Family intervention for the treatment and rehabilitation of drug addiction: an exploratory study

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Abstract

Objective: To explore the experiences of families who undergone a family intervention program at a drug treatment and rehabilitation agency located in the city of Kuala Lumpur, Malaysia. Specifically, families were asked to comment on their experience in attending the program and how much of their improvement was due to the program and other factors.

Methods: Data were collected through use of a semi-structured interview with eight family members who underwent the family intervention program at the agency which consists of family psycho-education, family support group and family retreat. Observations were also conducted.

Results: Five themes emerged from the analysis: therapeutic alliance between counselor and participants; helpful things participants received from the program; helpful things participants did themselves during the time they were involved in treatment; helpful things participants learned in the program that they are continuing to use; and unhelpful elements in the program.

Conclusion: Findings support that the family intervention program has positive potential in supporting family members in the treatment and rehabilitation of drug addiction.

Background

Families are important in both the etiology of addiction and its recovery (Gruber & Taylor, 2006). In relapse prevention, success in establishing a social support network raises the chances of long-term treatment success. Family therapy, even in only a few sessions, can be invaluable in reducing the feelings of guilt or confusion in significant others. Family counseling, moreover, can be invaluable in preparing the family for changes that are needed to enhance and maintain the addicted person’s recovery.

To treat an individual member who is addicted in isolation is to ignore the context in which much of that behavior takes place. To know the context, an understanding of the systemic intergenerational nature of addiction is essential. Even more than ordinary illness, addiction is a source of major stress that resonates through the family system and affects the family’s interactions with every other system in the community. The emotional and financial resources of the family may be almost entirely depleted by the stress of the addict’s illness. The havoc wreaked on the family by alcohol misuse is even more dramatic and progresses more rapidly when a drug enters the picture. Qualitative data based on interviews with former addicts reveal that communication and caregiving duties break down to the extent that the well-being of the children and the family as a whole are in jeopardy (Brown & Hohman, 2006).

According to van Wormer (2008), the family therapy field has devoted little effort to addiction-focused treatment and has tended to refer drug-afflicted members to specialized services or self-help groups. And because of the difficulty that substance abuse treatment centers face in working with the whole family, often little more than lip service is given to family members’ needs by these treatment centers. Family members can suffer through a lack of, or poor quality of, support available to them (Copello et al., 2010; Templeton, 2009).

This is also true in the Malaysian context. From the literature reviewed, it was evident that there is lack of utilization of family-based approaches. Although there is evidence that the family has a role in influencing the addictive or relapse process and its remediation (Mahmood Nazar et al., 1996; Ghani et al., 2008), family-based treatment is less popular perhaps due to difficulty in gaining commitment of family members and lack of training for counselors delivering the service. Because there is very minimal usage of the family-based approaches in Malaysia, the research on family-based treatment modality in Malaysia has also been scarce.

As family-based approach has been proven to be successful in the West in the treatment of drug users, there is a need to...
look at the experience that the family undergo in drug addiction treatment in the Malaysian context as well as to devise possible alternate recommendations for counselors who are interested in the augmentation of family techniques in the treatment of drug addiction. Therefore, this study aims to do so.

Method

Counseling research that explores clients’ perspective and inner views are still lacking (Bowman & Fine, 2000; Gaddis, 2004; McLeod, 1998), but recently there is a move from the dominant positivist view to a more humanistic/qualitative approach (Ribner & Knei-Paz, 2002). According to Howe (1996), merely observing and measuring what clients do falls short of actually understanding their inner experience of the process.

The purpose of this study was to explore family intervention in the treatment and rehabilitation of drug addiction. Therefore, a qualitative design was chosen as the most appropriate choice for this study based on the notion that naturalistic inquiry is most applicable for discovery oriented research into unstudied phenomena (Creswell, 1994; Denzin & Lincoln, 2000).

The setting

This study was conducted at a drug addiction treatment and rehabilitation agency in the city of Kuala Lumpur. The agency was set up to provide drug prevention, intervention and rehabilitation. It later became a registered Malaysian NGO in 1991. Most of the staff here are former drug users and volunteers. There are two counselors at the agency.

Besides treatment and rehabilitation program for the drug users, families are encouraged to be involved in treatment and rehabilitation program provided by the agency. The family intervention program consists of three main components: the family psycho-education; the family support group; and the family retreat. Both the family psycho-education and the family support group are conducted once every month, usually during weekends, while the family retreat is conducted twice a year. In contrast to traditional family therapy, the family treatment interventions utilized at this agency were designed to elicit resilience and healing in the family members rather than to uncover the family’s presumed role in causing and perpetuating the addiction.

Participants

The participants were family members of clients at the agency who are willing to participate in the study. Families were encouraged to be involved in the family intervention program that was organized by the agency. Some families show commitment to join the program but others did not. Interviews were conducted with only eight family members (n = 8: two male and six females). The age range was 46–62 years, except for one participant who is 28 years old. The eight participants include two fathers, four mothers, one single-mother and one sibling. Most of the participants’ family members in treatment are adolescents or young adults between the ages of 15–26 years.

Procedure

Ethical approval was gained from the agency. A key part of the procedure was allowing families to voluntarily consent to participate in the study. The counselor for the families was also consulted about the family’s suitability to be involved.

All of the three main components of the family intervention program, that is, the family psycho-education, the family support group and the family retreat were involved to explore participants’ experiences. Data were collected from November 2011 to December 2012. Data collection procedures involved interviews and observations. Interviews lasted 40–60 min and were recorded and transcribed. All interviews were conducted face-to-face. All participants were provided with a written verbatim transcription of their interviews and were asked to check the accuracy and parts that they may not feel comfortable with. Observations were also conducted where one of the researchers became observer during the period of one year, joining every intervention program that was held concerning families.

Data collected from the interviews and observations were analyzed. Common themes as they emerged were identified. Once themes are identified from participants’ responses, initial categories were classified and questions formulated to narrow the focus of the study, initial findings confirmed and new or additional information were probed.

Results

The data is presented based on the themes that emerged from the responses. Quotes from participants’ own words were thought to be the best vehicle for presenting the data because of the clarity and authenticity they offered on the participants’ experiences. Five themes were found as follows:

Therapeutic alliance between counselor and family members

All participants in the study (n = 8) appeared to have a constructive working relationship with the counselors at the agency. In the family intervention program, family members have a close relationship with the drug user’s counselor and would be given information and report on their progress. Even though the counselor is not using family therapy per se, the combination of components in the program utilized by the agency seems to work in the Malaysian setting to provide ‘‘therapy’’ for the families. The existence of the counselor in some way met the families’ needs. Some statements from the participants are:

I feel comfortable, listened to and heard, especially as this (having my son in treatment) is very hard on me and my wife. He explained about everything in a way that makes us feel accepted and supported. (P5; father)
I thought we got on reasonably well. Just the way she talked to me...she didn’t look down on me, thinking negative things and just made me feel welcome. (P2; mother)
We (me and my daughters) have a very good relationship with the counselor...we can call him whenever...it is good to know we have someone to refer to. (P1; single-mother)
Helpful things participants received from the program

All participants (n = 8) were positive in terms of benefiting from the family intervention program. They reported experiencing some improvement in their life from attending the program. They began to get new insights of looking at their situation and themselves, they learn different ways and means of handling their problems, gather more knowledge and understanding about addiction and strategies that they find useful. Comments include:

The family weekend program where they give talks about addiction was helpful in increasing my knowledge and understanding of addiction. I want to know more to help my son. (P5; father)

I was shocked to know that I was contributing to her behavior, an enabler, that’s what she (the speaker) said…I know now that only she can change herself when she is ready…there are things that I must change also in order for her to change such as not so controlling …and we are all “work in progress”!! (laughing) (P4; mother)

I have less emotional outbursts…before, I was depressed, afraid and angry…I still do but not too much…I will try to find support whenever I started to feel that I need someone to talk to, maybe call someone from the group or the counselor…just to get it off your chest… it helped. (P3; mother)

Helpful things participants did themselves during the time they were involved in treatment

There was plenty of evidence from the interviews that all the participants (n = 8) were very active and continued striving to resolve their difficulties between sessions as mentioned below. They stated things that were supportive, that they were doing and how those things were helping them. They seem to know what they needed and wanted and what would be helpful to them:

Every day there’s prayer. I go back to God (Allah) and pray for the well-being of my family, for support and strength and for my son to get back on track… he is still young, you know, only 15. (crying) (P3; mother)

I called my other children and we will have discussions together, I will convey to them about information I got from the program at the agency…I asked them time and again whether I put most of my energy and attention to their sister as I don’t want them to feel that I was neglecting them… they all said no and were very supportive and understanding… . (P4; mother)

Helpful things participants learned in the program that they are continuing to use

The participants in this study (n = 8) indicated learning ways and means of handling their problems, knowledge about addiction, new ways of looking at their situation and themselves and strategies that they continued to use after they had undergone the program. Some statements include:

I learnt that we (husband and wife) need to continue working as a team. We tend to compete with each other causing our child to manipulate the situation…I may say no at one point and then my husband would soften it and in some ways changed it to a yes…now we see that and we try our best to have collaboration with each other… support instead of sabotage… very important so as not to confuse the child with contradicting and perhaps confusing messages. (P7; mother)

Now when I feel myself getting into a situation where you’re feeling let down because things are not working out according to plan, I sit down and think…my son’s in good hands at the center and I need to take care of myself and be strong for my other children. (P1; single-mother)

Communication techniques, sharing, more open… give him (son) more acknowledgment of his strengths and achievements, accepting him as my son, telling him that I love him regardless of his failures… that might be what he was looking for… I realized that I have to take on the role as the head of the family for it to function well… (crying) (P8; father)

Unhelpful elements in the program

Most participants strongly valued the help they received from the program but some (n = 3) mentioned the need for further improvements. What appeared to be beneficial was the feeling of continued support from the family intervention program and the staffs at the agency. Elements that were perceived as unhelpful were language and therapy. Some of the program components were conducted fully in English and some participants were unhappy that the agency was not sensitive to the fact that they may not be well-versed in that language. Although there were translators, they still feel unsatisfied as the objective of the program components may not be achieved as they do not fully understand what was being said. In terms of therapy, some participants wished there were more one-on-one therapy being done for the families. Some illustrations of these concerns are:

It is a waste of money and time to come … I did not get too many things from the program…I mentioned to the counselor/facilitator about this but he said it is already good you are here… I feel angry, that is why I miss some of the session and went up (to my room). (P6; sister)

The invited speaker was good. The group sharing activity really helped me getting to know about what was happening in my family… Although I talked to her and she did provide some sort of brief counseling or advising to me after the presentation, it was not enough. I feel the need to get more therapy for myself and my wife as a couple… we have a lot of unresolved issues and we still need to learn more on working together. I wonder if they (counselor) can help us out on this. (P5; father)

Observation data also shows the development and changes in the participants. For example, some participants in the
earlier stage of the program were rather closed and unwilling to participate but as they progress through the program, they open up and shared more, expressing more emotions, making connections with other families involved in the program and even encouraging and supporting each other. Many seem to be more active and empowered, giving ideas, tips and suggestions to other family members based on what they had experienced and learned.

Discussion

This study, in line with Bohart & Tallman’s (1999) recommendations for more research on the client’s perceptions of therapy, set out to discover in more depth how families in treatment of drug addiction viewed their improvements from the existing program and the ways they were proactive in the process. These data fit well with Bohart & Tallman’s (1999) premise that “research evidence converges to suggest that the active efforts of clients are responsible for making psychotherapy work” and Prochaska & DiClemente’s (1992) readiness of client to change.

The stages of family needs, moreover, may or may not directly correspond to the addict stage of recovery. Family members may be far more ready for change in the positive direction and their readiness to change contributes to the success of the program, especially in terms of them initiating proactive measures for themselves and other family members as well as creating solutions themselves of given time, opportunity and ways to do so. Families giving commitment to treatment itself signifies a positive step forward and a clear indication of their motivation to change (Bohart & Tallman, 1999; Presley, 1987).

It is interesting to note that the participants involved in this study are parents or siblings of drug-abusing clients who are adolescents or young adults. Drug users are usually perceived as loners or people cut-off from primary relationships. However, studies have shown that 60% to 80% of people who are drug dependent, especially below the age of 35, either live with their parents or are in daily contact with at least one parent (Bekir et al., 1993; Stanton & Shadish, 1997).

In the context of Malaysia, where the culture is more collectivistic, drug users usually maintain their connection with their families (Dini Farhana Baharudin et al., 2012). Data also shows that participants, who are families of adolescents and young adults, are giving commitment to treatment by participating in the family intervention program. This is contrary to the general perception about the feasibility of engaging drug-abusing adolescents and their families in treatment and supports the evidence that parents and families play an important role in treatment and outcome (Liddle, 2004; Rowe & Liddle, 2003).

Therapeutic relationship or alliance has been amply demonstrated to be central to successful therapy (Duncan et al., 2002; Kothari et al., 2010; Maione & Chenail, 1999). The client’s perception of that relationship is possible even more important than the counselor’s because it has been found that clients’ ratings are better predictors of outcome (Bachelor & Horvah, 1999). Therefore, having a constructive working relationship with the counselor is important, as it was to all the families interviewed. An implication for this is for counselors to realize that they are closely being assessed by clients in much the same way that they are assessing their client, in this study, clients being the families in treatment. This process of mutual appraisal is common in any social interaction but it is sometimes easy for counselors to forget that it also happens in therapy sessions and consultations. The data suggests that a counselor with a positive view of the client’s potential to grow and self-heal and autonomy as well as being a constant support may be in harmony with clients’ own ideas of what is needed and effective for them in the helping relationship.

Participants in this study appeared to have had a generally positive experience of the family intervention program. The findings also show the benefits and areas for further improvement of the program. The program allows participants to gain new insights of looking at their situation and themselves, they learn different ways and means of handling their problems, gather more knowledge and understanding about addiction and strategies that they find useful. However, data also show participants are active in their quest and have their own resources in handling their difficulties during the time they were involved in treatment.

Many counselors believe that what clients do between sessions is at least as important, and probably more so than what happens during therapy. The value of this out-of-session activity is well documented in the literature (Bohart & Tallman, 1999; Bowman & Fine, 2000; Manthei, 1996; Sheel, 2004). In fact, Lambert (1992) estimated that, clients’ resources and what they do outside their session is the largest contributor to success in counseling. These activities include formal homework tasks and client initiated self-help effort (Bohart & Tallman, 1999). During this non-counseling time, usually the other 28–29 days of the month, it is reasonable to expect that families will be actively engaged with their problems and their solutions, and it would be useful for counselors to know what occurred during that time. In this way, the families’ strengths, successes and competencies can be highlighted and reinforced. As implication, counselors should expect this self-healing to happen, predict it and encourage it. It builds on and supplements what is happening in therapy and supports the families’ inclination to be active, effective, self-help agent (Bohart & Tallman, 1999; Manthei, 2007). Counselors may also expect that families will discover ways in which they can make improvements for themselves. These improvements will often be triggered by things that have been learned or discussed in their treatment program.

In discovery-oriented approaches to counseling, the aim is to help clients use their own capabilities to change and if need be, to teach them new skills and ideas (Bohart & Tallman, 1999). The ultimate aim is to boost clients’ capabilities to solve any problems that might occur in the future. The participants’ comments illustrate the value of teaching and encouraging clients during their program to be self-reliant when future problems arise. This outcome is almost a universal goal to therapy, a process of psycho-education and support whereby families facing with addiction gain confidence and competence needed to overcome their future
problems. Counselor may stress the long-term value of the program by pointing out that once they discover how to handle their problems effectively, they can repeat the process again in the future by using their new insight, skill and confidence or by adapting their learning to fit slightly different circumstances and challenges in the future. This sort of suggestion will reinforce the families' view of themselves as an effective, capable problem-solver.

Literature on unhelpful interactions in therapy is considerably less extensive than it is for helpful factors (Bowman & Fine, 2000). In previous studies, findings include counselors' behaviors such as repetition and misdirection (Llewelyn, 1988), unclear goals, talking too much (Bowman & Fine, 2000) and inappropriate or confusing self-disclosures (Hill & Knox, 2002). In this specific study, aspects that were not mentioned by the literature that the participants were less than satisfied with were language and therapy. This may be due to the differences in cultural context and the family intervention program itself. Other contributing factors include time constraints and counselors' lack of training in family therapy. Family therapy itself is not in the program component but may be added by request by the families themselves or the drug user in treatment.

There are several limitations to this research. First is the small sample size of eight participants. As the number of participants who were involved is small, the results are certainly not definitive and are interpreted with caution. There are some concerns about the time lapse between families attending the program and being interviewed. Gaps in their memories regarding the program could have compromised the fullness and accuracy of the data obtained. This is always a concern in retrospective reporting although there were suggestions from previous study that clients can recall events that happened in therapy up to six months previously (Martin & Stemaczonek, 1988). Finally, the interviews were conducted in participants’ native language, which is the Malay language. In this article, quotes from participants were translated into English, whereas the original quotations were in Malay language. Although the translation was done through a proper procedure, the fact remains that they were translated version and not the original quotations.

Despite the limitations, this study supports previous studies on the involvement of family members and substance using clients in treatment (Liddle, 2004; Velllemen et al., 2005) and interventions aimed at supporting family members affected by the drug addiction (Copello et al., 2010). The study also provides some interesting results that are worth consideration by agencies and counselors in the treatment and rehabilitation of drug addiction to help families in need. Finally, the findings also indicate the need to hire more counselors who are trained in family therapy in drug rehabilitation agencies so that more drug addicts can be helped with the support of their families.

Declaration of interest

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References


