

SEQUENTIAL NETWORK THERAPY: Evolving a Training Model to Treat Alcoholism at an American Indian Pueblo

Sequential network therapy, as a treatment approach to alcoholism, has the potential for use by many different ethnic communities because of its grass roots and community organization thrust. Our intent within the Zuni Pueblo was to involve alcohol counselors and more networks from the Pueblo in therapy efforts. We confronted significant obstacles in our work during the six years we were involved. Confronted with the realization that the utility of our framework was perceived quite differently by the Pueblo members, we found ourselves unknowingly violating the boundary issue of spirituality. Fortunate to work in a Pueblo, considered the most traditional and secretive of all the desert and river pueblos, we believe the Zuni counselors learned the basic approach from us, and will adopt it in their own way.

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In the Summer of 1985, we decided to see if it was possible to utilize our social work skills to help substance abusing Native Americans. The two of us were social work teachers and practitioners living in Denver, Colorado. We planned to present our ideas to the mental health staff of the Zuni Pueblo. Our five hundred mile trip was in vain, however, since the entire staff was gone. They thought we were coming a week later! This missed communication was a periodic theme during the training project that eventually began six years later. This paper is a description of our saga.

The Zuni Trip was not totally wasted because it served as our initial acquaintance with the Pueblo Indian culture. From the beginning, we anticipated that the process of developing trust and engaging Indian interest in our model of sequential network therapy would be difficult. Little did we know that it would take us six years of exploration, extending feelers to different tribes; and that when we finally found a point of entry

we would have to spend four more years promoting our model and seeing it modified as we Anglos interacted and worked with our Indian colleagues.

The director of the Zuni mental health clinic, who had been gone on the occasion of our 500 mile trip, eventually returned from Albuquerque and welcomed us into his home. An Anglo married to a Navaho woman, he had gradually immersed himself in Zuni tribal customs, rituals, and religious ways during the three years he had lived there. In time, he built his own hogan and started a family. He served as a valuable resource introducing us to Pueblo and Navaho ways.

THE SEQUENTIAL NETWORK MODEL

We hoped to interest Pueblo alcohol counselors in our new approach to the persistent problem of alcoholism among adult Indians living on reservations. We named the approach "The Sequential Net-

Model," since it focused on work with the alcoholic's support system and involved them in varying combinations. The goal was to modify the social environment whether or not the alcoholic was ready for serious sobriety. It made sense to us that the nature of reservation life, involving a high degree of social interdependence was ready-made for a network therapy approach. Carol Attneave had written about similar efforts among one of the northern tribes and we hoped that the stability of Pueblo life would allow the approach to work here as well.

Our form of "sequential" differed from Attneave's—hers required a team of family therapy professionals working with a sizable group of extended family, neighbors and friends. We planned, instead, to teach the approach to paraprofessionals who had limited or no family therapy experience. For paraprofessionals, just as for many professionals, working as a part of a team and with multiple family members can be overwhelming. Thus, our sequential emphasis involved smaller combinations of members of a client's support system. Briefly described, the sequential network approach consisted of the following activities:

1. Identifying significant people in the client's social system, both positive and negative;

2. Planning how to neutralize the effects of those reinforcing drinking, while strengthening the roles of those supportive of sobriety;

3. After the initial session with the alcoholic or family member seeking help, deciding who to include in the next meeting. Each subsequent meeting then reveals the combination of people to be invited to the next session. Sometimes this is someone new, and at other times it is someone who has already been seen. Seldom are more than two or three people seen in any one session, although as termination nears a larger assembly of people who have been previously involved might occur.

4. Strengthening and possibly expanding the support system of the alcoholic. This can include immediate and extended family members, friends, and others in helping and roles acquainted with the alcoholic. Their impact as "supporters" is strengthened by clarifying the nature of the alcoholic's struggles and identifying ways they might constructively influence him or her.

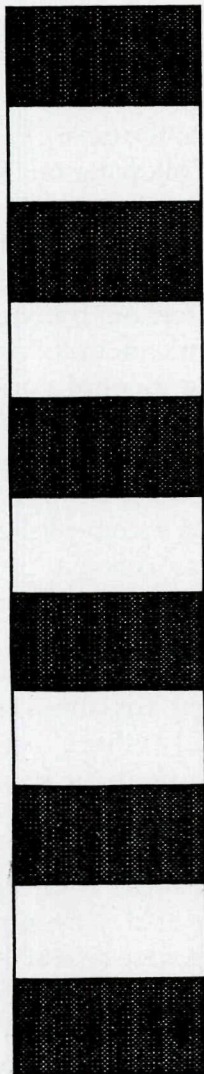
The sequence of individuals asked to participate often shifts and varies on the basis of what was most recently learned in the interview, or problematic development. For instance, after the counselor sees an alcoholic who reports conflict with his wife, the wife might be invited to join the client at the next session. In this session the discussion might reveal that a child or the grandparents are also reacting strongly to the client's drinking. The counselor might then decide to see either the mother and child together, or the grandparents, with or without the alcoholic in the next

interview. The sequence of network combinations is commonly planned from one session to the next.

Following our six years of exploration, we linked up with one Pueblo but it took two and a half years of preliminary work before our training began. This work included meetings with the alcohol counselors, politicking with the tribal counsel, and searching out funding sources. The training itself was accomplished in ten seminars over a period of eighteen months. Most of the trainees were Indian alcohol counselors—one drug counselor was also involved and occasionally there would be drop-in visitors from other helping programs of the Pueblo. Drop-ins sometimes included alcoholics who were still in the process of drying out, since meetings were held at the center where alcoholics usually came for counseling and AA groups. Each session was a day long and most occurred at six-week intervals.

What was intriguing about our work was a two-fold challenge. The first was overcoming the barrier of ethnic distrust. The second was establishing legitimacy as teachers among people who were highly ambivalent about being in student roles with us. Many were not convinced that they needed to learn anything new on the subject of alcohol treatment.

Boundary Writers



APPLYING THE SEQUENTIAL NETWORK MODEL

An important difference between the Sequential Network model and traditional alcohol counseling approaches is that the treater does not need to begin with the drinker. Even when the alcoholic is involved, the counselor is careful not to engage him or her in a power struggle aimed at a decision to stop drinking.

The treater also recognizes that an alcoholic, whose primary allegiance is to his drinking peers, may be temporarily inaccessible to a personal commitment to counseling. The game of "dry out" is often a revolving door with the alcoholic bouncing back and forth between treatment center and drinking buddies. Nevertheless there are frequently other members of the system, sharing the pain and frustration of the client's drinking melodramas, who are potentially accessible to counseling.

The assessment process begins with whoever is feeling the need for help. The counselor listens and helps them specify the kind of help sought, and is avidly interested in discovering the important people in the drinker's life. Inquiries are made about immediate family, relatives, neighbors, friends, support groups, employer, fellow workers, and people who have served in the helping role in the past. The counselor is also interested in the spiritual resources utilized previously. If the person seeking help is the alcoholic, information is obtained about the importance of his or her peer group and whether this group includes sober people, such as AA members. For some, the peer group will remain of primary importance even after sobriety, while connections with family may be distant, highly conflicted, or abandoned.

In the assessment of both the problem of concern and the relationship system, an attempt is made to determine who has

the problem or, problems. Here the counselor's interest broadens out to other concerns and difficulties in the alcoholic's life which may or may not be related to the presenting problem. For example, the wife of an alcoholic client might reveal her worry about a teenage son who has been involved in peer drinking. This situation may generate interest in involving more people in the assessment process.

A major task of a Sequential Network assessment is to build a team of helpers or support people from the existing network of immediate and extended family members, friends, and significant others who may be able to promote an atmosphere conducive to healing and change. The counselor must assess who the people are in the client's life who actually reinforce his/her drinking patterns—peer "drinking buddies," family members, friends or co-workers whose attitudes unwittingly support the alcoholic's behavior.

The therapeutic challenges are to neutralize the effects of those people reinforcing drinking, while strengthening the impact of those people wanting to help the alcoholic in constructive ways. This latter group becomes the empowering, helping team, utilized in various combinations by the counselor. This network group conveys specific values, hopes and promises, confronts and shares the pain. A mounting tension occurs as this empowering-helping group conveys acceptance and a valuing of the alcoholic, while at the same time pointing out how the alcoholic's

attitudes and behavior are impeding his or her role functioning. Group members offer varied suggestions or concrete help if the alcoholic wishes to make use of them. The group offers advice to members of the relationship system in an effort to facilitate and mobilize a more active helping network. Those who reinforce the problem are not always other alcoholics. They may be relatives, neighbors or peers who are hostile, controlling, or threatened by change. They may gradually be neutralized as the empowering-helping group gains enhanced importance in the eyes of the person in need.

The nature of the problem determines the combination of the resources used. There may even be a shifting of who is doing the helping and who is receiving the help. Helpers may include not only the counselors themselves but sometimes natural helpers and para-professionals who are part of the client's support network. At times, persons formerly seen as negative reinforcers, whose influence was neutralized, may become receivers of help or actually helpers themselves.

BUILDING RELATIONSHIPS WITH THE PUEBLO

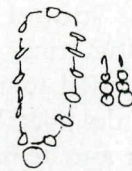
Following the failed meeting with the Zuni Pueblo mentioned previously, we did a presentation at the New Mexico Public Health Service's Annual Conference in 1986. This was a description and role play demonstration of our Sequential

Network Therapy Model. Ours was one among many seminars, but we had several Native Americans present and we were encouraged by their response. So when we eventually met with the Director of the Indian Health Service in Albuquerque, we felt confident that our model was a viable one. But it quickly became apparent that training programs were in place already and there was no interest in funding our project.

We made sporadic trips during the next five years visiting three other Pueblos and having discussions of our approach with alcohol counselors. There was apparent interest, but no funding. We also made some return visits to Zuni Pueblo. Once we spent the day talking with several Pueblo people about the use of medicine men by the tribal people. Another time we did a day-long workshop sponsored by the Zuni Social Services where they presented cases, and we discussed them from our sequential network perspective. The excited response to our ideas by the varied group of Zuni helping professionals and para-professionals once again raised our hopes. We were invited back. However, administrative changes had occurred at the social services department by the time our second visit was to occur, so our return engagement was canceled.

Then, quite by happenstance, we discovered in Santa Fe two non-Native Americans who had business arrangements with the Pueblo that was to become our home for the training. They

provided introductions and informally indicated to the Tribal leadership of the Pueblo that we were decent and competent people. We also found that valuing and purchasing pottery and jewelry was a critical symbolic gesture of cultural appreciation (over 70% of the tribe is involved in jewelry production).



Our initial steps then were volunteering to talk about family therapy, meeting with tribal officials and elders, and forming social relationships over mutton, chili and frybread dinners. Even then, much patience was called for. There was a change of directors in the alcohol program and new doubts and suspicions toward us surfaced. On one scheduled visit with the new director, we were turned away at the Pueblo entrance because the tribal counsel had declared the day off-limits to non-Pueblo people—no one had notified us of this. Once again we had to call upon our "business resource" who arranged a meeting between the governor of the Pueblo, and the new director the next day. Considerable discussion was needed to gain a tentative acceptance by this director so that we could meet again with him and his staff.

We had high hopes for

connection between our ideas and other innovative work on alcoholism among Indians: The Alkali Lake Project. This project had been an informal, spontaneous effort by tribal members at Alkali Lake in British Columbia, Canada. Primarily a grass-roots community organization effort, within ten years, it reduced the rate of alcoholism in the tribe from 90% to about 10%. While this model had been taught to other tribes, we learned that few seemed able to utilize it because of the special blends of leadership and tribal commitment required. We hoped that by having alcohol counselors involve more and more networks of people in their therapy efforts, a gradual re-education of the tribe might occur regarding the social components of alcoholism and its destructive effects on the community. We hoped too, that after one group of Indian alcohol counselors was trained, those individuals could become the trainers for other Pueblo Tribes. We might then write a training manual and provide consultation.

These ideas were presented in a three-year research and training project proposal for federal funding through the U.S. Public Health Division on Alcoholism. The proposal was rejected because of the Public Health Division's shift in interest toward funding programs for the youth. Committed, we limped along on church contributions which barely covered a year of training visits in which we were only paid enough for our auto transportation and food. Along with this shift in funding we

lowered our expectations. We planned to do a pilot project in which we would teach our model to the counselors and assess their ability to use these new methods and ideas. Successful results could promote further funding. The Pueblo was unable to compensate us and we believed they would value our services more if we were doing our work for pay. In due time we were able to secure small grants from a second church organization and from an independent foundation in Denver.



UNDERSTANDING CULTURAL DIFFERENCES

A critical aspect of our work with the Pueblo was understanding tribal political and cultural processes. We were particularly interested in how Pueblo members formed trusting relationships with the outside world. We found that we were spending far more time attempting to understand the interplay of political and cultural matters affecting the thinking of the alcohol counselors than we

were in planning the content for our training sessions. We were not dealing with a generalized "culture of the Pueblos" but rather with the unique style and traditions of this particular Pueblo. We were also constantly readjusting the "fit" between the personalities and skill levels of the alcohol counselors and those of ourselves.

We learned that their fears toward us centered upon two central themes: that we wanted to learn and exploit their spiritual and healing practices, and that we might impose our cultural traditions upon the tribe. Also ever present was the uneasiness that we would undertake hurtful clinical experiments. Understandably, Pueblo Indians are deeply distrustful of health providers. These feelings had to be taken into account in order to facilitate an ongoing welcome and openness to new ideas.

We speculated that an additional barrier in establishing a trusting professional relationship was the current romanticization of Native Americans as possessing spiritual keys to contemporary life. We needed to divest ourselves so the stereotypes of Native Americans as stoic, artistic, and heroic that have often led White America to approach Indians as "museum pieces" to be studied, collected, cataloged, and marginalized.

We had already learned something useful about the role of medicine men in our Zuni visits. There was a place for both medicine men and professional physicians and psychothera-

pists. Medicine men were used in two primary ways. If people believed the cause of their ailment was spiritual (or the effects of evil forces) they would seek out the help of medicine men instead of professional helpers. If, on the other hand, they had first sought help from the professionals, but healing was not forthcoming, people would commonly seek the help of medicine men or some tribal ritual that involved a community healing process.

A routine event, symbolic of the psychological and cultural need of Pueblo members to carefully control the flow of information, was their habit of "breaking into" their Tewa language whenever sensitive matters arose. This appeared to be a well-established practice which we realized would have to be accepted if we were to continue to be guests of the Pueblo, however infantilizing and insulting the action felt.

When we were children we had both experienced such language switching among some of our adult relatives. One of us had listened to "Pennsylvania Dutch" (really German), and the other had heard "Yiddish." Now, hearing multiple exchanges in Tewa—sometimes even heated interactions, left us feeling that old suspicion that there were adult "matters of consequence" being discussed to which we were not privy. Were they "secrets," or simply ordinary conversation, or a reminder that we were "outsiders?" We would sit respectfully waiting to be readmitted to the conversation

and later we would speculate together about the conversation. In due time we were comfortable enough to inquire about the general theme being discussed. One of the Pueblo members would then make a brief summary statement about the nature of their discussion.

In time friendships and trust grew and visits by some tribal families were made to Colorado where jewelry shows were sponsored by us. We obtained camp scholarships for several Pueblo youngsters to further demonstrate our personal interest to tribal members. There was one other personal gesture that soon became a pleasant routine. One of us was an amateur magician and would entertain the counselors with one or two tricks during our afternoon break period. Magic has overtones of more profound meaning to Pueblo Indians than to Anglo

audiences, but at the level of entertainment the puzzled smiles and chuckles were much the same.

ASSESSING RESPONSES TO THE TRAINING

Eighteen months ago the training began. The group attending the day long seminars averaged seven or eight. There were seven people who attended, as visiting para-professionals, only once or twice. Of the alcohol counselors, six were regulars and three attended about half of the sessions. The sharing of problems began in a cautious manner, as might be expected, with the focus on general problems related to their roles in the community and how they perceived their relationships to the tribal counsel. Sharing of both case material and personal difficulties with their



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own family situations increased as time went on. During the first five meetings, one counselor dominated the discussions. After this, more counselors began speaking about cases, as well as of their own anxieties and self-doubts.

Early on, we assured them that our interest was not in learning private information about their religious beliefs, ceremonies and traditions, but rather in helping them see how they could make use of this new model. We also stressed that we would be learning from them and that we all needed to be looking for a mutual "fit" of ideas and methods. We were somewhat surprised in the second session to learn that counselors never discussed religious matters with clients. This was considered an entirely private matter.

During the first four meetings we presented the Sequential Network perspective by using our own cases for illustration. Here we concentrated on identifying how a presenting problem, usually that of alcoholism, was related to family or marriage difficulties. We also identified what individuals were important figures in the client's life, for example, his or her friends, immediate and extended family, neighbors, and AA members. We also identified which people seemed to encourage the problem and who might be potential supports for change and sobriety.

We inquired about the referral process, how alcoholics came to seek help from the

counselors. The counselors described common problems they encountered with clients not wanting to involve family members. We talked about the frequent enabling roles of spouses. Counselors also spoke of their own dilemmas related to knowing many of the families as neighbors and friends in the Pueblo community and the boundary and confidentiality problems presented.

We also addressed the matter of involving two counselors at the same time—this was possible when a helping professional from another agency (school, social services, visiting nurse) was already involved with a family. Even the role of the tribal counsel was discussed, for example, the tribal counsel could reach out to a particular family to clarify Pueblo traditions and the need for adherence to them in relation to some personal difficulty.

We raised the question of how alcoholism was viewed by the Pueblo community and variations among alcohol counselors in how they thought of the problem. All alcohol counselors were alcoholics themselves with varying periods of sobriety. Alcoholism was usually seen in the context of the AA perspective, as both a disease and evidence of an individual's problematic life style. Yet some of the counselors saw such problems as reflecting troubled family relationships as well.

By our fifth meeting, a few counselors had begun talking to other family members of individual clients on their caseloads. They remained

reluctant to see more than one person at a time, so they were adopting their own version of sequential interviewing. We then focused on specific skills and purposes of seeing a family together for the first time.

In this fifth meeting we were also privy to a rather unique occurrence. One of the counselors was discussing his own family difficulties. He had been divorced and remarried and his teenage son had recently gone outside the Pueblo to live with his natural mother and in-laws. The move had resulted from mounting rebellion of the 17-year-old toward his step-mother. He was refusing to do his chores and homework. He was flunking his courses at high school and skipping classes. The father was experiencing a growing distance with his son. There was also a resurgence of conflicts between the father and his former wife. She and her parents were both blaming the father and step-mother for the boy's misbehavior. The son seemed to be playing one set of family members against the other.

The group's discussion of this family problem focused on whether the 17-year-old son should be making the choice about where he lived. Some group members felt that the parents should be deciding this instead of the youth, but since there was strong conflict between these divorced parents and their extended family members, how could they reach an agreement? Someone proposed that a counselor from outside the Pueblo work with

outside the Pueblo work with these two divorced parents. At this point, a member of the tribal counsel happened by. Listening to the problems we were discussing, he spoke up. He spoke in Tewa, taking over the meeting with the other counselors. As observers for about 30 minutes, we listened to an animated discussion by the group. They conveyed considerable respect to the tribal counsel member. He also happened to be a relative of the counselor talking about his family matters. When they finally resumed in English, they

had decided how to handle the problem based upon tribal traditions that referred specifically to the dilemmas being discussed. Both divorced parents needed to meet with tribal counsel members who would advise the parents on the basis of tribal tradition. In this case the boy would probably need to stay with the parent in the Pueblo community and the other parent would need to abide by this. This was a demonstration to us of both the interconnectedness of people in the Pueblo and the power and use of tribal tradition in settling certain

family disputes.

During the next two meetings we discussed the family life cycle and patterns of problematic triangulation among extended family members. A common family norm emerged that seemed related to drinking patterns of young married men. When a young man married, he would often continue to live in the home of his parents, along with his wife and children. The man's mother would help her daughter-in-law with the grandchild. The young man's father would remain the adult leader of the household in terms of most decision-making. Thus, the young man had a very limited role in his family, living out the varied roles of husband, son, and father, yet with limited authority. This situation would often continue until he could afford to buy or build a home in the Pueblo for his wife and children. In some cases there were more than one set of grandchildren living under the same roof. These young men would often seek the company of their male peers outside the home, and this commonly involved drinking. If his drinking became excessive, this was looked upon by the family as his illness, or problem, rather than an expression of family chaos, role confusion, or submerged conflict. Grand-parents would sometimes act as "enablers" because they benefited financially from having the adult children remain in the home and contribute to the upkeep. The young wives tended to be pulled into an alliance with their mothers-in-law, since they were



dependent upon them in numerous ways, while growing emotionally distant from their husbands.

As we delved into these extended family complexities, focused more of our teaching on how to strengthen a spouse's role, given her husband's alcoholism. This would require that the counselor establish a strong therapeutic relationship with the alcoholic's wife, so we emphasized the components of relationship-building as a counseling skill.

During the last three meetings, we strongly encouraged the counselors to see families or couples together, but we had very modest success. There was hesitancy to do this, or to share the results when they attempted it. Instead, they talked of their own lack of confidence, limited skills, and fear of intruding upon a family who did not want to be involved in counseling. It was also apparent that the counselors accepted the family's definition of the alcoholic's "individual problem" and were not about to dispute this. We also sought to clarify "boundary" issues—counselors sometimes had difficulty seeing and establishing their own professional roles as separate from those of a friend, neighbor, or fellow community member.

REFLECTING ON THE ISSUE OF SPIRITUALITY

In our final meeting, we found ourselves unknowingly violating a boundary issue between ourselves and the group

of counselors. A new counselor had joined the group. There had been a longer interval than usual since our last visit due to funding arrangements. We were "going the rounds" so each person could report on the state of his workload. The new counselor talked about his way of working with clients that had spiritual overtones. We picked up on this and elaborated on the theme in terms of our personal beliefs about the mind-spirit process as it sometimes can be experienced in counseling. Then a second counselor, one who had been with our training from the beginning, spoke up. He customarily wore colorful bracelets and a necklace and a headband, but seldom talked. Now he contributed some of his own strong beliefs about how a counselor might deal with the spiritual realm.

Both of us had a strong interest in spirituality and the varied ways this topic might play out in the counseling process. The concepts related to the statements "Healing is in revealing," and "It is not what you know, but who you are," had spiritual overtones and we had sensed similar views in what these two counselors were saying. We had clarified this apparent linkage of thought between them and us just before lunch break.

But we were in for a surprise. When the group reconvened, two of the older members spoke out critically saying there would be no further talk about spirituality here, as this was a person's private business. Then one of them went

on to question us as to why we were coming all the way from Denver to do this sort of training. He also stated that he was not learning anything from us and thought we should be telling them how we did our work with families back in Denver, rather than inquiring about their work with their people. The remainder of the group was quiet, as if in tacit approval. As of this writing (June, 1995) it is unclear how training will resume other than another planned visit. As has been true throughout our work, trust is fragile at best.

We don't know the meaning of what occurred in this last meeting. It is possible that the counselors were sensing a split among themselves in relation to us. The two men who had spoken about spiritual matters may have been perceived as investing too much trust in us by sharing these more personal and "secret" matters. After all we had been warned in the second meeting that religious matters were most private and were never discussed with clients. Here were two counselors sharing some spiritual beliefs with us and finding us both responsive. We may have been perceived as becoming too inquisitive or as assuming our own views of spirituality were akin to theirs.

Our critic was one of the older members of the group and was not a counselor himself, but served more of an educative role in the community. This man had joined the group in our sixth meeting so had not been there for our early groundwork session. He may not have understood

that the training was meant to be a two way process, including feedback on their efforts to utilize our ideas. It was obvious he experienced us as intrusive. He was also an elder toward whom the others showed respect. He may have believed that we had already shared what knowledge we had and it was better to terminate than to have us press the group to share more.

Our original high hopes of an expanding project have been tempered by our growing awareness of the combination of cultural, socio-economic, and educational barriers between us and the counselors. We were fortunate to have had the opportunity to work with this particular Pueblo, since it is considered the most traditional and secretive of all the desert and river pueblos. Considering this tribal conservatism, the final tension-filled session was not surprising. The counselors had learned the basic model from us and will now adapt it in their own way. Perhaps it is time for us to go down the road and leave them to grow in their own way.

An important realization for us was that the utility of our framework was perceived quite differently by us and by the counselors. Their roles within the Pueblo, their personal associations with the Pueblo families, and their knowledge of their own traditions resulted in integrating and reshaping our educational offerings in their own ways. Fortunately, we were able to "bend with the big wind." It is possible that we will continue our work with this Pueblo, shifting our focus in

teaching. If not, we hope this experience opens doors for similar teaching efforts with other Pueblo tribes. The cultural interchange has itself proven invaluable. □

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