

WORKING SYSTEMICALLY IN COUNSELLING & CASE MANAGEMENT (WITH ADULT DRUG USERS AND THEIR FAMILIES)



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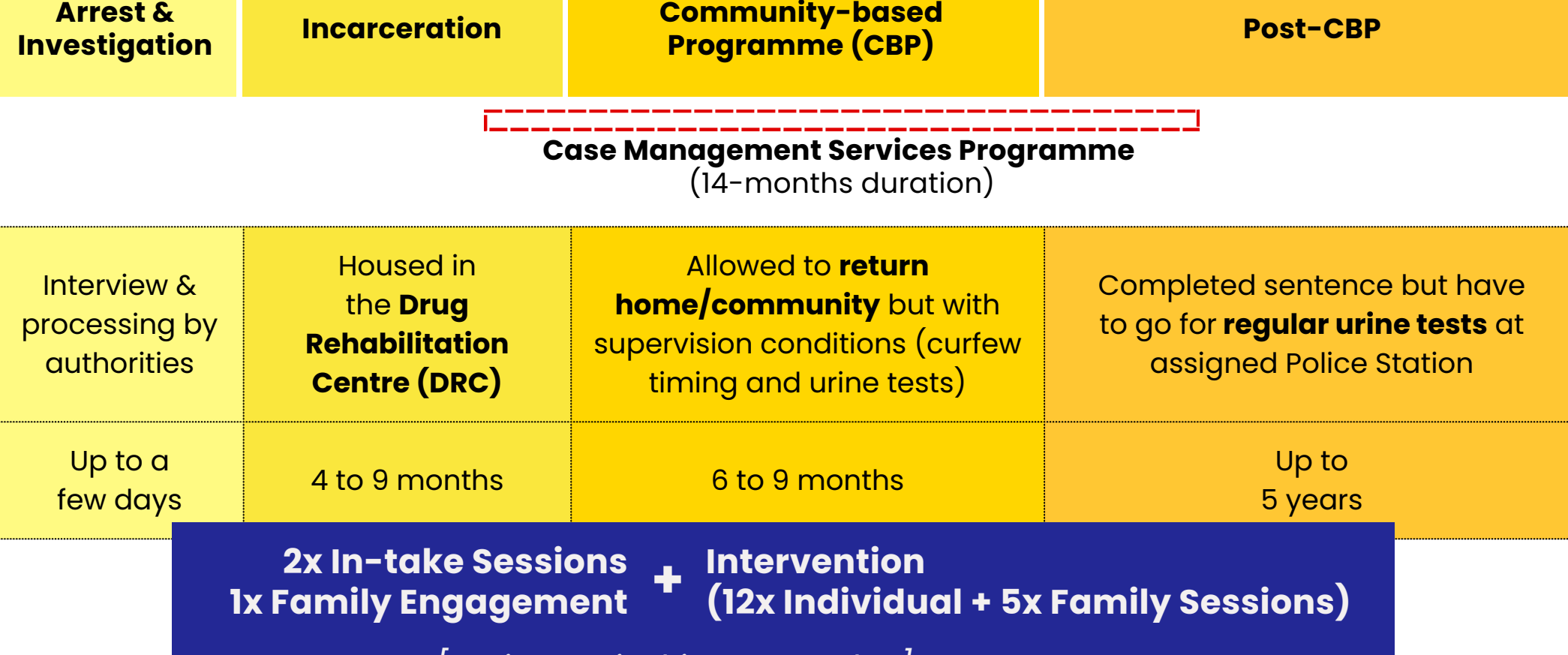
BACKGROUND

Singapore Anti-Narcotics Association (SANA) and Singapore After-Care Association (SACA) provide case management service for offenders undergoing community supervision for a period of 14 months. The primary objectives are to facilitate offenders' reintegration into their families and communities and to mitigate the risk of re-offending through counselling and case management.

The dominant evidence-based approach in effective case management practice is Risk, Needs and Responsivity (RNR) model. It prescribes the use of cognitive-behavioral therapy (CBT) to address offenders' criminal thinking and behaviours. While CBT is useful in working with individual offenders, a complementary approach is necessary in working with the offender's family and leveraging them to support offender's reintegration and rehabilitation.

Recognising the importance of family in recovery, a systemic approach is relevant in understanding individuals in the context of their families and environments. SANA and SACA began a family work project with two families, integrating a systemic lens with existing assessment and intervention practices and providing holistic support to the family members who are also in recovery.

TYPICAL OFFENDER JOURNEY



WHY ENGAGE THE FAMILY?

The family, including the offender, can benefit from an understanding of the reciprocal influence each person has on the other. It offers not only a more compressive description but facilitates alternative connections between family members.

Family members will hear each other in different ways and have a greater understanding and appreciation of the other's experience. Change can then occur when the family can work on more helpful ways to relate to one another.

VALUE-ADD OF SYSTEMIC APPROACH

- Examine beyond clients' intrapsychic factors in etiology & intervention
- Dynamics and patterns in familial interactions can greatly influence an individual's thoughts and behaviours (Nichols, 2006)
- "Problematic" behaviour is understood from a systemic perspective

THEORIES

RISK-NEEDS-RESPONSIVITY (RNR) + SYSTEMIC LENS

Based on Andrew and Bonta's meta-analysis research involving 225 treatment comparison studies (2017), the RNR model identifies seven risk factors, known as criminogenic needs, that need to be addressed to mitigate an offender's risk of re-offending.

These criminogenic needs are:

1. Pro-criminal attitude/ orientation
2. Antisocial Personality Pattern
3. Substance abuse
4. Leisure
5. **Family/Marital Relationships**
6. Pro-criminal Associate
7. Employment/ Education

Incorporated the Family and Adult Support Tool (FAST) into the RNR model to promote a more holistic assessment approach; coined **RNR Plus**. With the aim to formulate a case plan targeting individual, family, and others in the system:

- Relationships in the Family
- Communication patterns with regards to Addiction
- Meaning-making
- New roles that support Desistance

PRACTICE GUIDE

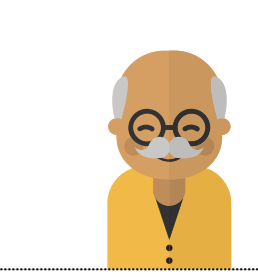
METHODOLOGY

Phase	Objectives	Targets
Engagement & Assessment	<ul style="list-style-type: none"> • Build therapeutic alliance • Assess risks and needs • Formulate intervention goals and plans • Address harm arising from offender's crime and incarceration 	Individual, Family or Others <i>Example</i> Individual >>> Impart Relapse Prevention skills Family >>> Provide concrete ways to support recovery
Intervention	<ul style="list-style-type: none"> • Address risk factors and related issues • Promote protective factors and resiliency of client and his family 	
Termination	<ul style="list-style-type: none"> • Motivate the client and family to continue their change • Ensure continuity of service and support by community resources 	

CASE STUDY



'Adam'
Client (40+ years old)
Salesperson
Driven at work, bilingual in English & Mandarin; isolated in general



'Bernard'
Step-father (70+ years old)
Daily rated worker
Refrained from interfering.
Speaks English, Malay, Teochew
feel isolated at home



'Caroline'
Mother (70+ years old)
Unemployed due to medical reasons
Treated grand-son like own son; spoke Mandarin, Teochew



'Danny'
Son (20+ years old)
Waiting for enlistment, recent tertiary institute graduate
Main caregiver of grandmother
Speaks Mandarin, English;

FINDINGS & DISCUSSION

RNR Plus [Substance Abuse]

Occasional/chronic drug/alcohol use, use affecting daily functioning, substance use linked to offending behaviour.

+ Explore impact of addiction problems on family relationships (Qn: physical/ medical, nature of addiction)

What did mother & step-father say about his criminal activity?

Adam is the only one with the problem. Bernard was shocked to learn from Adam that he was still experiencing triggers to use drugs.

How did they regroup and lead their lives to compensate for his behaviours?

The family moved homes, but Adam's problems followed. Caroline was said to have chased Adam out of the flat a few times. Bernard would have done the same, but he considered the feelings of Caroline and Danny. Family would do Adam's laundry and cook his meals without a word.

How did they explain his behaviours to family?

Borrowed money from extended family to bail Adam out. But after multiple times, Caroline tried not to mention Adam to relatives.

What did he say about mother's addictive (gambling) behaviours?

Adam felt that it's normal as mother did it too. But it had a huge impact on him as a child, for he spent hours at the casino waiting for Caroline to be done.

WORKING WITH FAMILY STRUCTURES

Adam was the identified patient or scapegoat, seen as the one with problems and unable to fulfill his role as a father.	Challenge certainty that client is the problem Address mutual hurt: Start by attending to every member's story
Bernard, on the other hand, played the role of the enabler, supporting Adam's unhealthy behavior and taking responsibility for his mistakes.	Strengthen Bernard-Adam subsystem Attempt to sell to Caroline a family session

CREATING NEW RELATIONSHIP PATTERNS

Bernard's explosive temper during early years disrupted communication within the family system, making it harder to support Adam.	Open channels of communication Emotional support & regulation
The use of Mandarin language allowed Adam's mother to communicate with other family members discreetly, as Bernard did not understand it.	Promote safety with difficult topics Structured time to talk

CONCLUSION

- 1) Entrenched drug use & other offending behaviours require more than one's agency and efforts.
- 2) Family is a crucial supporter, but they do not start out as enthusiastic cheerleaders.
- 3) Systemic work is not a chore, but a necessary one.
- 4) Practitioners need to be intentional, Creative, and have Patience.
- 5) Families are great supporters of long-term recovery from drug use and crimes.

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