



- Emphasize to the family the need for positive reinforcement of the recovering person
- Caution the family against constantly bringing up past issues and putting the recovering person down for all the problems that he/she had created in the past.

Stage vi: Coping with Relapse

Family members often find it difficult to accept that the process of recovery is uneven. They would like to believe that once the dependent person is admitted into a treatment program, he will remain drug-free for life. A lapse or relapse may come as a rude shock. They are not prepared to deal with the situation, and feel hurt and betrayed.

Process

- Emphasize to the family that relapse is very common during recovery
- Stress the need for continuous and regular follow-up
- Advise the family to bring the individual to the treatment center at the earliest in the event of a relapse.

Handling crises and emergency situations

- If the drug user gets very violent and is a threat

to the health and safety of the family members, advise them to take the help of neighbors or even the law.

- If the person is not motivated for treatment and repeatedly troubles or threatens them, teach the family members to set limits by not yielding to his/her threats, and to take the help of other resources to handle such threats.
- Encourage the family to keep in touch with the counselor even if the drug user is unprepared to change. There are critical times such as illness, withdrawal, or following threat of job loss, when the individual can be persuaded by the family to seek treatment. In the meantime, their contact with you will provide the family emotional support and the strength to cope.

Indications for referral to family therapy

In certain situations simply counseling the family may not be adequate, and referral to family therapy may be needed, if there is a specialized family therapy facility. Indications for family therapy include:

- Frequent relapses precipitated by interpersonal problems within the family
- Family problems that tend to maintain the dependence of the individual
- Non-compliance of family members with the counseling process.

Developing Community Drug Rehabilitation and Workplace Prevention Programme

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Family Counseling

in Drug Addiction

Introduction

Families of drug-dependent persons face a number of problems including violence, disruption of family rituals, separation, divorce, inappropriate role models and economic difficulties. Addiction does not burst into the family the way a heart attack would; instead it creeps in slowly and silently, until it is finally detected and it is perhaps only then faced by the family. However, by that time it has left its mark on each family member.

Addiction (drug dependence) is not a condition which once treated can be completely cured. A chronic and relapsing condition, it is always likely to topple the individual back to the same situation of dependence if the individual and his/her family do not take adequate precautions.

Treating drug dependence therefore involves more than just getting the drug user to stop using drugs. It also involves counseling the family and thus improving family relationships and functioning.

Steps in Family Counseling

There are different steps in family counseling, which are carried out in the course of sessions with the client and his/her family. In an ideal situation, the counselor should follow the steps in the sequence given here; for instance, it is important to make a proper assessment of the impact of the client's drug use on the family, before counseling the family. In reality, families often come with different





problems or expectations. The counselor will then have to be flexible, and select and use the appropriate intervention. Different sessions may address different issues and should be structured according to the needs of family members.

Stage i: Ventilation

Addiction is often understood as a problem stemming from the lack of voluntary control. Family members often feel angry, disappointed and frustrated because they think the person takes the drug deliberately. The spouse and children of the drug-dependent person are unable to discuss the problem with anyone due to the stigma attached to such issues, and keep all their emotions bottled up. Very often, negative emotions towards the drug user are not expressed, and there is a lot of anger, hostility and resentment towards the person. The family member is often on the brink of 'giving up'.

Ventilation helps family members unburden their pent-up emotions and feelings. This intervention provides emotional support by listening, being sympathetic and non-judgmental, and acknowledging the family members' feelings. It allows rapport to be built up with the family members so that further counseling becomes effective.

Process

Rapport building

- Introduce yourself
- Ask for general information like the individual's name, occupation etc., instead of identifying them only as the patient's relative
- Assure the individual of confidentiality.

Enquire about the problems that the family member has been facing and just allow them to talk.

The course of the interview is determined by the family member and what he/she would like to talk

about. The counselor is basically supportive, listening and communicating understanding to the relative.

Stage ii: Assessment of the Problem

Addiction affects a number of areas in life. Before intervention, the counselor should have a comprehensive understanding of the impact of addiction on the family.

Process

The counselor needs to talk to available family member(s) on the following aspects:

- Knowledge about drug dependence
- The reactions of family members towards the drug user
- Changes in the roles played by family members
- The effect of addiction on the drug user's job
- Available social support that the family members have in terms of immediate family, friends and other tertiary support groups (like the church, self-help group etc.)
- The maintaining factors for drug use in terms of: craving, withdrawal, negative moods, peer pressure, coping with stress, handling pain, family problems and any others.

Family members' perceptions of these issues is useful to understand, as they may be quite different from the drug user's own perceptions. Such differences can be addressed in the intervention.

Stage iii: Psycho-education

Members of the family generally expect the drug-dependent person to have voluntary control over drug use. They need to be educated about the individual's problem as an illness that cannot be cured by will-power alone.

Process

Compare drug dependence with any other physical illness:

- Just as any physical illness affects your ability to function normally, e.g. your appetite, sleep and work, drug addiction too affects these functions.
- Drug addiction can be treated like any physical illness. However its treatment is not 'one-time', like treating cholera and malaria. It is rather an illness that needs life-long precaution and care, as with diabetes.
- The earlier the illness is identified and treated, the easier it is to control, similar to any other chronic illness.

Discuss the pattern with which the problem started in the client, right from first-use of drugs, and how it progressed.

Stage iv: Relapse Prevention

A tendency to relapse is typical of the nature of drug dependence. While the individual may be motivated to give up the drug when first seeking treatment, the will-power to stay sober is not sufficient by itself in the long run. The individual needs to be equipped with very practical strategies to handle high-risk situations. The family needs to provide support in these efforts.

Process

- Educate the client and his/her family members that drug dependence can be a chronic and relapsing condition, and that will-power alone is not enough for staying sober
- Make the family aware that they need to assist the individual in identifying common relapse triggers
- Educate both client and family members on how to handle these triggers.

Handling peer pressure

- Explain to the family that peer pressure is one of the most important factors leading to relapse

Family members often feel that the best solution is for the individual to avoid contact with drug users, and therefore prevent the person from meeting such friends. This does not solve the problem, and may even make the person defensive and hostile towards the family. Every individual needs friends. Therefore such avoidance is not always possible.

- The individual thus needs to be helped to cope with peer pressure by teaching him/her skills of drug refusal, without affecting the relationship with drug-using friends.

Handling craving

Explain to the family that craving is one of the main problems of continuing addiction, and that the individual is likely to come across many situations that trigger craving. The family can help by:

- Encouraging the individual to express craving to them
- Not panicking, as craving can be handled in ways other than using drugs
- Understanding that the process of craving is temporary
- Giving him/her something to eat or drink. The craving is often reduced when a person's hunger or thirst is quenched
- Talking it through when craving occurs
- Distracting the individual by playing a game, reading, going to a movie, listening to music or going out to visit some relatives, etc.

(It is important for you as the counselor to help the family think of alternatives, rather than directly suggesting solutions. This will help the family accept responsibility for following them through.)

Coping with stressful situations

Generally, dependent persons tend to use drugs as a way of coping with stressful situations. They need to re-learn adaptive coping strategies to deal with such situations. Coping strategies are of two types, emotion-focused and problem-focused:

- Encourage the family to listen supportively to the person. Getting emotional support from the family helps greatly in facing problems. This is emotion-focused coping
- For problem-focused coping, educate the entire family about the process of problem solving. Using a systematic approach to problem solving lets people feel that they have control over problems in their lives. As the problems are put in a different perspective and significant family members become involved in finding a solution, the drug user in recovery feels unburdened and lowers his/her chance of relapse as a dysfunctional way of coping.

Stage v: Substance-free Lifestyle

A person who has been spending most of their time getting, using or recovering from the effects of drugs, does not know what to do with himself/herself, with the time and the extra money available after quitting drugs. This can be troublesome for the recovering user.

Process

- Management of finances: Drug dependence is associated with many financial losses. During recovery the person is often confronted with financial difficulties of which he/she was earlier unaware. Encourage the family to work with the individual towards:
 - Clearing debts
 - Budgeting current expenses
 - Investing for the future.

- Management of time: Without the drug, the individual will be left with a lot of time on his/her hands. If this time is not managed wisely, it can lead to boredom, which may trigger a relapse. The family can help by:
 - Helping the individual schedule activities
 - Not letting him/her be alone too often
 - Engaging the person in some mutually interesting activity.

- Role functions: With progressive addiction, the drug user often reduces or stops taking responsibility and playing his/her role within the family. Another family member takes up his/her role. Once the drug user recovers, he/she may be keen to take on that responsibility or role again (for example, earning for the family, making decisions). Family members may be hesitant to restore these roles and responsibilities to the recovering user - because of a lack of trust, doubt, or because someone else has taken up that role. Defining (or redefining) the role of the recovering drug user in the context of the family is very important in order to reintegrate the person within the family.

- Discuss this issue very carefully and tactfully with the family
- Encourage both the client and the family to discuss the issue and try to understand each other's views
 - The client needs to be helped to accept the lack of trust from family members due to a number of experiences of broken promises
 - The family also needs to be counseled on the need to normalize the activities of the individual and encourage role responsibility
 - Both need to sit together with the counselor and establish contracts on what each needs to do (This issue cannot be handled through a one-time resolution, but is something that will recur and will need to be handled each time.)