"An important element contributing to positive treatment outcomes includes family and support system involvement. I am excited that our outpatient sites are embracing a renewed effort to offer this best practice to every patient. Dana Cohen's article, The 5 W's When Working With Families, helps explain the particulars of embracing this development!"

– Tom Connell, Vice President for Outpatient Services

The 5 W's When Working With Families

It is common knowledge that family involvement significantly increases the success rate for our patients. We also know that knowledge doesn't correlate to change in behavior. Despite understanding, the value and importance of **WHY** we involve the family, we may still struggle with **HOW** to incorporate them into treatment, which can be explored in the other 4 **W's**.

WHO should be involved? Together the patient and clinician identify who in the family provides support and those who act as triggers? **Who** else beyond relatives can be a part of their recovery network such as; friends, coworkers, members of church or fellowship and the professionals such as private therapists, probation officers, physicians, and employers? Does it require more work to collaborate with others, yes, do we do it anyway, yes. Striving to be "patient centered" and not "staff centered" allows us to think broadly on **WHO** to involve in the treatment process. Including the "**WHO**" is not simple. Our jobs seem so easy when we have a pleasant and motivated patient to work with. When dealing with the difficult patient we seem to work much harder and exert more energy. This applies to the family too. After dealing with a disgruntled family member the last thing we want is to bring them in. If we find ourselves rationalizing for not working with a challenging family we must ask, "If we don't want to work with them than how can we expect our patients to be able to"? We can view working with those difficult family members as an opportunity to stretch our skills and gain more experience.

Now that we have established **WHO** should be involved we can now consider **WHAT** the goals of the family involvement should be; to establish support and advocates for the patient and to encourage families to get help. The person in recovery may not maintain sobriety but the family members can get and stay healthy regardless. Clinicians are always observing **WHAT** is happening in the here & now; during sessions you can observe body language, on the phone you can hear tone of voice, their actions tell us if they are needy by calling multiple times or show us their resistance when they keep cancelling sessions. All of this collateral information is helpful in gaining a better understanding of our patient.

WHEN is the best time to involve the family and additional supports**?** **When** families feel immediately shut out from treatment providers it only becomes harder for the clinician to establish rapport and to join with the family who may have an unconscious bias that the clinician will "side" with the patient. The faster we can identify who is healthy and who is not the faster we can build the treatment plan. **WHERE** the interactions with families are may include the waiting room, on the phone, email, or in session.

-Dana Cohen, Family Therapist

We ask our patients to reframe their thinking all the time, perhaps we can too. Instead of "I HAVE to" we can say "I WANT to".