Considering the family in substance misuse treatment

Christine Senediak

The use and misuse of alcohol and drugs is widespread in our community. Whether it is substance misuse by a young person or any other family member, it has a negative impact on all family members (Toumbourou & Bamber, 2008; Velleman et al., 2005). Traditionally, substance misuse service delivery has primarily focused on individual treatment of the person with the substance misuse. However, there is now growing evidence to suggest that family therapy is a promising intervention and should be considered and integrated into the overall treatment plan rather than marginal and reactive (Britton, 2009; Liddle, 2004; Liddle et al., 2008). This paper proposes that family therapy should be considered as a treatment of choice when working with individuals presenting with substance misuse and will provide a framework for working with whole families when they are impacted by the misuse.

Impact of substance misuse on the family

Research worldwide indicates alcohol and drug misuse is highly prevalent and increasing (Coombes et al., 2009; Kumpfer et al., 2003; UNODC World Drugs Reports, 2010). Evidence shows the negative effects of substance misuse by one member of the family on the whole family (Baker & Velleman, 2007; Krishnan et al., 2001; Smith & Velleman, 2007). Family members are most typically stressed and worried about their loved one using drugs and will try all sorts of ways to cope with, change or respond to the situation. Problems often include family arguments, violence, financial problems, relationship problems and stress related problems such as depression, anxiety or psychosomatic complaints (Copello et al., 2000). Substance misuse by one or both parents can impact on children as they experience inconsistent attachment and parenting styles. This can lead to high levels of violence and, at times, children needing to take responsibility and parenting roles at an early age. In addition, children of those with substance misuse problems are found to develop substance misuse problems more often and at an early age (Copello et al., 2005). Depending on the social supports and emotional capacity of the family, their ability to deal with the drug misuse problem will vary (Templeton et al., 2007). By strengthening the quality of the family relationships, this can positively correlate to improved engagement and treatment outcome (Copello et al., 2000).

Family-based interventions

It should be recognised that substance misuse does not always occur in isolation within the family; ”Where families contain multiple alcohol or drug users, intervention aimed at any single individual may be ineffective” (Percy et al., 2008, p. 382). The family is a critical factor in the assessment and treatment of substance misuse, and issues such as family structure, dynamics and roles that influence the development and maintenance of substance misuse should be considered. Certainly, in the adolescent literature, researchers advocate family involvement to support the young person with the substance misuse problem (Coombes et al., 2009; Springer et al., 2003; Toumbourou & Bamberg, 2008).

A number of family based interventions are now increasingly being shown to be effective in adolescent substance misuse treatment including: the ‘strengthening families program’ (SFP) (Kumpfer et al., 2003); the ‘behaviour exchange systems training’ (BEST) program (Toumbourou & Bamberg, 2008), ‘multidimensional family therapy’ (Liddle et al., 2005), ‘multisystemic therapy’ (Sheidow & Woodford, 2003) and behavioural family-focused programs (Kumpfer et al., 2003). Such approaches rest on the assumption that families are systems and a substance misusing youth needs to be seen within the ‘context’ that has influenced their development (Springer et al., 2003). This is because adolescent...
substance misusers generally have unique characteristics that impact on the course of treatment. Fagan (2006) states these can include:

- A briefer and more episodic history of substance misuse
- Rapid developmental changes (which can influence the course and impact of substance misuse)
- An adolescent being less likely to be psychologically and/or medically affected by protracted use
- Often present with co-occurring difficulties (such as family dysfunction, school problems, early onset mental health co-morbidity)
- More likely to respond to treatment and/or outgrow their initial experimental use
- Less likely to admit to a substance misuse problem and voluntarily seek intervention, and
- Possibly less responsive to ‘adult intervention’ strategies (e.g. confrontation or denial approaches often used in detoxification programs or inpatient programs).

Reviewing the literature of family interventions suggest successful adolescent substance misuse treatments include:

- Qualified clinicians with family therapy expertise (Springer et al., 2003)
- Recognition of cultural (Hayes, 2008), gender, religious and individual differences (Broman et al., 2008) and can work with whole families or individually as required (Sellman & Deering, 2008)
- Address engagement and motivational levels for involvement in treatment (Wilson et al., 2009)
- Involve families, schools and significant others including community where appropriate (Sheidow & Woodford, 2003)
- Use of developmentally appropriate treatment approaches (Coombes et al., 2009)
- Provide appropriate aftercare and support (Boys et al., 2001; Godley et al., 2007)
- Ongoing clinical supervision to ensure professional development, clinician satisfaction and retention and improvement in client outcomes (Roche et al., 2007).

Promoting awareness of family intervention

Steinglass (2009) identifies from the research literature that family intervention across the lifespan falls into three broad areas:

• Working with families to engage misusers into treatment considering the broader layers of social contexts (local neighborhood), and peer group (Percy et al., 2008),
• Systemic family work, including the misuser, in treatment which is integrative and flexible and drawing on successful elements of other therapeutic approaches such as motivational interviewing and relapse prevention (Baker & Vellerman, 2007),
• Helping individual family members with relational concerns and other associated needs where they have been adversely impacted by the misuser (Copello et al., 2005).

1. Engagement of misusers in treatment

Where a substance misuser refuses treatment, there is evidence that beginning the work with a family member to engage in treatment can be helpful (Szapocznik et al., 1988). Family members are typically stressed and distressed by a family member misusing drugs or alcohol, so treatment focused on education about substance misuse and approaches aimed at changing the behaviour and responses of family members can be helpful (Steinglass, 2009). The aim of such intervention restructures everyday family life to make it incompatible with substance misusing. This can heighten the problem, which can break down ‘denial’ and increase pressure on people into treatment (Copello et al., 2005).

Other approaches, beginning with concerned family members, emphasise support for the user and family members prior to and during treatment. Using this approach, family members and social networks are mobilised to support the substance misuser into treatment in a non-confrontational way. Family members are encouraged to ‘co-attend’ initially with the misuser into treatment, which can then expand to include family intervention, individual and/or group work. In the case of working with young people, Shelef et al., (2005) stress it is important to establish a strong alliance between therapist, parent and substance misusing adolescent at the beginning stages so that all can agree on treatment goals and tasks and be involved in reinforcing intervention in the home. Hogue et al., (2006) conclude that the parent-therapist alliance has the greatest impact on engagement in treatment, but then, over time, the alliance with the young person should be emphasised.

2. Integrative family Interventions

Research literature supports the helpfulness and cost effectiveness of family interventions in changing substance misuse behaviour, reducing levels of both consumption and of problems (Copello et al., 2008; Edwards & Steinglass, 2005; Smith & Hall, 2008). By paying attention to the person’s social context and their support system, family therapy can address the many layers that might work to reinforce a person’s substance misuse. In their review of family based interventions, Kumpfer et al., (2003) found effect sizes 2 – 9 times greater than approaches that were solely individual focused, arguing that family strengthening intervention should be included in all comprehensive substance misuse treatment programs.

Interestingly, Steinglass (2009) points out that the divide between substance misuse treatment and family therapy approaches is not as wide as one might originally think. For example, the technique of motivational interviewing, which is central to addiction intervention, is similar in many ways to constructs in family therapy approaches which promote non-pathologising therapeutic stance, therapist neutrality, therapist transparency and the development of interviewing techniques which explore underlying beliefs about the function of substance misuse critical to understanding client’s resistance to change. Motivational interviewing, using similar constructs, has been primarily applied to individual casework (Miller & Rose, 2009) but could be applied to family interventions once clinicians received training and were supported in their workplace to engage families.

An example of integrative family work is the ‘strengths-oriented family therapy’ approach, a manualised treatment protocol for use with young people and their families (Smith & Hall, 2008). In this program, conjoint individual and family sessions focus on refining and monitoring goals based on an initial strengths assessment and developing and implementing a solution plan. This includes specific solution-focused questions and techniques using exception-finding questions (i.e. past successful solutions); coping questions (i.e. what doesn’t make things worse), scaling questions and questions to help young people and their family identify the strengths of their efforts towards positive change. Treatment
includes small measurable tasks, which work towards problem resolution, and is usually achievable within 12 weeks of both individual and family sessions (Smith et al., 2006). Such a programme could be adapted for work across the lifespan.

Another programme providing a relational approach to substance misuse treatment is the ‘systemic-motivational model’ (SMT) (Steinglass, 2009), which has family relationships as its central focus. With a focus on how the ‘substance’ intersects in family life and how it has become central, the therapist works with the family members to identify helpful and restraining beliefs and potential resources within the family (including the misuser), to explore resolutions to the problem. In order to incorporate the different perspectives, beliefs and behaviours, the therapist needs to be curious and work in partnership with whole families to integrate family-problem-solving skills. A common finding in the literature is that drug and alcohol clinicians need family therapy training in addition to their specialist drug and alcohol skills training (Corless et al., 2009).

3. Helping individual family members with relational concerns and other associated needs

Family members that are impacted adversely by a substance misuser often need support within their own right, but there is little research in this field which shows the specific needs of the families of substance misusers. As a result, they have often been overlooked in service provision in the past (Copella et al., 2005). While this is slowly changing, and especially within the field of adolescent substance misuse treatment (e.g. Broman et al., 2008; Coombes et al., 2009; Templeton et al., 2007), research and intervention needs to be geared to helping family members reduce their stress and distract and increase their coping skills. This may take the form of the programmes discussed above, or may take the form of specialist individual or group programmes. Providing family members with a forum to discuss concerns, to provide relevant psychoeducation about substance misuse and associated mental health problems and ways of coping, including social supports, are all strategies that can be extremely helpful. Not only may this help by reducing family members’ stress, but can enhance ongoing motivation after treatment ceases (Britton, 2009).

In summary, Table 1 provides a framework for family based substance misuse intervention. This framework incorporates elements of family systems which view the substance misuser within their context and work to identify family strengths, possible restraints for change and ways to engage whole families to work cooperatively to facilitate change and reduce misuse and the negative impact of drugs and alcohol within the family.

### Conclusion

This article has attempted to highlight the importance of shifting from traditional individual-focused treatment of substance misuse to incorporating the family from the first stage of assessment through to recovery. In order for this to become part of mainstream drug-treatment services, this model of practice needs to be integrated into everyday practice and supported by researchers, policy advisers, service delivery agencies and clinicians. In addition, clinicians working in specialist drug treatment organisations need further training in family work and ongoing clinical supervision to support their understanding of community, cultural and religious influences on substance misuse across the lifespan. Within the adolescent literature in this field, family work is more supported and researched, but there continues to be a growing need for this to occur across adult services. There is great value in working therapeutically with whole families and systems and clinicians doing so in a non-blaming, collaborative way are likely to find this area of work rewarding.

### References


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### Table 1: Family based treatment for substance misuse: Guiding principles

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<tr>
<th>Stage 1: Assessment</th>
<th>Aim: To understand the fit between substance misuse and the broader systemic context</th>
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<td>• Assessing commitment; risk factors; current coping strategies; impact on family</td>
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<td></td>
<td>• Psychoeducation (e.g. information of substances; parenting skills; couple/family</td>
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<td>communication; understanding denial and psychological defenses)</td>
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<td>• Assessing family strengths (to aid treatment planning)</td>
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<th>Stage 2: Family intervention</th>
<th>Aim: To incorporate knowledge of the family strengths and restraints to develop a treatment plan</th>
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<td></td>
<td>• Questioning techniques that elicit strengths and challenge restraining beliefs and behaviours</td>
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<td></td>
<td>• Scaling questions to identify and plan for specific and achievable goals</td>
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<td></td>
<td>• Exception finding questions to identify past successful solutions</td>
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<td>• Enhancing social supports</td>
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<th>Stage 3: Stabilising change</th>
<th>Aim: To work towards stabilising positive change and reduce the chance of relapse</th>
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<td></td>
<td>• Enhancing family communication</td>
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<td></td>
<td>• Dealing with common recovery issues such as loss and grief, anger, lapses and relapses,</td>
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<td>change to rituals and routines that do not involve substance misuse</td>
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<td>• Preventing relapse (possible referral to support services)</td>
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<td>• Redefining individual and family identity</td>
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