

# Supporting families in their own right

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Presentation to the Adfam Conference, 23<sup>rd</sup> March 2010

# Context

- ▶ Impact of substance misuse on the family.
- ▶ Largely neglected area of research, practice and policy.
- ▶ The need for more information on prevalence and costs.
- ▶ Climate for change, including Families Green paper, strategies, NTA guidance, the recovery agenda.
- ▶ The 5-Step Method as an example of how to help family members in their own right.
- ▶ Focus on adult family members but we mustn't forget the ripple effect of substance misuse, particularly with regards to children.

# The impact of substance on the family: a global public health problem

- ▶ We have conducted research with family members in:
  - England, Mexico City, Australia (Aboriginal communities) and Italy
- ▶ What we have been told suggests that the impact of addiction problems on the family is remarkably similar all over the world.
- ▶ Particular elements of this experience can differ or be more prominent according to culture and social context.

# Living with substance misuse: a stressful experience for families

"Family members face a form of chronic stress that affects them at a number of different levels....daily hassles....relationships that deteriorate.....a number of threats....much uncertainty...hence, family members find themselves in a very disempowered position...."  
(Orford et al., 2005 p205-206)

# A unique set of stressful circumstances

- Has the nature of severe stress, threat and abuse.
  - Involves multiple sources of threat to self and family, including emotional, social, financial, health and safety.
  - Can have significant impact on children.
  - Worry for the misuser is a prominent feature.
  - There are influences in the form of individual people and societal attitudes that encourage the troubling behaviour or prevent help-seeking.
  - Attempting to cope creates difficult dilemmas, and there is no guidance on the subject.
  - Social support for the family is needed but tends to fail.
  - Professionals who might help can be uninformed and sometimes critical and unsupportive.
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# Living with substance misuse: a unique experience for families

"...the experience of living with a relative with a drinking or drug problem is a very particular experience. It brings together in some combination elements of stress, threat, and even abuse, often simultaneously affecting different family functions and different members of the family. Worry about the loved relative is a core characteristic. It is bad for the health of family members and for the health of the family as a whole. There is no simple name for that kind of experience...."

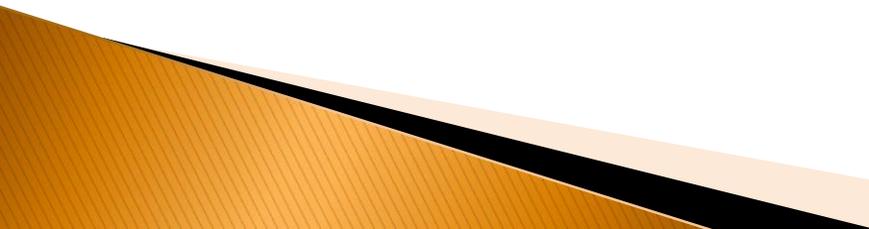
(Orford et al., 2005 p117)

# Stress-strain-coping-support model

Developed from what family members told us:

- ▶ Families are stressed by someone else's problem drinking or drug use; this has an impact on them.
- ▶ The strain of dealing with the substance misuse leads to physical and psychological ill health. There can also be problems in other areas.
- ▶ The strain is mediated by:
  - Method(s) of coping
  - Level and quality of social support

# Contrast with other Models

- ▶ Family/affected others are seen differently. Most importantly they are not blamed or pathologised.
  - ▶ Family members are part of the solution, who also have needs in their own right.
  - ▶ Family members are at the heart of the response.
  - ▶ Focuses on present circumstances and actions.
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# The 5-Step Method

- ▶ It's nothing to do with the 12 steps!
- ▶ Although it is for family members *in their own right*.
- ▶ It does not necessitate the user being in treatment; ties in also with the recovery agenda.
- ▶ Psychosocial intervention developed from the model just described.
- ▶ Structured and brief.
- ▶ Applicable whatever the relationship of family member to addicted relative.
- ▶ Applicable in a wide variety of settings, including primary and specialist healthcare.
- ▶ Flexible in its application e.g. number of meetings; number of family members.
- ▶ Can be extended to include joint work with family member(s) and addicted relative.
- ▶ Definitions of family member and substance misuse.

# The 5-Steps

1. Step One
  - How the problem affects family members
  - Listen, reassure and explore concerns
2. Step Two
  - Provide relevant information
  - About alcohol and drugs but also other issues
3. Step Three
  - Explore coping responses
4. Step Four
  - Explore social support
5. Step Five
  - Explore further options for help & support
  - Involvement of others in the family
  - Scope for joint working

# Testing the 5-Step Method

- Mixed methodology studies:
  - Quantitative data - symptoms & coping are primary outcome measures.
- Primary care:
  - Feasibility study: all family members (approximately 35) received up to 5 face-to-face sessions with a professional.
  - RCT comparing two levels of the intervention.
    - All family members received a self-help manual. In addition, some family members received 1 intro session, whilst others received up to 5 face-to-face sessions.
    - 168 PHCPs recruited 143 family members.
- Secondary care (statutory drug & alcohol service):
  - Replicated the primary care feasibility study.
  - Worked with 7 of the 8 teams.
  - 15 members of SDAS recruited (and trained); 13 recruited a family members; 20 family members in total.
  - Also a pilot study in Birmingham.

# Findings (1)

- Family members are mainly female and mothers or partners. Using relatives tend to be male and drug (heroin) or alcohol misusers.
- Family members have been living with the situation for an average of 8-10 years, feel generally isolated with low levels of support and previous negative experiences of help-seeking.
- The lives of the family members and the substance misusing relatives are very entangled.
- Substance misuse does not occur in isolation - other problems also present in many instances.
- Children can be badly affected.

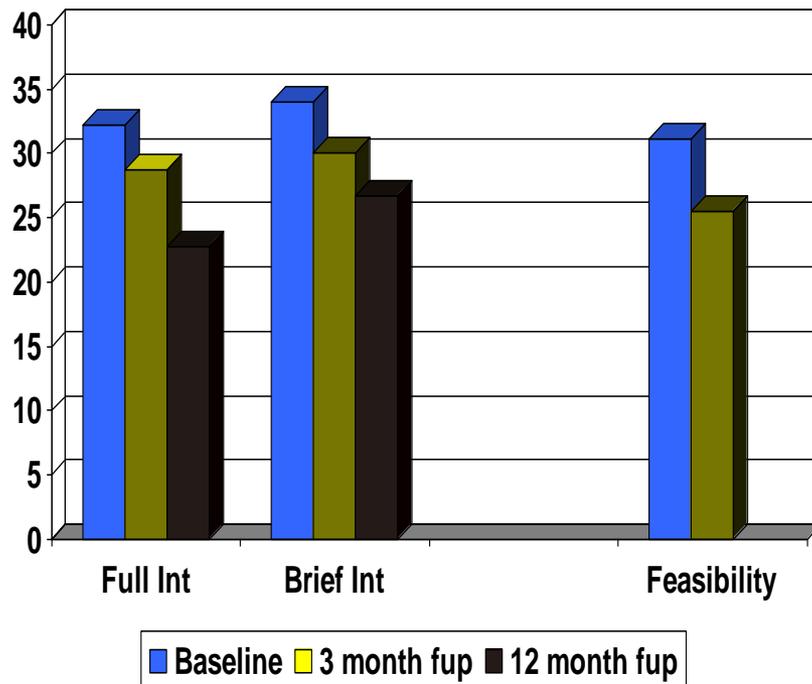
# Findings (2)

- ▶ For family members:
  - A positive and significant change in coping behaviour.
  - Reduction in symptoms (physical and psychological).
  - Lessening of the impact of the problem.
  - Qualitative data supports, and adds depth to, many of the quantitative findings, although there was an overall preference for a higher level of face-to-face contact.
  - Role of the self-help manual.
- ▶ For staff (primary care and specialist workers):
  - Use of a measure of therapeutic commitment.
  - Increase in various aspects of therapeutic commitment, e.g. confidence in working with family members.
  - Awareness of the importance of working with family members.

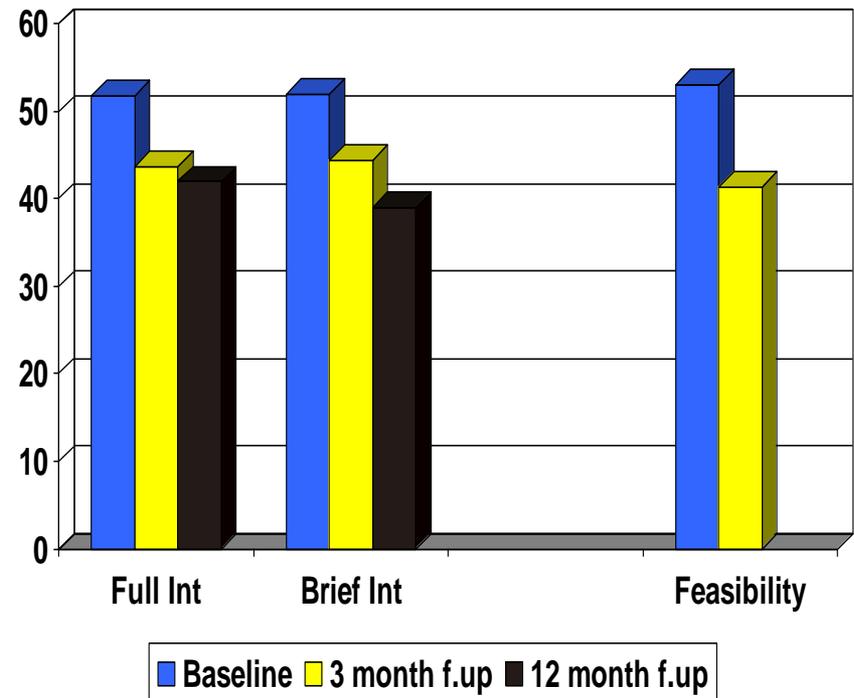
# Changes in symptoms and coping behaviour

Copello, Templeton, Orford, Velleman et al., (2009) *Addiction*

## Symptoms



## Coping



# Examples of how the 5-Step Method can influence coping responses

- ▶ Increased focus on own life and needs (gaining independence).
  - ▶ Increased assertiveness over the misuse (resisting and being assertive).
  - ▶ Taking a calmer approach towards the misusing relative (reduced emotional confronting).
  - ▶ Increased awareness of the relative's misuse problem and its effects on family members (cognitive change).
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# Quotes from Family Members

- ▶ "It's just nice to talk to someone who's not involved...family & friends are too close I think"
- ▶ "It was about the first time I felt somebody had listened to me....someone was interested in how I was feeling"
- ▶ "She let me find my own way....she helped me to arrive at ways of dealing with things"
- ▶ "It did me good, it was helping me....that was my time.....I felt like I was spoiling myself"
- ▶ "I can't solve the problem; I've got to stand back and that's helped me"
- ▶ "I feel privileged to have had this help, I can't thank you enough"
- ▶ "As a Mum, I'm used to only thinking of others"

# Quotes from Professionals

"Personally, I found the sessions a positive professional experiences. I have learnt so much from this client"

"It gave me confidence to know that the stuff I had done was actually okay"

"I had a fear of working with family members...I've crossed that bridge".

"...how important it is to engage with family members in people's treatment"

# Taking the programme of work forward (1)

- ▶ Taking research into practice:
  1. At the level of individual families or family members.
  2. At the level of service units.
  3. At the level of whole service organisations.
  4. At the national level.
  5. At the international level - includes website.
  
- ▶ What we can do to help; needs to be supported by funding.

# Taking the programme of work forward (2)

- ▶ Continue the research agenda.
- ▶ Various modes of delivery of the 5-Step Method - self-help materials, online materials, group programmes - all areas of ongoing development.
- ▶ Updated manuals and training materials (including a DVD to which Adfam has contributed) to guide roll-out.
- ▶ Consider safe practice, particularly around domestic abuse/violence and safeguarding.
- ▶ Think more holistically e.g. children and wider family/social networks.
- ▶ Continue development and testing of the theoretical model on which the 5-Step Method is based.
- ▶ Publication of special supplement of the academic journal D:EPP focussed on our programme of work and the 5-Step Method.

# Families and the Recovery Agenda

- ▶ Families can be a source of hope, aspiration and ambition, and rebuilding relationships is a key constituent of recovery.
- ▶ Families provide many millions of pounds of recovery capital every year.
- ▶ Families are well placed to help to map individualised routes away from drug dependency and to ensure a genuinely personalised approach.
- ▶ **Families can be broken and damaged by drug problems and they need to recover too.**

# Thank you very much for listening!

## Acknowledgements

- ▶ Professors:

- Alex Copello
- Jim Orford
- Richard Velleman

- ▶ Akan Ibanga

- ▶ And others who have worked with us over the years