





ORIGINAL RESEARCH

Effects of Engaging Family in Addiction Treatment for Substance Use and Treatment Compliance: A Preliminary Study

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Main Points

- Addiction can be defined as a family disease, and family members have an effect on addiction treatment.
- As the number of sessions attended by the family members increased, the duration of abstinence period increased.
- Family member's attendance to the treatment enhanced the patient's compliance with the treatment and decreased the drop-out rate.

Abstract

This preliminary study aimed to examine how engaging the family in addiction treatment affects substance use and treatment compliance in patients who applied to the Green Crescent Consultancy Center (YEDAM). Using causal comparison model, 148 family members (mother, father, siblings, and/or spouse) of 214 patients with drug/alcohol addiction who applied to YEDAM between January 2016 and June 2017 participated in the study. Self-reports of the individuals were taken into account in the evaluation of alcohol/substance use or non-use for people with addiction. Compliance with the treatment was measured in the form of the rates of retention and drop-out for each individual. Individuals whose families attended 2 or lesser sessions abstained from substance use at a rate of 24.8%, whereas this rate was found to be 41% when they attended 3 or more sessions. When the families attended 2 or fewer sessions, it did not have an effect on treatment drop-out. When families attended 3 or more sessions, the rate of continuing treatment was 2.3 times higher. As the number of sessions attended by the family members increased, the duration of not using substance increased. This also enhanced treatment compliance and decreased the rate of dropping out of treatment. Even with some limitations as a preliminary study, this research underlines the importance of family engagement in the course of the addiction treatment.

Keywords: Drug addiction, alcohol addiction, family engagement, drop-out, treatment compliance

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Introduction

Physically, psychologically, and socially, individuals build the first bonds with their family. Addiction causes various problems in these bonds, and a vicious circle is created when these problems affect the family members (Hashemi et al., 2010). Although studies have mentioned the negative effects of drug

and alcohol use, addiction is actually a disease that affects the whole family (Lander, Howsare, & Byrne, 2013; Choate, 2015). It has been observed that spending large amount of money, behaving violently, and running away from home leads the family to experience physical or psychological problems (Svenson et al., 1995).

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Living with a person with addiction increases the biopsychosocial stress within the family and impacts their physical and psychological well-being (Velleman, 1993 and Brisby et al., 1997). The family cannot effectively cope with the person with addiction. Therefore, involving only the individual in the treatment plan can limit addiction treatment.

According to the literature, there are multiple findings that have demonstrated the importance of the family factor in addiction treatment that has a positive effect on treatment (Orford, 1994; Copello et al., 2005; Lochman & Steenhoven, 2002). In individuals who are reluctant to treat their alcohol and drug addictions, family is considered as a mediator factor that provides the person's integration with the treatment. For instance, individuals with addiction problems continue to be influenced by their families more than law enforcement in making the decision to start the treatment (Marlowe et al., 2001). Furthermore, it is suggested that not only the initiation of the treatment but also the family's approach to the person with addiction during the treatment plays a decisive role. Richardson (1999) indicated that if the family members socially interact with the person with addiction for a year after the detoxification process, the individual continues the abstinence period and maintains it longer.

Family members sometimes do not know how to treat people with addiction and may use ineffective coping skills to deal with the problem. It has been suggested that this may cause the individual to continue and increase substance use and negatively affect the functionality of the family (McGillicuddy et al., 2001). However, parents who have developed a democratic parenting style instead of authoritarian and have a supportive attitude are considered protective factors against substance use (Patterson et al., 1992). In this context, when various family-oriented therapies are examined, it is necessary to support the family and educate and inform them about parenting skills and attitudes. It has been demonstrated that it affects the treatment positively in many ways, such as starting and continuing the treatment or reducing the amount of substance used (Copello et al., 2005).

Even when a person with addiction refuses to engage in the treatment, studies have shown the effectiveness of working only with the family members. For instance, Thomas et al. (1987; 1993) suggested that working only with the family members can lead to a change in the behavior of those with addiction. It was observed that a change in the attitude of the family changed the behavior of the person with addiction. According to a study conducted with the families of people with alcohol addiction, the amount of alcohol consumption decreased in 53% of the people whose families participated in this program than in the control group, and eventually some of them also engaged in the treatment.

Therefore, when the family members participate in addiction treatment, the effectiveness of the treatment increases, and it is claimed that working with the family is effective in people with addiction problem. Therefore, it is observed that treating addiction should not only involve the individual affected but also the family, which will have a positive effect on the treatment of the individual.

This study aimed to evaluate the effects of engaging the families of people with alcohol and/or substance addiction who applied to

the Green Crescent Consultancy Center (YEDAM) for treatment of substance use and treatment compliance.

Methods

Participants

Participants in this study were selected from among the family members (mother, father, siblings, and/or spouse) of people with alcohol and/or substance abuse problems who applied to YEDAM. Family assessment interviews were held with 148 of the 214 people who applied to YEDAM between January 2016 and June 2017. Participation of the families in the interviews was voluntary. The families who did not want to participate in the treatment or did not arrive at YEDAM despite being invited to the center were not interviewed. Families included in the study were chosen among people without psychotic disorders.

Model

This preliminary study was designed using the causal comparison model. The causal comparison model explores the variables that cause differences between groups and aims to determine the effect of differences on the outcome, condition, and participants without any intervention (Büyüköztürk et al., 2015). Similarly, this research method was chosen, as it sought to determine whether engagement of the family in the treatment made a difference in terms of substance use and treatment compliance.

Information about Applied Treatment Program

YEDAM is a center that provides free of charge outpatient psychological and social support services to individuals with alcohol and substance addiction. Individuals aged 16 years and over and their families are accepted to the center. Psychological support is provided to those with addiction, and simultaneously, family sessions are held with their family members. If the person with addiction does not want to come to the center, the first interview is carried out with the family of the person, and the treatment process is started with a family member. In this process, if the clinical psychologist evaluates that any family member needs psychological support during the session, they are referred to another psychologist within the center to receive mental support.

Families of those with addiction who receive psychotherapy service by clinical psychologists are informed about addiction and its treatment by participating in family sessions. The scope of the sessions includes development of skills, such as communication, conflict resolution, and assigning responsibility. Cigarette, alcohol, and substance addiction individual treatment program is applied to both individuals with addiction and their families (Ögel et al., 2012). The treatment program mentioned earlier is a structured program and is implemented only by clinical psychologists trained in this area.

Application

Self-reports by individuals with addiction were taken into account in the evaluation of the alcohol/substance use or non-use. Compliance with the treatment was measured in the form of the duration of treatment for each person with addiction.

Statistical Analysis

The number of sessions with families was evaluated in 2 categories, 2 or less and 3 or more, to facilitate assessment. If at least

3 months passed since the last session with a person, it was considered to be discontinued and as non-adherent to the treatment. Individuals with addiction who did not specify their drug-use periods (n=58) were not included in the analysis as shown in Tables 1 and 2. The Chi-squared test and odds ratio (OR) were used in statistical evaluations. The chi-squared test was used for hypothesis testing in investigating the relationship between engaging family in addiction treatment with substance use and treatment compliance. OR was used to test whether this relationship had an increasing or decreasing effect. The Statistical Package for Social Sciences 17.0 program (SPSS INC.; Chicago, IL, USA) was used to evaluate the data.

Results

The ages of people with addiction who were included in the study varied between 16 and 69 years. In the sample, 8.9% were women (n=19) and 91.1% men (n=195). At least 1 session was held with the families of 214 people. A maximum of 12 sessions were conducted with a family member.

During the 10-month addiction treatment period, at least 1 session was held with 148 family members of 214 individuals with alcohol or substance addiction. Although 61% of those who at-

tended 2 or fewer family sessions continued the treatment, 39% dropped out. The rate of not using substances for 1 month or less was 30%, and the rate of not using drugs for 3 months or more was 16% (Table 1). The number of sessions with the families of individuals with addiction during the treatment process, rate of drug use, and treatment compliance are illustrated in Table 2.

Although the rate of abstinence for more than 1 month was 24.8% in those whose families attended 2 or less family sessions, it was 41% in those whose families attended 3 or more sessions. When families attended 3 or more sessions, it was found that the rate of abstinence was 2 times higher than those whose families attended 2 or less sessions (OR=2.72, GA=1.99-3.71).

When families attended 3 or more sessions, the rate of treatment drop-out was 20.9% and the rate of treatment retention was 79.1%. It was observed that the rate of treatment drop-out was 38.6% in those who attended 2 or fewer family sessions, and the rate of treatment retention was 61.4%. The difference is statistically significant. The drop-out rate was more than 2 times higher in those whose families attended 2 or fewer sessions than in those whose families attended 3 or more sessions (OR=2.37, GA=1.07-5.26) (Table 2).

Discussion

This study aimed to investigate how engaging families in addiction treatment affects substance use and treatment compliance in people who applied to the Green Crescent Consultancy Center.

It was observed that as the number of sessions attended by the family members increased, the duration of abstinence period increased. This also enhanced the patient's compliance with the treatment and decreased the drop-out rate. Similarly, Liddle et al. (2001) stated that improving parenting skills, learning effective communication methods, and increasing interactions with those struggling with addiction helped them to decrease substance use. The study drew attention to the improvement in school success and family functionality of these people. It has been determined that changing the attitude and approach of families toward the substance user ensures the effectiveness of the treatment to last for 6 to 12 months. Therefore, the family factor has an effect on the individual not only during but also after the treatment.

Table 1.
Sociodemographic and Substance use characteristics of participants

	N	Ave±SD	%
Age		27.82±8.45	
Total number of family sessions	148	1.53±2.11	
The duration of substance/ alcohol use			
Still using	64		41
Abstinence for 1 month or less	47		30.1
Abstinence for 1-2 months	20		12.8
Abstinence for 3 months or more	25		16

Ave: 27.82; SD: 8.45
*The total number of people is low because there are people who did not report their substance use status.

Table 2.
Number of family sessions with substance use and treatment compliance rates

	Number of Family Sessions				Chi-squared
	2 sessions or less		3 sessions or more		
	N	%	N	%	
Abstinence duration					
More than a month	29	24.8	16	41	4.71*
1 month or less	88	75.2	23	59	
Treatment compliance					
Drop-out	66	38.6	9	20.9	2.21
Retention	105	61.4	34	79.1	

*p<0.05
*The total number of people is low as there are people who did not report their abstinence durations.

Many studies have been conducted on young people, and clinically meaningful results have been obtained to show that substance use by individuals with addiction decreased when their families participated in the treatment (Ozechowski & Liddle, 2000). However, there are not many studies on this subject with the adult population. In this preliminary study, when the age range of the participants was evaluated, it was shown that similar results could be obtained when the family was included in the treatment of adults with addiction.

It is observed that the rate of dropping out of addiction treatment is 50%, especially in the first month of the treatment (Stark, 1992). As the period of abstinence gets longer, this leads to a positive effect on treatment compliance of an individual (Simpson, 2004). In this study, it was observed that engaging families in addiction treatment decreased the rate of treatment drop-out and increased the duration of abstinence. Accordingly, our findings demonstrated that sessions with families have a positive effect on the treatment of the individual and affect the course of the treatment positively. This can bring about a different perspective to future addiction treatment research.

Limitations and Directions/Suggestions for Future Research

The main limitation of this study was the small sample size. Therefore, the results cannot be generalized. A standard scale was not used during family sessions. There was not sufficient information about the characteristics of the family. Consequently, lack of evaluating the change and development in parameters, such as parenting skills, family bonds, and family members' attitudes before and after attending the family sessions, could be considered as a separate limitation. There is a need to evaluate the development and change in attitudes of family members and skills using a standard scale and engage the families through sessions under structured and controlled conditions. Moreover, participation in sessions was voluntary; therefore, the differences between the families who did not want to participate and the families who participated in the family sessions could not be examined. For future research, the recovery processes of individuals with addiction whose families do not engage in the treatment can be compared with those whose families do. Efficient measurement of the effectiveness of family sessions in the recovery process can be achieved by eliminating the disproportionate number of observations regarding family sessions. In addition, an individual's alcohol or substance abuse status was evaluated only using self-reports. In future studies, it would be beneficial to take the family's opinions together with self-report and to evaluate with a urine test.

As a preliminary study, this research illustrates the importance of family sessions and the number of these sessions in the course of the treatment. We believe that this finding will be an important guide for clinical practice.

Ethics Committee Approval: Ethics committee approval was received for this study from the Ethics committee of Hasan Kalyoncu University.

Informed Consent: Informed consent was obtained from the participants.

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Geniřletilmiř zet

Bağımlılık Tedavisinde Aile Grüşme Sayısının Madde Kullanımı Ve Tedaviye Uyumu Üzerine Etkisi: n alıřma

Giriř

Fiziksel, psikolojik ve sosyal aıdan birey, ilk bağımlılığını ailesi ile kurmaktadır. Bağımlılık, bireyin bu alanlarda pek ok sorun yařamasına neden olur ve bu sorunların da ailesini etkilemesiyle bir kısır dngü haline almaktadır. Bağımlılık tedavisinde aile faktrünün nemli olduėunu, tedaviyi olumlu ynde etkilediėine dair pek ok bulguya rastlanmaktadır. Madde bağımlılıėı olan ve tedaviye direnli kiřiler iin aile, kiřinin tedaviyle olan bağımlılıėını saėlayan yardımcı bir faktr olarak deėerlendirilmektedir. rneėin, madde bağımlılıėı olan kiřilerin tedaviye bařlama kararını vermede hukuki yaptırımlardan daha ok ailelerinden etkilediklerini gstermektedir. Ayrıca, sadece tedaviye bařlamada deėil, ailenin tedavi sresince bağımlılıėı olan kiřiye yaklařımının da belirleyici bir rol oynadıėı ileri srlmektedir.

Aile yelerinin, bazı durumlarda bağımlılıėı olan kiřilere nasıl davranmaları gerektiėini bilemedikleri bazen de karřılařtıkları problemlerle etkin olmayan bař etme yntemleri kullandıkları gzlemlenmektedir. Bu durum kiřinin madde kullanımını srdrmesine ve arttırmasına sebep olabileceėi gibi ailenin iřlevselliėini de olumsuz ynde etkileyeceėi ileri srlmektedir. Diėer yandan, ailenin ebeveynlik becerileri geliřmiř, otoriter yerine demokratik ebeveyn stili kullanması ve destekleyici tutumunun olması madde kullanımına karřı koruyucu faktrler olarak nitelendirilmiřtir.

Bağımlılık sorunu olan kiři tedaviye gelmediėinde bile aile ile alıřmanın tedavi zerindeki etkinliėine dair de bazı bulgularına rastlanmıřtır. Ailenin davranıřındaki deėiřimin, bağımlılıėı olan kiřinin de davranıřında deėiřimi etkileyeceėinden bahsedilmiřtir. Alkol bağımlılıėı olan kiřilerin aileleriyle yapılan alıřmaya gre; aileleri bu programa katılan kiřilerin kontrol grubuna gre %53'nde alkol kullanım miktarının azaldıėı gsterilmiř hatta aralarından bazılarının da tedaviye dahil oldukları tespit edilmiřtir.

Aile bağımlılık tedavisine katıldıėında, tedavinin etkinliėi artmakta hatta sadece aile ile alıřılması bile bağımlılık sorunu olan kiři zerinde etkili olduėu savunulmaktadır. Dolayısıyla bağımlılıėın sadece birey zerinden deėil, ailenin de tedaviye dahil edilerek alıřılmasının kiřinin tedavisine olumlu ynde etki edileceėi n grlmektedir.

Bu alıřmanın amacı, Yeřilay Danıřmanlık Merkezi (YEDAM)'ne bařvuran alkol ve/veya madde bağımlılıėı olan kiřilerin aileleriyle yapılan grüşmelerin, madde kullanımı ve tedavi uyumu zerine etkisini deėerlendirmektir.

Yntem

alıřmada yer alan katılımcılar, Yeřilay Danıřmanlık Merkezi'ne (YEDAM) alkol, madde ya da alkol ve madde kullanım sorunu ile bařvuran kiřilerin aile yeleri (anne, baba, kardeř ve/veya eř) arasından seilmiřtir. Ocak 2016- Haziran 2017 arasında YEDAM'a bařvuran 156 kiřinin 148'i ile aile deėerlendirme grüşmesi yapılmıřtır. Ailelerin grüşmelere katılımı gnlllk esasına dayalıdır. Tedaviye katılım gstermek istemeyen ya da merkeze davet edilmesine raėmen YEDAM'a gelmeyen aileler ile grüşme yapılmamıřtır. Arařtırmaya alınan aileler, psikotik bozukluėu olmayan kiřiler arasında seilmiřtir.

Bağımlılıėı olan kiřilerin alkol/madde kullanma veya kullanmama durumunun deėerlendirilmesinde, kiřilerin z bildirimleri gz nnde bulundurulmuřtur. Tedaviye uyum ise; bağımlılıėı olan her bir kiřinin tedavide bulunma sresi olarak ele alınmıřtır.

Bulgular

Arařtırmaya dahil edilen bağımlılıėı olan kiřilerin yařları 16-69 arasında deėiřiklik gstermektedir. rneklemin %8,9'i kadın (n=19), %91,1'i erkektir (n=195). 156 kiřinin ailesiyle en az bir grüşme yapılmıřtır. Bir aileyle en fazla 12 grüşme gerekleřtirilmiřtir.

10 aylık bağımlılık tedavisi sresinde, 156 alkol ya da madde bağımlılıėı olan kiřinin 148'inin ailesiyle en az bir grüşme gerekleřtirilmiřtir. İki veya daha az aile grüşmesi yapılan kiřilerin %61'i tedaviye devam ederken, %39'u tedaviyi terk etmiřtir. Bir ay ve daha az sredir madde kullanmama oranı %30 iken 3 ay ve daha fazla madde kullanmama oranı %16 olduėu grlmektedir.

Aile grüşme sayısı 2 veya daha az olanlarda 1 aydan fazla madde kullanmama oranı %24,8 iken, 3 veya daha fazla aile grüşmesi yapıldıėında bu oran %41 olarak bulunmuřtur. 3 veya daha fazla kez aile grüşmesi yapıldıėında madde kullanmama oranı 2 veya daha az grüşme yapanlara gre 2 kattan daha fazla olduėu saptanmıřtır (Odds oranı=2,72 GA=1,99-3,71).

 veya daha fazla aile grüşmesi yapıldıėında tedavi terk oranı %20,9 iken, tedaviye devam etme oranının %79,1 olduėu; 2 veya daha az aile grüşmesi yapılanlarda tedavi terk oranı %38,6 iken, tedaviye devam etme oranının %61,4 olduėu grlmektedir. Aradaki fark istatistiksel olarak anlamlıdır. İki veya daha az grüşme yapıldıėında tedavi terk oranı, 3 veya daha fazla grüşme yapılmasıyla karřılařtırıldıėında 2 kattan daha fazladır (Odds oranı=2,37 GA=1,07-5,26).

Tartışma

Bu çalışmada; alkol ya da madde bağımlılığı olan kişilerin aileleriyle yapılan görüşmelerin, tedaviye uyum ve madde kullanmama süreleriyle olan ilişkisini araştırmayı amaçlamıştır.

Bağımlılığı olan kişilerin aileleriyle yapılan görüşme sayısı arttıkça kişinin madde kullanmama süresinin arttığı gözlemlenmiştir. Bu durum ayrıca kişinin tedaviye uyumunu arttırmış, tedavi terk (drop-out) oranını azalttığı sonucuna ulaşılmıştır. Ailenin tedaviye katılımı ile bağımlı olan kişinin madde kullanımının azaldığına dair özellikle de gençler üzerine pek çok çalışma yapılmış ve klinik açıdan anlamlı sonuçlara ulaşılmıştır. Öte yandan, bu konuda yetişkin popülasyonuyla yapılan pek fazla çalışmaya rastlanamamıştır. Yaptığımız bu ön çalışmada; katılımcıların yaş aralığı değerlendirildiğinde, ailenin yetişkin bağımlıların tedavisine dahil edildiğinde de benzer sonuçların ortaya çıkabileceğini gösterilmiştir.

Bağımlılık tedavisinde tedavi terk oranının özellikle tedavinin ilk bir ayında %50 oranında olduğu tespit edilmiştir. Bağımlılığı olan kişinin madde kullanmama süresinin artmasının kişinin tedavide kalma süresini de arttırıcı bir faktör olduğundan söz edilmiştir. Bu çalışmada, ailenin bağımlılık tedavisine katılımının da benzer şekilde tedavi terk oranını azalttığı ve madde kullanmama sürelerini arttırdığı görülmüştür. Buna bağlı olarak, yapılan aile görüşmelerinin bireyin tedavisi üzerinde pozitif bir etkisi olduğu, tedavinin seyrini olumlu yönde etkilediğine ilişkin bulgularımız; bundan sonraki bağımlılık tedavisi araştırmalarına da farklı bir perspektif kazandırabilir.

Bu çalışmanın kısıtlamalarının başında katılımcıların sayısının az olması gelmektedir. Dolayısıyla elde edilen sonuçlar genellenemez. Yapılan aile görüşmeleri esnasında standart bir ölçekten faydalanılmamıştır. Ailenin özelliklerine ilişkin yeterli bilgiye ulaşılamamıştır. Bu nedenle aile ile yapılan görüşmeler öncesi ve sonrasında ailenin ebeveynlik becerileri, aile içi bağlar ve aile üyelerinin tutumu gibi parametrelerdeki değişim ve gelişim değerlendirilememesi ayrı bir sınırlılık olarak nitelendirilebilir. Standart bir ölçek ile aile bireylerinin tutum ve becerilerinin değerlendirilmesine ve yapılandırılmış kontrollü koşullarda aile görüşmelerinin yapılmasına ihtiyaç vardır. Ayrıca, ailelerin görüşmelere katılımı gönüllülük esasına dayandırılmıştır. Dolayısıyla, katılım göstermek istemeyen ailelerin tutum ve becerilerindeki farklılıklara bakılamamıştır. Gelecekte yapılacak araştırmalar için, ailesi tedaviye katılmayan bağımlıların iyileşme süreçleri ile katılanlar karşılaştırılabilir. Aile görüşmelerine ilişkin gözlem sayılarındaki orantısızlık giderilerek, aile görüşmelerinin iyileşme sürecindeki etkinliğinin verimli ölçümü sağlanabilir. Ek olarak, kişilerin alkol ya da madde kullanmama durumları sadece kişilerin öz bildirimleri üzerinden değerlendirilmiştir. Daha sonraki çalışmalarda ailenin görüşlerinin alınması ve idrar testi ile değerlendirmenin yapılması yararlı olacaktır.

Bir ön çalışma olarak, bu araştırma aile ile yapılan görüşmeler ve bu görüşmelerin sayısının tedavinin seyrindeki önemini göstermektedir. Bu bulgunun klinik pratiğe önemli bir yol gösterici olacağı kanaatindeyiz.