# The National Methamphetamine Symposium

*Making Research Work in Practice*

*12 May 2015 | Arts Centre, Melbourne*

## "The Bondage of love"
## Issues arising for families

**Paula Ross**

# "The Bondage of love"
## Issues arising for families

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*enabling change*

# W.H.O

- the close relatives of someone using drugs excessively are victims of chronic stress which can lead to physical or mental ill health

- relatives are highly involved and active in reacting and responding to what is going on

- some of the ways in which relatives cope are better than others for
    (i) reducing the risks of ill-health for themselves
    (ii)influencing drinking or drug use in a desired direction

- exactly what ways of coping are better depends on a relatives circumstances
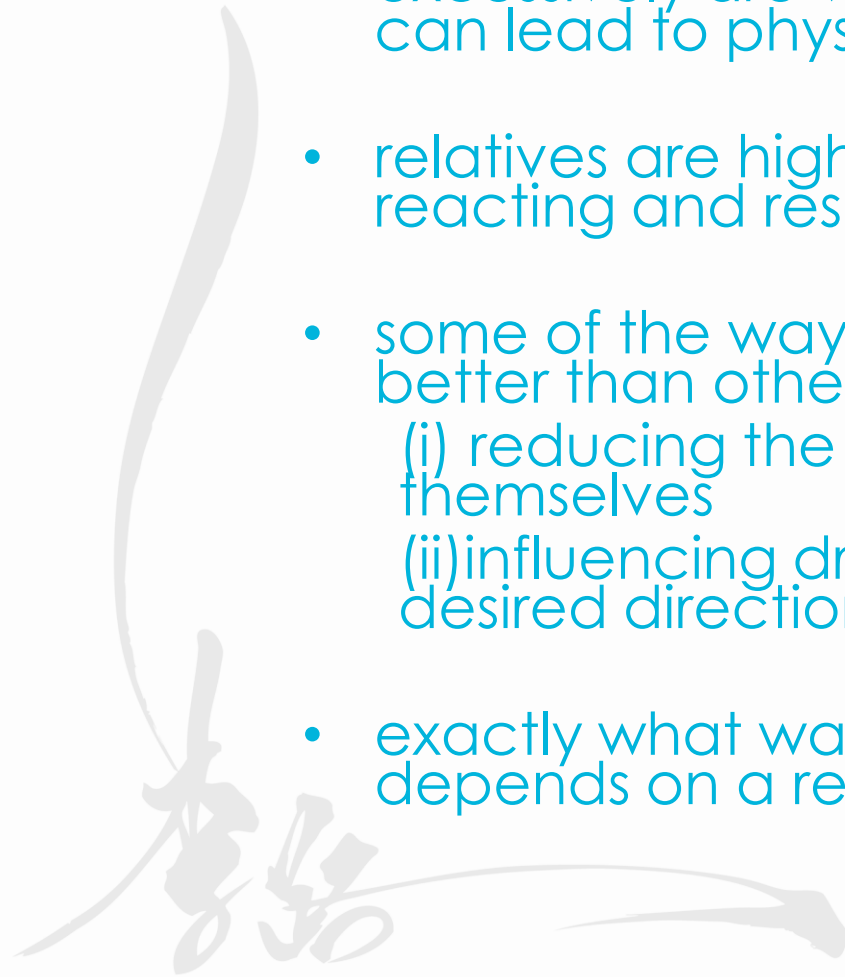
# Stress Strain Coping Support

- SSCS model developed by Orford (2010)

- Found to apply to families irrespective of social, cultural and economic differences but different aspects take prominence "variform universal"
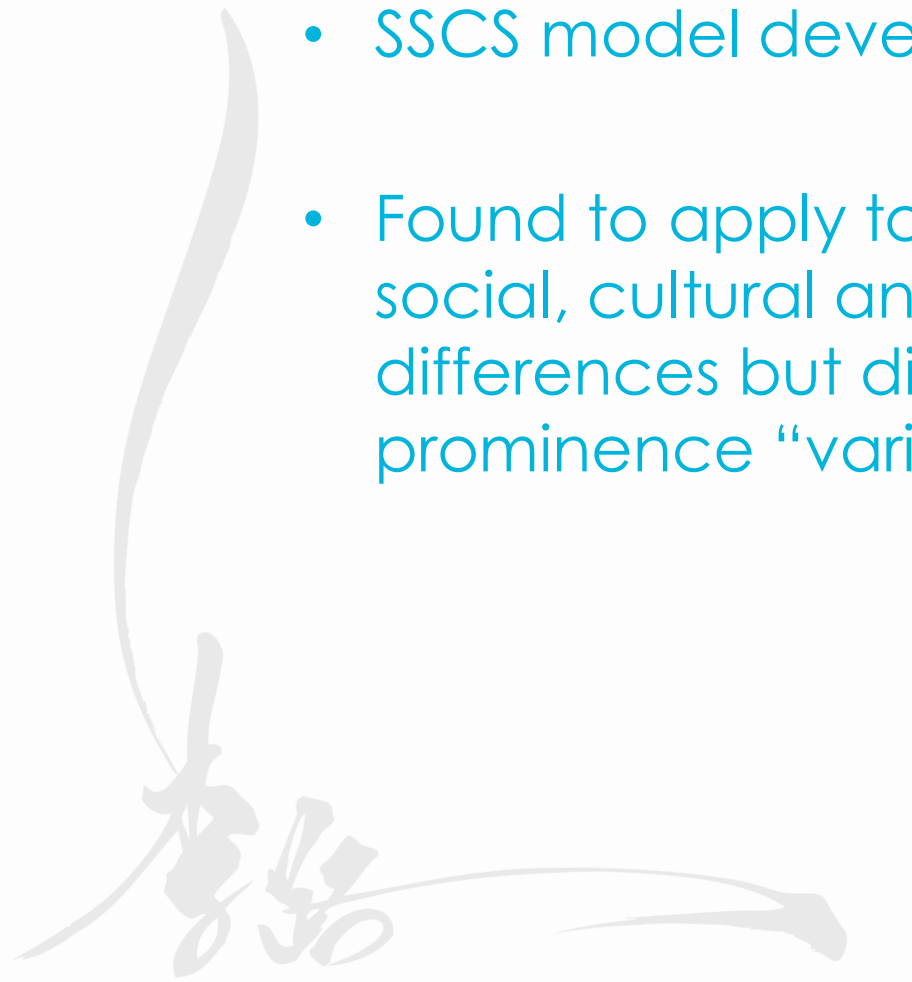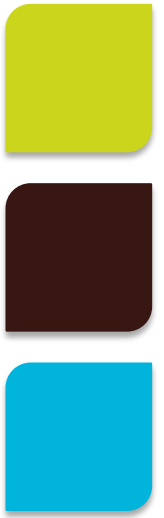
# Stress

- **stress** = relationships become disagreeable; conflict over money; uncertainty; worry; home/family life threatened

- **particular stresses with meth use** =
  (i) psychosis
  (ii) cognitive impairment
  (iii) violence                                    (Ross 2012)

- many studies have found no difference in levels of symptoms in family members if their relative was using drugs or alcohol but a recent study found higher symptoms when the relative uses drugs                    (Velleman et al 2011)
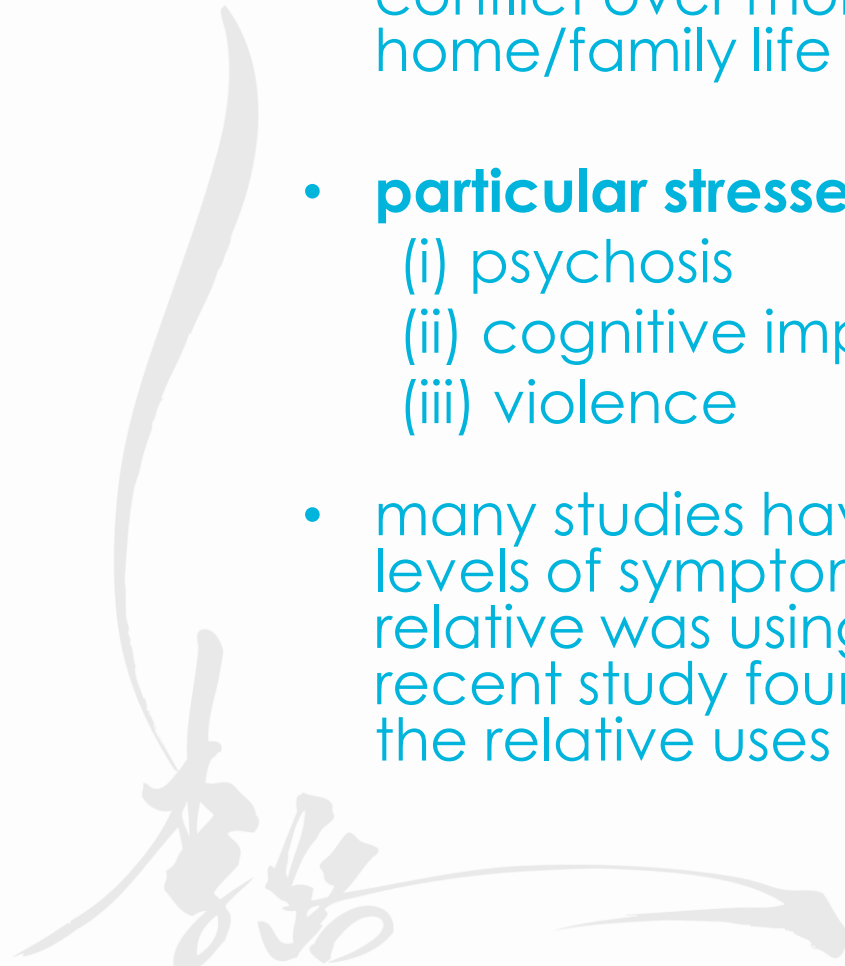
# Strain

- **strain** = worry; self image; ill health; self confidence;

# Coping

- **"Put up"** tolerating: resignation, acceptance, self sacrifice

- **"Stand up"** Engaging: attempting to change drug use by being
  - (i) emotional and controlling
  - (ii) supportive and controlling
  - (iii) assertive and supportive

- **Withdrawing**: reducing interaction, small scale or large scale, avoidance or focusing on own life
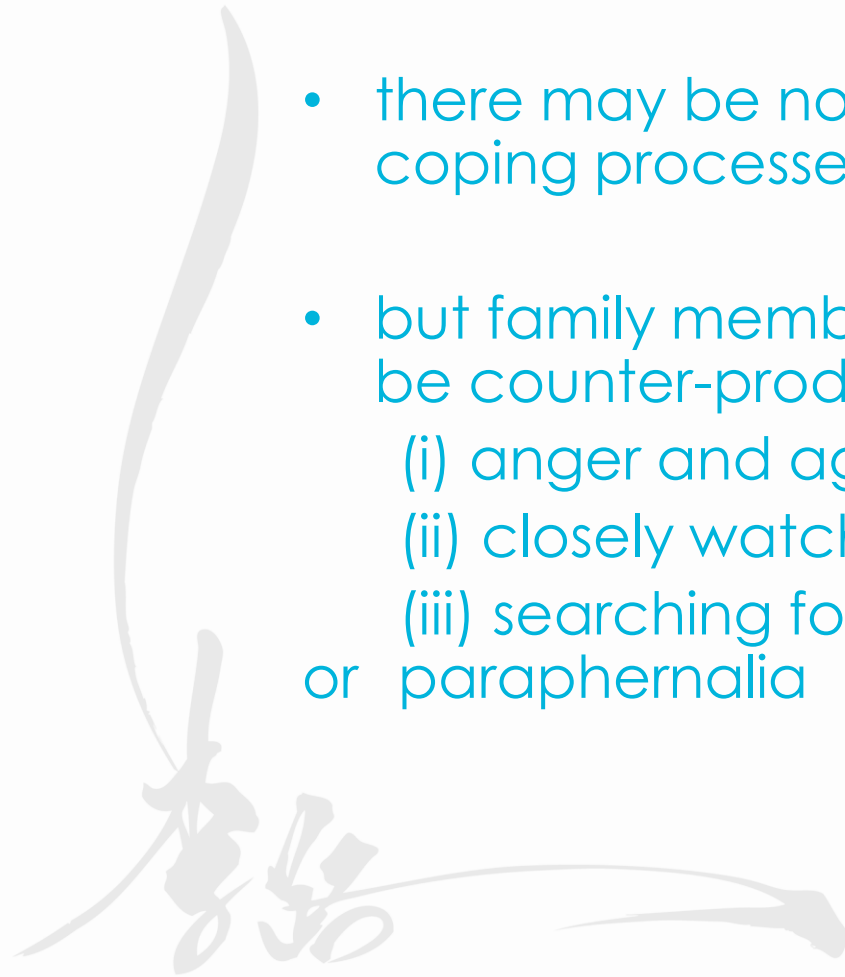
(Orford et al 2010)
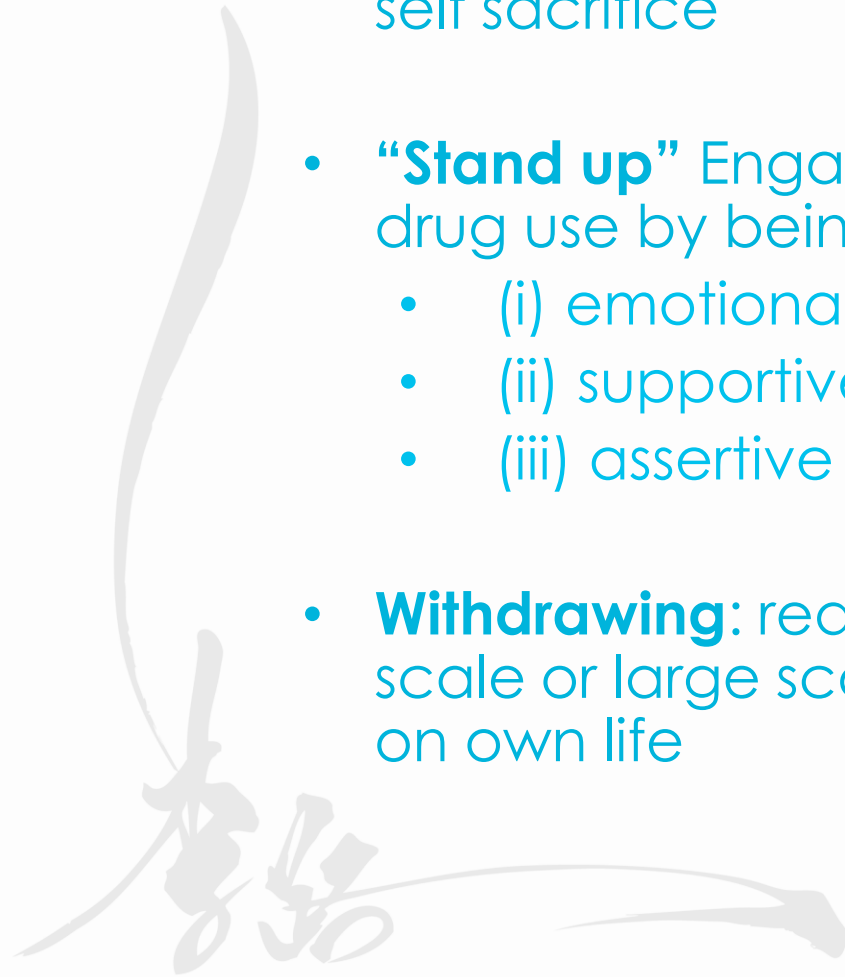
# Best ways?

- all forms of coping have pros and cons

- there may be no universally good or bad coping processes

- but family members consider certain ways to be counter-productive
    (i) anger and aggression
    (ii) closely watching
    (iii) searching for and destroying substances or   paraphernalia

(Orford et al 2010)

# Support

- **support** = valued by families but often denied by others.

- **the best support is**:

(i) family's coping efforts are supported rather than criticised or opposed

(ii) positive sentiments are expressed about family member affected by drugs being deserving of help and being someone who potentially could change
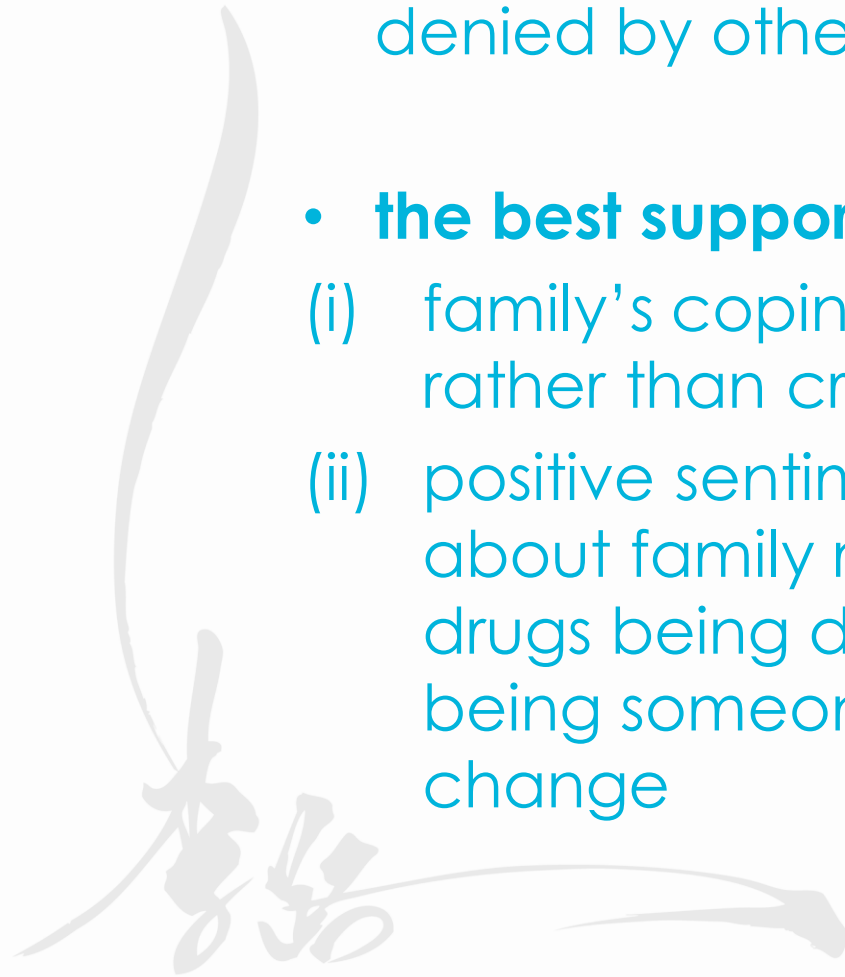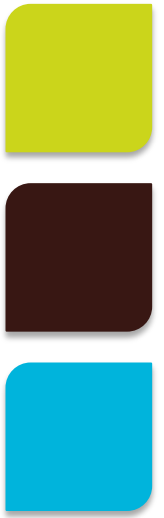
# Matrix Model – family response to meth use

- **introductory phase** – unaware, not affected much, no drug problem
- **maintenance phase** – realise there is a problem, attempt to solve it, financial assistance, excuses, take responsibility for maintaining family life
- **disenchantment phase** – angry, guilt, shame, give up, ignore problem, blame person using or themselves
- **disaster phase** – sense of failure and hopelessness, separate from person using or preserve the peace
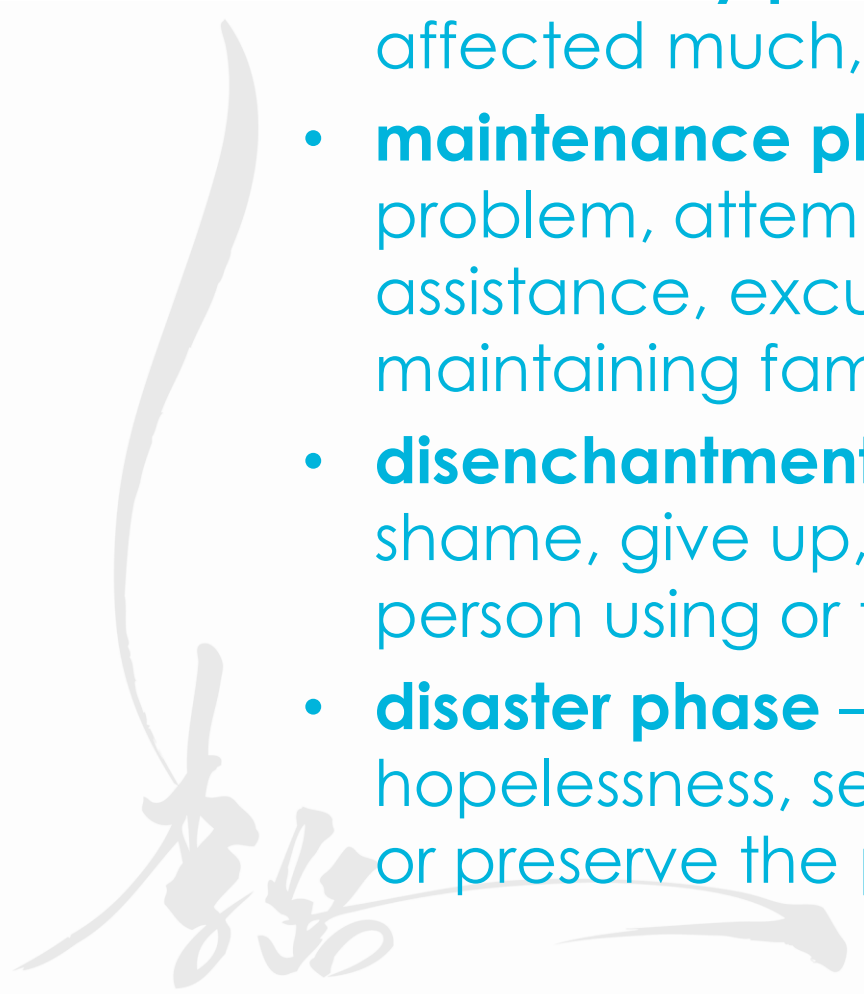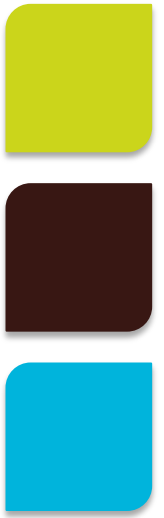
# Parents

"taken a sacred job and hadn't done it right"

(Frances in Sayer-Jones 2006)

- failed at being a parent, protecting child
- conflict between parents
- indignities and unease from being involved in drug using life      (Barnard 2007)
- caring and supporting vs fostering responsibility
- higher symptom levels than partners

(Velleman et al 2011)

# Children of Parents who use

- children are the family members most affected by drug use in the family

  (Gruber & Taylor 2006)

- reducing connection, attachment difficulties

- compromised sense of security

- cant rely on parents for basic needs

- subvert own needs to look after parent

- structural problems eg poverty, criminal activity, residential mobility
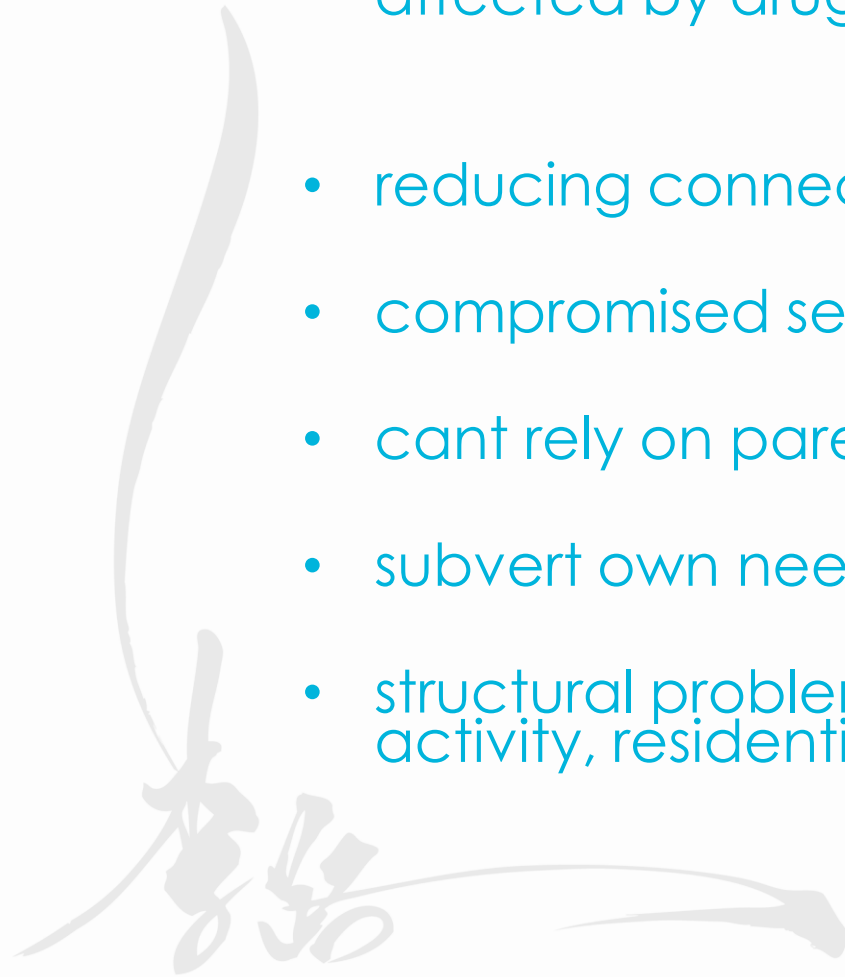
# Children of Parents who use

- results in a variety of emotional, cognitive, behavioural and social problems

- higher risk of mental illness, including depression and anxiety

- low self esteem, feelings of guilt and shame

(Pereg-Oren & Teichman 2006)
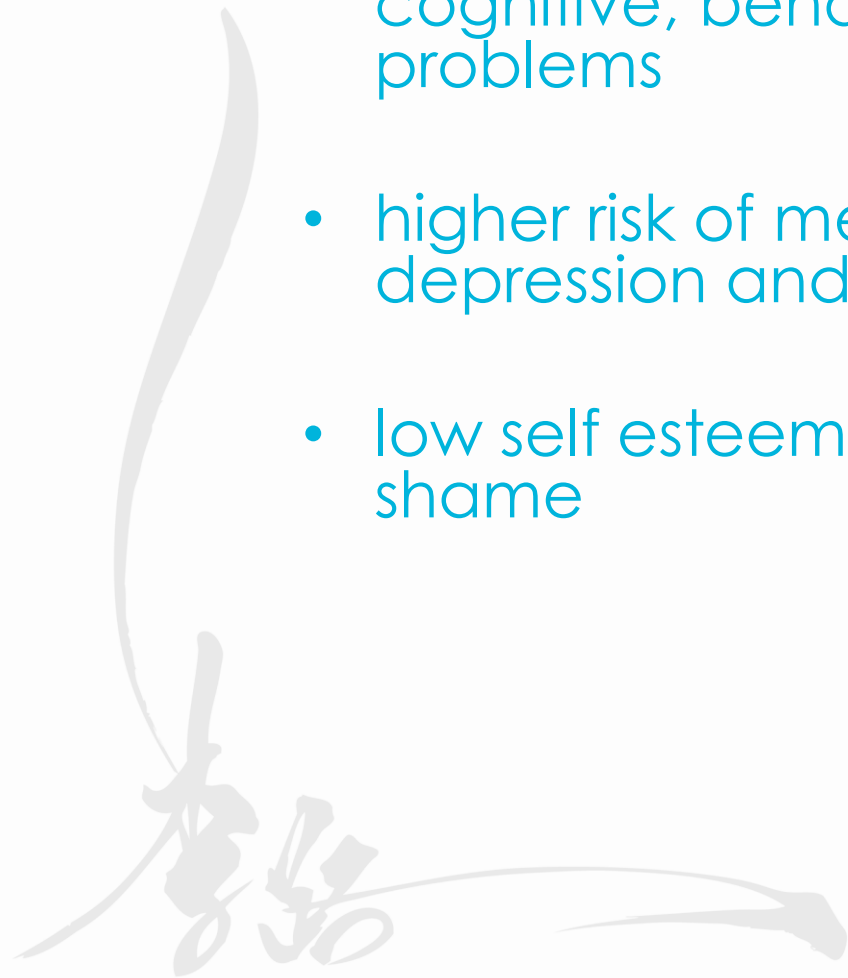
# Siblings

- have been a forgotten group

- frustration, distress and anxiety

- minimise own needs and distress

- attempt to compensate for the difficulties their sibling has brought

- younger siblings not well integrated with family

- sibling drug use a more powerful indicator of other sibling use than parental use or attitudes

(Barnard 2007)
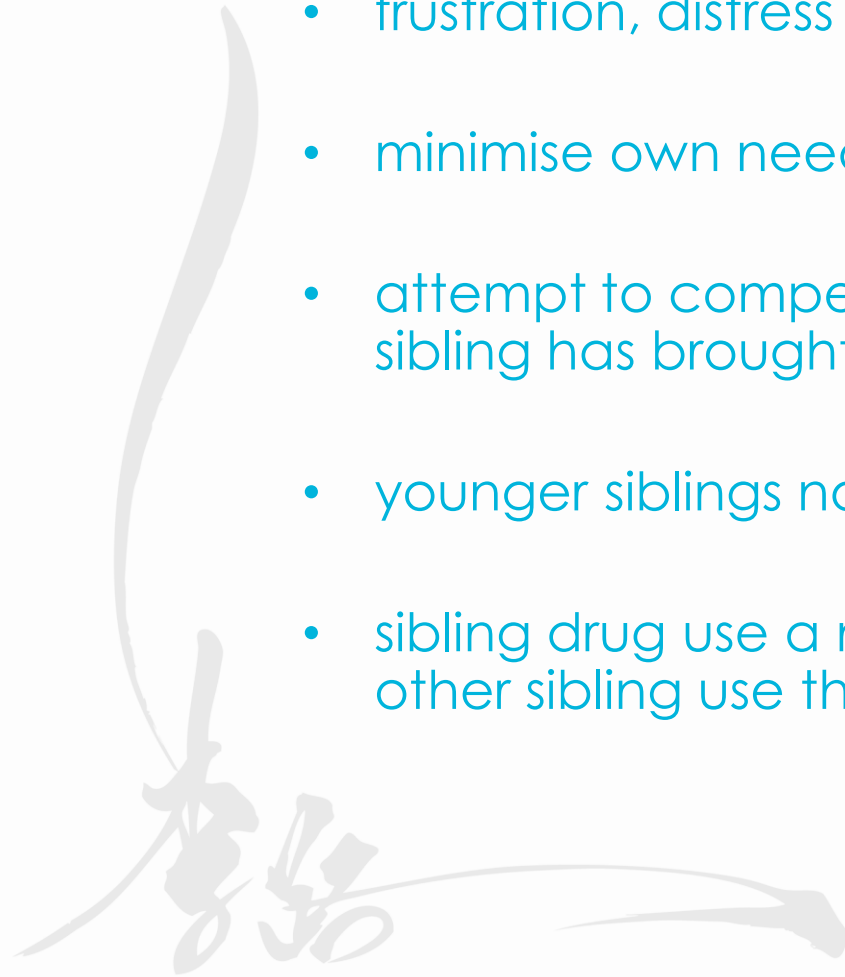
# What we know

- 60-80% of people with drug related problems live with a parent (Stanton 2004)

- family pressure has been identified as a significant factor in people entering treatment (Marlowe et al 2001)

- the help of significant others has been identified as important to people adhering to treatment contracts and goals and maintaining gains following treatment (Higgins et al 1994)

- social support from family and friends improves treatment compliance and reduces risk of relapse (Liepman et al 1989)
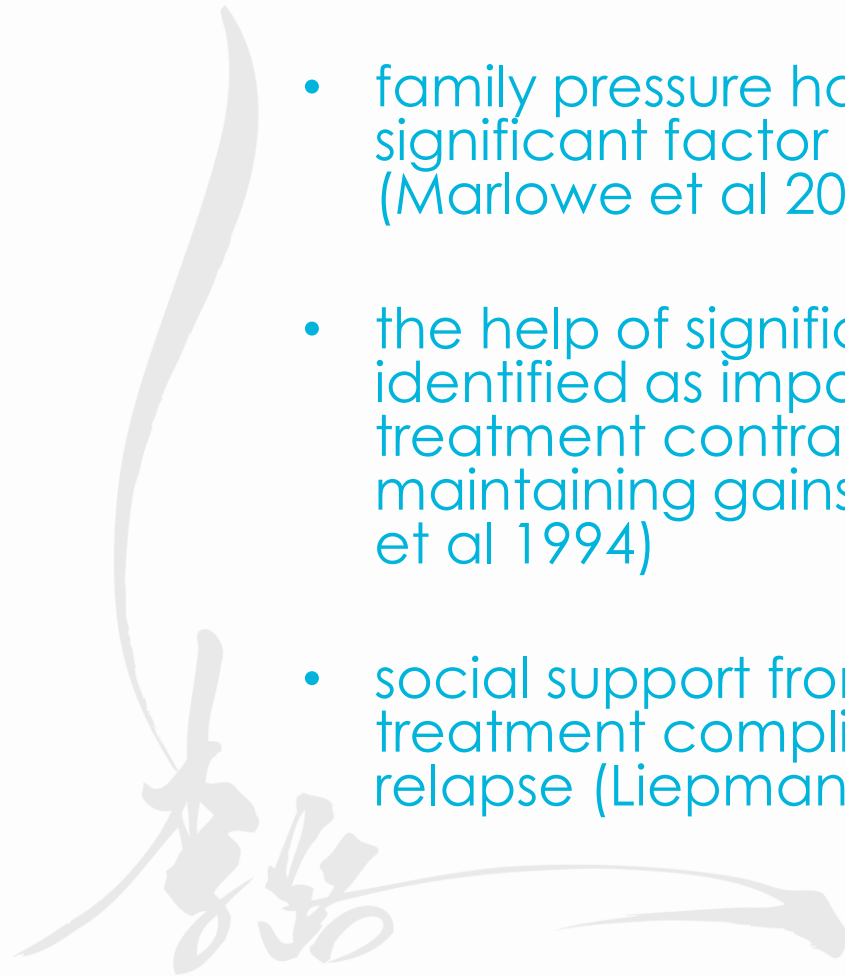
# What we know about working with family members

- well trained a&d therapists already possess many of the skills required to work with affected family members

- patient willingness and therapist invitation are necessary

- primary goal early on is to engage the family member and contain crises

- the ability to form an alliance is one of the most crucial determinant of treatment effectiveness (Gerstley 1989, McLellan, Woody et al 1988)
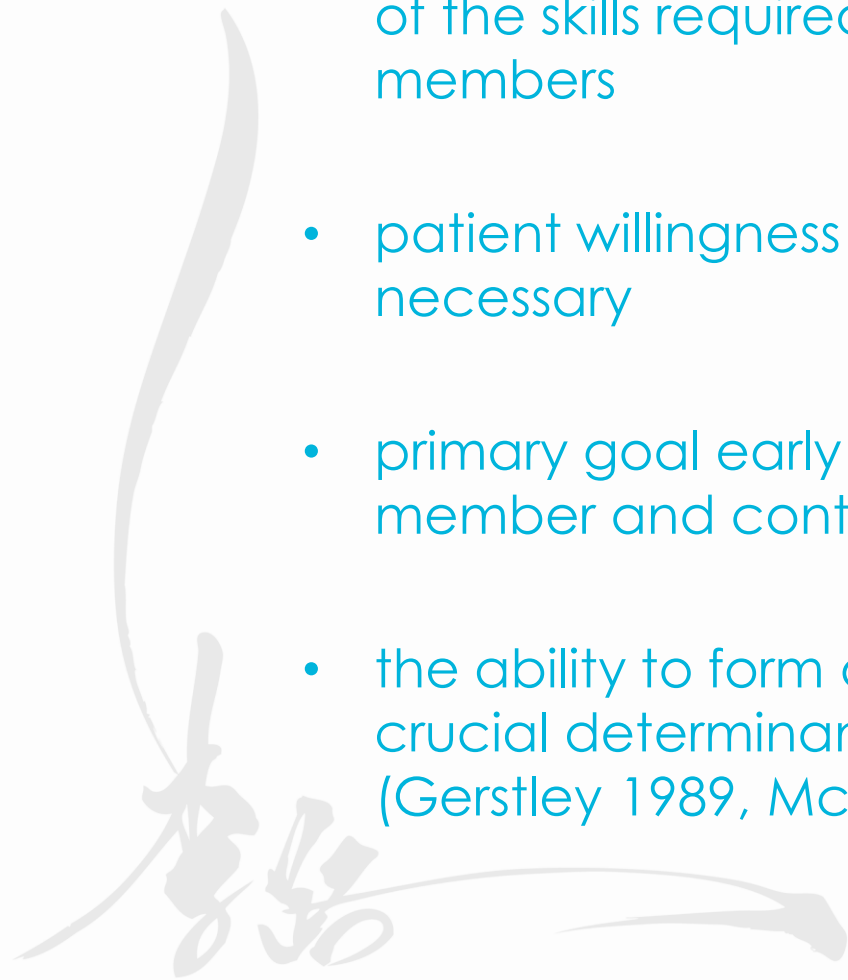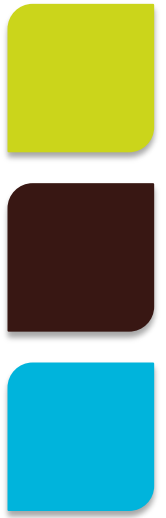
# Family therapy for substance use

- family therapy is equal or superior to other modalities in engaging and retaining people with drug related problems in treatment, reducing drug use behaviour and other associated problems

(Diamond & Josephson 2005)

- improves family and social functioning and discourages relapse

- growing body of data demonstrates cost benefits of FT for substance problems

(Centre for Substance Abuse Treatment 2004)
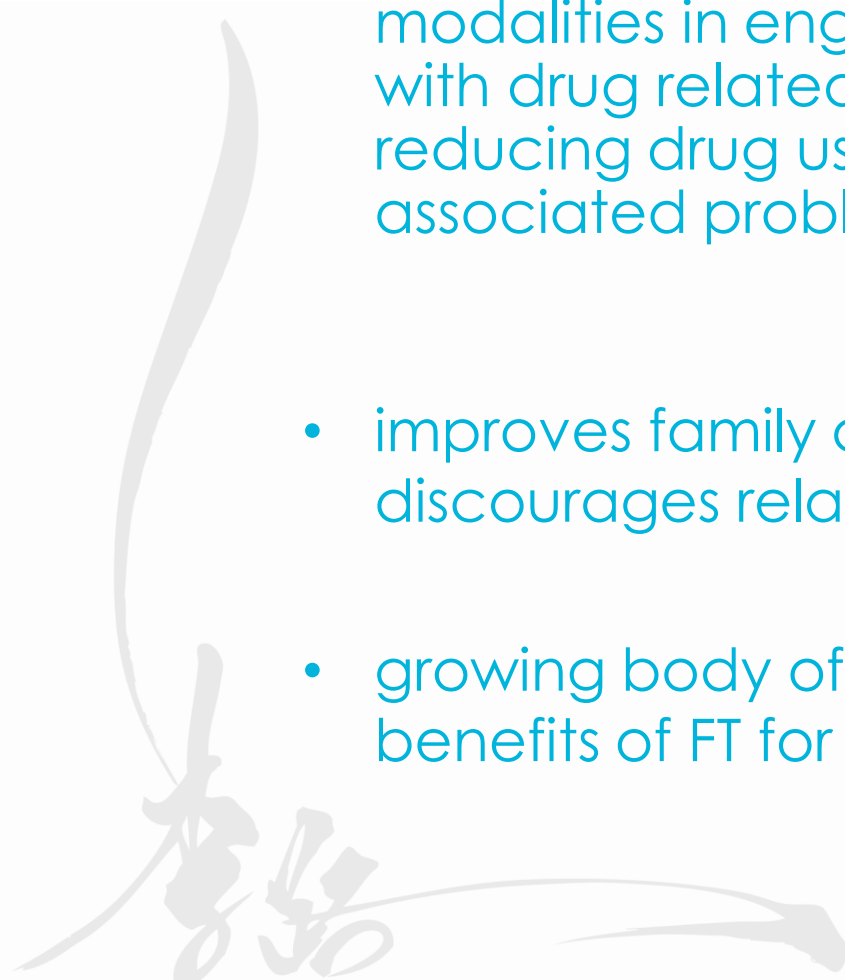
# What do we do?

- be clear about paradigm

  (i) assisting the family and their well-being,    ameliorate impact of substance use

  (ii) utilising family resources and dynamic to reduce substance use

- be clear about intervention

  (i)  psychoeducation

  (ii)  brief intervention

  (iii) intervention for family members

  (iv) family therapy
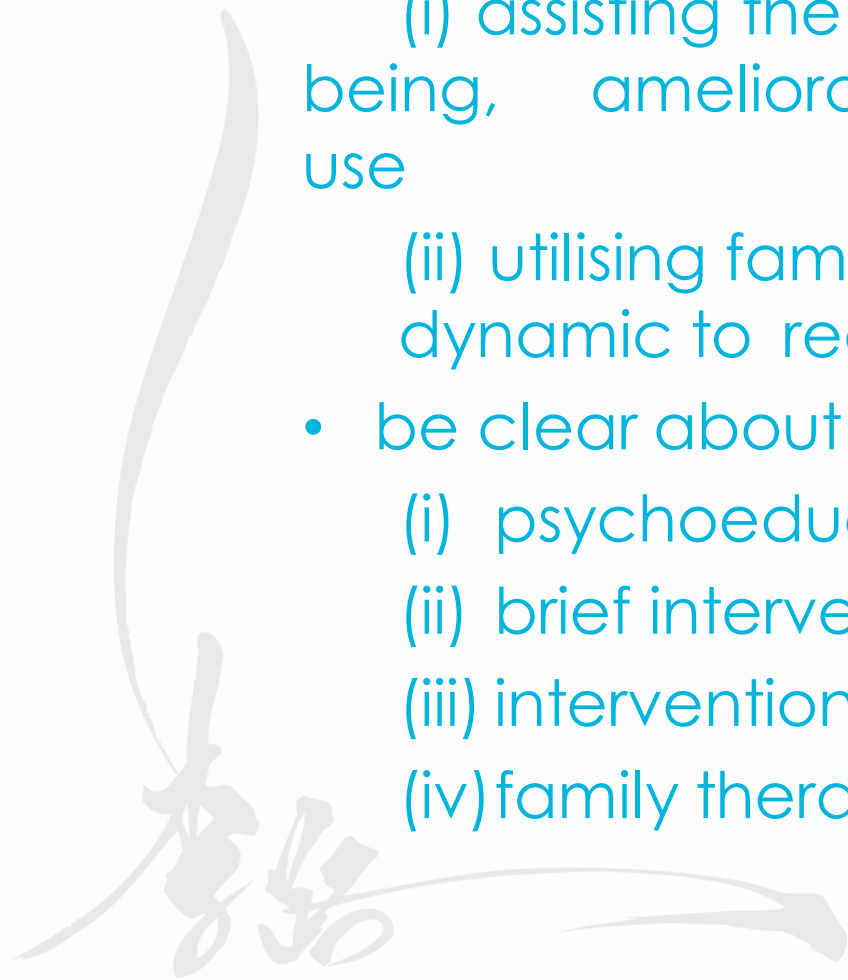
# 5 step model

- 1: Listen, reassure, explore

- 2: Provide relevant, specific and targetted information

- 3: Explore coping responses + and –

- 4: Explore social support + and –

- 5: Discuss and explore further needs

(Copello et al 2010)
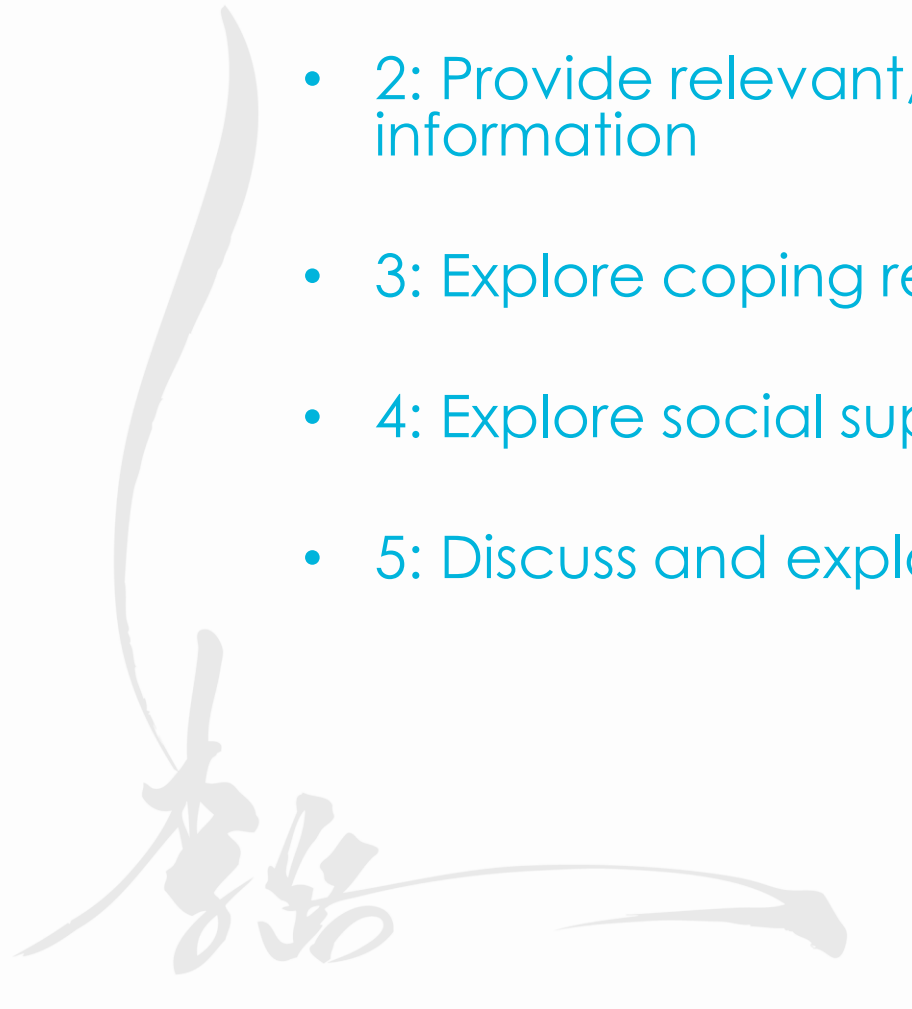
# Families' wisdom

- talk about everyones' suffering and drugs as a way of managing suffering

- talk about love, hope and relationships

- explore what has stayed intact and what has been ruptured

- families to spend time together at their best

- some education about substance use, processes of dependence and recovery

- discuss family's ability to look after itself

- talk about being good enough parents/brothers/sisters