

TARGETING THE COLLATERAL: HELPING FAMILY MEMBERS OF INDIVIDUALS WITH SUBSTANCE USE AND CONCURRENT DISORDERS

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Mental Health - Care & Research
Santé mentale - Soins et recherche

Overview

- The Silent Majority: Concerned Family Members (CFM)
- Prior efforts to help CFMs
- The current program
 - *Group therapy sessions*
 - *Aftercare group sessions*
- The current study
- Participants
- Measures
- Baseline comparisons between groups
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- Longer-term effects
- Perceived personal benefits
- Discussion

The Silent Majority: Concerned Family Members (CFM)

- Limited amount of research examining the impact of substance use and concurrent disorders (SUCDs) on family members.
- CFMs report a number of problems:
 - Depression
 - Psychotic disorders
 - Personality disorders
 - Fatigue
 - SUCDs
 - Heart disease
 - Diabetes
 - Asthma
 - Poisoning
 - Hepatitis
 - Impaired social adjustment
 - Poor work performance
 - Reduced leisure activities

The Silent Majority: CFMs

- CFMs report higher stress levels, attributed to emotional, financial, health and legal problems.
 - *i.e., Hospital related costs, illnesses, hostile home environment, domestic abuse*
- CFM's feel socially isolated and perceive lower social support, leading to them to have difficulties talking about addiction and mental health.
- Individuals with SUCDs have more conflicts with their significant others and within their family.
- Stress-Strain-Coping-Support model (SSCS; Orford, Copello, Velleman & Templeton, 2010):
 - *SUCDs diminish a CFM's health by increasing stress and strain.*
 - *CFM's social support network could increase ability to overcome the stressor and remain healthy.*

Prior efforts to help CFMs

- Majority of research and treatment involving CFMs focused on their role in the etiology and treatment of SUCDs.
- Centre for Addiction and Mental Health offer support groups for families of friends of individuals with a variety of SUCDs.
- 5-Step Method (Copello, Templeton, Orford, & Velleman, 2010a, 2010b):
 - Based on SSCS model
 - Primary care settings, specialist services, and community settings

The current program

- Three principles:
 - CFMs are both affected by the SUCD and this affects the course of the SUCD;
 - CFMs require assistance in their own right to sort out the effects of SUCDs on their lives;
 - Assistance, support, group accountability and friendship will facilitate coping with a relative's SUCD.
- Based on:
 - Family Systems Theory (Anderson & Henderson, 1981)
 - Psycho-educational group models
 - Psychodynamic group therapy
 - Cognitive behavioural therapy
 - Communication skills and self-management training.

Group therapy sessions

- 4 full consecutive days Monday to Thursday from 9am to 5pm. Included:

Facilitation of the group to enhance feelings of security and provide a safe place for group members to discuss their experiences and how they have been affected by SUCDs.

Psycho-educational lectures and discussions on communication, setting boundaries, problem solving, and coping strategies.

Psycho-educational lectures and discussions to increase the participant's knowledge of SUCDs.

Providing an opportunity in a safe group environment for group members to sort through and grieve the emotional impact of SUCDs.

Films and discussions of these films as part of the therapy.

Introducing participants to potential self-care strategies such as leisure activities and physical and relaxation exercises.

Aftercare group sessions

- Weekly two-hour closed group sessions, lasting five to six weeks.

Facilitation of group discussions on how each individual member coped with the SUCD in the passing week.

Consolidation of new initiatives of the group members, such as setting a new boundaries and behaviors identified in the 4-day phase of the program.

Provide further information to participants on the SUCD recovery process.

Facilitation of a cognitive behavioural therapy exercise focused on managing anxiety.

Appreciation of work by group members on their own co-dependency and co-dependent relationship patterns.

Showing of a film to increase participant's knowledge of the physical and neurological consequences of substance use.

The current study

- Assessed the efficacy of the treatment program at:
 - *Reducing subjective personal stress;*
 - *Increasing perceived social support from family members and friends;*
 - *Improving family functioning and reducing intra-familial conflict.*
- Assessed immediate and longer-term (six months) effects.

Participants

- 125 CFMs
- 97 (77.6%) in the program, 28 (22.4%) in the comparison group.
- Mean age of 52.92 ($SD=10.85$), majority female (77.6%) and married (61.6%).
- Most frequently reported abused drug by the individual with an SUCD was alcohol (82.4%).
- SUCD has been a problem for $M=7.89$ ($SD=7.17$) years.
- Majority currently seeking help from friends (78.4%) and family (76%).
- Many participants currently seeking help from a professional (21.6%) and a family doctor (40.8%).

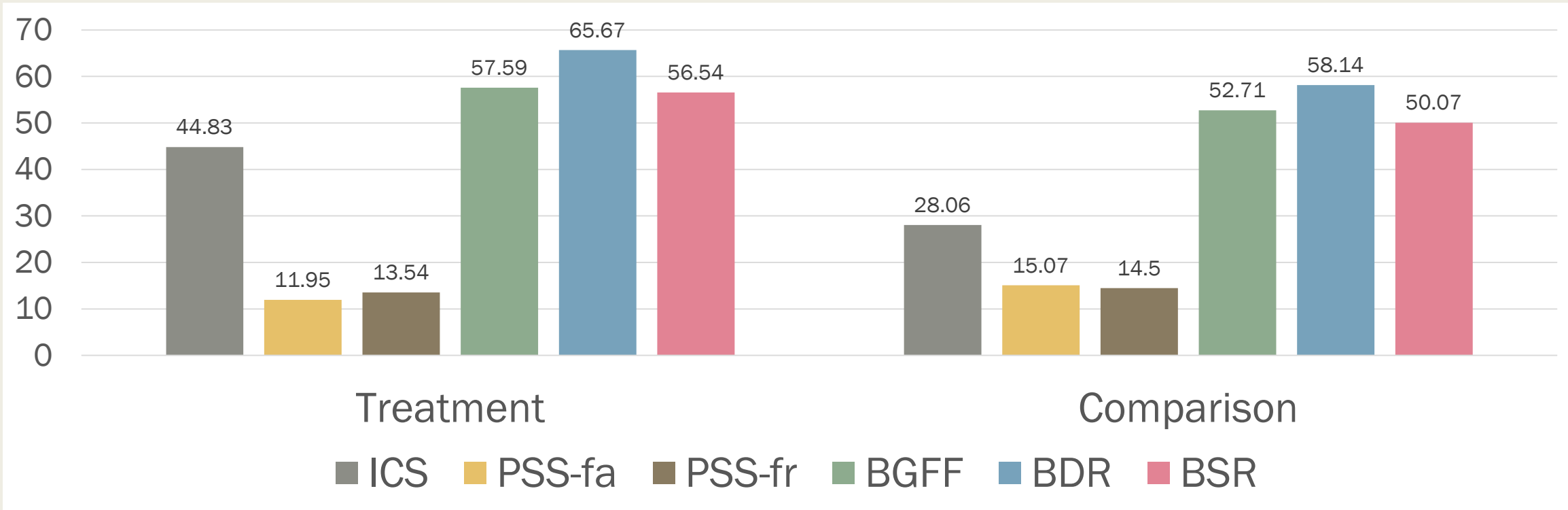
Measures

- Subjective personal stress
 - *Index of Clinical Stress* (ICS; Abell, 1991).
 - 25 items, scores range from 0 to 100, higher scores indicate greater stress.
- Perceived social support
 - *Perceived Social Support-Family* (PSS-fa) and *Friends* (PSS-fr) scales (Procidano & Heller, 1983).
 - Both scales composed of 20 items, scores range 0 to 20, higher scores indicate stronger social support.

Measures

- Family functioning
 - *Family Assessment Measure* (FAM-III; Skinner, Steinhauer, & Santa-Barbara, 1995).
 - Brief 14 item versions of three subscales: General (BGFF), Dyadic (BDR), and Self-rated (BSR) family functioning subscales.
 - Lower scores on these scales indicate stronger family functioning, whereas higher scores indicate greater intra-familial conflict.
- Perceived personal benefits questionnaire
 - 10 questions rated 1 (Total Disagreement) to 7 (Total Agreement) evaluating how well the treatment program has benefited other aspects of the participant's life.

Baseline comparisons between groups



Treatment group had significantly:

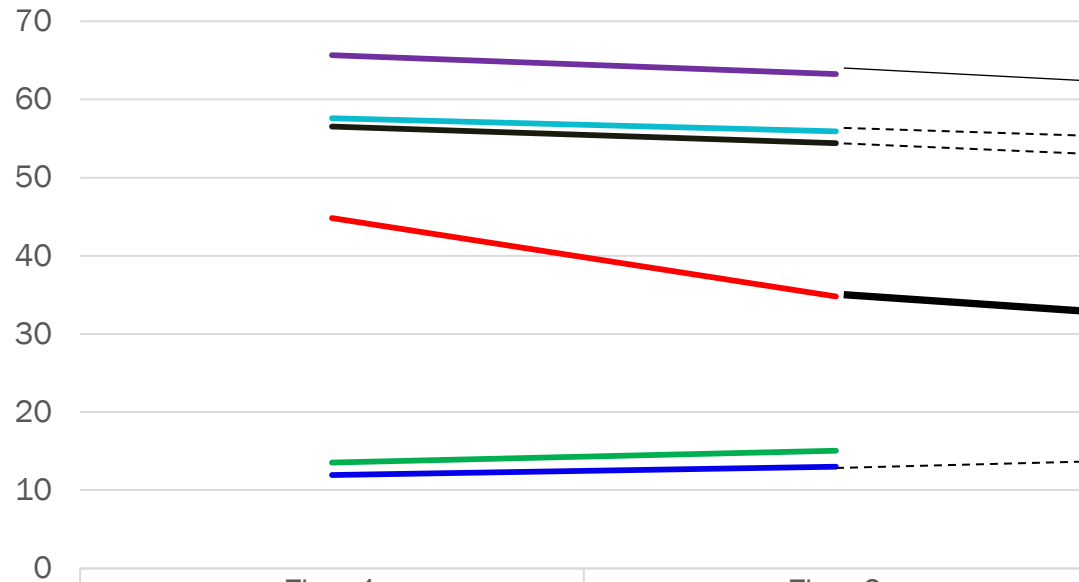
- Higher ICS scores ($p < .001$)
- Lower PSS-fa scores ($p < .05$)
- Higher BDR scores ($p < .01$)
- Higher BSR scores ($p < .05$)

Immediate effects

- Whether or not the participant was in the treatment program had a significant main effect on:
 - ICS scores ($F(1, 123)=16.01, p<.001, \eta^2_{\text{partial}}=.12$)
 - PSS-fa scores ($F(1, 123)=4.32, p=.040, \eta^2_{\text{partial}}=.03$)
 - BGFF scores ($F(1, 123)=5.02, p=.027, \eta^2_{\text{partial}}=.04$)
 - BDR scores ($F(1, 123)=10.44, p=.002, \eta^2_{\text{partial}}=.08$)
- Significant group x time interaction effect on:
 - ICS scores ($F(1, 123)=5.76, p=.018, \eta^2_{\text{partial}}=.06$)
 - PSS-fr scores ($F(1, 123)=1.47, p=.008, \eta^2_{\text{partial}}=.06$)

Immediate effects

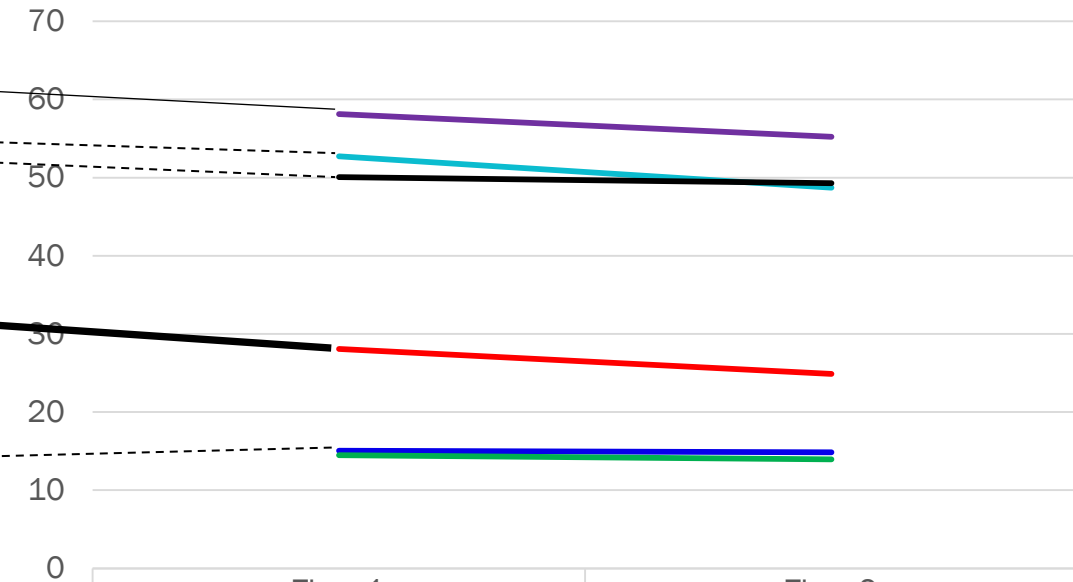
Treatment group



	Time 1	Time 2
ICS**	44.83	34.77
PSS-fa*	11.95	13.01
PSS-fr**	13.54	15.04
BGFF	57.59	55.91
BDR*	65.67	63.25
BSR*	56.54	54.41

ICS** PSS-fa* PSS-fr** BGFF BDR* BSR*

Comparison group



	Time 1	Time 2
ICS	28.06	24.89
PSS-fa	15.07	14.86
PSS-fr	14.5	13.96
BGFF*	52.71	48.71
BDR	58.14	55.21
BSR	50.07	49.29

ICS PSS-fa PSS-fr BGFF* BDR BSR

Simple effects: * $p < .05$, ** $p < .001$

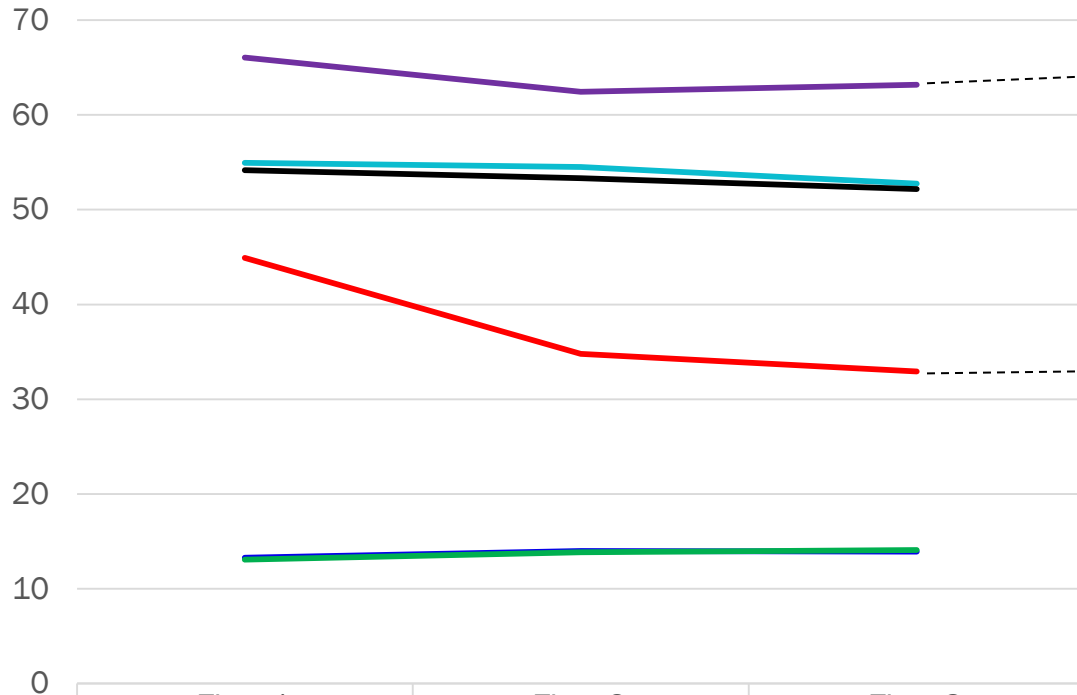
Main effects: $p < .05$, — $p < .01$, ——— $p < .001$

Longer-term effects

- Only 60 (48.8%) participants completed the questionnaires at T3.
- Whether the participant was in the treatment group had a significant main effect on:
 - ICS scores ($F(1, 58)=6.67, p=.012, \eta^2_{partial}=.10$)
 - BDR scores ($F(1, 58)=6.33, p=.015, \eta^2_{partial}=.10$)
- No significant interaction effects.
- Simple effects analysis revealed that among treatment group *only*:
 - ICS scores significantly higher at T1 compared to T2 ($p<.001$) and T3 ($p<.001$). No significant difference between T2 and T3 ($p=.970$)

Longer-term main effects

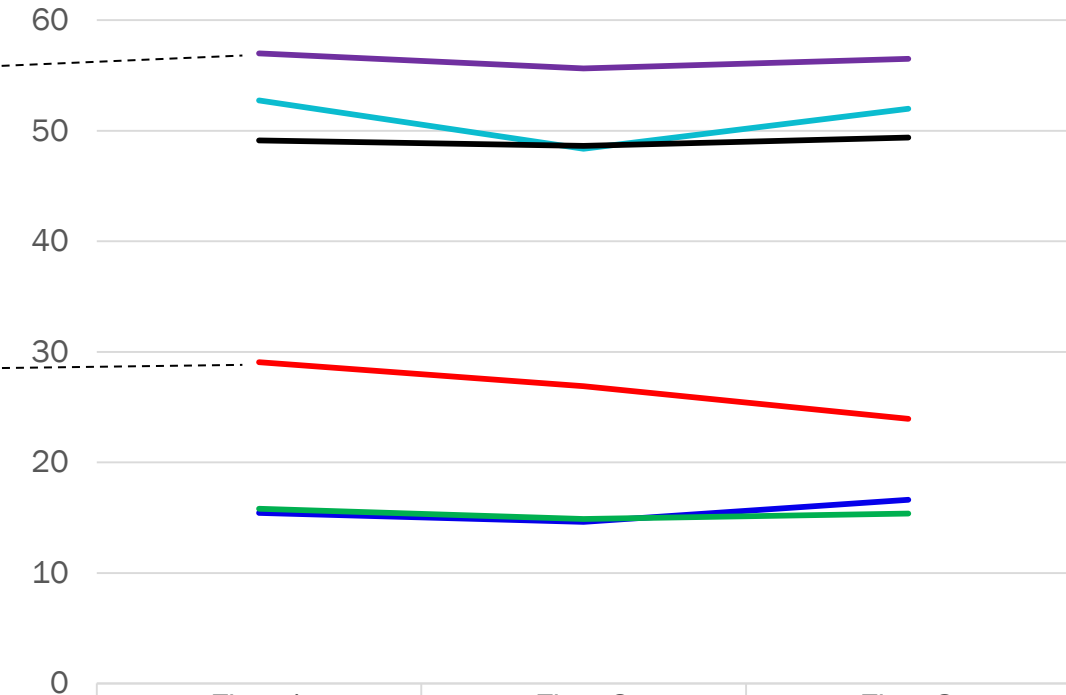
Treatment



	Time 1	Time 2	Time 3
ICS	44.9	34.77	32.94
PSS-fa	13.27	14	13.91
PSS-fr	13.07	13.84	14.09
BGFF	54.96	54.52	52.75
BDR	66.05	62.43	63.18
BSR	54.18	53.32	52.18

ICS PSS-fa PSS-fr BGFF BDR BSR

Comparison



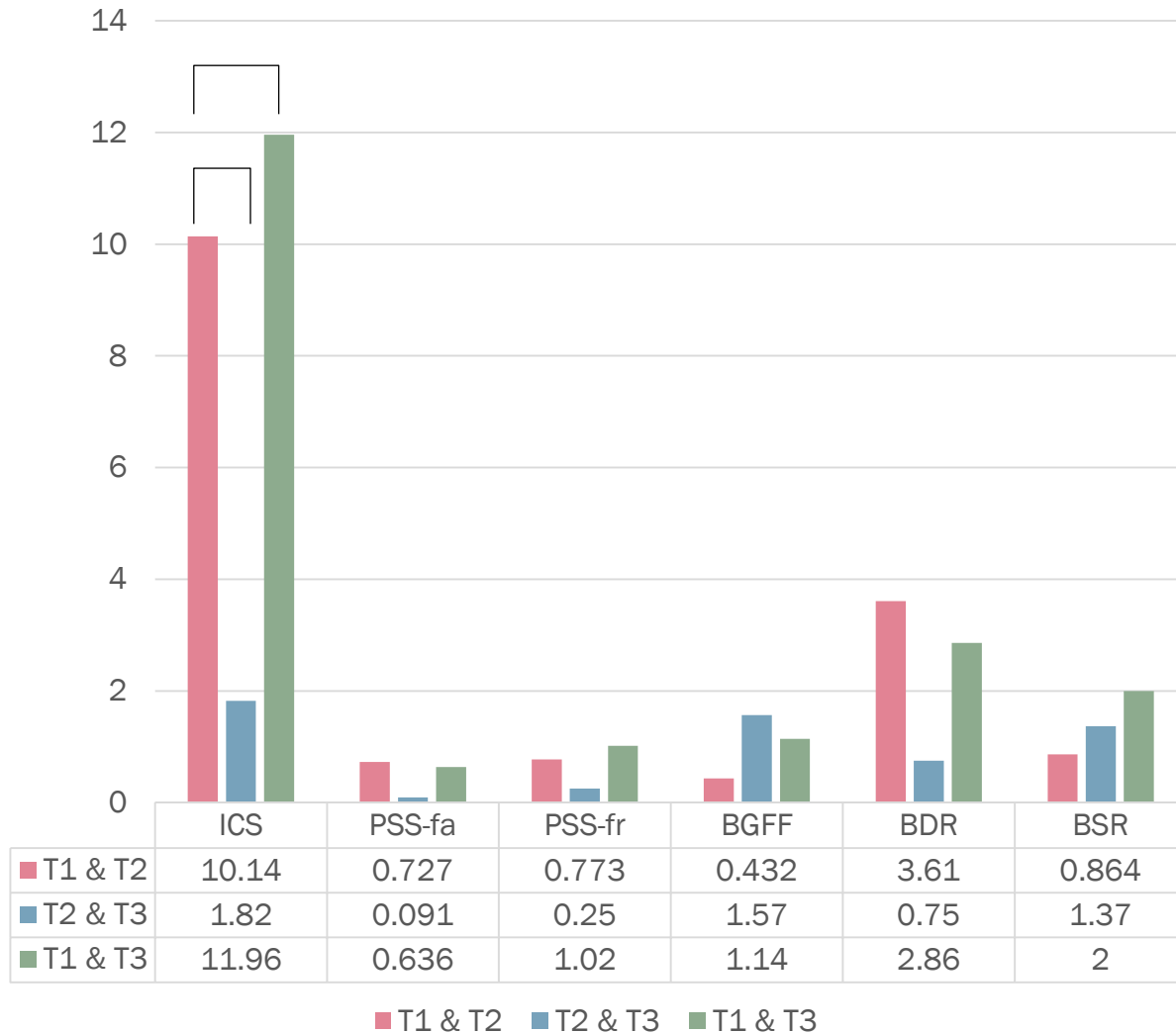
	Time 1	Time 2	Time 3
ICS	29.07	26.9	23.95
PSS-fa	15.44	14.63	16.63
PSS-fr	15.81	14.88	15.38
BGFF	52.75	48.38	52
BDR	57	55.63	56.5
BSR	49.13	48.63	49.38

ICS PSS-fa PSS-fr BGFF BDR BSR

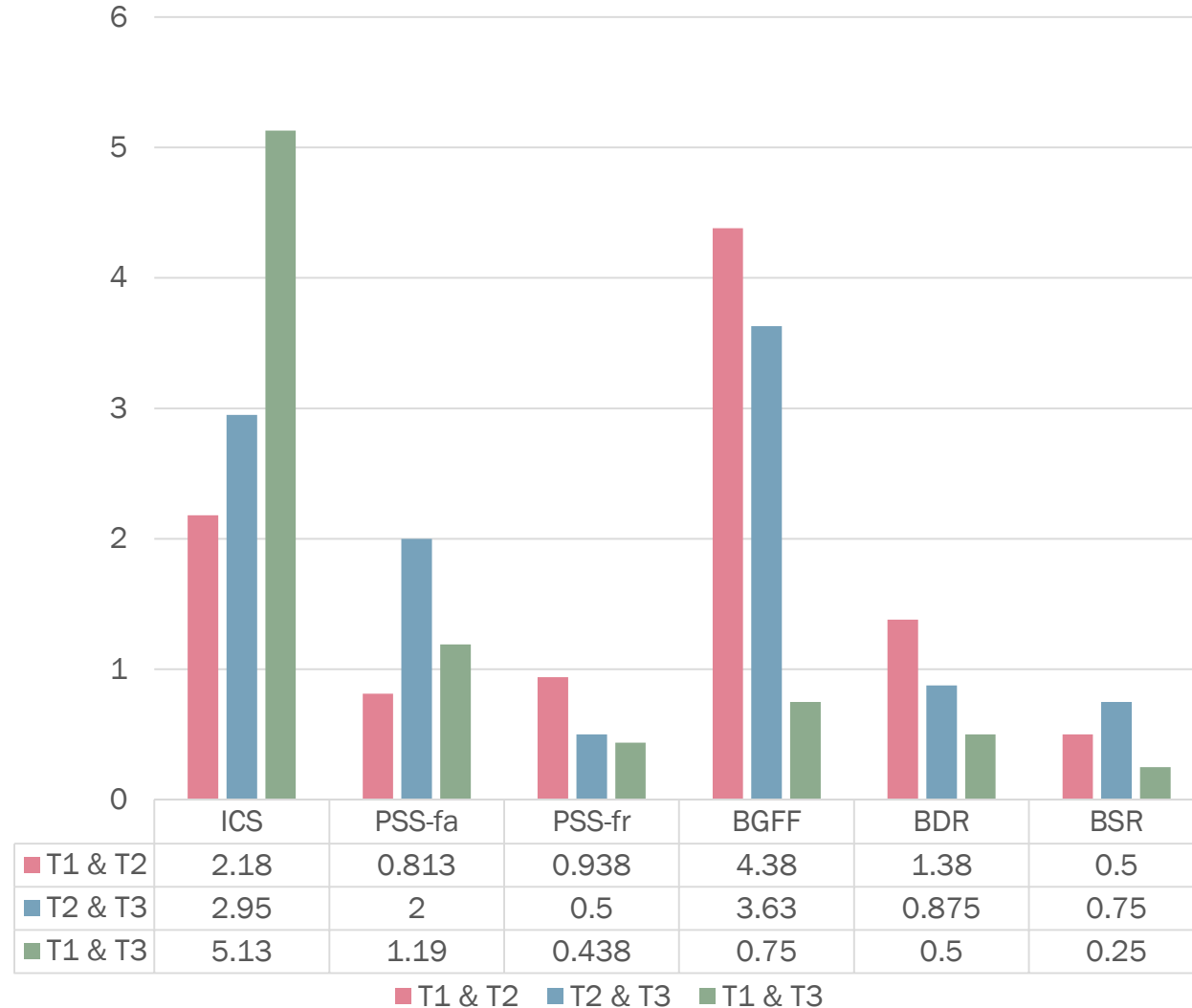
Both main effects significant at $p < .05$

Longer-term simple effects

Treatment

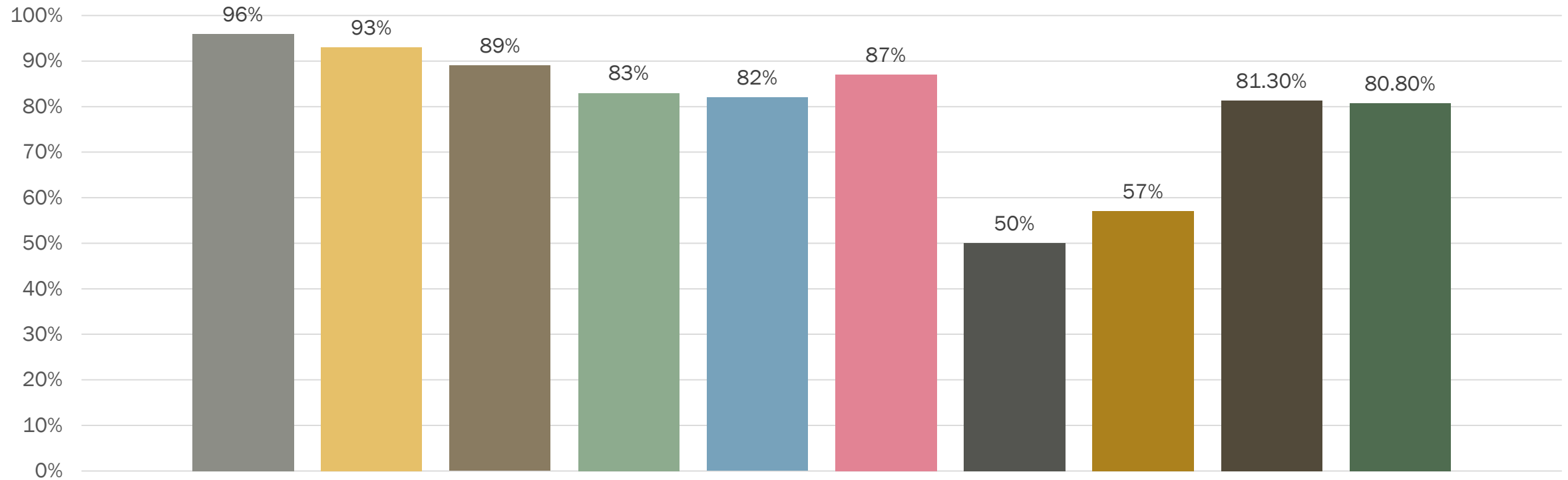


Comparison



☐ = $p < .001$

Perceived personal benefits



- Increased knowledge of substance abuse
- Increased knowledge of concurrent disorders
- Improved ability to work through emotional difficulties within the family
- Improved ability to work through emotional difficulties with substance using individual
- Improved ability to work through emotional difficulties with other family members
- Reduced perfectionism, worry, self-blame, caretaking, people pleasing and anger
- Increased participation in leisure activities
- Increased rejection of unenjoyable activities
- (If family member is in recovery): Increased expression of feelings toward addicted family member in recovery
- (If family member is now in recovery): I have increased my communication towards my addicted family member in recovery

Discussion

- Treatment program successfully reduced stress, increased perceived social support from family, and increased dyadic and self-rated family functioning.
- Majority of the program participants reported gaining :
 - *Knowledge of SUCDs;*
 - *Better coping capabilities to emotional difficulties;*
 - *Reductions in self-defeating and maladaptive coping mechanisms;*
 - *Increased participation and maintenance of leisure activities;*
 - *Improved communication and emotional understanding between the participant and the individual that is misusing drugs.*

Discussion

- Implications for substance abuse treatment:
 - CFM's who participated in 5-Step program reported an improvement in the use of addictive substance in the individual with an SUCD (Velleman et al., 2011).
- Limitation:
 - Very unbalanced sample sizes (97 vs 28).
 - High attrition rate at six-month follow-up.
- Future directions:
 - Future studies should assess the efficacy of such treatment programs at improving other factors, including work performance, socioeconomic status, and general physical health.

Thank you!

