

# Implementing the program

## The initial interview

We recommend that prior to providing the program, you interview each interested family member (if two or more members of the same family are seeking treatment, you can interview them together). The interview gives potential participants an opportunity to tell you about themselves and their situation, and allows you to discuss confidentiality, determine family members' eligibility, orient them to the program and discover their treatment needs.

### **CONFIDENTIALITY**

At the start of the interview you should outline the limits of confidentiality and how confidentiality is ensured. In most jurisdictions, the client's confidentiality is protected unless there is a risk of harm (including harm caused by drinking and driving) to the client or others known to the client; a child is being abused or neglected; a client discloses having been sexually abused by a registered health care provider; or a client's file has been subpoenaed. In most agencies, client information is maintained securely, either electronically or in a locked filing cabinet.

## HEARING THEIR STORY

Many family members have had few, if any, opportunities to share their story with others, and have a need to do so with a non-judgmental person. It is important to allow them time to talk about their experiences and their situation, and to provide supportive, validating responses. Allowing time for this during the interview allows potential participants to become more comfortable talking about their situation, which helps to prepare them for the group treatment. It also helps them to develop a connection and sense of trust with you, which will encourage their attendance at group sessions.

This portion of the interview should not be highly structured, but we encourage you to provide direction and containment if a person is becoming too emotionally vulnerable. We also recommend that you help family members focus on their strengths and coping resources, so they do not become overwhelmed with hopelessness at their situation. Praise them for their efforts at handling the situation and at coping, even if their methods have not proven successful.

Questions you might want to ask during this section include:

- What has brought you to seek treatment?
- How is your relationship with \_\_\_\_\_ [the person with a substance use problem]?
- How has \_\_\_\_\_'s substance use affected you, your relationship and others around you?
- What treatment have you or \_\_\_\_\_ received and what has been the outcome?
- What have you done to try to improve your situation?
- How have you coped with your situation?

## DETERMINING ELIGIBILITY

Families CARE can be helpful to many family members of people who have substance use problems, but some people may not be ready for it or able to benefit from it, and for others the program might interfere with existing treatment. The following are exclusion criteria:

- substance use problems
- severe mental health problems
- risk of harm
- severe crisis.

## Substance use problems

Some family members may themselves use substances to a greater or lesser extent. We recommend excluding family members who themselves have substance use problems, because they may feel uncomfortable when other group members express their negative feelings about a relative's substance use, and may not share the common desire of other group members for their relative to reduce his or her substance use. You will therefore need to ask family members about their own use, and determine if it is problematic. You may recommend that people not eligible for the program for this reason receive substance use treatment prior to participating in Families CARE.

## Severe mental health problems

Some potential participants may be experiencing mental health problems, due perhaps in part to the stress of dealing with their relative who has a substance use problem. They may nonetheless be able to participate in Families CARE if the problem is mild to moderate and the person is relatively stable, or even if the problem is more severe but is being successfully treated elsewhere and is relatively stable. But for some family members with more severe mental problems that are not being treated and are not stabilized, the program may not be suitable. You will therefore need to determine the mental health and stability of family members, and may recommend that those with severe depression or anxiety, mania, psychosis or personality disorder receive mental health treatment before participating in Families CARE.

## Risk of harm

Some family members may be at risk of harm, either from another person or from themselves. You should assess the risk to potential participants of abuse, violence, self-harm and suicide. If there is a risk of harm, you will need to ensure the person's safety by developing a safety plan (see Module 7: Staying Safe and Managing Crises) and, if necessary, contacting and involving the relevant authorities. If a person is experiencing or at risk of severe abuse, we advise referring him or her for appropriate treatment, such as services for people experiencing domestic violence. While people in these situations will not be able to participate in the program, they should be encouraged to join when their situation has stabilized.

## Severe crisis

Many people affected by familial substance use experience regular crises, which may sometimes have the paradoxical benefit of prompting them to seek

treatment. Further, it is a goal of Families CARE that participation will help family members to prevent and deal with crises better. Nonetheless, family members may at times be so distraught and preoccupied by a severe crisis that they would not be able to benefit from the program at the current time. We suggest that in such cases you provide them with support and assistance (or refer them if necessary) and reconsider them for the program when they or their situation is more stable.

## ORIENTATION TO THE PROGRAM

Family members should be given a description of the treatment to enable them to make an informed decision about their participation, and to develop realistic expectations about treatment. We recommend that you provide the following information:

- program details: the time, location, length and number of sessions; the facilitators; the approximate number of participants; whether groups are observed or videotaped, etc.
- program components: the general format of sessions, the inclusion of home practice assignments, the policy about attendance, etc.
- program goals (explain to potential participants that the focus of the treatment is on them and their needs, rather than the functioning of the person who has a substance use problem):
  - to increase family members' knowledge about substance use and concurrent disorders, recovery and treatment
  - to improve family members' well-being through better coping, self-care, support, spirituality, grieving, management of emotions and stress, and finding hope
  - to improve family members' situations through enhancing safety, managing crises, problem solving, and attaining goals
  - to improve family members' relationships through more effective communication, limit setting, response and support
- program content: topics that may be addressed
- alternative treatment options: other relevant programs offered at your facility or agency, or in the community.

## DETERMINING TREATMENT NEEDS

The pre-treatment survey (see Appendix 1 of the Introduction, page 21) allows family members to note their goals and expectations, and to identify what topics they hope to address during the program and what questions they want answered.

You should also determine if potential participants have special needs for which accommodations might be needed (e.g., physical disabilities, hearing or visual impairments, food allergies [if food is being provided], or issues with reading proficiency or fluency in English), or cultural or religious beliefs that may be pertinent to the treatment process.

Ensure that family members understand the process going forward (e.g., who to contact for support, the date and time of the next appointment). Reinforce them for having taken this first step in seeking treatment and support.

## Recommended format for sessions

For sessions of two hours, we suggest the following format:

- Opening and announcements (5 min.)
- Check-in and review of last week's home practice (approx. 30 min.)
- Break (optional) (15 min.)
- Teaching and discussion (60 min.)
- Assignment of home practice (5 min.)
- Closing (5 min.).

These timings will need to be condensed for shorter sessions.

### OPENING

An opening ritual or exercise provides structure, routine and safety to the group, as well as helping participants prepare to take part in the group. Appendix 2 of the Introduction (page 23) provides some examples of possible opening (and closing) exercises, though different facilitators may have their own approaches to opening and closing sessions.

### ANNOUNCEMENTS

You will probably want to provide information on cancellations or changes to the group schedule, staff absences and any upcoming workshops or events that might interest the group members. Participants may also have announcements about their own upcoming absences or about relevant services or events.

## CHECK-IN AND HOME PRACTICE REVIEW

Following the opening exercise and announcements, you will need to review the participants' home practice from the previous week. This review is crucial: people learn new skills by practising them in familiar environments such as at home, and the participants are more likely to do so if they know they will be sharing their home practice experiences in the group, and if they have the opportunity for feedback from the facilitators and the other participants about what they have done well and what they could have done differently. Research indicates a strong relationship between homework completion and positive outcomes (Scheel et al., 2004).

During this part of the session, each person should have time to speak about what he or she practised during the week, and to discuss any difficulties or positive experiences. Facilitators and the other participants can reinforce the importance of practising at home and help family members to recognize their accomplishments. You can also help with problem solving if anyone encountered obstacles.

Given that sessions will probably be time-limited, we do not recommend unstructured opening check-ins, which may become lengthy. If family members want to share their experiences at length, they may be better served in a support group.

## BREAK

There are pros and cons to offering a break. Whether or not you decide to do so will probably depend on the length of your sessions. If you do decide to provide a break, it may be best to do so before beginning the teaching section. If there is no break, you may wish to provide refreshments and snacks during the group. A snack may serve as an added incentive for coming to the group, and can help people to concentrate better during the session.

## TEACHING AND DISCUSSION

At this point, you will follow the module outlines presented in this manual. You may wish to use all the materials that are provided for a given module, or to select those most relevant to your group. Each module focuses on a different topic and skill, but you may wish to spend more than one session on certain modules.

## HOME PRACTICE ASSIGNMENT

Next you will assign and explain the home practice based on the module you have covered. Usually, participants will need to decide what to do for their homework ahead of time. One option is to instruct them to write down what they plan to do and share it with the group, since a verbal commitment will increase the likelihood of their completing the assignment. Encourage participants to record what they practise during the week, so they can later refer back to their homework.

Some modules require participants to complete a reading or prepare something prior to the session. In order to let family members know about this, you will need to know which module you are doing next and whether it requires preparatory work at home.

If any participants have difficulty reading or writing in English, facilitators may need to adapt or verbally explain the homework exercises or readings, or (if the resources are available) have them translated into the person's first language.

## CLOSING

As with the opening, we recommend that you end the session with some form of ritual, such as a brief relaxation, spiritual or mindfulness exercise (for examples, see Appendix 2 of the Introduction, page 23). At times, it may be helpful to relate the closing to the session's topic. For example:

- If you talked about self-care during the session, you could close by having family members listen to an inspirational poem on self-care, or listen to music, drink tea or eat something they enjoy.
- If you have completed a session on managing anxiety, you may wish to end with a relaxation exercise.
- If you have focused on supporting recovery, you may choose to end with the Serenity Prayer or the seven Cs (see Appendix 2 of the Introduction).

In this way, the closing exercise enables participants to practise what they have learned.

# Dealing with common difficulties in facilitating groups

The therapists at CAMH's Family Addiction Service have developed experience over many years in dealing with various group challenges. Below we discuss some of the common difficulties that you may face and how we recommend dealing with them. Our recommendations should inform, but not take the place of, your own clinical judgment, as well as professional ethics and agency procedures.

## A GROUP MEMBER ARRIVES IN CRISIS

If a person arrives early and in distress, we recommend that you ask to speak to him or her for a few minutes in private.

If a participant arrives in distress after the group has started, briefly assess whether the person wishes to discuss the crisis in the group, whether the crisis is relevant to the group and will not overwhelm the participants, and whether the issue can be dealt with easily. If so, set aside a brief period (e.g., five to 10 minutes) to discuss the crisis before moving into the regular group agenda. Since this is not a process group, the goal of the discussion should not be to process the crisis at length, but to validate and provide support to the person, and to help him or her become calm enough to focus on the group. You may offer to spend time with the person after the session to discuss the crisis in more detail and to help the person problem solve. During this discussion, you will need to assess the risk of harm to the participant or to others.

If the participant does not wish to discuss the crisis in the group, if the crisis is not relevant to the group or if it is too large to be dealt with in the group, you should suggest that the participant speak to you after the session. If, however, the person is too distressed and dysregulated to take part in the group, leave the group to further assess the situation. (If you are the only facilitator present, be brief and, if possible, call upon another therapist to help out so you can quickly return to the group.) The goal of this private meeting should be to help the person become calm enough to return to the group as soon as possible. You should also assess the risk of harm to the client or others. If anyone is at risk of harm, consult with other team members or with supervisors for guidance and support, following appropriate organizational and professional protocols. If the person is suicidal, if there is a risk of harm to others or if a child has been harmed, it may be necessary to breach confidentiality and contact the relevant authorities.

## A GROUP MEMBER BECOMES EMOTIONALLY DYSREGULATED

We recommend that facilitators try to keep group members' emotions under reasonable control by providing adequate structure and containment, and at times limiting their emotional expression. Participants may nonetheless become dysregulated at times (e.g., crying inconsolably, shaking, yelling, swearing or even becoming violent). If this occurs, first ensure the safety of everyone involved, even if that means asking a person to leave the group. Once safety is ensured, validate the person's emotions and ask what would help him or her to become calmer. You may provide suggestions, such as focusing on breathing or counting, distracting himself or herself, or having something to drink or eat. Do not ask process or deepening questions, as they are likely to increase the person's distress.

If the person is unable to control his or her emotions, you might suggest that he or she leave the group temporarily to calm down, for example by walking around, going to the bathroom, washing his or her face, or getting a drink. If you are concerned about the participant's safety, one of the facilitators should accompany the person. If the participant leaves the group alone, a facilitator may follow up after a short time by checking how the person is doing and inviting him or her to return (people who become emotionally dysregulated in front of others often feel exposed, embarrassed or ashamed, and may find it difficult to return to the group).

## A GROUP MEMBER DISCLOSES INFORMATION ABOUT ONGOING ABUSE OR IMMINENT RISK OF HARM

If a group member discloses his or her own current abuse or the risk of harm, we recommend that you do not process the person's experience, but focus on developing a safety plan. Given how frequently abuse occurs in relationships affected by problematic substance use, this issue is important for everyone in your group to consider. Since other participants may have dealt with this issue themselves, they may be able to provide valuable support and feedback. In developing a safety plan, you should identify triggers and warning signs for violence, and help the person decide on possible plans of action should these warning signs occur. Emphasize to the participants that their safety is a priority and that should it be compromised, they should act immediately to protect

themselves. If necessary, you may offer the family member an opportunity to discuss the situation in more detail after the session.

If a group member discloses the risk of harm to another adult, you will need to discuss how he or she can help this person become safe. You will need to assess whether confidentiality will need to be breached to ensure the person's safety. Consult with other team members and supervisors in deciding how to proceed.

If a group member discloses harm or the risk of harm to a child, you will need to discuss the situation with the person privately and will need to determine whether child welfare authorities should be contacted. Again, you should consult with other team members and supervisors in deciding how to proceed. If you decide to contact child welfare authorities, we encourage you to try to involve the disclosing participant in making the call.

## **A GROUP MEMBER MAKES AN INAPPROPRIATE COMMENT**

If a group member makes an inappropriate comment, we recommend that you intervene. Depending on the type of comment, you may state that not everyone might agree with or feel comfortable with the statement. You can allow other participants to respond, but we would caution against a long processing of the event. You may take the opportunity to revisit the group guidelines (see Module 1, page 42), and remind the participants of the need for these norms to ensure safety in the group. You may also choose to speak after the session with the person who made the inappropriate comment to determine whether any other issues need to be addressed.

If a participant tells you after a session that he or she was hurt or offended by something said in the group, you should take the opportunity at the next session to remind the group of the rules and norms and emphasize the importance of safety within the group, without referring to the specific incident.

## **GROUP MEMBERS ARE IN CONFLICT**

If a disagreement between two or more participants escalates to an inappropriate level, you should intervene to end the conflict. If a person is unable or unwilling to stop, you may ask the person to take a break from the group for a few minutes. Then, with all participants present, remind them of the group rules and norms, and discuss appropriate ways of managing differing viewpoints.

If the conflict continues, you might meet after the session with those involved to try to resolve the issue or obtain an agreement on how to manage the issue in future sessions. If the conflict cannot be resolved, you may have to offer those involved an alternative group or treatment.

## GROUP MEMBERS CONTRIBUTE UNEQUALLY

In any group, some members will talk more and some less. However, if one or more participants talk excessively during the group, sidetrack the discussion, prevent others from contributing, dominate the discussion or reveal too much personal information, you will need to intervene to restore balance in the group. If a person is being wordy or tangential, you may need to interrupt and redirect him or her to the task at hand. Explain that everyone needs to have a turn speaking, and encourage others to contribute. If necessary, be more structured and task-focused in leading the group. For example, avoid open-ended or personal questions that could allow for lengthy sharing.

If one or more group members are frequently quiet, be sensitive to their need to listen, but also give them the time and space to contribute. You may need to pause for longer after asking questions to allow them the time to volunteer an answer. It may also be helpful to ask everyone to share by going around in a circle.

## Reference

Scheel, M.J., Hanson, W.E. & Razzhavaikina, T.I. (2004). The process of recommending homework in psychotherapy: A review of therapist delivery methods, client acceptability, and factors that affect compliance. *Psychotherapy: Theory, Research, Practice, Training*, 41 (1), 38–55.