

The Centre for Youth AOD Practice Development

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INCLUDING FAMILIES

YOUTH AOD CONFERENCE 2017

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With Special Guests Juliette Hammond and Dom Ennis.

Practice Education Advocacy Research

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WHY INCLUDE FAMILIES IN A YOUTH AOD TREATMENT PLAN ?



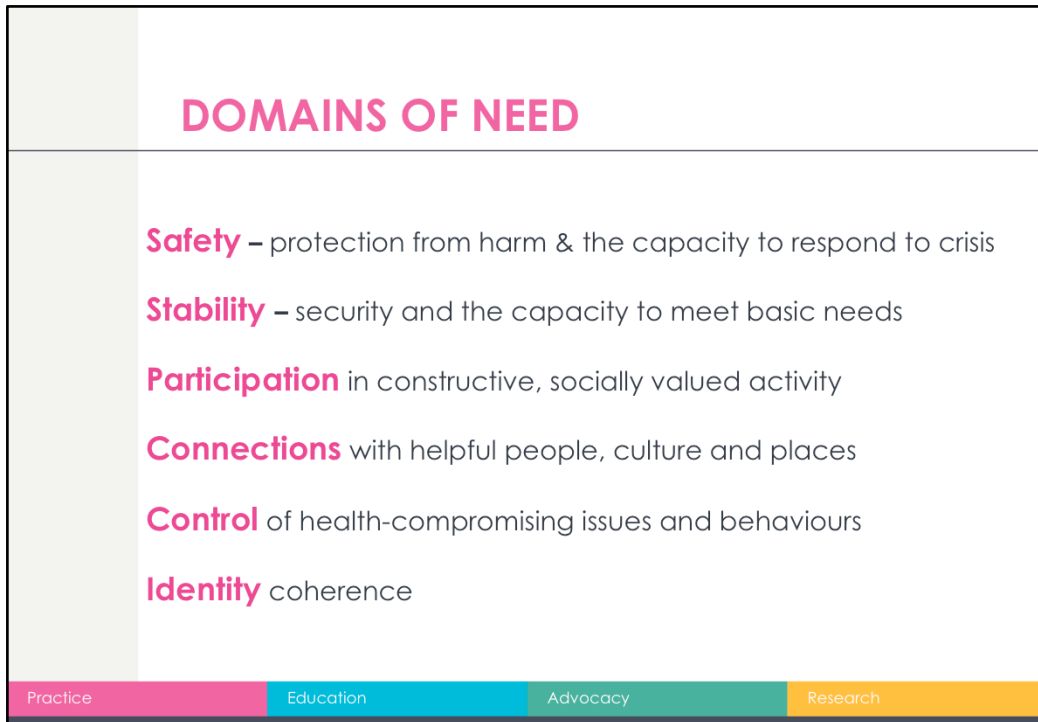
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- Families and Significant others (however these are defined by the young person) are there *long after young people grow through our service*.
- Families, however 'dysfunctional' they appear, have and will continue to play an important role in the identity of a young person; *even where there has been abuse, estrangement and violence*.
- Examples:
 - Young person in Out of Home Care who continually attempts contact with an estranged parent, despite a long history of extreme conflict.
 - A young person who was abused by his father in childhood, after addressing his own trauma and substance use, later become his father's carer as a young adult.



We know that drug use serves a function – ultimately it is an attempt to meet a *unmet need* in the absence of alternative resources or experiences.

One of the main aims of including families is to *support a young person to build networks of love and care*. Systemic family work attempts to mobilise family and community resources to meet these domains of need.

With determination, *Strengths can be found in all families*, such as when a relationship has been adjusted to create more safety.

IMPACTS OF UNMET NEEDS

The following behaviours can be understood as attempts to meet aforementioned domains of need without adequate resources:

- Alcohol and Other Drug use
- Self-harm
- Aggression
- Offending

A **systemic hypothesis** might also view children and young people's 'problem behaviours' as not just an attempt to meet individual needs, but as expressions of trauma, conflict and distress within the wider family... the young person is cast as the 'symptom holder'.

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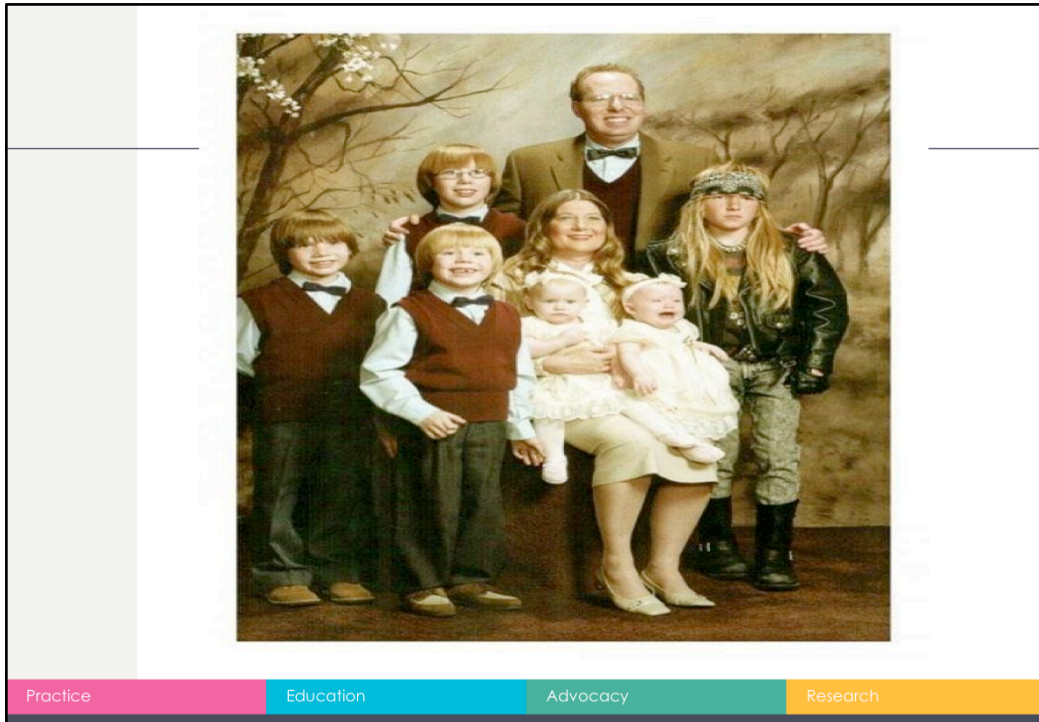
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Examples of young person's 'problem behaviour' might well be viewed as occurring within the context of the transmission of trauma, grief/loss or conflict through family systems –e.g. family court disputes over child access, mum or dad's secret gambling or drinking problem, children of parents with refugee trauma.

Example: Vietnam Veteran's children presenting to youth AOD services in early 2000's.

Youth services need to exercise caution when 'treating' the individual young person's AOD issues in isolation from the family system. In doing so, we may end up colluding with the parent or carer's idea that 'the problem' is exclusively located within the young person.

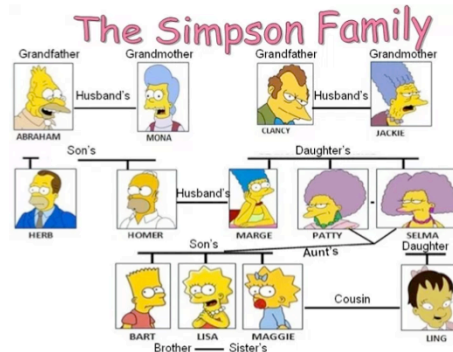
Family inclusive work attempts to; share responsibility for addressing the presenting problem, reduce anxiety in carer systems, and most importantly, share family strengths and resources.



Pick the 'symptom holder' !

START A CONVERSATION

- Define the problem, but highlight strengths
- Explain the service
- Provide role clarity
- Get a sense of the household composition
- Ask about safety
- Offer something – Information, referrals to parent supports, ideas for social support, or a time to meet...



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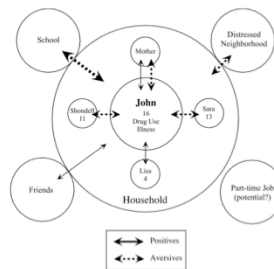
Youth AOD Family Inclusiveness starts with the assumption that the parent/carer system is a *current or future support and resource* for the young person.

Engaging family members also provides *rich assessment information*.

As part of a systemic formulation, you might task yourself: “*Who is the most vulnerable person in the family?*” It may not be the young person (e.g. the presence of Adolescent Violence in The Home). It may be that supporting the Parent/Career system is the most effective way towards supporting the young person.

ECOMAPS VS GENOGRAM

- Can capture a wider range of external resources
- Can be more culturally inclusive
- Could include wider community identity – belonging to a church, mosque, synagogue, temple, special interest group, or subculture.



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Doing a genogram and/or an ecomap is a fundamental family inclusive practice. It adds *new information*. Ask young person to draw the map with you. Add culturally relevant information – churches, mosques, Aboriginal and Torres Straight identity, friendship groups, pets, intimate relationships, belongingness to groups or movements, e.g. queer peer support, sports club, etc.

What would it be like creating genogram/ecomaps with a carer and/or family system?

In family therapy, this process may occur over several sessions. In a youth service, it could be as simple as making a sketch of the household composition and scanning this to the case file for future reference in supervision, review or care planning.

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SCENARIO #1


MUM – JOCELYN, CALLS A YOUTH AOD SERVICE FOR HELP

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Brief vignette of a first call to the youth AOD service.

PITFALLS

- Minimising parents/carers distress around their child's drug use.
- Letting a parent 'off the hook' by stepping in too far (i.e. in some circumstances this could be transporting client to school, sports events, etc.)
- Unclear professional role... who's the client, the young person or the carer?
- Not noticing and addressing signs of family violence or other safety issues.
- Confidentiality
- Engaging dads, siblings, partners
- Diverse cultural differences and Parenting practices
- Getting stuck in 'The Swamp' of complexity.
- Others?



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Some practice tips for working with complex family systems:

- Look for opportunities to double up with a colleague.
- Be patient and curious: 90% assessment/exploration, 10% action/suggestion/feedback.
- When a parent asks: "Why are they acting this way? What are they so angry/abusive/etc..." ask, what the parent's theory is, what they think the young person's theory of this behaviour is? Check with the young person if that's about right or not. (Provides *new information* to the system) .
- Ask continuous clarifying questions, be clear, and present/future focussed.
- Non-verbal is very important element, especially when someone is aroused/heightened. Breathing – co regulation. Body language – match it and 'lower it down'.
- Check in with yourself...Use this information... "I'm feeling really confused right now, is this what happens at home... there is always lots going on?" – followed up with , 'How do you manage to organise yourselves in the presence of 'this confusion'?' (Narrative externalising).
- Things that may help: time, space, understanding, ownership/responsibility, validating, humour, listening, asking questions.
- Forget about logic, focus on the truth of emotion and relationships.
- Sit in the discomfort - conflict is ok, a facilitated family meeting is a rare opportunity in family sessions to move through a conflict event. PLAN for conflict! Such as scheduling breaks in family meetings, having exit plans., safety.
- Offer a couple of options as feedback if family is stuck, but provide choices.
- Things that don't help: Asking them to calm down, focusing on their drug use or other contributing factors, talking about future consequences...
- Avoid family members acting as interpreters, invest in professional interpreter service.

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SCENARIO #2

MUM – JOCELYN, HER SON -JIMI AGED 16 AND HORACE HAVE A FAMILY MEETING

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Aim to have a shared understanding of roles and responsibilities. Demonstrate some circular questioning, elicit common goals. E.g. if this family meeting was to be helpful, what would we achieve today?

Talk about family friendly environment within the youth space– i.e. ditch the Condom Man poster, bring in coffee table, plant, tea and coffee facilities – simple!

TIME TESTED INTERVENTIONS

Prescribe a:

Family meal together.

Time out and or respite from each other, returning when calmer.

Celebrational and ritual (e.g. weekly shopping trip, putting up list of birthdays).

Something Interactive – games, sports, hugs, chats.



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Many families we work with literally don't have the resources for a family holiday. I one made the mistake of prescribing a family picnic – it was too much! transport, organising food, fights ensued... but we debriefed next session...Next time, the family organised a trip to a café with an aunty who helped keep the peace.

THE BIG PICTURE

- Privilege the *clients relationships*, not just *our relationship* to them.
- Creating sustainable networks of Love and Care.
- Families that provide *the right balance of challenge and warmth* create resilient young people.
- Creating conditions for developmental needs to be met, including attachment and individuating. *Interdependence* rather than Independence.
- Having an eye on the young person's place in the Family Life Cycle; changing relationships, moving through milestones such as high school, first job, starting a new family...

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Apart from this nice stuff, including families is just *good practice*, and is a feature of most 'gold standard' youth AOD evidence based literature internationally.

GREAT FAMILY INCLUSIVE RESOURCES

Youth Drug and Alcohol Advice



Strong Bonds – Jesuit Social Services



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A small sample of Family Inclusive resources relevant to youth AOD services:



Youth Drug and Alcohol Advice – Resources for worker, parents and young people

<http://yodaa.org.au/>



Strong Bonds website has great pdf. printable fact sheets on parenting adolescents

<http://www.strongbonds.jss.org.au/>



The Bouverie Centre has excellent family work training. Single Session Family Consultation is a great place to start.

Dovetail Working with Families and Significant Others



Dovetail have a comprehensive resource to assist your organisation and workforce get started with Family Inclusive practice

<http://dovetail.org.au/media/122115/gpgv.digital.pdf> A



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