share some things with your family. Could we discuss what information you’re happy for me to share with them?
Sometimes when we have a family session one of the things parents want to discuss is alcohol and drug use, and I’m wondering how we should manage that. What information are you ok with them knowing? Is there anything you don’t feel comfortable sharing? Ok, so what role do you want me to play with that?

It is quite common for parents or family members to be more concerned about a young person’s substance use than the young person (Berridge, Lubman, McKay-Brown & Dillon, 2011). They are also more likely to seek help than young people and may look to AOD services for advice or support in how to manage their concerns surrounding a young person’s substance use.

Research shows that parents are a key initiator of service access for young people (Zwaanswijk, Van der Ende, Verhaak, Bensing & Verhulst, 2003). In some instances, parents may be able to exercise enough influence to have a young person attend an AOD service. Workers can also help parents develop other strategies to encourage the young person to engage, or can seek permission to contact the young person directly and invite them to a family meeting or to an outreach appointment.

If the young person is not able to be engaged, a family session with those family members willing to attend can be beneficial. The young person may become curious and attend in time and the family may also generate change in the substance use through altering their own behaviours and patterns of interaction.


When working with young people and their families where there is problematic alcohol or drug use, assessment needs to cover a number of domains. These include alcohol and drug use, violence, mental health and high-risk behaviours, and how these can be understood in the context of the family. The focus of this section is to outline a structure which will be useful when meeting a young person and their family for the first time. The processes describe how to engage multiple family members, create a shared agenda and provide ways of intervening in the problems that the family is facing. It is assumed that services will have already integrated screening tools such as the Department of Health Youth AOD Assessment and Intervention Tool 2004 and the dual diagnosis tool into their practice. The way of working with families outlined here will provide another key component in providing a comprehensive assessment.

Having more than one person in the room can be an overwhelming proposition and it may seem that individual work already provides sufficient challenges without incorporating the concerns of a client’s family. However, by involving multiple family members in the process of assessment and intervention it is possible to hear different perspectives on the problem and to varying degrees, see the problem played out in the session. Possibilities for interventions are revealed along with the family’s resources and strengths, which can accelerate the identification of goals for the work and the enactment of solutions. Knowing which members of the family are most concerned about the problem can be useful in harnessing the motivation for change wherever it occurs in the family.

The worker, prior to meeting with the young person and their family, will have already begun the assessment process through the initial phone screen. In their conversations with referring services and family members, workers will be able to ascertain which configurations of people to see and how best to involve the whole family whilst being conscious of issues surrounding violence and safety (Crago, 2006). If the young person has not self-referred it is recommended that efforts be made to engage the young person over the phone to ensure they are aware of the referral and determine whether it may be necessary to talk with them separately regarding their alcohol and drug use and risk levels.

In keeping with a client-centred approach the worker seeks to attune themselves to the young person’s and family’s needs and gain sufficient information to provide effective interventions. Though the process of assessment is collaborative, it is important that the worker takes charge when necessary to keep the session on track and to maintain a therapeutic environment. An atmosphere is encouraged where the difficulties are

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1 It is a Department of Health requirement that a mental health screen is administered to all AOD clients. Many LYFT workers currently utilise the K10, a link for which is provided in the references and resources section.
acknowledged and family members’ concerns and requests are negotiated, whilst maintaining an emphasis on the possibilities for change (Selekman, 1997). Ways of talking are introduced that are generous in the way they avoid attributing negative rationales for people’s actions and generative as they evoke possibilities and the resources of the family (Lowe, 2004). Facilitating a change in the way the problem is perceived can also lead to a change in the way the family behaves in relation to the problem. This approach enables family members to feel less defensive and more open to possibilities.

The skills required for conducting a family assessment will be outlined here in key principles, questions and frameworks and these will be drawn together in a practice example which can guide workers through their initial meeting with a family.

**Aims of the Session**

- To engage with each member of the family and build a shared agenda for the work.
- To identify the family’s goals and what they would like to achieve in the work together.
- To identify how individual and family factors interact with the young person’s alcohol use.
- To facilitate the family gaining new insight and perspective on the problem.
- To identify and intervene appropriately in relation to any areas of vulnerability the young person is experiencing, particularly those that may result in significant or immediate harm.
- To understand whether further referrals are required for the young person or other family members (e.g. individual youth outreach, mental health worker, residential withdrawal, family support, couple counselling, parenting groups).
- To set up how you will work together, including who will attend, the frequency of sessions, and where they will be.

**Principles of this Approach**

- Assessment is not a separate process to intervention.
- The worker is impartial and generous in their interpretations of people's behaviour.
- Family resources can be utilised to reduce harm.
- Asking about the particular strengths, interests and talents of each family member creates an atmosphere conducive to therapeutic work.
- Curious questioning opens up possibilities.
- An atmosphere of hope and optimism is beneficial.
- Parental warmth and bonding are protective factors that should be encouraged.

**Questions to Keep in Mind**

- What were the circumstances of the referral, e.g. Who made it? Why to this service? What was the sequence of events leading up to the referral? Why was the referral made now?
- What is the history of this problem?
- What other agencies are involved and what are their agendas?

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2 Having the therapist express optimism in regards to the ability of the family to achieve a positive outcome for their problems has been shown to have a great influence on the results of treatment (Selekman, 1997).
• What is the family’s prior experience of services?
• What has been tried already and how successful was it?
• What are the family’s views on how change occurs?
• What has the family done to prevent the situation getting worse?
• What has stopped the family from giving up?

**Single Session Work**

The single session approach was developed in response to national and international research that found that the average number of sessions attended by clients across a large number of counselling services was one. It was also found that it is difficult to predict which clients are the most likely to attend further sessions (Talmon, 1990). Single session work aims to make every session count by prioritising the family’s goals, clarifying what needs to be achieved in the session and regularly checking that things are on track. With this in mind, the following framework and checklist provides a useful guide to conducting family meetings:

---

### Welcome
- Welcome and thank the family for attending.
- State your agenda for the meeting.
- Invite other agenda items.
- Identify any limitations – time, scope of possible outcomes.

### Make Comfortable
- Communicate assumption that family members are doing the best they can.
- Acknowledge their difficult situation.
- Normalise their reactions and concerns.
- Encourage each person to contribute.
- Acknowledge family strengths.
Be Curious
✓ Approach the family with an open mind.
✓ Maintain a position of ‘not knowing’.
✓ Try to understand the unique perspective of each person present (step into each person’s shoes).
✓ Accept each point of view rather than feel you have to decide the correct view.
✓ Articulate and share different points of view (this simple action can be very helpful).
✓ Facilitate productive interaction / interconnectedness.
✓ Explore how different points of view interrelate.
✓ Point out similar concerns.
✓ Identify unhelpful patterns (vicious cycles).

Check In
✓ Check in to see if you are on course.
✓ Ask if meeting is being helpful.
✓ Ask if there is anything you should have asked about but haven’t.
✓ Clarify progress and next step.
✓ Clarify what is resolved and what is not.
✓ State plans to address unresolved issues.
✓ Emphasise positive outcomes.
✓ Provide tentative advice and clear feedback.
✓ Thank family for attending and clarify next steps.

(Proctor, et al., 2006)

Types of Engagement
It can be useful to employ a number of means of engagement as each method offers different ways of understanding the problem as well as opportunities to accentuate the resources the family possesses.

Types of engagement include:

Individual – The worker develops an extended conversation with one person at a time while others listen.

If a young person is reluctant to speak it can be useful to engage a parent or sibling in a conversation about the young person so that the young person is able to sit back and hopefully hear something different (Lowe, 2004), e.g. ‘What is it that you respect and admire about _______?’

Collective – The worker addresses questions and comments to dyads (groups of two) or family groupings, rather than to individuals.

Asking the family how they have managed a particular issue can effectively join the family in identifying their strengths and the common values they have enlisted to overcome the problem.

Reciprocal – The worker invites one or more listeners to comment on what they have just heard others say.
If a father is sitting back in the session and appears reluctant to engage, the worker could ask him to notice what it is that seems to be most important to the young person whilst they are speaking or what he thinks another family member may be feeling as he listens to the conversation.

Each of these patterns of engagement will be helpful at different times and individual workers will employ some methods more than others according to their preferences (Lowe, 2004, p. 56).

The solution-focused approach also provides many useful strategies that can be used in an initial appointment to engage family members and clarify their goals. More information and example questions can be found in the section ‘Working with Family Strengths’.

Practice Example

Kathy presented at the service concerned about the level of Claire’s drinking and the high degree of conflict between her and her daughter.

Worker (W): Thank you for meeting with me today. I’d like to make our session as useful as possible, so I’m hoping to hear from both of you about what you would like to work towards. Does that sound OK?

Kathy (mother) & Claire (identified young person): Yeah.

W: Can you tell me what your hopes are in coming here today?
Claire: Mum told me I had to be here.
W: OK… you could have decided not to have come anyway; what got you here?
Claire: I didn’t want to fight with her.
Kathy: I didn’t chuck you out!
Claire: Yes, you did!
W: What do you think Mum is most worried about at the moment?
Claire: She’s paranoid that I’m getting blind and passing out all the time and that something bad will happen to me.

The worker helps to de-escalate the conflict by having Claire reflect on her mother’s concern for her.
Kathy: There was a picture of her on Facebook passed out – what am I supposed to think when I see that?
W: Is Claire drinking too much and putting herself in danger, what you’re most concerned about?
Kathy: Yes, I’m really worried about what might happen to her and she misses a lot of school.
Claire: School is boring, it’s so boring!
Kathy: We can’t talk about any of this stuff it always ends in an argument!
Claire: That’s why I get out on the weekends, because of the shouting!
W: So is that the priority to work on today, the fighting at home?
Claire: Exactly
Kathy: Yes, but we mostly fight because of Claire’s drinking, so I want to talk about that too.
W: It sounds like you’re really worried about Claire and this is what you guys are often fighting about.
Kathy & Claire: Yep.
W: Claire, how did you feel about that night you passed out?
Claire: I certainly didn’t plan to pass out, that’s for sure.
W: So what got in the way of what you’d planned that night?
Claire: The party started in the afternoon so we all started drinking pretty early and I hadn’t eaten anything so it hit me pretty hard. I’ve never passed out before and I was really sick the next day…
W: So what do you usually drink over a weekend?
Claire: I normally only get drunk one night on the weekend and the other night take it easy. I might have one or two the other night but mostly on Friday nights it’s pretty low-key.
W: Kathy, what’s it like hearing Claire say that?
Kathy: Well, I’m a bit surprised. I thought she drank a lot more. It’s a bit of a relief, though I still think it’s too much.
W: Claire, what does getting drunk look like?
Claire: Sharing a bottle of tequila, or whatever we can get, between a few friends.
W: So is that a third of a bottle of tequila or some other spirit?
Claire: Yeah, if I drink that much I’m pretty right and we have a good night.
W: If in six months things were going in a better direction at home, what would be happening?
Claire: Mum would get over it.
Kathy: Claire would be home more instead of partying, and not missing so much school.
W: What would you and your Mum be doing if she was over it?
Claire: We’d get on better and go shopping and have movie nights.
W: Is that something you’d like Kathy?
Kathy: Sure, but she’s never around to do any of those things.
W: What do you both think would need to change for you to be able to
do those things together?
Claire: Not shouting at each other. Mum would have to listen to me without
going off her head.
Kathy: Of course I’d rather we didn’t fight all the time and I wouldn’t go
off my head if I knew she wasn’t drinking so much and looking after
herself when she goes out.
W: So would that be an OK thing for us to work on in these sessions,
to work on listening to each other and getting along better?
Claire and Kathy: Yeah, sure.

This example shows how to create a shared agenda with the family that encompasses
individual goals whilst assessing areas of risk surrounding alcohol use. Strategies to
locate solutions that are generated by the family have also been shown.

Troubleshooting

- Ask the referring service or family member what they think would be the best
  way to engage other family members. Suggest that you could give them a
  call beforehand if they think that would be OK or ask them to check with that
  person if they would take a call from you.
- Endeavour to speak to the young person before the session to engage them
  and ensure that the meeting is not ‘sprung on them’.
- If the family brings up numerous concerns ask them to prioritise or try to
  agree on one goal as a starting point.
- If there are family members who are not talking in the session try including
  them by asking ‘___, what do you think is going on here?’ or ‘___, do you
  have the same opinion as ___ or is yours different?’ Comment on nonverbal
cues like ‘___, it seems like you are pretty uncomfortable hearing that?’ If the
person says they prefer not to speak you can acknowledge their contribution
by coming along and listening.
- Be careful not to replicate unhelpful patterns in the session. If the family
  seems to be treading a well-worn path, try asking the family ‘Is this what
usually happens at home?’ and if it is, ask ‘Would it be OK to try something
different?’
- When considering what configurations of people to invite to a session, avoid
replicating splits in the family, e.g. if the mother and daughter are aligned
and the father is positioned as the ‘bad cop’ it may not be useful to convene
a session with the mother and daughter without the father. Also consider
whether it may be helpful to have a session with the siblings only or just the
parents in order to strengthen these relationships.
- If there is high conflict in the session, consider stopping the meeting and
speaking to people separately.
Wrapping Up

This session balances the needs of the worker to orient themselves to the family's context and to attend to areas of risk as well as being responsive to the family's needs as they present themselves on that day. Respecting the family's goals helps to engage them in the process and ensures that the session will be useful no matter whether this is the first of a number of sessions or the only one.

Further Reading


Department of Health Youth AOD Assessment and Intervention Tool 2004.

Kessler 10 measure: The Kessler (K10) measure is a 10-item self-report questionnaire intended to yield a global measure of 'psychological distress' based on questions about the level of anxiety and depressive symptoms in the most recent four-week period.
Mapping the Cycle

Introduction

The worker aims to understand how the young person’s substance misuse relates to other problematic cycles of behaviour or interaction within the family. During the initial meeting with the family, relationship dynamics or patterns of interaction will have become apparent, and in this context the young person’s alcohol or drug use can be seen as a component of the problem cycle, rather than simply as the cause or an effect. That is, the substance use may be a behavioural enactment of relationship difficulties, and it may also have detrimental effects on these relationships. In this section, the assessment is extended to include mapping of the problematic cycles, incorporating interventions informed by systems theory, stages of change and harm minimisation. Key principles, aims and questions to keep in mind will be explained, and practice examples will be used to demonstrate these approaches.

Overview

Families who are experiencing problems related to a young person’s alcohol or drug use are often stuck in a cycle which is causing distress or discomfort to varying degrees within the family. The very attempts that a family is making to solve their problems may inadvertently be serving to maintain them. Through curious questioning, an understanding of the problem is generated that includes multiple perspectives. This can reveal new information to the family which may be sufficient to create a shift in the way the family is coping.

Through eliciting the specific behaviours, thoughts and feelings that are occurring when the problem cycle is evident, various points of intervention are revealed. The focus is directed towards patterns rather than to any particular person. This approach serves to decrease blame in the family, by focusing on how the problem occurs rather than on why the problem is happening.

This section provides an understanding of stages of change and harm minimisation as they apply within a family system. These approaches can help to raise awareness in the family around how individuals who are at different stages in the change cycle can still exert influence over the problem and be part of supporting the young person to move from pre-contemplation in the change cycle towards action. For family members this will mean taking responsibility for aspects of the problem which they have some influence or control over.

Aims of the Session

- To understand the particular features of the problem cycle including who responds, how, and the effects of this pattern on the family.
- To introduce new information into the system that may bring about changes in perception or behaviour.
- To recruit and build on the strengths of the family to reduce harm.

Principles of this Approach

- The cycle is the problem, not any particular person or substance.
- How the problem is maintained is more important than apportioning blame or knowing why it exists.
- Reducing conflict and stress in the home may result in a decrease in problematic AOD use.
AOD use can cause stress on the family. One impact of AOD use can be the harm it causes to relationships.

Identifying where particular family members are situated in relation to the stages of change introduces new information into the system which can affect change. This can be particularly effective with families who are seeking advice and strategies rather than therapy or when a young person is not motivated to change.

Family myths, rules and beliefs can inadvertently restrain people from doing something different.

Parents and siblings can motivate change around problematic AOD use by changing their own behaviour, and can also adopt strategies that can reduce harm to the young person and to family relationships.

Questions to Keep in Mind

- What would life be like for the family if the AOD use ceased?
- Are there confused boundaries between the parents and children?
- Are there any unhelpful alliances between family members?
- Are there other family members who have a drug or alcohol problem? How has it been managed?
- Are the parents’ experiences from their family of origin having an influence on the current situation?

Frameworks

Stages of Change and the Family

The following framework has been adapted from Prochaska & DiClemente Stages of Change by Family Drug Help, SHARC, to represent the parallel journeys of people with substance-use issues and their families. It can be used to assist family members to understand why their approach to the situation may not be effective, and to inform them of more helpful approaches based on where people are located in the change cycle. It is important to note that each family may respond differently depending upon their particular context.
<table>
<thead>
<tr>
<th>State of Change</th>
<th>Family</th>
<th>Young Person with Substance-use Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-contemplation</strong></td>
<td>Young person enjoying substance use.</td>
<td>Not sure if there's a problem.</td>
</tr>
<tr>
<td></td>
<td>Parent/s worried.</td>
<td>Confusion, bargaining, minimising, denial.</td>
</tr>
<tr>
<td></td>
<td>Building tensions.</td>
<td>Secretive behaviour.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Defensive.</td>
</tr>
<tr>
<td><strong>Contemplation</strong></td>
<td>Young person feeling negative effects of AOD use.</td>
<td>Awareness that there is a problem.</td>
</tr>
<tr>
<td></td>
<td>Family conflict.</td>
<td>Feelings of grief, sadness, anger, guilt, shame.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Behaviour chaotic, emotional, irrational, reactive.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stress manifesting in problematic behaviours or physical issues.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Siblings resentful.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Problems arising because of behaviour.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anger.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of control.</td>
</tr>
<tr>
<td><strong>Preparation</strong></td>
<td>Recognition that change is needed.</td>
<td>Frustration, powerlessness, fear and dread, worry.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attempts to make the other person change and to control the situation by watching, spying, covering for young person and by recruiting other family members and service providers to do the same.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resentful of suggestions made by family members.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plans for change in the future.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information seeking.</td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td>Behaviour change.</td>
<td>Some understanding and acceptance. Seeking help.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Modifying and changing behaviour.</td>
</tr>
<tr>
<td><strong>Relapse</strong></td>
<td>Young person’s substance use returns to problematic levels for a period of time. Family members try to control situation.</td>
<td>Panic, anger, trying to force solutions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Loss and sadness that there is not a quick fix for the issue.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recurrence of problematic behaviours.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shame and guilt.</td>
</tr>
<tr>
<td><strong>Maintenance</strong></td>
<td>Family members enact behaviours that minimise harmful AOD use and distress in the family.</td>
<td>Family is able to move on with their own lives.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lifestyle altered to enable non-problematic AOD use.</td>
</tr>
</tbody>
</table>

Family Roles
The following schema was developed by Sharon Wegscheider (1981) and represents roles that are typical in families presenting to youth AOD services. It is important to keep in mind that the boundaries between these roles may be flexible and at times traits may be adopted from other roles and positions. Bearing this schema in mind, the worker can be curious about the various roles that family members adopt and how they may act as a constraint to change for the family. It is important to remember not to label the family, and that these roles may be viewed as ways of coping with the AOD use of a family member.

<table>
<thead>
<tr>
<th>Role</th>
<th>Strategy</th>
<th>Pay-off</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scapegoat</td>
<td>Fight/act out.</td>
<td>Little or no expectation.</td>
</tr>
<tr>
<td></td>
<td>Draws attention away from other issues that may be present in the family.</td>
<td>Allows the family to believe that if the young person stopped drinking all their problems would be solved.</td>
</tr>
<tr>
<td>Enabler</td>
<td>Compensate.</td>
<td>Sense of usefulness and self esteem.</td>
</tr>
<tr>
<td></td>
<td>May help the young person hide from the consequences of their behaviour. May make excuses for the young person, deny the problem or blame other circumstances.</td>
<td></td>
</tr>
<tr>
<td>Hero</td>
<td>Work/Busy.</td>
<td>Praise.</td>
</tr>
<tr>
<td></td>
<td>The hero focuses on doing things that make the family appear to be doing OK. They are often perfectionists or over achievers.</td>
<td></td>
</tr>
<tr>
<td>Mascot</td>
<td>Defuse/Compensate.</td>
<td>Attention/reduce tension.</td>
</tr>
<tr>
<td></td>
<td>Takes attention away from the problems. tries to provide comic relief.</td>
<td></td>
</tr>
<tr>
<td>Lost child</td>
<td>Retreat.</td>
<td>Avoidance.</td>
</tr>
<tr>
<td></td>
<td>May spend time alone to escape the problem. Is often quite shy.</td>
<td></td>
</tr>
</tbody>
</table>

(\text{Wegscheider-Cruse, 1981})

Working with the Family to Reduce Harm
The effects of substance misuse on families can be measured in terms of emotional and mental distress, health problems and grief and loss within relationships. Supporting families to deal with these harms can not only lead to improved health and wellbeing outcomes for family members, but also the substance user. Additionally, there are practical ways in which family members can play a role in harm reduction for the substance user. For instance, increasing cooperation between family members can lead to a greater ability for parents to monitor the young person’s behaviour and set appropriate boundaries. There are a variety of things parents can do to help keep the young person safe:

- Before the young person goes out, discuss how they will get home safely.
- Encourage the young person to call them if they are in a dangerous situation and need to be picked up.
• Discuss where the young person will be going and who they will be with.
• Ask the young person to contact them if plans change.
• Negotiate and agree on a time the young person has to be home.
• Ask the young person to demonstrate that they have thought through ways to keep themselves safe from things such as drink spiking, drink driving, road accidents and gate-crashers at parties.

Some young people may resist parents’ efforts to supervise their behaviour, which might lead to an escalation in conflict. In such situations the worker can help the family to examine the problem cycle and negotiate a ‘win-win’. For instance, the young person may be willing to share more information about their whereabouts if the parents agree to ‘get off their back’. Similarly, parents may be willing to allow some more freedoms if the young person can demonstrate that they have thought through safety concerns and have ways of managing these.

The following questions may initiate a conversation and negotiation between a young person and their family around safety:

• What do you think is a harmful amount of alcohol to consume?
• Are there times when you have gone beyond what you think is a safe level of alcohol use?
• What are the ways that you keep yourself safe?
• What support from your family would help you to keep yourself safe?
• What could you do that would have your mother/father worrying less?
• Do you think it might change the way your parent/s respond to you if they knew a bit more about…?
• What would you need to see from your daughter that would show you she is making safe choices?
• What would your son need to do for you to feel comfortable about giving him more responsibility and independence?
• What’s it like for you not knowing where your daughter is on the weekends?
• What difference would it make to you if you knew where your brother was staying on the weekends?
• What normally happens when your daughter asks if she can take a few drinks to a party?
• What usually happens when your son comes home drunk?

These questions can provide the opportunity for the young person to demonstrate to their parents the ways in which they are responsible. This can counter parental fears and projections as well as provide a platform for negotiation. These questions can also provide an opportunity for family members to reflect on their approach and adjust how they are responding to the situation.
Janine contacted the service regarding the high level of conflict between Andrew and Ron and concerns around Andrew's weekend binge drinking.

Worker (W): It seems that there is a lot of fighting in the family at the moment and that you’re all feeling pretty stuck; would this be an OK place for us to start?

Parents: Sure.

Andrew (Identified young person): Yep, that sounds fine.

W: Could you give me an example of what starts the fighting?

Ron (step-father): Andrew comes home on a Sunday night after being out all weekend and I let him have it!

Janine (mother): Ron yells at Andrew, ‘I told you to call!’

W: So when you ‘let him have it’, what does that look like?

Ron: I tell him that he has no respect, that he acts like a slob and since he doesn’t even have the decency to let us know where he is, he can pack his bags and get out of my house!

W: How does Andrew respond when you say these things?

Ron: Yeah, well he’s got to know what effect he’s having on all of us! He can’t get away with it. He thinks the place is a hotel!

Janine: Andrew tries to ignore him and yells for Ron to leave him alone and to stop worrying.

W: And what are you doing whilst this is happening Janine?

Janine: I’m trying to calm things down because I’m worried and he’s got nowhere to go. I plead with Ron to leave him alone and say that I’ll talk to him.

W: What’s happening for you Andrew?

Andrew: That I’ve heard this all before, I don’t even listen. I just want to relax, I’ve just got home, I’m tired.

W: What do you think it’s like for Jeff (sibling) when this is happening?
Andrew: Oh he just ignores it. He stays in his room puts on his headphones goes on the computer or plays Xbox.

W: What do you think Jeff thinks about this?

Andrew: That our parents are stressheads!

Janine: I don’t understand why it’s OK for a 17 year old to stay out drinking all weekend – it’s a wasted life! Why is he doing this?!

Jeff: Andrew isn’t wasting his life, he does good things. He takes me out and we play basketball and he helps me with stuff.

W: Sounds like you are not as worried as your parents are about Andrew.

Jeff: No, he’s alright; they just won’t leave him alone.

W: And Janine, it sounds like you are pretty worried that Andrew might be wasting his life – is that what you are thinking when Andrew walks in?

Janine: Yes, it’s been building up all weekend.

W: And what’s going through your mind, Andrew?

Andrew: It’s the same stuff they say every week. They don’t listen to me, they don’t understand. They both start yelling at me and grill me about where I’ve been and how much I’ve been drinking – it’s ridiculous! I spend time with my friends, I support them, I’ve had the same group of friends for years. I don’t want to come home when I know it’s going to be like this, I’d rather just stay with my mates.

W: How about you, Ron? What’s been going on in your mind before Andrew comes in?

Ron: I start getting angry from when he leaves on Saturday morning... I’m thinking, ‘Is he going to end up dead?’ I can’t sleep properly and I keep thinking, ‘Where is he?!’

W: On a scale of 1 to 10, how bad would you say the fighting is at the moment?

Janine: 8.5 – 9. We can’t keep going like this!

W: How long has it been going on?

Ron: About three months.

W: And is this the worst it’s been?

Janine: No, last year it got really bad and Andrew moved out for a few weeks and then when he came back things calmed down for a while.

W: What made a difference then?

Ron: Well he was doing some work with his uncle and he had his own money so I didn’t get as angry and we talked more.

W: So you were talking a bit more. Do you remember that Andrew?

Andrew: Yeah, he wasn’t so stressed out then, he didn’t have all the money worries.
This example focuses on what each family member is doing in behavioural terms and how these behaviours interact with one another. The effects of the cycle could be further tracked by exploring the beliefs, thoughts and feelings that power the cycle and what the consequences are for the family.

**Part 2: Intervention into the Cycle**

W: Is there anything you could do to make it easier for your Mum and Dad so that they don’t worry quite so much?

Janine: Where are you? Are you on the banks of the river drinking?

Andrew: No!

W: Can I just let you in on what I’m thinking for a minute? Janine, Andrew: Yes

W: It seems like there’s a lot of worry around because your parents don’t know where you are or what you are doing and the worry makes it really hard to communicate. What do you think?

Andrew: Yeah, probably...

W: I wonder if there are a few things you could tell your parents that might help them relax a bit?

Andrew: Look, we change our plans a fair bit but mostly we just go to each other’s places, get some food, listen to music, watch DVDs and just joke around and stuff. Sometimes we go to parties but not much as there are too many idiots so we mostly just hang out together anyway, it’s more chilled.
W: What difference would it make to you, Ron and Janine, if you knew Andrew was staying at a friend’s house?
Janine: I wouldn’t worry so much if I knew he was OK.
Ron: That he was alive and hadn’t got into a fight
Andrew: If I let them know where I was, she would come and get me!
Janine: No I wouldn’t, as long as I knew you were safe.
Andrew: You’d yell! I don’t answer their calls now because they yell at me and I’m not doing anything!
Janine: All right, I could agree to be calm if you called me before we went to bed.
Andrew: Perhaps a text would be a better idea...
Janine: As long as you let us know.
W: What would it be like for you as an experiment to send a text at 10pm on Saturday night and let them know what your plans are?
Andrew: Yeah, OK. I’ll try it.
W: Do you think you’d be as angry, Ron, if you got a text from Andrew?
Ron: I might feel better if I got the text.

This example focuses on one aspect of the problem cycle in the belief that change in one part of the cycle may lead to significant changes to the overall pattern of interaction. Through focusing on the process and the feelings that underlie the parents’ actions, new information is brought into the system which assists the family to shift from previously fixed roles in the interaction.

Part 3: From Problems to Strengths

W: It sounds like you’re not talking to each other much these days. Was there a time when you did?
Andrew: Yeah, Dad and I used to get on all right but that was ages ago.
W: What was different then?
Andrew: Yeah, well we used to just do things together and not talk about ‘why this’ and ‘why that’.
W: Is that right, Ron? Did you and Andrew used to do more things together?
Ron: Yeah, we’d go to soccer together and work on the car sometimes. Now he’s never here.
Andrew: Well I get sick of hearing the same stuff all the time.
W: When was the last time you two went to the soccer or worked on the car?
Andrew: About six weeks ago he helped me work on the car. I’m gonna drive when I get my license.
W: How did that come about, Ron?
Ron: He just asked me.
W: How come you said yes?
Ron: Well, he’d come back from his mate’s a bit earlier on a Sunday afternoon and he and I had watched a replay of a soccer game. And he just started talking about his car and I offered to have a look at it with him.

W: What do you think that meant to Andrew, you two spending time together?
Ron: I reckon he was relieved that we could fix the problem and it wasn’t going to cost him anything.

W: Is that right, Andrew?
Andrew: Oh look, I like spending time with him; it’s fine when he’s not hassling me.

W: What told you that if you asked him that he wouldn’t hassle you?
Andrew: Well, we’d just been talking about the game and he seemed like he was in a good mood.

W: Was there anything about that day that you think might have helped get your Dad in a good mood?
Andrew: I don’t know… maybe. I had come home earlier than usual that day and didn’t go straight to my room to sleep.

The worker asks Ron and Andrew to reflect on the components that enable them to spend pleasurable time together. By making them both more aware of the ways they contribute to these interactions they are more likely to be able to replicate them. Without a strengthening of the relationship between the parent and young person, attempts to facilitate change in the family will be hampered.

**Troubleshooting**

- Be careful not to take sides, or to put yourself in opposition to the parent/s.
- Be thoughtful about the timing and content of information that you provide to the family, as irrelevant information may cause unnecessary alarm to already-worried parents.
- Focus on strengthening the relationships as this is likely to increase the family’s capacity to establish and adhere to agreements and boundaries.

**Wrapping Up**

The approaches presented in this section help to clarify perspectives around the nature of the problem and how it operates within the family. By gaining insight into the specific behaviours, feelings and thoughts that accompany the problem, points of intervention are opened up and alternative ways of responding are made possible.
Further Reading


Responding to the Challenges of Adolescence

Introduction

Adolescence is a challenging time for families and this section provides an opportunity for parents to discuss some of the difficulties surrounding their child’s substance use without the presence of younger family members. The interventions described can serve to strengthen the parental subsystem and explore what is getting in the way of the family moving through this phase of development.

A session (or more) devoted to the parents can be invaluable so that they can openly discuss their situation without the risk of their authority being undermined in front of the adolescent. It can also enable the worker to better understand how the parents are responding to the situation and assess whether there are inconsistencies in their approach.

The family lifecycle in relation to the adolescent phase of development provides a useful framework in working with parents to support their young person in moving towards greater independence. Consideration will also be given to some of the factors getting in the way of families progressing and these will be outlined in the practice example and troubleshooting section.

Parents presenting at services may be experiencing difficulties in changing their parenting style to respond to the needs of adolescence. Sometimes parents are convinced that the adolescent is mentally unwell, has a behaviour problem, or is different or special in some way that means that they cannot take responsibility for their behaviour. This belief can keep the parents in a position where they are bearing the consequences for the choices that the young person is making which also makes it difficult for the young person to learn from their mistakes.

It’s important to take time to understand what is influencing the parents’ responses to their child, including fear surrounding the young person’s behaviour and feelings of loss. The worker’s role is to discern when to sensitively support and when to challenge the parents around how their parenting values accord with their actions and if their responses are helping the young person to learn the life lessons that they need to.

In situations where the young person has both parents involved, one parent may be more permissive in their parenting style than the other, so it is important to find approaches which both parents can agree on and sustain. The worker needs to ensure that any boundaries and consequences they suggest can be applied consistently, rather than suggesting approaches that the parent/s are not currently able to commit to. Any discrepancies may reduce their effectiveness, and hence inadvertently undermine the goals of the work.

These approaches seek to negotiate appropriate responsibilities within the family by placing the parents back in the position of authority within the family whilst encouraging developmentally appropriate responsibility on the part of the young person. Often, when there is a problem of adolescent AOD use, the adolescent’s behaviour puts them in a position of power in the family rather than the parent/s. These processes seek to re-establish the parent/s as the leaders in the family.

3 It is important to note that whilst seeing the young person’s behaviour through the lens of adolescent development is useful, some behaviours may be indicative of more serious mental health, behavioural disorders or learning difficulties which will require appropriate referrals.
Aims

- To assist the family to negotiate the family life cycle transitions associated with parenting adolescents.
- For the parents to consider substance use as a form of risk-taking and rebellious behaviour that is part of adolescent development.
- To increase awareness around the differences between parenting a child and parenting a young adult.
- To connect the parent/s with their own experience of being an adolescent.
- To encourage parents to negotiate with the young person around what responsibilities can be handed over to them.
- For parents to develop a united approach to boundaries and consequences for the young person.
- To acknowledge the feelings of loss that the parent/s may be feeling.

Principles of Approach

- The adolescent phase of the family life cycle constitutes a time of upheaval for the whole family.
- Substance misuse can keep the young person from directly addressing the task of individuation and keeps the family overly involved.
- Conflict in the home can be reduced through upholding natural consequences for challenging or unacceptable behaviours.
- Consistent boundaries and consequences help adolescents learn through experience.
- A parenting approach that is based on cooperation rather than obedience reduces rebellion on the part of the young person.

Questions to Keep in Mind

- What other issues might arise if the alcohol use was no longer a problem?
- What were the parents’ experiences of being parented through their own adolescence? And what was the effect?
- Are the parents currently compensating for aspects of their own upbringing? For example, being overly permissive because their parents were strict and authoritarian.
- Is there anything preventing the parents from letting go?

Frameworks

**Family Life Cycle and Adolescent Development**

It can be helpful for the worker to explain the family life cycle (see Appendix 1) with a special emphasis on the adolescent phase and the ways in which parents can assist a young person to achieve the tasks of adolescence. These tasks include creating their own values and standards apart from their family, experimenting and finding limits for themselves, having greater autonomy in their decision making and greater flexibility in the way that they live.

Each transition through the life cycle can mark a loss or crisis as the system is required to change and adapt. Anxiety and distress are at their greatest when tasks from the previous developmental phase have not been adequately managed and if there are other life factors occurring at the same time such as a job loss, illness or moving house (Blyth, Toumbourou & Bamberg, 2000; Carter & McGoldrick, 1999).

Consideration also needs to be given to the family’s beliefs, myths and legacies that can act as constraints to the family successfully moving through the adolescent phase.
The Responsibility Graph represents how as children’s responsibility goes up, parental responsibility goes down. The path in the graph will vary from family to family, though somewhere around 13 to 15 years of age the lines cross over and the adolescent takes more responsibility for their actions than the parent. At this stage a parent’s role changes and the parent becomes more of a mentor, supporting the young person as they make their own mistakes and choices (Parentzone Southern, 2012).

Example Questions for Parents

- How did you learn to behave in a responsible manner and to make good choices in life?
- What do you think a young person needs to learn during this stage of their life? How do you think your parenting can best support that?
- When do you think is the right time to start handing over some of these decisions to your daughter?
- What do you think is the best way for your son to start to start taking responsibility for his actions?
- What do you think your daughter would say is a fair consequence for this?

Practice Example
The parents in this family reported a high degree of conflict in the home and concerns regarding Josh’s alcohol and cannabis use.

Worker (W): When we organised to have this session together without Josh and Emma, I thought it could be good if you both had a chance to discuss what’s bothering you the most about the situation at home and how you are coping with some of the difficulties with Josh. Could you both tell me what you’d most like to get out of this session today?

Janelle (mother): Well, I’d love to understand why he’s drinking and using drugs. We used to get along really well and now he’s just so rude to us! I don’t know who this person is, he’s so selfish and he doesn’t seem to care how he’s hurting the family.

W: How would understanding why Josh uses alcohol and drugs help, do you think?

Janelle: Well, I might respond better than I do as I just end up getting really upset.

W: OK, so if you knew why he was behaving in this way you might not be as upset and be able to respond to what’s happening with Josh in different ways. And Peter, what would you like to get out of the session?

Peter (father): Yes, I agree with Janelle. I’m at the end of my tether with him at the moment. The disrespect, it really gets to me – I’d never have gotten away with that with my father!

W: So, if you both understood what was happening for Josh you think you might respond differently, because at the moment you are both feeling upset and at the end of your tether?

Peter: Yes, that’s it.

Janelle: We really are worried about Josh too, and where he might end up if he keeps drinking and using drugs like this.

W: It sounds like being good parents is really important to you as otherwise you wouldn’t have been so concerned that you came in here today. How long has your relationship with Josh been difficult?

Janelle: Since he turned 15 really. A bit the year before as well but lately – oh, it’s been terrible!

W: In what ways do you think Josh’s behaviour is part of rebelling as a teenager and finding out who he is?

Peter: Sure, but it’s pretty extreme. Emma, the oldest one, didn’t act like that at all! She didn’t use drugs, she did her school work and she went out with her friends, but she was no trouble, nothing like Josh!

W: Children can respond so differently can’t they, even when they have had a similar upbringing? It’s not that you’ve done anything wrong but it might be that Josh needs a different style of parenting than Emma.

Peter: Maybe…

W: What would Josh say that he needs from you now?
Both: Nothing! Money…
W: Anything else?
Janelle: For me to leave him alone?
W: So you think that he needs nothing from you except money and space? That mustn’t feel too good…
Janelle: No… I’m lost, I don’t know what to do.
W: Sounds like you might also be experiencing some loss – feeling like you don’t have much of a role now.
Janelle: I am sad… we used to be so close.
W: It’s like your job description has changed from being responsible for all of Josh’s needs, for his care and nurture, to one of ‘coach’. When Josh was younger he relied on both of you for most things and as he’s gotten older there have been certain things that he doesn’t need as much help with. For instance, choosing his clothes – there probably came a point where you stopped buying clothes for him as he was unlikely to wear them.
Janelle: Oh yeah, he’d never wear anything I chose for him now!
W: Adolescence is a time where young people are exploring their identity and there are times when he may seem to want a lot of independence and other times when he seems to revert back to any earlier stage and wants to be looked after.
Peter: Yeah, well he says he wants to be independent and then he spends all his money over the weekend and asks for more. And he expects me to drive him everywhere at any time of the day or night.
W: Yep, it can be pretty confusing, can’t it? It’s like he’s on a rubber band, moving further away and appearing not to want too much from you and then the rubber band snaps him back to wanting more support and involvement. This is normal, though it can be pretty confusing at times too! Some parents find it helpful to think of their role now as one of coach in relationship to the young person – how might that change the way you responded to Josh, do you think?
Janelle: It sounds a bit frightening to me, I don’t trust him.
W: There probably are areas where he needs close instruction and others where he is developing some confidence and you coach from the sidelines. And there would be times too when you’re not around at all and he might let you know later how he went.
Peter: Well, it’s a bit hard to work out what he needs when – he seems to get his way most of the time…
Janelle: And he’s just so selfish!
W: Well, it is true that adolescents don’t think consequentially so much, which can come across as pretty selfish and it can be scary for you two as he might not always seem to be thinking things through very well.

4 Blythe, et al., 2000}
Peter: Well, I don’t reckon it’s fair that we get the brunt of his behaviour and are at his beck and call.

W: That sounds reasonable. I’m wondering if there are some things you would feel confident about handing over to Josh to take responsibility for?

Peter: Yes, definitely.

W: Well, this is something we can negotiate with Josh in our next session perhaps. But could you tell me what are the sorts of things that you do for Josh currently?

Janelle: Cooking, washing, cleaning…

Peter: Driving him around, giving him money to go out…

W: How about buying him clothes and paying for sports, etc.?

Janelle: Oh yeah, all those things.

W: Do you do all these things unconditionally?

Janelle: Yes, sometimes I say I won’t do something for him anymore and then I end up doing it anyway.

W: I know it’s important to you both to be the best parents you can and you’ve both been trying your damnedest. What is it that you are trying to teach Josh at the moment?

Peter: To be responsible, respectful, to be able to plan.

Janelle: To keep himself safe.

W: How are you teaching him those things?

Peter: Look, we’re probably not, I don’t know. We tell him all the time that he needs to be more responsible.

W: Is that how you learn, through being told?

Peter: Sometimes…

W: How else do you learn?

Peter: Through experience mainly, trial and error.

W: Adolescents in particular don’t learn so much through being told how to do something, but more through experience and as a result of the consequences of their actions. When Josh spends all his money in two days, is rude to you and then asks for more money and a lift, what stops you from saying no?

Peter: I don’t want him yelling at Janelle and nagging her and, look, I don’t want to stop him going out.

W: What do you think he learns when you respond in that way?

Peter: That he can do what he wants and if he keeps on at us long enough he gets his own way.

W: How does that sit with you?

Peter: Not real good.

W: What would be a natural consequence if Josh ran out of his pocket money?
Peter: That he’d have to wait till he got paid again and maybe budget a bit better next time.

W: And if he was rude to you and yelled at Janelle?

Peter: Maybe not to run him around that day.

W: What would need to happen for you and Janelle to be able to do this?

Janelle: I’d have to know that Peter wasn’t going to give him any money and we’d both have to hold the line about taking him places.

W: You look upset when you say that.

Janelle: I’d feel terrible saying no to him, like I’m a bad mother. Oh, it makes me feel sick thinking about it.

W: What could Peter do that might help?

Janelle: Umm, tell me he won’t yell at him and then do what he wants anyway. And that if we both decide he needs help we’ll give it to him.

Peter: Of course, I don’t want to yell at him but he doesn’t listen.

W: Perhaps if you show him in your actions you might not need to explain so much to him – what do you think?

Peter: I don’t like it when he yells at Janelle, I’m not sure I could stand by when he does that.

Janelle: I’ll take it for now as long as I know you won’t give in.

W: Maybe when Josh sees that he can’t get his way by yelling he might not do it so much?

Peter: Yeah, I don’t know, it sounds hard.

W: I reckon it is too. But why don’t you give it a go once or twice during the week and let me know what happens?

The worker uses the parents’ concern for their son as the platform to highlight the discrepancies between their values and goals for Josh and their behaviour towards him. Having the parents reflect on adolescence as a stage of development with particular tasks opens up possibilities for their roles to shift in response to Josh’s need for increasing autonomy and personal responsibility.

Troubleshooting

- Be wary of being drawn into why the young person is using AOD. Parents may seek to attribute blame to the young person, themselves, the school environment, friends, past abuse or other experiences the young person has been exposed to. All of these may have had an effect on the AOD use but knowing why the young person is using AOD does not always help in knowing how to deal with the problem.
- Avert feelings of guilt and shame around parenting and affirm their care and concern for the young person.
- Be prepared for strong emotions. It can be very challenging for the parents to consider changing their behaviour.
• If the parent/s resists suggestions around ways they could alter their behaviour, spend more time understanding the effect of the problem on the family and why it has been important for them to act in the way that they do. Ask, ‘What do you think I’m not understanding at the moment?’

• If couple issues arise, focus on how they impact on their parenting. If further work is required, refer to an appropriate therapist.

• Time should be taken to consider the needs of siblings. It is not uncommon for siblings to be angry and resentful towards the person misusing AOD and to feel they are being overlooked.

Wrapping Up

The interventions in this section cover a lot of ground and it may be necessary to continue working with the parents for a few sessions. Subsequent work including the adolescent could focus upon what responsibilities the young person feels confident about taking on as well as other areas where they may need some support. The ways in which the young person displays responsibility and care for others can be built upon and extended so that a constructive atmosphere is created.

The interventions in this section help to frame the young person’s behaviour in terms of adolescent development and include psychoeducation around the family life cycle and how parents can best respond to the demands of adolescence. Time needs to be taken to understand what is causing the family to struggle with this phase in their development and care needs to be taken around when interventions are introduced.

Further Reading


Stepfamilies Australia. Resources and groups designed to strengthen blended families http://www.stepfamily.org.au.
## Working with Family Strengths

### Introduction

This chapter emphasises how to build solutions and incorporate relapse prevention strategies that draw on a family’s own resources and abilities to manage the problems surrounding substance misuse. Solution-focused and strength-based frameworks offer strategies and skills that will enable workers to involve the family in relapse prevention work, as well as guide discussions towards preferences and possibilities rather than descriptions of the problem. The troubleshooting section suggests ways of responding to some of the difficulties that can be encountered when applying these approaches.

### Overview

A focus on strengths, solutions and future goals can build the capacity of families to respond to problems effectively which can reduce reliance on workers, decrease the number of sessions required, and sustain change. Often some change has already occurred before families arrive at services and this can be harnessed and developed. This approach respects a family’s capacity to solve their own problems and seeks to work with families in a collaborative way rather than imposing solutions or being directive.

The worker, when adopting a solution-focused approach, is interested in how change occurs rather than how the problem occurs. It requires a dedication to being curious, looking for and emphasising exceptions to when the problem is happening, and complimenting families on their efforts to cope and manage.

These approaches are oriented towards the present and future with less attention to the past (unless it is to notice previous success in dealing with the problem). Young people and families are often appreciative of this positive and constructive approach as they may have been immersed in the problem for some time and can be relieved to focus on possibilities for moving forward.

The focus of the work is on small incremental change rather than attempting to tackle the whole problem, which comes from the belief that small changes can help to build hope and create a momentum for change.

### Aims

- Reduce the size of the problem in the client’s eyes by emphasising the times when the problem is not present.
- Normalise problems by putting their situation in an everyday frame of reference.
- Focus upon what is present rather than what is absent.
- Identify and amplify change.
- Construct solutions rather than solve problems.
- Increase awareness and choices around behaviour.
- Use the family’s language and work with what is important to them.

### Principles of Approach

- If it ain’t broke, don’t fix it.
- It is usually not necessary to know a great deal about the complaint in order to resolve it.
- Encouraging families to visualise how things will be different when the problem is no longer present clarifies goals for the work.
• The family worker adopts a ‘not knowing’ posture which assumes that families are able to identify how to go about achieving their goals.
• Exceptions to the problem are elicited by breaking down global statements such as ‘she’s totally off the rails’, ‘I can’t talk to him’, ‘it’s hopeless’, ‘we fight all the time’.
• Context is central to understanding a family’s values and meaning system.
• Using metaphors that involve the family’s interests or hobbies helps to engage the family.
• It is easier for families to aim for and accomplish small changes.
• Strengthening the support system around a young person is an important part of relapse prevention
• The way family members respond to a lapse can promote further guilt and shame or an opportunity to learn through the experience.
• Having family members recognise positive changes can help the young person stay motivated.

Questions to Keep in Mind

• When is the problem not so troublesome?
• When in their daily life do they see glimpses of the way they would like things to be?
• What is happening when the young person chooses not to use drugs or alcohol?
• Are there specific situational events that serve as triggers for AOD use?
• Are there times when the parents feel less concerned about AOD use? And what is different at those times?
• Are the determinants of the first lapse the same as those that cause a total relapse to occur? If not, how can they be distinguished from one another?
• How does the family react to and conceptualise the events preceding and following a lapse and how do these reactions affect the family’s subsequent behaviours?

Frameworks

Solution-Focused Approach

Solution-focused work begins with asking the young person and their family how they would like things to be different. This type of question seems to help the family engage with the possibility of a future in which the problem is solved, which creates hope and increases the possibility of change occurring.

1. The Miracle Question

Suppose that, while you are sleeping tonight, a miracle happens. The miracle is that the problem which brought you here today is solved. Only you don’t know that it is solved because you are asleep. What difference will you notice tomorrow morning that will tell you that a miracle has happened? What else will you notice?

5 Most individuals who make an attempt to change health-related behaviours, such as decreasing alcohol use, will experience set-backs or lapses that will sometimes worsen and become relapses.
Some other variations on the Miracle Question include:

- When the problem is solved what will you be doing differently?
- Say we fast forward six months and these problems weren’t around. What would be happening instead?
- If this session today was a total waste of time what would we have done?

After the family has identified a clear picture of what they want more of in their lives and what they will be doing when the problem is no longer around, the focus can shift to what current behaviours are part of the solution. Problem behaviours rarely occur all of the time, so highlighting the times when the problem is absent can help to develop a sense of hope and confidence.

2. The Exception Question

This question asks the young person and their family to focus on the times when the problem isn’t around or has not occurred when they expected it would.

- Are there any times (or days) when things go better? When are those times? What is different about those times that tells you things are going better?
- Pay attention for those times when you overcome the urge to drink/panic/yell and notice what's different about those times, especially what it is that you do to overcome that urge.

3. Scaling Questions

Families who are weighed down by a problem may find it difficult to see exceptions to problem behaviour. The family worker can incorporate the use of scaling questions to help the young person and their family to recognise when there have been times when the problem has been stronger or weaker.

- On a scale of zero to 10 – where zero is where you were at when we began working together, and 10 means that the problem is solved (or the miracle happens) – where are you at today?
- So when you move up just a bit, say from 5 to 6, what will be different in your life that will tell you that you are a 6? What else? What will be different when you move on to a 7?

Relapse Prevention and the Family

Working to strengthen the family support system around the young person is an important part of relapse prevention. The relapse prevention model suggests that cravings, high-risk situations, coping skills, how a lapse is viewed and understood, as well as lifestyle, environmental and relationship factors can contribute to relapse (Marlatt, Parks & Witkiewitz, 2002). Interventions aim to teach clients to anticipate the possibility of relapse, to learn new ways to cope with high-risk situations and to manage any lapses that do occur (Larimer, Palmer & Marlatt, 1999).

Including family members as part of relapse prevention can have a number of benefits. Understanding the strategies the young person is already putting in place can help to decrease the parents’ concerns about the young person. Developing a shared understanding of how to manage lapses can lead to the family becoming a source of support for the young person rather than contributing to a sense of shame and failure in the young person.
Example Questions in a Family Setting

For young people:

- What would be the first thing your mum notices if things start to go a bit off track?
- What other warning signs might there be?
- What would you like your mother/father/sister/brother to do if they notice these warning signs?
- How do you think set-backs should be managed?
- What are you already doing to manage situations where there might be drugs or alcohol around?
- What can we tell your family about the strategies you are using to cut down your use?

For parents and family members:

- What can your family do to help keep things on track?
- What helps you know things are on track with ___?
- What’s the first thing you notice when things get off track with ___?
- What have you tried to get things back on track with ___?
- What are your beliefs about set-backs?
- What are your beliefs about how people learn and grow?
- How have you managed set-backs in your own life?
- Who helped you manage set-backs in your own life? What did they do that helped? What did they do that didn’t help?

Practice Examples

Part 1: Solution Focused

![Image of family network diagram]

6 Relapse, broadly defined as an act or instance of backsliding, worsening or subsiding, may be the common denominator in the outcome of treatments designed to address psychological problems and health-related behaviours, especially those related to alcohol and substance misuse. That is, most individuals who make an attempt to change health-related behaviours (e.g. lose weight, spend more time with family, stop smoking, etc.), will experience set-backs or slips (lapses) that will sometimes worsen and become relapses.
Gemma had recently returned to live at home after a high degree of conflict with her mother, Susan, had resulted in Gemma using physical aggression on one occasion and being asked to leave the house. Whilst living at her friend’s house, Gemma was drinking alcohol daily and since moving home had begun to limit her drinking to weekends. Susan maintained concern regarding the harmful levels of Gemma’s alcohol use.

Worker (W): If I was to be helpful to you today, what would we achieve in this meeting?

Susan (mother): Well, things haven’t been going so well since Gemma came back. She’s not very happy with me at the moment, we’ve been fighting…

Gemma (identified young person): You’re not happy with me! Nothing I do is right! She wants me to go to a school I hate!

W: So it sounds like you both would like to feel happier about how you are getting on and about how school is going?

Susan: Yes, I don’t seem to be able to put a foot right. Doesn’t matter what I ask of Gemma, she puts up a fight! Am I supposed to just let her do her own thing?

W: It must be really upsetting for both of you, feeling that you can’t do the right thing. Not everybody would have had the courage to live together again after how hard it’s been. It seems like you both are the sort of people that really value your relationship and that you don’t give up easily on what’s important.

Susan: Yes, I think we both can be pretty stubborn and determined when we need to be. I’d like it if we were getting on better but I’m not going to let up about her missing too much school and giving up on English.

Gemma: Yep, that’s right, that’s all I hear about!

W: What do you think Gemma is wanting out of school at the moment?

Susan: I don’t know, having some fun with friends and getting on with her teachers…?

Gem: I don’t like the girls there anymore, they don’t do anything! And the teachers can’t be bothered helping me – they don’t care if I don’t get something.

W: So education is something that you both think is pretty important, no wonder you both won’t give up on it!

Gemma: She’ll speak to me like a grown-up and not be on at me all the time about school.

Susan: She’d be going to school; she wouldn’t be drinking all the time.

Gemma: I wouldn’t drink so much if you didn’t yell so much… If Mum would be nicer to me she would wake me, give me a kiss and say I love you. And she’d ask if I want to do something together today.

Susan: I would see Gemma smile.
W: Are there times when some of these things are happening already?

Susan: Well, last year you were going to school more weren’t you?

Gemma: She used to treat me a bit better. She didn’t just come to the door and yell ‘Get up!’ Sometimes she’d make me breakfast.

W: Why is it that important to you, Gemma?

Gemma: Because it would make me feel like she cares for me like she used to when I was young.

W: So when she showed she cared for you, did that help you to get to school?

Gemma: I think so… I didn’t want to let her down and when she would say that we would get to do something later together that gave me something to look forward to.

W: Did you notice, Susan, that Gemma seemed to get to school more on those days?

Susan: Maybe. Look, I think I did that most mornings anyway but sometimes if I was too busy or had to leave early I wouldn’t have and yes, I think that maybe she didn’t get to school as often on those days…

W: What was different about school on those days that got you going a bit more?

Gemma: I still hated it but I didn’t get so angry.

W: What stopped you getting so angry?

Gemma: I’d just go and hang with another group if I was getting annoyed with my friends. I had better teachers too! My English teacher this year doesn’t like me and won’t help me.

W: So when you were getting a bit more help with your English that made school a bit better for you?

Gemma: Yeah, well at least I went to English, now I don’t go much.

Susan: I’m willing to get her some help with English! I’ll do anything to see her happier again at school.

W: What at a minimum do you think that you’d need to do to have your mother give you the support you need? For example, by waking you in the morning in a way that you feel cared for, asking what you’d like to do together and getting you some help with English?

Gemma: Probably not go out all weekend, every weekend. Help around the house a bit more.

Susan: That would be great. I wouldn’t worry so much if I got to see her a bit more on the weekend and if we could do some things together that we both like doing that would be a bonus, and yes, if she helped out sometimes around the house without me having to ask I think I would be able to relax a bit more.

W: So if you did some of these things that have been spoken about today, do you think you’d be feeling as bad as you have about the problems?

The worker then links the family’s preferred future to their present successes by asking an exception question.
Gemma: Not as bad I suppose, but I still want to change schools.
Susan: I think I’d feel less stressed and worried.
W: Great. Well, let’s see in the next week when you notice times when things are going like you want them to and let me know what happens.

The worker throughout the example persists in interpreting complaints and expressions of anger as indicators of what is important to Gemma and Susan. The worker then seeks out examples of what they’d like to see happening around their home rather than what they don’t.

Part 2: Relapse Prevention
W: What is important to talk about today?
Susan: Well, I’m really glad that Gemma has cut back her drinking, but I’m worried that Gemma won’t be able to say no to her friends if she’s offered marijuana or alcohol…
Gemma: You don’t even trust me!
Susan: It’s not that I don’t trust you, it’s that I don’t trust your friends, they’re no good. They don’t even go to school.
Gemma: You hate them! I can’t believe this. I’ve been working so hard to do the right thing.
W: It seems to me that Gemma wants the positive progress she has made acknowledged, and that you, Susan want to make sure that Gemma ‘keeps it up’?
Susan: That’s right. I’m really worried that things might go back to what they were.
W: So would an OK topic for today be ‘taking note of the good progress and keeping it up’?
Susan & Gemma: Yes, sound good.
W: Those are my words, what would you two call it?
Gemma: I would probably call it ‘be proud of yourself and keep going’.
Susan: That sounds good. I am proud of Gemma and I want her to be proud of herself.
W: So perhaps we could discuss that first, ‘be proud of yourself’?
Gemma & Susan: Yep.
W: What are you proud of? How much progress do you think you’ve made?
Susan: Well heaps, really. I couldn’t be more pleased with Gemma, apart from wishing she’d clean her room once in a while and not miss any days of school.
Gemma: I was sick! I can’t help that!
Susan: Well, she has missed a couple of days, but I am really glad she’s actually going to school and it looks like the school might let her pass this year if she catches up on the work.
W: That’s great. What about you Gemma, what are you proud of?
Gemma: I’ve cut back on my drinking – I’ve proved that I can change.
W: And what do you think has helped you do that?
Gemma: Sitting down and talking about stuff with Mum and her actually understanding what’s going on in my life.
Susan: It’s good now because we sit down and discuss things. She used to run away if I tried to ground her or threaten to move out of home.
W: So understanding each other, sitting down and discussing things and reaching an agreement on how to handle it, has been the main thing that has helped?
Susan & Gemma: Yes.
W: And what do you think needs to happen now to keep going with all the progress you’ve made?
Gemma: It would help if Mum trusted me a bit more. After all, I have proved that I have changed.
Susan: I agree that you have changed, but it’s your friends I’m worried about.
Gemma: What’s all this crap about my friends? They can’t make me do anything I don’t want to.
W: So, Gemma, it sounds like you are putting some things in place to keep up the good work. Would it help to explain some of those to your mum?
Gemma: I dunno.
W: Your mum is worried about you being offered alcohol or pot. How are you managing this with your friends?
Gemma: Well, I tell them ‘I don’t want to get wasted tonight’ or ‘I’ve got basketball tomorrow’ or if they are really on my case I just tell them where to go.
W: Did you realise Gemma was so strong-willed Susan?
Susan: Well I guess I did, I mean that’s why we used to fight so much. I guess she gets it from me.
W: And it sounds like basketball has helped? What else are you doing Gemma to cut back on your drinking?
Gemma: I mainly just focus now on where I am going in life and remind myself that I’m not a drop-kick and I actually want to finish school so I can earn some decent money.
W: What’s that like for you Susan, hearing the strategies Gemma has been using to sustain the positive progress she’s been making?
Susan: It’s a big relief. It gives me a lot of hope that things will keep improving.
W: There has been a lot of positive progress. We often find that it can take a few tries to reduce or stop using alcohol. It’s common and almost expected for people who are trying to change behaviour to have a set-back. What do you think is the best way of handling set-backs?
Gemma: Well I don’t think I will go back to how I was, but if I do, we should focus more on the positive things of where I want to be, rather than just yelling and arguing.

W: And who would be the first person to notice if things did start going backwards?

Gemma: Well I would, but I wouldn’t say anything ’cause I don’t want to be yelled at.

W: So who would notice next?

Gemma: Well probably my friends or my mum.

W: And is there something they could say to you that would help the situation?

Gemma: Yeah, they should just say ‘do you realise how you’re acting at the moment?’

W: And then what?

Gemma: ‘Remember how much you changed? Let’s keep things moving forward.’

W: And you wouldn’t crack it if your mum or someone said that to you?

Gemma: Well yeah I would, but it would be good for me to hear. I dunno maybe if it was in a letter or a text or something.

Susan: That sounds like a good way of handling it. I’m happy to do whatever will help Gemma keep moving forward.

The example shows how to include family in supporting the efforts of a young person moving towards their goals. Honing the parent’s responses to the young person’s possible set-backs in their substance use places the family and young person in the best position to continue moving forward.

Troubleshooting

- If the family is struggling to see anything positive in their current circumstances, try asking ‘What are you doing so that things don’t get worse?’, or try asking a scaling question around whether this is as bad as the problem has ever been.

- When asked the miracle question, some people find it difficult to picture how things could be different, but they can describe how they would be feeling when the problem is no longer around. Once they have defined how they would be feeling when the problem is no longer around, ask them to picture what would need to be happening to enable these feelings.

- Some people answer the miracle question with seemingly unrealistic ideas such as ‘I’d see a winning lotto ticket’ or ‘I’m in a mansion’. In these situations the worker can ask ‘What difference would (winning lotto) make for you?’, leading to underlying goals such as ‘less worry and stress’.

- If the family is not ready to move on to talking about strengths and solutions it may be that it is necessary to hear more about the effects of the problem on the family; however, don’t get stuck there.

- Look at all complaints as signs of what is important to the family and of their hopes for things to be different.

- Avoid focusing on the whole problem but look towards the possibilities for small change that the family provide.
The approaches that have been outlined highlight the family’s own skills and abilities in facing their problems and, through the family worker adopting a present and future focus, the family is able to clarify what it is that they want more of in their lives rather than giving a history of the problem. Family members are recruited in support of relapse prevention strategies that can decrease AOD use in the young person as well as enhance positive family interactions that can maintain behaviour change.

Further Reading


Building Family Skills

Introduction

This chapter will provide guidance for the worker in building skills in communication and problem-solving in families where a young person has issues with substance use. The approaches provide a structured way for family members to feel heard and acknowledged, communicate their feelings around difficult topics and find solutions to their problems. Many workers would be familiar with the frustration that young people and their parents feel about not being listened to and these methods provide a way to address this concern amongst the other needs and goals of the family.

The approaches described in this section require the worker to be assertive in directing the focus and slowing down the processes in the session so that different ways of communicating and working through issues can be explored. The principles and aims of this method will be outlined within the context of a behavioural framework. The practice example will enable a thorough understanding of how a family can build skills together whilst also exploring some of the difficulties that may be encountered within the troubleshooting section.

Overview

Families who have been dealing with AOD issues over an extended period of time are often highly stressed and present at services with their resources severely depleted. By working alongside the family to build their capabilities and strengths the family begins to deal with problems more effectively so that stress is decreased and triggers that are associated with drug and alcohol use are minimised. Learning new skills in communication and problem-solving can also improve the quality of life for the family and open up greater opportunities around any problems that the family may face in the future (Falloon et al., 2004).

Behavioural interventions are commonly used to address drug and alcohol issues and are also useful in de-escalating conflict. Families who are seeking strategies to address the problem are well suited to this approach as the focus is on current enactments of the problems, rather than on exploration of its history. Homework is a feature of skills training which requires a degree of motivation and organisation by the family to create sustained change. The worker can build motivation by creating a positive experience of practicing the new skill during the session, which may increase the desire for change.

Aims

- Maintain engagement with each family member.
- Provide the family with communication and problem-solving skills that can be used with or without the worker present.
- Reframe problems in terms of goals and specific behavioural requests.
- Build on family resources.
- Increase warmth and affection amongst family members.
- Magnify any progress that the family makes.

Principles of Approach

- Families are doing the best they can within the limits of the resources they have.
- Families have skills and expertise in dealing with problems that can be highlighted and built upon.
Parents may be reinforcing the behaviours that they don’t want. The rewards and costs of specific behaviours need to be balanced. Focusing on intentions can emphasise the love, care and concern that motivates family members. New skills need to make sense in terms of the family's culture before they can be taken up. Family meetings convened between sessions can help to sustain change.

Questions to Keep in Mind

- What methods are the parents using to try and control or influence the young person’s behaviour? Are they working?
- What are family members trying to achieve by their actions?
- Can behaviours be reframed in terms of care and concern, or the strength of connection between family members?
- What similarities can be found between family members’ hopes, values and goals?

Frameworks

Behavioural

The following approaches can improve a family’s ability to communicate so that family members feel that their needs are being acknowledged and they are responded to in ways that promote connection.

Active Listening

- Look at the person speaking.
- Concentrate on what is being said.
- Encourage the person speaking, e.g. nod head, say ‘uh-huh’, etc.
- Ask clarifying questions to check you understand what they meant.
- Summarise what you have heard.

By employing active listening skills and open-ended questions, parents can explore with the young person what is happening for them and this can help the young person identify the emotions they are experiencing.

Dealing with Feelings

Feelings often need to be addressed before other issues can be dealt with and problems solved. The AAAA process (Parentzone Southern, 2012) enables parents to model and support young people to work through their feelings. It involves:

- Acknowledging – helping the young person to name their feelings. Parents can support the young person to own their feelings resulting from another’s actions, emphasising that no-one makes them feel a certain way and that there are choices and possibilities that can be exercised in response to circumstances.
- Accepting – accepting that it’s OK for the young person to feel whatever they are feeling.
By not questioning why the young person is feeling a certain way or urging them to move on, parents can better support the young person to experience and learn from their feelings before they are ready to let them go.

- Appropriate Expression – young people need to develop healthy ways of expressing emotions and parents can support this process by educating young people about appropriate expression of emotion, modelling appropriate expression, and by exercising boundaries and consequences for destructive shows of emotion that can injure self, others or property (Parentzone Southern, 2012). For example, a parent could say to a young person, ‘It seems that you are really angry, which is OK. You might want to listen to some music or go for a run to let off some steam’.

Communicating Using ‘I’ Statements
Communicating how we feel in a non-confrontational way is an important part of assertive communication.

- 1. I feel… (describe your feelings, starting with ‘I’. This shows that you own your feelings without blaming others).
- 2. When… (an objective description of the event/situation that led to your feelings).
- 3. I would appreciate it if… (what you would prefer to happen – an alternative to the behaviour).

An example of how this could be expressed is ‘I feel worried when you go out on the weekend without letting me know your whereabouts and I would prefer it if you could let me know where you are.’

Problem solving/goal achievement
Skills in effective communication provide the foundation for improved problem solving and for the family to achieve their goals.

- Pinpoint the problem or goal.
  Choose a non-emotional issue to practice with first.
- List all the ideas that could be possible solutions.
  All ideas are written down with minimal comment on the merits of each.
- Evaluate each possible solution.
  Each idea is evaluated briefly discussing the main advantages and then the main disadvantages.
- Choose the solution that seems to be the best at the time.
  Choose the solution that can be most readily used, though it may not be ideal, it will help to create difference in the situation now.
- Plan how to implement this solution.
  A step-by-step plan is created that describes what each person will be doing towards the solution.
- Review the results.
  The successful components of the plan are highlighted and those steps that may have been limiting are reviewed constructively (Falloon, et al., 2004).
Family meetings
Some families may wish to organise their own family meetings after the sessions with the worker have finished. Meetings can help to sustain change through focusing on how the family is implementing the communication and problem-solving skills and how they are tracking in terms of the family's issues and goals (Falloon, et al., 2004).

Practice Example

This example begins after the worker has arrived at the family’s home and is focused on concerns regarding Robert’s alcohol and cannabis use.

Marie (mother): They are at each other all the time. It starts with Rino yelling at Robert about coming home drunk and Robert gets upset because of the way Rino speaks to him.

Worker (W): And when they are at each other, where are you two?

Teresa (sister): We stay out of it; we just leave them to it.

W: So what do you notice about the fighting?

Teresa: Dad just rants and raves and then Robert goes to his room for a while and then he leaves to go out with his mates.

Robert (identified young person):
It’s the same thing every day: ‘You shouldn’t come home drunk!’ ‘You have to cut down drinking!’ ‘Look at yourself, your room is filthy!’ ‘Have you cleaned the shower yet?’

W: So you are fighting a lot about how much Robert drinks and about the house work. Aside from this could you tell me, in the big picture, what do you want for Robert?

Rino (father): The same as every father I guess, you want them to grow up, have a good education, have good friends, be happy and healthy.

W: And Marie, what do you want for Robert?

Marie: Yes, for him to be happy and find what he enjoys doing in life.

W: What’s that like, hearing your parents say these things?

Robert: Well it’s certainly pretty different to what I usually hear.

W: What is different about it?
Robert: Hearing something positive for a change instead of about everything I’m doing wrong.
W: Would it be OK to try something a bit different now?
Robert: Yeah, I suppose.
W: Could you look at your Dad and tell him what you heard that pleased you and how it made you feel?
Robert: I feel pretty stupid.
W: That’s OK, it’s just a bit different to what you are used to, give it a go anyway.
Robert: Dad, I liked when you said that you wanted me to be happy as it made me feel that you cared about the things that I want and not just like…
W: That’s great, Robert, just keep it to what you liked first off. What was that like for you, Rino?
Rino: Made me realise that we don’t say much nice stuff to one another… but that’s why I try to get him to spend time with me working on the car and going for drives and stuff.
W: Gee, it sounds like the fighting has been getting in the way of you two spending time together and enjoying each other’s company. I wonder if it would be OK to try some different ways of talking to each other that might help you all feel a bit better about how you are getting along as a family. How does that sound?
Marie: Yeah good, because no-one listens to anyone else in our house.
Rino: Yeah, he doesn’t listen.
Teresa: Neither do you, Dad! And I try not to listen, I shut off, I hate listening to them arguing all the time!
Marie: Look, it’s probably something we all could do better at…
W: OK, well I was thinking we could practice it here and see if we can improve the way you listen to each other and then how you work things out. Would that be all right?
Family: Yeah.
W: So, could you give me a topic, just a small everyday thing…
Marie: The car last week.
W: So what I’d like you both to try to do is to listen to the other person and then repeat back what you’ve heard. Sometimes people think that if they repeat back what they’ve heard that means that they’ve agreed with what the other person is saying, but we are not asking you to agree but to just repeat back what you’ve heard. Sometimes when each person feels heard things work out differently. So each person will get a chance to speak and a chance to listen. So can we use the example of the car, as I imagine it’s still pretty fresh? So imagine that Rino has just made a comment about the car. What is it?
Robert: He said, ‘Come and work on the car!’ And I said, ‘I can’t work on the car as I have heaps of other things to do and if you’d just think for a second you’d remember that! I have to do my homework and clean my room up and the bathroom’. All the things he asked me to do before!

W: So Rino would you be able to repeat that back? And Robert, could you look at Rino whilst he’s speaking?

Robert: Sure, OK.

Rino: So I heard him say that’s he’s busy because he has to do all these other things I’ve asked him to do.

W: Is that about right, Robert?

Robert: Not exactly. It’s not just things he’s asked me to do, but things I want to do as well. Like if I want to see my friends, he doesn’t understand that.

W: You’re being very patient there Rino, thank-you. Could you repeat back what you’ve heard Rino, and can you keep checking in with Robert that you’ve understood?

Rino: OK, he’s saying that he’s also got things that he’d like to do as well as the things he needs to do at home. Did I get that right?

Robert: Pretty much…

W: Could you tell Dad what you were feeling when he was asking you to come and work on the car and keep looking at him as you tell him?

Robert: Dad, it makes me feel really confused and angry like you don’t trust me to do anything right.

Rino: So you feel confused and angry because you think I don’t trust you. Is that right?

Robert: Yep.

W: Could you tell your dad what you’d prefer to happen when he wants to spend time with you?

Robert: That you come up to me and ask me when I have some time to work on the car together rather than yelling at me when I’m in another room.

Rino: So you’d like me to come up to you and ask you when you’ve got time to work on the car. Anything else?

Robert: That’ll do.

W: Could you summarise what you’ve heard, Rino?

Rino: That Robert feels confused and angry when I yell out that I want him to help me with the car and that sometimes he is busy doing things I’ve asked him to do and sometimes he wants to do things with his friends too. Is that it?

Robert: And that I don’t feel like you trust me.

Rino: OK, and that you don’t feel like I trust you.
W: That's fantastic, good work. So now I wonder if it would be OK if you, Rino, spoke about why it's important to you to have Robert work with you on the car?

Rino: Yeah, sure. I knew that I had been asking a lot of him lately and so I thought, let's just forget all that for the moment and just spend some time together working on the car.

W: What did you hear, Robert? And can you look at your dad and ask him if you are getting it right?

Robert: So you're saying that although you asked me to do heaps of other stuff, now you just want me to come and spend some time working on the car. Is that right?

Rino: Yep, that's right.

W: What would you prefer that Robert did in this situation?

Rino: Not make a whole heap of excuses as he's walking out the door.

W: Rino, try and focus on what you do want rather than what you don’t.

Rino: OK, you tell me when we can work on the car and then stick to that time without me having to chase you.

Robert: So you'd like me to come up with a time when we can work on the car and not to forget about it.

W: Could you summarise what you’ve heard, Robert?

Robert: So I heard that you feel angry when I don’t want to spend time with you, and you want me to suggest another time to work on the car if I’m busy and not forget about it. Is that right?

Rino: Yep, that's it.

Robert: Yeah, I reckon I can.

W: So what did you notice about the way Rino and Robert communicated with one another that was different?

Marie: They were respectful and listening to each other.
W: What do you think it would be like in your house if they did this a bit more often? What would be the result do you think?

Marie: It would make everyone much happier at home. It could go back to the way it used to be.

W: I don’t imagine that by doing this here once that suddenly you’ll be able to do it perfectly and that it will all go smoothly, but if you two can give it a try once during the week. So try listening and repeating back what you’ve heard, and then ask about how the person is feeling and what they would like to see happen, and then change positions. And if you, Marie and Teresa, can observe if this does happen at anytime – even a little – and what difference it makes. Is everyone clear about what they need to do?

Family: Sure. we can try it.

Teresa: Can we request it?

W: What do you think about a reminder?

Rino: Well, I don’t think I’ll necessarily remember to do it when my blood’s boiling.

W: So what could they do to remind you?

Robert: Maybe giving me something like an object… but not talking to me and telling me.

Rino: It wouldn’t help if we were in the middle of it but maybe afterwards when I’ve calmed down having a quiet word to me.

W: How does that sound, Teresa and Marie?

Teresa & Marie: Sure, we’ll try it!

This example demonstrates how to connect to some of the positive intentions behind the family conflict and then, whilst building on a sense of care and concern, practice ways of communicating and problem solving that support the family in achieving their goals. Improving communication in this way can also help the family work through issues or conflict they might be having in relation to AOD use, parties or going out on the weekend.

Troubleshooting

If families start to argue, reframe it as an ability to be honest and talk about the fighting rather than enacting it.

Be clear about the focus of the work and keep directing people to the purpose of the session.

If people become very angry or blaming, ask that they speak through you rather than directly to the other person. Then try talking about what is happening in ways that highlight positive intentions, build empathy and strengthen relationships.

Wrapping Up

By guiding the family through processes which enhance communication and problem solving the family is able to harness the resources they possess to address the problematic use of alcohol and drugs, as well as other issues that they may encounter in the future.
Further Reading


Drug Info Clearing House has fact sheets for parents and young people including Talking With your Teenager about Alcohol.

### Appendix 1

#### Stages of the Ever-Changing Family Life Cycle

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Carter and McGoldrick, 1999
### Family Life Stage

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</table>
| **Families with young children or discovering infertility** | Accepting new members into the system, or coming to terms with a future without biological offspring, and finding alternative ways to create family or other meaningful life pursuits | a. Adjusting couple system, or solo adult lifestyle to make space for children  
b. Joining in child rearing, financial and household  
c. Realignment of relationships with extended family to include parenting and grandparenting life pursuits roles, or  
d. Negotiating complex medical, social and legal systems in relation to alternative life commitments |
| **Families with adolescents** | Increasing flexibility of family boundaries to permit children’s independence and grandparents’ frailties | a. Shifting or parent-child relationships to permit adolescent to move into and out of the system  
b. Refocus on middle marital and career issues  
c. Beginning shift toward caring for older generation |
| **Launching children and moving on** | Accepting a multitude of exits from and entries to the family system | a. Renegotiation of couple system as a dyad  
b. Development of adult-to-adult relationships between grown up children and their parents  
c. Realignment of relationships to include in-laws and grandchildren  
d. Dealing with disabilities and death of parents (grandparents) |
| **Families in later life** | Accepting the shifting generational roles | a. Maintaining own/or couple functioning and interests in face of physiological decline, exploration of new familial and social role options  
b. Support for more central role in middle generation  
c. Making room in the system for the wisdom and experience of the elderly, supporting the older generation without over-functioning for them  
d. Dealing with loss of partner, siblings, and other peers and preparation for death. |
Appendix 2

Case Study 1

- Susan and Peter separated when Gemma was 6 years old.
- Gemma is enrolled at school, loves art and enjoys basketball.
- Gemma has a part-time job and a network of friends.

Presenting Problem

- Gemma presented asking for support to return home. Gemma described high family conflict between herself and her mother. Family conflict had escalated to the use of physical aggression by Gemma on one occasion which led to her being asked to leave the family home. She had been residing with a friend until recently.
- Gemma’s school had referred her to LYFT after Gemma turned up to school drunk. Gemma told the welfare worker she was drinking because she had been kicked out of home.
- Gemma described her typical alcohol consumption as being a six-pack of vodka cans, three times a week.
- Both Gemma and Susan indicated a commitment to working on their problems and having Gemma return home.

Other presenting problems identified throughout LYFT’s involvement were:

- Gemma first consumed alcohol at age 12. Whilst out of home, Gemma’s drinking increased significantly. Gemma had also been experimenting with cannabis. Since returning home, Gemma had reduced her alcohol use to weekends only.
- Gemma did not want to return to school. Susan was insistent that she do so and thus school was a source of conflict. In particular, Gemma was finding English hard and wasn’t keeping up with her work.
- Gemma was moving in and out of different groups of friends and was finding it hard to work out where she belonged.
• Gemma had not had any contact with her father, Peter, since 2009, due to conflict with her stepmother, Emily. This made Gemma feel like no-one cared which resulted in Gemma engaging in behaviours that indicated she had little care for herself. Gemma was expressing ongoing anger towards Peter.
• Susan was finding it difficult to have Gemma follow her instructions, e.g. getting off the computer when asked, cleaning her bedroom, putting clothes in the washing basket, etc. These situations were a source of high conflict.

Understanding of the Problem
Gemma was carrying around with her many uncomfortable feelings, particularly anger, in relation to different aspects of her life. These included:

• conflict with Susan
• conflict with Peter
• peer-related issues
• school-related issues.

Gemma had not developed healthy and socially acceptable ways of dealing with these uncomfortable feelings. Susan was not able to help Gemma manage these emotions because she also was struggling to deal with her own anger.

Both Susan and Gemma were viewing anger as needing to be controlled. Susan viewed anger as Gemma’s strategy to getting her own way and was therefore disapproving. Gemma had come to think that there was something wrong with her because of the way she felt.

Given Gemma had difficulty regulating her own emotions she had found other means, such as drinking alcohol. Gemma explained that alcohol helped her get her emotions out. For example, whilst alcohol-affected she rang her dad when she was in an angry mood. She also said alcohol gave her more confidence so she didn’t care what other people thought. She said alcohol made her feel happy.

Intervention/Approach
• In conducting the first appointment, LYFT took a client-directed and solution-focused approach to maximise engagement. It was explained that the family worker was interested in talking about what was important to the family and each family member was asked what they would like to get out of the appointment. Focus was given to what the family would like to be happening instead of the problem, in order to develop a clear, shared rationale for therapy. Out of this first appointment, goals were established and an agreement for ongoing work with LYFT was made.
• Goals were reviewed throughout the intervention. This was done by checking in with the family and using scaling questions to gauge progress towards achieving the goals on a scale of zero to 10. This opened the way for more discussion about what else needed to happen to move up the scale.
• All sessions were conducted with both Gemma and Susan together. Individual sessions were offered to Gemma; however, she declined as she’d had individual sessions with other services in the past and had not found them useful. She stated that she appreciated the sessions with her mum as she wanted Susan to be involved in the process and to know where she was at.
• The family was supported to map their pattern of conflict in order to build their understanding about how their interactions were maintaining the problem, and what other approaches might be possible.
• For example, Gemma and Susan were supported to look for early warning signs for anger. Susan became aware of Gemma’s early warning signs, i.e. she starts shaking and she clenches her fists. It also became apparent that Susan had a tendency to keep arguing after Gemma had asked her to stop. It was agreed time out would be used when the warning signs for anger were observed.

• New ways of dealing with feelings were explored. Feelings were acknowledged by recognising and naming them. Feelings were accepted and owned without blaming others. Feelings were approved, that is, ‘I should not feel angry’ was changed to ‘it is OK to feel angry’. Feelings were appropriately expressed without harming others. Both Gemma and Susan gained much insight about each other’s feelings during sessions and found once their feelings had been acknowledged they could then deal with the issue. By introducing new information into the system, the circular pattern of conflict was disrupted and new behaviours emerged.

• It was highlighted that Susan appeared to be getting caught up doing more of the same things that didn’t work and she was encouraged to try something different. For example, if Gemma’s clothes were not in the washing basket they were not washed. This was a logical consequence and one which created change in Gemma’s behaviour, i.e. she started putting her washing in the washing basket.

• Susan and Gemma were supported to establish positive rules and known consequences which Gemma more readily accepted. Gemma was beginning to make informed decisions and was learning to take responsibility for her actions.

• Susan was supported to view Gemma’s behaviour within the context of normal adolescent development, e.g. peer issues.

• Reflection and circular questioning was often utilised to promote the ability to listen and create space for new information to be heard.

Outcomes

• New ways of communicating were established.

• Family conflict had been reduced.

• Improvement in family relationships. Whilst Peter had not been part of sessions, it appeared that Gemma was able to work through some of her feelings about her relationship with her father and stepmother.

• Gemma and Susan were spending more quality time together.

• Gemma had remained engaged with school and Susan negotiated for Gemma to move to a different English class and to receive additional help from her teacher.

• Positive changes in peer relationships.

• Susan was more engaged in appropriately supervising Gemma’s behaviour and communicating about AOD use.

• Improved management of emotional states related to a significant reduction in Gemma’s alcohol and cannabis use.

Reflection

• Including Susan in sessions was critical as Gemma’s family relationships were a major factor contributing towards alcohol and cannabis use.
• Another important factor in achieving positive outcomes was supporting Gemma to improve her management of emotional states and Susan was made aware of strategies she could employ to support Gemma.

• Whilst some young people are not comfortable talking about their AOD use in front of their parents, Gemma was. She was strikingly open and honest with her mother about her AOD use and Susan always responded appropriately. Gemma seemed relieved to have it out in the open.

• The main challenge in the work has been supporting the family to embed their new ways of relating outside of sessions.
Case Study 2

- Robert enjoys school and plans to complete Year 12.
- Robert is the lead singer in a local band.
- Has a good social network.

**Presenting Problem**
- Robert’s alcohol and cannabis use.
- Recently Robert was caught with cannabis.
- Robert acting dishonestly and sneaking out at night.
- Conflict between Rino and Robert a cause of stress for the rest of the family.
- Rino’s view that his son’s cannabis use is related to a poor choice of friends.

**Understanding the Problem**
- Robert may be struggling with his identity especially around what it means for him to be adopted.
- Robert lacks knowledge of the risks associated with alcohol and cannabis use and its capacity to hamper his ability to achieve his goals.

**Interventions**
The work with the family involved two family meetings and a follow up phone call.

The first meeting was an office-based appointment attended by Robert, Rino and Marie.

- The meeting began with the question ‘So why are we here today?’ Ensuing discussion identified Robert’s drug use, and conflict between Rino and Robert, as causing high levels of stress in the family. The family wanted help resolving this.
- This led to a discussion about the client’s and family’s goals in seeking help.
- Discussed ‘Robbie’s Story’ from ‘Who Said It’s Easy Being a Guy?’, and referred to Steve Biddulph’s thoughts on boys and their fathers, in relation to Robert’s adoption (see references and resources).
- Discussed some facts and myths about cannabis and alcohol.

The second meeting was home-based and included all of the family.

- This meeting started with a discussion about the systemic nature of interactions in families.
Teresa was asked about her experience of being part of the family. She identified the conflict between Robert and Rino being the main stressor, and Marie agreed. This triggered heated interactions between father and son ‘over little things’.

What parents wanted for their children was explored. After some discussion, Rino replied ‘for them to be happy, to be successful, and to have a loving family of their own’.

Client was asked ‘What part of that don’t you want for yourself?’ then drew the conclusion that both Rino and Robert wanted the same thing, and that the arguments and stress must be over ‘little things’.

Worker observed that if perhaps the ways family members were responding to each other wasn’t working, they should try something different.

Roles and responsibilities in the family were discussed including what responsibilities Robert and Teresa would be willing to take up.

Communication skills were discussed, including active listening and three-part ‘I statements’, i.e. ‘I feel…, when…, and I would like…’.

Discussed the ways in which assumptions about what family members thought or felt were getting in the way of their relationships. Suggested ways of checking back in with family members in order to better understand people’s feelings and intentions.

Robert was provided with National Cannabis Prevention and Information Centre (NICPIC) booklet on cannabis, and invited to attend ‘Cautious with Cannabis’ program as something he might find useful (see further reading).

Outcomes
In the follow-up phone call two weeks later, Rino reported that Robert was no longer drinking or using cannabis, was more motivated at school, that they were getting on well together, giving each other space and listening to each other.

Further Reading


Information and resources about cannabis can be found at the National Cannabis Prevention and Information Centre. http://ncpic.org.au

Information about ‘Cautious with Cannabis’ groups can be found at http://www.cautiouswithcannabis.com.au/Main.html
Appendix 3

Strategies for Implementation

The following strategies are drawn from the article Implementation of Family Inclusive Work in the AOD sector: Lessons learned from the Beacon Project, by Naomi Rottem, Shane Weir, Jeff Young Bouverie Centre, La Trobe University. The full article can be located in the Drug Info Newsletter, May 2012 http://www.druginfo.adf.org.au/newsletters/newsletters

These strategies provide a useful guide for considering how family interventions can be incorporated into the treatment of youth substance misuse.

1. A family-friendly environment
Organisations need to ensure that their environment is family friendly. Simple steps like having counselling rooms that can accommodate families and toys for children can go a long way to making families feel welcome.

2. Taking an active role in promoting family involvement
Consider including a question in intake or assessment processes such as ‘Is there anyone you would like to have involved in your treatment?’ Clients who are not initially comfortable with the idea of involving their families may change their minds down the track, so it’s important for workers to provide a clear rationale and remain curious about this over time.

3. Training and supervision
Training and supervision which imparts skills required to engage with more than one person in the room is important for workers who are new to family work. Opportunities to learn from experienced clinicians and practice techniques to engage each person while not taking sides, and manage more challenging dynamics such as conflict can help build worker confidence.

4. Organisational change
In addition to developing the practice of individual workers, it’s important to invest in organisational factors if family work is to be sustainably embedded. All levels of staff and management will need to be involved in the change process, and policy and procedure documents may need to be amended to reflect family work being a core practice of the agency. External assistance may facilitate the change process.

5. Keeping momentum
Establishing a working group helps ensure family work stays on the agenda. These groups can attend to clinical issues and organisational factors affecting implementation. It is recommended that these groups be comprised of respected clinical leaders, as well as managers, to ensure that changes receive the necessary backing and resourcing. It is also useful to consult with a facilitator who is experienced in family work when discussing clinical issues.

6. Change takes time
Be realistic about the time it will take for family practice to be implemented. Workers will need time to attend training and meetings, and to develop family-sensitive materials for the organisation. It’s good to start meeting with families as soon as possible, whilst hanging in there for the longer term commitment required for the change to be embedded within the organisation. The challenge for AOD organisations
is to commit the resources and time to truly support a lasting change in practice. This investment is worthwhile for the beneficial outcomes for clients, their family members, clinicians and organisations.

Further information regarding implementation and evaluation of the LYFT program can be found at http://www.anglicarevic.org.au