

# **What works when working with families?**

**Adfam/KCA Conference - Hidden Harm**

**Royal College of Physicians, London**

**22nd June 2010**

**Professor Richard Velleman**

**Professor of Mental Health Research,**

**University of Bath / Avon & Wiltshire Mental  
Health Partnership NHS Trust**



*What works when working with families?*

**I want to address the question today of:**

**How can we work with families to ensure the best outcomes for children?**

**Some people argue that, if parents have alcohol or drug problems, then the best outcome is to remove the children.**

**Generally, I very much disagree with that view. Of course, sometimes that is best (toxic families), but usually parents DO want what's best for kids**



*What works when working with families?*

**So, if we do want to keep kids with their families,  
what are the effective ways of doing this.**

**First, we need to be clear about what it is that we  
want to achieve.**

**We want to help families, where someone has a drug  
or alcohol problem, still be good places for  
children to grow up in.**

**So, how do we do that?**



*What works when working with families?*

**Well, families which are good places for children to grow up in generally have similar characteristics:**

- **They have Fewer RISK factors; and**
- **They have More PROTECTIVE factors.**

**Generally, if families have these things, their children are much more likely to be RESILIENT.**

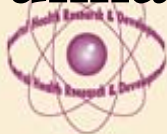
**Resilient?      What is that?**



*What works when working with families?*

**We know that some children in families where there are serious substance problems are not badly affected – they are resilient. That means that they have *fewer problems as children*, and tend to grow up with *no more problems as adults* than everyone else has.**

**Obviously, if we could help many more children to become more resilient, then (even if their parents still continued to misuse alcohol or drugs) they would be much more likely to grow up unharmed.**



*What works when working with families?*

**So, how is it that some children are more resilient? My research and other peoples suggests it is because there are fewer risk and more protective factors in their families.**

**Reducing the risk factors:**

**We know from lots of research what all the main areas are, which lead to major negative impact.**

**Interestingly, we know that these areas are NOT the drinking or the drug-taking, or even the drunkenness or the intoxication: they are the family and related problems which arise because of this substance misuse.**



*What works when working with families?*

**This means that, *even if the drinking or drug-taking itself is not amenable to change*, it is these risk factors which are the prime areas for intervention with families where one parent drinks or uses drugs problematically.**

**We know that the major negative impact comes from:**

- family disharmony, and within this, from
- family violence,
- parental conflict,
- parental separation and loss,
- and neglectful or inconsistent and ambivalent parenting,

**So, these good family interventions target all of these.**



*What works when working with families?*

Similarly, we know what the main protective factors are; and good family interventions work with these areas as well. So, good family interventions target:

- *the other parent*, enabling them to provide a stable environment and give the time and attention which so many children require;
- *the parental relationship*, enabling parents to retain their cohesive relationship and present a united and caring front to the children;
- *the family relationship*, ensuring that family relationships, family affection, and family activities and positive family rituals are maintained;
- *other adult figures outside of the nuclear family*, ensuring that there is at least someone who can provide the necessary stabilising influence;



*What works when working with families?*

- ***adult figures (either inside or outside of the family), to help them to encourage the child to develop an interest that they may have. It doesn't matter what this 'interest' is - it could be a hobby, or a creative talent, or anything – clubs, sports, culture, religion, singing, dancing, writing, drama, painting, school work (Scandinavian research) etc - anything that can provide***
- ***an experience of success, or achievement, or mastery, or competence and/or approbation from others***
- ***all things which enable a young person to develop the self esteem and self confidence necessary to enable them to become resilient.***



*What works when working with families?*

**And family good interventions work with *the child* him- or her-self,**

- **helping the child to remove him- or her-self from the disruptive behaviour of the problem parent or parents;**
- **helping the child to disengage from the disruptive elements of family life and engage with stabilising elements, either within or outside the nuclear family,**
- **or with stabilising activities (school, clubs, sports, culture, religion) within which the child can develop a sense of self and self-esteem.**



*What works when working with families?*

**All of these protective factors,**

- **both the ones relating to positive family functioning,**
- **and those relating to external support and outside interests,**

**all work because they can produce attachment and security as opposed to unpredictability, insecurity, exclusion and isolation;**

- **Attachment and Security are the key elements that lead to resilience.**



*What works when working with families?*

**OK – so that is what we are trying to achieve when working with families.**

**How do we do that? Lots of ways. We can**

- **Work with non-problem family members to improve family functioning (and reduce risk and increase protection)**
- **Work with families including the misuser to improve both family functioning and the misuse**
- **Work with children, or with families and children, to create these outcomes.**

**All of these work!**



*What works when working with families?*

## **Working with non-problem family members**

**One example: our 5-Step intervention. The research group in the UK(\*) with which I work has undertaken a number of studies of interventions aimed at reducing family members stress and strain, which then greatly improves family functioning and the impact on children.**

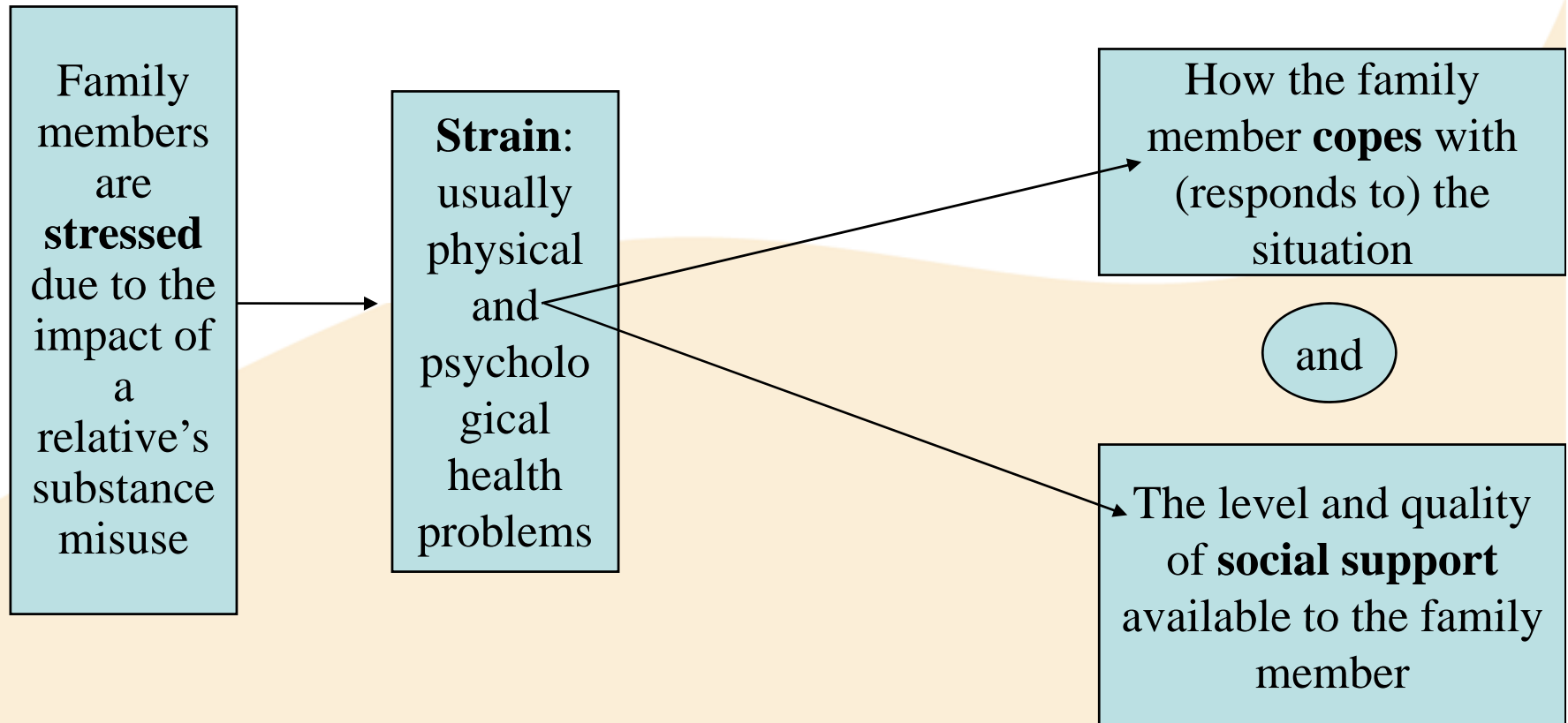
**We developed a model of why alcohol & drug problems caused family members problems: the stress-strain-coping-support model (SSCS).**

**(\*) Jim Orford, Lorna Templeton, Alex Copello**



*What works when working with families?*

This suggested that ....



*What works when working with families?*

**Using this, we developed a simple and brief (so it could be delivered in primary care) 5-step therapeutic intervention which worked at each stage of the model.**

**The 5-step approach involving**

- 1) giving the family member the opportunity to talk about the problem;**
- 2) providing relevant information;**
- 3) exploring how the family member responds to their relative's substance misuse;**
- 4) exploring and enhancing social support; and**
- 5) discussing the possibilities for onward referral for further specialist help.**



*What works when working with families?*

**Our studies have demonstrated that this approach is effective in reducing family members' signs of strain (a significant reduction in both physical and psychological symptoms) and positively altering and enhancing their coping mechanisms;**

**and we also showed an improvement in the attitudes held and motivation towards working with relatives of substance misusers, in the primary health care professionals involved in delivering the intervention.**



*What works when working with families?*

**This same 5-step approach has also been tested with a small sample in the specialist secondary care setting, and in primary and secondary care in Italy.**

**Results from all of these studies are positive, demonstrating that the intervention can lead to changes in coping, improvements in social support and reduction in physical and psychological symptoms.**

**Qualitative data have shown that family members greatly appreciate this intervention, and report major improvements in family functioning as a result.**



*What works when working with families?*

**There is also some evidence that the intervention can, in some cases, lead to a change in the problem alcohol or drug consumption of the relative and that this in turn can lead to improved family relationships.**

**Our work is not alone: other work has been undertaken to engage and help family members affected by the excessive drinking or drug taking of close relatives, mainly in other countries: the USA, Australia, Canada and former Yugoslavia.**



*What works when working with families?*

**One example is the CRAFT approach (Community Reinforcement and Family Training), developed by Bob Mayer and Bill Miller. Although designed as a method of improving the engagement of people with substance misuse problems into treatment, it also showed positive effects directly on family members:**

**They found significant reductions in family conflict, depression, anxiety, anger, and physical symptoms, with average scores dropping into the normal range on all measures, as well as improvements in family cohesion.**

**And these direct and personal benefits to the family members occurred regardless of whether or not their relative did or did not enter treatment.**



*What works when working with families?*

**There are other successful approaches too, including the ‘Parent coping skills training’ programme which aims to teach more effective coping skills in responding to adolescents’ substance use. This work showed greater improvement in parental coping skills, parents’ own functioning, family communication and their adolescent’s drug use compared to waiting list controls.**

**And there have been other successful approaches helping parents to cope with their children’s alcohol and drug use and problems.**



*What works when working with families?*

**There has also been a lot of work with non-problem family members to promote the engagement of substance misusers into treatment**

**Not surprisingly, involving the family member means that it is more likely that alcohol or drug misusers will then engage in treatment. Basically, the family member can influence the person with the alcohol or drug problem by helping them to decide to seek or accept help for the problem.**

**Lots of people have developed ways of doing this, and many of them have been well researched. For example, Barber and Crisp (1995) developed the ‘pressures to change’ approach, which starts by engaging the family member:**



*What works when working with families?*

**work with them focused on**

- **education;**
- **discussion of their responses to drinking situations;**
- **setting up activities incompatible with drinking; and**
- **and preparing the family member to confront the person with the drink problem and request that he/she approaches services to seek help.**

**In essence the approach aims to create change in the behaviour of those concerned in order to achieve treatment entry for the person with the drink problem.**



*What works when working with families?*

**Another example is the CRAFT approach I mentioned earlier. This also aims to**

- work with ‘concerned significant others’ (CSO’s) to get them to reinforce non-substance misusing behaviour through a positive reinforcement process,**
- and involves the restructuring of a range of aspects of everyday living, so that abstinence from drugs or alcohol on the part of those with substance use problems is selectively encouraged.**

**And there have been many other interventions such as these developed, in the USA, Australia and the UK, all aimed at getting ‘treatment-resistant’ substance misusers into treatment: and lots of research has shown that these approaches work.**



*What works when working with families?*

**Research consistently shows that working directly with those concerned about someone else's substance use can lead to engagement of the user in treatment, and stress the influential role of family members in relation to treatment entry of the substance user.**

**These results have been replicated across various groups of family members using a range of substances, although more, and more rigorous, controlled evaluations have been conducted in the alcohol area than in the drugs area.**



*What works when working with families?*

**These findings challenge the powerful myth, widely held within the substance misuse problems and therapy field: that family members concerned about a relative's substance misuse cannot influence someone with a substance misuse problems to change.**

**It is true that family members cannot make an individual stop drinking or using drugs, but they can change their own behaviour in ways that will help the misuser recognise that the substance use is problematic, and that change is desirable.**



*What works when working with families?*

## **Work with families including the misuser**

**There is also a lot of work here: many studies have shown that it is possible to work with family members in conjunction with the substance misuser to improve both family functioning and the misuse.**

**And what do these studies show?**

**They show that treatments are more effective if family members are involved: family involvement leads to more effective services: there are greater reductions in levels of both consumption and of family and other problems.**



*What works when working with families?*

**Basically, lots of systematic reviews have shown that treatments which involve people's social context (eg Community Reinforcement, Behavioural Couples Therapy, Family Therapy, Network Therapy, SBNT (Social Behaviour and Network Therapy) are both highly effective, and also more cost-effective.**

**Many approaches focus on interactions between family members and substance misusers.**

**These approaches focus on improving relationships, decreasing behaviours that facilitate substance misuse, and increasing marital or family stability and happiness – all shown to be protective of children and leading to resilience.**



*What works when working with families?*

**Major components of many of these interventions include:**

- **Cognitive-behavioural strategies that will help the misuser stop using and acquire coping skills to respond to both substance-specific and general life problems;**
- **Strategies that teach family members to support the misuser's change efforts, reduce protection for substance-related consequences, develop better skills to cope with negative emotions, and communicate around substance-related topics;**
- **Strategies to improve the couple's or family's relationships by increasing positive exchanges and improving communication and problem-solving skills;**



*What works when working with families?*

**Social Behaviour and Network Therapy (SBNT), recently developed in the UK by my collaborators, Alex Copello and Jim Orford.**

**SBNT is a synthesis of many of the family and social network ideas I have just outlined, and is based on the premise that to give the best chance of a good outcome,**

- people with serious alcohol or drug problems need to develop positive social network support for change,**
- and this involves getting members of their networks (who will support them in changing their behaviour) involved in the therapy.**



*What works when working with families?*

**All these treatments have resulted in either equal or usually better outcomes than approaches that do not involve the substance misuser's family; most show positive increases in *the long term*, compared to interventions which do not involve spouses and other family members, or involve them only minimally.**

**Certain approaches stand out.**

- **The Behavioural Couples Therapy approach**
- **Social Behaviour and Network Therapy (SBNT)**
- **The Community Reinforcement and Family Training (CRAFT) approach**



*What works when working with families?*

**Let me summarise.**

- **Children who live with parents where one or both have serious substance misuse problems are at risk of developing major problems of their own, both as children, and when they grow up to become adults.**
- **This however is not a forgone conclusion. There are many factors (especially positive family functioning and external support and interests, fewer or less intense risk factors [eg violence]) which can all lead to resilience.**



*What works when working with families?*

**And lots of services in the UK are now offering help to families based on some of these ideas.**

- **FAS**
  - **Option 2**
  - **Strengthening Families**
  - **M-PACT**
  - **Breaking the Cycle**
  - **STARS**
  - **Young Addaction Plus**
  - **Base Camp – Turning Point**
  - **Family Drug & Alcohol Courts**
  - **many of the new Family Intervention Projects**
- and many more**



*What works when working with families?*

## **Findings?**

- 1. All research and evaluation do far provides indications, not conclusive evidence (small samples, insufficient length of time, evaluation of pilots etc)**
  
- 2. All indications are positive.**
  - Strengthening Families – best evaluated, over some years, in USA and elsewhere – strongly positive findings.**
  - Our work, evaluating many of the others (FAS, M-PACT, Base Camp, BtC, YAP, etc) ...**



*What works when working with families?*

## Some extracts:

### Young Addaction Plus:

- young people: **82%** had attempted to reduce their engagement in harmful behaviours; **96%** had attempted to reduce or avoid their involvement in crime; **91%** were making important changes in their lives in an attempt to secure stable housing, and **78%** were attempting to engage in activities such as accessing education or taking up sports or hobbies.
- families, **80%** improved their ability to cope more effectively; **78%** were successfully taking steps to address problematic family functioning, and **85%** of families were beginning to re-establish their relationship with the young person.

### Breaking The Cycle

- **88%** showed a reduction in: substance use, and in harmful behaviours; and an improvement in social and parenting skills; and that they were more successfully prioritising the wellbeing of their children ....



## *What works when working with families?*

### **Breaking The Cycle (cont)**

Clients who have been involved with Breaking the Cycle for some time felt that:

- They had a clear future; They had goals they were working towards; They felt that change was possible and sustainable

Overall,

**83%** of clients achieved some level of progress in working towards their treatment goals;

**81%** of parents stabilised, reduced or stopped highly problematic substance use that was impacting negatively on their and their family's lives

**82%** of parents reduced their involvement in harmful behaviours including involvement in unresolved disputes, domestic violence and engagement in crime

**84%** of parents acknowledged the benefits of engaging in a meaningful occupation

**87%** of mothers and/or fathers increased their efforts to prioritise their children's healthy development.



## *What works when working with families?*

**Option 2** significantly reduced the time children spent in care, and was significantly cheaper, saving thousands of pounds per child.

**M-PACT** programme **empowered families** to make **positive changes**.

- The biggest change was in what the families **communicated** about, and **how** they communicated – the group and family work allowed them to learn to listen to each other and accept different feelings and points of view, leading to an enhanced understanding of each other, the addiction and its impact.
- Being supported to set realistic and relevant goals was also valued.



*What works when working with families?*

## **Conclusion:**

- 1. What works? We know what works!**
- 2. Programmes which develop resilience in children, by working with them and their families.**
- 3. Interventions which use these methods are insufficiently evaluated as yet, but all of the indications are very positive.**

**Thank you**

