

4 Good Days

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Synopsis

“4 Good Days” is an honest and powerful portrayal of the journey towards recovery from addiction. The main character is Molly, a 31-year-old woman who is struggling with opioid addiction. We learn that Molly’s addiction started at the age of 17 after she sprained her knee water skiing. According to her mother, Deb, she was prescribed pain killers for the knee injury, “75 Oxy and never a refill denied” (Garcia, 2020). After several failed attempts to stay sober (14 to be exact), Molly turns to her estranged mother, Deb, for help. Deb, who may be a recovering addict herself from alcohol, agrees to take her in but insists that Molly must stay clean for four days to receive a shot (an opioid antagonist) that will curb her cravings for opioids. The shot works by blocking opioids from getting into the system, essentially making it impossible for Molly to get high if she uses heroin, oxycodone, narcotics, etc. The shot must be taken monthly. Though effective, it poses life threatening risks if it’s taken while there are drugs in Molly’s system because it’ll put her body through “rapid withdrawal” (Garcia, 2020).

The movie depicts the disturbingly real struggles of addiction and the consequences it has on both the individual and their family. The consequences for Molly’s health are glaring. When she arrives at her mother’s home, Deb discovers her teeth are permanently damaged and rotted. She’s also extremely thin and hasn’t bathed in weeks. Her skin and hair are in bad shape, she has scars on her face, arms and legs and has destroyed most of those veins. Molly has two children, Colton and Chloe, who are being raised by their biological father Sean as she deals with her addiction. Sean is an enabler, and secretly asks Molly to get him painkillers from her dealer. Molly unwillingly discloses to her mother that she had a third child, an unnamed son, who she gave birth in a closed adoption. Molly has an older sister named Ashley, who is a 40-year-old

single mom who is a successful lawyer but is living in her sister's shadow. As Deb puts it, "It's just that I don't have to worry about you" (Garcia, 2020).

Molly's parents, Deb and Dale, divorced when she was a teenager. They are both in new relationships. Deb's partner, Chris, remarks how Deb essentially uses him as a punching bag whenever she allows Molly back into her life. Dale, Molly's dad, is referenced throughout the movie by Molly. She makes inquiries about whether her father knows she's back home and knows how she's doing. Though Deb leaves messages and even shows up at Dale's home, Dale never reaches out to Molly.

Molly struggles with withdrawal, the pressure to stay sober, and the possibility of relapse in every scene. The complicated relationship between this mother and daughter is tested all four days, as the dyad confront their past, present, and future through the lens of addiction. The biggest test comes on the fourth day, when Molly asks Deb for her urine because she managed to get high. Molly (and Deb) is so desperate to get clean that she's willing to put her life at risk to get this shot, which could kill her if she takes it while there are drugs in her system. Deb gives in and gives Molly her urine so she can take the shot.

The movie fast forwards to four months later. We see Molly has new teeth, has dyed her hair, is clean and properly dressed in new clothes. She remarks that Sean is trusting her more and more with the kids. In fact, he asked her to babysit for him the same day she had an appointment to take her monthly shot to stay clean. She agrees. She tells her mom she rescheduled her appointment for the following business day. Deb is concerned about whether Molly will get the shot, but she keeps her concerns to herself. The movie ends with the two taking apart and restarting a puzzle that Molly finally completed after many years.

Comprehensive Treatment Plan

An effective treatment plan for a family facing substance use disorder requires a holistic approach that addresses the physical, mental, and emotional health of both the person struggling with addiction and their family members. It can and / or should include assessment, detoxification, rehabilitation, family therapy, and ongoing aftercare. The basic plot of the movie is following Molly and her mother through the process of getting Molly through her 15th detoxification. A clinician working with Molly and her family could consider this step complete.

After detoxification the clinician can ensure that Molly is participating in some rehabilitation program. For Molly's situation, and because of the resources available to this family, outpatient treatment is recommended. As stated before, Molly had to undergo detox to qualify for a monthly shot that curbs her craving for narcotics. She most likely would receive that in an outpatient setting. Rehabilitation would also include counseling, behavioral therapies, and group therapy sessions to help Molly understand her addiction, develop coping skills, and build a support network. Once the clinician has confirmation regarding her participation in a rehab program, family therapy can begin.

Utilizing some screenings and assessments in the initial stages of treatment with this family is the next step a clinician could take. Walking Molly through a family genogram would be very valuable to her and her family, as well as using a MIGS assessment (Mapping: Issues, Goals and Strategies). These tools are a practical and literal way of making the invisible visible (Capuzzi & Stauffer, 2015). Visually arranging information about Molly's nuclear and extended family systems over several generations can reveal relational patterns and emotional processes that can be reviewed and examined (Capuzzi & Stauffer, 2015). A family genogram would also make it easier for Molly and her clinician to identify maladaptive behavior patterns,

triangulations among family members, and the seat of authority and power within her family of origin (MIGS). Mapping out the issues in her family through a MIGS tool can assist the clinician to discover some of the core problems facing this family system. Mapping out which family member(s) have more authority and power as well as exposing triangulation with the family can help inform treatment goals.

An ecomap would also be very helpful. Molly would literally see all the people and resources that are being poured into her and the things that are receiving most of her time, efforts, energy, and attention. By working on these assessments, Molly and her family can begin to visually see areas in her life (and theirs) that need the most change and attention. It can also help each family member see their contribution or role to play in Molly's addiction so that there's motivation not just for Molly to change, but for each member of the family to seek change as well.

“The common notion that fixing the addict will fix the problem not only unduly burdens the addicted individual, it also ignores the pervasive and destructive nature of the consequences of addictive behavior to all family members and loved ones,” (Capuzzi & Stauffer, 2015). Although Molly is the person identified as having the addiction, a clinician would do well to do some assessments on the family as well. The Family Adaptability and Cohesion Evaluation Scale IV (FACES IV) is a family assessment tool that assesses family cohesion and flexibility (Capuzzi & Stauffer, 2015).

Molly's family show signs that there was a disruption in the emotional bonding members have toward each other by the fact that Molly's mother left her father and essentially abandoned the family for two years when Molly was a teenager. There was also problematic family functioning due to inflexibility and rigidity regarding family leadership and organization, as well

as relationship rules and negotiations (Capuzzi & Stauffer, 2015). Molly's parents eventually divorced after her mother left. Since Molly is nine years younger than her sister, she was essentially alone with their parents while her mother was going through what she calls "an identity crisis." This may explain why Molly turned to drugs while her sister became a successful attorney – the impact of their parents' deteriorating relationship was more acute for a teenager than it was for a young adult. In addition to family assessments, the clinician could also screen each individual family member (including Molly) for anxiety, depression, and any co-occurring mental health condition that may be unaddressed because of the family system (and Molly) being dominated by substance use disorder.

Molly and her family show signs that there was a disruption in the emotional bonding members have toward each other by the fact that Molly's mother left her father and essentially abandoned the family for two years when Molly was a teenager. There was also problematic family functioning due to inflexibility and rigidity regarding family leadership and organization, as well as relationship rules and negotiations (Capuzzi & Stauffer, 2015). Molly's parents eventually divorced after her mother left. Since Molly is nine years younger than her sister, she was essentially alone with their parents while her mother was going through what she calls "an identity crisis." This may explain why Molly turned to drugs while her sister became a successful attorney – the impact of their parents' deteriorating relationship was more acute for a teenager than it was for a young adult. In addition to family assessments, the clinician could also screen each individual family member (including Molly) for anxiety, depression, and any co-occurring mental health condition that may be unaddressed because of the family system (and Molly) being dominated by substance use disorder.

Detoxification is completed; Molly is stable and engaged in rehabilitation; assessments and screening have taken place. While treatment is never a linear process, but one with a lot of overlapping points throughout, it's at this time that the clinician may choose to pursue the hard work of family therapy. It is important to involve family members in treatment and help them understand the nature of addiction and learn how to support their loved one in recovery. However, for Molly and her family, family therapy would also be for each individual family member, not just to focus on Molly and her addiction. The clinician would endeavor to provide a safe space for open communication and help family members heal from the impact of the addiction as well as provide motivation for members to discover their own issues and needs to seek out their own individualized treatment. In this way each member can acknowledge the dysfunction they've contributed to the family system that supported the development of Molly's addiction.

Marriage and family therapy is an effective intervention for substance use disorder, and the clinician could specifically implement CRAFT - Community reinforcement and family training – to assist Molly and her family as they go through treatment. “CRAFT is a behavior therapy approach that utilizes positive reinforcement and natural consequences,” (Capuzzi & Stauffer, 2015). CRAFT is evidence based and has a success rate of about 70% and has also been shown to be an effective treatment regardless of family ethnicity, family relationship (spouses or parents) or specific substance (Capuzzi & Stauffer, 2015). Compared to individual therapy alone, MFT, specifically behavioral couples therapy (BCT), was shown to be superior in increasing abstinence and improving couples' relationship functioning. Since Molly is not in a romantic relationship, the clinician would not be able to make use of this treatment modality.

Motivational interviewing techniques can also be utilized and be helpful in encouraging and promoting the change process for Molly and her family (Capuzzi & Stauffer, 2015).

Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping substance abusers like Molly to explore and resolve ambivalence since there is much ambivalence around change in families facing substance use disorder (Capuzzi & Stauffer, 2015).

During the initial phases of treatment, the clinician can assess sources of motivation for change within the system (Capuzzi & Stauffer, 2015). It is sometimes helpful to find out from the family who is suffering the most from the person's addiction (Capuzzi & Stauffer, 2015). In Molly's family, everyone is suffering because of her addiction. However, Molly would most likely say that her children or her mother are the ones who are suffering the most. According to motivational interviewing, the one that suffers the most is usually the most invested person in Molly's recovery and can therefore be the linchpin to help motivate the family toward change (Capuzzi & Stauffer, 2015).

In summary, an effective treatment plan for a family facing substance abuse disorder requires a holistic approach that addresses the physical, mental, and emotional health of both the person struggling with addiction and their family members. Molly, her mother, her children, and others have a long road ahead to recovery as a family system. But with the right support and motivation, recovery can be achieved and permanent in Molly's life and for her loved ones.

References

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