

## How Role Plays Will Work



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## Ground Rules Can Be Helpful

### Here is ours:

- Begin and end on time
- Everyone gets a chance to speak
- One person speaks at a time
- Agree to disagree
- Participate at your own level of comfort
- Remember confidentiality
- Nobody checks email, Facebook, or surfs the internet during this workshop
- Dress comfortably
- Do you suggest others?
- Have fun!



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## A Basket for Questions



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## General Topics to be Covered



- ▶ Theoretical foundations of family therapy
- ▶ Core assumptions of family therapy
- ▶ Cultural issues
- ▶ Treatment phases, interventions, and assessment methods
- ▶ Additional issues
- ▶ Problem solving
- ▶ Micro-teaching practice

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## Today's Plan

1. Cultural context
2. Participants' attitudes, knowledge, and skills
3. Core assumptions and foundations of UNODC family therapy
4. Shift to systems thinking



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## The Cultural Context



### Please Discuss These Questions in Small Groups

1. In what ways does your community view drug use?
2. How are drug use problems treated in your community?
3. What cultural, religious, spiritual and community factors can hinder or help address drug use?
4. How do you define family? What's the role of the family in addressing drug abuse?
5. How would family members respond to a family intervention?
6. What else should I know about cultural, spiritual or community factors in your country?



### Your Previous Training and Experience

1. What is your approach to serving youth who are using drugs?
2. What do you believe works?
3. What are your experiences working with families and presenting on family therapy topics?
4. What's been helpful? What hasn't? What has been most challenging?
5. Do you prefer seeing clients and families in your clinic or at your client's home? Why?
6. What do you consider a "family?."

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### Theoretical Foundations of Family Therapy




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### Four Theoretical Frameworks Underlying Family Therapy

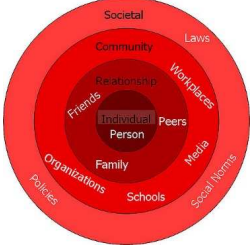
▶ 1. Family systems theory



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### Four Theoretical Frameworks Underlying Family Therapy

▶ 2. Ecological systems theory

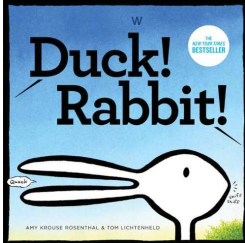


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### Four Theoretical Frameworks Underlying Family Therapy

▶ 3 Social construction theory



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### Four Theoretical Frameworks Underlying Family Therapy

▶ 4 Social learning/behavioral theories





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## Core Assumptions and Foundations of UN Family Therapy

▶ **1. Adolescence (WHO:10-19) is an important transition**

- Transition between childhood and adulthood
- Physical development
- Cognitive development
- Egocentrism
- Socioemotional development

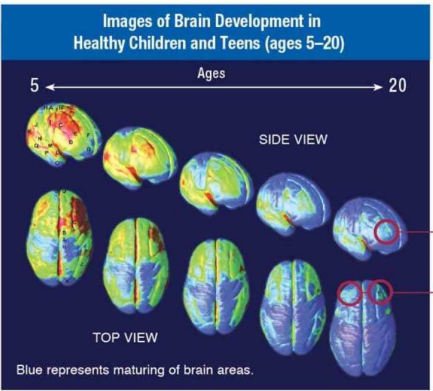


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## Images of Brain Development in Healthy Children and Teens (ages 5–20)

← Ages → 20



Dorsolateral Prefrontal Cortex

Blue represents maturing of brain areas.

## Optional Video Example


**Sarah and Grandmom Reflect on their Relationship**



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## One important fact...

Many believe that teens begin drug use simply to pursue pleasure. However, according to scientific evidence, there are factors such as exposure to drug use, neglect, violence, and other **family factors**, that lead to vulnerabilities to initiate drug use.



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## Core Assumptions and Foundations of UN Family Therapy

▶ **2. A basic knowledge of drugs and addiction is important**




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## Important Terms in Understanding Drug Use Disorders

**Psychological craving**



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### Coping with Craving is a Main Goal in Preventing Relapse



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### Basic Facts About Craving

- ▶ Dealing with cravings is important in modifying drug use
- ▶ Cravings can continue long after quitting
  - Patient with a history of heavy drug use may experience stronger urges



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### A Few Basic Facts about Craving

- ▶ Craving can be triggered by
    - People
    - Things
    - Situations
    - Place
    - Feeling
- Or anything else that have been associated with substance use in the past*
- ▶ Craving lose their power if not reinforced by substance use
    - Using occasionally keeps carvings alive
    - We will talk more about handling cravings when we get into family therapy interventions



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### Important Terms in Understanding Drug Use Disorders (continued)

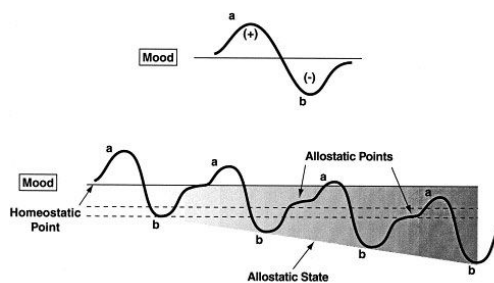
- ▶ **Psychological craving**
- ▶ **Tolerance**
- ▶ **Withdrawal**
- ▶ **Neglect of other interests**
- ▶ **Compulsive drug seeking/taking in spite of negative consequences**



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### Allostasis Model – Drug Dependence



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### A Basic Knowledge of Drugs and Addiction

#### Questions for the Group

- ▶ What are the most common drugs used in your country/region?
- ▶ Is drug use among young people different? What about for boys versus girls?
- ▶ Is there significant stigma?
- ▶ What are standard supports/treatments for substance users? Limitations?
- ▶ What is the role of families in current substance use disorder treatment?
- ▶ Is the Justice System often involved with the youth and families?



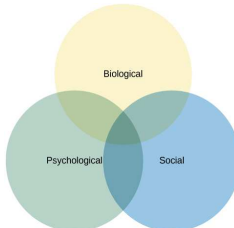
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### A Basic Understanding of Drugs and Addiction

#### Biopsychosocial Model

- ▶ Considers the interaction of biological, psychological and social factors.
- ▶ This framework has served as the basis of understanding healthy development.
- ▶ Often used to guide intervention targets beyond biological factors alone.




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### A Basic Understanding of Drugs and Addiction

#### Harmful Use versus Dependence

- ▶ **ICD-10 Harmful Use:** A pattern of psychoactive substance use that causes **damage to physical or mental health.**
- ▶ **ICD-10 Dependence:** A cluster of physiological, behavioural, and cognitive phenomena in which the use of a substance or a class of substances takes on a **much higher priority** for a given individual than other behaviours that once had greater value. (Craving, tolerance, and withdrawal are involved.)



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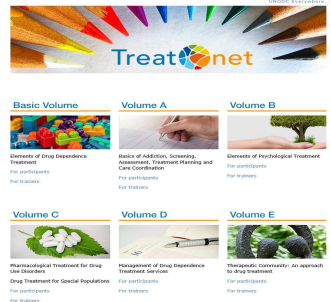
### For More Facts about Drugs and Addiction...

- ▶ This is a workshop we will focus more on family therapy than on specific facts about drugs. If you would like to know more about drugs and addiction, we suggest you read the UN Office of Drugs and Crime's TreatNet presentation titled "Basics of Addiction, Screening, Assessment, Treatment Planning and Care Coordination." (Note the web address on the next slide.)

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### UNODC Treatnet Training Materials

<http://www.unodc.org/unodc/en/treatment-and-care/treatnet-training-package.html>



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### Core Assumptions and Foundations of UN Family Therapy

- ▶ **3. Research evidence supports family therapy with adolescents with substance use disorders**



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### Regarding Drug use...

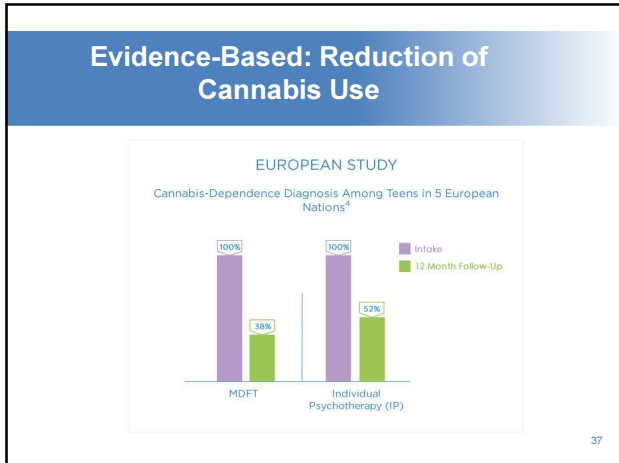
#### Family Therapy Demonstrates:

- Greater **reductions in substance use** than alternative treatments (including individual, group and psychoeducation).
- Significant **pre to post treatment effects** are consistently obtained.
- Drug use reductions are often **maintained** for one year follow-up in studies.
- Increases **engagement and retention**



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### Evidence-Based (As Cited by the World Health Organization)

**WHO Recommendations:**

Psychosocial interventions including contingency management, and cognitive behavioural therapy (CBT) and family therapy can be offered for the treatment of psychostimulant dependence. Although many of the research trials use monetary reinforcement, use of contingency management should be adapted to the culture and population with input from patients.

Psychosocial interventions based on cognitive behavioural therapy or motivational enhancement therapy (MET) or family therapy can be offered for the management of cannabis dependence.

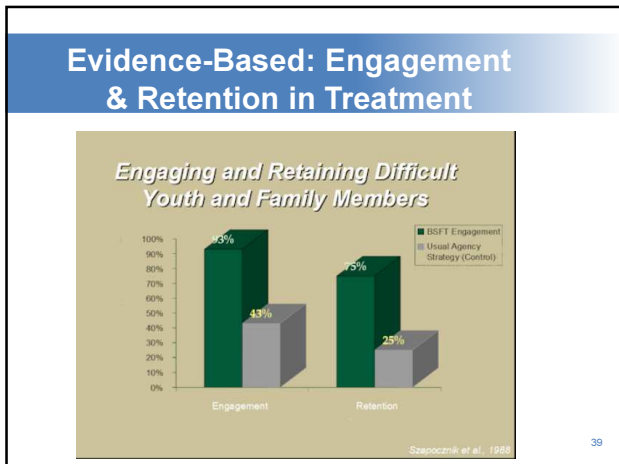
Behavioural interventions for children and adolescents, and caregiver skills training, may be offered for the treatment of behavioural disorders.

Psychosocial interventions including cognitive behavioural therapy (CBT), couples therapy, psychodynamic therapy, behavioural therapies, social network therapy, contingency management and motivational interventions, and twelve-step facilitation can be offered for the treatment of alcohol dependence.

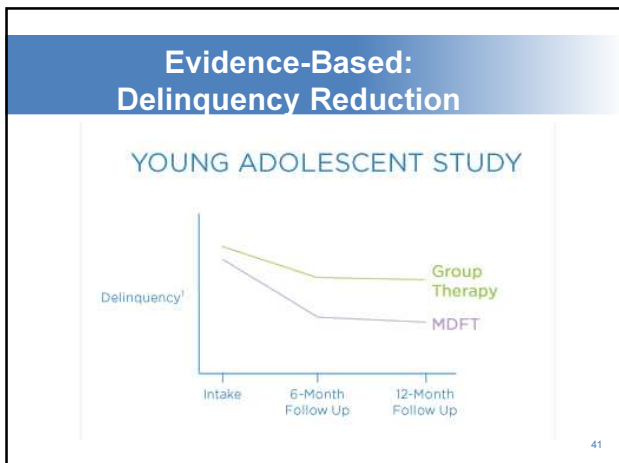
(mhGAP, 2019)

WHO, MhGap evidence centre (cannabis, stimulants), 2015

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- ### Regarding Other Outcomes...
- Family Therapy also Demonstrates:**
- Greater change in parent reported **behavior problems** and adolescent reported **emotional problems**
  - **Fewer incarceration days** and **fewer out-of-home placements**
  - Greater **improvement in academic functioning** including grades, school attendance, reports of school problems
  - **Better family functioning**
- 
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- ### Core Assumptions of Family Therapy
1. The family is the primary system in a person's life.\*
  2. Poorer functioning at the family level can impact functioning at other levels (e.g., school, peer networks, etc.).
  3. Relationships with family members can contribute to whether a member's problems get better or worse.\*
  4. Family therapy for individual problems (e.g., substance use) can also improve other problems (e.g., grades).
- 
- 25 YEARS
- 42

## Core Assumptions of Family Therapy (cont.)



5. Family therapy does not focus only on the individual, but also on **family interactions**. These interactions shape how family members behave in other contexts.
6. The primary focus of sessions should be on the relationships among family members. The family therapist wants to **interrupt problematic cycles, ineffective communication, and harmful behaviors** family members currently use to meet their emotional and interpersonal needs.
7. Change in family interaction can influence each family member's behavior. Thus, **family members** are encouraged to be **part of the solution**.

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## We Invite You to Try on a Different Lens



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- ▶ F. Scott Fitzgerald once said, "The test of a first-rate intelligence is the ability to hold two opposed ideas in mind at the same time and still retain the ability to function."

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## More On Systems Thinking

- Relating systems thinking to families and family therapy
- Connecting systems thinking to adolescent drug use and treatment



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## More On Systems Thinking

### Time To Practice!

- A case example
- Questions to the group
- Example of testing the hypothesis
- Role play demonstration\*
- Small group role play\*
- Summary



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## Module 2



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## First, Though, A Quick Review of Yesterday


1. Workshop goals
2. Training suggestions
3. Your setting (culture, community, etc.)
4. Your own, experience, knowledge, and skill
5. Core assumptions and foundations of UN family therapy
6. Shift to systems thinking



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### Thoughts or Questions about Yesterday?




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### Plan for Day 2

1. Family therapy core strategies
  - a) Identify
  - b) Explain
  - c) Model
  - d) Practice




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### Most of the Skills you Will Learn Today are Meant to...

1. Reduce defensiveness
2. Help family members see family members' behaviors differently
3. Help family members see the youth's problems differently and relationally
4. Help you connect with family members




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### Skill 1

## Positive Reframing

This is the positive labeling of a negative behavior without necessarily accepting it as okay. For example, the therapist could label a quiet youth as someone who "thinks before he talks." One way to positively reframe is to identify the possible positive intent behind a negative behavior.

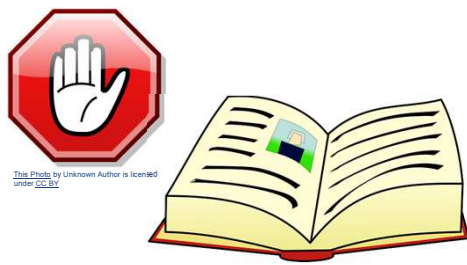


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### Please Close Your Book now (So You Can Participate Without Seeing the Answers)




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### Let's Try Some Positive Reframing

- Poor school grades
  - ✓ "You haven't decided yet what you want to put effort into."
- Disruptive behavior
  - ✓ "You know how to get people's attention. Maybe that's something we can explore in therapy."
- Skips school
  - ✓ "You want to make your own decisions. I suspect that sometimes they get you into trouble and sometimes they don't"



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## Reframing Practice!

### ► In small groups, try reframing:

- Quietness
- Fighting in school
- Hanging out with friends that get in trouble
- Experimenting with drugs
- Running away
- Quitting school
- Nagging
- Stealing



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## Skill 2

### Positive Relational Reframing

This is the positive labeling of a negative behavior **in relationship to the family** without necessarily accepting it as okay. For example, a parent's anger toward their teen could be positively labeled by the therapist as "caring" or "wanting the best for their daughter." Even when the behavior is self-destructive or particularly obnoxious, the intent behind it can be understood and appreciated, yet not necessarily condoned.



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## Why Use Positive Relational Reframing?

1. It reduces resistance
2. It connects the behavior to the family
3. It re-orientes the family to more positive ways of seeing the teen's behavior and their interactions around them.
4. It makes the family more open to the therapist and therapy.

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## What are a Few Things that Youth or Family Members Might Say or do to Get Someone Angry?



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## Please Close Your Book now (So You Can Participate Without Seeing the Answers)



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## Let's Practice!

- One parent doesn't tell the other about the daughter's drug use.
  - ✓ "You didn't say anything because you didn't want to upset your partner. I understand that."
- Parent shouts at son.
  - ✓ "you shout because you really want her to know how important this whole thing is to you."
- Son takes drugs
  - "You don't want to feel pain. Maybe we can figure out how to do that without drugs."

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## Let's Practice (cont.)

- Son says something to make mother angry.
  - ✓ "You're smart. You know what to do to get your mother angry."
- The father is distant.
  - ✓ "You care enough to take a back seat and give the spotlight to others."
- Youth runs away.
  - You seem to see this as a creative way to make more of your own decisions. It may not be the safest way, though. Let's explore other ways."

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## Positive Relational Reframing: Dyad Practice

- Nagging parent
  - ✓ "You want to matter to your family – to be closer – and this is the way you are asking for this closeness."
- Disrespectful teenager
  - ✓ "You are telling your folks you want to grow up and be more responsible for yourself."
- Husband with an alcohol disorder
  - ✓ "You don't know what to do to help, so you've learned to lose yourself in alcohol."

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## Optional Video Example


Michelle and Family Define the Problem




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## If Time...

An In-Class or Homework Activity  
Around Positive Relational Reframing



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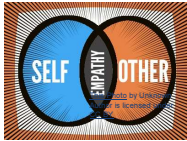


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## Skill 3

Perspective Taking and Relational Questions

This is the process for developing empathy and putting yourself in the other person's shoes. It is the ability to take another person's viewpoint into account.



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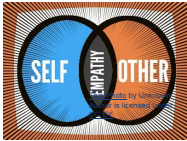
## Skill 3

Perspective Taking and Relational Questions

It includes questions like"

- "How do you think Johnny is feeling right now?"
- "When Narendra gets into trouble, who feels most sorry for him?"

Essentially, you ask family members questions about other family members to encourage perspective taking.



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## Optional Video Example



**Mom Shares Her Sadness and Being Overwhelmed**



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## Let's Practice Perspective Taking and Relational Questions

- ▶ I need three volunteers to play mother, father and a teen substance user...
- ▶ First, I'll demonstrate a few relational questions that support perspective taking, and then I'll ask for a few from you.

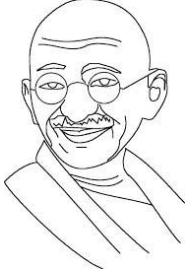



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## Skill 4

**Going with Resistance**


Going with resistance involves a number of ways to keep from confronting or resisting family members. Instead, the therapist helps them feel heard and understood, which reduces defensiveness and makes more productive conversations possible.



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## What does going with resistance entail?



1. **Avoid direct head-on arguments (don't take the bait!)**
2. **Stay calm and respectful**
3. **Show that you understand**
4. **See positive intent**
5. **Invite possible solutions**



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## Please Close Your Book Now (So You Can Participate Without Seeing the Answers)

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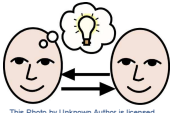
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## A Few Examples of Going with Resistance

**Listen Reflectively**

**Resistant comment:** "I should be able to drink/get high if I want. My friends do. I don't know what the big deal is."

**A reflective response:** "So it feels unfair that others are trying to tell you what to do."



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**A Few Examples of Going with Resistance**

**Open Ended Question**

**Resistant comment:** I don't know why people say it's a problem for me.

**Open-ended question:** "What does it mean when you hear someone say it is a problem for you?"



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**A Few Examples of Going with Resistance**

**Agreement with a Twist**

**Resistant comment:** "Why are you and my parents so stuck on what I do? What about all their problems? You'd get high, too, if your family was nagging you all the time."

**Agreement with a twist:** "You've got a good point. There is a bigger picture here. It is not as simple as one person's doing drugs or getting into trouble. We shouldn't be trying to place blame only with you. Your drug use involves the whole family in one way or another. I suspect that a lot of things need to change, and we'll get around to them."


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**A Few Examples of Going with Resistance**

**Reframing**

**Resistant comment:** "My father is always nagging me about my drinking – always calling me an alcoholic. It really bugs me."

**Reframing comment:** "It sounds like he really cares about you and is concerned, although he says it in a way that makes you angry. Maybe he can learn to show you he cares in a better way."



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**A Few Examples of Going with Resistance**

**Agree with the Possibility Something Could Be True, But May Not be Permanent**

**Resistant comment:** "Well, I know some people think I have a drug problem, but I don't think I need treatment."


**Agreeing with the possibility of truth in the present –** "Could be. Maybe you don't need treatment, or maybe you aren't ready to make that step. I wonder when you would know you were ready for treatment..."




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**Example of a Dialogue that Captures this Spirit\***



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**Contrasting Not Going with Resistance and Going with Resistance**




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## Participants Practice!



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## Module 3



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## A Quick Review of Yesterday

**Family therapy core strategies:**

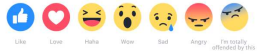
- Reframes
- Relational reframes,
- Perspective taking
- Relational questions
- Going with resistance\*



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## Your Thoughts and Reactions to What we Covered Yesterday



**Discuss in pairs:**

1. Which skills make most sense to you?
2. Which skills appeal to you? Which don't? Why?
3. Which skills or ideas do group members need more practice to learn?


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## Plan for Day 3

**Family therapy phases and interventions:**

- ▶ Phase 1: Engagement
- ▶ Phase 2 - Family Assessment
- ▶ Phase 3 - Create motivation to change
- ▶ Phase 4: Primary family therapy interventions
- ▶ Phase 5: Termination




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## Phases of Family Therapy

1. Engagement
2. Family assessment
3. Create a motivational context for change
4. Primary interventions
5. Termination



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## Phase 1: Engagement

1. Build a working alliance
2. Join
3. Validate
4. Stimulate Hope



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## Phase 1: Engagement

- ▶ The trainer demonstrates engagement
  - Situation: The therapist discusses with the mother and father how to set limits on their 15 year old teen.
  - Look for how the “therapist” builds an alliance (the family shares the same goal, feels trust), joins (connect with), validates (supports) and perhaps s hope that it can be completed successfully.



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## Phase 1: Engagement

### Small Group Discussion & Practice

1. “Build” a family
2. Form the “roleplay family,” with a parent, step-parent and teen
3. Form groups and decide on roles. The therapist engages the family through discussing the family’s problems, strengths, etc.
4. One participant reports back to the large group on the engagement skills used.



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## Phase 2: Family Assessment

1. How do family members see the problem?
2. Structure and process assessment:
  - a) Boundaries
  - b) Themes
  - c) Structure/hierarchy
  - d) Rules
  - e) Roles
  - f) Interactional patterns
  - g) Reinforcements
  - h) Family risks and strengths



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## Phase 2: Family Assessment (cont.)

4. Identify sequences of behavior around issues of concern
5. Identify risks and strengths



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## Phase 2: Family Assessment (cont.)

### The Social Atom

1. What it is?
2. Why use it?
3. Demonstration
4. Skill practice
5. Dyad discussion
6. Large group discussion



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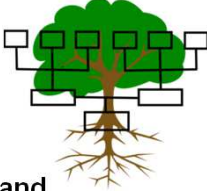



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Phase 2: Family Assessment (cont.)

## The Genogram

1. What it is?
2. Why use it?
3. Illustration
4. Skill practice
5. Large group reactions and questions


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Phase 2: Family Assessment (cont.)

## Examples of Relational Assessment Questions

- “How are conflicts usually resolved?”
- “What works?”
- “What does not work?”
- “When \_\_\_\_ does \_\_\_\_ what does \_\_\_\_ do?”
- “What led up to the recent problems?”
- “What goals do each of you have for therapy?”



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Phase 2: Family Assessment (cont.)

## Assessment of Immediate Needs

Ask about:

- School
- Court
- Health
- Living situation
- Jobs
- Financial situation
- Social support




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Phase 2: Family Assessment (cont.)

## Use Assessment Information to Create a Relational Frame: Understanding One’s Behavior as Influenced by and Influencing others

- Empathize with each client’s experience
- Encourage perspective taking
- Move from intrapersonal to interpersonal and systemic understanding of the problem
- Reframe/relabel events and interactions systemically
- Use relational questions and interpretations\*




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## When to Bring up Alcohol or Drug Use with the Family

- ▶ Sometimes family members do not bring up alcohol or drug use, even though it is a primary reason for referral to treatment. When would you bring it up? How would you bring it up?
- ▶ Many professionals use some sort of drug use questionnaire as part of intake
- ▶ Also, the therapist can bring up the drug use in several other ways. For example:
  - “We have talked a lot about your son’s problems at school. I wonder if these problems are related to any other issues, such as alcohol or other substance use?”
  - “I noticed that substance use has not been discussed. Are we avoiding that topic? I wonder if it is difficult to talk about?”




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## Phase 3: Create a Motivational Context for Change

- ▶ Remember, you are more likely to create a context for change if you:
  - ✓ Roll with resistance
  - ✓ See each person’s positive intent
  - ✓ Create a safe environment
  - ✓ Introduce a relational frame
  - ✓ Come across as respectful, competent, and active
  - ✓ Address issues important to the family
  - ✓ Stimulate hope, and have hope yourself!



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### Phase 3: Create a Motivational Context for Change


**Don't Underestimate the Power of Hope:**

"We will work on this together. This therapy has helped many families with similar struggles."



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"If you are tired of things staying the way they are, they don't have to. I'm not going to give up on you and don't want you to give up on yourself. It is one step at a time, but it will be in the right direction."



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What else might you say to stimulate hope?

### Phase 4: Family Therapy Interventions

1. **Support new ways to communicate**
2. **Intervene to break negative cycles of behavior.**
3. **Focus on problem solving**
4. **Learn useful skills**
5. **Homework assignments to change behaviors and relational cycles.**

Let's take each one of these at a time.



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### Phase 4: Family Therapy Interventions

**Support New Ways to Communicate**

Communication skills help deal with stressors in the relationship, reducing relapse



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- ▶ Define effective communication.
- ▶ Listening skills – repeat the words you just heard and the feelings and check to see if you got it right. State position only after that.
- ▶ Must separate agreement from understanding.
- ▶ Skill practice\*


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### Phase 4: Family Therapy Interventions

**Break Negative Cycles of Behavior**

▶ **Plan and do a shared rewarding activity (which also improves substance use outcomes)\***

- Make a list of possible activities that involve at least one parent and child
- Model planning the activity
- Refrain from discussing problems during the activity



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▶ **Catch parent/child/sibling doing something nice**

- Remind the family that while they are agreeing to act differently – they might not feel differently for a few weeks.

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### Optional Video Example

**Jake and Mom Explore the Dilemma**

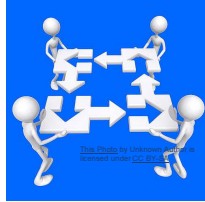


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### Phase 4: Family Therapy Interventions

**Problem-Solving**

- ▶ Define problem, list solutions, rank solutions, pick one, try it out, and revisit the solution, if need be at the next meeting.
- ▶ When stating desire for change: be positive (what you want vs. don't want), specific, brief, and make a request that suggests willingness to negotiate (v. demand). "I would like you to take the garbage out every Tuesday night. We can discuss those times when you might be home late and too tired to take it out."<sup>19\*</sup>



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### Learn Useful Skills: Urge Surfing

#### Cravings Rise and Fall Like Waves

**Recommendations:**

- If you can ride out the wave for 20 minutes, chances are the craving will have dissipated on its own. Strategies:
  - Delay and distract for 20 minutes
  - Deep breathing
  - Challenge catastrophic thoughts
  - Drink a glass of water
  - Call a support person




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### Ask Youth About the Craving

- ✓ Do you sometimes feel like you want to take drugs again?
- ✓ What do you do then?
- ✓ What's worked?
- ✓ What is the craving like for you?
- ✓ How bothered are you by it?
- ✓ How long do cravings last?



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### Ask the Youth to Keep a Craving Diary


- ▶ Keep track of each craving during the week
- ▶ Summarize each craving in terms of:
  - Behavior
  - Feeling
  - Thought

Then, plan for how to address each: Eliminate cues, deep breathing, distract, relax, challenge with positive self talk, etc. In doing this, you and the youth are developing a concrete plan to handle the next craving.

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### Learn Useful Skills: Do Something Different

**If something isn't working for you, DO SOMETHING DIFFERENT!**



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### Learn Useful Skills: Drug/Drink Refusal Skills

#### One-Third of Substance Users Relapse as a Result of a Friends' or Family Members' Social Pressure

**Recommendations:**

- Using good eye contact, say no assertively.
- Do not open the door for future offers. State, "I don't drink anymore, but I will grab a coffee with you." Then shift the conversation to another topic.
- An alternative: "I have an appointment."
- If the other person continues to pressure you to use drugs or drink, leave the situation. Tell the person that you do not appreciate that they do not respect your decision to not drink/use.



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### Focus on Problem Solving: Contingency Contracting

#### Bargaining as a Form of Conflict Resolution

<p><b>Potential issues:</b></p> <ol style="list-style-type: none"> <li>Useful when an immediate tool is needed, when communication is faulty, when problems are specific and behavioral.</li> <li>All parties receive something that they want. Child washes dishes, parents allow child to stay up late.</li> </ol>	<p><b>Recommendations for contract:</b></p> <ol style="list-style-type: none"> <li>Behaviorally specific.</li> <li>Behavior must be able to be monitored.</li> <li>Reasonable request (80% attendance rate for habitually truant child).</li> <li>Contract is change-able.</li> </ol> <p>(Dictatorial parents and rigidly authoritarian parents are poor candidates.)</p>
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**Focus on Problem Solving: Contingency Contracting**

**Example Contract**

This contract is between <child name> and his/her parents. <child's name> agrees to be home on-time for dinner at least four days of the week.

Each day <child name> is home on time for dinner s/he earns one hour of video games or television (or other reward attractive and appropriate for the child and/or family).

If four days in the week are reached, parents will take child to the movies or take child and his/her friends <or other reward>. This contract shall be re-evaluated in one month.


Signed: <Child Name> Signed: <Parent Name>

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**Reinforcement ideas from ACRA**

**(ACRA is the Adolescent Community Reinforcement Approach)**

- Attain goals with additional external reinforcements
- Teach communication and problem-solving skills
- Introduce social and recreational activities
- Use ACRA Happiness Scale to identify other life goals.




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**Outside Activity (“Homework”)**

<p><b>Interpersonal tasks</b></p> <ol style="list-style-type: none"> <li>1. Designed to produce specific new learning patterns in the family.</li> <li>2. Might include practice at home of communication skills learned in session, or starting a new behavioral style.</li> <li>3. What if the youth or some other family member does not do their outside activity?*</li> <li>4. How can a therapist make this less likely?*</li> </ol>	<p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1. Task should provide relief or pleasure to all involved.</li> <li>2. All must agree that it can be accomplished and will have mutual payoffs.</li> <li>3. Have all family members explain the task.</li> <li>4. Keep it simple.</li> <li>5. Small steps is okay.</li> <li>6. Keep track of the task.</li> </ol>
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**If You Decide Sometimes to Meet Individually with Family Members...**

**Do So With Respect For All**

- ▶ Explain your reason
- ▶ Let them know that you will not side with one person against another
- ▶ Seek permission from all family members
- ▶ If a family member does not feel comfortable with individual meetings, respect their wishes.




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**Phase 5: Termination**

1. As termination approaches, ask about changes they have observed, and what they still have to pay attention to.
2. What was liked and not liked? What was most useful?
3. How will they know when they need help again?
4. Ensure family is connected to ongoing community supports as needed.
5. Others?



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**Module 4**



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**Review of Yesterday**


**Family Therapy Phases:**

- Phase 1: Engagement
- Phase 2: Family Assessment
- Phase 3: Create Motivation to Change
- Phase 4: Family therapy Interventions
- Phase 5: Termination

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**Day 4: Plan for Today**

- 1. Additional issues
- 2. Problem solving – What to do when problems or crises come up
- 3. Practice and discussion



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**Additional Issues**



***Extra!***

We will shift gears now and discuss issues that could arise as you begin your work with families. These additional issues include:

- 1. Community engagement
- 2. Staff safety and self-care
- 3. Outreach and engagement
- 4. Youth refuses to attend (CRAFT)

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**Please Close Your Book now (So You Can Participate Without Seeing the Answers)**

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**Community Engagement**

**Engaging other systems of care**

**Issue:**

1. Families may need assistance with other systems:
  - a. Medical/psychiatric care
  - b. Employment
  - c. Educational support
  - d. Child care
  - e. Financial or aid/basic needs
  - f. Legal assistance
  - g. Housing

**Solution:**

1. Be familiar with agencies and services.
2. Overcome barriers.




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**Staff Safety**

**Going into the Clients' Home**




**Some potential Issues:**

1. Chaos.
2. Stigma.
3. Limited space.
4. Boundaries.

**Recommendations:**


1. Safety first!
2. Maintain Boundaries and Structure of Session.



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## Staff Safety

### Family Members Become Violent in Session



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<p><b>Potential issues:</b></p> <ol style="list-style-type: none"> <li>Arguments can escalate or get physical.</li> <li>Therapist may not know what to do.</li> </ol>	<p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>Therapist actively structures session, does not allow escalation or arguing. Can use talking stick, or have family members only talk to therapist, etc.</li> <li>Therapist must NOT get between family members who fight.</li> <li>Call for assistance.</li> </ol>
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## Staff Safety

### Police Question Therapist



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<p><b>Potential Issue:</b></p> <ol style="list-style-type: none"> <li>Therapist walks or pulls up to home of known client with a drug use disorder, or travels in a neighborhood with drug trafficking.</li> <li>Police officer is unclear about therapist's motives.</li> </ol>	<p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>If meeting clients in unsafe areas, travel in pairs.</li> <li>Therapists should show identification and tell the police officer that they are employed as therapists. The officer can call the office supervisor to verify.</li> </ol>
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## Role Play: Patient Safety\*

### Managing Escalating Anger in Session

Make groups of 3 or 4: parent (s), youth and a therapist

“The parent and the youth” discuss the parent’s expectations for the youth keeping his/her room clean and neat. The youth balks and begins to complain. Parents become agitated and escalation begins.

“The therapist” practices strategies in preventing the argument and de-escalation.


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## Staff Self-Care

### Managing Stress

<p><b>Potential issues:</b></p> <ol style="list-style-type: none"> <li>Long hours</li> <li>Take problems home</li> <li>Frequent illness</li> <li>Work-life balance</li> <li>Limited support</li> <li>Risk to self</li> </ol>	<p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>Must care for yourself first in order to care for others.</li> <li>Seek clinical supervision, peer support, or counseling.</li> <li>Do activities that are fun and relaxing.</li> <li>Sleep enough, exercise, eat healthy, take breaks.</li> </ol>
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## Community Reinforcement and Family Training (CRAFT)

### What if Youth Will Not Attend Sessions but Parents Will?

Parents can be trained to motivate youth to seek treatment through being taught how to:


- ▶ Use contingency management and other strategies to reinforce the youth’s non-using behaviors and to extinguish drug use,
- ▶ Communicate effectively, and engage in problem-solving skills.
- ▶ Plan activities which compete with youth’s drug use.

Parents also taught stress reduction and self-care.  
Therapist initiates treatment with youth when he/she is ready.

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## Problem-Solving Potential Issues

### Parents/Youth Portray a Well-Functioning Family



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<p><b>Problem:</b></p> <ol style="list-style-type: none"> <li>Family may be embarrassed or lack trust in the process; or</li> <li>Family is not ready to acknowledge problems.</li> </ol>	<p><b>Solution:</b></p> <ol style="list-style-type: none"> <li>Do not push family.</li> <li>Maintain steadfast empathy.</li> </ol>
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### Problem-Solving Potential Issues

## Youth Refuses to Talk in Session



**Problem:**

1. Reluctance to participate in therapy; or
2. Lack of trust or comfort with the therapist, guardian, or both; or
3. Adolescent is shy and requires several sessions to 'warm up.'

**Solutions:**


1. In- or Out-of-office activities (basketball, genogram, the "ungame", checkers).
2. Silence is not very useful as a tool for adolescents.

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### Problem-Solving Potential Issues

## Youth Arrested




1. UNODC Family Therapy providers should become familiar with juvenile court judges and probation officers.
2. Clear, non-blaming communication needed.
3. Facilitate rebuilding trust.

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### Problem-Solving Potential Issues

## Youth with Severe Mental Health Struggles




1. How would you address stigma and potential barriers to supportive mental health services within your community?
2. The UNODC Family Therapy provider should become familiar with other mental health service providers and facilitate connection of youth to specialized providers.
3. When there is danger to self or others, have a protocol to guide intervention.

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### Problem-Solving Potential Issues

## Addressing Confidentiality When Working with Youth




1. How is information about your child handled or protected when they seek psychological services?
2. Regional laws
3. Child privilege
4. Harm to self or others

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### Problem-Solving Potential Issues

## Parent with Substance Use/Mental Illness



**Problem:**

1. Parent may be fearful.
2. Parent has no interest in change.

**Solution:**

At the beginning of therapy, or even prior to therapy the therapist states:


1. Parent participation increases chances of success for child.
2. Will not judge or dictate to parents.
3. Refer to other services as needed.

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### Problem-Solving Potential Issues

## Parent Refuses to Allow Youth to Live in the Home



**Problem:**

1. fear for their safety or another family member's safety,
2. fear that the youth will negatively influence other children in the home,
3. fear that the parent cannot handle him/her any longer, or
4. belief that the adolescent would be better off without the parent.

**Solution:**

1. First, meet alone with the parent. Assess the situation.
2. Negotiate meeting with the adolescent without the goal being to transition him/her back home.

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Barriers and Implementation Strategies

**Let's Plan Ahead...**

- **Barriers**
- **Implementation Strategies**





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Optional Additional Roleplay Situation


**Time to Practice: Problem-Solving Potential Issues**




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Teaching Skills in Preparation for Your Micro-Teaching Presentation Tomorrow Morning




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For Most People Giving Presentations is Scary





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**Really Scary!**


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Since You will be Doing this Workshop at Some Point, Let's Take a Few Minutes to Consider What Goes into a Good Workshop

138

**The Good News: You Already Have Some Good Ideas. You Just Need to Remember them...**




Free under


139

**Reflect on The Best and Worst Teaching You've Experienced**

Try to remember the best and worst professional presentations you've ever experienced. Then write down a few words that explain why the best presentation was so good and why the worst presentation was so bad.



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**A Few characteristics of a Good Teacher**

- Organized
- Starts and ends on time
- Lets them know what content will be
- Is brief and direct
- Prepares well, then can be flexible
- Gets the audience involved
- Doesn't just tell, but also shows and has the group practice
- Uses voice and gestures well
- Provides something useful
- Is enthusiastic
- Involve the audience (like the question about the good and bad teacher)
- Respect your audience
- Have fun
- Use examples
- Not too reliant on notes

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**A Few Characteristics of a Poor Teacher**

- Disorganized
- Lecture only
- Poor eye contact
- Disrespectful
- Provide no time for questions and comments
- Speaks too slow or fast
- Crams too much into the presentation
- Puts too much on PowerPoints (like this slide!)
- Reads PowerPoints word for word
- Didn't connect theory with practice

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**A Few Tips on Giving Feedback**


- Be tentative and speak for yourself only.
- Be specific, clear, and positive
- Identify both strengths and what the person might do differently next time
- Consider the "sandwich approach"






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**A Micro-Teaching Exercise for Tomorrow**




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## Module 5



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## Thoughts or Questions about Yesterday?



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## Plan for Day 5

1. Summary of what we covered yesterday.
2. Micro-teaching activity
3. Presentation of Certificates of Completion
4. Workshop evaluation and knowledge post-tests
5. Focus group evaluation



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## A Micro-Teaching Exercise



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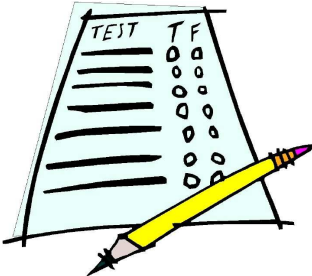
45 MINS

45 MINS

30 MINS

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## Brief Knowledge Post-Test



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## A Brief Assessment of this Training




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10 MINS


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## Closing Activities

- ▶ Certificate presentation
- ▶ Trainer remarks
- ▶ Closing remarks



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## Thank You For Your Participation!

▶ Now it is your turn to pass it on and make a difference!



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## Elements of Family Therapy for Adolescent Substance Use Disorders

# Training Manual

United Nations Office on Drugs and Crime

Thank you!



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