

**PHOENIX AREA INDIAN HEALTH SERVICE  
ALCOHOL/SUBSTANCE USE PROGRAM**

**REFERRING AGENCY FAMILY TREATMENT PLAN**

1. The <b>referring agency counselor</b> is responsible for completing this Family Treatment Plan (FTP) <u>before</u> the client is approved to enter a residential program. The completed FTP must be submitted to the Phoenix Area ASAP intervention team along with Intake form for approval.
2. It is recommended that the referring agency counselor maintain ongoing contact with the treatment center counselor to ensure that the family's education and preparation is consistent with the client's treatment.
3. The referring counselor will encourage each family member, to attend AlaNon, NarAnon, AlaTeen or AlaTot 12-step support group meetings before attending family therapy session at the residential treatment program.
4. One family / extended family member or significant other must participate in family therapy session at the Residential Treatment Center.
<b>EXAMPLE:</b>
<b>Problem:</b> Conflictual family relationship.
<b>Goal:</b> Decrease the level of present conflict with client while beginning to resolve past conflicts.
<b>Objective:</b> By week 3, describe the conflict and demonstrate understanding of the causes by sharing three examples during the session; increase number of positive family interactions by planning activities such as traditional ceremonies, story telling, playing table games, fishing, and doing work projects for four successive weeks.
<b>Method:</b> (1) Process conflicts & causes as part of preparation for family day / week. (2) Conduct family education & counseling sessions x 1-2 per week to facilitate healthy communication, conflict resolution, and the emancipation process. (3) Begin planning aftercare and recovery strategies for family unit by processing in sessions.

Client's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Identified Family Problems:

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Family / Extended Family Assets:

**EXAMPLE:** Active in Recovery; In AA/NA; No C.D.

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Family/ Extended Family Liabilities

**EXAMPLE:** Family C.D.; Unemployment; No Family support

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Special Needs / Considerations (e.g., Physical limitations, Health problems such as diabetes, dialysis, Diet):

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**PROBLEM I:** Family lacks understanding of the Disease Concept as evidenced by stating that the client should have the willpower to stop Alcohol/Drug use, the client does not need help.

**GOAL:** To increase understanding of the Disease concept of chemical dependency.

**OBJECTIVE:** Each family member will verbalize three examples of what makes CD a disease; the progression of client's use and health aspects of alcohol/drug use.

**METHOD:** (1) The Family will attend \_\_\_\_\_ (number of) sessions with referring Counselor before family day / session.  
(2) Family member(s) will watch tape on "Disease Concept" and share awareness with the referring counselor.  
(3) Verbalize understanding of why CD is a disease in a session with the referring Counselor.

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**PROBLEM (2):** Each Family member will identify how his/her relationship with the client has been impaired, as evidenced by: Lack of communication, Absence from family activities & functions, Outbursts of anger, Verbal abuse, Physical abuse, Stealing, Pawning household goods, Disrespect for elders, Disrespect for cultural values, Manipulative behavior, Lying, Getting arrested, Having to be bailed-out of jail, Legal problems, Financial burden, related to Chemical Dependency.

**GOAL:** Gain insight into effects of client's Alcohol/Drugs use on the family relationship.

**OBJECTIVE:** Family member(s) will be prepared by the referring counselor to share gained insight with the client during family session at the residential treatment center.

**METHOD:** (1) Each family member will be encouraged to attend educational-support groups like AlaNon, NarAnon, Alateen, AlaTot groups before family before family day/session.

(2) Family member(s) will participate in session with the referring Counselor.

(3) Each family member will verbalize understanding the impact of CD on Family relationship in session(s) with the referring counselor.

**IF YOU NEED ADDITIONAL SPACE FOR PROBLEM AREAS LISTED BELOW, USE SEPARATE PAPER**  
{ Other problem examples are: 1) Lacking awareness of how secrets contribute to family dysfunction; 2) Denial of how intergenerational / familial substance use contributes to familial disease; 3) Lacks understanding of the importance of follow-up Aftercare in relapse prevention; 4) Lacks awareness of Relapse warning signs; 5) Lacks commitment to participation in one year of Aftercare. }

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Client's Signature (must be signed before client leaves for Treatment)

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Family / Extended Family Member's Signature

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Family / Extended Family Member's Signature

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Family / Extended Family Member's Signature

\_\_\_\_\_  
Counselor's Signature      **Date Reviewed with Family Members**