

# Working with families of substance users in the RAAM clinic

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# Presenter Disclosures

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Relationships with financial sponsors: **None**

# Objectives

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1. Provide background information on the need for support among families of substance users
2. Highlight the impact of substance use on families
3. Discuss the role of the clinician in supporting families of substance users in the RAAM clinic
4. Discuss considerations for counseling and education for family members in the RAAM clinic

# BACKGROUND

# Why do families need support?

- Being in a close relationship with someone with a substance use disorder is **stressful**
- Family members of people with addictions are often **caregivers**, but there is not much research into this
  - Research has focused on family members/partners as **enablers/co-dependent**
- It is known that negative consequences of substance use disorders affect the **family** of the person with the disorder:
  - Higher rates of illness, domestic violence, social problems
  - Legal and financial problems
- In spite of this, there are **limited options for help**  
(SAMHSA, 2016)

Family members of people who use substances may present with one or more of the following concerns:

## **Health concerns**

### **☐ Mental health concerns**

- Depression
- Anxiety
- Subclinical stress
  - High rates of negative affect, including guilt, sadness, dread, worry
  - Ambivalence about care
  - Witnessing suffering of relatives

### **☐ Physical health concerns**

- Fatigue
- Sleep problems
- Risk of illness, injury, mortality

## Functional impairment

### ❑ Secondary strains

- Work/employment
- Financial strains
- Relationship stress
- Loss of time for self-care
- Reduced quality of life

### ❑ Resources/services

- Housing
- Healthcare
- Community services
- Respite

### ❑ Family challenges

- Conflict about care
- Lack of support for caregiver
- Balancing needs of healthy and sick family members
- Behavioral issues
- Interpersonal conflicts

### ❑ Advocacy for care

- Lack of cooperation by care recipient
- Interface with service systems
- Coordinating systems

# Why is RAAM clinic **ideal** for family support?

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- **Easy** and **barrier-free access** to treatment when people are ready
- Family members can accompany patient to RAAM clinic
- RAAM clinicians can **support** family members
  - Validating feelings
  - Including them in care

# Clinician's goals for family members

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- Provide **education/information** about substance use disorders and treatment process
- Connect families with **appropriate resources**
- Offer **compassion** to family members

# Case study: Background (Jane)

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- 49 yo woman comes in with her sister for alcohol use
- “Social drinker but remains functional” at her job
- Two adult daughters: “I can’t believe how they treat me”
- Here because she is “sick and tired of my sister and my daughters bugging me about my drinking”
- Sister says that her family loves her but they are all suffering
- Sister shares that client is recently divorced from her abusive spouse and lives with her daughters – they say she “always chooses alcohol over them”, and have given an ultimatum
- Client starts crying, terrified of losing her children, says she wishes she could just stop, but it’s so hard and “no one appreciates my efforts”
- Sister: “If you’re serious about this, just stop buying alcohol”
- Client asks to bring her daughters to follow-up appointment “so they can see that I’m serious about this.”

# Case study: Follow-up

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- Client arrives with her sister and two daughters
- Client asks to speak to you alone
- She asks you to speak to her family about the treatment process and what to expect: “They keep asking me questions and they never believe me.”

# Case study-Questions

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1. What is your priority in this situation, and how would you address it?
2. Would you talk to the family with Jane present, or would you separate them? What is the rationale for your approach?
3. What specific education/counseling would you provide to the family?

# FAMILY EDUCATION

# What is a substance use disorder?

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- People with SUDs often have the following four traits:
  1. Cannot control their use
  2. Continue to use despite knowing it is harmful
  3. Spend a lot of time using
  4. Powerful urges/cravings
- SUDs have nothing to do with character, will power, or moral
- People with SUDs find that once they start using, it is **no longer about choice**

# The addicted brain

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- Humans have a reward center in the brain and when an essential activity for survival is performed (e.g. eating), dopamine is released
  - Dopamine makes us feel good, so we are motivated to repeat the activity
- Drinking and using drugs also cause a release of dopamine, more powerful even than with survival activities
- This is what reinforces people's substance use, even when rationally they know it is harmful to them

# Concurrent disorders

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- People with SUDs often suffer from other mental health issues
- These may have contributed to their initial and/or ongoing misuse of alcohol or drugs
- Common concurrent disorders:
  - PTSD
  - Anxiety
  - Depression
- These issues must be addressed through counseling, in addition to working on issue of substance use

What role can the family play?

## **RESOURCES**

# Family's role in treatment

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- Exact role of family differs depending on type of treatment
- However, primary role is to provide the loved one with a **supportive and safe harbour**
- **Outpatient treatment:**
  - Keep home substance-free if possible
  - Offer alternative housing if not possible
  - Refrain from using substance yourself
  - Provide emotional support and encouragement
- **Residential treatment:**
  - Write letters of encouragement and visit if possible
  - Make yourself available for family sessions
  - Refrain from judging or passing on judgmental messages
  - Engage in family programs

- Explain the following to family members:
  - Substance treatment involves addressing the components of both physical and psychological addiction
  - The initial detox phase is when the body rids itself of any physical traces of the substance that was used.
  - The behavioral and emotional components of addiction are addressed during the remainder of the treatment, where next steps are identified

# Support during detox

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- Withdrawal symptoms may include physical illness, insomnia, excessive lethargy, and changes in appetite
- Try the following activities:
  - Play a game
  - Read aloud
  - Stay with them
  - **Avoid** rehashing old hurts

# Support after detox

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- Most important thing: Keep a **positive attitude**
  - Connect with a counselor or therapist if this is difficult
  - Al-Anon may be a helpful resource for families
- Ongoing support will help loved one maintain sobriety
- Goal is to maintain supportive connection with the loved one
  - Trust issues, lack of intimacy in the relationship, and fear of relapse could trigger relapse

# In the event of relapse

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- Relapse is often a **regular aspect** of recovery
- Relapse **does not mean** the treatment program was unsuccessful
- If the loved one relapses:
  - Help them stop the relapse
  - Maintain a positive state of mind
  - Do not equate relapse with failure
  - Reconnect the loved one with treatment immediately

# Compassion is key!

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- Explain to the family that an understanding of SUD will help them understand what their loved one is going through and put them in a better position to support
- Emphasize that education is not meant as an **excuse**
- Explain that the loved one and the family are in a **parallel process of recovery** and both have wounds to heal