Reflection Paper

Mara J. Briere

Concordia University – St. Paul
Introduction

I am fortunate in that I am able to engage with families in two concrete ways: home based services and parent education opportunities. My duties as a Home-Base Clinician involve the full spectrum of counseling services including intake, assessment, and the development of a treatment plan with the family, case management, referrals, discharge planning and implementation. My area of expertise is working with” substance affected families” (Gruber, Fleetwood, & Herring, 2001) in which I provide counseling and educational opportunities consisting of how substance use affects the family, strategies for parenting, and resources for further support. When I work with the whole family, I incorporate strategies that are evidence-based (Branch & Willson, 2007; de Shazer & Dolan, 2007; Meyers, et al, 2002; Miller & Rollinek, 2002 ) including components of motivational interviewing, cognitive-behavioral therapy, solutions focused therapy, and multi-dimensional family therapy, along with the Cline/Fay (1978) Becoming a Love and Logic Parent Program. Clients consistently say, “The Love and Logic Program makes the difference in the family, in how I speak to my children, how I set limits, and how I establish boundaries.”

I am also developing curricula in order to work with professionals who work with substance affected clients and their families. In addition to what the substance abuse counseling field offers, I have been incorporating material from the coursework that I have been exposed to including Hill’s (1958) ABCX Model and the Circumplex Model (Olson, Gorall, & Tiesel, 2007). This framework adds a dimension to the work that clarifies the issues facing clients and their families as they recover from substance related issues.

In the course of doing research, I discovered a gap in the literature and that became the focus of my Capstone project which is to develop a replicable support group for substance
affected parents in recovery. I have facilitated one that has enjoyed many successful incarnations. The “12 Steps and Love and Logic: Reinforcing Recovery and Parenting Program,” herein referred to as “12 Steps and LL,” provides support whereby parents can improve their non-using outcomes and parenting practices. The research (CASA White Paper, 2005) indicates that there is a need for programs that address the needs of substance affected families. After concentrating on resilience in the FLE program, and protective factors in the Substance Abuse program, I have a greater appreciation for why this program, the 12 Steps and LL program, even in its nascent form, was so helpful for the families who took advantage of it. The research supports the “marriage” of both the 12 Steps and the Love and Logic programs. This is very exciting! As an FLE with training in Substance Abuse Counseling, I have the experience, knowledge and skill set to initiate the development of such a program and to incorporate some of the content areas of Family Life Education with an emphasis on the internal dynamics of families.

Professional and Personal Growth

I feel as though I have been growing as a result of participating in the FLE program. While a great deal of the material is familiar to me because of the nature of the work I do, parent education, substance abuse counseling, and clinical home based work, the research informs my practices by affirming the efficacy of the strategies I employ. I have a greater understanding of the families I am blessed to work with. For example, Walsh (2006, p. 253) states, “With a single, isolated crisis, a family must mobilize quickly but can most often return to “normal” life. Multiple traumas, losses, and dislocations can overwhelm coping efforts. Recurrent crises repeatedly disrupt family life. The demands of many persistent challenges overload the system and drain resources.” This aptly describes the rationale for the services that I provide. In some
of the families, a Home-Based Clinician is called in because a family member has been recently hospitalized or is about to transition home for a mental health disorder, for example, and the family is in crisis. The work usually involves psychoeducation around the disorder, what to expect, problem-solving around resource allocation, realignment of roles, etc. In other families, they seem to be “hit” with one thing after another and the multistressed family is beyond its ability to manage. At that point, a Home-Based Clinician is called in to stabilize the family, collaborate with community resources, and facilitate the family’s process in getting on track in a way that enables the family to move forward with hope and ability. This involves identifying the family’s resilience and strengthening those factors, a major focus of the FLE program.

On a personal level, I see myself developing leadership skills in the DB component of the program. I feel as though I have the experience and therefore I “should” share whatever I can. I appreciate the opportunity to do so, too. I am also enjoying the exchange that the DB encourages. This is a very thoughtful group of students and I am stretching myself in response to their postings. The readings provide a basis for support of our ideas and I find myself referring back to them in order to examine a point or make a new one. I appreciate that we are all open to sharing our experiences and this makes for an invaluable learning experience for me. This is an important set of skills for me to develop since I am beginning to teach on the college level and college students are a different audience than the parent education and professional trainings that I typically facilitate. It is useful to be both a student and a teacher!

When I think about the impact that working in the social service field has on my family in terms of work-life balance, I realize how fortunate I am. I am aware of how much I enjoy the interplay between what I do and how it shapes me as a person and the various roles that I play. I love being a “helper” even though I tend to avoid volunteer opportunities on my own
time. After all, most such efforts are what I receive compensation for! I like the mix of counseling and teaching. It’s fun and meets my need to serve and share. I find that it has been easy to balance work and family. They have often converged and the one supports the other.

**Challenges**

The course materials that challenged me occurred in the “Navigating Oceans of Data and Information,” and “Systemic Dynamics” courses. The former since the material was relatively new to me, and the learning was dense. I found that the quizzes from the book were very helpful to me. I did them once before I read the chapter. That way, I was able to assess what I already knew about the material and what I needed to concentrate on. I also got a “feel” for what may be important to focus on in the reading. Then, I read the material and took the quiz again. I did “okay,” certainly a lot better than the first time through since much of the material was unfamiliar. This process really helped me and I was grateful that I had the tools to learn in this way.

The DB had been especially helpful. For my learning style, exchanging ideas facilitates the learning process and our cohort is very active. I do not review the reading after the first go through, however I refer to it when I read and respond to the DB posts. In this way, I develop fluency with the material. This is an elegant solution for me as I recalled this strategy from the past that served me well.

The other area that I found challenging was in the “System Dynamics” class in which we were asked to create a Case Study of our family of origin. I understood the purpose of the project, i.e. understanding our own origins, applying the Circumplex Model, and examining the internal dynamics of a family system with which we are intimately familiar, being able to identify strengths and resilience factors. My original family as plotted on the Circumplex Model
was Structurally Disengaged/Overly Flexible/Low Communication. According to Olson & Gorall (in Walsh, 2003, pp. 518-520), “Disengaged systems have family members who do their own thing with limited attachment or commitment to their family.” There was so much chaos, so many unknowns, that the few moments of calm stand out for how unusual they were. Independence is encouraged in this family type. Unfortunately, family members are unable to turn to one another for support and problem-solving. Attempts to connect are met with civil politeness and no further effort. Fast forward to today and I have worked very hard to develop the skills and the resiliencies to overcome the deficits from my original family. I have participated in intensive therapy as a client and as a practitioner who takes advantage of supervision when “triggers” are activated. I am trained to identify and overcome counter-transference issues which I do through supervision. It is precisely because of these efforts that I think I am so effective with the families I work with. I bring a lot of hope and strength with me and I trust in the client’s ability to succeed. As Melody Beatty (1992) says, “I am grateful for my past. I have transformed the past by owning my power now, by accepting, healing, and learning from it.”

**Applied Learning**

In my work with families at "Wayside," part of our assessment process includes gathering a comprehensive history, looking for context for current issues, as well as multigenerational aspects. I have been using the ABC-X Model as a guideline for engaging in this process and it is especially useful since presenting problems are rarely the main issue. The ABC-X Model is used to assess family stress and coping (Boss, 2002, in McKenry & Price, 2005). Walsh builds on the ABCX Model and enhances its utility in clinical practice by adding the developmental and spiritual perspectives. Because families have varied resources, challenges, and adaptive strategies, there are many pathways in family resilience” (Walsh, 2006, p.45). Family resilience
entails more than managing, coping and surviving. It refers to the opportunity for growth. After all, a crisis could be a “wake up call.” Change is not “bad.” The resilience framework recognizes what is common to families with stressors as well as what is unique to a particular family facing a stressor. Family resilience involves key dimensions including organizational patterns such as adaptability (bouncing forward), cohesion, and resources; beliefs that support meaning, hope, and spirituality; and communication and problem-solving skills.

Wayside is committed to a resiliency based framework and the material from Walsh (2003, 2006) has been especially helpful for me. For example, I was called in to provide Home-Based services, which are intensive clinical services, to meet with a family with an adolescent with a dual diagnosis of bipolar disorder and substance abuse. My role was to provide psychoeducation and substance abuse counseling. In addition to the presenting issues, there were extensive family histories of active alcoholism, mental illness in extended family, and the parents were on the verge of a divorce! This family presented with many strengths, however, so I built on those and provided services incorporating their strengths with treatment. I used the Myers Briggs Type Inventory® as a tool which defused the personal nature of the participants’ angst at one another, established bottom line guidelines for communicating respectfully (Galvin, Bylund, & Brummel, 2008), and normalized many of their conflicts since they were related to the normative events that families face. Much of what Walsh (2006) refers to for therapists working with families was incorporated in the work including Motivational Interviewing, Solutions-focused brief therapy, narrative therapy, cognitive-behavioral therapy and psychoeducation. In sharing the work with my supervisor, I’ve incorporated recommendations by Imber-Black (1998), including a brief genogram, a timeline if I have one, and analysis based on my awareness of systems work according to the Bowen Theory (Bowen, 2004). It is
affirming for me as a counselor and a FLE because it works when we focus on resiliency factors and allow families to speak for themselves through insider and outsider tools.

I find myself thinking about the implications of the material from the courses we have had to date. For example, how does homosexuality impact a family? What are the differences between egalitarian, traditional, i.e. male-dominant, and female-dominant power patterns? How does marital satisfaction impact parenting practices? Why is a comprehensive sexual education program so important for families? What impact do culture, generation, employment, social status, education have on families? These are not questions I would have consciously considered prior to this course. They have offered me an opportunity to expand the effectiveness of what I do and how I do it. I have a broader base from which to gather histories, enhance family understanding when I work with families, and improve family relationships from a more informed perspective. By being able to make more complete assessments, the treatment plans are more informed and relevant for the families. This leads to constructive work. As an FLE, I want to provide services that embody our commitment to education, prevention and collaboration.

**Evaluation**

I had the opportunity to review the evaluations from Ian in light of this graduate program and I was pleased to note that we agreed on the points. We both perceive me as a professional who is skilled in working with people and applying strategies that meet the particular needs of the clients. That was heartening. I still wrestle with the balance of employment at Wayside and self-employment because they would like to hire me as an employee instead of a fee-for-service clinician. I am not willing to relinquish the other opportunities that come my way through the business I have built over the years especially since those include parent education, team development, and teaching on the college level.

I bring a particular skill set to the HomeBase program at Wayside that has been a boon for all concerned. I am willing and able to mentor and be mentored and seek opportunities to
exchange information with my colleagues on a regular basis. My strengths include self-awareness, solutions focus, and organizational skills, “planful,” i.e. I prepare for the sessions with clients that are individualized for their needs and based on their goals, and I am an open-minded lifelong learner. I enjoy the opportunities to grow that Wayside offers me. There is keen interest in offering “The Twelve Steps to Healthy Parenting with Love and Logic Program,” since the agency provides substance abuse and parenting services and this model nicely combines the needs so that they can be met in one place!

The recommendations that Ian has made have all been carefully considered and I have applied them when given the opportunity to do so. For example, researching audiences before presenting so that I can make a better match between the material and the audience has been very useful to me. My strengths include presenting to parents and teachers, however social workers and clinicians are a different audience and I have asked for the assistance of the clinical team in order to improve my skills in this area. Another recommendation that Ian has made is for me to team on cases with clinicians with different strengths than mine. I have been doing this and increasing my repertoire of skills as a result as, for example, applying more of the Cognitive Behavioral Therapy (Branch & Willson, 2007) and Motivational Interviewing (Miller, 2002). Consequently, I have registered to become a coach in the Motivational Interviewing style so that I could work with those colleagues who want to learn this approach; it is an evidence-based technique that I use albeit sparingly and I want to become more proficient in.

Conclusion

As an FLE, I believe I serve as an educator, a guide, and as a clinician to promote knowledge and informed decision making, the opportunity for healing and repair, and strengthening the resiliency factors in families and the communities they live in. The
Circumplex Model is an instrument that incorporates the family in a time perspective and opens up a conversation about its history, its present, and its hopes for the future. "Whether the event is short term or long by nature, both require adjustment, adaptation, continual accommodations, and “understanding of self and family and the effects of their own belief systems “ (Walsh, 2003, p.463) so as an FLE I can help families through the emotional process of healing over time. I take a broad view of the healing process to include all levels of functioning, emotional being one, then there is mental, physical, and spiritual. I also think our role as FLEs involves strengthening the resilience factors in the family and their members so that they could avail themselves of our services on an "as needed" basis. As Walsh (2003, 2006) says that resiliency checkups over time are like visits to our primary care doctors for maintenance and preventive services, FLEs can be like that for families.

I have found that it is not enough to have tools; it is not enough to have resources, it is more important to know how to use the tools and resources in a timely way that makes the difference between stress and crisis. When I work with families, this is a "pearl" that I share with them: "What would help you remember what you have?" Just framing it that way facilitates the sense that they can and will persevere. As client feedback consistently reports, I am successful in facilitating clients’ sense that they have the strengths and the skills to overcome challenges; what more could an FLE want?
References


Branch, R., & Willson, R., (2007). *Cognitive behavioral therapy workbook for dummies.* Chichester, West Sussex; Paul Wiley & Sons, LTD.


Journal: Counseling and Therapy for Couples and Families, 10, 3, 281-288,
Retrieved 2/17/08.


The National Center on Addiction and Substance Abuse, (2005), Family Matters: Substance Abuse and The American Family, A CASA White Paper, March
