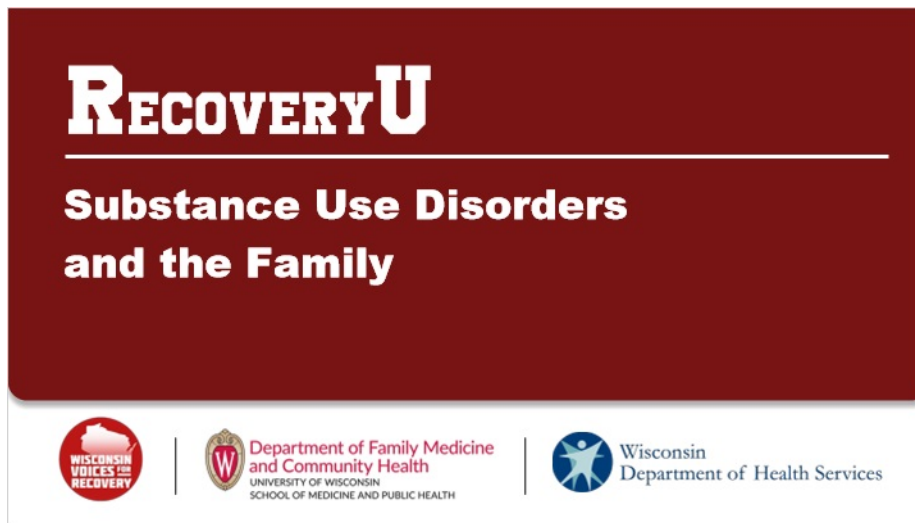


Substance Use Disorders and the Family

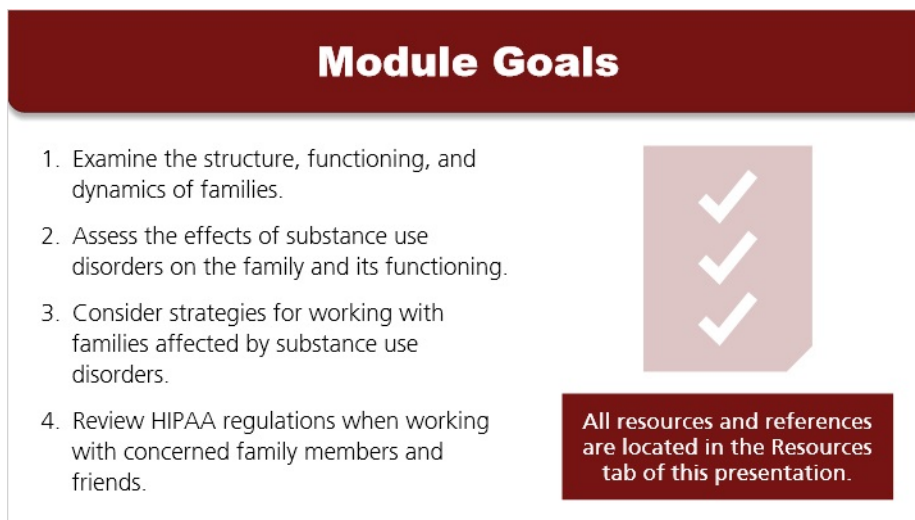


RECOVERYU

**Substance Use Disorders
and the Family**

WISCONSIN VOICES FOR RECOVERY | Department of Family Medicine and Community Health UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH | Wisconsin Department of Health Services

Welcome to the module on substance use disorders and the family.

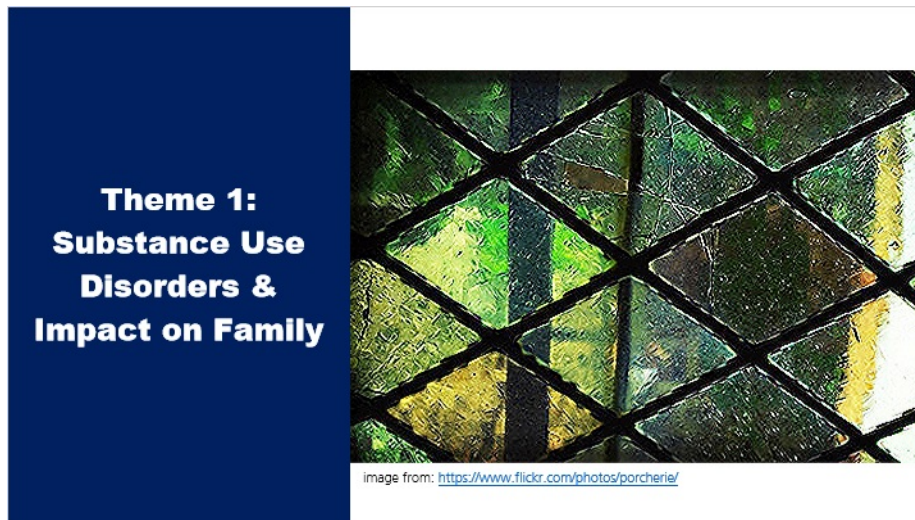


Module Goals

1. Examine the structure, functioning, and dynamics of families.
2. Assess the effects of substance use disorders on the family and its functioning.
3. Consider strategies for working with families affected by substance use disorders.
4. Review HIPAA regulations when working with concerned family members and friends.

All resources and references are located in the Resources tab of this presentation.

Welcome to the module on Substance Use Disorders and the Family. By the end of this Learning Module, you will be able to: understand some concepts associated with family systems theory as it relates to the impact of substance use disorders; understand the structure, functioning, and dynamics of families impacted by substance use disorders; assess the effects of substance use disorders on the family and its functioning; consider strategies for working with families impacted by substance use disorders; apply HIPAA regulations when communicating with concerned family members.



Understanding Substance Use Disorders and How They Impact a Family.

**Theme 1:
SUD &
Impact on
Family**

Viewing the Family as a System

A system is defined as a “whole” made up of interactive parts. The components of a family system are the members of the family who interact and have reciprocal influence on each other.

Families, conceptualized as a system, are interconnected and interdependent individuals, none of whom can be understood in isolation from the system of which they are a part.

Family systems theory is a body of knowledge that has arisen out of the observations by clinicians as they work with individuals and their families. The theory suggests that individuals cannot be understood in isolation from their families. A common example use to illustrate the functioning of a family system is a hanging mobile with many different parts. When you move any one piece of a mobile, all the other pieces move too. They do not exist in isolation from one another, and “movement” in any one part of the “system” will affect all the rest of the parts of the system.


Family Systems approach suggests that sometimes our behavior may have as much to do with the “systems” (groups) of which we are a part and the patterns that get established within these systems as it may have to do with the personality of each person within the system.

Family Systems focuses on the process of family interactions and is less concerned about the specific content around which the family interacts. Process questions are emphasized in analyzing the family interactions in terms of patterns. For example, how does Amy’s behavior fit into family patterns? How do members shape and reinforce each other’s behavior? How do families solve their problems?

**Theme 1:
SUD &
Impact on
Family**

Equilibrium and Homeostasis

- This is a process whereby there is a tendency by the family to remain the same, to not change, to maintain an equilibrium or homeostatic state.
- The family also will attempt to restore a stable family environment (equilibrium) whenever it becomes disrupted by a substance use disorder, tragic accident, or other factors.



Systems develop typical ways of being which are reliable and predictable. Family roles & family rules are examples of what is meant by “typical ways of being.” Families have certain rules and roles which define how they operate. These tend to remain the same. Whether these roles & rules are adaptive, functional, helpful or not helpful for the family, there is a pull from the system not to change, to remain the same, to continue functioning as things have always been.

This tendency of systems to keep doing things as they’ve already been done is known as homeostasis or the system’s equilibrium. Often families may experience external changes (loss of job, a substance use disorder, severe illness) which demands a change. The family’s ability to adapt to the external situation effectively is important in coping with the crisis at hand. Some family changes are predictable. For example, children maturing, developing, and transitioning to adolescents requires adaptations in parenting to accommodate the developmental changes in the family.

The parents' inability to adapt to developmental changes of children may cause family problems and/or family crisis possible displayed in rebellion and risky behavior by teens wanting to express their independence and autonomy.

**Theme 1:
SUD &
Impact on
Family**

Circular Causality

- Circular causality refers to the fact that in a family system, each family member's behavior is influenced by and influences the other family members' behaviors.
- They are each impacting the other, in a circular manner.
- This circular pattern explains how one family member may overcompensate by taking on additional responsibilities to maintain family equilibrium when another family member is under-performing due to a substance use disorder.
- This sometimes is referred to as enabling and is sometimes done for the family's survival.

Often the behaviors of various family members are related to one another. For example, in the distance - pursuer dyad, there may be one person who seeks out closeness with the other person (the pursuer) while his/her partner (the distancer) wants more space or independence and pulls back from the relationship. This pattern might occur in the marital relationship but might also occur in the parent-child relationship.

Outside the family, you might see this pattern in dating relationships or even in close friendships. You may also see this pattern by one family member pursuing a family member with a substance use disorder in order to control or alleviate the family concern, resulting in the family member with the substance use disorder to distance him or herself from the pursuer. As you might imagine, as the distancer & pursuer act out their "roles" within the relationship, a cycle can develop. The pursuer pushes for closeness while the distancer pulls back.

The pursuer then feels "abandoned" and thus feels even more of a need for connection and so pushes even harder for connection. As a result, the distancer feels "smothered" and pulls away even further. Consequently, this dance, pattern, or cycle develops. In the cycle, both behavior patterns cause the other. Family systems theorists refer to this concept as circular causality.

Another circular dynamic is seen in the dyad of the over-functioning person versus the under-functioning person. The over-functioning person tends to view the under-functioning person as irresponsible and immature. We often see this dyad in families


impacted by a substance use disorder. The under-functioning person tends to see the over-functioning person as controlling and rigid. The more the over-functioning person overachieves, the more the under-functioning person underachieves (in reaction) and vice versa. The causality is circular!

Once the cycle has started, each person's behavior contributes to the other person's behavior. The distancer-pursuer and overfunctioner-underfunctioner are just two examples of the sorts of circular patterns that can develop in families. There are many other possibilities. A good clue to a "circular" pattern is when people tend to respond in predictable ways to each other, and their responses may become more extreme over time.

**Theme 1:
SUD &
Impact on
Family**

Hierarchy, Power, & Influence

- This idea refers to ways a family is organized into levels or ranks according to the amounts of authority, responsibility and status various family members possess.
- This has similarities to power.
- Who has the most status or power in the family?
- Who has the least status, influence or power?
- Sometimes, a child may have the most influence even by acting out negatively resulting in other family members responses to the acting out family member.



Another way of observing family dynamics is through the lens of power, hierarchy, or influence, i.e., who is on top and most influential in the family and who follows or complies with the person who is perceived to be on top. Understanding who has the most power can be helpful in helping a family and offering recommendations for the person in the family with whom there is a concern about his or her substance use disorder. Sometimes who has the most influence is not obvious or demonstrated in conventional ways of thinking of power.

Sometimes you will be able to perceive who has the most influence by observing the behavior of the various family members. For example, a mother tells son to be quiet and sit still and the son complies, which may imply the mother is in charge. A daughter relinquishes a comfortable chair to a grandfather and grandfather accepts this may be an indication the status of the grandfather within the family. An older brother feeds infant brother or a younger brother's behavior reflects the behavior, interests and values of an older brother. A father speaks and other family members interrupt, so the

mother intervenes and the children listen to the mother may say something about the relative status and influence of the father and mother in relation to the children.


Being sensitive to the relative hierarchy of a family may be helpful in assisting a family with a family member experiencing a substance use disorder. Allying with the family member with the most power or influence may help in intervening positively in behalf of the family member with the substance use disorder.

**Theme 1:
SUD &
Impact on
Family**

Hierarchy, Power, & Influence

When assessing the hierarchy of a family, it can be helpful to ask yourself these questions about the family as you observe the interactions of family members.

- Who is on top?
- Who's in charge?
- Who takes care of others?
- Who leads and who follows?
- Who has authority?
- Who makes decisions?
- Who defers to whom?



The roles of family members will have bearing on the influence of various family members on others within the family. If roles are not differentiated clearly and consistently enough, the needs of family members relating to socialization, nurture may not be met. With no hierarchy, family life can be unpredictable and children may lack needed support. If roles are too rigid, individual growth toward autonomy and independence may be hindered and result in family crisis. For example, if parental controls are too rigid, this may result in children rebelling, engaging in risky behaviors, and precipitate a family crisis.

Involvement

- Involvement refers to relationships between family members where each member influences one another's behavior, perceived thoughts and feelings.
- Interactions between family members may be felt as negative or positive, be cooperative or conflictual, symmetrical or complementary.



In observing the interactions of members of a family, it is helpful to look for family member's behavior related to frequency, physical proximity, intensity of affect (tone & volume of voice, posture, facial expressions, etc.) and duration of interaction. Look for who reacts to whom, who argues with whom, who is engaged with whom, who sits close to whom, who physically distances him or herself from whom in the family. Are these interactions indicative of an ongoing pattern of relating? These interactions may provide information and patterns about the dynamics of the family system.

Involvement

- Who is close to whom?
- Who reacts to whom?
- Who distances themselves from other family members?
- How do members position themselves in proximity to others in the family?
- Who's active and engaged in the family?
- Who's quiet and withdrawn?



Observing the involvement of various family members with each other provide clues about the interactional patterns within the family. The obvious question to patterns of involvement is "what does this mean"? Why is one person dominant? How do others feel about this dominance? Who is withdrawn and why? How might these patterns be

a result of the substance use disorder impacting the family. Even who sits next to whom and how close family members sit in proximity to one another may provide information about the functioning of the family.

Theme 1:
SUD &
Impact on
Family

Alliances

- Members within a family who are more closely associated with each other, who closely support one another and who may agree with one another on specific family issues.
- They may share the same agenda on these family issues.
- Who in the family supports and allies with the family member experiencing a substance use disorder?

Alliances refer to close associations between certain members of the family. Sometimes alliances may be generational or cross generational. The family may have a strong parental alliance or as in some families there may be a strong alliance between a parent and a child or a child and a grandparent or between certain siblings. Alliances between family members may be around a certain agenda or issue like protecting a family member with a substance use disorder. Alliances can be functional for the family or in some instances can create challenges within the family.

Examples of alliances might include: Alliances between father and daughter, and mother and son. Alliance between father and daughter against mother. Alliance between mother and the responsible son against the son with a substance use disorder, or an alliance between a mother and son against a father with a substance use disorder. Alliance between daughter and father against the step-father in the family system. Sometimes two siblings might be allied against a third sibling over a specific issue. Alliances are necessary in families to make decisions, control unacceptable behavior and accomplish goals.

Alliances need to be consistent enough to be effective, and flexible in order to change to meet different and changing situations. Family members of the same generation working toward the same goal need to be able to ally effectively with each other. Consistent cross generational alliances help to maintain problem behaviors.

Boundaries

- The implicit and explicit rules defining who participates in the family system and how they participate.
- Interactional patterns within a family that determine who is apart of the system or subsystem and who is not.
- Boundaries often determine or regulate the flow of information about the family as well.
- Boundaries can be conceptualized as either rigid, clear, or diffuse.



Families draw boundaries between what and who is included in the family system and what and who is external to the system. Boundaries occur at every level of the system and between subsystems. Boundaries influence the movement of people into and out of the system. Boundaries also regulate the flow of information into and out of the family. Rigid boundaries may prevent families from seeking help about a substance use disorder because the family resists the involvement of someone outside the family.

Some families have very open boundaries where members and others are allowed to freely come and go without much restriction, whereas in other families there are tight restrictions on where family members can go, and who may be brought into the family system. Boundaries also regulate the flow of information about a family. In more closed families, the rules strictly regulate what information may be discussed and with whom. Family secrets may be tightly kept about a family member experiencing consequences due to a substance use disorder. In contrast, information may flow more freely in families that have more permeable boundaries.

When observing the family to determine the boundaries, consider the following questions: 1. Who's in or out of the system or subsystem based on behavior? 2. Who's in what group? 3. Are there clear distinctions between family subgroups or are they blurred? 4. How do family subgroups interact? 5. What do boundaries look like between nuclear family and systems outside the family?

Types of Boundaries

Boundaries within a family system can be conceptualized as rigid, clear, or diffuse.

1. **Rigid Boundaries:** Occur when family members are isolated, or disengaged, from one another. In "rigid" families, communication and emotional expression are very difficult.
2. **Diffuse (or Enmeshed) Boundaries:** Little independence between family members. Each individual's emotional state is dependent upon how the other members of the family are feeling.
3. **Clear boundaries:** create an environment in which people feel comfortable and safe sharing their thoughts and feelings with one another.

Salvador Minuchin, the founder of Structural Family Therapy articulated the concept of family boundaries and differentiated rigid, clear and diffuse boundaries. According to Minuchin, the goal is to achieve clear boundaries for open family communication and to create clear parameters to facilitate empathy and understanding between individuals. Practicing healthy boundaries within the family system (and teaching your children how to create and maintain healthy bounds) enables you to create those same clear boundaries with relationships outside the family. Maintaining healthy parameters can lead to more effective communication and healthier, less stressful relationships.

Rigid boundaries often leads to distance and a sense of isolation between family members, between family subsystems and between the family system and those outside the system. In rigid family systems, communication often become obstructed. Inflexible boundaries fail to respond to changing demands on a family system. Other impacts of rigid family boundaries may include family members acting autonomously and lacking loyalty to the family unit, rebellion or over-compliance by children, engaging in risky behavior or high risk substance use, anger, resentment, and struggles of autonomy, independence and power.

With diffuse boundaries, family members become enmeshed with each other and have difficulties developing their own identity and autonomy. The emotional state of the family member is often dependent on those of other family members within the system. With diffuse boundaries, roles of family members often become confusing and blurred, authority within the family becomes undefined or confused and families may lack adequate structure and direction. When boundaries are diffuse, sometimes a family member may become enmeshed with a family member who is struggling due to a substance use disorder and loses a sense of their own identity and autonomy. Their actions become overly focused on the behavior of the family member with the substance use disorder.

Boundaries change between parents and children over time. Boundaries change as the

developmental needs of the family change. Families failing to adapt boundaries to meet changing developmental needs of the family experience stress and sometimes family crises.

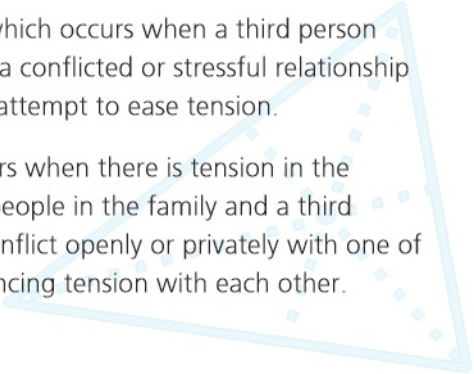
Observing family interactions provides information regarding boundaries. For example, a daughter obeys mother but challenges step father by stating “ You can’t tell me what to do”. In this case the mother may define family by including stepfather, but the daughter does not. When a mother states: “Until I get back from the store, Annie is in charge,” differentiates the *Executive subsystem* (mother & Annie) from the *Sibling subsystem* (other children).

Look for repeated instances where the same people interact with each other regardless of the issue, and others are consistently left out.

**Theme 1:
SUD &
Impact on
Family**

Triangulation

- Triangulation is a process which occurs when a third person intervenes or is drawn into a conflicted or stressful relationship between two people in an attempt to ease tension.
- Triangulation typically occurs when there is tension in the relationship between two people in the family and a third person is drawn into the conflict openly or privately with one of the two individuals experiencing tension with each other.



Triangulation typically occurs when a third person is drawn into a stressful situation or conflict between two other family members. For example, two siblings in tension may result in a parent intervening to mediate and resolve the tension, or when two parents in conflict or in tension about one parent’s substance use disorder, one parent might vent about the tension with her daughter, brother, or mother. There are pros and cons to triangulation. Triangulation may perpetuate an issue since the principle parties avoid resolving their tension.

For example, parents in conflict over a substance use disorder in which one parent triangulates with a daughter may result in the parents avoiding necessary work on addressing the conflict. When an individual feels as if he or she has been pushed out of an important relationship by a third party, for example, he or she may often feel angry, confused, and rejected which negatively impacts the relational dynamic.

Triangulation also may ease the tension and allow the party involved to gain perspective and address the tension directly with the other party. Triangulation may prove to be beneficial if the third person avoids taking sides and provides help ideas about resolving the conflict. Triangulation also may result in the third party drawn into the triangle to be placed in an awkward situation and to feel uncomfortable. Triangulations may blur family boundaries leading to enmeshment or disengagement involving the parties of the triangle.

**Theme 1:
SUD &
Impact on
Family**

How Families Adjust to Substance Use Disorders

- The behavior of the individual with a substance use disorder increasingly impacts other members of the family system as his/her behavior becomes more unpredictable, out-of-control, and unmanageable.
- The family is impacted in many and various tangible ways. Remember the concept of circular causality.
- As the behavior of the individual with the substance use disorder becomes more unmanageable, often the behavior of other family members becomes more controlling, leading to a more unmanageable and dysfunctional family system.

As the behavior of the individual with a substance use disorder becomes more unpredictable, out-of-control, and unmanageable, this behavior has greater impacts on other members of the family system. These impacts can include conflict, obstructed communication, abuse of various kinds, economic adversity due to money spent on drugs and alcohol, legal fees, health care needs related to the substance use disorder, or loss of employment. As the behavior of the individual with the substance use disorder becomes more unmanageable, often the behavior of other family members becomes more controlling leading to a more unmanageable and dysfunctional family system. Affected family members become angry, resentful, and often overcompensate in an attempt to maintain some sort of family equilibrium. These family conditions may precipitate anxiety, depression, and a sense of insecurity about the instability of family conditions.

I recommend reading and reviewing “The Treatment Improvement Protocol” (TIP) series number 39 published by SAMHSA entitled *Substance Abuse Treatment and the Family*. (<https://www.ncbi.nlm.nih.gov/books/NBK64269/>) This publication provides helpful

information about how families are impacted by substance abuse (chapter 2), substance abuse treatment needs of the family (chapter 1), and approaches and strategies for working with clients and families (chapters 3 and 5). The TIP series of publications are free and can be downloaded from the SAMHSA website. There are scores of publication related to substance use disorders, substance use disorder treatment, and recovery that are helpful and free.

**Theme 1:
SUD &
Impact on
Family**

Characteristic Patterns of Interaction by Families Impacted by Substance Use Disorders

Reilly (1992) describes several characteristic patterns of interaction, one or more of which are likely to be present in a family that includes parents or children with a substance use disorder:

- **Negativism.** Any communication that occurs among family members is negative, taking the form of complaints, criticism, and other expressions of displeasure.
- **Parental inconsistency.** Rule setting is erratic, enforcement is inconsistent, and family structure is inadequate.
- **Parental denial.**
- **Miscarried expression of anger.** Children or parents who resent their emotionally deprived home and are afraid to express their outrage use drug abuse as one way to manage their repressed anger.
- **Self-medication.** Use of drugs or alcohol to cope with intolerable thoughts or feelings, such as severe anxiety or depression.
- **Unrealistic parental expectations.**

(Substance Abuse Treatment and the Family; <https://www.ncbi.nlm.nih.gov/books/NBK64258/>)

Reilly identified and described 6 characteristic family patterns in families impacted by substance use disorders. They include: patterns of communication and interaction that are critical of others in the family and negative; parental inconsistency in setting rules, boundaries and enforcing them; parental denial about the presence of a substance use disorder; obstruction in the appropriate expression of anger and suppressing anger through the use of drugs; self medication to deal with stress and other dysfunctional family dynamics; and unrealistic parental expectations.

Theme 2: Substance Use Disorders and the Family Disease Model



image from: PlusLexia.com

Substance Use Disorders and the Family Disease Model

Theme 2: Family Disease Model

Family Disease Model Definition

- The *family disease model* looks at substance use disorders as a disease that affects the entire family.
- Family members related to people who have a substance use disorder may develop codependence, which causes them to enable the individual with the substance use disorder.
- Limited controlled research evidence is available to support the family disease model, but it nonetheless has been influential in the treatment community as well as in the general public.

(McCrary, B.S., and Epstein, E.E. Theoretical bases of family approaches to substance abuse treatment. In: Rotgers, F., and Keller, D.S., eds. *Treating Substance Abuse: Theory and Technique*. New York: Guilford Press, 1996. pp. 117–142.)

Family Disease model has been very popular and influential in the treatment community and general public. It proposes that not only are substance use disorders a disease but a “family disease” since family members are impacted by extension. The Disease Concept of substance use disorders has been applied conceptually to the entire family. Not only is the person with the substance use disorder identified as having a primary disease, but the family system became identified as having a “family disease” by association with the substance use disordered family member.


Is it realistic to view substance use disorders as a “Family Disease” or is the behavior of family members mutually and reciprocally impacting each other by the mere fact they are part of a dynamic and living system? I personally believe the family systems model

is a more appropriate and accurate model in conceptualizing the impact of substance use disorders on the family rather than seeing family members as “diseased” as if a substance use disorder is somehow contagious. The impact on family members can be severe and often family members are in need of significant professional help/treatment as is the individual with the substance use disorder.

**Theme 2:
Family
Disease
Model**

Common Family Experiences

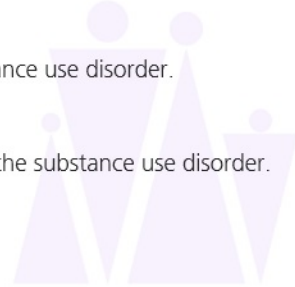
- Becomes aware that substance use is not normal.
- Accepts rationalizations about substance use.
- Worries about family reputation.
- Reacts to the dependent person’s using behavior.
- Substance use becomes a focus of anxiety.
- Fears substance use disorder will be known.
- Loses perspective on own interaction.

A stylized icon representing a family, consisting of four human figures of varying heights (two adults and two children) connected by a central vertical line, all rendered in a light purple color.

The common experience identified in this slide and subsequent ones identify not only common family experiences in families impacted by substance use disorders but also a progression in the severity and intensity of experiences. Effects of substance use disorders on the family shown in this slide tend to be individual, personal impacts family members experience. One 12 step self help group frequently attended by family members impacted by a substance use disorders is Alanon. Alanon World Service Organization has local chapters internationally with the purpose of providing support and hope to those family members impacted by a substance use disorder.

Common Family Experiences

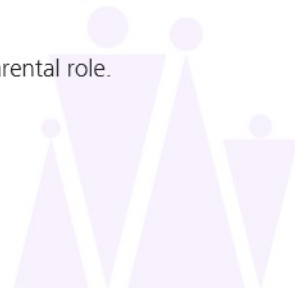
- Social contacts are strained.
- Rationalizes about the substance use disorder.
- Tries to control the family member with the substance use disorder.
- Anger, resentment, distance may develop.
- Becomes more critical of the family member with the substance use disorder.
- Family grows apart.
- Becomes increasingly irritable.
- Loses self confidence.



Additional effects on family members are listed in this slide. In addition to personal, individual, emotional and psychological effects, you can also see the social impacts on the family, family members, and with those outside the family which often may lead to personal and family isolation.

Common Family Experiences

- Children may show signs of emotional problems. Feels disgust for the family member's substance using behavior.
- Assumes both parental roles or a child assumes parental role.
- Makes threats to leave the relationship.
- Growing financial problems.
- Rapid mood swings and volatile arguments.
- Crisis situations are more frequent.



As you review the experiences identified here in this slide, you can begin to feel the intensity and severity increasing. Frustration, resentment, hurt, and anger may lead to more frequent conflict, distance, threats to leave the relationship and more frequent crises.

Stages of Progression

- Some theorists have developed models depicting the process that many families may experience in living with addiction.
- Jackson developed a 6 stage model of this process.

(White W., & Savage, B. (2005). All in the family: Alcohol and other drug problems, recovery, advocacy. Alcoholism Treatment Quarterly)

- Fimiano developed a 7 stage model.

(White W., & Savage, B. (2005). All in the family: Alcohol and other drug problems, recovery, advocacy. Alcoholism Treatment Quarterly)



Some theorists have developed models conceptualizing stages of progression in the family's experiences with substance use disorders and how the family is affected. Two models are listed in this particular slide, one developed by Jackson and the other by Fimiano.

Stages of Progression Models

JACKSON'S MODEL

- Stage 1: Denial.
- Stage 2: Attempts to Eliminate the Problem.
- Stage 3: Disorganization and Chaos.
- Stage 4: Reorganization Despite Problem.
- Stage 5: Efforts to Escape.
- Stage 6: Family Reorganization.

FIMIANO'S MODEL

- Stage 1: Denial.
- Stage 2: Escalation.
- Stage 3: Disorganization.
- Stage 4: Isolation.
- Stage 5: Escapism.
- Stage 6: Separation.
- Stage 7: Recovery.

Here you can compare and contrast the two models, their stages and the number of stages. You can see some similarities exist between the models. Note there is some hopefulness in both models for "family recovery", however recovery or family reorganization may look radically different, including the events of divorce, remarriage, and blended families. How families reorganize is a very personal process and journey.

Key Concepts/Family Survival Roles

Sharon Wegsneider Cruse believed that family members are impacted by the person with a substance use disorder and develop a set of defenses to protect themselves from emotional pain.

To deal with this pain, each family member finds a survival role.



Sharon Wegsneider-Cruse proposed that family members impacted by the family member with a substance use disorder developed a set of defenses to protect themselves, to deal with their pain and to cope with the dysfunction in the family. Wegsneider Cruse stated, "The primary compulsion between the dependent and the chemical can be described as: primary, progressive, chronic, and fatal...a secondary compulsion in the family system becomes a primary compulsion for each member of that family."

Each family member becomes locked into a set of rigid survival defenses.

According to Wegsneider-Cruse, there appears to be a parallel made between the disease concept and the behavior of the family. Each family member gets locked into these patterns and the roles provide protection from family pain. The family member often take these roles and behavior patterns into other relationships. These roles are seen as predictable responses to the presence of a substance use disorder in the family and a part of a "family disease".

Survival Roles

- Chief Enabler
- Family Hero
- Scapegoat
- The Lost Child
- The Mascot



Script: I might add that these behavior roles are not unique to families impacted by substance use disorders. These roles are merely ways family members adjust to cope with a variety of stresses. Families impacted by stressors other than substance use disorders may experience some of these same roles and characteristics. These family survival roles were developed by Sharon Wegscheider-Cruse in 1981 and influenced and adapted from work of Virginia Satir, a renown family therapist and author, and also influence by Alfred Adler's ideas on sibling position and what he called family constellation. Claudia black also developed a model of family roles that looked very similar to Wegscheider - Cruse. Black's model included: the responsible child, the adjuster, the placate and the acting out child.

Chief Enabler

- Often the spouse or parent of the family member with a substance use disorder.
- Role of the enabler is to provide responsibility.
- Compensates for the individual with the substance use disorder lack of responsibility.
- Feels hurt, angry, powerless, guilt, resentment.



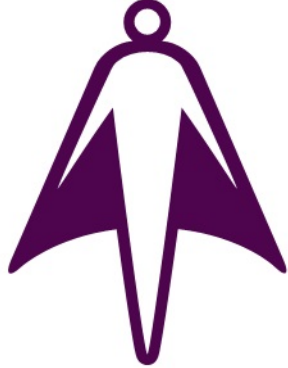
The Chief Enabler in a family impacted by substance use disorders is often a parent or spouse but not always. The chief enabler is the responsible party overcompensating to

provide equilibrium within the family. The chief enabler often becomes resentful, angry and feels powerless in his or her attempts to control the behavior of the family member with the substance use disorder.

Theme 2:
Family
Disease
Model

Family Hero

- Feels responsible for family pain.
- Works hard to make things better.
- Super responsible, successful, hard working, develops independence, appears to be all-together.
- Feels hurt, lonely, angry, inadequate, confused.

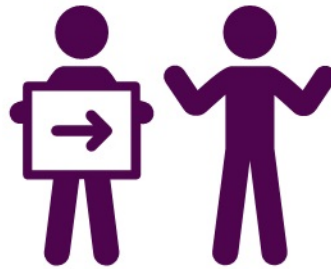


The family hero takes over the parent role at a very young age, becoming very responsible and self-sufficient. They give the family self-worth because they look good on the outside. They are the good students, the sports stars, the prom queens, scholars. The parents look to this child for validation and to prove that they are good parents and good people. As an adult, the Family Hero is rigid, controlling, and extremely judgmental (although perhaps very subtle about it) - of others and secretly of themselves.

They achieve "success" on the outside and get lots of positive attention but are cut off from their inner emotional life, from their True Self. They are compulsive and driven as adults because deep inside they feel inadequate and insecure.

Scapegoat

- Realizes that family places emphasis on performance rather than for who one is.
- Often rebellious, runs away, refuses to be part of the family, uses substances, is stubborn, acts-out, defensive, defiant.
- Has strong peer connections and withdrawn from family.
- Feels angry, hurt, rejected, lonely, fearful.
- His/her behavior becomes the focus of the family.



This is the child that the family feels ashamed of and is the most emotionally honest child in the family. He/she acts out the tension and anger the family ignores. This child provides distraction from the real issues in the family. The scapegoat usually has trouble in school because they get attention the only way they know how, which is negatively.

The Lost Child

- Learns not to make close connections to the family. Likes being alone, quiet.
- Does not cause trouble for self or others.
- Provides relief for the family.
- Withdrawn, aloof, quiet, distant.
- Feels lonely, hurt, angry, inadequate.



This child escapes by attempting to be invisible. They daydream, fantasize, read a lot of books or watch a lot of TV. They deal with reality by withdrawing from it. They deny that they have any feelings and "don't bother getting upset."

These children grow up to be adults who find themselves unable to feel and suffer very low self-esteem. They are terrified of intimacy. They are very withdrawn and shy and become socially isolated because that is the only way they know to be safe from being

hurt. A lot of actors and writers are 'lost children' who have found a way to express emotions while playing their characters.

Theme 2:
Family
Disease
Model

The Mascot

- Brings fun to the family with humor and charm.
- May be humorous, hyperactive, a clown, and seeks attention.
- Feels fear, insecurity, lonely, confusion.



This child takes responsibility for the emotional well-being of the family. They become the families 'social director' and/or clown, diverting the family's attention from the pain and anger. This child becomes an adult who is valued for their kind heart, generosity, and ability to listen to others. Their whole self-definition is centered on others and they don't know how to get their own needs met. They become adults who cannot receive love, only give it.

Some have criticized that these family behavior roles for turning coping skills into a pathology and that they are not unique to families impacted by substance use disorders. These roles are merely ways family members adjust to cope with a variety of stresses. Families impacted by stressors other than substance use disorders may experience some of these same roles and characteristics. Some of these ideas by Wegscheider-Cruz have similarities to Alfred Adler's concept of birth order. Description of these roles seems to borrow from Adler's emphasis on sibling position and general characteristics of children based on their birth-order.

Enabling

- To intervene with the family member with a substance use disorder in such a way that he or she does not experience the natural consequences of his or her using behavior and/or consequences.
- This process protects the substance user from experiencing the pain associated with the consequences of his or her using behavior.

Common Enabling Examples

- Doing work for the individual with a substance use disorder.
- Covering for poor performance.
- Making and accepting excuses.
- Overlooking absenteeism.
- Making special arrangements.
- Overlooking evidence of substance use.
- Avoiding issues.



Generally speaking, the enabler's actions permit the substance use disorder cycle to continue because the pain associated with a using consequence is removed from the person. Pain from consequences associated with using behavior often provide motivation for change if the pain of staying the same exceeds the pain and discomfort of change. Family members often engage in enabling behavior to protect the family member with a substance use disorder and to protect the family from consequences associated with the substance use disorder.

Clinicians generally work with family members to avoid enabling but not all enabling is of equal consequence and recommending the avoidance of all enabling behavior does not have equal outcomes. Some interventions which may be perceived to be enabling may on occasion save the life of the individual with a substance use disorder or save the family from severe destabilizing consequences.

Recommendations to avoid certain enabling behaviors are logical and make sense but there is much to consider when making some recommendations and family members

are the ones who live with the outcomes of decisions not to engage in certain enabling behaviors. It is critical to listen closely the family's circumstances and to assess the family to determine the family patterns and dynamics. It should be noted that an enabler does not need to be involved in an ongoing relationship with the individual with a substance use disorder.

Enablers can be police, physicians, therapists, strangers, employers, supervisors, as well as family members.

Theme 2:
Family Disease Model

Styles of Enabling

The Joiner: One who joins the person with a substance use disorder hoping to control her/his using behavior.

The Messiah: One who attempts to save the person with an substance use disorder.

The Martyr: The one who silent suffers and complains in self-pity.

The Protector: Protects the individual with the substance use disorder from the natural consequences of his/her behavior.

The Defender: One who provides excuses for the behavior or blames others for the behavior.

The Confidante: One who keeps the using behavior/consequences of the individual with the substance use disorder secret.

In this slide you will see common forms or examples of enabling. This is a mere sampling and enabling may take on many different forms.

Enablers may get ego needs met and feel a sense of power and importance by being perceived as the “Good Person”, “Super Mom”, “Super Wife”, “Great Guy”, “Responsible One”, “Righteous One”, or as “Unselfish” through engaging in enabling behaviors. However, enabling often is motivated by fear and a need for control and security. Do you recognize any of these styles of enabling?

Co-Dependency Definitions

"A specific condition that is characterized by preoccupation and extreme dependence on the person or object. This dependence becomes a pathological condition that affects the co-dependent in all other relationships." - Sharon Wegscheider-Cruse

"In a codependent relationship, the needs of two people are met in dysfunctional ways. The chemical dependent's need for a care taker, caused by increasing inability to meet basic survival needs as the drug becomes increasingly intrusive... is met by the codependents need to control the behavior of others who have difficulty caring for themselves." - O'Brien

"A cluster of symptoms or maladaptive behavior changes associated with living in a committed relationship with either a chemically dependent person or a chronically dysfunctional person either as children or adults." - Gorski

There is no standard definition for co-dependency as seen by the definitions in this slide. Co-dependence may have its origins from the 1950' concept of the "Co-Alcoholic", referring to the spouse of the alcoholic and the spousal behavior and his or her characteristics. Co-dependence became one of the cornerstones of Substance Use Disorder treatment in the 1980's as it related to addressing family issues and family members impacted by an individual with a substance use disorder.

Sharon Wegscheider Cruse popularized the concept and wrote several widely read books about the condition. There have been critics of the concept of co-dependency as well. The proposition that co-dependence is a "progressive disease" is a metaphor that does not describe the realities of complex human behaviors. Behavior can be seen on a continuum from "independent behavior to interdependent behavior to dependent behavior".

One's place on this continuum inevitably changes due many and varied life circumstances including development, maturity, and aging. Where one falls on this continuum may be functional or limiting or dysfunctional depending on the circumstances. There has been no consensus among professionals that the condition of co-dependency exists despite its wide popularity.

Detachment

- Detachment is a recovery tool for family members impacted by the behavior of the individual with a substance use disorder and whereby one learns to “let go” of his/her obsessions and compulsions to control the using behavior of the family member with the substance use disorder.
- It is a tool to assist in coping with the adverse effects of living with someone who exhibits a substance use disorder.



Detachment has been an Al-Anon recovery tool to assist individuals to help themselves. Al-Anon highlights that individuals are not responsible for another person’s substance use disorder or recovery from it. Al-Anon is a 12 step recovery group focused on helping affected family members of those who have a substance use disorder. Al-Anon literature describes the organization as “ a fellowship of family and friends of alcoholics who share their experience, strength and hope in order to solve their common problems. We believe that alcoholism is a family illness and that changed attitudes can aid recovery. Al-Anon has but one purpose: to help families of alcoholics. We do this by practicing the Twelve Steps, by welcoming and giving comfort to families of alcoholics, and by giving comfort and understanding to the alcoholic.” Alanon’s 12 Steps and 12 Traditions

Theme 3: Basic Guidelines for Helping Families



image from: <https://www.flickr.com/photos/alasis/>

Basic Guidelines in Helping Families

**Theme 3:
Guidelines
for Helping
Families**

Helpful Tips

- Listen deeply and attentively to the story of the family and the family member with the substance use disorder.
- Use active listening skills, especially attending skills, paraphrasing what you hear, reflection of feelings, reflection of meaning, and encouragers.
- Use open ended questions to facilitate the tell of the story.
- Avoid question – answer sessions which become a barrier to developing rapport.
- Use the skill of checking out what you have heard to see if your understanding accurately reflects the story being told.

The following items on this and subsequent slides are some essential and helpful tips in developing an effective helping relationship. These items, although they appear simple require considerable work to develop. Entire courses of study are devoted to some of the single concepts in this list. Many of these concepts and ideas are a focus of Allen Ivey's book, "Intentional Interviewing". These skills are skills I would refer to as active listening skills.

**Theme 3:
Guidelines
for Helping
Families**

Helpful Tips

- Communicate respect for and acceptance of the individual with the substance use disorder and family members.
- Encourage a nonjudgmental, collaborative relationship.
- Compliment and reinforce the family and client whenever possible.
- Familiarize yourself with the ideas, strategies and techniques of motivational interviewing. Practice them.
- Familiarize yourself with the Stages of Change and the ideas and strategies associated with each stage.
- Gently persuade with the understanding that the decision to change belongs to the individual and the family.
- Be willing to challenge your habitual ways of engaging family members.

These additional tips are items of focus in the books listed below by Ivey, Miller, Connors and DiClemente. Entire university courses are dedicated to these ideas and concepts. I encourage taking a person centered approach that expresses respect, non-judgmental unconditional positive regard for the individual and family. Motivational

interviewing uses these concepts as well as strategies and skills to work with a client's normal reticence to change.

**Theme 3:
Guidelines
for Helping
Families**

Helpful Tips

- Have a flexible understanding of “resistance” as a natural and normal response to requests for change.
- Remain neutral as you listen to different points of view by various family members.
- Avoid taking sides. Family systems operate reciprocally and circular causation means every member of the family is mutually influenced by each other, which implies no one is at fault.
- Assessing blame only shuts down the helping process.
- Reflect on systems concepts as you listen and try to determine the patterns of the family that provide hints to who has the power in the family, who is allied with whom, etc.
- Understanding the patterns of the family may provide clues as to strategies about how to best support and help the family.
- Be observant and genuinely curious in your efforts to help.
- Look for family relationship patterns commonly associated with reluctance to engage.

Understanding resistance to change as a normal and natural process is important. To fight resistance will only incur more resistance. If you feel yourself becoming frustrated, you might take a step back and ask yourself if you are engaging in a power struggle with the individual and in the process creating more resistance to change. Remember to remain neutral and to avoid taking sides. Assessing blame only accomplishes the shut down of the helping process and assessing blame is irrelevant to finding solutions that help one move toward recovery. Think about the fact that behavior patterns in families is a result of circular causality and be observant and genuinely curious in your efforts to help.

Helpful Tips

- Encourage the substance abuser and family members to seek professional help.
- Familiarize yourself with the treatment resources and professionals in your community for the substance use disorder treatment and services for family members.
- Encourage the individual with the substance use disorder and family members by emphasizing that it takes a lot of courage to seek help because there is a lot of hard work ahead.
- Be hopeful with the family and family member with the substance use disorder. Recovery is possible and hope is encouraging and infectious.
- Utilize consultation with available professionals particularly when faced with mitigating a crisis situation.
- Be proactive about utilizing regular supervision to discuss concerns and issues that arise.
- Learn about substance use disorders, treatment, and recovery from reputable, evidence based research.

It is critically important to familiarize yourself with resources within your communities and beyond to help individuals with substance use disorders and their families. Utilizing consultation of a supervisor routinely and continuing your learning about substance use disorders, treatment, recovery, and helping is a life long process and an essential journey for all who are helpers in this field. These ideas on these slides on helping require this type of commitment.



Navigating HIPAA When Working with Families.

What is HIPAA?

HIPAA stands for the Health Information and Accountability Act passed by the U.S. Congress in 1996 to safe guard the privacy of your health care information. HIPAA helps facilitate the following in regards to our medical care and records:

1. Provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs;
2. Reduces health care fraud and abuse;
3. Mandates industry-wide standards for health care information on electronic billing and other processes; and
4. Requires the protection and confidential handling of protected health information.

(U.S. Health and Human Services, <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>)

HIPAA legislation passed by the U.S. Congress in 1996 was intended to safe guard the privacy of health care information. As an employee of a health care entity you are subject to the rules and regulations regarding the privacy of health information of the individuals receiving care from you. There are a number of things one must consider when addressing the privacy of health care information as it relates to the disclosure to family and friends. In some cases you will need to exercise your ethical and prudent judgement about disclosure. We will discuss how to address your compliance with HIPAA and dealing with family and friends in an ethical and caring manner.

The ethical standards set for licensed professional substance abuse counselors are higher than privacy rules of HIPAA. Confidentiality of behavioral health records in Wisconsin is established by Wisconsin State Statute and Administrative Codes regulating confidentiality (WI Statute 51.30 and WI Administrative Code DHS 92). Since recovery coaches are not licensed professional substance abuse counselors, they are not subject to these regulations unless the recovery coach is employed by licensed substance abuse treatment provider, in which case, all staff are required to comply with client rights and confidentiality governing substance abuse treatment. In Wisconsin, this would include Wisconsin State Statute 51.30, Wisconsin Administrative Code DHS 92, and Federal Code 42. It is critically important to treat health care information with the highest of respect and with confidentiality from a therapeutic perspective and ethical one.

I would consider recovery coaches as mandatory reporters of clients expressing suicidal thoughts/plans and homicidal ideation as well as disclosures about physical and sexual abuse of minors. As a mandatory reporter, you have an ethical and legal obligation to report cases where client report suicidal ideation, homicidal thoughts/plans, and alleged abuse of minors. It is not your obligation to determine if the abuse occurred but to report the allegations so they can be investigated. I recommend seeking training and

consultation in dealing with these issues. Although, recovery coaches are not subject to the counselor code of conduct (SPS 164), I do recommend familiarizing yourself with these minimum standards of professional ethical conduct and conducting your self in compliance with these standards. It is good practice that safe guards the clients you work with and your integrity.

**Theme 4:
Navigating
HIPAA**

Who/What Must Comply with Privacy Rules?

The Privacy Rule, as well as all the Administrative Simplification rules, apply to:

1. **Health plans,**
2. **Healthcare clearinghouses**
3. **Any healthcare provider** who transmits health information in electronic form in connection with transactions for which the Secretary of HHS has adopted standards under HIPAA (the “covered entities”).
4. **Business associates**

(U.S. Health and Human Services, <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>)

The HIPAA privacy provisions impact entities (and individuals working for entities) that provide health plans, health care clearinghouses, health care providers (hospitals, clinics, etc.) and business associates who are contracted by a health care organization to provide a service such as billing. Further clarification is provided in subsequent slides defining these four entities.

Covered Health Care Entities

Health Plans:

Individual and group plans that provide or pay the cost of medical care are covered entities.⁴ Health plans include health, dental, vision, and prescription drug insurers, health maintenance organizations (“HMOs”), Medicare, Medicaid, Medicare+Choice and Medicare supplement insurers, and long-term care insurers (excluding nursing home fixed-indemnity policies). Health plans also include employer-sponsored group health plans, government and church-sponsored health plans, and multi-employer health plans.

(U.S. Health and Human Services, <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>)

Health plans include such things as health, dental, vision, and prescription drug insurers, Health Maintenance Organizations (HMOs), Medicare, Medicaid, Medicare+Choice and Medicare supplemental insurers, and long term care insurers (excluding nursing home fixed indemnity polices), the organizations that provide these health plans and the individuals employed by these organizations. Health plans also include employer sponsored group health plans, government and church sponsored health plans and multi-employer health plans. Some of these plans may be managed by a third party entity which is also subject to the HIPAA privacy regulations.

Covered Health Care Entities

Health Care Clearinghouses:

- Health care clearinghouses include billing services, repricing companies, community health management information systems, and value-added networks.
- They process nonstandard information they receive from another entity into a standard (i.e., standard format or data content), or vice versa.

(U.S. Health and Human Services, <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>)

Health care clearinghouses include billing services, repricing companies based on participation in a health network, community health management information systems and other networks that provide a service to health care providers. These services often

involve processing nonstandard information and data they receive from another health care entity into a standardized form of data content.

**Theme 4:
Navigating
HIPAA**

Covered Health Care Entities

Healthcare Provider:

- Every health care provider, regardless of size, who electronically transmits health information in connection with certain transactions, is a covered entity.
- Health care providers include all “providers of services” (e.g., institutional providers such as hospitals) and “providers of medical or health services” (e.g., non-institutional providers such as physicians, dentists and other practitioners) as defined by Medicare, and any other person or organization that furnishes, bills, or is paid for health care.

(U.S. Health and Human Services, <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>)

Every health care provider who electronically transmits health information in connection with certain transactions, is a covered entity or organization and subject to HIPAA regulation. Health care providers includes all providers of health services (hospitals, clinics, etc.) and providers of medical or health services (providers not formally employed by an institutional provider such as physicians, dentists, chiropractors, physical therapists, and other practitioners) as defined by Medicare, and any other person or organization that furnishes bills or is paid for health care.

**Theme 4:
Navigating
HIPAA**

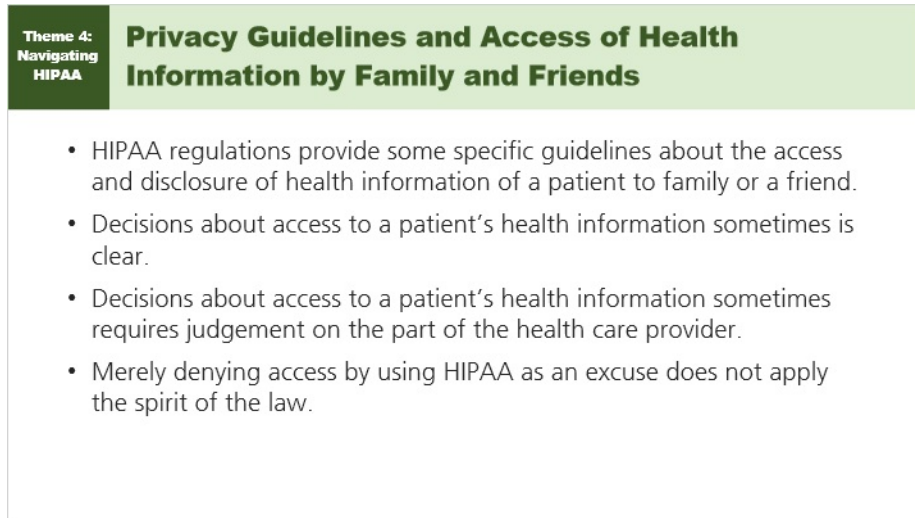
Covered Health Care Entities

Business Associates:

- In general, a business associate is a person or organization, other than a member of a covered entity’s workforce, that performs certain functions or activities on behalf of, or provides certain services to, a covered entity that involve the use or disclosure of individually identifiable health information.
- Business associate functions or activities on behalf of a covered entity include claims processing, data analysis, utilization review, and billing.

(U.S. Health and Human Services, <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>)

Business associates are also subject to HIPAA. A business associate is a person or organization other than a member of a covered entity's workforce that performs certain functions or activities on behalf of, or provides certain services to a covered entity that involve the use or disclosure of individually identifiable health information.



**Theme 4:
Navigating
HIPAA**

Privacy Guidelines and Access of Health Information by Family and Friends

- HIPAA regulations provide some specific guidelines about the access and disclosure of health information of a patient to family or a friend.
- Decisions about access to a patient's health information sometimes is clear.
- Decisions about access to a patient's health information sometimes requires judgement on the part of the health care provider.
- Merely denying access by using HIPAA as an excuse does not apply the spirit of the law.

There are many misunderstandings about accessing a patient's personal health information (PHI) by friends or family members. HIPAA regulations are both prescriptive regarding privacy guidelines and also allow room for judgement on the part of the health care worker and institution. The following slides are intended to help clarify your responsibilities about the guidelines and the application of HIPAA regulations in your work with clients/patients.

A recent article by the New York Times on the misuse or misinterpretation of HIPAA regulations reports on numerous cases where the application of HIPAA by health care workers has been used as a code of silence when faced with disclosure issues with friends and family. (Span, Paula, *Hipaa's Use as Code of Silence Often Misinterprets the Law*, New York Times, July 17, 2015.) This article exposes many of the misunderstandings about HIPAA and the misinterpretation of the regulations making it difficult to access a family member's health information when one may have a legitimate right to limited and specific information.

Daniel Solove in his blog writes about a specific case that demonstrates the troubling misinterpretation of HIPAA. Solove writes about "a case where a daughter wanted to supply information about her elderly mother's medication allergies because her mother's memory was impaired. But the staff refused to speak with her about her mother based on HIPAA. Finally, she was able to speak with a nurse and prevent the hospital from administering a medication that her mother was allergic to." (Solove, Daniel; *HIPAA's Friends and Family Network: Access to Health Information*; Privacy

Security Blog, July 20, 2015).

Theme 4: Navigating HIPAA	Privacy Guidelines and Access of Health Information by Family and Friends
<ul style="list-style-type: none">• If a friend or family member is a personal representative of a patient, then a covered entity must disclose medical records to that person.• In other situations, HIPAA permits but doesn't require disclosure to a friend or family member.• HIPAA contains specific provisions for when the patient is present or when the patient is not present or is incapacitated.	

If the friend or family member is a personal representative of the patient (legal guardian, guardian or parent of a minor, power of attorney) then you as the health care worker are required to disclose health care information when requested. Such individuals should be identified and documented.

A personal representative can be named several ways; state law may affect this process. If a person can make health care decisions for the patient using a health care power of attorney, the person is your personal representative. The personal representative of a minor child is usually the child's parent or legal guardian. State laws may affect guardianship. In cases where a custody decree exists, the personal representative is the parent(s) who can make health care decisions for the child under the custody decree.

When an individual dies, the personal representative for the deceased is the executor or administrator of the deceased individual's estate, or the person who is legally authorized by a court or by state law to act on the behalf of the deceased individual or his or her estate.

A provider or plan may choose not to treat a person as the personal representative if the provider or plan reasonably believes that the person might endanger the patient in situations of domestic violence, abuse, or neglect.

Privacy Guidelines and Access of Health Information by Family and Friends

HIPAA requires most doctors, nurses, hospitals, nursing homes, and other health care providers to protect the privacy of your health information. However, if the patient does not object, a health care provider or health plan may share relevant information with family members or friends involved in the patient's health care or payment for health care in certain circumstances.

There are certain circumstances where your health care information may be shared. The following slides will identify these circumstances and conditions and provide a few relevant examples.

Privacy Guidelines and Access of Health Information by Family and Friends

A health care provider or health plan may share relevant health care information face-to-face, over the phone or in writing if:

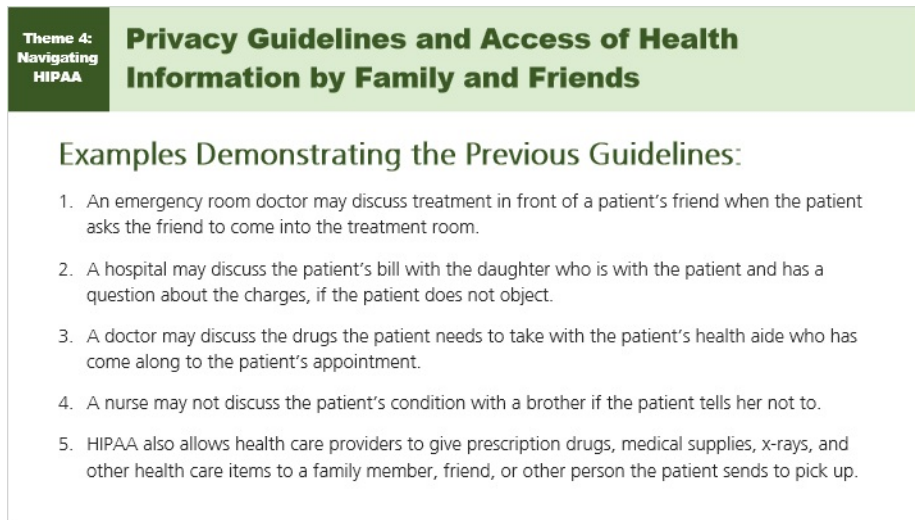
1. The patient gives the provider or plan permission to share the information.
2. The patient is present and does not object to sharing the information.
3. The patient is not present or incapacitated, and the provider determines based on professional judgment that it's in the patient's best interest.

The simplest way to determine if health information may be shared is to obtain the client's authorization for disclosure. This often is formalized in releases of information determining entity and the scope of the information disclosed. However, HIPAA does not require that a patient give a health care provider written permission. However, the provider may prefer or require written permission.

Another situation may be when the patient is present with a family member or friend for a discussion and the patient does not object to sharing the information in the presence of the family member or friend. In such cases, it is advisable to secure the

patient's verbal consent prior to disclosing information.

Other situations may involve the absence of the patient or the patient is incapacitated due a drug over dose or intoxication. In such cases, the health care provider may disclose information relevant to the immediate situation if the provider determines that it is in the patient's best interest. HIPAA does not require proof of identity in these cases. However, your health care provider may have his or her own rules for verifying a friend or family member's identity.



**Theme 4:
Navigating
HIPAA**

Privacy Guidelines and Access of Health Information by Family and Friends

Examples Demonstrating the Previous Guidelines:

1. An emergency room doctor may discuss treatment in front of a patient's friend when the patient asks the friend to come into the treatment room.
2. A hospital may discuss the patient's bill with the daughter who is with the patient and has a question about the charges, if the patient does not object.
3. A doctor may discuss the drugs the patient needs to take with the patient's health aide who has come along to the patient's appointment.
4. A nurse may not discuss the patient's condition with a brother if the patient tells her not to.
5. HIPAA also allows health care providers to give prescription drugs, medical supplies, x-rays, and other health care items to a family member, friend, or other person the patient sends to pick up.

The examples in this slide demonstrate the application of the HIPAA rules and require some level of judgement on the part of the health care worker. If a friend or family member is with a patient for a conversation about the patient's health care, it is recommended to ask for verbal consent to discuss the information in the third party's presence. A health care provider or health plan may also share relevant information if you are not around or cannot give permission when a health care provider or plan representative believes, based on professional judgment, that sharing the information is in your best interest.

Privacy Guidelines and Access of Health Information by Family and Friends

Examples Demonstrating the Previous Guidelines:

1. The patient had emergency surgery and is still unconscious.
2. The patient's surgeon may tell the spouse about his/her condition, either in person or by phone, while the patient is unconscious.
3. A doctor may discuss the patient's drugs with the patient's caregiver who calls the doctor with a question about the right dosage. A doctor may not tell a friend about a past medical problem that is unrelated to the patient's current condition.

For more information about HIPAA disclosures involving family and friends, review specific questions about disclosure at the following U.S. Department of Health and Human Services web page: <https://www.hhs.gov/hipaa/for-professionals/faq/disclosures-to-family-and-friends/index.html>.

Module Review

1. Examine the structure, functioning, and dynamics of families.
2. Assess the effects of substance use disorders on the family and its functioning.
3. Consider strategies for working with families affected by substance use disorders.
4. Review HIPAA regulations when working with concerned family members and friends.



All resources and references are located in the Resources tab of this presentation.

In conclusion, we have covered the following 4 competencies and objectives during this model. There is a lot to digest and this is merely an overview, an introduction. I encourage review weblinks and resources to continue your learning.



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