

THE ROLE OF ENABLING IN TREATMENT AND RECOVERY
WHEN WORKING WITH FAMILIES OF ADOLESCENTS
AND YOUNG ADULTS



JAMES SCHNEIDER, CASAC
PROGRAM DIRECTOR

LAUREN POTENZA, LMSW
SOCIAL WORKER

DYNAMITE YOUTH CENTER,
ESTABLISHED IN 1970



Our **DYC Residential Facility in Fallsburg** serves 86 members and their families.

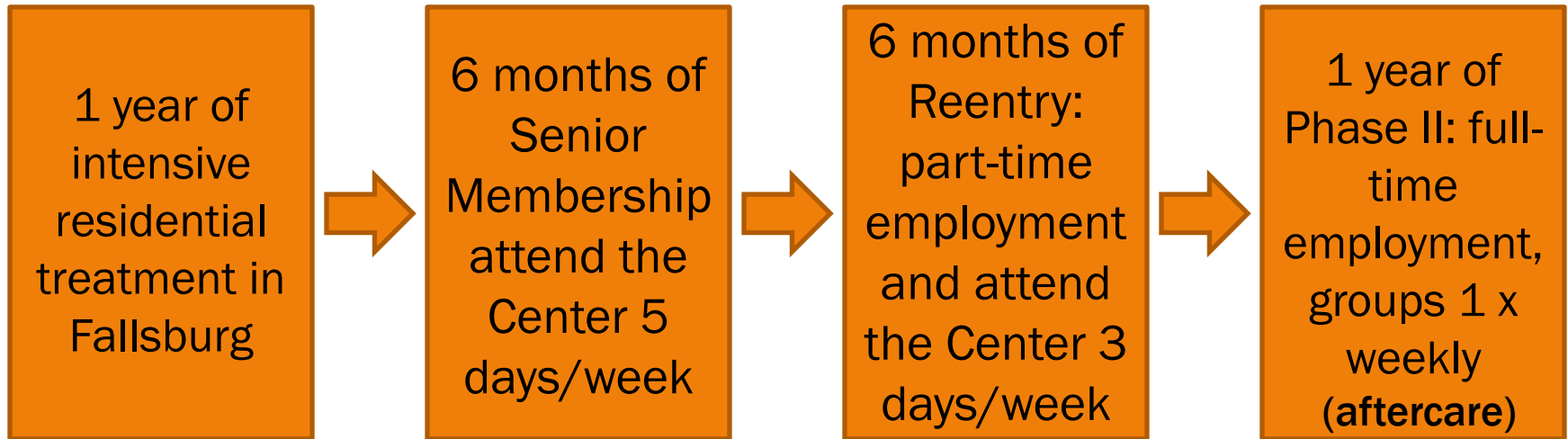
Our **DYC Brooklyn Center** offers an outpatient program, serving 75 members and their families, in addition to housing for 16 resident-members in the **Community Residence**.

Gradual Reintegration Program Structure

Inpatient
(Fallsburg, NY)

Outpatient (Brooklyn, NY)
Members live at home with family

*16 Members of the Outpatient community are able to live in the
Community Residence.



DYC's 3 KEY ELEMENTS

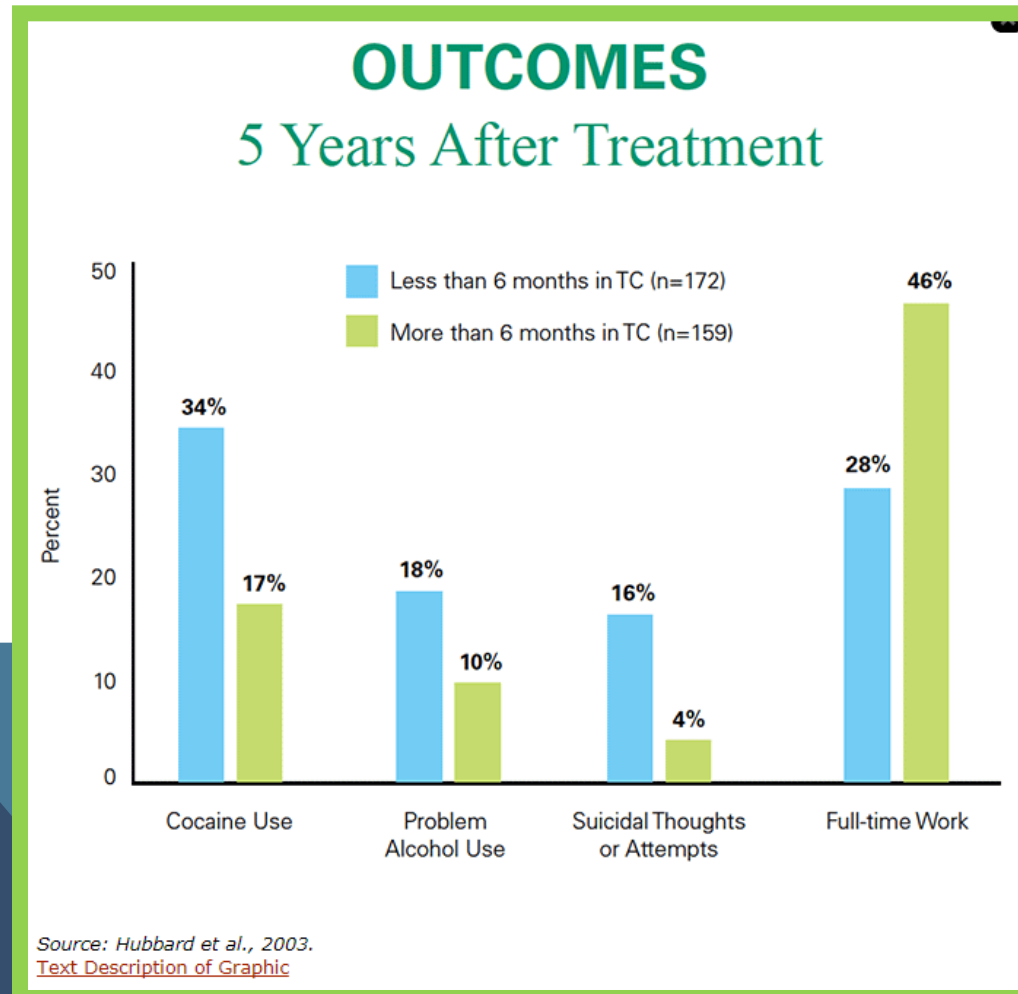
Long-Term Treatment
Adapting to Change
The Role of Family



1. Long-Term Treatment

a) Retention

Young people do better the longer they are in treatment!



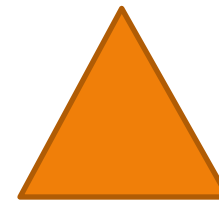
Long-Term Treatment, continued

b) “Old friends”, “old neighborhoods” and the impact of technology (internet, social media, cell phones)

c) Cost



2. Adapting to Change



- a) MATs
- b) eCR
- c) Changing drug trends
- d) Changing demographics



3. The Role of Family

a) Involvement in Treatment

“Because successful outcomes often depend on a person’s staying in treatment long enough to reap its full benefits, strategies for keeping people in treatment are critical. Whether a patient stays in treatment depends on factors associated with both the individual and the program. Individual factors related to engagement and retention typically include motivation to change drug-using behavior; degree of support from family... and, frequently, pressure from family.”

-NIDA, 2012

b) Advocacy

- Albany
- Washington, D.C. (FED UP)
- Community initiatives



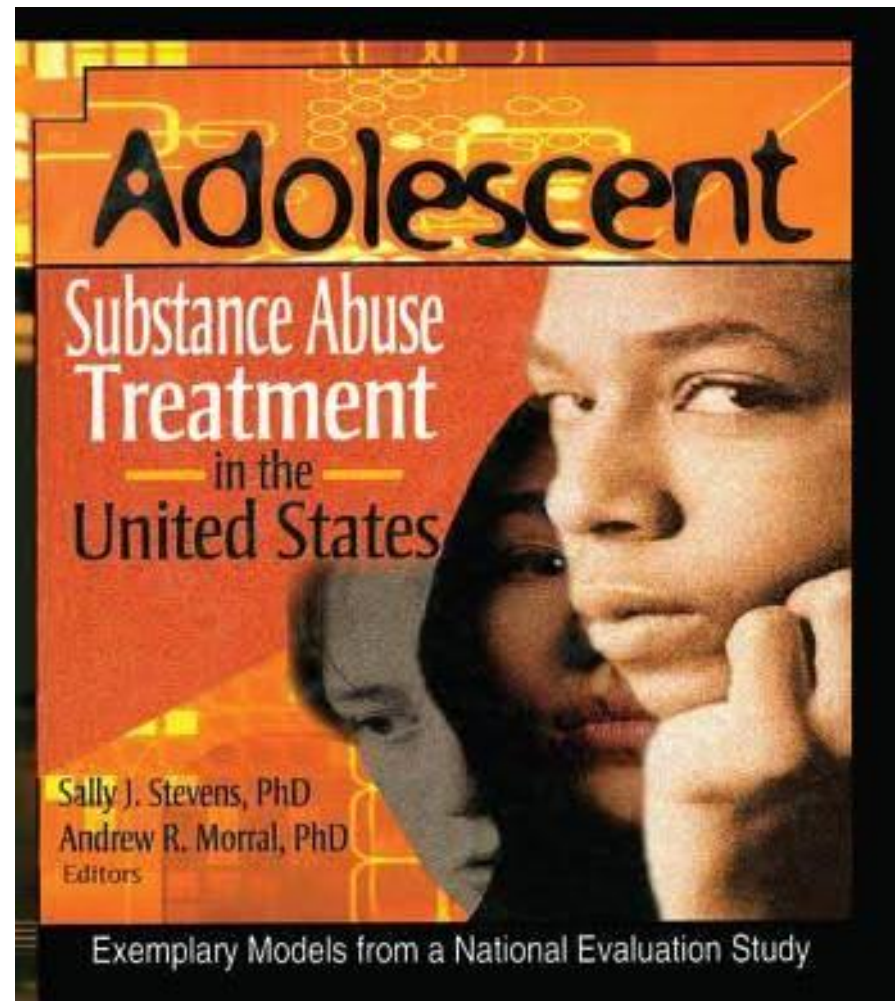
However, in working with families, there are some obstacles that arise.

The most prevalent and challenging of these is enabling.



Published in 2003
as part of a national
initiative to evaluate
adolescent drug
treatment programs.

“Over time, families learn what
family dynamics may need to
be changed in order to
facilitate the adolescent’s
recovery.”



-Adolescent Substance Abuse
Treatment in the United States,
Sally J Stevens & Andrew R Morral

We are talking about a very specific population.

Let's dissect the title to better understand.

“The Role of Enabling in Treatment and Recovery When Working with Families of Adolescents and Young Adults”



Audience

“Working With”: this presentation is for practitioners, the ones doing the work with the clients (members.)

We do a variation of this presentation with the families to educate and empower them not to enable.



Treatment

:a population actively involved in receiving services related to substance abuse/dependence disorders.

Recovery

:a population that is moderately to severely addicted and remains abstinent from all illicit substances. *Recovery involves living not only a drug-free lifestyle but includes integrity, honesty and trust.

Families

When treatment involves the family. A standard for admission into DYC is that there is a family member who is willing to participate in the Member's treatment from beginning to end.

Adolescents and Young Adults

Aged 16-24. Our age demographic has changed to an older median since 1970.

The Role of Enabling


WHO ARE WE TALKING ABOUT?

The family member whose behaviors affect the member in treatment.

Here is what we have established:

1. Family involvement is key to rehabilitation of this adolescent population.
2. There are some obstacles that arise when involving family in treatment. One of these is enabling.

Now, let's discuss what enabling is and **how** it comes up when working with members and their families.



What is *enabling*?

Enabling is doing something for someone that they are **able** to do for themselves; things that they could and should do for themselves.

What are some examples of this?



What is the difference between *helping* and *enabling*?

Helping is doing something for someone that he/she is not **capable** of doing him/herself.

It is important to make this distinction for families.



Enabling is not intentional, but happens when parental/familial efforts help allow a struggling adolescent to avoid or delay the consequences of their behavior.

This can seriously and adversely impact the process of recovery.

[Rabbi Dr. Abraham Twerski On Responding To Stress](#)

What are some examples of situations that come up where a family member enabling their child becomes harmful to their treatment & recovery?

- families covering for members if they come home late or are absent from the Center.
- families making medical appointments for the member.
- families doing the member's laundry, not asking them to help out with chores around the house.
- families buying excessive material items for the member.

ALL OF THESE take away a Member's ability to feel self-assured responsible, accountable, independent, empowered, proud, productive, accomplished, etc!

ALL OF THESE contribute to feelings of entitlement, laziness, helplessness, insecurity, etc. which adversely impact recovery!

What is splitting?

Splitting is another adverse effect of enabling.

When the program and the family communicate a different message or have different expectations we do more harm than good.

What are some examples of this?

How detrimental do you think enabling can be/become?



As practitioners, avoidance can come up when working with the families of members on enabling.

How can we have these conversations effectively with families?

The following are slides taken from the presentation we use to facilitate these conversations with families.




Am I an enabler?


Being an enabler is harmful not only to the person being enabled, but it is also harming the emotional well-being of the enabler.



Some questions to ask yourself that will help you to identify if you are an enabler:

- Have you loaned money, seldom if ever being repaid? Paid bills or tickets that he/she was supposed to have paid?
- Have you finished a job or project that he/she failed to complete because it was easier than arguing/just so that it gets done?

- Have you avoided talking about certain things because you fear his/her response?
 - Have you bailed him/her out of jail or paid his/her legal fees?
 - Have you given “one more chance” and then another, and another?
- 

- Have you made empty threats that you did not follow through on? (Mean what you say and say what you mean!)
 - Have you begun to feel that your other relationships are in jeopardy or suffering because of this situation?
 - Have you noticed growing resentment in other family members regarding this issue?
- 

How have you seen this in your own life?


At this point, practitioners can engage family members in an open conversation about how draining it can be to love/help/live with etc. an addict.


We have now helped the family to identify the ways in which the enabling is hurting **them**.

Once we have identified this, we can discuss how not to enable.



Some questions to ask yourself when you are making a decision that may be enabling:

- Do I feel manipulated?
 - Am I helping because I want to or because I feel I have no choice?
 - Is my child taking steps toward getting better?
(example: paying for a rehab is much different than paying for a fix or to avoid trouble)
- 

- If my child takes advantage of my help, could it be harmful? (example, if your child misuses money you give) Does my child do better or worse after I offer help?
 - Am I offering help because I think it will cure my child? *While you can provide an environment that encourages success, you can't force your child to get better until he/she is ready.
- 


- Are there arguments in my family about the help that I am offering?
- Do you find yourself ignoring or tolerating violent or otherwise unacceptable behavior?



What creates the need to enable?

(it serves a purpose for the enabler!)

This varies, but some common responses include:

- Guilt (for any number of things)
 - One's own addiction/history
 - Need to control
 - Avoidance (of confrontation, anger, looking bad, etc)
 - Can you think of any others?
- 

These conversations may be ongoing and take place over time. The more we learn about it, the better it can be managed!


Q&A

Please ask any questions that you may have before we move on to a group activity.



GROUP ACTIVITY

Please exchange the following information with a partner in the room:

1. In which ways do you encounter the issue of enabling in the work that you do?
 2. Do you feel ready to have the conversations discussed in this presentation with families/family members of clients? (*Feel free to roleplay such conversations!)
 3. If so, how would you approach it? (*Also consider time and place) If not, what are the reservations? (*Will the leadership in your organization support you? Do you have access to clients' family members?)
 4. Is your partner's experience similar? Can they provide guidance?
- 

Please share with the group your own thoughts and feelings about what you discussed with your partner.

Feel free to reach out to us!

jschneider@dycinc.org

James Schneider, Program Director

lpotenza@dycinc.org

Lauren Potenza, LMSW

We thank you kindly for your attendance and participation.

