The Family Effect on Addiction Recovery.

By

Siobhan Mooney.

Submitted in partial fulfillment of the requirements

of the

Bachelor of Arts degree (Social Science Specialization)

at DBS School of Arts, Dublin

Supervisor: Siobain O'Donnell.

Head of Department: Bernadette Quinn.

April 2018.

Department of Social Science

DBS School of Arts.

Table of Contents

Acknowledgments

To my Mother and Father thank you for installing a strong work ethic in me and for always bailing me out even at my age!

To my very patient Supervisor Siobain O'Donnell I will be forever grateful to you for not losing it with me or turning me away with all my last-minute edits.

To all participants who took time out of their busy schedules to take part a most heartfelt thank you.

To my closest friends thank you for understanding my sporadic disappearances over the past four years and being there whenever I felt I couldn't do it reminding me I could.

To my work colleagues who have helped me along the way your support and help will always be remembered.

To Jonathan thank you for teaching me that no matter how hard you try you cannot save another, and how to accept that.

And finally, to friends gone before and those left behind.

Abstract

The field of addiction studies is an ever-growing area. The majority of the research done is solely user related, this research piece aims to examine the relationship between concerned persons and the drug user. By examining the support services that are available to concerned persons and what involvement they play within the drug users recovery. this research aims to establish if this is an underdeveloped resource. Are concerned persons the forgotten resource. Qualitative research was used for this research. The research was carried out by conducting four semi-structured interviews with professionals in the addiction work field. From the research carried out it is evident that more resources need to be allocated to concerned persons as not only would this positively affect the concerned person but also the drug user. As it has been established that concerned person play a positive influence in the drug users life.

Chapter 1: Literature Review

John Donne's Devotions (1624): “No man is an Island, entire of itself; every man is a piece of the Continent, a part of the main.”

1.1 Introduction

This thesis sets out to conduct an examination into what effect the way a concerned person works through a loved one's addiction can have on the long-term recovery of the drug user. The subject of addiction is well researched and has many different theories on why people become drug users. There is a vast amount of literature on addiction. This research project will investigate how a concerned person can have an effect on a drug user’s long-term recovery, the role family play in an individual's life, the impact they can have on an individual and how they can shape a person's life. A brief description of some of the different models of addiction and how they differ in their views to family interaction will be included, as well as an examination of the effect a concerned person's own experience and way of dealing with a drug users addiction, can affect the long-term recovery of the drug user. This will include both the positive and negative effects a concerned persons involvement in a drug user's recovery can have.

1.2 Family Function

Family is usually the very first point of socialization in a person's life. Talcott Parsons stated, "the families two main functions are primary socialization and personality stabilization" (Parsons and Bales, 1956, as cited in Giddens and Sutton, 2017, p.380). Family is the primary source of socialization for a child, kinship bonds are made at an early age. While kinship was previously seen as a bond between blood relatives and relatives through marriage now there are many different forms of kinship seen. As Giddens and Sutton (2017, p.419-420) explain close friends are now often given family member titles such as "aunt" or "uncle" to demonstrate the close kinship bond there is. These bonds between people who are close to one another, who care for one another will be analyzed. The people who form these bonds are what going forward in this research project will be referred to as concerned persons. Concerned persons play a major role in any person's life. As Gill (2014, p.4) explains these emotional bonds are fundamental in attachment theory. These bonds are a primary need in a human baby. The desire for these

attachments is as basic as the elementary needs such as food and sex. Humans by their very nature crave emotional bonds with one another to give them emotional fulfilment. This bond can often be a positive reinforcement for a drug user to seek treatment or as Granfield and Cloud (2001, p.1559-1560) found an aid for self-healing " Friends and family often provided respondents with the emotional support they needed to overcome their dependencies, very often respondents talked about how they gained emotional strength from the support of other". These bonds can be fragile and cannot only lead to great fulfilment but also great pain when broken or unhealthy. This may be why different models of addiction view the involvement of concerned persons from different viewpoints. An examination of some of these models will now follow.

1.3 Models of Addiction

There are several models of addiction and still new ones are always emerging, with research constantly being conducted. For the purpose of this research project, two of the earlier models of addiction will be described briefly with an outline of how they differ in their view of concerned persons involvement in a drug user's recovery. These models are the Moral model and the Minnesota Model. A brief analysis of the Biopsychosocial model will then be presented followed by a short analysis of Recovery Capital and in particular social capital.

The moral model of addiction is probably the oldest and dates back to the 18th century. Under this model, addiction is viewed as being immoral and a sin and is a sign of being weak in character. Addiction is seen as a choice under this model and it is people's free will to start or stop with their drug use. Individuals who subscribe to this model of addiction consider the drug user to be the exclusively responsible for their drug misuse. (Giordano, Stare, and Clarke, 2015, p.102). Although it can prove to be adversely curative the moral model adheres to a blame and shame treatment concept, believing that by accepting moral responsibility for one's drug misuse this will help a drug user to cease their drug use. (Morse, 2004, p.454). To successfully cease their drug use individuals who adhere to this model believe that religion is a prerequisite for a drug user to be successful in their drug use cessation. If a person has religion and moral strength, then drug cessation may occur. (See, 2013, p.3). The AA, NA, and CA twelve-step programme are often used in this model. Although there are steps within the twelve steps that state the drug user should make amends to anyone they may have wronged, that is the only mention of interaction with concerned people it includes in its programme.

The Minnesota model is a more multi-disciplinary method of looking at addiction. In contrast to the moral model, the Minnesota model looks at addiction in a more therapeutic way. Even though the Minnesota model also uses the twelve-step program, unlike the moral model the Minnesota model of treatment is more holistic. This model views the drug user as a complete person not just one aspect of their being and treats the individual with decency and consideration. Read (2013, p.1). This model views addiction as a disease, but it also recognizes the need for more than just intervention from doctors and nurses. The Minnesota model incorporated and initiated the involvement of counsellors in the field of addiction, as specialist healthcare providers. Butler (2011, p.297). As Cook explains (1988, p.628) there are many stages within the Minnesota treatment model including referral, diagnosis, detoxification, residential treatment, somewhere to stay after leaving residential treatment, continued care with after care through AA/NA/CA meetings and group therapy. One of the key factors of treatment in the Minnesota model is family therapy. Cook (1988, p.630) describes how the family is seen to be suffering also from what he calls the "family illness" which is due to the role the family play in a loved one's addiction through actions such as covering up and enabling the drug user to continue using. Cook also states how family therapy is a benefit to both the drug user and the family.

The Minnesota model in varying forms is the most widely used model of residential treatment in Ireland currently. Many of the treatment facilities in Ireland use the Minnesota model and in doing so incorporate family therapy. For this research the author will give a brief analysis of three of these facilities. The Rutland Centre in Dublin recognizes the importance of family involvement in the recovery process and as such has a day once a week where concerned persons are involved in group therapy with the drug user. The Rutland Centre reports that often clients inform them that this is a very important part of their recovery. Rutland Centre (2018). Talbot Grove in Co. Kerry is another facility that adheres to the Minnesota model. Talbot Grove run two programmes specifically for concerned persons, an introductory programme and following on from that an intensive programme. Talbot Grove (n.d.). Aiseiri Rehabilitation Centre in Co. Wexford and Co. Tipperary offer concerned persons of clients on their rehabilitation programme a two-year aftercare programme as well as having a concerned person day once a week. They also run a residential weekend programme for concerned persons. Aiseiri (n.d.).

The Biopsychosocial model of addiction as the name suggests includes the biological, the psychological and the sociological factors, factors which may all contribute to the reasons behind a person's drug use. The Biopsychosocial model is a multi-disciplinary model that encapsulates "the chemical interaction and any biological or genetic predisposition to intoxication; the individual's psychological and spiritual state; and the environment in which he or she exists". Yates (2012, p.6). It is a complex model that looks at all contributing factors of a drug users drug use, and to what extent each factor plays in why the drug user is using the substance. In doing this a tailored recovery plan is devised for the drug user. Chanetsa (2015). Although in theory the Biopsychosocial model examines all factors contributing to a person's drug use as DiClemente (2003, p.18) explains this is not always the case depending on which field of study researchers originate from this is usually the aspect of biopsychosocial model they focus on. And while the idea of addressing many factors at once is beneficial theory wise, in reality this is not always possible.

Recovery capital is a set of resources available to a drug user in their attempt to become drug free. Recovery capital is the accumulation of all possible resources available. Cloud and Granfield (2008, p1972). Recovery capital is comprised of four pillars which White and Cloud (2008, pp.2-3) define as, personal recovery capital, community recovery capital, cultural community capital and lastly family/social recovery capital. It is the close relationships such as family, friends and intimate relations that construct the basis for family or social recovery capital. It is the support and readiness of the individuals in these relationships to participate in treatment which enables family/social recovery capital. White and Cloud (2008, p.2). Concerned person involvement is a fundamental aspect of recovery capital. The author will now examine at the effect the drug user has on the concerned person.

1.4 The drug users effect on concerned persons

"Addiction is a family disease... One person may use, but the whole family suffers". (Lewis, n.d. cited in Doran, 2017). When a drug user is in addiction, and even after their active drug use has ceased, they are not the only person affected by their addiction. Most likely their drug use will have an effect on those closest to them. As stated by Duggan (2007, p. 11) concerned persons become co-victims. They experience the anguish of the ordeals the drug user faces. Often the role of caring that a concerned person plays in the drug user's life leaves them victim to the drug

user's manipulative and controlling behavior. As Nakken explains (2000, p.59) It is the whole family that must adapt to the serious and challenging changes that addiction brings with it. Addiction eradicates the drug user's capacity for maintaining or building relationships of substance. During a drug user's addiction, they may change as a person. They may become manipulative, selfish and careless about those close to them. Their addiction is the governing part of their life and they will put anyone, and everyone close to them in danger or distress to feed their addiction if needs be. Nakken (2000, p.61) likens addiction to a vicious animal and speaks of how this threat is the driving force behind the family's mode of high alert, because they understand how detrimental addiction can be. Having to constantly live in this state of alert and anxiety will have an effect on a person's emotional, physical and mental state. As Salter and Clark (n.d., p.23) concluded from their research these heightened feelings were usually negative and included feelings of hatred for the drug user, even to the level where the concerned person wished the user would die or kill themselves. These feelings may cause a concerned person to try ceasing ties with the drug user or it may cause them to develop a co-dependency relationship.

Co-dependent relationships are commonly seen between a drug user and the person or people closest to them. Brown and Lewis (1999, p. 171) explain how in a co-dependence, or with an alcoholic a co-alcoholic relationship the co-dependent lives in a state of denial in order to stay connected to the alcoholic. Their lives begin to revolve around the alcoholic and what they are doing. In a co-dependent relationship the co-dependent centres their life on the drug user and their wellbeing and treats their own wellbeing as an afterthought, which can lead to feelings of resentment and frustration. As Berg explains (2014, p. 2) It is the co-dependents resilience to their own needs that can stand in their way of pursuit of rehabilitation. This often only occurs after a significant trauma has occurred. Often because of this denial of their own needs and resentment of the drug user's addiction, the co-dependent may change their feelings of love for the drug user. "At some point co-addicted partners become so frustrated, lost, and beaten up by the addictive process that they secretly give up on meaning and love. They come to desire power. They believe power over the other can protect them". (Nakken, 2000, p. 145). These feelings are both negative to the concerned persons health especially their mental health and also destructive to their relationship with the drug user.

Duggan (2007, p. 24) outlines how services for concerned persons are usually limited to services for the drug user in that by the drug user receiving help this in turn is considered to be help for the concerned person with little direct support available for that person. Often the effect the drug user's drug use has on the concerned person is overlooked due to the issue being seen as only affecting the drug user and it not having any further implications as explained by (Copello and Orford, 2002 as cited in Barnard, 2005). The research carried out by McDonagh and Reddy (2015, p. 7) indicated that support for concerned persons was lacking. Although over two thirds of the services in the research claim they have family support this usually only amounts to providing the concerned person with information or referrals as was the case with 86% of the participants in the research.

The available literature on the effect drug user's drug use has on concerned persons is very limited. As noted by Duggan, (2007, p. 20) at that time no research had been carried out to examine the effect drug users have on concerned persons bar one study on the parents of heroin users who raise their grandchildren. The author will now move on to look at the concerned persons effect on the drug user.

1.5 The concerned persons effect on the drug user's recovery

Addiction recovery is not and never will be a one shoe fits all solution. Addiction is complex, varying and individual to the drug user. How and why a person became a drug user, how long they have been in active addiction are all unique factors to an individual's addiction. In addition, how a concerned person deals with their loved one's addiction is individual also. Concerned persons most often just want to see their loved one healthy and out of active drug use, and to support and help them in their bid to get drug free. How they go about offering support often differs. Some adhere to the tough love approach which as explained by Granfield and Cloud (2001, pp.1565-1566) people who adhere to this tough love concept may see other types of support as enabling. Although meaning well the tough love approach may actually be detrimental to the drug user as it leaves them feeling insecure and unable to reach out to family members or friends. Support groups such as Al-Anon and Nar-Anon, as Denning (2010, p.165) discusses focus on the idea of tough love and that only through allowing the drug user to hit rock bottom will they then seek to get sober and by enabling the drug user the concerned person is stopping this from happening. Another negative effect concerned persons can unintentionally have on a

drug user is by shaming them, which may be done out of frustration and anger trying to get the drug user to see what they are doing to themselves and those around them that care. "Shame is hard to live with. It makes us feel worthless and self-loathing. Rather than deal directly with one's shame, a person blames others". Nakken (2000, p.110). Social capital is one of the key elements in the idea of recovery capital. It is the belief of White and Cloud (2008, p.9) of recovery capital, that "As this concept permeates the field, addiction treatment programs will increase their involvement with families and communities, and addiction professionals will become more involved in recovery community building activities". As recovery capital grows and is more widely acknowledged it is important to note that often having the resources that are linked to recovery capital can often be the same resources that can enable a drug user to continue using while still living a seemingly stable life Cloud and Granfield (2008, p. 1976).

Contrary to the above negatives, a lot of work has been done to show the positive effects concerned person interaction can have. As Barnard (2005, p. 36) established many people working in the addiction field saw the asset that concerned persons could be to the drug user in their recovery. Recovery capital can increase long-term recovery results if there are strategies put in place to include concerned persons and the community. This would be beneficial to both the drug user and the community and concerned persons. White (1996, p.17). This idea is supported by the work carried out by Granfield and Cloud (2001, pp 1558-1559) which found that family support was a key aspect for respondents and that without that support they may never have ceased their drug use.

1.6 Conclusion

This thesis has examined the function that the family play in a person's life and how kinship bonds are a basic human need and the effect this can have in drug user's relationships. Four different models of addiction were presented along with their views on concerned person involvement. Further investigation found that the effect a drug users' drug use can have concerned person can be detrimental and that limited resources and literature is available. Finally, this thesis examined the positive and negative affect's that concerned person's involvement can have on a drug user

Although much research has been done on addiction and while some of this has looked at concerned persons and the role they play in the drug users life both in active substance use and in

recovery, there is limited research on the effect a drug users drug use has on a concerned person. Further research into this field would be hugely beneficial to both the concerned person's and to the drug users in recovery. Since it is a human primary need to establish emotional bonds, if researched more and treatment focused on using these bonds in a positive way they could prove invaluable in addiction recovery not only for the user but also for the concerned persons.

Chapter 2: Method Section

2.1 Purpose

The purpose of this research was to examine the effect of family involvement in the rehabilitation of a drug user. The far-reaching effects addiction can have on not only the substance user but those around them from family and friends to the community gives validity to this research. By carrying out this research and examining any emerging themes that arouse the author was able to present a deeper understanding of the dynamic between the drug user and the concerned person. This chapter will detail how this research was carried out.

2.2 Research Design

For this research project a qualitative approach was used as it allowed for a more in-depth investigation into the findings. As Berg (2009, p.3) explains " Quality refers to the what, how, when, and where of a thing-its essence and ambience. Qualitative research, thus, refers to the meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things". Qualitative research enabled the author to obtain as much information as possible from the participants as it is explorative and inductive, and it can highlight opinions and insight participants may have.

Semi-structured interviews were carried out to obtain maximum information from participants "Open-ended questions, in particular, may lead to unexpected insights. Interviewing can enable a researcher to explore causation, that is, to enquire individuals or organizations behave in the way that they do". (Gorman & Clayton, 2005). These consisted of ten questions all open-ended questions. Open ended questions were used as to allow the participant to give as much information as they felt comfortable doing and as not to limit them to defined answers, as in doing so may exclude some information that would be valuable to the research.

2.3 Participants.

Participants chosen for this research project were chosen as they had or currently do work in the field of addiction and have done for at least 4 years. To obtain experienced based data anyone who worked in the field for less than 4 years was excluded from the research. The criteria to be included in the research was to have previously or currently be working within either an aftercare

facility or treatment facility and have worked in either for a minimum of four years. The length of time participants worked in the field ranged from four years to twenty-three years. The participants came from a variety of different addiction treatment facilities and aftercare programs which were a mix between public treatment and private treatment services which adhered to different models of addiction. The participants were made up of two males and two females. One participant was contacted through professional training, another participant was contacted through a personal contact. The remaining two participants were contacted through LinkedIn. A message to both participants was sent directly to each participant explaining who the author was and what the research was based on.

2.4 Procedure

All interviews were carried out face to face and voice recorded. The first three interviews were carried out in the places of work of the participants at times that suited the participants. The fourth interview was carried out in a quite café. During the first interview the last two questions were mistakenly asked together as one this was noted and was highlighted as to not happen again, in the future interviews. Due to the similarity of the last two questions this happened again although it did not negatively affect that data obtained. During the third interview the recorder struggled to pick up the interviewee's voice this made transcribing the interview difficult. After all data was collected it was then transcribed and inputted into the NVivo software. From there the data was then coded with node's. By employing a method of thematic analysis, the author was able to identify any emerging themes from the data. (see appendix A list of questions).

2.5 Ethical Consideration

Informed consent was obtained from all participants and each participant signed a consent form (see appendix B) which stated that participants could have their data removed from the study at any time up until the research project was published. Participants were also guaranteed that their information and identity would remain completely confidential and so would any information regarding their clients or client's families would also remain confidential. All participants voluntarily agreed to take part in the research. Any participant who requested a copy of the work was given one. The PSI code of ethics has four overall ethical procedures as set out on the psychological society of Ireland [PSI], (2010), website and they are as follows 1) respect for the rights and dignity of the person, 2) Competence, 3) Responsibility and finally 4) Integrity. The

author ensured all of these procedures were adhered to ensure all the participants felt comfortable and knew all information given would be treated confidentially.

Chapter 3: Findings

3.1 Introduction

This chapter will now examine the data that was obtained from the interviews that were conducted. Four themes emerged through thematic analysis of the raw data. These themes were as follows the biopsychosocial model of addiction, the lack of resources, the impact a drug user can have on concerned persons and concerned persons and finally the positive impact of concerned person involvement. All four interviewees' names have been changed and pseudonyms have been used instead.

3.2 Biopsychosocial

Of the four interviewees that participated in the research three believed that the biopsychosocial method was the most relevant in treating addiction. This was generally due to the fact that it is a complex model that encapsulates many different factors in its approach. As explained by Veleda when asked which in her opinion was the most relevant model of addiction,

> Veleda: "It would be the biopsychosocial model it would be that and particularly that model because it is comprehensive, and it is inclusive of all aspects of the individual really, so it is not looking at one particular theory of causation its taking everything into account its taking environment, historical context, current situation, physical, mental, spiritual, it's the one that is the most humanistic approach".

Bodhi also believed biopsychosocial to be the most relevant model of addiction saying

> Bodhi: "the model that I see that is most useful if you like that has the greatest positive results or best outcomes if you like is the biopsychosocial model ok? I would subscribe to …, the kind of collective model or multidisciplinary model I don't just go for one particular".

However, Bodhi recognized the fact that it was an expensive model to apply and later explained that he only believed biopsychosocial to be the most relevant when applied correctly

> Bodhi: "when used correctly and I will put that caveat in because, it's a very expensive and very complex model to apply".

The only other model of addiction identified during the research was the Minnesota model with Dawla identifying this as the most relevant model

> Dawla: "well the model I'm most familiar with is the abstinence, 12 step program I've always worked in 12 steps programme so, the ethos would be very much around personal responsibility and also totally abstinence".

3.3 Resource Allocation

All interviewees agreed when asked was there adequate resources available for concerned persons, that there was not. Veleda believed that it was more an afterthought.

> Veleda: "No never has been. No there hasn't and really, I think it's because if somebody is on fire you don't all stand around and think well how are we all going to stand now this person is on fire like you put the fire out first then the conversation happens after but often when the crisis is over human nature wants things to go back to, And we get that you see that in the cycle of domestic abuse, you see that in the patterns of drug use in itself. We have a crisis point we stabilize it to a certain extent and then we just pretend that it's never happened"

This idea of concerned persons being an afterthought was evident in other interviewees opinions.

> Bodhi: " It's an area that's over the last say five years it has grown, ehhmmm it is I don't think it has gotten enough resources put into it, obviously the big concern the headline concerns are around the individual the drug user. And they make the headlines in the papers and all that so yes the family and the significant others are the poor relations ... they get the scrapes at the table if you like, now, that's not to say that a number of the enlightened drug task forces have made some money available but in many cases it's a part time worker or someone that's already committed to doing something else, a key worker who does it".

Even in the cases where the organizations the interviewees worked within had some concerned person support interviewees were still of they view resources were limited within the sector.

> Philippa: "I think somewhat, I know in another part of our organization that we do have family support, but it would be more for active users or people trying to go into treatment. I know there is also al-anon as well I think a lot of people find that helpful".
>
> Dawla: "No I don't in general I mean I can only speak about what's available in the Orginisation I work in and there is follow up support and there is aftercare for partners and follow up group support".

Resources within the addiction services sector are almost exclusively focused on the drug user alone, as was supported in the data when interviewees were asked if concerned person involvement was an aspect within the organization they worked in.

> Veleda: " It is absolutely ignored, and it is a blind spot it's a black spot I think it's the methodology of the organization that I work in, in that it has grown from grass roots it is an organization that was created by the addicts in early recovery over twenty years ago, and it has grown into it, its old school mentalities still holds all the ism's so it's based on just the individual as opposed to individual in the context of the environment and the family system. So, they do not include the family at all and it is appalling its absolutely appalling it is dangerous and it is why parts of this organization don't work".

Some orginizations recognize they need for change and have started to allocate more resources to concerned persons.

> Bodhi: "When I first started working in this field the concentration was getting the person off the substance right and helping them in some way you know give them a bit of education bitta this bitta that ... So, we and a lot of the other agencies in the area have now started to work with, as a core aspect of our work, to work with families in recovery and eh if they wish to help them in recovery with the individual but also to help them on their own understand the dysfunction and the processes which put their families into the risk category that there in, and the that they find themselves in".

3.4 Drug users impact

The impact a drug user can have on a concerned person and why it is important for them to receive supports is evident from the data collected. Very often concerned persons are scared to say how they feel or how their loved ones drug use is affecting them as Veleda explained

> Veleda: I remember one of the counsellors saying to me you know they come down here with their family and they're like you know we just love them so much and actually they hate them they actually hate them, and they are so fucking glad to have got them into a fucking treatment center and they have some peace and quiet and they can sleep at night and do you know that's the truth but for some reason they don't want to say that, they don't want to say it because it sounds bad.

The concerned person whether the drug user realises it at the time or not has been exposed to a lot of negative impacts from their drug use and it is important for the concerned person to receive support surrounding these issues.

> Bodhi: " I think it's very important. I think it's very necessary because the individuals surrounding the drug user are greatly impacted by the drug user in so many ways emotionally spiritually financially often ehm in every single way you can think of , and they need recovery themselves and I think that's important that they get that support and help and even in their dealings to be able to educate themselves and eh around what they should be doing and what their limitations are where their boundaries should be etc. etc. will help them respond in a more effective way to the user. In my book the user is very aware once they start to become aware of anything shall we say once they start stop taking the substance or at least start they are very aware of the hurt they have caused

> others particularly their loved ones and those around them and they are I would say my experience they are first to support every bit of help they can get their loved one can get".

Depending on the relationship to the drug user different support may be needed but it was none the less important to have it.

> Dawla: "Yes, I think again whatever the relationship be it parent or spouse I think it's something people need to do together both have an investment in where it goes parents may need support in a slightly different way but none the less the need to get the balance right in being under involved or over involved. Family members, siblings, friends you know there is support they can all benefit from which ultimately helps the person who is in recovery".

Concerned persons can often develop co-dependency issues which would benefit from therapy.

> Veleda: "What can be very beneficial for after care is right we have the identified service user who has been through a stabilization program maybe through detox or pre-entry they have been through or whatever and they go through the program then they go into after care which is sometimes the first time that a concerned person is brought in say it's for two years say its six months down the road and the identified service user is like I'm out of here I am gone. That concerned person can still engage with that for the two years that is a good thing. I think ideally if you got to a place where you're in a relationship where somebody is going into treatment because of an addiction you have entered into co-dependency even if you don't know about it. And you know therapy would be beneficial there also because a lot of people who love people who are in addiction really need to really really fundamentally understand that you cannot save somebody by getting into the water and drowning with them you have to be able to stand on the shore".

3.5 Positive Influence

All interviewees believed that concerned person involvement was a positive in relation to a drug users recovery even if it can be difficult at times.

> Philippa: "I think in the long term it's a benefit, but it can be at times for the individual a struggle to deal with".

Any difficulties seem to be outweighed by the positive impact it can have.

> Veleda: "I think it is always even when its horrendous and it's a shit show right and it's like we may need security, it's all kicking off, even when its oxi mode times a thousand it's still a benefit because that's the reality of what it is. Its life! And if something is to that extent of dysfunctional then that will need to be addressed".

Some interviewees perceived the concerned person involvement as being a major key to recovery for a drug user.

> Dawla: "Absolutely a benefit its crucial personally I feel the more support the family members can get the more support individuals get.

> Bodhi: "I would say it's a benefit. To have the family as a support is a great feature in my book because this is empirical as well as read and studied every case I have seen where the family have been there for the person even at great cost to themselves coming back and helping them, that support and that eh that can help motivate them endlessly. Em there, and again the studies would tell us, the research would tell us as well, that there is a greater chance of positive outcomes where families are involved or significant other's partners etc. are supportive of the individual during the period of recovery".

All relevant findings have now been presented in this chapter. The author will now move on to discuss the findings of the research with previous literature.

Chapter 4: Discussion

4.1 Introduction

The aim of this thesis was to establish what effect the way a concerned person works through a loved one's addiction can have on the long-term recovery of the drug user. By carrying out this research piece the author wanted to establish what available options there are for concerned persons, in relation to support and therapy for any issues they have stemming from their loved one's drug use. And to establish whether or not by a concerned person seeking their own counselling or therapy would this impact positively on the drug user's recovery. From the data obtained from the interviews carried out four themes emerged.

4.2 Biopsychosocial

As previously discussed in the literature review the biopsychosocial model of addiction is a holistic approach to dealing with addiction as it encapsulates all factors which may attribute to a drug users drug use, these include the biological, physiological, spiritual and environmental aspects of the drug users' life. (Yates, 2012, p.6). This model of addiction emerged as the dominant relevant model with participants in the study with three out of the four interviewees deeming it as the most relevant model of addiction in their opinion. Their reasons behind this were generally due to the complexity and inclusiveness of the model. Veleda spoke of how the biopsychosocial model is comprehensive and inclusive of all aspects of the individual. By incorporating such a wide variety of factors allows for a person specific treatment plan to be formed. Bodhi stated he believes it is this multi-disciplinary approach that can provide the best possible outcome for a drug user in recovery.

The theory of the biopsychosocial model and the application of the model are not always consistent with one another. As DiClemente (2003, p. 13) explained there can be a preference as to what aspect of the complex model is more focused on. And although Bodhi spoke of how he believed biopsychosocial to be the most relevant model of addiction he did however recognize the fact that it is only most relevant when applied correctly, and due to cost and complexity this was not always the case. As is evident from the data presented if applied correctly the biopsychosocial model of addiction could be hugely beneficial in the addiction recovery field.

4.3 Resource Allocation

Although addiction is now widely seen as a family issue resources still appear to be drug user focused, with concerned persons often receiving inadequate support. This was evident in the research carried out by Duggan (2007, p. 24) which outlined that direct support for concerned persons was limited and that support for drug users was deemed as ultimately helpful for concerned persons. This was echoed out in the responses from interviewees when asked in the interviews if they believed adequate support was available to concerned persons. All interviewees agreed there was not. Although many of the Irish treatment facilities allocate some resources to concerned persons such as concerned person days and concerned person programmes, all interviewees stated they believed not enough resources were allocated. Some of the interviewees were of the belief that concerned persons need for support or involvement was more of an afterthought than a priority or even an important aspect. Bodhi spoke of how often concerned persons were seen as the poor relations only receiving the scrapes from the table in relation to the support they received. Similarly, when asked if there was support for concerned persons within the organisation where the interviewees worked Veleda discussed how this was an aspect that was completely ignored and how she found this appalling.

Philippa spoke of how in the organisation she worked in there is support for concerned persons of active drug users only, but said other concerned persons found support groups such as al-anon helpful. Denning (2010, p. 165) as previously discussed explained how groups such as Al-anon support the practice of tough love and believe concerned persons must allow the drug user to hit rock bottom in order to seek treatment. This tough love approach can be counterproductive to a drug user. As Granfield and Cloud (2001, pp.1565-1566) explained it may leave the drug user feeling isolated and unable to reach out to a concerned person for support. If this is true, then a concerned person attending one of these support groups while beneficial to them may be counter beneficial to the drug user in their life. Dawla spoke of the organisation he works in which offers group support for concerned persons but also offers continued aftercare to concerned persons of clients engaged with their residential treatment programme. Veleda also spoke of believing aftercare was the best setting for concerned person support regardless of whether or not the drug user was still linked in with the programme. As can be seen from the evidence provided more

resources need to be allocated to concerned persons but it is vital that they are used in the most productive way as to obtain maximum benefit for all involved.

4.4 Drug Users Impact

The effect a drug user's, drug use can have on the people closest to them can be devastating and is one of the many reasons why concerned persons often need their own therapy. Often becoming co-victims, the life of a concerned person living with a drug user often sees them exposed to the same anguish and troubles the drug user faces (Duggan, 2007, p.11). Bodhi also spoke of the extent of which a drug users lifestyle can affect concerned persons close to them explaining how it affects the concerned person emotionally, spiritually, financially often, in every single way you can think of and how because of this it was very important that concerned persons received their own supports and or therapy.

During their course of living with a loved one's drug use the concerned person may begin to develop feelings of resentment and anger for the drug user. Veleda spoke of this when she recalled another counselor telling her how often concerned persons speak of how much they love the drug user and are so glad they are getting help but really, they hate them for everything they have been put through and are just glad they can now sleep at night because they know the drug user is safe. These feelings can be understood better if we look at how Nakken (2000, p.59) explained the way in which drug user may change over the course of their drug use. Their ability to construct and maintain relationships is stripped away as their relationship with the drug becomes their primary relationship. It is evident from both the previous and current data presented that a drug users drug use has a huge impact on the people closest to them.

4.5 Positive Influence

Social capital is based on the concept that by having concerned persons ready and willing to engage in treatment and support for the drug user that this can have a positive effect on the drug user in their attempt to cease drug use. (White & Cloud, 2008, p.2). As Dawla explained he believed the more support a concerned person got the more support ultimately the drug user got. There is always some degree of a chance of concerned person involvement being hard or not as obviously beneficial but as Veleda explained even when it is really bad and seems like it cannot

be any worse it is still beneficial because that's the reality of the relationship and that needs to be addressed.

Granfield and Cloud (2001, pp. 1558-1559) found through their research that concerned persons played a vital role in the drug user ceasing their drug use and without this support caseation may never have occurred. This finding was supported by the feedback received in the Rutland Centre where clients have said that having concerned persons involved was fundamental to their recovery. The long-term recovery results are increased if concerned person support and involvement are included this finding by White (1996, p17) is echoed by what Bodhi said in that there an increased chance of a positive outcome when concerned persons receive support and are included in the recovery process. As is evident from the findings concerned person involvement is viewed widely as a positive in the recovery process and is a key factor that need more attention.

Conclusion

To conclude this thesis set out to examine what effect the way a concerned person works through a loved one's addiction can have on the long-term recovery of the drug user. It is evident from both previous literature and the present research piece that with the right support for the concerned person their involvement in the drug user's recovery process can be hugely beneficial. Further research is needed into concerned persons in both their support needs and also the effect they can have on the drug user. By giving the concerned person the necessary supports, this could provide a huge asset to the recovery process. This would be beneficial to all involved in the recovery process.

Reference List

Aiseiri, (n.d.). Family Support Programmes. Retrieved April 17, 2018, from http://www.aiseiri.ie/treatment/family-support-programmes

Barnard, M., (2005). Drugs in the family. The impact on parents and siblings. Retrieved April,14, 2018, from http://fsn.ie/uploads/research_files/Drugs_in_the_family_G2.pdf

Berg, B. (2014). *Loving someone in recovery*. Oakland. New Harbinger Publications Inc.

Berg, B. (2009). *Qualitative research methods for the social sciences* (7th ed.). Boston. Allyn Bacon.

Brown, S., Lewis, V. (1999). *The Alcoholic Family in Recovery*. New York. Guilford Publications, Inc.

Butler, S. (2011). Addiction counsellors in the Republic of Ireland: Exploring the emergence of a new profession. *Drugs: Education, Prevention & Policy*, *18*(4), 295-302. doi:10.3109/09687637.2010.519360

Chanesta, B., (2015). The BPS Model of Addiction Explained. Retrieved April 17, 2018, from https://www.soberrecovery.com/addiction/the-bps-model-of-addiction-explained/

Cloud, W., Granfield, R. (2008). Conceptualizing Recovery Capital: Expansion of a Theoretical Construct. *Substance Use & Misuse, 43:*1971-1986. doi: 10.1080/10826080802289762.

Cook, C. H. (1988). The Minnesota Model in the Management of Drug and Alcohol Dependency: miracle, method or myth? Part I. The Philosophy and the Programme. *British Journal Of Addiction*, *83*(6), 625-634.

DiClemente, C., (2003). *Addiction and Change, How Addictions Develop and Addicted* (1st e.d.). New York. The Guilford Press.

Doran, L., (2017). The Howler. Retrieved December 16,2018, from https://www.samueliacademynews.com/editorials/the-real-affect-of-drugs

Duggan, C., (2007). National Advisory Committee on Drugs. *The Experiences of Families Seeking Support in Coping with Heroin Use.* Retrieved April 14, 2018 from http://fsn.ie/uploads/research_files/The_experiences_of_families_seeking_support_in_coping_with_heroin_use_G2.pdf

Giddens, A. & Sutton, P. (2017). *Sociology*. Cambridge Polity Press.

Gill, R. (2014). *Addictions from an Attachment Perspective do broken bonds and early trauma lead to addictive behaviours?* London. Karnac Books Ltd.

Giordano, A. L., Stare, B. G., & Clarke, P. B. (2015). Overcoming Obstacles to Empathy: The Use of Experiential Learning in Addictions Counseling Courses. *Journal Of Creativity In Mental Health*, *10*(1), 100-113. doi:10.1080/15401383.2014.947011

Gorman, G., & Clayton P. (2005). *Qualitative research for the information professional A practical handbook* (2nd ed.). London. Facet Publishing.

Granfield, R. & Cloud, W. (2008). Social context and "Natural Recovery": The Role of Social Capital in the Resolution of Drug-Associated Problems. *Substance use & misuse, 36(11), 1543-1570.*

McDonagh, D. & Reddy, J. (2015). Western Region Drug Task Force. *Drug & Alcohol Family Support Needs Analysis Report.* Retrieved April 14, 2018, from http://www.drugs.ie/resourcesfiles/ResearchDocs/Ireland/2015/WRDTFFamilySupportNeedsAnalysisReport.pdf

Morse, S. J. (n.d). *Medicine and Morals, Craving and Compulsion*. Taylor & Francis Ltd. doi:10.1081/JA-120029985

Nakken, C. (2000). *Reclaim Your Family from Addiction*. Minnesota. Hazelden Foundation.

Read, G. (2013). The Minnesota Model: flexible, relevant and adapted in Scotland. *Klinik Psikofarmakoloji Bulteni*, *23*S52-S53.

Rutland Centre. (2018). Family Support. Retrieved April 17, 2018, from https://www.rutlandcentre.ie/types-of-care/family-support

Salter, G. & Clark, D. (n.d.), The Impact of Substance Misuse on the Family: A Grounded Theory Analysis of the Experience of Parents. *WIRED and Department of Psychology, University of Wales Swansea.* Retrieved April 12, 2018 from http://fsn.ie/uploads/research_files/The_impact_of_drug_misuse_on_the_family_G2.pdf

See, Nora j., "Models and Theories of Addiction and the Rehabilitation Counselor" (2013). Research Papers. Paper 478. http://opensiuc.lib.siu.edu/gs_rp/47

Talbot Grove, (n.d.). Treatment. Retrieved April 17, 2018, from http://www.talbotgrove.ie/

The Psychological Society of Ireland. [PSI] (2010). Code of Professional Ethics. Retrieved January 22, 2018, From https://www.psychologicalsociety.ie/footer/PSI-Code-of-Professional-Ethics-3

White, W. & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. *Counselor*, 9(5), 22-27.

White, W. (1996). "With a little help from my friends": The development and mobilization of community resources for the initiation and maintenance of addiction recovery. *Journal of substance Abuse Treatment.*

Yates, R. (2012) In it for the long haul: recovery capital, addiction theory and the inter-generational transmission of addictive behaviour. In: A. Adan and C. Vilanou (eds.) S*ubstance Abuse Treatment generalities and specificities*. Barcelona: Marge-Medica Books, 35-51.

Appendices A

Interview Schedule.

1) How long have you been working in the addiction service's?

2) In your opinion what is the most relevant model of addiction?

3) What in your opinion are the most important/ valuable tools or supports to someone in recovery?

4) What in your experience are some of the most common relapse triggers?

5) Within the organisation you are currently working or most recently worked in was family therapy and or concerned person involvement a key aspect to the recovery process?

6) In your own opinion is family therapy/ concerned person involvement more of a benefit or obstacle to a person's recovery?

7) Do you think it would be beneficial to a drug user's recovery for concerned persons close to them to have their own therapy or counselling surrounding the drug user's addiction? And how do you think the drug user would respond to this?

8) Do you feel there is adequate supports or services available for concerned people of drug users?

9) In your own opinion what would be the best way to help both drug users and concerned persons to give the best possible recovery outcome for the drug user?

10) In your own opinion what would be the best way to help both drug users and concerned persons to give the best possible recovery outcome for the concerned person?

Appendices B

The Family Effect on Addiction Recovery.

My name is Siobhan Mooney and I am conducting research that explores the family effect on addiction recovery.

You are invited to take part in this study and participation involves an interview that will take roughly 40 minutes.

Participation is completely voluntary and so you are not obliged to take part. If you do take part and any of the questions do raise difficult feelings, you do not have to answer that question, and/or continue with the interview.

Participation is confidential. If, after the interview has been completed, you wish to have your interview removed from the study this can be accommodated up until the research study is published.

The interview, and all associated documentation, will be securely stored and stored on a password protected computer.

> **It is important that you understand that by completing and submitting the interview that you are consenting to participate in the study.**

Should you require any further information about the research, please contact

STUDENT NAME

(STUDENT EMAIL) or LECTURER NAME (LECTURER EMAIL)

Thank you for participating in this study.

Participant Signature: _____ Date: _____