Chemical Dependency

Theoretical Approaches and Strategies Working with Individuals and Families

Eileen B. Isaacson
Editor
Chemical Dependency: Theoretical Approaches and Strategies Working with Individuals and Families
Dedicated with Love

to

Charles, Sharlene and Bernard
ABOUT THE EDITOR

Eileen Isaacson, EdD, ACSW, CAC, is Director of the Brunswik Counseling Group and Training Institute. Dr. Isaacson’s experience includes twenty years of work in the chemical addiction field. She is a New Jersey licensed Marriage Counselor, Certified Alcoholism Counselor, and Certified Addiction Specialist. She is an adjunct faculty member of the Rutgers University Graduate School of Social Work and on the faculty of the Rutgers University Advanced School of Drug and Alcohol Studies and the New Jersey Summer School of Alcohol and Drug Studies. Dr. Isaacson has designed and delivered a variety of training programs in individual, family, and group counseling focusing on chemical dependency. As consultant to UMDNJ-CMHC at Piscataway, New Jersey, she developed The Institute for Chemical Dependency, a model program integrating knowledge and case application, and providing a clinical practicum for mental health, alcohol and drug professionals. Dr. Isaacson received the New Jersey NASW Trailblazer Award in 1989 for service in the addiction field.
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Preface

From my perspective as a physician and psychiatrist, traditionally trained in medicine and psychiatry and with about twenty years of experience in the field of addiction medicine, as well as my more recent experience (about ten years) with systems—orientated, recovery—orientated and self help treatment programs and chemical dependency, I was struck by the interdisciplinary nature of this work.

Dr. Eileen Isaacson has edited and produced, in my opinion, a valuable contribution to the fields of chemical dependency, individual psychotherapy, and family therapy. This volume is a comprehensive and interdisciplinary synthesis of these fields, drawing on a variety of approaches, sources of information, and disciplines (even medicine and psychiatry) in achieving this synthesis. This synthesis, in turn, provides an excellent and basic foundation for counsellors, therapists, and—even—physicians who work in this often bewildering field for the incorporation of family therapy models and techniques, individual therapy models, and recovery-oriented approaches into their treatment, applicable to a wide variety of types of patients and patient populations. The several papers in this volume fit together well as a basic textbook in family therapy, individual therapy, and the addictions. It can be read by beginners in the several fields (family therapy, individual therapy, and chemical dependency), for example, for a grounding in the three basic "schools" of family therapy (i.e., the structural model; the strategic model; and Bowen’s approach). It can also be read, consulted, and even used for reference by the more experienced practitioner, for example, for concepts, approaches, and practical guidance in working with addicted women, blacks, gay men and lesbians, and Latino males. Since Dr. Isaacson reviews and summarizes the papers and content of this volume in her "Introduction," I will not reiterate that summary in this Preface. Suffice it to say, however,
that the volume is carefully crafted: It starts with material providing an overview of family therapy, especially as applied to the chemically dependent; then provides information about the special populations noted above; and it concludes with an interdisciplinary discussion about the mentally ill chemical abuser.

My impression from having read many “Prefaces” over the years is that one of the purposes of a preface—a side from the obvious one of “setting the stage” for the volume to follow—is to present supportive and complimentary comments about the volume: to “say nice things” about it. In this case, this is not difficult to do: Dr. Isaacson’s volume is timely, informative, well put together, interdisciplinary, well written (especially with the liberal use of case studies throughout almost all of the individual papers), and provides an important contribution, in my opinion, to the fields of family therapy, individual therapy, and chemical dependency. As a physician in a field sometimes oriented against “physicianly” (i.e., biomedical) approaches, I will find this volume extremely useful to me in my own work. Dr. Isaacson herself, I note, has been working in these fields in a variety of capacities for a number of years. By sharing her views, experience, and knowledge—as well as those of her colleagues—through Chemical Dependency: Theoretical Approaches and Strategies Working with Individuals and Families, she has made a valuable contribution to the professional community.

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Introduction

The field of chemical addiction has evolved over the past several decades, initially working with the individual from a variety of perspectives including physiological, psychological and sociological. Recognition of the importance of working with the families of addicted individuals developed gradually out of the family therapy movement of the '50's and '60's, taking hold as an intervention tool in the '70's.

This writing underscores the importance of working with both the individual and family as part of a comprehensive biopsychosocial approach in assessment, intervention and treatment of chemical addiction. It is intended to provide a framework for assessment and intervention with individuals and their families. Theory and practice are integrated focusing on: Family Systems and Chemical Addiction; Individual and Family System Dynamics of Chemical Addiction; Application of Psychodynamic and Family Systems Theories to Chemical Addiction; Special Intervention Strategies (Neuro-linguistic Programming, Planned Family Intervention with Johnson Institute Method, Family Therapy and Twelve Step Programs); and Intervention with Special Populations Characterized by Chemical Addiction (Women, Gays/Lesbians, Hispanic Males, Blacks, and the Mentally Ill Chemical Abuser).

An historic overview of family systems and chemical addiction is presented in the first article, “Chemical Addiction: Individuals and Family Systems,” to provide a foundation for working with the individual as part of the family system. Basic to addressing chemical addiction as it relates to the individual/family interaction is an understanding of the development of addiction in the individual as a function of early psychological development and the family factors which influence and maintain the homeostasis of dependency. This article is presented as a framework for the subsequent articles.
Donna Richardson describes the use of family systems therapy in the article “Structural and Strategic Family Therapy Techniques: Application to Chemically Dependent Families.” Ms. Richardson discusses specific components of the models in working with the case of an alcohol and drug addicted female who has been sexually abused, a problem often surfaced in working with chemically dependent clients. In a second case of a male alcoholic, the use of contracting is discussed as part of a process intermediary to obtaining treatment. A step-by-step process illustrates the therapist’s role in engaging the individual and family, demonstrates the dynamics of the family, and discusses intervention strategies in the progress of treatment. Ms. Richardson is a therapist in private practice and clinician at the Family Relations Center of the University of Medicine and Dentistry of New Jersey, Community Mental Health Center at Piscataway.

The use of a model integrating work with the individual and family is presented and discussed in “Psychodynamics and Family Systems: A Model for Chemical Addiction Counseling.” The reader is referred to the first article on “Chemical Addiction: Individuals and Family Systems” which provides a framework for individual and family dynamics as they relate to addiction. The importance of ongoing assessment and intervention with each of the models is suggested as a way of dealing with the underlying dynamics of individuals while working toward systemic change in the family. Application of psychodynamic and family systems components to the case of an alcohol/drug addicted male is presented.

Ellen Faber and Beverly Keating-O’Connor present a model for family intervention in “Planned Family Intervention: Johnson Institute Method.” Components of the model are described and a discussion of myths, family rules and dynamics of addiction are discussed in relation to the use of planned family intervention. Ms. Faber and Ms. Keating-O’Connor provide an overall understanding and use of the intervention for therapists. Ms. Faber’s *Handbook for Intervention* is also recommended to therapists interested in this area. Ms. Faber is Director of Intervention Associates, an intervention program to motivate individuals and families to treatment; her experience consists of twenty years of working in alcoholism treatment. Ms. Keating-O’Connor has been involved in the addiction field for eleven years and has clinical experience working at the
Introduction

University of Medicine and Dentistry of New Jersey and the Medical Center at Princeton, New Jersey.

Chelly Sterman demonstrates the use of Neuro-Linguistic Programming (NLP) as a psychotherapeutic tool in working with addicted individuals and their families in "Neuro-Linguistic Programming as Psychotherapeutic Treatment in Working with Alcohol and Other Drug Addicted Families." Techniques such as "reframing" to address "traumatic childhood experiences" are related to addiction using case examples. Practitioners interested in further reading in this area will be interested in her recent publication *Neurolinguistic Programming in Alcoholism Treatment*. Ms. Sterman is in private practice in New Jersey and has worked in a variety of inpatient and outpatient chemical abuser treatment settings. She is a Master Practitioner in Neurolinguistic Programming.

Emily Schroeder discusses the importance of integrating twelve-step programs and family therapy in "Family Therapy and Twelve-Step Programs: A Complementary Process." Family therapy and twelve-step programs are described specifically as they relate to the treatment and recovery processes. Clear descriptions and examples are offered to clinicians in addressing the complex integration of these vital approaches in dealing with chemical dependency. The use of family systems and step programs during stages of active dependency, early sobriety, and later sobriety is presented. Ms. Schroeder is Executive Director of Family Systems Network, a private practice in New Jersey. Her experience includes extensive work in alcoholism rehabilitation programs.

Carolann Kane-Cavaiola and Diane Rullo-Cooney discuss issues related to chemically addicted women and their families in "Addicted Women: Their Families' Effect on Treatment Outcome." The problems faced by women in terms of social stigma, childcare problems and economic status are presented as blocks to women obtaining necessary treatment. Ms. Kane-Cavaiola and Ms. Rullo-Cooney stress the importance of treating the families of chemically addicted women in case discussions and provide recommendations for improving treatment. The practitioner in the field may be interested in reading Ms. Kane-Cavaiola's writings: "Basics of Adolescent Development for the Chemical Dependency Professional" and "Continuing Care for the Chemically Dependent Adolescent." Ms. Kane-Cavaiola is Director of the Center for Drug and Alcohol Pre-
vention and Treatment at John F. Kennedy Medical Center in Edison, New Jersey. Ms. Rullo-Cooney is Clinical Supervisor at John F. Kennedy Medical Center.

Michael Shernoff and Dana Finnegan describe how counselors can work with chemically dependent gay men and lesbians in “Family Treatment with Chemically Dependent Gay Men and Lesbians.” Issues of societal, family and individual homophobia are discussed as they relate to treatment. The importance of identifying conflicts related to sexual identity and early experiences of shame are explored in relationship to functioning and chemical use. Mr. Shernoff and Dr. Finnegan demonstrate family counseling interventions in their work with this population. Practitioners may be interested in Dr. Finnegan’s writings including Dual Identities: Counseling Chemically Dependent Gay Men and Lesbians; “Alcoholism and Chemical Dependency”; and the “Lonely Journey: Lesbians and Gay Men Who Are Co-Dependent.” Mr. Shernoff’s writing, “Family Therapy for Lesbian and Gay Clients” is also recommended. Mr. Shernoff is founder and Co-Director of Chelsea Psychotherapy Associates in New York City, New York. Dr. Finnegan is Co-Director of Discovery Counseling Center in Millburn, New Jersey.

Myriam Laureano and Edward Poliandro discuss chemical dependency of male alcoholics and their families in “Understanding Cultural Values of Latino Male Alcoholics and Their Families: A Culture Sensitive Model.” A framework for understanding the Latino culture and the impact of alcoholism on the family is presented. Ms. Laureano and Dr. Poliandro describe a Culture-Sensitive Assessment Model and apply the model to a case involving chemical addiction of a Latino male and his family. Ms. Laureano is in private practice in New York City, New York and is Co-Founder and Vice President of ABRAZOS, an organization for Latino professionals in the field of chemical dependence. Dr. Poliandro is in private practice specializing in psychotherapy of individuals and couples in recovery, and is a faculty member at Mt. Sinai School of Medicine.

Stacia Murphy discusses issues in working with chemically addicted Black clients and their families in “Treating Chemically Dependent Black Clients and Their Families.” Ms. Murphy describes methods of addressing alcoholism, “the number one mental health
problem in Black communities.” The importance of a multi-modal approach to working with this population including education, social learning, cognitive restructuring and sociocultural aspects is presented. In discussing the importance of family involvement in treatment, the therapeutic relationship between the client and counselor regarding the importance of cultural sensitivity is underscored. Ms. Murphy is Executive Director, Alcoholism Council/Fellowship Center in New York City, New York.

Phyllis Reilly provides a comprehensive approach to working with the Mentally Ill Chemical Abuser (MICA) and family system in “Assessment and Treatment of the Mentally Ill Chemical Abuser and the Family.” Ms. Reilly describes guidelines for assessment and discusses critical issues such as pharmacological intervention as related to treatment. The use of family therapy as an intervention highlighting structural and strategic approaches is recommended, as well as family education and skill development programs as components in working with the client and family. Ms. Reilly has nineteen years of experience working in addiction including her current position as Director of Addiction Recovery Services at the University of Medicine and Dentistry, Community Mental Health Center at Piscataway. She is a founding director of the Association for the Mentally Ill Chemical Abuser (AMICA).

This publication is offered to practitioners working in the field of chemical dependency, mental health and other human service related fields with the intent of providing theoretical approaches and practical strategies in addressing individual and family addiction.

Sincere appreciation and gratitude is extended to Dr. Bruce Carruth, Dr. Irene W. Slone and Mr. Richard J. Russo for this encouragement. Special thanks goes to Shelley McLarnon for her support in completing this volume. Acknowledgement is extended to the contributing authors, colleagues who have supported on-going efforts in addressing chemical dependency and to the clients who serve as catalysts in promoting new learning.

Eileen B. Isaacson, EdD, ACSW, CAC
SUMMARY. This chapter provides a framework for understanding the dynamics of the individual and family systems characterized by chemical addiction. Topics include: (1) Overview of Family Systems and Chemical Addiction Research; (2) Family Systems and Chemical Addiction; and (3) Dynamics of Individuals in Chemically Addicted Families. Models are presented for understanding the dynamics of addiction in the individual and the components of family systems which support the homeostasis of chemical dependency.

OVERVIEW OF FAMILY SYSTEMS AND CHEMICAL ADDICTION RESEARCH

Overview of Family Systems

Family systems therapy as an outgrowth of the psychoanalytic movement developed in the 1950’s through the pioneering work of Nathan Ackerman (considered the Father of Family Therapy) and Murray Bowen with schizophrenic patients. This marked a departure from an intrapsychic to an interpersonal focus into the 1960’s. Other theorists and practitioners during this time included Gregory Bateson, Don Jackson, Jay Haley and Virginia Satir focusing on communications within the family system. As family systems grew, Bowen developed a conceptual framework working with the self in the system, as well as expanding the theory to include the extended

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family, and interactional patterns of triangulation within families characterized by dysfunctions including alcoholism. During the late 1960’s and 1970’s, family therapy was impacted by the structural movement which examined families from an hierarchical perspective; Salvador Minuchin (1974), Duncan Stanton and Thomas Todd (1982) are names associated with changing families by changing the organizational structure. The use of family systems as an intervention in chemical addiction came about in the 1970’s and 1980’s through recognition of the efforts of Minuchin and Fishman (1981), Stanton and Todd (1982), Fishman (1988) and Bowen (1978). Family systems in the 1980’s and 1990’s is witnessing the resurgence of the intra-psychic functioning of the individual and integrating individual dynamics with family therapy (Allen, 1988; Kaufman and Kaufman, 1979; Kirschner and Kirschner, 1986; Levin, 1987; Stierlin, 1987).

Recognizing the importance in addressing chemical dependency of the individual and the family system is the focus of this paper. At the same time, the value of family systems as a single intervention is limited. A growing awareness of the limitations of any one model in working with chemical dependency is underscored by increasing use of the Biopsychosocial Model (Chaudron and Wilkinson, 1988; Levin, 1990; Zucker and Gomberg, 1986) which incorporates biological theories (genetic and disease), psychological theories (psychodynamic, cognitive, behavioral, etc.) and sociological theories (socialization, sociocultural, systems). It is a basic assumption of this chapter that an understanding of biopsychosocial factors is essential in assessment, diagnosis, treatment and evaluation of addiction. Working with the individual and family system, therefore, necessitates the use of chemical dependency knowledge by the clinician as it relates to components of the biopsychosocial model in specific application to the family system.

Family Related Research and Chemical Dependency

Research related to addiction and the family has focused on different factors in examining alcoholism versus drug addiction. This was in part due to: (1) a different profile for the drug addict com-