



# **FAMILY AND NETWORK TREATMENT: THEORY AND PRACTICE**

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RESEARCH GROUP**

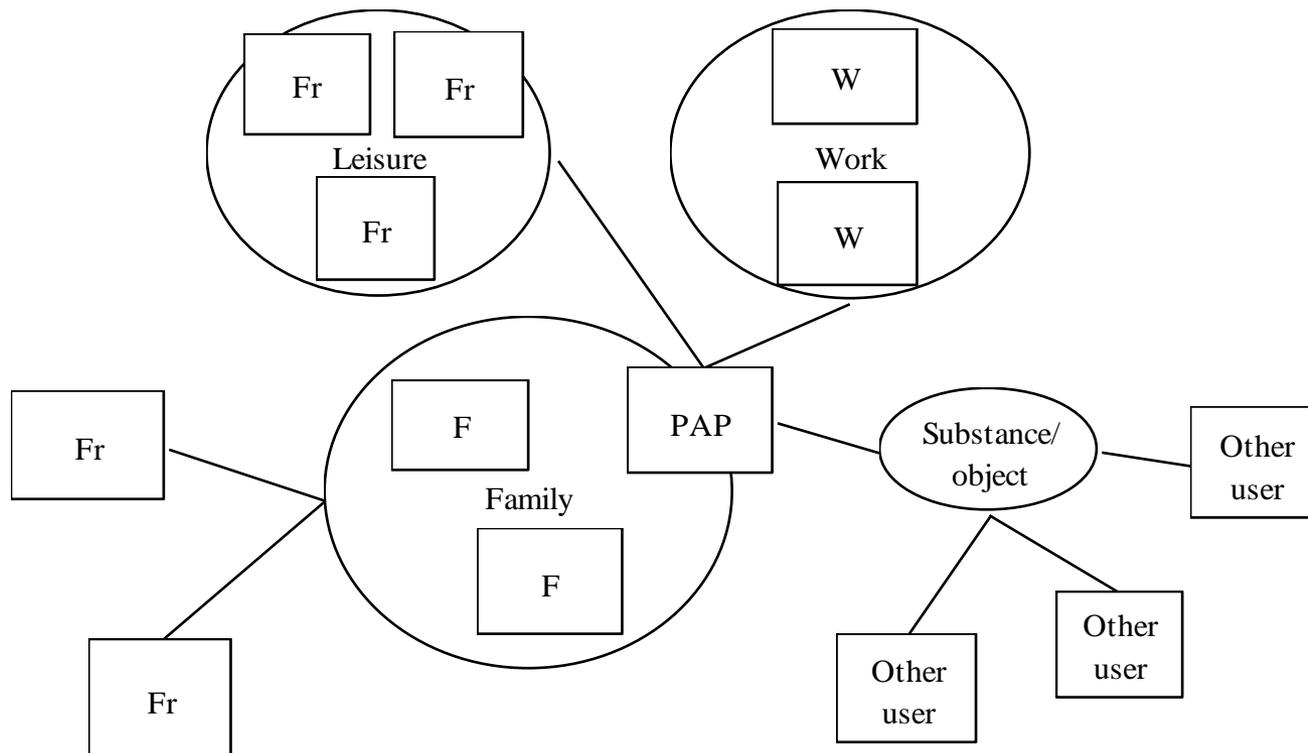
**School of Psychology**

**The University of Birmingham**

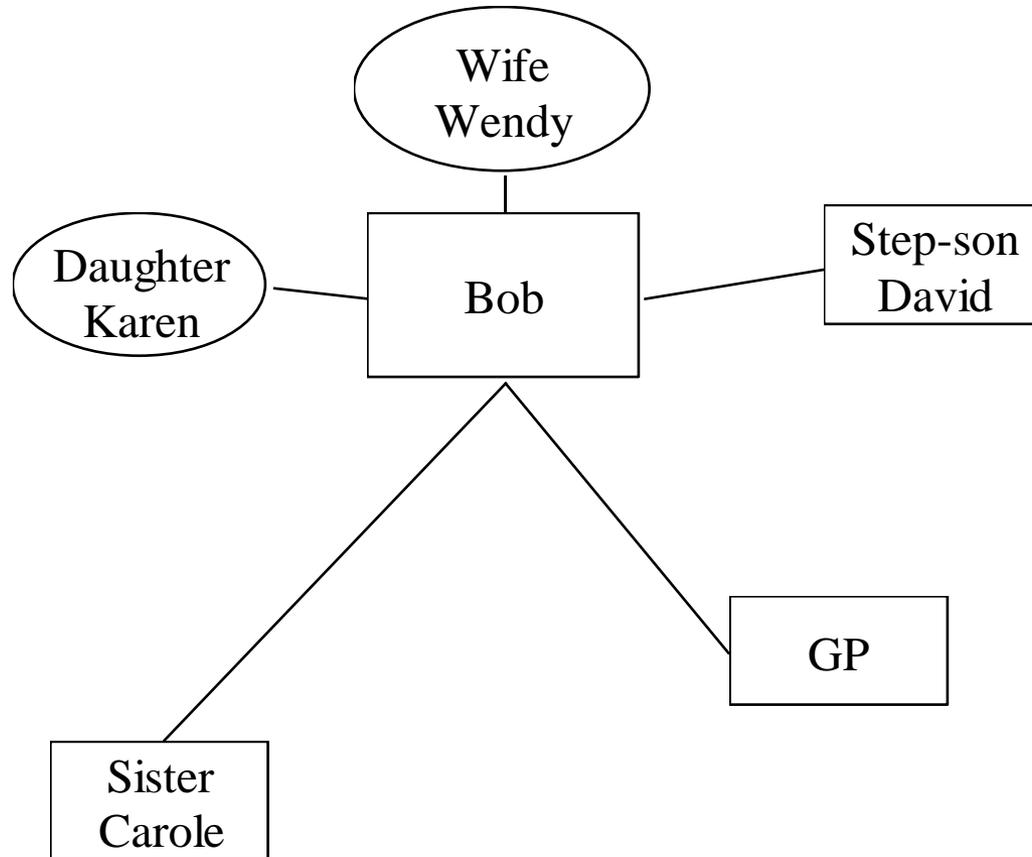
**and Birmingham and Solihull Mental Health NHS Trust**

**Society Lecture, Annual Conference of the Society for  
the Study of Addiction, York, November 2006**

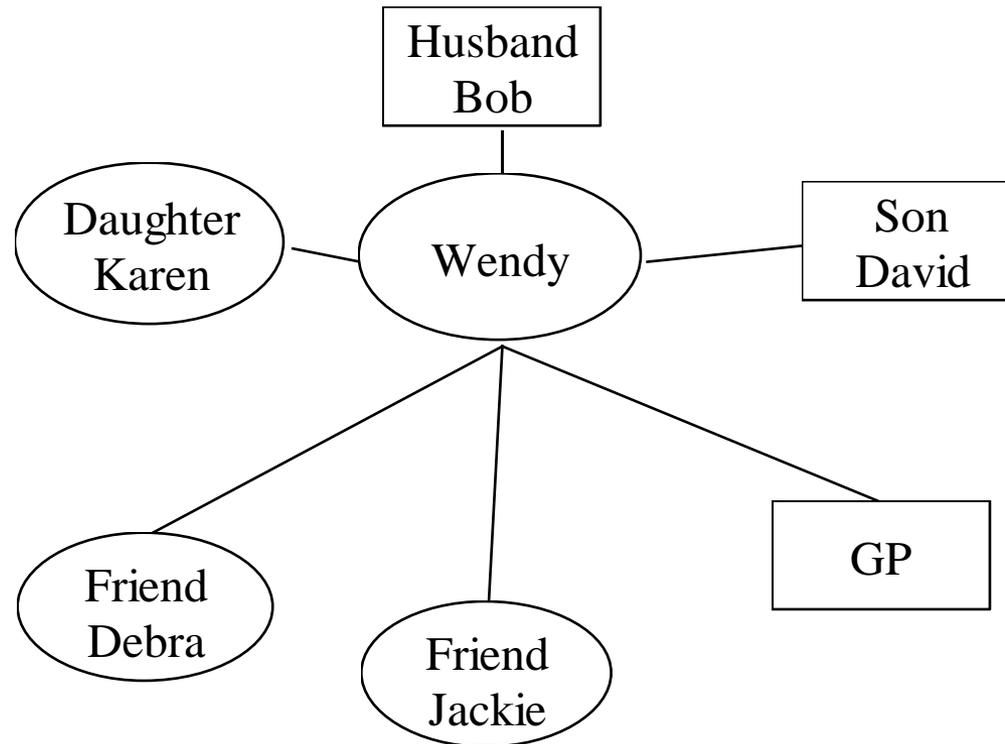
# Generalised Network Diagram



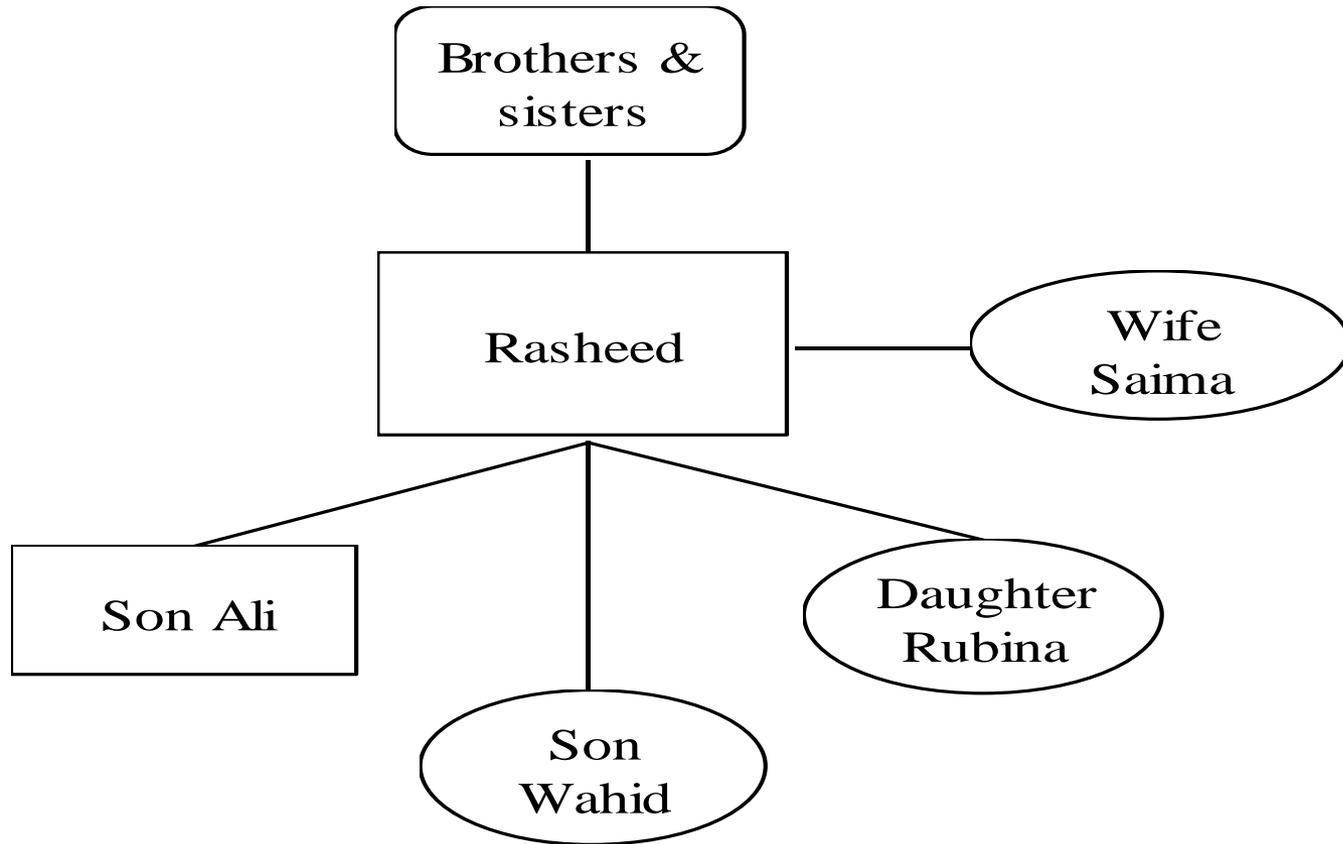
# Alcohol Misusing Client and his Support Network



# A Wife Worried about her Alcohol Misusing Husband



# A Father Worried about his Drug Misusing Son



# FAILURE TO INCLUDE FAMILY AND NETWORK

- Theoretical failure

  - Critical, pathologising models

  - Ambiguous models

  - Partial models

- Practical failure

  - To minimise harm to affected family and others

  - To enlist family and network support for change

# ADDICTION AND THE FAMILY (ADF) GROUP

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# ANALOGOUS FORMS OF STRESSFUL LIFE CIRCUMSTANCES

Persecution

In war zone

Disaster

Partner's combat stress

Family unemployment

Relative's brain injury

Relative's chronic illness

Relative's dementia

Relative's mental illness

Bullying at work

Relative's HIV/AIDS

Work overload

# THE UNIQUE SET OF STRESSFUL CIRCUMSTANCES FOR FAMILIES COPING WITH ADDICTION

- ❑ 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
- ❑ Caused by the irresponsible behaviour of an adult family member who is expected to behave responsibly
- ❑ Worry for that family member is a prominent feature
- ❑ There are influences in the form of individual people and societal attitudes that encourage the troubling behaviour
- ❑ 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 are often at best badly informed and at worst critical

# FAMILY MEMBERS' WORRIES ABOUT THEIR RELATIVES

- Worry about the relative's physical health
- Worry that the relative is neglecting himself or herself
- Worry about the relative's mental health
- Worry that the relative's education, work or sporting performance is failing
- Worry about the relative's financial affairs
- Worry about the frequency, quantity or form of the relative's addictive behaviour
- Worry about the company the relative is keeping

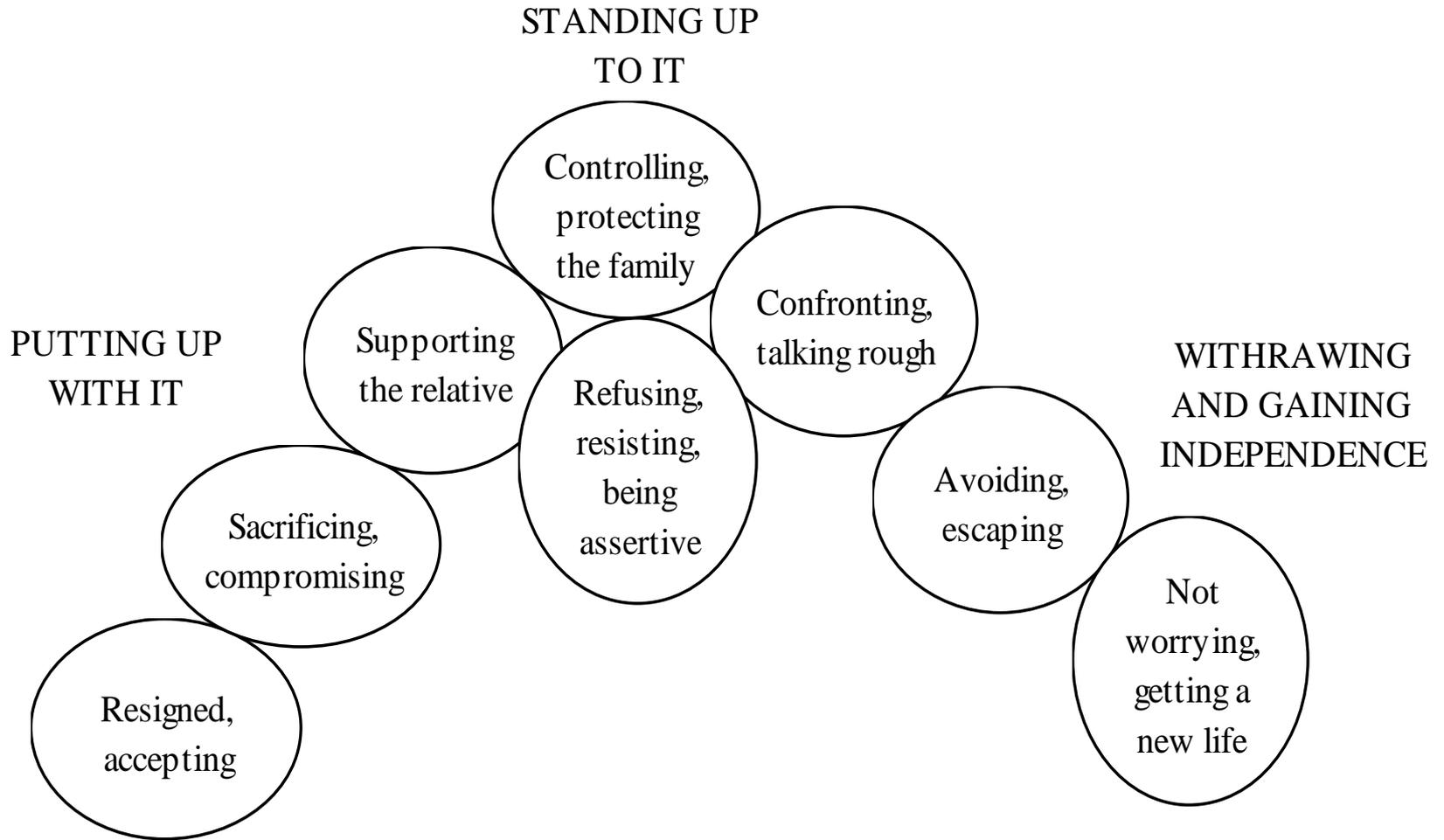
# COMMON THREATS TO HOME AND FAMILY

- Finances depleted
- Atmosphere harmed
- Home invaded
- Social life restricted
- Worry about children
- Police involved

# COMMON BAD FEELINGS EXPERIENCED BY FAMILY MEMBERS

- Anxious, worried
- Helpless, despairing
- Low, depressed
- Guilty, devalued
- Angry, resentful, hatred
- Frightened
- Alone

# Family Members' Ways of Coping



... though I could not prevent him from taking more than was good for him, still, by incessant perseverance, by kindness, and firmness, and vigilance, by coaxing, and daring, and determination, - I succeeded in preserving him from absolute bondage to that detestable propensity, so insidious in its advances, so inexorable in its tyranny, so disastrous in its effects... (Tenant, Dec 25<sup>th</sup>, 1823).

I have found it my wisest plan to shut my eyes against the past and future, as far as *he* at least is concerned, and live only for the present; to love him when I can; to smile (if possible) when he smiles, be cheerful when he is cheerful, and pleased when he is agreeable; and when he is not, to try to make him so – and if that won't answer, to bear with him, to excuse him and forgive him, as well as I can, and restrain my own evil passions from aggravating his... (Tenant, August 20<sup>th</sup>, 1824).

Last week I paid her electricity bill. It wasn't easy because of our own difficult financial situation, but I paid it to make sure that the money actually was spent on the bill. Another time she asked me for money to buy some flat shoes for her new hotel job, so I gave it to her. But I'm not sure whether she actually bought the shoes or not. Our standard of living has been affected by her problems, for one thing she's lost us our overdraft facility. It's a bloody mess. I feel very split about money issues. I feel blackmailed. For instance the shoes. I know if I don't buy them for her she'll just steal them, but when I give her the money I'm never sure she's going to spend it on what she says she will (Father of drug misusing daughter).

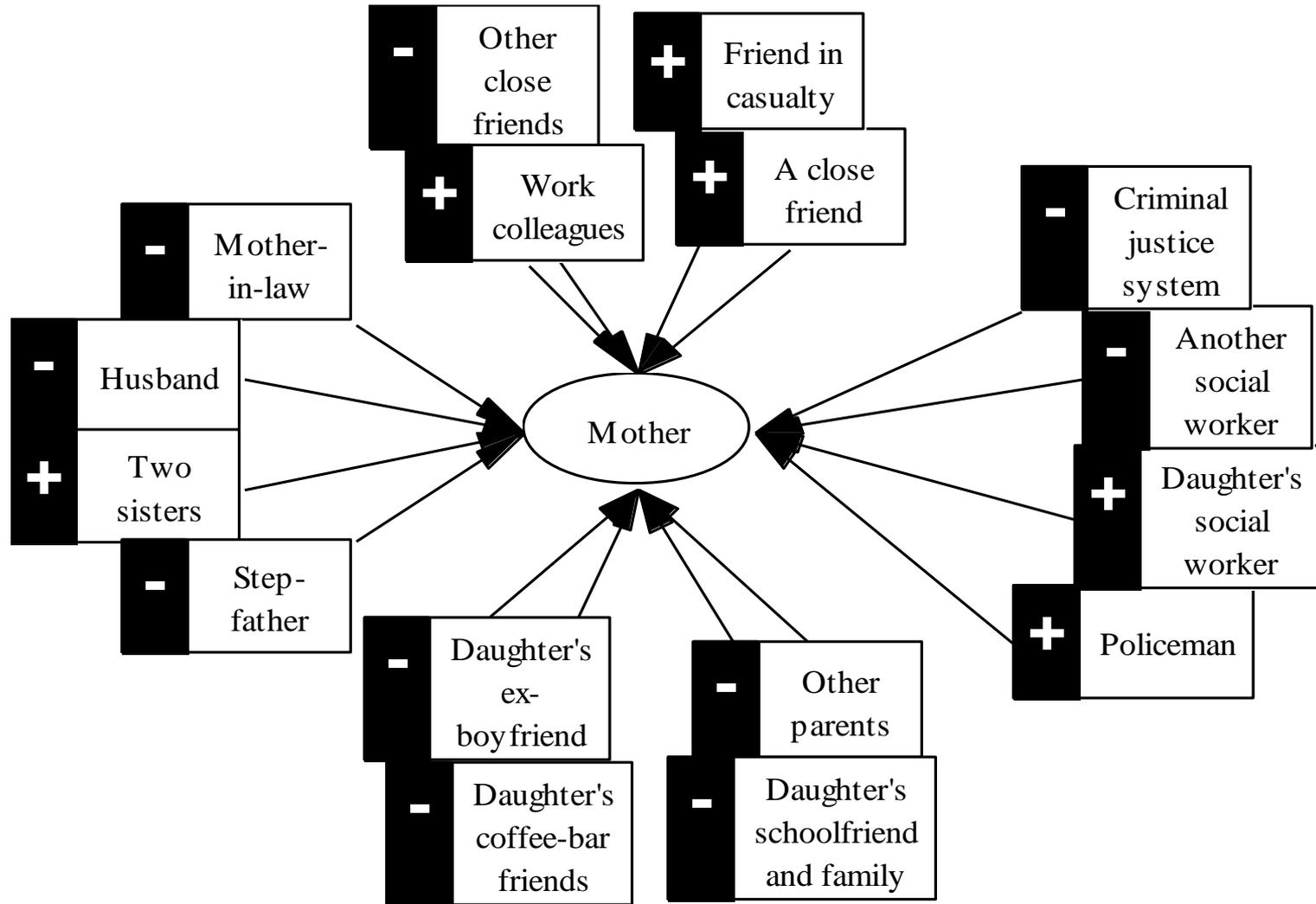
# CORRELATIONS between 'PUTTING UP' and SYMPTOMS

- Mexico N=96 FMs 0.48
- SW England N=100 FMs 0.56
- Birmingham N=29 wives 0.57
- Primary Care N=124 FMs 0.45

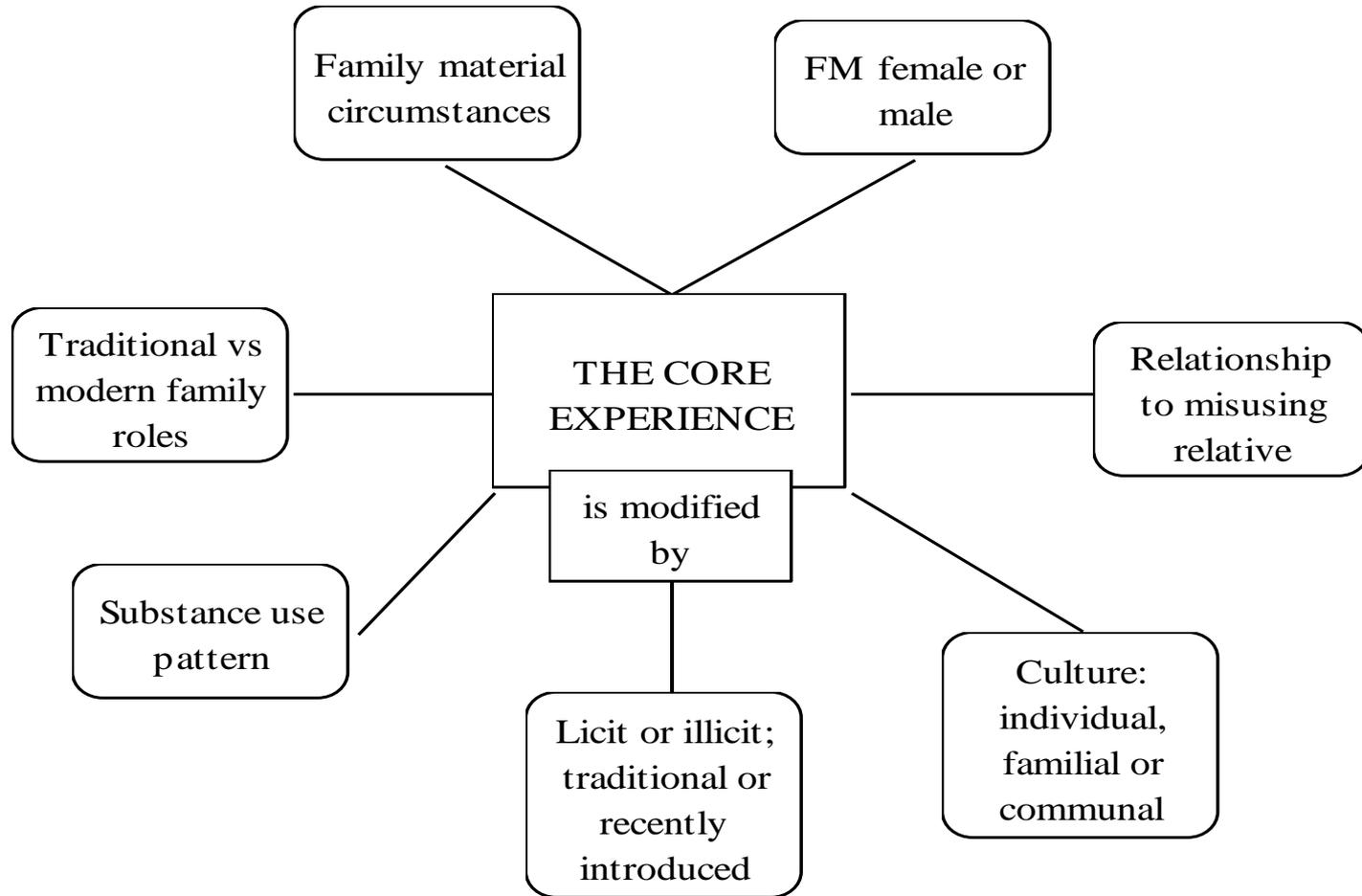
# TYPES OF SOCIAL SUPPORT PERCEIVED AS POSITIVE BY FAMILY MEMBERS

- Emotional
- Back's up coping
- Good information
- Practical/material
- Positive towards the misusing relative

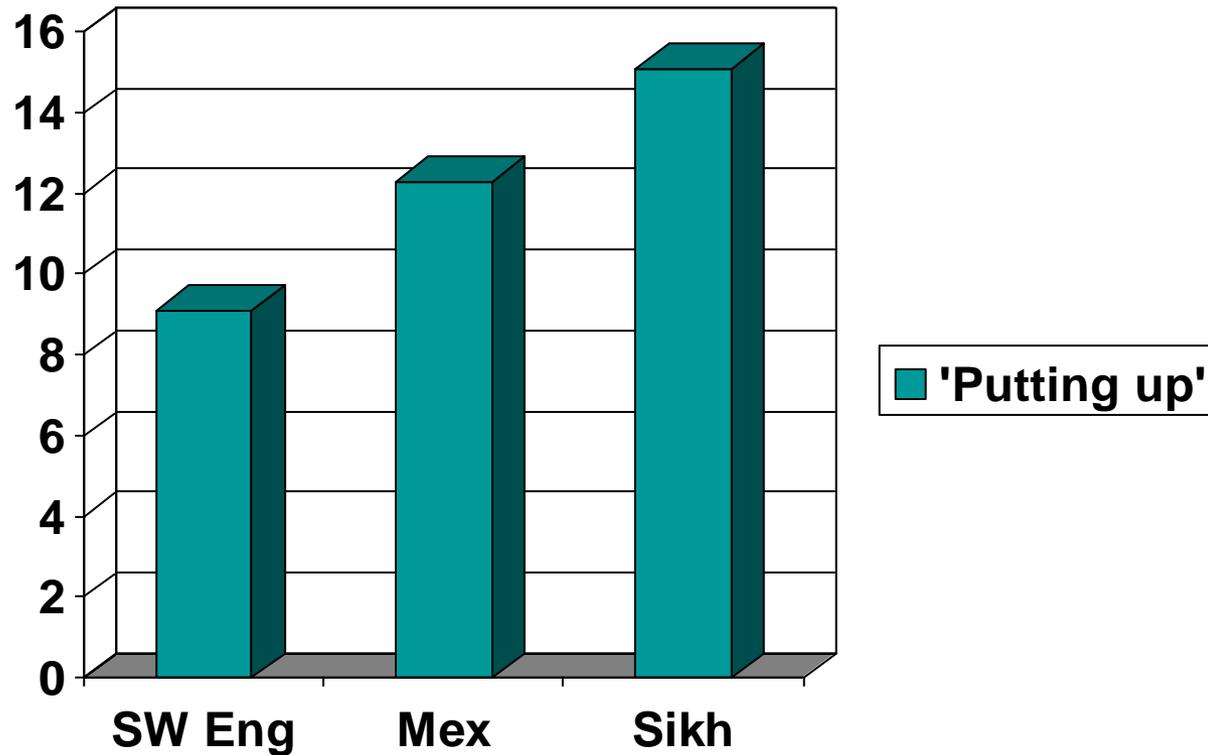
# A Mother's Network Diagram



# Main Modifiers of the Core Family Member Experience



# 'PUTTING UP' by WIVES in THREE CULTURAL GROUPS



I will always put him before anyone else, it is my duty as a wife to always care for him and place his needs before my own children. I am never going to leave him and will always continue to look after him and stay with him. I always have his meals ready for him and constantly look after him when he comes home drunk. Although I always look after his needs he does not look after my needs and he still continues to drink (Sikh wife, Ahuja et al, 2003).

## SOME THEORETICAL LINKS

- Stressful life events and chronic life difficulties (Brown)
- Conservation of resources theory (Hobfall)
- Empowerment theory (Rappaport)

# TREATMENTS INVOLVING FAMILY MEMBERS (FMs)

- A. Working with FMs to encourage their relatives' engagement in treatment  
e.g. Family 'intervention'; Community reinforcement and family training; Unilateral family therapy; Cooperative counselling; Pressures to change
  
- B. Joint involvement of FMs and their relatives in their relatives' treatment  
e.g. Conjoint family group therapy; Behavioural couples therapy; Family therapy; Network therapy; Mutual help organisations
  
- C. Responding to the needs of family members in their own right  
e.g. Concurrent group treatment; Al-Anon, Families Anonymous; Supportive stress management counselling; Parent coping skills training

# PRINCIPLES OF THE FAMILY AND SOCIAL NETWORK ADDICTION TREATMENT SYSTEM

- Serves the aims of both family harm minimisation and treatment of the 'misuse'
- Flexible regarding point of entry and continuation of treatment
- Takes an unambiguously non-pathologising stance towards family and network members

# THE FAMILY AND SOCIAL NETWORK TREATMENT SYSTEM

MODE 1 – Family member(s) alone (the 5-Step approach)

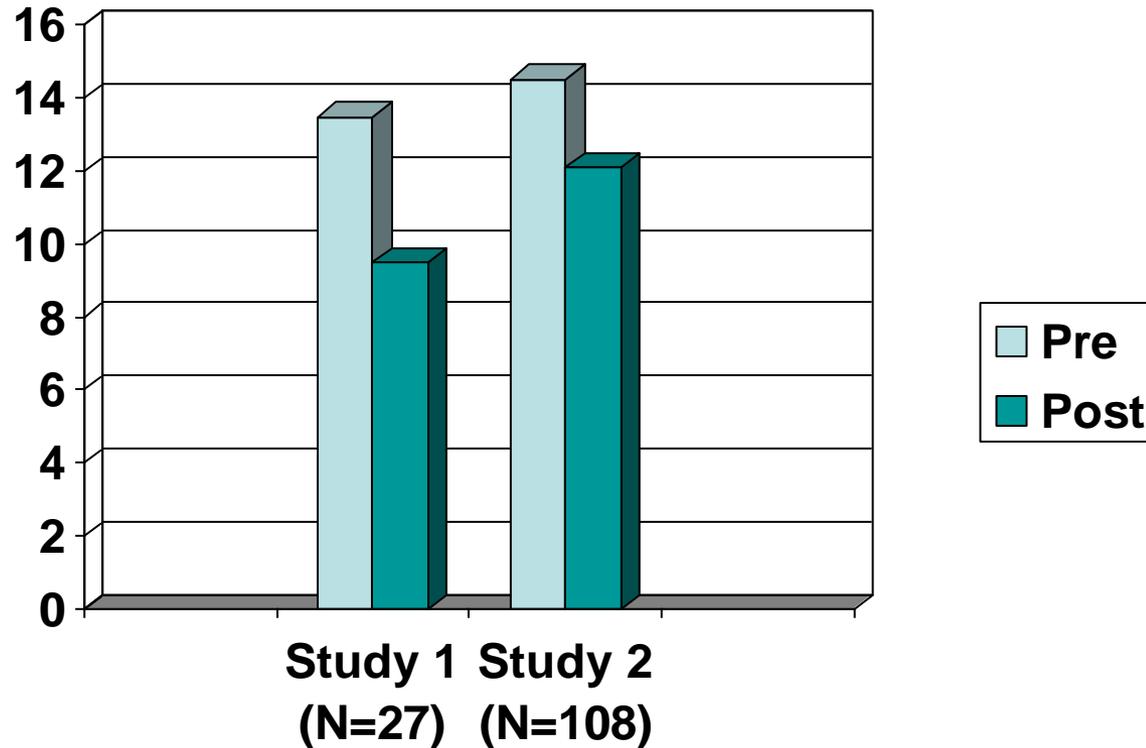
MODE 2 – Focal person plus family member(s)  
(Social Behaviour and Network Therapy)

MODE 3 – Focal person alone

# MODE 1 (5-STEPS)

1. Listen non-judgementally
2. Provide information
3. Discuss ways of coping
4. Explore sources of support
5. Arrange further help if needed

# CHANGES IN 'PUTTING UP' after 5-STEPS in PRIMARY CARE



# TRANSFORMATIONS DESCRIBED BY FAMILY MEMBERS RECEIVING 5-STEPS IN PRIMARY CARE

- 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)

# ISSUES ARISING IN THE USE OF 5-STEPS IN PRIMARY CARE

## I. Professionals

- Identification and recruitment difficult
- Cases often too complex
- Difficulties of practice roles and time available

## II. Family Members

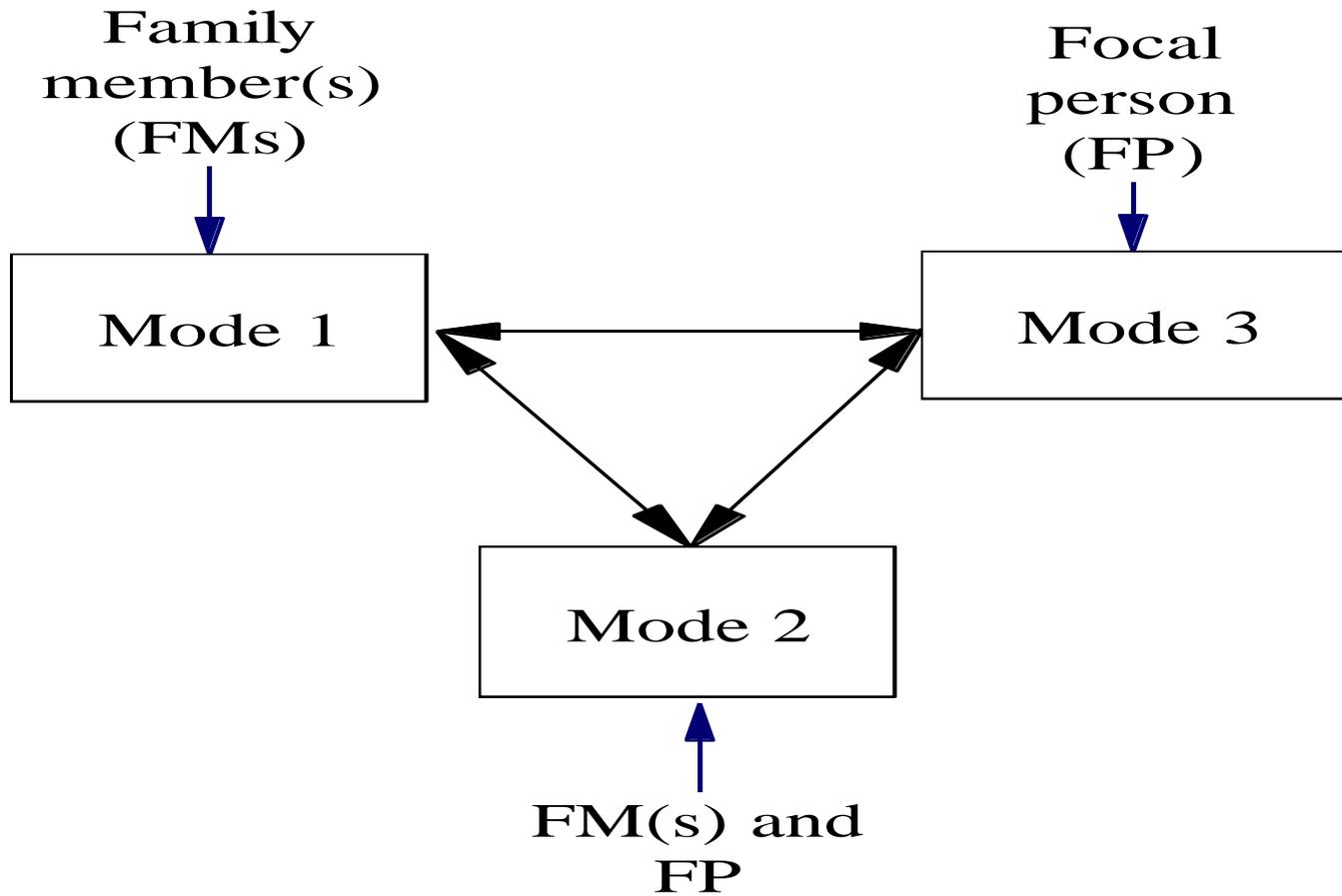
- Material needed earlier
- Material not directive or powerful enough
- May not impact the 'misuse'

## MODE 2 (SBNT)

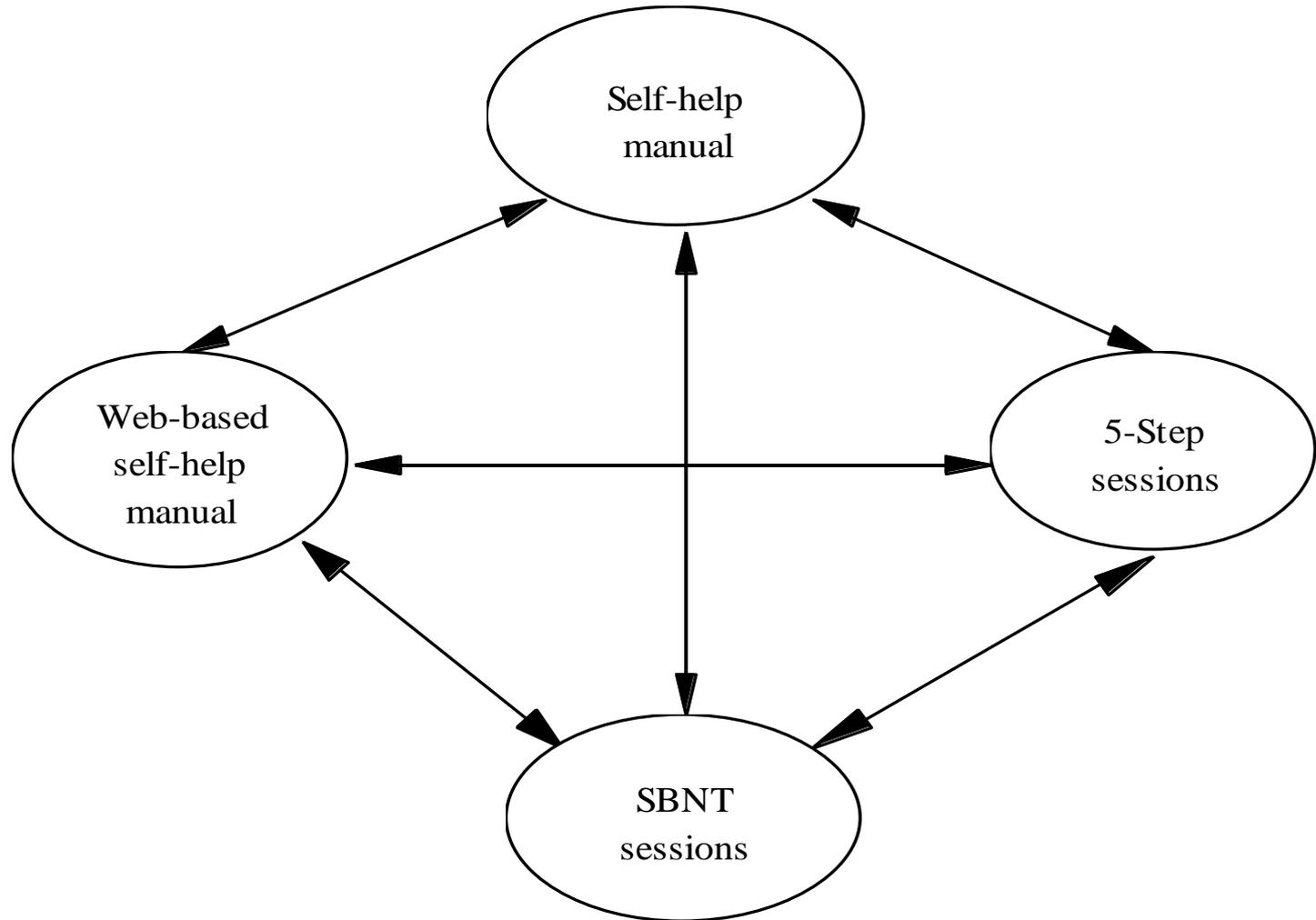
- Always 'think network'
- Draw a network diagram
- Invite members of the network
- Strengthen the network
- Discuss themes of: communication, coping, information, joint activities
- Work with any part of the network
- Plan for the future

# ISSUES ARISING IN THE USE OF SBNT WITH DRUG PROBLEMS

- Identifying any positive network support
- Deciding who makes for the most supportive network members: parents, siblings, friends, others?
- Improving communication about drug use in the network
- Dealing with confidentiality



# Four Options in Primary Care



# BARRIERS TO WORKING WITH FAMILIES

- **Individualistic philosophy**
  - Theories**
  - Policies**
  - Training**
- **Contracts**
- **Record-keeping systems**
- **Advocacy**

# **CURRENT DISSEMINATION PROJECTS**

**Aquarius North Birmingham CAT**

**West Wiltshire Drug and Alcohol Team**

**Jiggins Lane Health Centre, Birmingham**

**Merrywood Health Centre, Bristol**

**Pakistani-Kashmiri community, Birmingham**

**African-Caribbean communities, Birmingham**

# WIDER ISSUES

- Family rights: a human rights issue
- Beyond the family: into the community