Addressing Treatment-Resistant Clients with Complex Needs: A Multidisciplinary Team (MDT) Approach Focusing on Parental Enmeshment and Psychological Individuation

Integrating Family Dynamics in Addiction Treatment

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Tim Ridgeway

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- **Goulburn Valley Alcohol and Other Drugs Services**
- **Goulburn Valley Health is the lead agency for the GVADS consortia in partnership with**

  The Salvation Army and Odyssey House Victoria
- **Primary sites based in Shepparton and Seymour**
- **Accessible face to face or telehealth**

  Provide a range of services across our catchment area:

  - Assessment
  - Pharmacotherapy
  - Counselling
  - Care and recovery coordination (CRC)
  - Residential withdrawal
  - Non-residential withdrawal (NRW)
  - Clinical Liaison
  - Specialist Addiction Clinic
  - Therapeutic day rehabilitation (TDR)
  - Headspace support – AOD Practitioner

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Situation Evolution

- **What is treatment resistance?**
  - An inadequate response to usual modes of treatment

- **Why are we interested in this area?**
  - We identified several clients who fit this definition who seem to share similar characteristics:
  - Adult child with significant family dysfunction
  - Complex needs with high service dependence

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Treatment resistance evidence

‘He has made very slow progress with reducing his zolpidem usage’ **Addiction Medicine Registrar 2019**

‘Despite ongoing engagement with his psychologist he is having significant difficulty modulating his PTSD’ Addiction Medicine Registrar 2020

‘He remains of the belief that zopiclone is the only medication that helps him’ **Addiction Medicine Specialist 2021**

‘ ‘There has been limited progress in reducing the zolpidem over the last 16 months.’ **Addiction Medicine Specialist 2021**

‘It is difficult to know what treatments he has had but none appear to have helped.’ **Addiction Medicine specialist 2021**

‘He is pre-contemplative regarding reduction of Zolpidem’ **Psychologist letter 2024**

‘The treatment plan is stalling, there is poor insight around use and impact and an ambivalence regarding committing to any meaningful reduction of his zolpidem use.’ **Addiction medicine registrar 2024**

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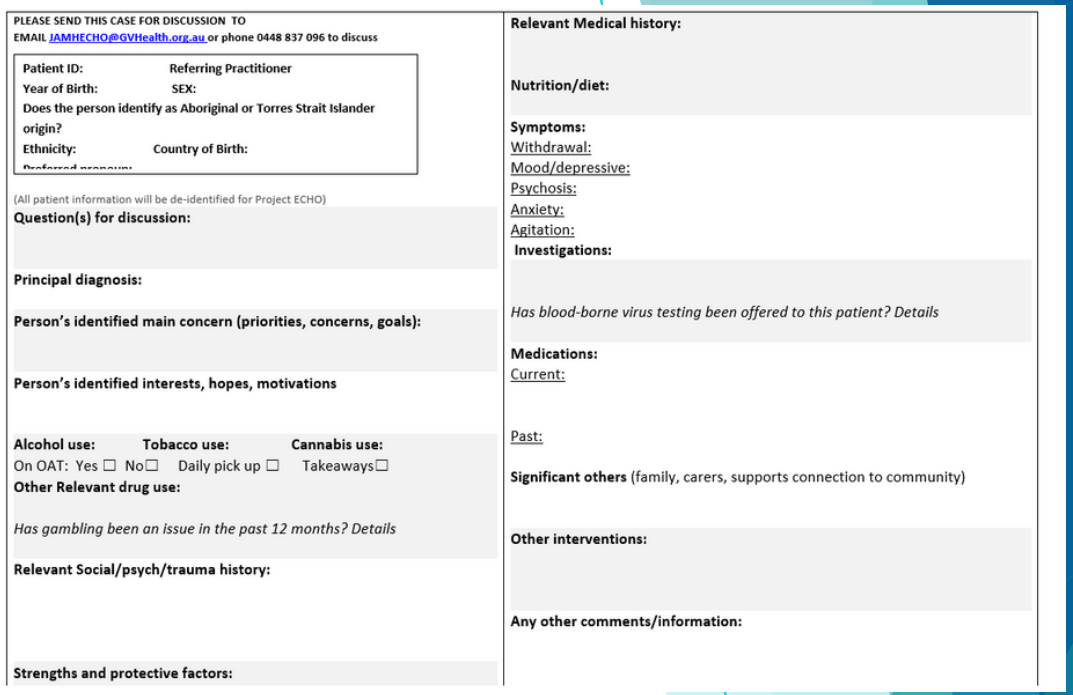
Case Presentation

- 40-year-old male
- Living with both mother and father in rural Victoria
- Known to GVADS since March 2021
- Referred by St V's Specialist Addiction Service
- 80 recorded service contacts to date
    - Medical history timeline
    - Psychiatric history timeline
    - Developmental history timeline
    - Medications
    - Social History



PLEASE SEND THIS CASE FOR DISCUSSION TO
EMAIL JAMHECHO@GVHealth.org.au or phone 0448 837 096 to discuss

Patient ID: Referring Practitioner
Year of Birth: SEX:
Does the person identify as Aboriginal or Torres Strait Islander origin?
Ethnicity: Country of Birth:

(All patient information will be de-identified for Project ECHO)

Question(s) for discussion:

Principal diagnosis:

Person's identified main concern (priorities, concerns, goals):

Person's identified interests, hopes, motivations

Alcohol use: **Tobacco use:** **Cannabis use:**
On OAT: Yes ☐ No☐ Daily pick up ☐ Takeaways☐
Other Relevant drug use:

Has gambling been an issue in the past 12 months? Details

Relevant Social/psych/trauma history:

Strengths and protective factors:

Relevant Medical history:

Nutrition/diet:

Symptoms:
Withdrawal:
Mood/depressive:
Psychosis:
Anxiety:
Agitation:

Investigations:

Has blood-borne virus testing been offered to this patient? Details

Medications:
Current:

Past:

Significant others (family, carers, supports connection to community)

Other interventions:

Any other comments/information:

"Social isolation, his aversion to psychosocial interventions and possible enmeshed relationship with his mother continue to propagate his maladaptive coping mechanism and perpetuate his condition." ***Psychiatric Ax 2023***

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Contributing Factors

- Ambivalence
- Underlying Psychological Issues
- Environmental Influences
- Lack of Social Support
- Previous Treatment Failures

Interventions to Date

- Psychiatric assessment and multiple pharmacological treatments
- Successful stabilization of OUD
- Trauma-focused CBT
- DBT
- Psychoeducation - distress tolerance, mindfulness, physical activity, sleep hygiene – multiple practitioners
- Standalone brief intervention sessions - multiple
- Home medications review
- Restricted access to prescribed opioids

Studies show that failure of separation-individuation in adolescence correlates with substance use, as individuals struggle with autonomy and emotional regulation (Stavrou, 2022).

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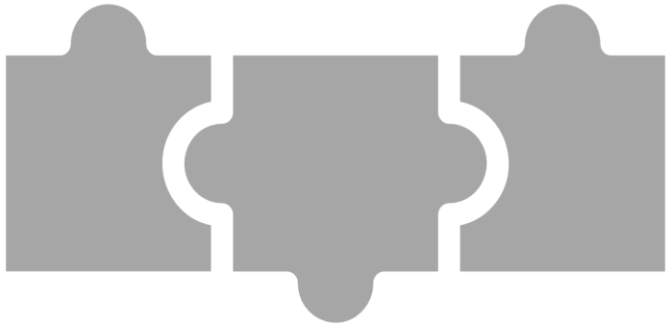
Parental Enmeshment and Dysfunctional Family Influence

- Identified Parental Behaviours
- Research on Enmeshment
- Failure to Individuate
- Impact of Familial Conflict and Psychological Stress

Treatment Resistance – Addressing Attachment, Mentalization and Trauma



- Attachment Issues and Treatment Resistance
- Mentalization Deficits and Resistance
- Impaired emotional regulation
- Difficulty of understanding relationships
- Resistance to change
- The role of trauma
- Therapeutic Interventions

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WHY?

- Multidisciplinary Team (MDT) approach
- Addressing treatment-resistant clients with complex needs
- Increasing focus on parental enmeshment and psychological individuation

MDT Team Approach

- Bio-Psycho-Social
- Lanes of Care
- Relevant to Background
- Addresses Complexity

Treatment Contract

- Scaffolding supports
- Co-Ordinates Approach
- Boundaries of Care
- Structures Treatment

Dysfunctional Environment Factors

- Family dysfunction contributes to issue
- Persistent problematic behaviours
- Adult Child traits

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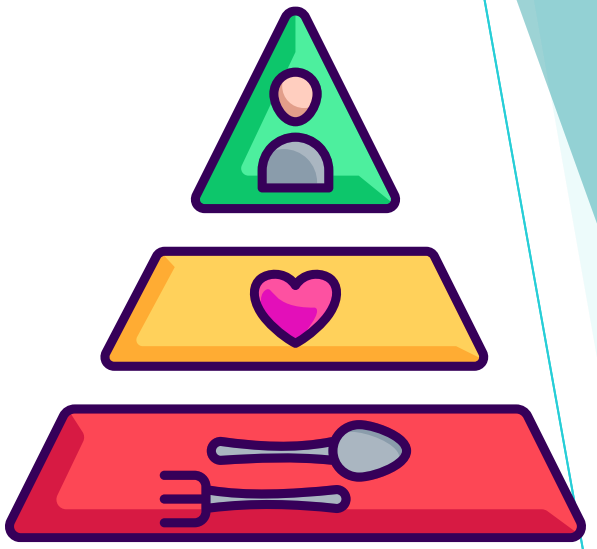
Understanding Presenting Needs

- Limitations of Existing Approaches
- Lack of integration between medical, psychiatric, and psychotherapeutic approaches
- Enmeshment as a barrier to independence
- Need for individuation and self-agency
- Limited Focus on Trauma and Underlying Issues
- Lack of Personalization
- Inadequate Support for Family Dynamics
- Lack of Integration Between Disciplines
- No agencies specifically treating dysfunction in families in Australian treatment programs.



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Treating to the root

- Protracted Assessment with individual team members
- Dual diagnosis framework
- Multi Disciplinary Team and Bio-Psycho-Social Structure
- Skills Identification – assessing existing executive resources.
- Widening of MDT to include GP and pharmacist
- Treatment contract and therapeutic contract
- Home medication review and WEBSTER packing
- Therapeutic Interventions – Attachment- Based Therapy, Timeline Therapy, Mentalization Based Therapy.
- Intransigence
- Enmeshed family dynamics fostering behavioural dysfunction.

A review of family-based interventions highlights the importance of multidisciplinary approaches in breaking intergenerational substance use patterns (Usher et al., 2015).

Effective teamwork and integration between professionals improve client outcomes in addiction treatment (Kerrissey et al., 2020).

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Outcomes and Success Metrics

- Increased engagement in therapy and treatment adherence
- Enhanced personal responsibility and resilience
- Reduction in crisis episodes and emergency interventions
- Increasing self-awareness and insight into behavioral patterns
- Improved awareness of emotional regulation and coping strategies
- Improved daily life management skills
- Weight reduction and greater engagement with physical health
- Greater participation in community engagement
- Reduction in substance use harms

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Key Discussion Questions

1. What evidence-based therapeutic modalities effectively address the multifaceted challenges presented by dysfunctional family systems and their associated behavioral patterns?
2. Are there unexplored or underutilized therapeutic approaches, such as individuation work, that could significantly contribute to the treatment of complex family dynamics?
3. To what extent have contemporary treatment models successfully integrated substance abuse interventions with comprehensive family therapy to address the intricate interplay between addiction and family functioning?
4. How can we optimize tapering protocols for zolpidem to minimize withdrawal symptoms and improve success rates?
5. What strategies can be implemented to improve medication adherence and simplify complex regimens for patients tapering off zolpidem?
6. How can we integrate non-pharmacological interventions to support patients during and after zolpidem reduction?
7. How can healthcare systems better coordinate care for patients undergoing zolpidem reduction?

Implications for the Sector

- Need for tailored interventions that address enmeshment and individuation
- Emphasis on developing a flexible, client-centred approach
- Recognition of the impact of intergenerational trauma on substance use and individuation
- Greater emphasis on relational and systemic contributors to substance use
- Exploration and evaluation of existing treatment models integrating family therapy with addiction treatment
- Need for specialized workforce training on complex relational dynamics and individuation issues
- Expansion of psychoeducational programs for families to reduce enabling behaviours
- Integration of attachment-based therapies into AOD treatment
- Development of stepped-care models to support gradual independence
- Increased research into the long-term outcomes of enmeshment-aware interventions
- Use of peer mentorship and lived experience workers to model independence
- Expansion of transitional housing and independent living support
- Greater emphasis on early intervention to prevent long-term dependency patterns

Conclusion & Next Steps

- Summary of the MDT approach and findings
- Call for discussion and collaboration within the AOD sector
- Invitation for feedback and continued exploration of effective strategies

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Thankyou

Steph Tabner: UK-trained GP and advanced trainee in addiction medicine, working within Goulburn Valley Alcohol and Drug Service

Tim Ridgeway: Clinician supporting addictions, neurodiversity, forensic behaviours and marginalisation, with expertise in complex cases and recovery program design

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