

Title	First Name	Surname	Co Authors	Title of Your Paper	AFINet Abstracts Nov 2018
Ms	Alessandra	Bassi	Fausta Fagnoni, Maurizio Avanzi	Supporting gamblers' families in pacification paths: (travelling) passing through lies, manipulation and love bonds	<p>Working with gamblers' families we have seen a lot of suffering: wives, husbands, sisters, brothers, children who experience a mix of humiliation, shame, anger and incredulity. If gamblers accept the treatment, relatives' pain often isn't over, because of the financial problems and the relational consequences of gambling. Furthermore, incredibly they seem to suffer more from lies and manipulation rather than the enormous economic problems. For families, lies and manipulation seem to be wounds impossible to heal, and also after a good therapy it is hard to close with the past and go on. During the most difficult periods, when gamblers were wasting money and lying, speaking led to fights and anger. The whole family passes through terrible times linked to speaking, due to the fear of their gambler relatives getting angry. Worried relatives learn that speaking is dangerous; gamblers learn that it's better to interrupt arguments with manipulation, lies or by attacking</p> <p>We planned and realized pacification paths, in order to support the whole families in the reconstruction of the relational damages caused by gambling.</p> <p>We learned from restorative justice, Nelson Mandela and techniques exploited to support adoption, that a space for speaking about the wounds people have inflicted on each other can help a lot making peace, or at least to go on more peacefully and so improve the quality of life. This is very important for the families and also to prevent relapses.</p>
Professor	Karine	Bertrand	Tremblay, J.; Dufour, M., Saint-Jacques, M., Blanchette-Martin, N., Ferland, F., Savard, A-C, Côté, M.	Challenges in implementation of a manualised couple treatment for pathological gamblers in eight specialized centers: Clinicians' perspectives.	<p>Despite significant consequences of gambling problems on couple and family member's well-being, treatments in this domain are largely based upon individual's approach. Our team developed an Integrative Couple Treatment for Pathological Gambling (ICT-PG) and led a real-life RCT in eight public specialized addiction treatment facilities in Québec (Canada) to evaluate its effectiveness. Quality of implementation of the treatment model is crucial in order to optimize its potential effects. Since gambling therapists are generally poorly trained in couple and family approaches, implementing ICT-PG in real life setting constitutes a challenge. The aim of this paper is to understand the various challenges in the implementation of a manualised couple treatment for pathological gamblers from clinicians' perspectives. This qualitative descriptive study is based on audiotaped focus groups with, in total, 39 clinicians implicated in the RCT. Thematic analysis of transcriptions were performed. Results show that clinical relevance of ICT-PG made consensus and engagement of clinician in the training process enhanced professional satisfaction. Still, various implementation challenges (i.e. training investment, organizational capacities) were underlined. Also, facilitators (i.e. supervision, clinical tools) were reported, facilitating ICT-PG implementation as well as clinician's engagement in the long duration RCT research project. In sum, significant investment from clinician's and organizations, particularly in the training and supervision processes are crucial to the success of the implementation of ICT-PG. According to clinicians, this type of investment was largely perceived beneficial to clinician's themselves and to quality of care offered to problem gamblers and their spouse.</p>
Ms	Urvita	Bhatia	Abhijit Nadkarni, Richard Velleman	Several steps towards the 5-Steps	<p>This session will examine the cultural adaptation process of the 5-Step Method in India. Supporting Addiction Affected Families Effectively is a research project, where we examined the 5-Step Method in a community setting in Goa, India. We followed the Medical Research Council framework to develop and evaluate complex interventions and conducted (1) systematic review to identify the evidence base for family-based interventions, (2) interviews with a range of stakeholders to examine perceptions of acceptability and feasibility of family-based interventions, (3) case series with affected family members to develop a preliminary understanding of our intervention's content and delivery, (4) pilot randomised controlled trial to generate preliminary estimates of impact, acceptability, feasibility of the intervention, and (5) interviews with a affected family members to examine treatment experiences and further treatment needs.</p> <p>We will focus on (1) what we have learned through the implementation of these methods, (2) further needs and directions for research and practice of the 5-Step Method, and (3) reflecting on the cultural adaptation process in diverse settings across the world.</p>
Doctor	Anja	Bischof	Anna Ruijl, Johannes Berndt, Vanja Poels, Bettina Besser, Hans-Juergen Rumpf, Gallus Bischof	Effects of pathological gambling and alcohol dependence on strain and coping mechanisms of family members: Findings from the Burden, Expectancies, Perspectives of Addicted individuals' Significant others study (BEPAS)	<p>Background: Family members affected by addiction (FMAs) suffer from severe stress and strain. International studies have shown that these consequences lead to increased treatment costs. To date, little is known about specific effects of different types of addiction on FMAs.</p> <p>Methods: In the project Burden, Expectancies, Perspectives of Addicted individuals' Significant others (BEPAS), 100 FMAs participated in qualitative interviews and completed a set of standardized questionnaires. Participants were recruited via self-help groups, counseling services, and general practitioners. For the present analysis, 15 FMAs of pathological gamblers were matched with 15 FMAs of alcohol dependent individuals. The qualitative interviews were analyzed following Grounded Theory.</p> <p>Results: Both groups of FMAs suffered from strong impairments in familial, social, and psychophysiological aspects. While FMAs of pathological gamblers more often reported financial problems, theft and fraud as a strain, FMAs of alcohol dependent individuals more often suffered from verbal aggression and emotional unpredictability. As coping strategies, family members of pathological gamblers used more often control mechanisms while family members of alcohol dependents tried more often to distance themselves. Both groups complained about the lack of treatment for family members.</p> <p>Conclusion: FMAs report significant overall stress and strain regardless of the type of addiction they are exposed to. However, impairment and coping strategies utilized by FMAs differ depending on the type of the addiction. Both groups expressed the need for a stronger presence of the treatment system and an increased public awareness concerning addictive disorders in society in order to improve care for FMAs.</p>

Doctor	Gallus	Bischof	Gallus Bischof, Johannes Berndt, Anja Bischof, Bettina Besser and Hans-Juergen Rumpf, all affiliated to the University of Luebeck.	Prevalence, functioning and treatment needs of family members affected by Addiction in Germany: Findings from the Burden, Expectancies, Perspectives of Addicted individuals' Significant others BEPAS study	Background: Family members affected by addiction (FMA) have been found to report elevated levels of stress and strain. The present study gives an overview on the prevalence of FMAs, their functioning and perceived treatment needs in Germany using a mixed-methods approach. Methods: In the German Health Update survey GEDA, being an FMA was assessed in a representative sample of 24.824 residents aged 15 years or more. In addition, health-related variables were assessed using standardized instrument. Functioning and treatment needs were assessed in a sample of 100 FMAs recruited from self-help groups, addiction services and by proactive screening in the general health system using standardized instruments and qualitative interviews. Qualitative data were analyzed following Grounded Theory. Results: In the general population, 9.5% of respondents reported being an FMA. Compared to non-FMAs, they reported significantly higher levels of depression and ill-health. Qualitative data showed that origins of stress varied by type of addiction, gender and relationship status towards the addicted individual. Stigmatization, lack of availability and information on treatment offers were reported as being barriers for help seeking. Treatment needs most often endorsed were receiving behavioural guidelines for coping with the problem behavior of the addicted individual. Conclusions: FMAs are a substantial group in the general population that is characterised by ill-health and has not been adequately addressed by the addiction treatment system. Treatment offers and policy measures should address barriers towards help seeking and provide evidence-based interventions addressing the needs of FMAs.
Doctor	Cassandra	Borges Bortolotto	Maria de Fátima Rato Padin, Heloísa Praça Baptista, Helena Maria Tannhauser Barros, Ronaldo Ramos Laranjeira	Motivational intervention for family members of living with relative with Substance-Related Disorder and Addiction	The family showed damage in various areas of life, resulting of living with relative with SRDA as, family functioning with overtask, emotional and self-neglect; deficits in physical and emotional health such as stress and tension; in personal relationships, with their surroundings and in the quality of life. This impact may contribute to the family presenting behaviors that may be unassertive to the requirements of living with a relative with SRDA. In this way, was developed the Motivational Intervention, based on Motivational Interviewing method and Change of Stages. The aim of this presentation was to explain the procedures of this model, that has in, every session with the family specific objectives to encourage family in their change process. This model was organized in such a way that each session had a special goal to stimulate the family in their process of change. At all stages the extent of unassertive behaviors is assessed through the Behavioral Enabling Scale. First session - attend to demand and talk about substances. Second - understand how the family functions. Third - attend to the family depending on the motivational stage of session current. Fourth - working the motivational stage of preparation goals. Fifth and six - working the motivational stage of action goals. Seventh (after 2 months first session), eight (4 m.), nine (6 m.), ten (12 m.) - working the motivational stage of maintenance goals. In this way, it is important to accompany family members to the demands of living with a relative with SRDA. Key words: Family Relations. Permissiveness. Motivational Interviewing.
Professor	Ursula	Buchner		Self-help on the Internet for affected family members of disordered gamblers – evaluation of a German programme	Introduction. There are still many barriers that hinder affected family members (AFMs) to seek help. When looking for help, AFMs seem to prefer low intensity interventions, e.g. self-help, tele-phone, or online support (Hing et al., 2013). That is why a web-based self-help programme could help overcome those barriers and could be a low threshold means of support for this clientele. Methods. We have developed a web-based programme with a modular design based on a manualized psycho-educational group training which consists of eight modules focusing on topics that are especially burdensome for AFMs and which shows promising results (Buchner et al., 2012). The e-mental health programme comprises six modules that can be worked through by AFMs without professional support. Those interested in participating were able to sign up for the programme on their own and anonymously. We then examined (1) who could be reached and (2) whether there was a positive change regarding an action-specific aspect of perceived self-efficacy and general life satisfaction. Results: Over a time period of 36 months (2013-2016), data of 387 AFMs who participated in the programme were collected. More than half reported theft, threats or violence; about two thirds had never used any prior support or self-help. Partners reported even more impairment than other AFMs in a global assessment of impairment (KPD-38). Participants who attended the whole programme showed positive changes in their perceived self-efficacy and their general life satisfaction. Conclusion. Self-help on the Internet can be a valuable addition to existing treatment options and has the potential to provided low threshold support for AFMs.
Professor	DANIELA	CAPITANUCCI	Roberta SMANIOTTO	Running alone in the labyrinth or counting on a wraparound support network?	Which models of services are the best to assist problem gamblers' family members? When families formulate a request for help, they are often already exhausted. Nevertheless, their support needs are not sufficiently taken into consideration by professionals because they consider the gambler as the "patient", not realizing the intense suffering of the relatives. Family members are often asked to perform challenging tasks (for example, to control the money of the gambler, take over the family's financial management, deal with debt reconstruction,...), totally forgetting their emotional state. The present contribution will reflect on the most appropriate models to assist the families of gamblers, considering them as "subjects that deserve care and attention for themselves" from health professionals and social workers (and not just a "support" for the therapist).

Doctor	Hannah	Carver		Substance use communication between looked after young people and carers	<p>Background: Parental conversations with their teenage children about alcohol, tobacco and drugs are associated with lower rates of use. Looked after young people are at greater risk of early initiation, higher rates of use and more problematic use. However, there is no evidence regarding whether these conversations occur in settings where the parental role is assumed by someone other than the biological parent.</p> <p>Aims: The aim of this study was to examine how carers and looked after young people communicate about substance use and the factors that shape communication, including relationships</p> <p>Methods: In-depth interviews with 13 looked after young people in foster and residential care; and 18 carers (social workers, foster carers and residential care workers) in Scotland. Interviews were audio-recorded, transcribed verbatim and the data were analysed thematically.</p> <p>Findings: Participants talked about 'shared doing' as a way of building relationships and communicating about substance use. Shared doing encompassed particular activities that carers and young people would do together, such as driving in the car, cooking, watching TV and going for a walk. Shared doing provided an opportunity to spend time together and to create an environment in which communication could be facilitated. These environments were shaped by space, time and context.</p> <p>Conclusions: The findings have implications for those working with looked after young people, in terms of relationships and communication about substance use. Carers should be encouraged to take advantage of the time-limited occasions they are with young people to have conversations about substance use.</p>
Ms	Mélissa	Côté	Joël Tremblay, Natacha Brunelle	A new look at the coping strategies used by the partners of pathological gamblers	<p>People living with pathological gamblers (PGs) have to endure the negative consequences of their problem gambling. It is known that partners of PGs will develop coping strategies to cope with spouse's gambling behaviour. However, research conducted on the topic is still in its early stages. The goal of this presentation was to draw up a portrait of the strategies employed, their context, means, and main goals, and to examine the variations of these strategies over time and the viewpoints of both members of the couple. Using 19 semi-structured interviews, we noted that the partners used some 30 strategies aiming primarily at modifying the gamblers' pathological behaviour, and also at improving their own personal well-being. An analysis of the usage context illustrated the many possible interactions which occurred between individuals and their environment and which triggered a strategy's use. Generally speaking, both members of the couple had a similar perception of the strategies used by the partners. When partners realized that they had not influenced the PGs' habits, they sometimes changed adaptation strategies. Finally, a discussion will focus on comparison with existing models (Casey & Halford, 2010; Krishnan & Orford, 2002; Patford, 2009; Orford et al. 2005, 2017).</p>
Ms	Nomcebo	Dlamini		Coping with alcohol and drug misuse: Experiences of close family members in Durban	<p>Families have always been the cornerstone for individual growth and development, which impacts sustainability of communities. Families are a crucial part in a person's identity, rearing, and their day to day living shapes the world view of each of the family members. Families influence the type of citizens individuals will become in their community, and the role they will take in developing, and sustaining their development. The experiences they go through, the response to these experiences, and the duration of challenges all contribute to the future of the family members. I conducted a study which focused on the experiences of close family members living with a substance (drug and or alcohol) misusing close family members in Durban, South Africa. I explored the experience of the different family members, their coping mechanism and social support. Not only were the adults in the family of misusers impacted, but so were the children. They experience ongoing verbal abuse, which sometimes escalates to physical abuse, and emotional and psychological abuse, such as blackmail and being verbally insulted. These experiences impacted negatively on their confidence, self- image and health, as well as the relationships within the family. Families reported having difficulty in reaching out for social support, which meant that most of the challenges they faced, were kept amongst themselves.</p>
Doctor	BRIONY	ENSER	David Foxcroft, Jane Appleton	The invisible gorilla and the unseen dimension of alcohol-related harm: Study of students' experience of Alcohol-Related Collateral Harm	<p>People who misuse alcohol harm the people around them as well as themselves. Drunk driving, street violence, sexual assault, rape, domestic abuse and parental neglect are just a few of the many instances where alcohol consumption by one person is known to be associated with consequences for other people. Academic research literature is also increasing what is known about the totality of Alcohol-Related Collateral Harm (ARC Harm). Nevertheless, public and policy recognition of the combined extent of the harms that drinkers do to other people remains limited. This talk discusses that lack of recognition using empirical research and contends that ARC harm warrants much greater attention in policy initiatives to prevent alcohol-related harm.</p> <p>Results: 64% of college/university survey participants (N=450) experienced ARC harm, including 50% of non-drinkers. ARC harms were associated with being female, family members who drank every day, being influenced by others' drinking and by being eighteen or older. The ARC harms reported were classified in a novel taxonomy of eight categories. Thematic analysis of interviews (N=25) identified certain physical settings and psychological contexts as key risk factors for ARC harm. Superordinate themes suggested explanations for ARC harms remaining unseen, including home, study and social environments that permitted, encouraged, legitimated or reinforced the irresponsible and harmful behaviours of drinkers.</p> <p>Conclusions: Study participants reported high levels of ARC harm experiences and ARC harm was linked to several predictors. Risk factors included immutable individual characteristics, e.g. age and gender, and ecological factors arising from exposure to specific normative environments.</p>

Doctor	Candice	Groenewald		Parents experiences of living with an adolescent with a drug use problem	The impact of adolescent substance abuse is widespread and significantly compromises the psycho-social well-being of those closest to the adolescent. This is evidentially so for parents who are required to cope with the adolescent's misconduct along with their own psycho-social distress. Using an interpretative phenomenological methodology, this paper describes mothers and fathers' experiences of living with an adolescent who is dependent on drugs. Specifically, the paper explores the parents' accounts of the pernicious behaviours that the adolescents engage(d) in during their drug abuse period, as well as their coping responses to the adolescents' behaviours. Understanding the challenges that parents contend with when adolescents engage in problematic drug use is important for the development of support interventions to help parents cope effectively.
Ms	Minna	Iiva	Janne Takala, Laura Barck, Tiia Ruokosalu	How much your drinking affects? - Preliminary results of the online questionnaires usage from the drinker and the close-one	<p>Since 1996, AddictionLink has been Finland's most popular site dealing with substance abuse and addiction. The website is intended for substance abusers, their families and friends and all those interested in objective information on substances and addiction. AddictionLink is accessed by approximately 176 000 visitors each month. The website is provided by the A-Clinic Foundation and is available in Finnish, Swedish, English, Russian and sign language</p> <p>On the Addictionlink website [www.paihdelinkki.fi] one can fill in online tests and get immediate feedback. Most popular is the Alcohol Use Disorders Identification Test (AUDIT) developed by the World Health Organization, which has been found to be effective in identifying excessive consumption.</p> <p>A-Clinic Foundation's Fragile childhood -activity is now co-working with AddictionLink to produce online 10 question tests for both the drinker and the close-one. The aim of these tests is to make possible harms visible and known for the one who is misusing alcohol. Another important aim is to make the close-one realise, he/she should not have to suffer from the drinking and it's consequences and could seek help for him/herself despite the drinker is not willing to stop or reduce the harmful behaviour. These tests can be used individually and anonymously online or it can be filled in with the A-Clinic therapist. Tests are piloted at the A-Clinic Foundations outpatient services in the Autumn and the online versions are technically developed by October. Preliminary results are being presented in the November AFINet conference.</p>
Ms	Marie	McMonigle		Bereavement and family support	
Doctor	Jan	Ligon		Usefulness of a Brief Educational Event to Challenge Services Providers' Approaches with Families Affected by Substance Misuse and Abuse	<p>Substance abuse has profound effects on families and significant others and serves as a factor in child abuse and neglect, intimate partner violence, and family emotional and economic instability. This presentation will summarize the usefulness of a brief educational event as a tool to shift the attitudes of providers away from commonly used labels and approaches that lack empirical support in lieu of evidence-based models that are more likely to be effective.</p> <p>Two groups of social workers, professional counselors, and addiction counselors (N= 138) completed pretest ratings of the perceived value of four terms, participated in a one-hour workshop on working with families affected by substance abuse, and then submitted a posttest at the conclusion.</p> <p>Results (using a 1-5 scale with 5 indicating "Strongly Agree") indicate that, on average, participants rate the importance of utilizing these terms very highly including codependence (4.67), family disease (4.48), family roles (4.39), and enabling (4.42). Posttest results found that ratings declined 9.2% – 18.4% following the training session, which indicates that provider education may be useful in challenging the continued use of terms with families that may be less effective than alternative evidence-based models.</p> <p>A summary handout will be available containing references, web links, and other resources for use by programs and providers who work with families affected by substance abuse.</p>
Doctor	Diana	Moesgen	Michael Klein, Janina Dyba	SHIFT parent training - an intervention for mothers and fathers using methamphetamine	<p>The use of methamphetamine frequently evokes dysfunctional parenting behavior that may increase the risk for affective and conduct disorders in children. In the long term this may facilitate the development of own substance-use related problems at later age. Considering the high numbers of methamphetamine-using women and men having children, there is a great need for parenting interventions tailored to the special needs of this target group. The SHIFT parent training is the first group-intervention for mothers and fathers using methamphetamine with children between 0 and 8 years. It focusses on parenting and family issues in the context of methamphetamine use, tries to strengthen parenting skills and familial resilience, and fosters clean living and the utilization of (further) help services.</p> <p>SHIFT was evaluated in a randomised-controlled trial with pre-, post- and 6-month follow-up-measurements. Participants were acquired through substance abuse treatment facilities and child welfare institutions in the federal German States of Saxony and Thuringia, which represent the most methamphetamine-affected areas in Germany. At baseline, parents using methamphetamine were experiencing high levels of parental and psychological distress. After the training, both the intervention and control group reported improvements of family functioning, parental stress, and psychological distress. Moreover, the intervention group demonstrated more positive parenting practices and less drug-related problems. SHIFT is the first intervention addressing the specific challenges methamphetamine-involved families may experience and is able to improve their family situation. The program is to be adapted to address parents using other illicit substances such as other stimulants, opioids or cannabis.</p>

Professor	Jim	Orford		Do Governments recognise the needs of affected family members? First impressions from an AFINet project.	This paper will report first impressions from one of AFINet's projects – Country policies and practices regarding affected family members (AFMs). The aim of this project is to find out how AFMs, both adults and children, are recognised and responded to in a number of geographically and economically contrasting countries. The first phase of the project has been an examination of relevant national or regional Government policy documents. Seven countries have been actively involved in the project so far and others may still join the group. Although policy documents have mostly been found to show little recognition of AFMs, good examples have been found. The paper will provide details of the findings to date and will draw preliminary conclusions about ways to influence policy.
Doctor	Tuuli	Pitkänen	Elsa Pingoud	Psychosocial wellbeing of family members reached by NGOs in the field of addictions	There are some NGOs that provide services and activities to family members of persons with substance use disorders in Finland. It is known that many family members experience psychosocial difficulties and benefit from participation, however, little information is collected systematically. Information on the severity and scope of psychosocial difficulties and the impact of participation in the activities and services of NGOs are needed for further development of the service system and the work of the NGOs. We have an ongoing project aiming to help different kinds of NGOs to assess the situation of their participants and to monitor change during participation. PARADISE24fin questionnaire is used for assessing psychosocial difficulties. In addition, questions concerning life-situation and the experiences during participation into the activities and services by the NGOs are presented. The data collection is organized so that data can also be used for research purposes. Preliminary results concerning intensity and scope of psychosocial difficulties experienced by family members during participation to services or activities of three NGOs in the field of addictions will be presented and discussed.
Doctor	Torkel	Richert		Parents to adult children with drug problems seeking support from the social services – stories about shame, struggle and despair	This article focuses on the vulnerability and help seeking experiences among parents of adult children with drug problems. Parents and other family members of a person with drug problems often experience vast negative impacts on their lives and find themselves in a situation characterized by anxiety, stress and powerlessness. Parents of adult children with drug problems can be expected to have a particularly difficult situation as they may lack influence both towards the child and towards authorities once the child has reached majority. This group of parents has, however, received very little attention. Previous research show that relatives of drug users often wait to seek professional support, and that they face several obstacles once they do. Although treatment outcomes are generally improved if professionals cooperate with committed relatives, this is rarely done sufficiently. This study is based on in-depth interviews with 32 parents of adult children with drug problems in Sweden. The results show that parents experience many barriers for adequate support both for the child and for themselves. Lack of treatment options, feelings of shame and guilt, being badly treated or stigmatized by professionals and having to face bureaucratic obstacles are recurring themes in the parents' stories. However, some parents also describe positive experiences in dealing with authorities and professional helpers. Better support efforts for this parent group may reduce their vulnerability and also improve treatment outcomes for their children.
Professor	Liz/Jim	Richie/Orford (a joint paper)		Gambling With Lives: Broadening the Basis of AFINet	Gambling With Lives, a new group of family members bereaved by the gambling-related suicide of a close relative, will be introduced by Liz, one of its founding members. While recognising its members' needs for support, its core mission is to campaign vigorously for gambling policy change. Affected family members as campaigners places them in a very different role from affected family members in need of support, and service providers and policy makers would relate to them in a very different way. Jim will discuss what implications that emphasis might have for broadening the basis of AFINet.
Doctor	Anne Schanche	Selbekk		“A Problem Like This Is Not Owned by an Individual”: Affected Family Members Negotiating Positions in Alcohol and Other Drug Treatment	The main aim of this paper is to explore the dynamics of encounters between treatment institutions and families dealing with substance use. What kind of possibilities do such encounters offer, and what kind of processes do they facilitate? Based on interviews with 10 families recruited from three alcohol and other drug treatment centers in Norway, positioning theory is used as an analytical tool to address the dynamics and negotiation (1) between service providers and families when it comes to the possibilities for treatment and support and (2) between family members during the course of treatment. Three main storylines are analyzed in interviews with families about encounters with treatment: (1) the medical storyline, (2) storylines of autonomy, and (3) storylines of connection. These storylines positioned affected family members, respectively, as outsiders, as in need of help in their own right, and as part of an affected family. The medical storyline is revealed as being insufficient to deal with the problems associated with substance use—it needs to be extended by family-involving storylines facilitating processes of reintegration and repositioning within families.
Doctor	Paul	Toner	Lorna Templeton, Charlie Lloyd, Jude Watson, Alex Copello	Barriers and facilitators of including family and social network members in drug and alcohol treatment	Aims The overall aim of the study was to demonstrate the feasibility of recruiting young people to a specifically developed family and wider social network-based intervention by testing an adapted version of adult social behaviour and network therapy (SBNT). Methods Twenty five semi-structured interviews were conducted 3 months post randomisation with young people and network members and therapists were interviewed at a single time point towards the end of the study. Conclusions Therapists reported that treatment worked best when they were able to facilitate alignment of the young person's treatment goals with those of their support network. Ideally, this would involve having network members physically attend sessions. However, this was not always possible and, even in these circumstances, good work could be carried out if network members were on board with the treatment.

Mr	Joël	Tremblay	Karine Betrand; Magali Dufour; Annie-Claude Savard; Marianne Saint-Jacques; Nadine Blanchette-Martin; Francine Ferland; Mélissa Côté	An innovative modality for the treatment of gambler disorder: Integrative Couple Treatment for Pathological Gambling (ICT-PG)	Problem gambling can have profound consequences on a person's life, consequences that range from financial, psychological to relational, in particular couple relationship. Despite widely documented relational consequences, most therapies for gambling disorders favour an individual approach. Nonetheless, in the field of substances addictions, several studies have documented the efficacy of a couple approach. A few results from preliminary studies carried out with gamblers suggest that a couple approach might also be effective in this field. Largely inspired by the ABCT (McCrary & Epstein, 2009), our team developed the ICT-PG, a treatment with the couple from the very first meeting. The first goal of the treatment is reduction/cessation of gambling via a traditional behavioral cognitive work (e.g. Ladouceur & Lachance, 2006). ICT-PG also targets to eliminate those behaviours in the couple that might facilitate gambling and to reinforce behaviours that support the cessation of gambling. It also aims to improve communication skills, conflict resolution abilities and mutual reinforcement behaviours as facilitators of gambling cessation/reduction. The team conducted a randomized controlled trial to evaluate of ICT-PG and the result showed a better improvement at follow-ups (18 month) for the couple oriented in ICT-PG compared to couple oriented to the individual treatment. The speakers will mainly present ICT-PG some efficacy results and perspectives for future developments and research.
Professor	Richard	Velleman	Gill Velleman, Robert Browne	5-Step Method: An Intervention to help family members affected by a relative's addiction - What It is, Results, Dilemmas and Challenges.	The presentation outlining the 5-Step Method, the evidence base/results, and the issues and dilemmas. The 5-Step Method helps affected family members where they have loved ones with addiction problems. It is one of the few methods that helps gives support to family member for themselves in their own right rather than being solely supporters for their loved one. It is grounded in rigorous research and has a clear theoretical model (the Stress-Strain-Coping-Support model) which underpins the intervention. The approach is both simple and effective in filling a gap that exists for family support. The training focusses on participants learning about the 5-Step Method principles, the evidence base and on practicing the skills needed for them to use this method effectively. Training is for people who have competent basic counselling skills and have a job which provides access to affected family members with whom they can work. 82 training courses have been run with over 1400 people attending. Ireland and New Zealand have national schemes where practitioners have been trained, accredited as practitioners, assessors and trainers and so have become self-sufficient in continuing to run the system. On-going evaluation using the Family Member Questionnaire which shows if Stress, Strain, Coping and Support levels alter has shown some very positive results. Dilemmas and challenges to discuss include: <ul style="list-style-type: none"> •Getting take up - why are courses requested or not. •Implanting high quality systems- time involved of practitioners, supervisors, managers. Ethos of professional development. Effect of policy on training and accreditation <ul style="list-style-type: none"> •Issues of accreditation- why taken up or not. Diversity within trainees •Embedding the system- having champions to oversee. •Results and why these vary from country to country. •Collecting data – using the questionnaire to help the sessions and client, ongoing problems of collection, how do you embed this
Ms	Anne	Werner	Marte Feiring, OsloMet – Oslo Metropolitan University, Oslo, Norway	The adult child's quest narrative: Analysing autobiographies about growing up with parents with substance abuse problems	During the past 30 years, a number of autobiographical books and films have been produced in Western societies by adults recounting their experiences from growing up with parents with substance abuse problems. Referred to as "heart-breaking childhood reports", these stories have created emotional discussions about forgotten and overlooked children. The storytellers have experienced betrayal from adults who took no action but responded instead with silence. The narrators' mission (quest) is to inform society about their personal stories of loss and grief and the society's responsibility for preventing others from similar traumatic upbringing. Although autobiographies are a "memoir boom" in popular culture, these influential narratives from damaged children have led to public engagement. There is a growing research interest in personal life stories. However, there is limited research into the autobiographies of children of parents with substance abuse problems. The wounded storyteller by Frank (1995) offers a lens to study these autobiographies from sociological and cultural perspectives. People tell stories to make sense of their suffering. They adapt their personal stories into cultural narratives of restitution, chaos or quest. In the quest narrative the adult, wounded from childhood, can benefit from personal experience by helping others and society through the memoir. Selecting a sample of successful books and films from Scandinavia and the UK, we will analyse these autobiographies, asking: What do the stories of adult wounded children tell society about their (recovery) journey? We will approach these stories applying Riessman's (2008) narrative methods for analysing both texts and films. Authors: Anne Werner, PhD, (1) and Marte Feiring, PhD, (2) (1) Health Services Research Unit, Akershus University Hospital (Ahus), Lørenskog, Norway (2) OsloMet – Oslo Metropolitan University, Oslo, Norway

Doctor	Anne	Whittaker		<p>Helping drug dependent parents and their children: Is Behavioural Couples Therapy (BCT) a realistic option?</p>	<p>Aim: To assess whether Behavioural Couples Therapy (BCT), a psychosocial intervention for the treatment of addiction, developed in the USA, can be successfully implemented in UK drug treatment services with drug-dependent couples in opioid substitution therapy (OST) who have children (0-16yrs) living in the home.</p> <p>Methods: Feasibility study involving: delivery of BCT to a target 18 couples recruited via drug treatment services; baseline and end-of-treatment measures; uptake, attrition, completion rates; qualitative interviews with BCT parents (n=26), other parents in receipt of OST (n=11), BCT therapists (n=6) and five focus groups with referring staff (n=24) to explore acceptability and barriers/facilitators to implementation.</p> <p>Results: From June 2016-June 2017, 13 couples with 28 children were enrolled. All families reported multiple and complex health and social problems. Seven couples engaged in the intervention following enrolment. None completed the 12-session BCT programme. Average number of sessions attended by those who started the intervention was 3.4. Session attendance rate for the cohort was 14%. Multiple barriers to implementation were identified including: patient, clinician, treatment, service/operational, and structural-level obstacles to recruitment, engagement, retention, acceptability, suitability and delivery of BCT. Potential solutions to implementation issues were identified.</p> <p>Conclusions: Adoption of BCT within addiction services as an adjunct to opioid substitution therapy for parents with children is extremely challenging for multiple, inter-related reasons. Adaptations to the model and its mode of delivery may improve implementation. Findings suggest an ideological shift and structural changes in service delivery are required, towards a more integrated 'whole family' practice model.</p>
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