Government of Western Australia
Mental Health Commission

Family Inclusive Practice (FIP) in Alcohol & other Drug (AOD) Services

Heather Jacobson
Principal Workforce Development Officer
MHC
heather.jacobson@mhc.wa.gov.au

Think of a time that you had a family crisis:

- How did you feel?
- Did you feel supported? Or did you support others?
- What difference did support make?

What do families/partners go through when they suspect and/or find out and/or are told a family member is using alcohol and/ or other drugs(AOD)?

Stages of coping

Jackson (1954) identified a series of stages that significant others go through in their attempt to cope with a male problem drinker.

Stage 1: Recognition of a problem

What's happening to my family? How do I make sense of this?

There's a problem so I need to help …

Stage 2: Attempt to control drinking

Stage 3: Social isolation

Stage 4: Discontinuing responsibility

What is FIP?

- Working with the family as a whole unit, rather than individual members (Battams et al, 2010).

- Working in partnership; directly involving them in any service intervention, raising awareness about the impact of problematic AOD use on the whole family and addressing their needs.

Why is FIP important?

- Family members are at risk of stress related physical and psychological disorders. Therefore they need support in their own right.
- They can encourage/support AOD users to access treatment.
- Including significant others in treatment is associated with positive treatment outcomes

(Copello & Orford, 2002)

Family-focussed interventions in AOD

Working with the family:

- to motivate the AOD user into seeking/engaging in treatment (pre-treatment, *focus is the user*)
- and the AOD user to gain great awareness of issues and enhance treatment outcomes (*focus is the user*)
- to support their needs (*focus is the family*)
- and the user in order to identify and address all members' needs and assist change in the whole family system (*focus on the whole family – user included*) (Gruenert & Tsantefski, 2012)

Family focussed interventions in AOD

Gruenert and Tsantefski (2012) also identified two types of family work:

1. ***Working with the partners and parents of AOD users***. Adult family members have two 'related but distinct needs' – receiving their own support, as well as supporting the AOD using family member in their treatment (Copello & Templeton, 2012)

2. ***Working with AOD using parents*** to support their parenting skills with a focus on the needs of the children.

Discuss …

- What have been your experiences of working families and significant others around AOD issues?

- When has it worked well? Why?
- When has it not worked so well? Why?

How do family dynamics help/hinder the AOD user?

- Generally, families experience a range of problems (Battams et al., 2010)
- If family functioning improves, there is often a decrease in problematic AOD use (Velleman, 2005)
- Older FIP models considered the family members as ‘enablers’ or ‘co-dependents’ which pathologises caring behaviour – victim blaming (McLellan, 1995)

Stress-strain-coping-support model

Orford et al., 1998 suggest that family members are severely impacted by a significant other's AOD use.

Stress-strain-coping-support model

Relatives substance problem

Stress on family member

Social support for family member

Ways family member copes

Family member strain

Government of **Western Australia**
Mental Health Commission

5-stepped approach ↓ strain ↑ health

Step 1: Getting to know the family member and the problem

Step 2: Providing relevant AOD information

Step 3: Exploring how the family member copes/responds

Step 4: Exploring and enhancing social support

Step 5: Referring on for further specialist help

What can YOU do?

Family attitudes

- **Family attitudes** can have a huge influence on whether a user seeks support/treatment.
- **Stigma** discourages help seeking.
- If the family is supported to identify the benefits of seeking assistance, the user will be more likely to seek AOD support (Battams, 2010)
- Evidence also suggests that even if the user is unwilling to seek treatment, there are therapeutic strategies that can assist a family respond positively to the situation and motivate the user to change/seek treatment (Velleman, 2006)

Are AOD users ‘bad parents’?

- There is a common perception that people with problematic AOD use are ‘bad parents’.
- The reality is more complex.
- It is very difficult to separate the impact of problematic parental AOD use from other social and economic factors that may be impacting on the family, such as poverty, family violence, social isolation or mental health issues (Dawe et al, 2007).

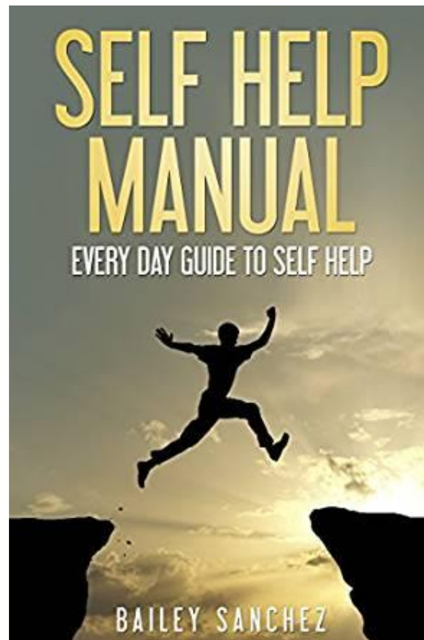
- Having children is a powerful motivator for parents to seek help for problematic AOD use (Fraser et al., 2009).
- Often, these parents want to be good parents and use a range of strategies to try and minimise the impact of their use on their children and ensure their basic needs are met (Richter & Bammer, 2000).
- Most parents have a desire for someone to help them with their parenting skills (Gruenert & Tsantefski, 2012).

Small steps in the right direction

Barriers/solutions

- Whilst workers list a lack of access to resources and strategies to assist AOD clients with their parental or caregiver needs (Trifonoff, 2010), Copello and colleagues (2009) found that treatment doesn't have to be complex.

- A well constructed self-help manual can be just as effective as several face-to-face sessions with a professional.



References

- Battams, S, Roche, A, Trifonoff, A, Bywood, P. (2010). *For Kids' Sake: A workforce development resource for Family Sensitive Policy and Practice in the Alcohol and other drugs sector*. Adelaide: National Centre for Education and Training on Addiction.
- Copello, A, Orford, J. (2002) Addiction and the family: is it time for services to take notice of the evidence? Addiction Nov; 97(11):1361-3.
- Copello, A, Templeton, L. (2012). *The Forgotten Carers: Support for adult family members affected by a relative's drug use.* UK Drug Policy Commission.
- Copello, A, Templeton, L, Orford, J, Velleman, R, Patel, A, Moore, L, MacLeod, J & Godfrey, C. (2009). The relative efficacy of two levels of a primary care intervention for family members affected by the addiction problem of a close relative: a randomized trial In: *Addiction,* 104: 49 – 58.

References

- Copello, A, Velleman, R, Templeton, L. (2005). Family Interventions in the treatment of alcohol and drug problems In: *Drug and alcohol review, 2*4: 369 – 385 Council of Australian Governments (2009) *Protecting Children is everyone's business: National Framework for Protecting Australia's Children 2009 – 2020,* Commonwealth of Australia.
- Dawe, S, Atkinson, J, Frye, S, Evans, C, Best, D, Lynch, M, et al. (2007). *Drug use in the family: impacts and implications for children.* Canberra: Australian National Council on Drugs.
- Fraser, C, McIntyre, A & Manby, M. (2009). Exploring the impact of parental drug/alcohol problems on children and parents in a Midlands county in 2005/6 In: *British Journal of Social Work,* 39: 846 – 866.
- Gruenert, S & Tsantefski, M. (2012). Responding to the needs of children and parents in families experiencing alcohol and other drug problems In: *Research Prevention Quarterly,* Drug Info, 17.

References

- Jackson, J. (1954). The adjustment of the family to the crisis of alcoholism. Quarterly Journal of Studies on Alcohol 15:562-586.
- McLellan, B (1995). *Beyond Psychoppression,* Melbourne: Spinifex.
- Orford, J., Natera G., Davies J., Nava A., Mora J., Rigby K., Bradbury C., Copello A., & Velleman, R. (1998). Stresses and strains for family members living with drinking or drug problems in England and Mexico In: *Salud Mental* (Mexico), 21: 1 – 13.
- Velleman, R. (2006). The importance of family members in helping problem drinkers achieve their chosen goal In: *Addiction Research and Theory,* 14(1): 73 – 85.