

FAMILY DRUG SUPPORT

STEPPING STONES TO SUCCESS

PROGRAM EVALUATION

Argyle Research and Training
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Introduction

Problematic drug use places a great strain on families, and family members of users typically experience serious disruption, a range of negative emotions and practical challenges.¹² Providing support to families in this situation has been shown to improve family well being and coping,³ and also to improve treatment outcomes for the user.⁴

Family Drug Support is the main support agency for families of problematic drug users in Australia, and offers a range of services. This report evaluates FDS's therapeutic program for families: Stepping Stones to Success. A before and after survey was used to measure outcomes, with follow up immediately post course and 6 weeks later. Participant outcomes are also compared with a 'waiting list' control group.

The emotions and challenges associated with a family member's problematic drug use

Problematic drug use in a family member creates emotional turmoil.⁵ In the initial stages, denial of the problem by family members is common – as they struggle to accept that their loved one is 'a user', 'drug addict' or 'alcoholic'. When the problem is recognised, common feelings are guilt, shame, anger, grief and isolation,⁶ family members frequently feel the problem is their fault and are ashamed to seek support from friends or extended family. They can be intensely angry with the drug user and also grieve for the loss of the person they used to know and their family identity.

Other emotions include fear for the safety and wellbeing of their family member; and fear for their own safety if confronted by threatening, violent and abusive behaviour.⁷ There are also a range of other very challenging behaviours associated with drug abuse such as emotional withdrawal, unemployment, constant demands for money and theft of family items.

The family can become completely focused on the drug problem and how to fix it, placing their own lives on hold.

Overall, families try to cope using a range of typical strategies: "denial and aggression to helplessness and total involvement."⁸

The effectiveness of providing support for families of drug users

Given the impact on families, the question arises of whether intervening to assist families is of value. Copello et al (2007) conducted a review of interventions aimed specifically at helping family

¹ Butler, R., Bauld, L. (2005) The Parents' Experience: coping with drug use in the family *Drugs: education, prevention and policy*. 12(1)

² Jackson, D. & Mannix, J. (2003). Then suddenly he went right off the rails: Mothers' stories of adolescent cannabis use. *Contemporary Nurse*. (14)

³ Copello A, Velleman R, Templeton L. (2005) 'Family interventions in the treatment of alcohol and drug problems.' *Drug and Alcohol Review*. 24

⁴ Orford J. (1994) Empowering family and friends: a new approach to the secondary prevention of addiction. *Drug Alcohol Review* 1994; (13).

⁵ Butler, R., Bauld, L. (2005). *ibid*.

⁶ Orford, J., Templeton, L., Velleman, R., & Copello, A. (2005). 'Family members of relatives with alcohol and drug problems: A set of standardised questionnaires for assessing stress, coping and strain.' *Addiction*. (100)

⁷ Jackson, D. Mannix, J. (2003) *ibid*

⁸ Templeton, L., Zohhadi, S., Velleman, R., (2007). Working with family members in specialist drug and alcohol services: Findings from a feasibility study. *Drugs: Education, prevention and policy*. 14(2).

members (as opposed to family therapies designed to improve treatment for the user). The research that exists indicates strongly that family support helps families to cope better with problematic drug use, including improvements in psychological functioning, feelings of control, well being, coping strategies and setting appropriate boundaries.⁹ Furthermore, the support reduces isolation, feelings of depression and leads to improved self care.¹⁰¹¹

The Stepping Stones Program

The Stepping Stones program was developed by FDS's founder and CEO, Tony Trimmingham. It is delivered as a 27 hours course – either over two weekends or 3 hours a week for 9 weeks. Most commonly it is run in the weekend format – and all study participants completed the program over two weekends.

The program is designed to help people move from a point of emotional turmoil through to a stage where they develop the resilience to be able to cope with their loved ones drug use and get on with their own lives. It utilises the 'stress- strain-coping-support' (SSCS) model¹² of working with families, rather than a family pathology or co-dependence model. In the SSCS model, the family is understood as experiencing a difficult and stressful situation, and that the degree of strain they experience is influenced by their techniques of coping and support they are able to access.

Other therapists utilising the SSCS model have developed structured support programs utilising 5 stages.¹³ Broadly, this involves: "(1)

giving the family member the opportunity to talk about the problem; (2) providing relevant information; (3) exploring how the family member responds to their relative's substance misuse; (4) exploring and enhancing social support; and (5) discussing the possibilities of onward referral for further specialist help."¹⁴

Stepping Stones utilises this '5 stage approach', and within each stage there are a number of smaller steps (or Stepping Stones). Specifically these 5 stages are:

- Acknowledging feelings – participants are given a chance to identify and share what they are feeling and to realise that these feelings are normal.
- Dealing with and sharing feelings – teaches participants ways of dealing with difficult feelings and how to share these with others.
- Education and support – participants are given information about drugs and addiction, do self esteem exercises and are helped to identify ways of getting support.
- Getting skills – assistance to develop ways of communicating effectively and deal with feelings, and also of staying engaged with the drug user in healthy ways.

⁹ Copello A, Velleman R, Templeton L. (2005). 'Family interventions in the treatment of alcohol and drug problems.' *Drug and Alcohol Review*. 24

¹⁰ Butler, R., Bauld, L. (2005) The Parents' Experience: coping with drug use in the family *Drugs: education, prevention and policy*. 12(1)

¹¹ Blyth, A., Bamberg, J., Toumbourou, J. (2000) Behaviour Exchange Systems Training: A Program for Parents Stressed by Adolescent Substance Abuse. Australian Council for Educational Research: Camberwell, Australia.

¹² Orford J, Natera G, Copello A, et al (2205). Coping with alcoholand drug problems: the experiences of family members in three contrasting cultures. London: Taylor & Francis.

¹³ Copello A, Templeton L, Krishnan M, Orford J, Velleman, R. (2000). 'A treatment package to improve primary care services for the relatives of people with alcohol and drug problems.' *Addiction Research*. 8.

¹⁴ Copello et al (2005) *ibid*. p. 375.

- Moving forward – ways to cope with the situation ongoingly, including maintaining boundaries, providing effective support and living their own lives.

The program uses a mix of information sessions, participant sharing, experiential learning and group work.

Trained leaders run the program in 13 locations across eastern Australia. FDS employs a coordinator to establish new courses and manage trainers. Access to the program is shortly to be expanded on a large scale through funding for 3 extra staff. One of the key roles of these staff will be to work with AOD treatment agencies across Australia in delivering the Stepping Stones program to families.

The evaluation

Aim

The aim of the evaluation was to determine if participation in the Stepping Stones program helped participants to cope better with a family member’s problematic drug use, as measured by scores on 6 factors relating to emotional functioning and well being.

Participants

The study involved 88 people: 55 participants who undertook Stepping Stones and 33 who formed a waiting list control group. The two groups were broadly similar, both being two thirds mothers, with the balance of the groups composed of partners, fathers, stepfathers and other relatives. (Table 1)

Table 1. Participants and waiting list group by relationship to drug user

Relation-ship	Partic-ipant-s	% ¹⁵	Wait list	% ¹⁶
Brother	1	2	0	0
Daughter	1	2	0	0
Father	5	9	7	21
Mother	35	64	21	64
Partner	5	9	2	6
Sister	2	4	0	0
Step – F	5	9	3	9
Step – M	1	2	0	0
TOTAL	55	100	33	100

Procedure

The study involved people who contacted FDS and expressed an intent to do the Stepping Stones program. These people either became ‘participants’ or part of a waiting list control group. Going into the waiting list control group meant a wait of at least 6 weeks before beginning the course, and the wait varied between 2 and 6 months. Allocation to the control group was not random, but determined by the timing of courses – that is, if a person was going to have to wait 6 weeks or more before an accessible course became available – they were placed in the control group.

¹⁵ Percentage of participant group.

¹⁶ Percentage of wait list group.

Participants completed a baseline survey before they commenced the course, then completed the survey again at the end of the course and again at 6 weeks follow up. The waiting list control group completed the baseline survey when they first expressed an interest in undertaking the course, and again just prior to starting the course.

Measures

A 28 question survey was used to measure participant scores on 7 factors, with 4 survey items relating to each factor. Each of these items was scored on a 5 point scale from 'usually' through to 'never'; scores were of 1 to 5 along the scale, apart from 7 questions that were reverse scored. This gave each participant a score of between 4 and 20 for each factor. An overall 'coping score' was also calculated, between 28 and 140.

For individual factors, low scores indicate that a person is struggling with that particular factor (e.g. feeling very angry all the time) and higher scores indicate they are coping better (e.g. able to tell some other people about the drug use). For the overall 'coping score', a low score suggest difficulties across several areas of coping, whereas a high overall score, that a person is coping better generally.

The survey factors used were:

- Anger – the level of anger at the drug user, general level of anger and externalised anger (at police and government).
- Boundary – maintenance of personal boundaries in relation to the drug user including maintaining respect for personal space and property and the protection of self from abuse.
- Control – the level of control exerted in attempts to restrict and influence the drug users behaviour.
- Denial – the extent to which secrecy about the problem is pursued, and the degree of willingness to be informed about the problem.
- Family – parental and family functioning, and fears for the well being of the family.
- Self esteem – measures of how people feel about themselves.
- Trust – the extent to which distrust of the drug user influences a person's behaviour.

The survey questions were developed by FDS. They piloted a 50 question survey with Stepping Stones participants. Subsequently, FDS obtained the assistance of a statistician who was able to refine the survey to improve its statistical validity and robustness. The final survey had 28 questions.

Results

After completing Stepping Stones, course participants showed significant improvement on the measures of anger, boundaries, control, denial, family and trust. By comparison, the control group showed either no improvement or a small decline on these measures. Neither group showed significant change in the measure of self esteem.(Table 2)

At subsequent follow up for the participant group, the average scores on all factors (apart from self esteem) showed further increases. (Table 2). The largest changes in average group scores were in control, boundary and family factors.

In terms of overall coping scores (aggregation of factor scores), the participant group showed a significant increase after completing the course and at 6 week follow up. The waiting list group showed no significant change in overall coping score.(Table 3)

Table 2. Participant and wait list average scores at baseline and follow up

Time of	Participa	%Chang	Wa	%Chan
BOUND				
T1	11.3	-	12.	-
T2	14.0	24%	11.	-4%
T3	15.1	34%	-	-
ANGER				
T1	11.5	-	12.	-
T2	12.9	12%	12.	-3%
T3	13.7	19%	-	-
CONTRO				
T1	10.3	-	10.	-
T2	13.4	30%	10.	-1%
T3	15.3	48%	-	-
DENIAL				
T1	12.0	-	11.	-
T2	13.2	10%	12.	6%
T3	14.5	21%	-	-
FAMILY				
T1	12.0	-	12.	-
T2	14.0	17%	11.	-8%
T3	15.1	26%	-	-
SELF				
T1	16.7	-	17.	-
T2	17.0	2%	17.	-1%
T3	17.0	2%	-	-
TRUST				
T1	11.5	-	11.	-
T2	13.7	19%	10.	-3%
T3	14.3	24%	-	-

¹⁷ From baseline

Table 3. Participant and wait list average ‘overall coping scores’ at baseline and follow up

Time of	Participa	%Chang	Wa	%Chan
COPING				
T1	84.5	-	89.	-
T2	98.3	16%	86.	-3%
T3	106.2	26%	-	-

Discussion

This evaluation of Stepping Stones shows that participation in the program by family members of problematic drug users makes a significant difference to their ability to cope. At the end of the course they experience less negative emotional strain and unproductive behaviours associated with a family members’ drug use.

The participant group showed significant improvements in their overall ‘coping scores’, and in each factor, with the exception of self esteem, after completing the program. At a general level this indicates that following the course, participants:

- felt less angry
- maintained healthier boundaries,
- were less controlling
- had reduced denial about the problem
- had less fear about their family falling apart
- were less driven to untrusting behaviours and over surveillance

The waiting group control, by contrast, showed no improvement on any of the factors, and small declines on some factors.

This indicates that improved coping is not just

¹⁸ From baseline

a function of time (i.e. gets better on its own), but that the Stepping Stones intervention makes a real difference to participants.

Furthermore, it is important to observe that participants continued to improve at 6 week follow up on all the factors where there was initial improvement. What this shows is that participants do not just get a short term improvement from the course. Rather, participants appear to develop coping skills and resilience which help them cope better over time. It will be of interest to conduct further follow up on these participants to determine whether their coping continues to improve, or change in other ways.

The issue of the impact of substance abuse on family life is gaining more attention in Australia – having been neglected for years.¹⁹ Families were once largely ignored by treatment services.²⁰ There is now a growing willingness of services in Australia to engage with families, both to help support the treatment process, and also for the benefit of the families themselves. Accordingly, effective ways of supporting families are required. The Family Drug Support Stepping Stones Program provides a demonstrated means of helping families cope better with the prolonged crisis of problematic drug and/or alcohol use.

This evaluation is timely given that FDS is about to expand the delivery of Stepping Stones on a large scale. It is recommended that the evidence of the effectiveness of Stepping Stones be used to promote the acceptance and uptake of this course with drug and alcohol treatment services.

¹⁹ Pearson, G. (2000). Substance abuse and the family. *Current Opinion in Psychiatry*, 13, 305–308.

²⁰ Copello et al (2005) *ibid.*