

April 2016

Collaborating with Carers

A Practitioner's Guidebook


for Facilitating the

Recognizing Resilience

Group with

Parents and Caregivers

Affected by

Adolescent Substance Use 



“Change happens
one conversation
at a time.”

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This workbook was inspired by many creative and thought-provoking conversations with practitioners, educators, program leaders, parents and caregivers. The willingness of others to explore questions, to innovate and to be courageous has been instrumental in sparking the provided thoughts and suggestions.

Stephanie McCune PhD, has been the primary author of this workbook and principle researcher of *Privileging Parent Voices*, the noted study of the *Recognizing Resilience* group. Generous time, consideration and support have also been provided by Jane Collins, Michelle Dartnall, Carol Matthews, Griffin Russell, Dr. Sally St. George, Paula Beltgens, and the Vancouver Island Discovery Youth and Family Substance Use Services team.

Funding for this resource is provided in part, by the Government of Canada through British Columbia’s Drug Treatment Funding Program - Strengthening Substance Use Systems Initiative. The views expressed herein do not necessarily represent the views of the Government of Canada

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Introduction

Parents and caregivers are vital resources for the wellbeing of an adolescent involved with alcohol or other drugs. Parents and caregivers hold important historical knowledge, rich family-focused perspectives, privileged insider wisdom¹, and a deeply rooted investment in the long-term health of their child.

During adolescence, many teens will experiment with substances—most without experiencing significant challengesⁱ. However, the use of substances can be a risk for any youth, and serious consequences can occur. Such consequences can be difficult for youth, and can greatly affect the wellbeing of parents and caregiversⁱⁱ.

Many parents have described the experience of caring for an adolescent involved with alcohol or other drugs as being like a rollercoaster rideⁱⁱⁱ. Parents, caregivers, and community members are all affected by this metaphorical rollercoaster, holding on with each bend, curve, dip, and peak along the journey. When affected by their teen's substance use, parents and caregivers often access formal support in an attempt to explore ways to care for their teen, other family members, and often themselves. Providing such support can have a positive impact on the health of the adolescent in relationship with substances, the caregiver, and the family system as a whole.

Working alongside parents and caregivers can also be deeply moving and inspiring for direct service providers. Practitioners often witness demonstrations of tremendous love, perseverance and courage. Many parents and caregivers divulge their heartfelt stories describing relentless pursuits to ensure safety and connection with their youth, and tireless efforts to educate themselves, their teens, and others about substance use, coping and health. In addition, parents and caregivers often provide impassioned examples of their advocacy when seeking empathetic and responsive care for their loved ones. Either through individual and/or group programming, those providing direct services to parents and caregivers are privy to experiences of surviving and thriving, fear and hope, challenge and triumph.

“*I think about what a rollercoaster we live on with our kids in their struggles in life. Sometimes it is up and sometimes it is down, it's all over the place! We are up we're down as parents, as it takes a toll on us too.*”

Adoptive mother

¹ Insider wisdom or knowledge is a term that has been used within Narrative Therapy literature to describe “unique and special knowledge” (Madigan, 2011, p. 92), gained from a person's lived experience.



The *Recognizing Resilience* Group Approach and the Collaborating with Carers Workbook

Service providers and the broader adolescent substance use system can increase opportunities for partnerships with parents and caregivers by taking active measures to become increasingly responsive, available and accessible. Responsiveness involves consideration of how the substance use system can adjust^v to the needs and experiences of parents and caregivers. Accessibility and availability imply a respect for the importance of parents and caregivers, a willingness and flexibility to offer a menu of service options, and an openness to feedback.

The *Recognizing Resilience* group approach is one example, among a possible menu of service options, for providing support to parents and caregivers accessing youth and family substance use services. Recognizing Resilience is a collaborative therapeutic opportunity that brings parents and caregivers together to talk about their experiences with a teen's active involvement with substances.

Recognizing Resilience is a six-week, principal-based² group rooted in a philosophical stance that supports and appreciates each parent and caregiver, youth, and practitioner as being important and unique. *Recognizing Resilience* incorporates process-orientated concepts, a facilitated approach, and specific theory and assumptions relevant to the professional substance use field.

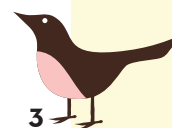
The *Collaborating with Carers* workbook has been developed to provide service providers with a conceptual and practical understanding of the principles that inform the *Recognizing Resilience* group approach. Each chapter provides broad theoretical references, specific information, reflective questions, points for consideration, as well as quotes and offerings from parents, caregivers and other service providers. Readers might choose to read the entire document or to select pieces that specifically speak to unique practice contexts. This workbook is not intended as a 'how to' guide, but rather an exploration of principles, attitudes, practice stances, ideas and options specific to the *Recognizing Resilience* approach. The information in this workbook is offered as an invitation to consider in compliment to existing practice approaches, service options, and theoretical frameworks.

The intention of this resource is to:

- Offer a description of the *Recognizing Resilience* approach to parent group programming
- Provide information and ideas for enhancing parent and caregiver involvement in youth-orientated substance use service provision
- Increase awareness and consideration of how current practices can foster resilience, inclusion and compassion for parents and caregivers affected by their teen's involvement with substances
- Offer opportunities for reflection on emotional challenges and needs of caregivers.

²The term principle in the context of this document refers to an idea or belief that guides the therapeutic approach.

Principles are not rules, laws, or declarations of best practice methods, but are thoughts to be considered in the development and application of a way of working with people accessing helping services.



This resource encourages:

- Relationships that emphasize collaboration, compassion and curiosity
- Reflection on how theories, values and assumptions inform expectations of service provision
- Opportunities for group dialogue, multiple perspectives, and joint efforts to create meaning
- Ideas for increasing accessibility and availability of services for parents and caregivers affected by adolescent substance use.

This resource provides:

- A description of collaborative practice principles and underlying postmodern philosophy
- Current research about the impact of adolescent substance use on parents and caregivers
- A description of dominant substance use concepts
- Strategies for developing practices that sustain and enhance the health and wellbeing of service providers.

This workbook can be used as a companion to *Recognizing Resilience: A Workbook for Parents and Caregivers of Teens Using Substances*, a book provided invitationally to *Recognizing Resilience* group participants during the group process. The *Recognizing Resilience* Workbook is intended to be an accompanying resource and a catalyst for ideas and thoughts for parents to consider and to supplement the dialogue generated within the group context.



Definitions: Coming to Terms with Terms

For the purposes of this resource, the term **active substance use** refers to current involvement within a spectrum, ranging from experimentation to problematic use and dependence.

The word **parent** describes biologically connected parental figures, as well as ‘carers’ who may be participating in a parenting capacity but are not biologically related.

Caregivers might include grandparents and extended family, foster care providers, and other significant adults within an adolescent’s life. Throughout the Workbook the terms parent and caregiver are used together and interchangeably.

Substance refers to psychoactive drugs used for the purpose of altering mood. These include licit drugs such as alcohol and prescription medication, and illicit drugs such as marijuana, cocaine, heroin, and methamphetamines.

The terms **practitioner** and **facilitator** are used to describe those formally providing individual or group services within youth and family substance use programs.

The term **formal helping service** refers to external and professional sources of clinical counselling or therapeutic assistance.

The term **resilience** describes interrelated functions of broad systems, practitioners, and parents that together contribute to one’s ability to manage adversity.

The word **dialogue** refers to a two-way process of exchange with the focus of trying to understand from the perspective of the other^v.

Consider: Developing a Menu of Service Options

The *Recognizing Resilience* group approach may not be a suitable fit for every parent or caregiver, just as individual counselling may not be essential for all those encountering adolescent substance use. There is no ‘one size fits all’ approach or method for addressing substance use.

When systems and agencies collaborate with people accessing services to develop a range, or menu of service options, clients and practitioners together can enhance the responsiveness, availability, and accessibility of services. Parents and caregivers are provided with choice and control, and opportunities for partnership are enhanced.

A menu of options for parents and caregivers can include:

- Information and education
- Individual counselling
- Family counselling
- Group therapy
- Outreach supports
- Peer group support
- Parent advisory groups
- Program feedback consultation
- Telephone support
- Multi-agency, interdisciplinary consultations





“The most precious gift that we can offer others is our presence.”

Thich Nhat Hanh

Setting the Stage: The Context of the *Recognizing Resilience* Approach

The following section highlights:

The importance of including parents and caregivers in substance use programming

Descriptions of how parents and caregivers are influenced by their teens' relationship with substances

A brief overview of models and approaches to group service provision

A basic definition and description of the *Recognizing Resilience* group.



Setting the Stage: The Context of the *Recognizing Resilience* Approach

Programming for parents and caregivers is an integral aspect of adolescent substance use services. As previously mentioned, parents and caregivers are an important source of support, and can enhance positive outcomes for an adolescent involved in substance use services.^{vi} Fostering and sustaining parental capacity to cope with their teen's behaviour can serve as an important intervention for the youth accessing services.

Beyond their importance in influencing the outcome of their teens' relationship with substances, caregivers should have access to services in their own right. Psychologists Copello and Templeton^{vii} referred to parents affected by their adolescents' substance use as a distinct population potentially requiring and subsequently benefiting from assistance. Parents have described "getting to a point"^{viii} where they want support, resources, and options that will allow them to modify the influence of substances on themselves and their families.

Substance use programs specifically orientated to parents and caregivers are important mechanisms for addressing some of the effects of adolescent substance use. In their study about parent experiences of adolescent substance use services, researchers Jackson and Mannix^{ix} heard from parents that they found talking with formal helping professionals to be beneficial. The researchers recommended that formal supports offer opportunities for parents to "acknowledge stress and anxiety [and]... to tell their stories" (p. 178).

When formal helping professionals elicit parent stories and experiences, caregivers are likely to experience a therapeutic partnership that encourages exploration and sharing in regards to how they might manage the effects of substance use.^x Services that hold space for parents and caregivers to address the impacts of teen substance use are a necessary component of a comprehensive system of care that positively influences and enhances capacity, ability, and resilience.

“*There is only so much you can do and you are tearing your hair out. At some point you need to have something for yourself. Talking about it from your perspective and commiserating with others, that helps*”

Mother

Consider: Parent Experiences of Adolescent Substance Use

Over the past decade, a number of research studies have explored parent and caregiver responses to their teen's relationship with alcohol and/or other drugs. Through such inquiries, parents and caregivers have described experiences of grief, anger, helplessness, frustration, confusion, exhaustion, physical illness, financial burden, and relationship tension.^{xi} Many identified increased experiences of isolation, particularly due to perceived judgment.^{xiii} Most acknowledged a personal struggle witnessing their teens withdrawing from sports, school, and other activities,^{xiii} and many identified challenges with diminished trust, a sense of betrayal, and mounting resentment resulting from the effects of substance use.^{xiv}



The Therapeutic Opportunity of Group

Group programs can be an effective way to address parents' requests for support. Groups can be used by practitioners to break down barriers of isolation and subsequently build experiences of inclusion. Recent studies^{xv} suggest that parents and caregivers can achieve therapeutic benefits from talking with others who share similar experiences. Participating in group programming can:

- Reduce isolation and distress
- Decrease stress
- Reduce stigma, blame, and shame
- Increase experiences of connection and belonging^{xv}
- Develop emergent opportunities for social and interpersonal learning
- Foster experiences of altruism^{xvii}
- Increase hope

Group programs for parents and caregivers involved in adolescent services are often based on standardized psycho-education models.^{xviii} Conventional psycho-educational parent group programs usually involve components of parent behaviour modification including direct skills training and context specific problem-solving.^{xix} Although a psycho-educational model can be helpful for some caregivers, it may not be a fit for all. In order for services to be increasingly responsive to the diverse needs of parents and caregivers, practitioners might consider offering additional group approaches that draw from a variety of group models (see table 4.1).ⁱ

“*What has perhaps been one of the most inspirational aspects of my work as a counsellor is witnessing the grip of isolation being released through the act of engaging with another human being in conversation.*”

Youth and Family
Substance Use Counsellor

“*I cannot think of another word to describe the power of group processes other than “magical.” When absolute strangers connect through the similarity and uniqueness of their stories, something profound happens on such a basic human level. There comes a moment in a group when belonging, significance, acceptance, and compassion come to life and in an instant people’s worlds change.*”

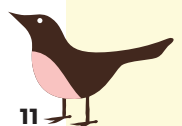
Youth and Family Substance Use Counsellor



Overview of Group Models

| Model | Description | Role of the Facilitator |
|---|--|---|
| <p>Task Groups</p> | <p>Task groups are designed to accomplish specific work goals. Some examples of task groups include task forces, committees, planning groups, discussion groups, or study circles.</p> <p>A task group with parents and caregivers might include a parent advisory committee or a multidisciplinary consultation committee with parents and caregiver representatives.</p> | <p>The facilitator is responsible for supporting group members to enhance or modify their efforts to address specific goals and objectives.</p> <p>The facilitator addresses group dynamics that are either enhancing or hindering efforts to accomplish the desired outcome.</p> |
| <p>Psycho-educational Groups</p> | <p>Psycho-education programs include predetermined, standardized content and processes, and evaluative methods to measure targeted behaviour change.</p> <p>Participants are considered to have some type of need that is intentionally addressed through the group curriculum.</p> <p>Examples of psycho-educational groups for parents and caregivers include: Triple P, Systematic Training for Effective Parenting (STEP), Positive Discipline.</p> | <p>Psycho-education programming is organized by a hierarchical structure with the facilitator as expert or teacher, and the parent as the learner.</p> <p>The practitioner is responsible for teaching, directing, and discussing information and skill-building exercises.</p> |
| <p>Process or Psychotherapy Groups</p> | <p>Process groups usually include an open structure that is guided by a common topic or situation that brings specific individuals together. Interactions among group members are nurtured and are considered a source of therapeutic benefit.</p> <p>Group members participate in self-exploration, and members support, care for, and challenge one another.</p> <p>Process groups can be ongoing or structured to be run for a specific period of time.</p> | <p>The facilitator coordinates processes that encourage conversational exchanges amongst participants.</p> <p>The facilitator works to establish an atmosphere of safety, containment, and acceptance. The facilitator addresses emergent needs of group members or issues that develop during the group process.</p> |

Table 4.1 Overview of Group Models Adapted from Corey & Corey, 2006^{xx}



The *Recognizing Resilience* Group Approach

The *Recognizing Resilience* group approach is primarily based on a process-orientated model. However, the approach is collaborative—it is constructed in partnership with parents’ preferences. Therefore, depending on the group member’s requests and needs, facilitators might draw from aspects of other group models.

As a process group, *Recognizing Resilience* facilitates emergent, participant-based content and structure. There is no standardized curriculum or content. Together, group members and facilitators develop a parent-directed agenda that includes unique and exceptional outcomes for individual participants (see pg. 48 for more information about emergent agenda). The emergent nature of the *Recognizing Resilience* group content honours the expertise of group members by creating space for parent-directed dialogue. Parents and caregivers are invited to share their stories and engage in discussion with other group members. Such exchanges spark a contagious curiosity^{xxi} that invites more curiosity, stories, understandings, and perspectives of adolescent substance use. The *Recognizing Resilience* group conversation supports group members to develop what author Margaret Wheatley calls a “collective wisdom” (p. 28) — privileged local knowledge and unique perspectives.

The way a process group such as the *Recognizing Resilience* group is facilitated will influence what group conditions are created and, in turn, the overall experience of the group participants. Therefore, how facilitators approach the *Recognizing Resilience* group is foundational. Over the course of the *Recognizing Resilience* group, facilitators demonstrate a particular ‘way of being’ or a practice stance. This way of being is represented through a tone and posture that constantly communicates the importance of the group voice and a willingness to be *with*. The facilitator’s practice stance and therapeutic response is grounded in an ongoing attitude of respect, compassion, curiosity, and hope.

*“People are not seen
to be objects to treat
or causes of distress
but are competent and
capable resources for
their family member’s
recovery”*

(Seikkula & Olsen, 2006)



The Motivation for the *Recognizing Resilience* Group

In 2008, I began working as a youth and family counsellor with Discovery Youth and Family Substance Use Services, a direct service of Island Health on Vancouver Island, British Columbia, Canada. Having facilitated ongoing cohorts of an 8-week standardized psycho-educational parenting program, I began to recognize dissonance with the parent population I was serving. What I learned from parent's post-group evaluations was that, although they wanted to be a part of a group in order to learn more about how to support their adolescents, most felt that the facilitator-imparted content was not quite hitting the mark of what they felt they needed. In addition, parents felt that my structured group agenda left few opportunities for parent-to-parent conversations. As a result, parents explained that their desires for connection and peer support were often unmet. Many ended the group with further questions, continued confusion, and enhanced frustration about how to help their teen. I realized after a few rounds of similar experiences and feedback that I wanted to try something different. I began to recognize a need to facilitate conversation from within the group.

McCune, 2014



Collaborative Practice: The Dialogical Art of Witness^{xxii}

Everyone has a story to tell and each person's story will be unique. The relational experience of telling one's story and of being heard and validated fosters compassion, builds connections, expands perspectives, and generates transformative narratives. During the process of the *Recognizing Resilience* group, shared stories become the mechanism through which to build, grow, and make meaning of adolescent substance use and parenting.

In order to create space for group members' stories, the *Recognizing Resilience* group borrows from collaborative practice approaches like collaborative therapy, narrative therapy, appreciative inquiry, and motivational interviewing. Collaborative practices encompass principles and intentional efforts that elicit, honour, and co-construct the stories and experiences that people share.

Collaborative practices involve dialogue—a back and forth dynamic that allows all parties to speak, listen, hear, question, and consider. During the *Recognizing Resilience* group, facilitators, parents and caregivers join together in the development of dialogical exchanges that nurture the inclusion of multiple viewpoints—including those that might be opposing or contrasting. Through conversation we “create what we desire and what we believe the future can be” (Anderson, 2009, p.33).^{xxiii}

In addition to dialogue, the group process supports relational experiences of belonging and connection. Group members collectively establish safety and create an environment of openness in order to explore their experiences of adolescent substance use. Together group members and facilitators foster an atmosphere of acceptance, compassion, and empathy, which in turn often inspires possibility, meaning-making and additional ways of understanding adolescent substance use. Researcher and writer, McCune (2014) highlighted in her study of the *Recognizing Resilience* group process that parent participants recalled how they felt during the group experience even more significantly than what they talked about. How they felt (for example, understood, accepted, important) translated into new realizations that sparked additional ways of experiencing, perceiving, and understanding substance use.

In order to create the conditions for dialogue, relational processes, and transformative narratives, several key collaborative practice principles guide the *Recognizing Resilience* approach.^{xxiv}

“By fostering collaborative practices, parents may emerge as makers of parenting conventions as opposed to consumers of parenting conventions.”

(S. Bava, 2014)

“The first act of power people can take in managing their own lives is ‘speaking their world’, naming their experiences in their own words under conditions where their stories are listened to and respected by others”

(Labonte & Feather, 1999)



Collaborative Practice Principles

| Concept | Assumption/Explanation | Applications to the Recognizing Resilience Group |
|--------------------|--|--|
| Expertise | <p>People accessing services are viewed as experts on their lives. This expertise pertains not only to their knowledge of personal challenges, but also to the mode, depth, and content of therapeutic programming that they desire^{xxv}. Practitioners take partnered stances without the assumption of holding the “truth” or best solution or answer.</p> | <p>The top down position of expert shifts so that parents and caregivers are recognized and included as key contributors in the generation of knowledge. Group facilitators position themselves as respectful learners honouring the parent’s definition of the problem^{xxvi}, resources, solutions, visions, hopes, and outcomes.</p> <p>Group facilitators encourage descriptions of capacity, competency and resilience, and take the parents’ experiences and stories seriously.</p> <p>Group facilitators intentionally elicit feedback in order to ensure that parents and caregivers are receiving support that fits their needs and preferences as caregivers.</p> |
| Not Knowing | <p>As described by Anderson (2009), the concept of not-knowing speaks to the idea that the practitioner can never claim to completely understand another person’s experiences and perspective. Further, the practitioner acknowledges the interpretive nature of knowledge and therefore remains humble about what they know and have come to understand. Not-knowing does not mean that professional knowledge is... withheld or discounted, or that the helper remains passive and uninvolved; it means that knowledge and information are provided with respect, tentativeness, and openness.</p> | <p>As described by Anderson (2009), the concept of not-knowing speaks to the idea that the practitioner can never claim to completely understand another person’s experiences and perspective. Further, the practitioner acknowledges the interpretive nature of knowledge and therefore remains humble about what they know and have come to understand. predetermining or imparting an agenda, space is provided for the agenda to emerge from the group dialogue and dynamics.</p> <p>Facilitators offer professional knowledge as an invitation to consider, and only after eliciting insider. or local³ knowledge of the group.</p> <p>Facilitators do not assume to have answers and solutions, nor do they frame the dialogue with the intention of reaching a predetermined conclusion.</p> <p>Notions of change and healing emerge from the group and are experienced individually and uniquely by each group participant.</p> |



Collaborative Practice Principles

| Concept | Assumption/Explanation | Applications to the Recognizing Resilience Group |
|-------------------------------------|---|--|
| <p>Mutual Inquiry</p> | <p>Mutual inquiry is a process through which the person accessing service and the practitioner look at and become curious about what narratives have informed and framed experiences. By asking questions and eliciting descriptions, the practitioner sparks a back and forth dialogue that includes questions, prompts, and reflections. An atmosphere of curiosity and inquiry invites belonging and ownership over the process of dialogue and what develops out of the dialogue.</p> | <p>Group facilitators provide opportunities for parents to tell their stories, perspectives, and ideas about adolescent substance use.</p> <p>Facilitators pose curious questions and allow the group conversation to hover over individual and group narratives, paying attention, sparking intrigue, and inviting exploration. Facilitators talk with, not at, group members, and strive to create and maintain an atmosphere of partnership.</p> |
| <p>Appreciative Language</p> | <p>Questions create worlds, meaning that during group conversation, what practitioners focus on and how they frame responses will influence the direction and interpretations of what dialogue is generated. Appreciative language and appreciative questions are used to draw out descriptions of vision, possibility, and hope while moving away from problem-focused narratives. The intention is to emphasize what is working and determine how to do more of what is working.</p> | <p>Group facilitators allow their attention to focus on what is working well and elicit descriptions of visions and hopes.</p> <p>Facilitators are aware of how their language influences the present reality of the group. Facilitators evoke dialogue that supports group members to describe parental expertise and knowledge. Parents' narratives are accepted without judgment.</p> <p>Facilitators develop questions and reflections that highlight capacity and competence, rather than problem or deficit. Facilitators assume that there is always something that is 'working'.</p> |

³Local knowledge is similar to insider knowledge and refers to the expertise, values, and truths created within a community of people who have direct experience and understanding.



Collaborative Practice Principles

| Concept | Assumption/Explanation | Applications to the Recognizing Resilience Group |
|----------------------------------|---|---|
| Practitioner Way of Being | Collaborative practices involve a practitioner attitude and relational stance that embodies curiosity, compassion, empathy, openness, genuineness, and warmth and a willingness to partner and hear the voice of the other. Collaborative practices are not solely based on technical interventions; rather, practitioners place primary importance on how they are and who they are with people. Relationship is the context for what specific techniques, methods, or approaches are offered. | <p>Based upon the expressed need of the parent and/or caregiver, group facilitators engage as guides, learners, and teachers when involved in dialogical activities. Facilitators are open and receptive to hearing parents and caregivers.</p> <p>Facilitators place primary importance on relational being, which involves an attention to connection amongst all the group members and within all of the group interactions. Group facilitators communicate to parents and caregivers that they are worth listening to by creating a warm atmosphere beyond traditional expectations of hierarchy and expertise.</p> |
| Multiplicity | Multiplicity relates to the practitioner's lens on knowledge. Knowledge is considered from multiple viewpoints and is presented tentatively rather than with a conviction of definitive truth. People, situations, and understandings are recognized as being diverse and distinct, and not presumed to be understood prior to entering into a relationship. Professional knowledge is valued, however, it does not take priority over parent/caregiver knowledge. | <p>Group facilitators remain continually curious about the parent and caregiver perspective, dominant social values, and knowledge. Facilitators explore with parents and caregivers multiple perspectives without judgment. Facilitators acknowledge that group members are unique and come from diverse cultural, social, and historical contexts. Suggestions and solutions are not presumed to be generalizable or universally applied.</p> <p>Facilitators invite all voices to contribute, and recognize each interpretation as having importance and influence over what new and emergent interpretations are generated within the group. Group facilitators do not strive to create consensus, but acknowledge diversity as a contributor to learning, meaning and perspective.</p> |

(Adapted from Anderson, 2009).^{xxvii}



Consider: Practitioner Voices

When asked about their work with parents and caregivers, a number of practitioners shared their own sense of comfort, challenge, and inspiration.

“I feel cautious when I work with parents. I feel that being a parent is a sacred journey and I am aware that the parent is the expert of their own journey. I tentatively try to understand my role in their journey and in their bond with their child.”

“My insecurity in working with parents and caregivers is that I am not a parent myself. I am aware that I get it but at the same time I don’t get it—there are parts of the relationship that I am not in tune with. I recognize that parenting is unparalleled to any other experience.”

“When I talk with parents I see the desperation and the intensity of emotion and I just have such a desire to help.”

“Parents are their kid’s best resources. They are the most influential people in their teen’s life; this makes it even more important to work with them. I always try to keep this in mind.”

“My challenge is not in working with parents and caregivers, it is with the systems that do not value the parent. When program mandates deem that parents are unfit, this message seeps out into programs and infiltrates the whole system. Parents become painted with the same brush of deficit and problem as opposed to resource and opportunity”





Collaborating with Carers: Reflective Practice

Your Experiences with Parents and Caregivers

Practitioners have varying degrees of experience and comfort when engaging parents and caregivers. Many practitioners can attest to receiving phone calls from parents desperately requesting support for their child. Perhaps such requests sound like pleas to ‘fix’ and ‘solve’, or requests to vent and process their experiences.

Embarking with parents and caregivers on the rollercoaster ride associated with adolescent substance use can be difficult. Practitioners, often alone behind a closed office door, are witness to immense distress. Regular conversation about weekly, even daily, turns of events can add to demands on already heavy caseloads. The compassionate witnessing of a parent’s pain can be overwhelming and even intimidating for the helping professional.

However, just as it may be hard, working with parents can also be immensely rewarding and inspiring. When engaged with parents and caregivers, practitioners are often privileged to observe unrelenting love, determination, perseverance, and courage. Together, practitioners and caregivers can develop rich partnerships based on trust, acceptance, and hopefulness.

For those who are uncertain about facilitating group programming for parents and caregivers, it might be helpful to initiate reflective conversations with your colleagues about:

How the family as a whole might benefit from parental engagement and involvement

It might also be helpful to initiate conversation with your leadership about:

*The challenges and opportunities of working with parents and caregivers affected by substance use
Ways to balance the demands of busy work schedules and group programming*

Sometimes asking other practitioners to share their stories and experiences can inspire and revitalize your own work. You might ask a trusted colleague to share a story in response to the following question about working with a parent or in a group:

“From your point of view, describe a story that highlights the most significant effect or change that has occurred as a result of your work with parents and caregivers”, or “From your perspective, tell me a story that illustrates the most significant change that has occurred as a result of your work facilitating groups.” ^{xxviii}



“To declare The Truth is to set language into a deep freeze, and thus reduce the realm of possibilities for new meanings to emerge.”

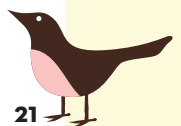
*Gergen & Gergen,
(2010)*

Substance Use Knowledge and the Role of the *Recognizing Resilience* Group Facilitator

The following section highlights:

Descriptions and discussions about assumptions and theories in relation to substance use service provision and group facilitation

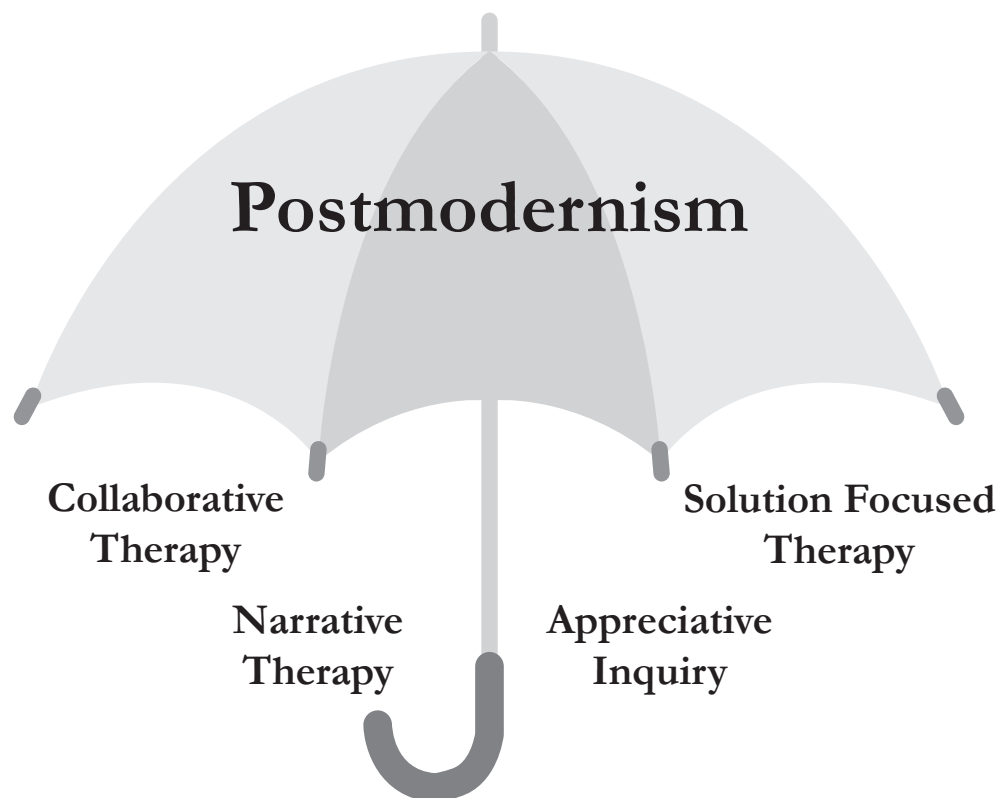
The importance of reflecting on the implications of theoretical knowledge on current practice with parents and caregivers



Substance Use Knowledge and the Role of the Recognizing Resilience Group Facilitator

In addition to the theoretical principles of a collaborative practice approach, the *Recognizing Resilience* group incorporates a postmodernist philosophical perspective. The intention of drawing from this perspective is to construct group conditions and partnerships that invite and privilege the parent and caregiver voice, and that allow for group dialogue to emerge, shape and transform. How the practitioner positions themselves as a partner within the group contributes to the parents' conversations and beliefs about capacity, capability, appreciation, and change. Such a practice of partnership lends credibility to the group voice and highlights the participants' expert knowledge.

Preparing to facilitate the *Recognizing Resilience* group often involves asking many questions. For example, if part of the intention of the group is to elicit *parental* expert knowledge, what happens to the group facilitator's expert knowledge? Further, what does the dominant substance use field consider to be expert knowledge? The *Recognizing Resilience* group process will require group facilitators to be curious about theories of knowledge and what constitutes expertise and truth in the context of a postmodern, collaborative group approach.



A postmodern perspective includes a variety of theoretical approaches for supporting people accessing helping services.



Postmodern Perspective: Parents as Partners

Postmodernism is a term that can be used to describe a broad movement in health and social services about the understanding of what has come to be viewed as objective reality and truth.^{xxix} From this perspective, what we have come to believe to be true is constructed through relational, historical, cultural, and social influences. Such influences shape our interpretations of reality and the narratives and meaning that we apply to our lives. Therefore from a postmodern lens, definitive claims of truth, facts, and universal, generalized solutions and answers are questioned with curiosity and at times critique. Approaches to helping that draw from a postmodern perspective, including *Recognizing Resilience*, focus on the relative truths of individuals, processes of meaning-making, and the fluid and dynamic nature of understanding.

A postmodern lens often invites the practitioner to be curious about the traditionally top-down^{xxx} nature of knowledge and how people perceive power. Caregivers typically access formal expert-based individual or group programming in pursuit of answers, directives, and solutions to address their teen's substance use. The idea of the practitioner or group facilitator as having expert knowledge has been created and sustained by broad social values, assumptions, and attitudes of professional disciplines. Viewing the practitioner as "expert" creates the perception of power and hierarchy, and situates them in a perceived position of knowing facts and holding answers. Such a dynamic has been found to contribute to what some parents have reported as feelings of powerlessness and perceived judgment about, for example, good parenting/bad parenting and right parenting responses/wrong parenting responses.^{xxxi}

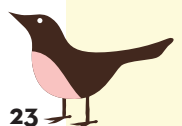
Parents and caregivers have much to say, yet all too often few opportunities are provided for them to be heard. Barriers to communication can be constructed and sustained because of hierarchical power dynamics and the resulting feelings of stigma, shame, and blame. Through the *Recognizing Resilience* group, facilitators have the opportunity to reduce such barriers and deconstruct power differentials by entering into relationships that encourage caregivers to share their stories and perspectives about their adolescent's substance use. Facilitators can acknowledge and question societal expectations of professional authority by honouring parents' own ideas about potential support options, theories of change, and ideal outcomes.

“*‘What should I do’ is a question that parents often ask me. Each time I hear it I find that I am faced with anxiety of not knowing the answer! I usually have some ideas to offer but I am uncomfortable with suggesting that I have the answer to a very complex and individual situation. I try to support parents to believe in their own expertise and to create answers that are relevant to their situation, their beliefs and values, and to their unique families.*”

Youth and Family Substance Use Counselor

⁴What is Compassion? Miller and Rollnick (2013) suggested that “to be compassionate is to actively promote the other’s welfare, to give priority to the other’s needs” (p. 20).

⁵See For Further Information page 82 for reading suggestions about postmodern philosophy and assumptions



Consider: Power Dynamics

As you prepare for and actively facilitate the *Recognizing Resilience* group, it is important to consider power dynamics within the group process, and within helping relationships in general. When you as a facilitator engage as conversational partner with caregivers, you co-construct a relational process that opens up avenues of compassion⁴, possibility, and meaning-making. From this partnered position, the 'answer' is developed through a mutual collaboration. Together, you join with parents in an interactive conversation that allows knowledge and understanding to emerge. When such a relational process is established, all group members have the opportunity to contribute thoughts, and to mutually develop perspectives on adolescent substance use.^{xxxii} This type of exchange can create additional interpretations through which to experience and consider adolescent substance use⁵.

The impacts of conversational partnership :

- Shifts traditional ways of understanding the helping professional in relation to the parent
- Shifts the expectations parents and facilitators have of each other
- Supports the parent and facilitator to trust their knowledge and wisdom
- Creates a climate of compassion and recognition
- Reduces isolation and stigma
- Enhances parent understanding of capacity and ability.



Collaborating with Carers: Reflective Practice



Answers and Solutions

As you prepare to facilitate Recognizing Resilience, consider the following questions. Once you have begun the group process, revisit these questions with curiosity about how they relate to your active involvement as a group facilitator.

What expectations have you encountered from caregivers about your role in providing answers and solutions to people accessing services? What happens for you if you do not know the answer or don't feel comfortable providing directives or solutions?

Think about your work with youth, families and parents. What beliefs do you hold about your position and the provision of advice, solutions and answers? How might your beliefs influence the experience of parents and caregivers accessing group support?

How will you/do you work with group members to evoke their insider knowledge or wisdom that allows them to create their own solutions and answers?

In your work, are there situations that do not require specific answers and/or solutions (for example, in the case of a parent experiencing grief)? In the absence of answers and solutions, what can you do?



Collaborating with Carers: Reflective Practice



Assumptions

All people make assumptions. Assumptions are based upon theories and knowledge we take for granted as being true. However, what we understand to be knowledgeable is influenced by historical, social, and cultural contexts. What one person holds to be true may not be the truth for another.

Our assumptions contribute to how we view and respond to others. If, for example, we assume pathology is present, we will most likely see pathology. If we assume that a problem or deficit is present, we will look for a problem or deficit. If we assume that capacity and possibility exist, we will work with others to foster capacity and possibility. As Marriage and Family Therapist Charley Lang said, "What we are looking for we tend to find. I am looking for resourcefulness... I assume hope."

The assumptions that group facilitators carry will directly influence the type of support they provide to caregivers. Although it can be difficult to completely suppress assumptions and remain objectively neutral, facilitators can strive to be aware. Acknowledging assumptions will allow both the facilitator and the caregiver to assess whether a service is appropriate, and to recognize when assumptions might get in the way of being able to truly listen to and hear the voice of the other.

Read the following scenario:

Mary is a 50 year old single mother of 16 year old David. After being expelled for fighting and suspected drug dealing, David is taking grade 8 and 9 classes at a community alternate school. David has stopped coming home most evenings and says that he loves his mom but wants to be independent and to come and go as he pleases. David has a close group of friends that he identifies with, however, he acknowledges that his use of cocaine has increased because of his friend's involvement with cocaine. Mary wants David to live in the home but she wants him to abide by a curfew and other rules such as going to school and helping around the house. Mary has suggested to David that if he doesn't follow her rules she will no longer allow him to live at home. David says he does not want to be kicked out so he agrees to follow the rules. After a week, David continues to come and go as he pleases. Mary is uncertain about what to do next as she really does not want him to have to leave. Mary has joined the *Recognizing Resilience* group in order to talk about her situation with her son.

Consider your responses to the following questions:

Off the top of your head, what immediately comes to your mind about this scenario? What thoughts do you have about Mary about David? What are your beliefs about her capacity as a parent?



What are your thoughts about what should happen in regards to David's service options? What do you believe Mary needs as a parent?

After you reflect on your answers, consider any assumptions regarding family structure, class, history, etc., that you might hold about a parent who is actively caring for a teen involved with substances.

Theories of Substance Use and Dependence

As *Recognizing Resilience* is a group specifically for parents and caregivers influenced by adolescent substance use, participants often discuss their own thoughts and ideas about substance use knowledge and theory. Parents and caregivers may be at risk of experiencing stigma, shame, blame, guilt, and further isolation when a *Recognizing Resilience* group facilitator's theoretical allegiances and values conflict with their own beliefs.

Parents and caregivers receive diverse, and sometimes contradictory messages from systems, professionals, community members, and other service providers as well as informal family and/or peer contexts. Depending on which systems are entered, parents may discover that different practitioners are attached to conflicting theoretical perspectives. For example, the justice system and many school systems draw understanding from morally based theories of substance use, while medical systems draw upon disease or medical theories (see Table 2.1). Such differences can contribute to increased confusion and can influence parents' confidence and sense of their capacity. Although theory contributes to insight and perspective, it can also limit alternative viewpoints, stories, beliefs, and considerations, potentially discouraging parents and caregivers from imparting their own meanings and explanations.^{xxxiii}

Questions about why people become involved with alcohol or other drugs, and what can be done to prevent, and/or address substance use and dependence, have been the source of much academic and professional debate. Many theories have been constructed in order to inform substance use field. Some theories are more predominant than others but most have clear descriptions of causation and outcome. Despite the wealth of theory about substance use, we have yet to achieve consensus that allows us to fully answer the questions of why and of what to do.^{xxxiv}

There is no universal truth about why people use substances or what can be done to prevent the present and future risk of continued use. Perspectives among individuals and groups of varying cultural and historical backgrounds can be diverse. What knowledge, truth, and traditions exist for one parent accessing the *Recognizing Resilience* group may be different for another.

The idea that there is no one 'proven' answer or solution can be difficult for practitioners, parents and caregivers. Answers often give direction and focus, offering a road map for how to navigate the distress that another person is encountering. However, sometimes the focus can become rigid and limit one's ability to perceive individuals and situations in different ways. When we allow ourselves to expand our focus, we might come to see unique possibilities and potential and appreciate the complexity of human experience beyond a single or linear understanding.

Within the *Recognizing Resilience* group, no one particular theory or model of understanding substance use is given preferential credence or priority. As a result, by looking beyond a single answer or truth, group facilitators and parents are invited to enter into a dialogue that moves beyond cause and effect. By stepping outside direct cause and effect descriptions, behavioural indicators of good/bad, right/wrong, and theoretical benchmarks of success/failure, facilitators begin to deconstruct what parents and caregivers have described as the emotional and social consequences of blame and stigma.^{xxxv} The group context promotes an atmosphere within which facilitators ask parents and caregivers about their own theories of understanding and explore what other ideas exist beyond traditional and dominant theories. Through this collaborative and compassionate partnership, facilitators and parents have the option of taking or leaving aspects that do, or do not, resonate with them, their values, and their unique beliefs.



When parents and caregivers are invited to share their own theories and values about a teen's substance use, they are provided with a platform from which to be heard, respected, and included in dialogue. Rather than trying to persuade or achieve consensus in the group narratives, facilitators join with parents and caregivers to elicit diverse perspectives and additional ways of understanding substance use behaviour and service options. Facilitators and group members engage together in dialogue that allows for reflection on many possibilities. Through such group interchange, all⁶ come to challenge, accept, or re-imagine what theories and beliefs are influencing their substance use knowledge, and perhaps generate unique and emerging descriptions.

Prior to facilitating the *Recognizing Resilience* group, and throughout the group process, facilitators will need to consider their theoretical allegiances and understandings about substance use. Ongoing reflection on beliefs regarding substance use will allow facilitators to be increasingly aware of their responses to group members and reactions to group conversation. This is important because the perspectives that group facilitators hold directly impact the dialogue generated within the group and influence which stories and narratives are given primary attention.

Consider: Substance Use Theory

Numerous theories inform diverse approaches to address adolescent substance use. Some approaches stem from theories underpinned by medical and disease discourses, socially framed biopsychosocial domains, criminalized moral beliefs, psychosocial adaptive considerations, learning theories, or religious suppositions.^{xxxvi} Theoretical descriptions include not only explanations of phenomena, but also implicit and explicit responses derived from these understandings. For example, responses related to medical discourses involve diagnosis and treatment. Responses connected to morally influenced discourses involve disciplinary measures including punishment. With this in mind, it is not surprising that our theoretically orientated responses to adolescent substance use have influence on the lived experiences of parents, caregivers, and adolescents. As described by Suzuki (as cited in Anderson 2010), “Your attitude towards your life will be different according to which understanding you have.”

⁶Just as group participants are affected and often changed by group dialogue, facilitators too are impacted. Sheila McNamee (personal communication, June 4, 2013) said that we never leave a conversation the same as when we entered it. This applies to facilitators who are a part, not separate from, the dialogical dynamic.

Dominant Substance Use Models

The following table outlines a few of the dominant theoretical models of substance use and some of the traditional service approaches aligned with these theories.

| Theory | Description | Service Approach | How does this Influence Parents |
|-----------------------------|--|---|---|
| <p>Medical Model</p> | <p>Substance dependence is placed within cognitive and biological functions of the individual using substances, and in the interaction between the substance and compromised functions of the person. The person who is dependent is said to exhibit standardized characteristics such as tolerance (reduced effect and need for increased amounts of a substance), withdrawal, compulsive pursuit of the drug, and problematic physical and/or psychological consequences.^{xxxvii} Dependence is considered to be out of a person’s control, a drug induced illness, and, in more recent understandings, a chronic brain disorder.</p> | <p>From the medical vantage point, the primary solution for substance dependence is abstinence. Individual success is attributed to adherence to prescribed programming focused on achieving abstinence.</p> | <p>The medical model has been reported to decrease stigma by attributing dependence to a biological function outside of the control of the individual. However, focusing attention on singular descriptions of cause and outcome could limit practitioners, parents, and others from considering additional influences and more multi-faceted determinants embedded within the context of environment and/or community.</p> |
| <p>Moral Model</p> | <p>The moral model of addiction highlights substance dependence as a behavioural problem resulting from a moral failing, defect of character, or weakness that prevents the individual from pursuing a socially constructed right versus wrong. Substance use and dependence is characterized as being a poor choice or a reflection of a lack of willpower.</p> | <p>In order to recognize the need for change, the person involved with substances is said to need to “hit their rock bottom” which might include contact with the criminal justice system, loss of employment, loss of loved ones, and/or loss of health.^{xxxviii} Interventions are focused on choice, behavioural modification, and abstinence. Punishment is seen as a preferred approach to spur change.</p> | <p>Due to a deficit focus, the moral model can spark stigma, shame, blame, and guilt. The moral model underscores concepts of ‘bad’ and ‘good’, perpetuating ideas and benchmarks of ‘right’ and ‘wrong.’ Parents may be influenced to pursue tough-love techniques and other punitive responses to substance use. This may contribute to difficulty separating the youth from negative consequences of substance use.</p> |

Dominant Substance Use Models

| Theory | Description | Service Approach | How does this Influence Parents |
|--|---|--|--|
| Biopsychosocial Spiritual Model | Problematic substance use is a result of complex interactions between biological, psychological, social, and spiritual influences. ^{xxxix} | Substance use exists on a continuum, with variable patterns and degrees of complexity and severity. Effective service is based on accurate assessment, and is tailored to meet individual needs. | A multifaceted lens reflects the importance of considering many aspects of a person’s life, including family. Such a lens encourages parents and caregivers to consider external contexts that might contribute to the meaning and/or function of substance involvement. |

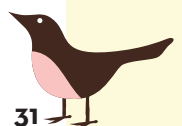
(Table 2.1)

Consider: Language

“Language does not neutrally reflect a shared reality.”

(Neimeyer, 1998).

Language is part of our ability as humans to communicate. Based on the context in which they are used and the meanings that are socially assigned, words can have a significant impact on how we perceive ourselves, each other, and our experiences. Language creates our realities.^{xi} Specifically, the meanings we assign to words such as addiction, addict, dependence, disease, harm reduction, problem, abuse, risk, junkie, tough-love, enabling, treatment, relapse, and rehabilitation can stigmatize or inform, validate or alienate, connect or disconnect, oppress or empower.^{xii} Substance use terminology is deeply embedded in theoretical orientation and values. Such orientations and values can facilitate stereotypes and moral judgments. Words often become associated with beliefs about substance use, about people involved in substance use, and about how people respond to substance use. Although we may not be able to create shared meaning and agreement about substance use, we may open space for diverse understandings, meanings, and cultural and historical traditions.^{xiii} As practitioners, we may choose to become increasingly intentional about how words bolster capacity, belief, and ability. As writer Kenneth Gergen^{xiiii} has suggested, although words on their own are “empty vessels,” when they are filled with cultural and historical context, truth claims, values, attitudes, and societal knowledge, they have significant impact. Consider how words come to life within the relationships and contexts in which they are used.





Collaborating with Carers: Reflective Practice

Your Theory in Practice

As you prepare to potentially facilitate the Recognizing Resilience group, answer the following questions. You might choose to answer them individually or with your professional team. Multiple perspectives on substance use can expand our current understanding and even create opportunity for new possibilities and directions in theory and practice. There is no one right or wrong answer, but there does exist great potential for how we engage parents and caregivers as conversational partners and resources in adolescent substance use services.

What theories inform your approach to practice with youth, parents, and families?

How might your theoretical understanding of adolescent substance use support the inclusion of parents in group dialogue?

How might your theoretical understanding of adolescent substance use challenge the inclusion of parents and caregivers in group dialogue?

If you were to write a dictionary referencing terminology or language for working with parents and caregivers affected by substance use, what words and descriptions would you want to include?

How might you work to create group dialogue with parents and caregivers in a way that invites multiple ways of viewing youth substance use?

What was it like for you to answer the above questions? What thoughts and ideas were sparked?



“Generative ideas emerge from joint thinking, from significant conversations, and from sustained, shared struggles to achieve new insights by partners in thought.”

John-Steiner
(2009)

Therapeutic Relationships and Recognizing Resilience Group Membership

The following section highlights:

The idea that partnering with caregivers can support an atmosphere of inclusion, compassion and meaning-making

Therapeutic Relationships and *Recognizing Resilience* Group Membership

Facilitating a *Recognizing Resilience* group necessitates group facilitators to demonstrate intentionality and self-reflection. Intentionality refers to ways in which facilitator's foster dialogue and nurture collaboration, the ways they enter and participate in the group, and the prompts and questions they choose to pose. Self-reflection relates to the facilitators' ability to become curious about what role they play in group, how they influence the group dynamic, how they themselves have been influenced by the group dynamic, and what knowledge they hold to be true during the group dialogue.

Intentionality also relates to what structures facilitators build with parents and caregivers in preparation for starting group together. Facilitators will spend time with parents and caregivers assessing group fit, ensuring informed consent, and organizing logistics such as meeting times and locations. These initial considerations are necessary for developing a safe, supportive, and relational group atmosphere.

Group Membership

Cohesion is an important aspect of fostering safety within the group context. Therefore, *Recognizing Resilience* is a closed group program. This means that once group members begin the six-week program, no others are invited to join in. Sometimes group participants have to miss a session unexpectedly; in this case membership is maintained.

In order to enhance the climate for dialogue, group membership is capped at 12 participants and is based on a minimum of 5. Group participants include anyone in a caregiving relationship with a teen who is actively involved with alcohol and/or other substances⁷.

Within the *Recognizing Resilience* group, commonality is a key contributor to connection, safety, and the ability to relate. Commonality of group members is fostered by the acknowledgement that everyone is addressing the issue of adolescent substance use. By hearing one another's stories, parents and caregivers are provided with an opportunity to see that they are not alone; they begin to recognize both similarities and unique aspects of the other member's experiences and feel validated and recognized. Commonality influences group members' experiences of feeling understood,^{xliv} which often provides a sense of relief and a reprieve from some of the isolating aspects of adolescent substance use.

“ We were all in the same boat, I could relate to everyone. We were going through the same stuff. ”

Father

⁷Many parents and caregivers who have previously participated in the *Recognizing Resilience* group have described a teen's experience with a co-occurring mental health challenge. Concurrent substance use and mental health can be addressed within the scope of the *Recognizing Resilience* group dialogue.

“It was amazing to see how much we all had in common. In a way it was a relief, not that you wish it on someone else, but just to be able to be open and connect with someone who knows what you are going through.”

Adoptive Mother

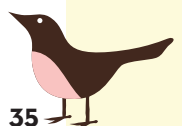
Pre-Group Relationship Building

Prior to starting the six sessions of *Recognizing Resilience*, group facilitators and individual parents or caregivers (or couple sets) come together for a one-to-one⁸ meet and greet. Within many traditional group programs this meeting is often called an “intake interview” or “pre-group interview.” However, some parents^{xlv} have noted discomfort with the language of interview and have recognized the implicit power dynamic involved in such a word. Some parents have expressed anxiousness or nervousness about whether they will be ‘selected’ for the group or ‘make the cut’. Using language such as *meet and greet* lessens the perception of a hierarchical arrangement and fosters from the outset the partnership between facilitator and parent.

When inviting parents and caregivers to attend a one-to-one meet and greet, the facilitator might explain that such an opportunity provides both the facilitator and individual parent or caregiver with a chance to meet each other before entering into the larger group. Further, this interaction provides an opportunity for parents and facilitators to ask questions and/or develop clarification to ascertain whether the group is a fit and meets the hopes and expectations of group members.

Although *Recognizing Resilience* is not a scripted group process, having a consistent way to describe the group can be helpful for both parents and facilitators. It is important to provide information that allows parents and caregivers to make informed decisions about the experience they are entering. See page 36 for one example of how the group might be described; however, the way you explain the group should be genuine and congruent with your style and personality.

⁸The term one-to-one can be interpreted as being hierarchically situated. As suggested by Jane Collins, therefore some practitioners might find the term one-with-one to be more collaboratively orientated



Recognizing Resilience

Example of Informed Consent

Recognizing Resilience is a **six-week group for parents/caregivers of teens who are actively involved with alcohol and/or other drugs**. The group is a **collaborative group** which means that the agenda and discussion is formed in response to the unique needs and hopes of each parent group member. As facilitators, we do not come in with a pre-set agenda but **help to generate conversation based on the ideas and interests of the group**. **The group typically runs from 1 ½ to 2 hours** depending on how much conversation is happening during any given session. If you are planning for child care or care for your teen, we suggest planning for 2 hours. During the group, parents often share their personal experiences about adolescent substance use, and we ask that **all group members commit to ensuring the privacy and confidentiality** of each group member and each group member's story. We will ask each group member to do the same for you. **Should a group member talk about topics such as suicide, abuse and/or neglect, then I and/or the co-facilitator will have a conversation with that parent and will follow up on developing supports to address safety concerns⁹.**

When initially meeting parents and caregivers, the facilitators set the tone of collaboration right away. Facilitators ask questions and demonstrate their willingness to co-construct the group program. This requires facilitators to pose questions that enhance understanding of why the group option might be a fit and how parent and facilitator might work together to create such a fit. Here are some possible questions to ask potential group members:

- What are your hopes for participating in a group with other parents and caregivers?
- What would you like us to know about how you would like the group to be structured?
- Have you been in a group before? If so, what did you appreciate about the experience? If not, what do you imagine it will be like for you to become a part of this group?
- What potential obstacles might come in the way of you participating in the group?
- What supports will allow you to participate in the group?
- What questions do you have about the group logistics (time, place, duration, number of participants)?
- What other questions do you have at this time?



During preliminary meeting and greet sessions with parents and caregivers, the facilitator *may of being* expresses a willingness to listen. Therefore, some parents and caregivers might quickly become eager or ready to tell their stories or expect that this is the time to do so. If at all possible, initial story telling should be reserved or redirected for the larger group member audience. This promotes the idea that parents and caregivers can become sources of support and partnership for one another. Within the group process, parent and caregiver stories are not intended only for the facilitator, just as knowledge and understanding are not imparted exclusively by the facilitator.

When parents disclose their experiences in the group setting it helps other group members to relate to one another, igniting a sense of commonality and cohesion while also validating the importance of each person's participation. Should a parent or caregiver begin to tell their story during the meet and greet session, facilitators might choose to respectfully ask parents if they would be willing to share their stories with the other group members. For example, *“Is this something you would be willing to talk about with the other group members?”* or *“What might it be like for you to talk about this with the other caregivers?”*

“ We were
all there for
our kids.”

Father

⁹Review your agencies policies and procedures regarding informed consent. Be explicit with group members about what events will take place in light of disclosures regarding risk to self and others, and incidences of neglect and/or abuse.



Assessing Group Fit

Prior to participating in a group setting, it is important for parents, caregivers and practitioners to discuss group fit. Whoever participates in the *Recognizing Resilience* group will influence what the group talks about, how the group is experienced by group members, and what the group becomes.

In order to nurture connection, group membership is considered intentionally. Caregivers have noted the importance of needing to relate to other members of the group. This means that in order to identify with one another, all those who participate in the group should be actively caring for a teen who is involved in a relationship with alcohol and/or other drugs.

Although commonality amongst the group members is important, diversity is to be expected. Parents have expressed that diversity enriches group experience.^{xlvi} Stories of hopefulness, offers of support, and exchanges of advice and perspective can be inspired by the diversity of the people involved in the group dialogue. Parents do not need to be talking about similar drugs, behaviours, or ages of teens for the dialogue to be meaningful.

Another important consideration regarding group fit is parent *readiness*. Parents and caregivers have indicated that they often get to a point where they want support for themselves.[¶] As a result, they may decide to become involved in a group experience. When parents and caregivers are ready to engage in a group, they are likely to be more invested in the process of sharing, support, and exchange. They are willing to be vulnerable, to provide reassurance to others, and to be as present as possible.

Many people will be apprehensive about joining a group process. If a parent has any significant reservation about being able to participate with other caregivers, is uncertain about whether or not they want to do so, or is feeling pressured and is not voluntarily committing to the process, the parent and facilitator might explore other available resources on the menu of support options, such as one with one counselling.

“Everyone was open to participate, whether that was through sharing, listening, and/or supporting. Everybody who came was wanting to be there and ready to be in that situation.”

Mother

Consider: Safety

Ability is an important factor to consider when talking with a parent or caregiver about being a part of a group process. Participation may be compromised if a caregiver is actively considering suicide or experiencing emotional turmoil that impairs their ability to be emotionally or physically safe or present in the group. Therefore, prior to starting the group, it is important for parents and facilitators to talk about whether parents have access to extra-therapeutic¹⁰ resources so that whatever emerges from the group dialogue will not harm their ability to function. If not, alternative arrangements such as individual counseling or crisis support services should be made. Remember the health and safety of a parent or caregiver directly influences the health and safety of their children.

¹⁰Resources outside of the therapeutic interaction occurring in the parent or caregiver's social and/or environmental context.



Collaborating with Carers: Reflective Practice



Assessing Group Fit

As you prepare for meet and greet sessions, consider:

In your professional experience, what might indicate that a potential group member may not be ready or may not benefit from the group experience?

How might such indicators be addressed so that the parent or caregiver does still receive formal support?



Meeting Space: Location and Scheduling

When planning for the *Recognizing Resilience* group, group facilitators will have to consider the physical ambience of the group space. A comfortable, non-threatening, trauma-informed¹¹ space is important. If the agency hosting the Recognizing Resilience group does not have an appropriate space, additional options might be explored with another agency or community venue.

System responsive to parents and caregivers can be addressed by the facilitator's consideration of where the group is hosted. Facilitators should choose a location that is near to public transit, and/or is in close proximity to a community hub. Such foresight will increase accessibility for the group members. In addition, the time the group is held is also an important consideration. Many parents have busy work schedules and may find it difficult to attend a parent/caregiver group during daytime hours. Facilitators might address this potential barrier by hosting evening group sessions. Such considerations will implicitly influence and support an atmosphere of collaboration and partnership by acknowledging the parent schedule as well as the facilitator's schedule.

In terms of physical space, it is important to provide parents and caregivers with a venue that is large enough to accommodate group members and facilitators. A comfortable space will influence group member's sense of safety and connection. Facilitators can consider choosing a space with a big table and chairs or comfortable couches. If using a table, place snacks and water in the centre, creating an atmosphere akin to sitting around the kitchen table. Coffee and tea can be prepared and ready for when group members arrive. The ambience created by simple logistical considerations can make a significant contribution to the overall tone, sense of commonality, and intimacy experienced during the group.

“*It was the simple things that made a difference.*”
Mother

¹¹For more information on Trauma-Informed Practices see the BC Trauma-Informed Practices Guide at <http://www.bccewh.bc.ca/publications-resources/default.htm>



Consider: Trauma Informed Practice

Trauma Informed Practice (TIP) is a way of working that incorporates an understanding of the prevalence and impact of trauma in people's lives. According to the BC Trauma Informed Practice Guide (2013), this means that as practitioners we intentionally consider safety, trust, choice, collaboration, and empowerment within physical spaces, relationships, and system practices. TIP includes four principles that are important to consider when developing and facilitating a trauma informed group approach.

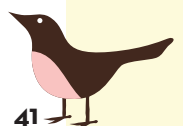
Trauma Awareness: Facilitators are aware of the commonness of trauma experiences, the impact trauma has on individual's lives, and the range of adaptations people make to cope.

Emphasis on Safety and Trustworthiness: Facilitators acknowledge the importance of creating both physical and emotional safety. Facilitators are aware of the impact of power in helping relationships.

Opportunity for Choice, Collaboration and Connection: Facilitators maintain a focus on nurturing a group atmosphere that inspires efficacy, self-determination, dignity, and personal control.

Strengths-Based and Skill Building: Facilitators intentionally acknowledge the strengths, resilience, and skills of group participants. In addition, facilitators pay attention to developing their own skills, knowledge, and cultural competence.

Consider how you will, or currently do, incorporate TIP principles in your work as a group facilitator.





Facilitating the *Recognizing Resilience* Group

The following section highlights:

How group programming can be used to generate transformative dialogue with parents of teens affected by adolescent substance use.

A description of facilitation processes, skills, and considerations for facilitating *Recognizing Resilience*.

“When a community of people discovers that they share a concern, change begins.”

M. Wheatley (2002)



Facilitating the *Recognizing Resilience* Group

Once group facilitators have met individually with each group member and have arranged the time and venue, the *Recognizing Resilience* group is ready to start! Beyond these preparatory considerations, the structure of the group process emerges from the conditions and dynamics that are created within the initial group sessions.

Throughout the *Recognizing Resilience* group process, the facilitator's way of being and the relational connections amongst group members are the key factors that contribute to group cohesion, safety, and transformation. The relationship among the group members and facilitators is foundational to the group's success. Therefore, it is important for the group facilitator to begin fostering relationships from the beginning of the group process.

Consider: Facilitators as Hosts and Guests

Harlene Anderson (2007) explains that collaborative practitioners are both hosts and guests within the lives of people accessing services.

Within a collaborative group process such as *Recognizing Resilience*, the facilitator meets the parent or caregiver as a host while also acting as a guest in the lives of the group members.

Hosting requires that the facilitator introduce parents to one another, while respecting parent's autonomy in sharing what they feel others need to understand when they feel comfortable to do so. Being both a host and a guest involves wearing several hats that include listening, sharing, witnessing, and advising.

As a host and guest the facilitator is mindful of manners, not interrupting, and demonstrating appreciation for each individual group member's contribution to the process.

As a host the facilitator creates an ambiance and tone supported by a relaxed seating environment, snacks, tea and coffee, and other basic comforts.

Session One: Creating Cohesion

Coming into a group with unfamiliar people, an unfamiliar environment and an unfamiliar process, can be intimidating or anxiety-provoking for parents and caregivers.

In order to ease some of the initial discomfort, the facilitator might:

- Acknowledge traditional territory of local First Nations
- Express appreciation, thanking the parents and caregivers for coming to the group
- Provide a brief description of the group
- Clarify that the group agenda has yet to be formed and explain that it will develop from the expressed interests and needs of the group members.
- Provide a quick intro about where the washrooms are located and point out where group members can help themselves to coffee, tea, and snacks, if provided.
- Offer the resource *Recognizing Resilience: A Workbook for Parents and Caregivers of Teens Using Substances*. Emphasizing that it is an optional resource for parents and caregivers to read.

As previously mentioned, safety is an important aspect of relationship building and group process. Group members will be more inclined to engage in dialogue if they feel that what they say will be attended to by the group in a particular way. Although safety tends to develop and build as the relationship and the cohesion grow, it is important for the group to discuss safety from the outset. The facilitators might ask the group generally, *“What do you need from this group that will allow you to participate in a way that feels safe?”*; *“What agreements would you like to make as a group that will contribute to your sense of safety?”*

“*The first night everybody said rollercoaster, and it is just exactly what it feels like, up and down, up and down.*”
Mother

Consider: Group Agreements

An example of guiding group agreements.

- We acknowledge one another as equals
- We try to stay curious about each other
- We recognize that we need each other’s help to become better listeners
- We slow down so we have time to think and reflect
- We remember that conversation is a natural way that humans connect and create with each other
- We expect that it might get messy at times
- We give space and acceptance to be authentic

Adapted from: Wheatley, M. (2002). *Turning to one another: Simple conversations to restore hope to the future*. San Francisco, California: Berrett- Koehler.



Once the group has come to consensus about group agreements, the facilitator can continue opening dialogue by providing conversational prompts. One prompt might include a sentence stem such as:

“Parenting a teen is...”

“Parenting a teen involved with substances is...?”

Group members can be provided with an opportunity to answer the first sentence stem and then the second. During this process facilitators can enhance group member’s sense of commonality by reflecting (paraphrasing) and summarizing similarities.

Depending on the comfort of the group, facilitators might start with a sentence stem or jump in by offering an open invitation to dialogue. If the group started with a sentence stem and has been supported to respond, facilitators might now pose an open question that will allow the group members to introduce themselves a little more fully. An open and invitational question will provide parents and caregivers with an opportunity to take their responses in whatever direction they initially need or want. For example:

- *“What would you like the other group members to know about what brought you here tonight?”*
- *“What are you hoping to create as a result of being a part of this group?”*
- *“What are your greatest hopes for yourself in participating in this group?”*
- *“What draws you to this group experience?”*

Once each group member has responded, facilitators can again note themes, similarities, and connections among the group members. For example, *“I have heard many of you talk about the ups and downs of parenting a teen involved with substances. Some of you mention that this has been a long ride and others are describing this as a new experience. Everyone is here for their teen and looking for ways to navigate this roller coaster.”* By offering such thematic reflections, the facilitator intentionally fosters group connection.

“*Right away you get to share who you are and why you are there, this is important because you get a quick overview of each other right away. . .you realize that this is serious, we are all here for the same reason, we have serious issues in life and we need to listen and pay attention to each other.*”

Grandparent



Emergent Agenda: Mutual Agenda Setting

Within the *Recognizing Resilience* group approach, facilitators draw conversational topics from group members. The agenda is emergent, meaning that it is created as a result of dialogue exchanged and generated amongst the parents and caregivers. In order to generate the agenda, curious prompts can be posed to elicit what the group would like to talk about. For example:

- “*As a group, what is important for you to discuss while we are together?*”
- “*What would you like to talk about tonight*” or “*What would you like to talk about over the next 6 weeks?*”
- “*What is our intention here, the deeper purpose that is worth your effort?*”^{xlvi}
- “*As you develop your interests as a group, how do you see my role?*”

There are a number of benefits in allowing an agenda to emerge:

- Not having a predetermined agenda allows group members to be responsive to their present needs.
- Allowing conversation to unfold provides room for group members to speak to aspects of their story that are most pressing.
- Regardless of what the other parents or caregivers in the group are going through and speaking to, there is value for all members to witness or support each other.

Recognizing that parents and caregivers come with stories to tell, group facilitators support the group dialogue and participant narratives so that they can organically unfold. The assumption is that group members know themselves best and will talk about what they need to talk about.^{xlvi}

“*Each week was different for all of us and so getting that out there and really enjoying somebody else’s good week or good period was equally as good as supporting them when they had a bad week. You never really knew where it was going to lead. . .there was always something that you could be there for and try to put your two bits in and help, even just to listen and find out something for yourself. There was no mandate, no need to get somewhere, it freed it up so people could get things off their mind, off their chest, and just float.*”

Mother



Dialogue is dynamic and energetic! As it begins to grow, group members will begin to build ideas from what others are saying. Eventually there will be a unique collection of conversational topics composed by the group. Facilitators can aid in this generative process by providing simple reflections and paraphrases, asking clarifying questions, summarizing the shared group story, and pulling out themes, commonalities and strengths. For more information about this generative process, see *Consider: The Story Ball* as show on the following page.

Most likely the initial group interests will evolve as the weeks of the *Recognizing Resilience* group progress. This will therefore require facilitators to not over-plan future sessions. An emergent agenda is fluid, shifting and changing as the narratives grow from session to session. Facilitators can acknowledge the group's interest throughout the coming weeks and at the same time be willing to start each week with openness to where the group members would like the conversation to go. When group members do have requests for specific information and/or ask the facilitator for information, it is important for the facilitator to be mindful of the expertise of the group while recognizing their own personal and professional assumptions and beliefs. Beginning by drawing out group knowledge and then following by imparting professional interpretations and perspectives will maintain a tone of partnership and collaboration. In order to broaden conversation and provoke thought about particular topics and requests for information, facilitators can:

- Support parents and caregivers to express their own knowledge, ideas, meanings, and experiences
- Elicit group knowledge prior to providing knowledge
- Ask for permission to provide information
- Provide ideas and knowledge that relate to what the group is talking about
- Prompt new perspectives in addition to what parents and caregivers are discussing
- Respond with humility to group requests for ideas, insight, and/or advice

“ I was surprised when I got to the group and it wasn't more formal and structured. I didn't know what to expect. I thought we were going to a class and we were going to cover topics and someone was going to give me a million dollar answer to fix it. In hindsight I realize it couldn't have worked like that for me. ”

Father



Consider: The Story Ball

A Facillitator's Experience

This week I had the privilege to be curious about the story balls presented and created in two unique group dialogues. With much anticipation and excitement I facilitated the initial session of two separate cohorts of the *Recognizing Resilience* parent group. I started both groups by inviting participants to share what they felt others needed to know. With few additional prompts the group dialogue ensued. Both groupings of parent became immersed in rich descriptions of their experience parenting a teen involved in substance use. I heard stories of fear, loss, sadness, and frustration. Glimmers of hope and perseverance subtly emerged alongside the heartache and anger that most of the parents identified. As each parent told his/her story, the others in the room witnessed, reassured, and wondered. I found myself quite struck by the intimacy of the conversation and by how quickly parents moved into positions of support and compassion for each other. "If I could come around the table and hug you right now I would," said one parent; "Follow your gut instinct, you are a good mom," said another. Gestures of interest, care, and kindness were generously offered amongst the parents in the room.

I had to be quite intentional during these two evenings of initial group discussion. As a facilitator looking at and exploring the metaphorical story ball growing in the room I was mindful of trying to not catch the pass of the bouncing ball, nor position the ball to be focused on what I felt it should be showing. To be truthful, at times I felt this effort to be difficult. At times I wanted to provide what I thought might be an 'answer' or a potential 'solution.' Despite being so aware of the dominant expert position, I noticed a deeply engrained reflex to provide answers. As a result, I had to practice my ability to gaze at what was being said, to invite curiosity by exploring questions and meanings, and to highlight process rather than pulling in particular directions. By batting the ball back and forth, holding on together, taking time, and really intently paying attention, I felt that both sessions generated a lively atmosphere of inquiry, acceptance, and openness.

At the end of the first session one parent closed by suggesting that she looked forward to telling the others more about her story. In the second of the two groups, one of the participants shared that initially he actually did not want to come to the group at all, but said that now that he'd had an opportunity to talk he felt better and was looking forward to seeing everyone again next week. When I heard these two pieces of feedback what stood out for me was that these statements were directed not to me as a professional, but to the other parents in the room. I blended in to the dynamic, not taking the attention, not leading the way, or driving to the destination, but as a facilitator of conversation that was inspired by the story ball of the group.



Pausing the Dialogue: Wrapping up the Group Session

Group facilitator nightmare—either no one shows, or people show but no one talks! The good news is that when people come together in commonality and are given an invitation to speak, quite often the room comes alive with rich interaction. In fact, facilitators might find themselves faced with a challenge to end a lively group session—at times struggling with a tension of needing to be respectfully mindful of time and also of group members' needs to be heard.

The wonderful thing about conversation is that it doesn't 'end'. People will ultimately leave the initial group, and ongoing group sessions, but will continue to think about what was discussed, reshape, consider, make meaning and ponder. The conversation will continue to form and evolve beyond the initial point of exchange. Instead of thinking about closing the conversation each session, facilitators might think about pausing^{six} the group interaction and starting off the following week from where the conversation has grown.

When the clock nears the pre-determined end time—typically sessions run from 90 minutes to 2 hours, the group members can be provided with a gentle reminder that the session end is near. Facilitators can invite group members to share any additional thoughts or ideas they would like to voice before the conversation pauses for a week. Group members can also be invited to reflect on what stood out for them during the group session and what they would like to explore the following week. Once this closing reflection is complete, facilitators might then thank the group members for coming to the group and ask if there is any feedback about how the group session was or about what might make the following week more of a fit. If using a Feedback Informed Treatment (FIT) approach, facilitators might designate 5 minutes at the beginning of the group session to complete an Outcome Rating Scale and 5 minutes at the end to complete a Group Session Rating Scale, being sure to follow up individually with group members who score below the clinical cutoff point. For more information about FIT see section for further information.

Session Two to Six: Transformative Dialogue

For the following two to six weeks, group facilitators, parents and caregivers will continue to engage in an emergent, conversational process. Although much of the dialogue will grow organically from the needs and thoughts that participants bring, some structure can be helpful in order to ensure that each parent voice is heard.

Starting the group dialogue each week with a check-in process invites parents and caregivers to share what they would like others to know about their week while also allowing members to become present and engaged. Check-in processes also support the development of group cohesion, empathy, and inclusion. Depending on what parents share, a check-in can take time. Once each group member has shared, facilitators may note themes, point out similarities, highlight capacity, acknowledge significant feelings, provide a brief summary, and/or ask curious questions, such as “*What was it like for you to listen to the check-ins tonight?*” “*What was it like for you to talk about how your week has been?*” “*What is forming here underneath as a result of the different experiences being expressed?*” “*What is emerging for you?*” Such questions facilitate important group dynamics and processes (see Table 4.2). Following group check-in, facilitators open space to explore how the group would like to use the remaining time—for example, “*What would you like to talk about during our time together (tonight, this afternoon, this morning)?*” On the flipside, each group session can be paused with a brief check-out (see the above section Pausing the Dialogue: Wrapping up the Group Session).

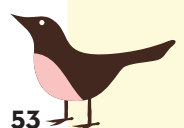


Most group participants will quickly become comfortable in the group process and develop strong feelings of empathy and care for one another. As the group progresses, several group dynamics and processes will begin to form. These dynamics are important contributors to the continued development of conversation and to the meaning that parents and caregivers begin to construct about themselves, their situation, and the broader topic of adolescent substance use. These dynamics and processes include:

Dynamics & Processes

| Shift | Dynamics | Process |
|---|---|---|
| <p>A Movement From Isolation to Connection</p> | <p>Once group members have an opportunity to hear the stories of the other parents and caregivers, they often begin to recognize that they are not alone but are connected to others.</p> <p>Feelings of connection inspire empathy, care, and concern for the other. Parents and caregivers begin to feel that their stories matter to others.</p> <p>Group members develop an altruistic desire to support and help one another. Supporting and helping others ignites confidence and an opportunity to feel good about one's self and ability.</p> | <p><i>"Until you have walked in those shoes you can't empathize a hundred percent. It is really devastating when it is your child because you just see them, they are just starting out and your heart is ripped out, and as soon as you see those other parents you know darn well how they are feeling."</i></p> <p><i>"It just seemed like we were all there to assure everybody else that you are not the only one going through what you are going through. I was there to offer support to anyone else who was there."</i></p> |
| <p>An Acceptance of the Parent Voice: Inclusion and Importance</p> | <p>As dialogue unfolds and connection builds, parents and caregivers begin to receive the other group members, their stories, and their involvement in the group in a way that is affirming, non-judgmental, appreciative, inclusive, and free of any attempt to argue or change the other.</p> <p>Parents and caregivers demonstrate an acceptance of where the other is 'at,' supporting them through ups and downs, and remaining open to whatever another group member decides to contribute to the conversation.</p> <p>By being able to share without defensiveness, and/or judgment, parents begin to hear their own voices and as a result attribute more value to the importance of what they have to say.</p> | <p><i>"I felt that everyone had equal opportunity. When someone wasn't ready we would come back to them, never forget them. When they wanted to go first, that was fine. When someone wanted to talk more because their situation was more difficult, they were given that with no hesitation or attitude from others."</i></p> <p><i>"What stood out was the ability to be free to talk about what was going on, what was uncomfortable, and to speak to the fears and concerns, to talk about the petty things and how I ache. I was able to let down my guard, telling all sides of the story, admitting things and thinking 'dare I say this' and people admitting they feel the same things. You realize that it is an environment that is non-judgmental and it is a good place to be. There was no sense of right or wrong,"</i></p> |

Table 4.2 From McCune (2014)



Sparking Curiosity: Words Create Worlds

During the group process, facilitators play an important role supporting group members to foster additional perspectives and meaning-making. As previously mentioned, by demonstrating a collaborative practice stance and posing curious questions, facilitators can support parents and caregivers to generate potentially transformative dialogue.

What we focus on influences what we learn, how we grow, how we develop, and what meaning we generate. During the group, parents may describe experiencing heartache, tremendous feelings of fear, guilt, blame, and anger. Through the art of constructing questions, responses, and other prompts, facilitators can support parents and caregivers to develop new narratives of what some have called the “rollercoaster” of adolescent substance use¹.

Throughout the group process it is important for facilitators to hold space for group members to share all parts of their stories about adolescent substance use. This means providing opportunities for parents and caregivers to talk about the ups and downs of the rollercoaster ride. Without trying to fix, solve, or soothe the pain, facilitators can begin to draw attention to parts of stories that have perhaps become overshadowed by the intensity of the ‘problem.’ Parents and caregivers have acknowledged that opening the dialogue beyond the “ruts”²ⁱ supports the exploration of additional ways of seeing and experiencing adolescent substance use.

Each week of the group process, facilitators will be witness to stories of pain and distress and also stories of surviving and thriving. For example, in one breath there might be a parent story describing a teen being kicked out school because of an active relationship with cocaine, followed by a description of maintaining calm as their teen talked with them about a wish to enter detox. The parent expresses tremendous fear and worry about the consequences of the substance use and reflects on his or her ability to hold a conversation with the teen. When listening to these stories, facilitators will likely be struck by descriptions of ability, hopefulness, possibility, change, and perspective. These descriptions will sound different from the problem stories heard in earlier group sessions or within the broader societal narrative

“Just talking, in an intentional and thoughtful way, fully aware of the power of our words, may be the most revolutionary activity we can pursue”

(Lord, 2011)

“The words the speaker chooses invoke the ways of being that the participants take themselves to be involved in.”

(Davis & Harre, n.d.)



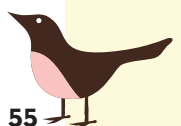
about adolescent substance use.

Facilitators have an opportunity to emphasize these different tellings, or glimmers, by illuminating and reflecting descriptions of ability, hopefulness, possibility, change, and perspective. Often parents and caregivers are so immersed in the ‘problem’ of adolescent substance use that it can be difficult to recognize small or even glaring exceptions happening alongside the problem. Group members can be supported to acknowledge these glimmers when facilitators purposefully note them in paraphrase statements. For example, “*Despite fear and worry, you provided the space for your son to turn to you for help.*” Additionally, offering strength-based questions and acknowledgements will allow the caregiver and the larger group to create different meaning, by exploring what is exceptional about their experience, themselves, their teen, and the issue of adolescent substance use. For example, “What about you in that moment allowed you to hear your son? How do you feel you were able to be present in the conversation about detox? In what ways were you able to stand up to fear and worry so that you could talk with your son about detox?” See *Consider: How You Ask Questions* on the following page.

As a facilitator, there will be times within the group dialogical process when no words or responses to the stories at hand will come. There will be times of experiencing stuckness or feeling uncertainty about where to ‘go’ with a question or response. Sometimes the content may be distressing and hard to engage with. At other times it just might not feel ‘right’ or appropriate to jump in. However, there are times when facilitators believe that they ‘have’ to or ‘should’ respond despite a sense of uncertainty. When experiencing such a tension you might choose to consider:

- *Are you wanting to provide a response in order to open up exploration and curiosity?*
- *Are you hoping to provide a reflection in order to shine a light on the parent/ caregiver capacity and ability you are witnessing?*
- *Are you trying to smooth a tension?*
- *Are you providing a solution?*
- *Are you responding to avoid silence or to appease your own feelings about the dialogue?*

None of these intentions are ‘right’ or ‘wrong’, however, depending on timing and context, they might sometimes be more about the facilitator’s needs than the needs of the group members. Further, in the absence of a facilitator response, group members are often prompted to provide their own responses to one another. Expressions of encouragement, empathy, and compassion are tremendously powerful when exchanged amongst group members. Offering a collaborative practice approach requires practitioners to appreciate the ability of the group to participate in the back and forth dynamic of conversation.



“ As I was talking with a group of parents I noticed that I had a reflex. When I would hear someone describe pain or discomfort, physical or emotional, I would immediately begin to form a response to offer. Sometimes these responses were simple reflections. Sometimes they were questions to elicit more detail or to shift the thinking. Sometimes I would offer an attempt to soothe. I realized that after offering such gestures I was left with an empty uncertainty and a disquieted void. Thinking carefully about this reflex, I realized that these responses, although well-intentioned, were sympathetic promises of a fix—superficial offerings that conveyed my wishes that I could make this better. When I felt the tug of “I wish I could” I was mindful to not try to automatically respond but rather to compassionately bear witness—to be ‘with’ as opposed to be ‘for.’ By being with and listening, the parents in the group began to hear themselves and others in different ways. Uncertainty transformed into a catalyst for strength and perspective—a rich dialogical space for the growth of meaning and possibility.”

Youth & Family Counsellor

Consider: How You Ask Questions

Here are some important considerations in the construction of powerful questions adapted from the work of Roth, Vogt, Brown, and Isaacs (2003). These questions can be applied by facilitators when eliciting dialogue in the *Recognizing Resilience* group and/or working individually with parents and caregivers.

- What institution of knowledge does this question privilege (medical, religious, academic, others)?
- Is this question relevant to the real life of the people who will be exploring it?
- Is this a genuine question to which I/we really don't know the answer?
- What kind of conversation, meaning, and feeling do I imagine this question will evoke?
- Is this question likely to invite fresh thinking/feeling? Is it familiar enough to be recognizable and relevant and different enough to elicit a new response?
- What assumptions or beliefs are embedded in the way this question is constructed?
- Is the question likely to generate hope, imagination, creative action, and/or new possibilities or is it likely to increase the focus on the past problems or obstacles?
- Does this question leave room for new questions to be raised and explored?

Adapted from: Vogt, E. E., Brown, J., & Isaacs, D. (2003). *The art of powerful questions: Catalyzing insight, innovation, and action.*



Consider: Silence

Nurturing transformative dialogue often involves allowing for pauses and moments of silence.

Silence provides a powerful therapeutic opportunity. It allows group members to process conversation and become introspective about thoughts, reactions and feelings. Silence can be a respectful and invitational opportunity which opens room for others to join the dialogue. Silence can be a demonstration of generous listening¹² through which group members and facilitator genuinely and deeply hear one another.

Silence is culturally contextual—many cultures have different relationships with silence.

Communication styles and needs are not universal; therefore, group members will experience silence in different ways. It is important to recognize that participation in dialogue is not limited to verbal exchange, and those group members who remain silent are equally participating, being impacted by and impacting the dynamics at hand. Consider your own comfort with silence and how you might use this therapeutic skill to attend to the unique needs of diverse group members.

¹²As described by Sheila McNamee (personal communication June 4, 2013).



Collaborating with Carers: Reflective Practice

Appreciative Questions

Questions can be powerful and provocative. They can shift and form one's experience of self, of situations, and of others. By being intentional about what questions are asked of parents and caregivers, facilitators can support group members to imagine and create new possibilities and alternative visions of themselves, their teens, adolescent substance use, and parenting.

Answer the following questions and consider how they might influence responses that foster possibility.

What have you come to learn about yourself that you were not aware of before becoming a practitioner?

What are the three greatest strengths that you bring to your work as a practitioner?

Describe a time when you felt a strong sense of commitment and passion for your work. What was happening? How did this make you feel? Who or what else contributed to this experience?

Now imagine reframing these questions and directing them to parents and caregivers.

What have you come to learn about yourself that you were not aware of before becoming a parent/grandparent/foster parent?



What are the three greatest strengths that you bring to being a parent or caregiver?

Describe a time when you felt a strong sense of commitment and passion as a parent or caregiver. What was happening?

How did this make you feel? Who or what else contributed to this experience?



Closing the Group: Realizations

Consider: Group Closure

Some group members may not want the group process to end. Strong relationships with others, comfort, safety and acceptance can all contribute to a sense of grief and loss when *Recognizing Resilience* concludes. As a result, some parents and caregivers might suggest the possibility of staying in touch and perhaps continuing to meet. These meetings might be organized informally by parents and happen outside of your agency, or, may be organized by you or your agency in the form of ongoing drop-in or follow-up sessions. Consider what opportunities might exist for continued support and connection.

Initially, parents and caregivers enter into the group experience with a narrative about what they have experienced with regard to their adolescent's involvement with substances. This narrative will be influenced by the group process and the dialogue created amongst parents and caregivers sharing similar experiences. Hearing how others are coping, what practices they are employing, and how other teens are involved in substance use will naturally shift and broaden each group member's perspective. This shift will spark realizations that ultimately inform a new understanding of adolescent substance use. Each parent and caregiver will develop unique realizations and begin to develop different stories; all will be influenced in some way.

Sometimes as practitioners we set benchmarks or measurable outcomes to determine degrees of change. However, when we allow collaborative dialogue to form, and compassionate, curious exploration to take place, we help to facilitate an atmosphere that allows shifts and changes beyond preconceived notions.

At the conclusion of the six week collaborative group, facilitators can generate dialogue amongst the group members about what they have come to consider meaningful in their group experience. For example:

- *"What have you heard had meaning for you?"*
- *"What has sparked for you as a result of being a part of this group?"*

Facilitators can also invite group members to talk about where they see themselves moving beyond the group. For example:

- *"What is possible for you beyond our time together in the group?"*
- *"What will require your attention moving forward?"*

Two examples of provocative questions from Vogt, Brown, and Isaacs (2003):

- *"If your success was completely guaranteed, what bold steps might you choose?"*
- *"What seed can we plant together today that could make the most difference in the future of your situation...the future of other parents or caregivers in similar situations?"*

Responses to such questions will probably be varied. For example, a parent might describe exiting the



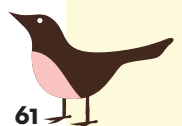
group feeling a little less alone while another may come to a decision about whether he or she will allow their teen to move back in. Maybe a caregiver will decide to start practicing some form of self-care, while another might shift a boundary about whether a particular substance is allowed in the home. Although one can't predict what the outcome will be for each group member, there will be some change. It is certain that no one will leave this group conversation the same as when one entered it.

Recognizing Resilience will be just one part of a parent or caregiver's journey of navigating adolescent substance use. Further counselling, an additional group, or a reconnection with a supportive friend may be amongst the next steps that follow the group process. Hopefully, whatever decision parents or caregivers make, they will feel that their experience, their voice, and their own needs for support matter.

Upon talking with previous *Recognizing Resilience* group members, McCune (2014) explained that parents and caregivers had come to a number of emergent realizations following their experience in group. These realizations emerged from the new meanings, stories, and perspectives that were generated in the group. The transformational potential of collaboration, compassion, connection, finding one's voice, and witnessing the process of the other group participants was realized.

Transformative Dialogue: "You Realize..."

| | Re-Authored Story | Parent Quote |
|--|---|---|
| Self in Relation to Adolescent Substance Use | From beyond the constraints of isolation, group members realized that they were not alone. The story of isolation shifted and changed to a story of connection and an opening to share. Parents were able to consider themselves in relation to the people in the room and realize that adolescent substance use could happen to other parents and teens, and because it could happen to others, parents were not the sole cause of the 'problem' and the perception of being a 'bad parent' could be abandoned and a different way of conceptualizing the self could be constructed. | <i>"You come to realize that we are all just doing the best we can and it is pointless to feel guilty. When I met the other parents I realized 'now' these are really good people trying to do their best and it is nothing we did wrong as parents. It is just the way things are going and we are trying our best."</i> |
| "It Could Be Worse" | Witnessing the experiences of others influenced how group members perceived themselves and their own experiences. By engaging in conversation with others, parents realized new and more appreciative ways of seeing themselves and their situation. | <i>"It made me think 'okay' we haven't got it as bad as it could get. I think it is because you are always consumed in your own fight of whatever you are dealing with and by being exposed to another person's fight, our own fight can be placed in relation to another human being."</i> |



Transformative Dialogue: "You Realize..."

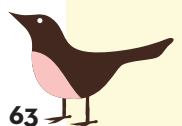
| | Re-Authored Story | Parent Quote |
|----------------------------------|--|--|
| "We" | Engaging in the life experiences of others transformed individual stories and realities into interconnected relationships. As a result of being in a group with other people, parents recognized the suffering of those outside the group. Through the act of witnessing the suffering of others, group members realized that suffering is not an isolated event but a human condition. | <i>"The group thing makes you way more empathetic for other people out there. We often meet people in our day-to-day life who are grumpy and miserable or off or whatever and we assume that they are miserable people but after you have been to a group and you realize that you could be sitting next to a person on the bus or a clerk who could be going through exactly what we are, it does make you think. Sometimes we lose sight of what other people are going through and it teaches us to be a little more intuitive, or not to jump to conclusions that people are miserable, because they might have their own bucket of troubles like we did."</i> |
| More Than One Explanation | Hearing a variety of substance use experiences, witnessing a diversity of perspectives within the group environment, and exploring possibility during group conversations evoked a realization about multiplicity. In the absence of truth claims, parents and caregivers were able to explore multiple ways of viewing and approaching adolescent substance use and parenting. | <i>"It made me realize that there is no absolute answer. This point is strong for me because I see that in the group everyone has done everything they could. There is just no answer and I think I got to the point where at first when this happens you are looking to go to fix it and put a stop to it, but I realized that that is not the case, that it is not possible. You can do everything you can do to try to help and support [her teen] to come through this okay but there is no absolute one thing that you can do to make this go away. So it just made me realize that, well, if I had the answer of what I could do or the formula to make this different I would do it."</i> |
| What You Can Control | Many of the group members talked about control and acceptance. The group narratives shifted from a pursuit of fix-it interventions to a relinquishing of control. Parents and caregivers wanted to be helpful and supportive of their teens, but at the same time acknowledged not having control over making their teens want or accept such support. Shifting from a position of blame | <i>"I felt bad before, I knew he was suffering and going through a lot so I would tip toe, but I thought, no, I am going to say what I mean and not feel bad about it, I am going to say it like it is. In the past I would worry that if I said something it would hurt his feelings, but I am able to still be supportive and be able to confront him and not feel bad about saying this is not working, I don't like what is going on. I had trepidations before, unsure of how to handle him, like I might say the wrong thing to set him off. I am still not sure of the right thing to say but I am not going to be guilty about not liking</i> |



Transformative Dialogue: “You Realize...”

| | Re-Authored Story | Parent Quote |
|-----------------------------|--|--|
| What You Can Control | or guilt liberated the parent from expectations of “should” and “have to” in terms of taking responsibility for resolving adolescent substance use | <i>it [marijuana] and wanting it [marijuana] in my space anymore and saying how I feel about it.</i> |
| Your Voice | Whether the parents were asserting boundaries, speaking out to others, or advocating for their families, they came to realize the power of their voices. Group members recognized themselves as their child’s best advocate and saw the importance of their voices for systems involved in their teen’s life. Parents and caregivers expressed confidence in knowing what they had to say and realized their ability to create dialogue. | <i>“I thought I was shy by nature more of a listener. I didn’t really have a lot of input through my years. I have been in lots of groups and I normally say nothing so that is the first time I found myself yapping way too much [laughing] but that is because I normally don’t. That made sense to me because I had good things to share—insightful things.”</i> |
| Hopefulness | Despite the absence of an ‘answer,’ parents and caregivers described a new narrative of hopefulness. Parents described hope not as a far-reaching destination at which their kids would be ‘better’ or ‘fixed,’ but a process of making meaning of their circumstances. The familiar story of hopelessness was initially constructed as a black and white concept. The re-authoring of hopefulness allowed for the co-existence of uncertainty and despair with small measures of action rather than grand leaps towards an ideal. | <i>“They are not out of the thick of it yet. We are all in a process, we are all being shaped as we go, I know it is not I got to that point I am done, I am fixed now. There will be good days and bad days and hopefully there will be more good days.” “You realize there are times of hopelessness and small measures of getting better and getting hope and coming to realize you had to take those little pieces that were encouraging and go with them.” “It opened up the possibility that there is a light at the end of the tunnel and it is not another train</i> |

Adapted from McCune (2014)





Collaborating with Carers: Reflective Practice

Group Programming

What do you see as the value in offering a group opportunity with parents and caregivers influenced by their teen's relationship with substances?

What skills and abilities would you bring to such an opportunity?

What ideas would you like to draw from the *Recognizing Resilience* example?

What suggestions do you have for what you would like to do differently from the *Recognizing Resilience* approach?

What challenges do you foresee in offering a group? What opportunities do you see?

What are your next steps in regards to parent and caregiver group programming?



“Anyone who willingly enters into the pain of a stranger is a truly remarkable person.”

H. Nouwen

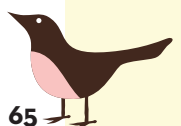
Beyond the *Recognizing Resilience* Group: Reflective Practices

The following section highlights:

The importance of reflection following the facilitation of the *Recognizing Resilience* group.

Questions to consider when reflecting on the development of a broader adolescent substance use services system.

The importance of sustaining practices within individual, organizational, personal, and professional contexts.



Beyond the *Recognizing Resilience* Group: Reflective Practices

Facilitator Reflections

Reflection is an important part of any helping role. As previously mentioned, the values, beliefs, and attitudes practitioners hold directly influence the experience of people accessing support. Reflective practices have been emphasized throughout the process of developing, preparing, planning, and facilitating the *Recognizing Resilience* group. Reflection, however, does not need to come to a close with the ending of the group; reflective practice can be fruitful and provocative when used retrospectively. Reflection might include posing questions, considering insights and awareness, and/or thinking about how one has influenced, and been influenced by the group dynamic, members, and overall group process.

Some prompts for reflection can include:

- Consideration of how and in what ways you responded to the parent's experience.
- Consideration of how you came to invite multiple perspectives into dialogue—inviting plurality within the topics of adolescence, substance use, and parenting.
- Reflection on the parent and caregiver voice and the ways in which you facilitated an atmosphere that supported expression of the insider knowledge and wisdom of group members.
- Consideration of the impact of listening to group member expertise, and how this translated into meaning-making.
- Thinking about how you have come to view the parent and caregiver experience and how you have been influenced by the stories you've heard.
- Reflection on courage in relation to the parent and caregiver experience and in relation to your experience as a group facilitator or individual practitioner. How have you demonstrated courage and how will you continue to be courageous in your work?
- Planning for how you might continue to facilitate connection and inclusion for parents and caregivers involved either in the group or individual service. How will you provide follow-up, facilitate transitions, and/or offer closure?



Upon closing the *Recognizing Resilience* group, you might also focus your reflective curiosity on how you can continue to influence the development of system responses towards parents and caregivers. Practitioners are not separate from systems; direct service providers are an integral part of the overall adolescent substance use system of care, and can inspire ripples of innovation and change from within.

Some questions to consider are:

- How can relational practices be incorporated throughout all parts of adolescent substance use services (direct service, physical environment, leadership, policy)?
- How can parents and direct service providers become increasingly involved in the development of programming and service provision?
- What is working well?
- What might system stakeholders consider as mattering the most?
- How can the broader system of care enhance relational connections with organizational and program partners? In what ways might acceptance, empathy, and kindness be fostered amidst differing mandates, values, and methods of diverse programs, practitioners, and caregivers?

Collaborating with Carers: Reflective Practice

Enhancing Partnership



How can I gather and use information from parents and caregivers in order to enhance my work with teens?

How can I gather and use feedback from parents and caregivers to inform my work with each family member?

What options are currently available in my place of work for parents and caregivers? What else could be available on a menu of service options?

What can I do to let parents know that I value their input?

Consider: Parent and Caregiver Reflections and Recommendations

When asked about system considerations for enhancing collaboration, responsiveness, accessibility, availability, and compassion, parents and caregivers provided a number of reflections and recommendations ^{liii}.

- Recognize parents as advocates and resources for their teens. Listen to parents. *“Include the parent on the team as part of the solution.”*
- Explain what confidentiality means and how collaboration can occur within the bounds of _____ confidentiality.
- Invite parents to be involved in specific aspects of their teens’ programming.
- Invite parents into some degree of dialogue. *“Some parents suffer in silence.”*
- Talk with caregivers about what their teen’s service provision will include.
- Provide parents with opportunities to express their expectations, hopes, and needs.
- Maintain respect for diversity of culture, values, beliefs, and attitudes about parenting and adolescent substance use.
- Provide support to caregivers and family members even if the teen is not willing or able to access support.
- Offer ongoing parent group programming. *“Group keeps our engines running.”*
- Improve accessibility by being willing to talk with parents and caregivers on the phone, and by scheduling evening groups.
- Encourage parents to provide input and feedback on the services they have been provided with.
- Acknowledge that partnership with parents and caregivers is a process, not an event.
- Discuss with your team and program partners the ways in which current practices open or close opportunities for collaboration and dialogue with parents, caregivers, and families.
- Educate school systems and other stakeholders involved with adolescents about substance use. Address stigma by disseminating messages of compassion and inclusion.

Collaborating with Carers: Reflective Practice



A System Response

Imagine the agency(ies) that you work with directly and indirectly. In what other ways might agencies become more available and accessible to parents and caregivers?

How might you contribute to a broader culture of compassion for caregivers and colleagues within your work environment?

Sustaining Practices for Practitioners

Generally, individuals enter into the helping profession because of a deep care for fellow human beings. With tremendous compassion, commitment and energy, practitioners engage in their work with a desire to make the world a better place. Practitioners invest time, energy, and intention in order to affect the wellbeing of others. However, while working in the helping profession can be vastly rewarding, it can also be emotionally and mentally difficult. The toll can at times be exhausting, contributing to what some call compassion fatigue¹³.

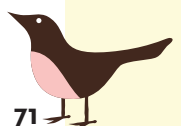
In addition to parents and caregivers, resources should be accessible and available in order to sustain the personal and professional wellbeing and vigor of the practitioner. Practitioners are often required to wear many hats and to be available in a number of roles (worker, partner, parent, friend, etc.). Practitioners can benefit from sustaining practices that address work-based expectations and demands so as to maintain the health and vitality needed to fulfill each of these roles.

Sustaining practices include activities and strategies that are used to promote the health and wellbeing of helping professionals. Unlike the term ‘self-care’ which traditionally tends to refer to wellness as being a function and responsibility of the individual, the term ‘sustaining practices’ infers that wellness is relational and is influenced by external and contextual factors. Sustaining practices require mutual collaboration amongst direct service providers, employers, and broader systems.

“Our courage grows for things that affect us deeply, things that open our hearts. Once our heart is engaged, it is easy to be brave”

(Wheatley, 2002)

¹³Physical and emotional exhaustion developed as a result of providing helping services



Collaborating with Carers: Reflective Practice



Sustaining the Practitioner

Sustaining practices are actions that prevent compassion fatigue and promote health when juggling the demands of many roles. All practitioners will have a unique understanding of what wellness means to them, and will have diverse ways in which to achieve this. As you consider this idea and how wellness is influenced in your life, become curious about the following questions:

What wishes do you have for your own health and vitality in your professional life? In your personal life?

Skip forward to five years from now. Your wishes have come true and your life is better than you could have imagined it. What is happening in your professional life? In your personal life?

What actions can you start today that will get you closer to making this future a reality?



Consider: Grounding Practices

Recent studies¹⁴ have begun to highlight the neurological benefits of grounding practices. Meditation and mindfulness offer a practical way to encourage the brain to remain open and responsive to what is occurring for self and others. Such practices serve as tools for integrating traumatic work. This means that through activities like meditation, practitioners can strengthen their own capacity to survive and thrive in the face of distressing stories and encounters. Grounding practices provide the practitioner with the conditions of safety, compassion, and presence while supporting parents accessing services. As you experiment with these practices, keep in mind that activities such as meditation are practices, not destinations. The value of meditation and mindfulness does not have to be reserved for a yoga guru or expert; grounding practices are available to everyone and at all times ¹⁴.

Grounding Meditation

Composed by Tasha Chamberlin, MSW, RSW: Youth and Family Substance Use Counsellor

Find a comfortable position in your chair. Ensure your hands are comfortable in your lap or on your thighs, or wherever they naturally fall. Your palms can be facing up or down, whatever is most natural for you. When you are settled, close your eyes and slowly breathe in. Feel the oxygen as it expands throughout your lungs, and down into your stomach. Slowly exhale out. Breathe in warmth and relaxation, breathing out any tension in your body. Take a few more deep breaths. Letting go...

Feel relaxation beginning at the bottom of your feet. It might feel like a warm wave slowly moving up your body, or a tingling sensation, or simply calm and loose. Allow the relaxation to spread throughout your feet, and up to your ankles. Feel the relaxation rise up to your calves... your knees... and continue up to your thighs. Allow the relaxation to spread throughout your body, rising now to your hips and pelvic area... lower back... into your stomach, up to your chest and collar bones... your shoulder blades and upper back. Let your arms relax, as well as your elbows and wrists. Feel the relaxation throughout your hands, relaxing the palms of your hands... the back of your hands... each finger and thumb. Your hands feel warm, heavy, and relaxed.

Feel your body relaxing further. Allow your shoulders to let go. With each out breath, release any tension. Notice the relaxation continuing to spread to your neck... the back of your head... your chin... mouth... cheeks... nose and ears. Feel your eyelids, heavy and relaxed. Let the relaxation spread further, up into your forehead and enveloping the top of your head. Your entire body is now relaxed, calm, and at peace. Feel the relaxation flowing through your body, from the top of your head right down to your feet. Continue to breathe smoothly and slowly.

Now imagine yourself standing on the earth. You feel the ground solid and steady. Imagine in your mind's eye a tree. What kind of tree is it? A cedar tree... a maple tree... a willow tree... a fruit tree... or maybe an exotic tree or decorative ornamental. Is the tree straight and tall, or is it winding and bending in different directions, or maybe a slight curve? Is it a full tree or more compact? If the tree has bark, is it textured or smooth? Does the tree have leaves, or needles? Notice the colour and texture of the leaves or needles. Are there blossoms, or flowers, maybe fruit? Take a moment to notice any other details of this tree.

Continued on next page

¹⁴Composed with George McFaul, Youth and Family Substance Use Counsellor & Certified Yoga Nidra Practitioner



Now imagine this tree is before you and your feet are connected to the same earth the tree draws nutrients from. Standing before the tree you feel the same warmth of the sun, or moisture from the rain. Maybe you feel the wind passing by. You are breathing the same air as the tree.

Gazing at this tree and feeling the energy the tree is sharing with you, you find the energy inviting and you walk toward the tree until you are touching it. You step into the tree and allow your arms to become the branches. You imagine yourself reaching toward the sky. Your feet become the roots of the tree and you feel those roots pushing into the earth. You feel solid and unshakable with your roots strong and steady.

Take a moment to appreciate this sense of grounding. Storms may pass and winds may blow, but you will remain steady and solid, grounded in the earth. Bending with the wind, but not breaking. Remember that you can come back to this feeling at any time you choose to. Take another moment to enjoy this deep connection you feel, and give thanks to the tree for the sense of grounding it has provided.

As you step out of the tree, bring yourself back to the present moment and the room around you. Sitting in the chair you can still feel the energy and grounding of the tree. You feel the roots from your feet connecting with the floor below. You can take that grounding feeling with you wherever you go. You can come back to that connection with the earth when you need to reground yourself. Now notice your breath; inhale and exhale. Notice the sounds in the room... the temperature... the smell. Move your fingers... and toes... Slowly open your eyes and focus on what is close to you.





Collaborating with Carers: Reflective Practice

Contributing to Practitioner Resiliency

Sustaining practices are not just the responsibility of the individual; they also have a relational influence. Within the context of the professional organization, this means that broader systems and institutions, larger communities of knowledge, and individual service providers together construct the conditions in which one another works. In order to sustain health and promote the resiliency of the practitioner, broader influences must, as mentioned previously, be responsive, accessible, and available.

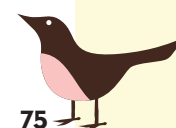
Work through the following questions with your program team or staff supervisor, in order to develop sustaining practices for you, your colleagues, and broader agency.

What practices can be developed within your own office or work setting that would sustain program staff?

How is resiliency nurtured in your agency? What can be improved upon?

Who else in your organization could participate in the development of available and accessible sustaining practices for you and your team? What would you like them to know about your work and what maintains your ability to do your work?

In terms of developing sustainable practices in your agency, where do you go from here?



Sharing the Journey

Just as we have considered how group interchange can create experiences of connection and processes for meaning-making with parents and caregivers, becoming a member of a group can provide the same for the practitioner. A shared interest group can be comprised of fellow colleagues and practitioners who interact with and learn from each other with the intention of improving their ability to do the work they care about.

Practitioners can engage with one another to explore curiosities about, for example, postmodernism, collaborative practices, group approaches, substance use, engaging and supporting parents and caregivers, and/or sustaining practices. Depending on members' needs and wants, such a group might be formal or informal in nature. A formalized group might be arranged to meet for regular facilitated conversations either in the office or via audio-visual or teleconference technology. A more informal group might consist of close colleagues that participate in brown bag lunches or coffee house chats focused on philosophy and theoretical concepts. Regardless, the dialogue generated in such group settings can serve to reduce isolation, moral distress, or compassion fatigue, and spark collective learning.

*“The simplest way
to begin finding
each other again
is to start talking
about what we
care about”*

(Wheatley, 2009)

In Closing

Parents and caregivers are important partners in the provision of adolescent substance use services. Parents and caregivers can experience many ups and downs as they navigate the terrain of adolescent substance use. Partnering with practitioners who value the parent voice, who are able to view substance use from multiple lenses, and who embody compassion, can increase the potential for change both directly for the parent or caregiver, and indirectly for the youth engaged with substances. Collaborative group approaches are one way to bring parents and caregivers together in the relational act of dialogue and transformative potential of connection. When broader systems embody relational practices such as collaboration and compassion, practitioners can sustain the vigor and hopefulness necessary to continue supporting parents, caregivers, youth, and families. By providing a menu of service options that include group and individual programming, adolescent substance use programs and organizations will be better able to meet caregivers' needs.

Upon ‘pausing’ the narrative offered in this workbook, there now exists an opportunity for readers to imagine directions and opportunities for supporting parents and caregivers. Whether through the Recognizing Resilience group, individual practice, or other options, the question now emerges *“what directions and opportunities will you, as the reader, create from here?”*



For Further Information

Appreciative Inquiry

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Feedback Informed Treatment

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Parents and Caregivers

Copello, A., & Templeton, L. (2012). *The forgotten carers: Support for adult family members affected by a relative's drug problems*. Retrieved from http://www.ukdpc.org.uk/publications.shtml#families_report

Recognizing Resilience Resilience Group

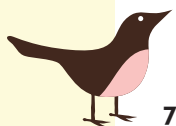
To learn more about facilitating the *Recognizing Resilience* group visit www.recognizingresilience.ca

Resilience

Ungar, M. (2011). Community resilience for youth and families: Facilitative physical and social capital in the face of adversity. *Children and Youth Services Review*, 33, 1742-1748.

Trauma Informed Practice

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