

Meet Isaac

Isaac, age 17, started abusing drugs and alcohol when he was 11 years old. When he came to MDFT, he was smoking marijuana every day, all day (“wake & bake”), and also taking dozens of anti-anxiety pills on a daily basis primarily as a way to cope with severe anxiety, depression, and PTSD stemming from exposure to domestic and community violence. He had a long arrest record, including being arrested for using and selling marijuana and prescription medicines immediately before MDFT treatment. Isaac participated in several treatments with little evidence of change prior to coming to MDFT, including a residential treatment program where he relapsed quickly after being “successfully” discharged from the program. Isaac had no sense of his future, had few social ties, and was failing in school.

Isaac lived with his mother and other extended family. Isaac’s father was not involved in his life: Isaac and his Mom report that his father left them behind many years ago to start a new family.

Isaac’s mother, who had Isaac when she was a teenager, felt like she was out of options. She struggled to keep a job and didn’t feel confident in her abilities as a parent. She also suffered a recent personal loss in the period prior to treatment and struggled with depression because of it. She was a victim of domestic violence.

Isaac and his mother loved each other very much. At times their relationship seemed less mother and child than friends or equal partners. Isaac reported that sometimes he felt suffocated by their relationship and his mother’s emotional needs. These feelings would often lead to angry outbursts and aggression toward his mother.

Improving the Relationship

One of the first interventions in MDFT was for Isaac and his mother to improve their communication enough that they could have conversations without resorting to yelling, hurtful statements and aggression. In MDFT family sessions, the therapist helped Isaac and his mother listen to each other more and speak in a less confrontational way. This was new for them. The therapist also helped them develop new strategies for coping when heated arguments arose.

The therapist also worked early in therapy to help re-establish trust between mother and son by working with Isaac to find areas where he could show that he was making a sincere effort to change. They identified school as an area where he could do this, and Isaac made a major effort to do better in school. The therapist brought this into focus in sessions to help Mom recognize and acknowledge that Isaac was making a sincere effort. Isaac appreciated this reinforcement and it was also a step in establishing Mom as the parent and Isaac as her son who needed her.

As therapy unfolded, a crucial piece in the treatment was helping Isaac to talk directly to his mother about what he needed from her. For example, unbeknownst to her, sometimes her depression could affect him in a negative way, and he felt that she was not as available as he needed her to be. The therapist helped the family explore this and helped Isaac’s mother learn how she could be more available to him even when she was not feeling well. Throughout these discussions, the therapist helped maintain treatment gains by encouraging them to do more light and fun activities together to avoid getting burned out.

Strategies for Targeting Substance Use

The therapist immediately targeted Isaac's drug use. Early in therapy, the therapist focused on helping him identify his reasons for using. He began to see how many of his actions were automatic responses he had developed rather than conscious decisions, and that he could make a choice to do something else instead. As therapy progressed, he realized that he had things to live for – and reasons to stop using drugs and engaging in criminal activities and to do better in school. In terms of his substance use, he realized that his primary reason for using was his anxiety, which often stemmed from arguments at home with Mom. The therapist connected him to an NA group as well for support.

Using All Clinical Resources

Other resources also came together to help with the work between Isaac and his mom. Though Isaac's father never responded to requests to participate into therapy, the therapist did reach out to work with members of Isaac's paternal side of the family. The MDFT therapist helped Isaac's mother get into her own therapy. And the therapist assistant helped engage Isaac in opportunities outside of therapy such as community service.

Six months after treatment ended, Isaac was sober, going to school, involved in community service, and looking for a job. Mom felt she had her son back. She was more confident in her abilities as a parent and experienced less stress, and had finally gotten a permanent job. The relationship between Isaac and his mother had transformed into a truly nurturing and supportive parent-son relationship and Isaac no longer felt burdened or overwhelmed by his mother's needs.