

Strengthening resilience within families in addiction treatment

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Families experiencing problems with alcohol dependence are fragile and harm related to alcohol is not confined to the drinkers themselves. Often, the victim of alcohol abuse is primarily seen as the individual problem drinker despite alcoholism being characterised as a family illness. Less is written or acted upon on the 'forgotten victims'- both spouses and children of the problem drinker's family who often hide the alcohol problem as a shameful secret and participate in the dysfunctional behavior. Social deprivation, poverty and stress compound the trauma and childhood in such a family is distressing – hidden to those outside the family and at times neglected by mental health professionals working in the field of addiction. *Research studies have now established that alcoholism runs in families and children of alcoholics are four times more likely than other children to become alcoholics (Goodwin et al, 1988).* Though genetic factors play a part, a balance between environmental and genetic factors is important.

The effect of strong family relationships on the potential negative effects of parental alcoholism contributes to resilience among children of alcoholics, shielding them from developing problems in childhood as well as the early development of alcohol problems in adolescence and adulthood (Report to the European Union on Alcohol Problems in the Family, 1988). The protective influences are healthy interaction within the family including cohesiveness, rituals celebrated in the form of festivals and traditions culturally relevant, routine activities like mealtimes, strong social support networks both within and outside the family and specific strategies to deal with stressful situations. The presence or absence of these factors help some alcohol-impaired families 'transmit' problems to the next generation while in others the cycle is broken.

Intervention in addiction treatment by mental health professionals has a tendency to focus mainly on the needs of the addicted parent with less attention to the affected family members. The children may be totally overlooked, remaining unattended and vulnerable to the vagaries of both genetic and family influences. *This paper is an attempt to present a framework for mental health professionals to go beyond routine interventions in addiction treatment. It includes specific areas and methods that strengthen key processes to make alcoholic families more resilient and children more resourceful to handle crises, equipping them to meet future challenges.*

Alcohol as a cause of family problems

A number of studies conducted on the dysfunction in interaction patterns among the family members in alcoholic homes and the psychological problems faced by children of alcoholics have established that an alcoholic member in the family causes problems not only to themselves but also to their own families. (Channabasavanna and Bhatti, 1982; Venkataraman and Beig, 1988; Ramakrishnan and Shenoy 1991)

The parent's drinking disrupts normal routine family tasks and functions, affects roles played by the family members' increases conflicts by demanding adaptive responses and creates an economic drain on the family's resources. The family members deny reality at the initial stage and as the alcohol problem escalates and intensifies over time, they try numerous ways to deal with each crisis. They become 'co-dependent' in that their lives become just as dysfunctional as the addicted family member's, impacting their physical and psychological health resulting in low self-esteem, and unhealthy coping patterns. Families (both spouses and children) also experience a range of emotions: hurt and grief caused by the addicted parent's indifference to the family's feelings, a sense of helplessness – of not knowing what to do, loss of hope and fear- on the impossibility of any positive change, anger - misplaced towards the addicted person, themselves and to the community at large and finally, shame- caused by the painful experiences within and outside their home due to the family member's drinking behaviour. The family chooses to remain isolated to uphold this family 'secret' (T.T.Ranganathan Clinical Research Foundation, 1992).

Steinglass et al (1993) reported that the alcoholic family member's impact on children including spouses were unhealthy family interaction patterns, changed roles played by family members especially the spouse and eldest child, unpredictable routines at home, disruption of rituals and celebrations, restricted social life, recreational activities and financial problems.

Effect on children

The children's physical and emotional demands are neglected. They do not share or talk about their suppressed feelings having no opportunity and develop mistrust because of the unpredictable behaviour of their parents. They take roles and responsibilities often inappropriate to their age, witness violence in different forms at home, feel guilty and responsible for their parent's behaviour. Faulty role modeling of both parents furthers the damage to children. The children face an increased risk of problems such as conduct disorders in the form of delinquency and aggression, emotional problems that are psychosomatic in nature such as asthma and bedwetting, feelings of self blame, low self worth, depression, negative attitudes and school related problems ranging from truancy to learning difficulties (Vellaman, 1993).

Within this milieu, children continue to grapple and move into their own adulthood. They learn to adopt roles, survive and to try hard to bring stability to their own lives – whilst being burdened with poor self esteem. Their emotional inadequacies continue to persist into later adult life as evidenced by large social movements of adults like the Adult Children of Alcoholics (ACOA). Thus, it is not a surprise that some of these children who experience parental alcoholism, start drinking at an early age themselves.

Despite the negative effects of parental alcoholism on the family especially on children (as discussed above), there appeared to be certain factors whose presence protected the children and kept them away from alcohol related problems or delayed its onset. This balance between environmental and genetic factors is important for children – and not family history of alcohol alone that makes someone an alcoholic or problem drinker (Report to the European Union, 1998).

Protective factors contributing to resilience

The role of family interaction in families with an alcohol problem is a protective factor providing a supportive environment to the children. Families that valued relationships, have control over family life and maintain its special identity with a positive outlook provides a stable environment. Quality time allotted for family activities such as hobbies, sports and spending time together helps in bonding and promotes cohesion among family members. Positive role models for the children to look up to within and outside the family played a part and a non-drinking parent was found to be an important protective factor (Oxford and Vellaman, 1995). Positive interaction patterns through healthy communication, cohesive relationships, clear leadership and roles, support systems within and outside the family were found to contribute to positive well being of the individual family members (Bhatti et al, 1998). The family's ability to distance itself from adverse circumstances is another trait contributing to the family's resilience. This trait was called 'planning or deliberateness' by Vellaman (1995).

The maintenance of family rituals at the time of the parent's heavy drinking contributes to the child's well being as adults lowering the risk of transmission of alcohol problems. The preservation of distinctive family rituals (e.g. like mealtimes, regular bedtime) helps the family members disengage by separating from the alcohol behaviour of the parent and preserves the family's collective sense of self, stabilizes family life, clarifies expected roles and defined family rules (Bennett et al, 1987). According to Wolin and Jacobs, (1987), rituals fell into three groups-

1. **Family celebrations-** Relatively standardized rituals, specific to the subculture with widely shared symbols that assist families to assert their group identity and connectedness. They are holidays, rites of passage, and annual religious or secular celebrations.
2. **Family traditions** – Less culture specific and more idiosyncratic to particular families who choose their occasions. They are vacations, visits with extended families, anniversary customs and re - unions.
3. **Patterned routines** are most frequently enacted but least consciously planned family rituals, part of daily family life, defining member's' roles and responsibilities and such patterned routines provide reinforcement to the family's identity. Dinnertimes, bed time routines with children and regular leisure time activities belong to this category.

The role of problem solving at the time of the parent's heavy drinking is effective as it continues to help children in coping through adulthood. The support received from caring persons (within and outside the family), distancing from the dysfunctional situations, the ability to think through situations and formulate coping strategies have a protective role to play. Being resourceful, decisive and being flexibly separated from the dysfunction are other family strengths (Bhatti, 1998, Prabhugate, 2002). Moving from the phase of adolescence into adulthood, the learnt problem solving skills helps the children to be assertive, and resist peer pressure to use alcohol and drugs. This deliberateness was evident in the choices and decisions made by the now adult child, consciously planning on how to be different from the family of origin. Vellaman (1995), views this characteristic with optimism in that having to cope with adversity strengthened people as well as damaged them. It would be beneficial for mental health professionals, to consciously translate the above understanding into practice while addressing the needs of the family and children at risk in particular. A tendency among rehabilitation centres was to work with the addicted person in isolation, holding the family

apart almost viewing it as the root cause of addiction while others viewed the family as being ignorant about their manipulative behaviour and counselled them to help in the addict's recovery (Mane, 1989).

Addiction treatment centres address the physical and psychological problems faced by the addicted person at an individual level. Some treatment centres may have regular programmes for families, usually spouses or a significant family member- and address their difficulties related to living with the addicted family member. The specific needs of the children at risk often tend to be neglected, thereby missing an opportunity to enhance the protective factors that the family can afford.

Proposed framework for strengthening families in addiction treatment

A strength based framework that goes beyond routine intervention is presented with specific areas that would be useful for clinicians in addiction treatment. The aim is to make families of alcoholics, and particularly children, more resourceful in dealing with crises and develop variable competencies to meet future needs.

The proposed framework will address family in totality in order to strengthen resources at inter and intra levels of the individual. Intervention is proposed at residential and non residential settings for parents and children and significant support persons in the absence of family supports. The pre and post adolescence stages of the children and developing needs would receive a major thrust in the interventions. Information presented may deploy a variety of media such as play and art therapy, puppetry, craft, role play quizzes, screening or special films and narrative story telling, to specifically impart skills.

- A. Assist family members to develop an appropriate attitude to help the addicted family member-** The purpose here is to address both parents and children. The mental health professional would give attention to problems experienced by the family members as a result of addiction by helping them to focus attention on themselves and see the need to change their attitude, behaviour and develop larger values- towards optimism and a positive outlook. For this, psycho-educational sessions would be conducted for the family by providing information on alcoholism, the processes of relapse and the family's role in treatment. As most of these families have not accessed social supports and do not have emotional resources, the proposed intervention creates deliberate opportunities for the family members to articulate their suppressed feelings about the alcoholic member including others in the family. As a family, they will have opportunities to appreciate inherent values and perspectives of each other as a source of strength, than conflict. Children in particular would be given an opportunity to express their feelings in a safe and acceptable environment building trust amongst them.

Thus, the *Psycho education focuses on*

- Addiction and course of the disease, relapse processes
- Role of family in treatment process and

Facilitates:

- Articulation and expression of feelings
- Trust building and a positive outlook

B. Impart skills to improve family interaction, strengthen rituals and parenting –Parents would be facilitated to learn new strategies aimed at changes in relating to each other by examining underlying causes of dysfunction and encouraging new and healthier interactions. Realistic appraisal and acceptance of self, others and life situations and a spirit of tolerance would be encouraged. Through role play, the mental health professional helps family members to improve communication amongst them by helping them learn to express their feelings effectively and improve listening skills.

It is also important to strengthen cohesive family relationships and help the family to maintain them. To foster this, the family would be helped to explore and concretely plan activities they can do together as a unit. It may constitute of recreational activities, family outings, spending time meaningfully together at home at least some part of the day and showing interest and concern in each others interests.

Celebrating festivals, observing family traditions are often linked to a larger heritage and belief system and helps in strengthening inner spiritual resources and serve as wellsprings of resilience. Simple routine activities such as eating at least one meal together daily fosters a sense of connectedness. The protectiveness of such healthy family interaction patterns, rituals and daily routines and its positive influence

on the children's psychological well-being in the long run would be discussed with parents. Support persons such as close relatives and friends can also be a part of this activity.

Improve family interaction by strengthening:

- Communication skills
- Rituals and daily routines- preparing a structure/ plan (short and long term) and periodic reviews
- Cohesion among family members
- Inner spiritual beliefs and philosophy
- Reality checks of self, others and life situations

Psycho education sessions on:

- Role of protective factors in children's well being

Improve parenting— The crucial roles that parents play in the lives of their children including the paucity of positive parental role models in alcoholic homes, the importance of the non drinking parent's role in fostering positive outcome for the children would be discussed. Attention would be brought to inappropriate parenting practices e.g. being permissive, authoritarian or inconsistent disciplining. The mental health professional would work towards improving parenting skills, rebuilding a trusting and nurturing relationship between parents and children.

Parenting would cover the following issues:

- Allotting time spent with children including recreational activities
- Visiting relatives and friends homes
- Encouraging positive qualities, appreciating your child
- Being a positive role model
- Setting limits and stating clear messages
- A daily routine activity viz. eating at least one meal together daily
- Listening attentively to your child
- Getting to know your child, her / his friends and interests

C. To equip family members with positive coping skills – The non – drinking family members and children would be addressed here. Opportunities to focus and distance themselves from the parent's drinking behaviour and to feel supported with positive coping strategies, using role play and addressing fatalism and helplessness by thinking through situations, finding alternative possibilities and deliberating on decisions about the best course of action are some of the strategies. This 'deliberateness' and 'selective disengagement' pattern from the stressful situation influences the children in adulthood by giving them an early opportunity to learn how to make choices and decisions by consciously planning on whether to continue to succumb or be different from their family of origin.

Learning to resolve conflicts through constructive collaboration would be discussed. The family members would be encouraged to focus on being 'family-centric' rather than 'self-centric'. Resources in the environment would be explored to meet the psychosocial needs of both the spouse and children. It would include mobilizing and strengthening supports at the primary, secondary and tertiary levels including self - help groups. *Provide skills on:*

- Positive coping methods
- Resolving conflicts collaboratively

Assist in:

- Improving support systems
- Family-centric outlook

D. Equip children with specific skills to build resilience

Strengthening self esteem: Developing self-confidence, focusing on positive aspects and minimizing negativity and learning to appreciate through positive strokes would be facilitated. Also helping the child learn to set personal short and long term goals, and reviewing the results would be an exercise to increase the child's self worth.

Increase coping skills and conflict resolution: Learning and practicing healthy coping patterns through role play is important for the children of alcoholics to help them develop a well integrated personality at the same time relate to others meaningfully (see coping skills in the previous section).

Increase assertiveness: Learning to practice assertive skills to resist negative peer pressure, taking responsibility for making choices and listing out healthy recreational activities would be addressed by the

mental health professional. Evaluating the past responses- of being passive, aggressive or assertive would help the child to see the consequences at the same time provide the opportunity to change the faulty responses. The child would be encouraged to rehearse assertive techniques in the therapeutic setting by role playing high risk situations based on alcohol and drug use in their locality.

Skills to improve:

- Self esteem and goal setting
- Coping positively
- Assertiveness especially in high risk situations

Facilitate:

- Encouraging healthy lifestyles
- Access to addiction related information through books, pamphlets, films

Implications for interventions beyond routine addiction treatment

Interventions must move beyond routine addiction treatment by not only focusing on the addicted parent but instead tap and energize the whole family as a powerful resource. Mental health professionals must attempt to weave in some resilient oriented methods that are sustainable to foster family empowerment at the same time strengthen protective factors within families that will help children of alcoholics at risk, to delay or ideally prevent early onset alcohol dependence. Hence, the family must be assisted to find its own pathways through this adversity befitting their situation and culture using their personal strengths and resources.

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