We want to invite you to Kootenai Behavioral Health Chemical Dependency Unit Family Group. We encourage anyone who will be a part of the patient’s recovery process to attend Family Group. The goal of family group is to assist the patient’s support system by increasing education, and providing an opportunity to process the effects of addiction on the family system. Evidence supports the importance of family involvement in the recovery process to increase positive patient outcomes.

Our perspective in the treatment of your loved one or friend and their addiction is consistent and informed by SAMSHA (Substance Abuse and Mental Health Services)

“The two disciplines, family therapy and substance abuse treatment, bring different perspectives to treatment implementation. In substance abuse treatment, for instance, the client is the identified patient (IP)—the person in the family with the presenting substance abuse problem. In family therapy, the goal of treatment is to meet the needs of all family members. Family therapy addresses the interdependent nature of family relationships and how these relationships serve the IP and other family members for good or ill. The focus of family therapy treatment is to intervene in these complex relational patterns and to alter them in ways that bring about productive change for the entire family. Family therapy rests on the systems perspective. As such, changes in one part of the system can and do produce changes in other parts of the system, and these changes can contribute to either problems or solutions.

It is important to understand the complex role that families can play in substance abuse treatment. They can be a source of help to the treatment process, but they also must manage the consequences of the IP’s addictive behavior. Individual family members are concerned about the IP’s substance abuse, but they also have their own goals and issues. Providing services to the whole family can improve treatment effectiveness.

Meeting the challenge of working together will call for mutual understanding, flexibility, and adjustments among the substance abuse treatment provider, family therapist, and family. This shift will require a stronger focus on the systemic interactions of families. Many divergent practices must be reconciled if family therapy is to be used in substance abuse treatment.

Many family therapists have hoped that bringing about positive changes in the family system concurrently might improve the substance use disorder. This view tends to minimize the persistent, sometimes overpowering process of addiction.

Addiction is a major force in people with substance abuse problems. Yet, people with substance abuse problems also reside within a powerful context that includes the family system. Therefore, in an integrated substance abuse treatment model based on family therapy, both family functioning and individual functioning play important roles in the change process ([Liddle and Hogue 2001](https://www.ncbi.nlm.nih.gov/books/NBK64269/))”.

https://www.ncbi.nlm.nih.gov/books/NBK64269/#A70462

**Family Group is held every Friday from 12:45 pm-4:00 pm and every Saturday from 9:45 am -12:00 pm** at the Chemical Dependency Unit. We are located at 2301 Ironwood Place in Coeur d’Alene, Idaho.

Every Family Group has a separate topic including, but not limited to:

* The Biology of Addiction
* Family Systems
* The Biopsychosocial Model of Addiction and Mental Illness
* Medications that can be used in the treatment of Mental Illness and Substance Abuse.
* America’s Opioid Addiction
* Codependence
* Vulnerability
* Posttraumatic Growth.

We appreciate your desire to help your loved ones in their recovery process and we look forward to working with each of you.

**Family Group Guidelines:**

The Chemical Dependency Unit provides coffee, water, and light refreshments during Family Group. Unfortunately, outside food and beverages are not allowed on the unit.

Purses, backpacks and other type of bags are not allowed on to be brought unto the unit. On Fridays, there are lockers available to use in the front lobby of our building.

**Family Visitation:**

Outside of Family Group, the Chemical Dependency Unit also offers Family Visitation. Family visitation is held on Saturday afternoons from 1:00 pm – 4:00 pm. Patients are able to sign up for a 1-hour time block for up to 3 adult family members. Children are not counted towards the maximum of family members and are welcome to attend.

Please be advised, the patient is responsible for signing up family to visit.

**Family Questions:**

As we begin our work together it is important for everyone to understand the following assumptions, as outlined by renowned family therapist Virginia Satir:

1. Our family of origin, including past generations, has a significant influence on our attitudes and behaviors.

2. Families are systems and as such seek balance; when that balance is maintained through inappropriate roles, restrictive rules, and/or unrealistic expectations, the members’ needs will not be met, and dysfunction will occur.

3. The result of dysfunctional family systems is low self-esteem and defensive behavior, as the basic drive of human beings is to enhance self-esteem and defend against threats to it.

4. Each person contains all the resources one needs for growth and healthy functioning.

**Here are some questions that we would like you as an individual in treatment or as family member or friend of the patient to think about and put some thoughts down on a separate piece of paper.**

These four less healthy communication patterns are different ways we hide what we really are feeling from our self and from others.

**Question:** Which communication patterns listed below might you relate to and can you give some examples?

1. Placator – Sacrifices their emotional expression often for emotional survival in many of their relationships. The Placator’s communication is often apologetic and aimed at pleasing others with the intent to continue being accepted and not being rejected. While on the surface it may appear that the Placator’s intentions are to resolve family conflict between two warring parties, the outcome is that the two parties at odds are not allowed to work through their own dyadic issues. The Placator’s constant interception or interference has effectively blocked communication between the parties at odds and as a result, impeded potential problem solving between the two parties.
2. The *blamer* hides his or her feelings of low self-worth and vulnerability by attempting to control others and by disagreeing indiscriminately, thus giving him- or herself a sense of importance despite his or her inner feelings of loneliness and failure. The blamer engages in fault finding, name calling, and criticism. It is as if the blamer cannot feel good or secure about him- or herself without placing other family members in the “one down” position.
3. One who may take the super-reasonable stance can respond to family communication, especially family conflict, in an intellectual or overly rational one—bypassing the (emotional) inner self. It may look like noninvolvement and control—but the reality of the super-reasonable’s inner feelings is one of (emotional) vulnerability. The impact on family communication is one in which inner feelings are downplayed or avoided altogether. This may encourage other family members to do the same, hindering open and honest communication between family members.

An example of this may be:

*Focusing the discussion on outside concerns such as the identified patient’s \_\_\_\_, rather than on the fear or disconnection that the family member may be feeling in regards to the identified patient.*

1. One who might take the irrelevant stance handles family conflict and stress by pretending it is not there. Internally the irrelevant stance taker feels uncared for and alienated from the family. Hence he or she attempts to refocus family communication elsewhere from the present context or topic under discussion and away from inner feelings. The irrelevant stance taker can engage in tangential or even totally irrelevant verbalizations that can refocus attention away from the topic at hand. The impact on family communication can be one of incomplete communication, thus, important dialogue is not fully explored.

Consider this example: A young teenage girl is a member of a very male-oriented family in which females are not very highly valued. She feels like an outsider in this family. The teenager responds to family conflict and tension by making jokes and being sarcastic in the heat of family disputes.

 This next question focuses on family myths and secrets but before the question is asked it might be helpful to understand the context in which family myths or secrets can or might be used.

Family myths and secrets are constructed and perpetuated for many reasons. A couple of reasons may be to:

A. Shield the family member from the reality of their environment such as “you are too young to understand”

 or

B. Shield the family member from the reality of their existence, for example, “Dad is always right”. A family secret may be, “mom is an alcoholic”. It is important to note that family myths and secrets can go back two or three generations.

**Question:** Can you identify examples of family myths and/or secrets either from your family of origin or your current relationship that may be impacting you today?

**Closing Questions:**

1. What do you as a family member or friend feel like you have lost the most due to addiction?
2. **Patient:** To what degree do I want my support systems involved in my recovery?
3. **Family:** How do I see my role in my loved one’s/friend’s recovery?

**Thank you for your time and consideration of these questions. We look forward to the dialogue that these questions will be reflected on in your journey to create a healthier self and relationships.**