

National Centre for Education and Training on Addiction
Flinders University
GPO Box 2100
Adelaide SA 5001
Australia

17 February 2022

Submission On An Outcomes Framework for Family and Friends.

Thank you for the opportunity to make a submission on the consultation paper for An Outcomes Framework for Family and Friends.

360Edge is Australia's leading alcohol and other drugs consultancy. We provide a full suite of advisory services to help health service organisations accelerate change. We have a particular interest in working with families and friends and conduct regular activities in this area including:

- Providing regular training to the sector on working effectively with carers and family members.
- Collaborating with family support agencies including APOD.
- Publishing written material on working with families.

We support the development of an outcomes framework regarding families and friends of clients seeking alcohol and other drug services. Families and friends are a key source of support for people seeking treatment for alcohol and other drug related issues. Decades of research has shown that a strong support network is crucial for clients adhering to treatment contracts and goals and maintaining gains following treatment.^{1 2 3 4 5}

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1300 988 184
PO Box 359 Elwood 3184
hello@360edge.com.au
360edge.com.au

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ABN 93 836 425 753

¹ Orford J. Empowering family and friends: a new approach to the secondary prevention of addiction. *Drug Alcohol Rev* 1994;13:417 – 29.

² Velleman R, Templeton L, Copello A. The role of the family in preventing and intervening with substance use and misuse: a comprehensive review of family interventions, with a focus on young people. *Drug Alcohol Rev* 2005;24:93 – 109.

³ Grzywacz JG, Marks NF. Family solidarity and health behaviors: evidence from the National Survey of Midlife Development in the United States (MIDUS). *J Fam Issues* 1999;20:243 – 68.

⁴ Higgins ST, Budney AJ, Bickel WK, Hughes JR, Foeg FE, Badger GJ. 1993. Achieving cocaine abstinence with a behavioral approach. *American Journal of Psychiatry* 150:763-769

⁵ Stanton, M. D. (2015). Family therapy. In M. Galanter, H. D. Kleber, & K. T. Brady (Eds.), *The American Psychiatric Publishing textbook of substance abuse treatment* (pp. 479–495). American Psychiatric Publishing, Inc.

In response to your discussion paper, this submission outlines:

- What a high quality AOD service to family and friends should look like.
- The key activities and results which show progress in service delivery.
- Which information should be collected to evaluate success of a service delivery model.

Significant impacts on families and friends

It is well established that families and friends suffer from chronic stress resulting in physical and mental health issues. Some of the negative outcomes commonly experienced by family and friends of clients include:⁶

- Personal anxiety and worry.
- Financial difficulties.
- Concern regarding the health and wellbeing of the user.
- Disruption to daily living.
- Finding the client unpleasant to live with.
- Concern regarding the harmful effects of use on the whole family and the home.
- Feelings of helplessness and despair.
- Depression.

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It is worth noting that families find client behavioral problems and low treatment motivation more stressful than drug use per se. This has implications for targeting support and treatment for family members.

What does high quality AOD service delivery to family and friends look like?

A high quality AOD service delivery for family and friends needs to focus on reducing stress and negative health outcomes for family and friends of clients, whilst cultivating engaged, long-term support for clients. Family focused interventions aim to reduce the ill-health of family and friends, whilst supporting clients seeking alcohol and other drug services.

Family therapy has been shown to engage and retain people in treatment, reduce alcohol and other drug use and decrease harms associated with alcohol and other drug use for both clients and significant others.⁷

⁶ Krishnan, M., Orford, J., Bradbury, C., Copello, A., & Velleman, R. (2001). Drug and alcohol problems: The users' perspective on family members' coping. *Drug and Alcohol Review*, 20(4), 385–393. <https://doi.org/10.1080/09595230120092733>

⁷ Diamond G, Josephson A. Family-based treatment research: a 10-year update. *J Am Acad Child Adolesc Psychiatry*. 2005 Sep;44(9):872-87. doi: 10.1097/01.chi.0000169010.96783.4e. PMID: 16113616.

However, most alcohol and other drug workers do not have family therapy training and skills. It is key that the alcohol and drug sector utilise evidence-based family focused interventions that do not require professional family therapy qualifications. Two such approaches supported in the literature are The Matrix Model and The Five Step Model.

The Matrix Model

Matrix is an evidence-based treatment model, which incorporates family functioning and stages.

Developed by Matrix Institute in Los Angeles in the 1980s for people with cocaine or methamphetamine dependence, the model involves outpatient treatment undertaken over a period of 16 weeks.

Matrix provides psychoeducation to families, rather than providing 'family therapy' in the usual sense. The focus of Matrix is to increase family involvement in client treatment.

Family education is presented as a 12-week series and includes both clients and family members.⁸

These sessions include slide presentations, videos, panel presentations, and group discussions on topics such as the biology of addiction, medical effects of substances, conditioning and addiction, and effects of addiction on the family.

Evaluation of the Matrix model has found it to be an effective model for treating people who use methamphetamine,⁹ and cocaine,¹⁰ as well as being well adapted for complex clients including low-income,¹¹ and LGBT clients.¹²

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⁸ Center for Substance Abuse Treatment. Substance Abuse: Clinical Issues in Intensive Outpatient Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2006. (Treatment Improvement Protocol (TIP) Series, No. 47.) Chapter 8. Intensive Outpatient Treatment Approaches. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK64102/>

⁹ Rawson R.A, Huber A, Brethen P, Obert J, Gulati V, Shoptaw S, Ling W. Status of methamphetamine users 2–5 years after outpatient treatment. *Journal of Addictive Diseases*. 2002;21:107–119.

¹⁰ Rawson, R.A.; Obert, J.L.; McCann, M.J.; and Mann, A.J. Cocaine treatment outcome: Cocaine use following inpatient, outpatient, and no treatment. In: Harris, L.S., ed. *Problems of Drug Dependence, 1985: Proceedings of the 47th Annual Scientific Meeting, the Committee on Problems of Drug Dependence, Inc.* NIDA Research Monograph 67. Rockville, MD: National Institute on Drug Abuse, 1986, pp. 271–277

¹¹ Obert J.L, McCann M.J, Marinelli-Casey P, Weiner A, Minsky S, Brethen P, Rawson R. The matrix model of outpatient stimulant abuse treatment: History and description. *Journal of Psychoactive Drugs*. 2000;32(2):157–164

¹² Shoptaw, S.; Reback, C.J.; Freese, T.E.; and Rawson, R.A. *Friends Health Center: Behavioral Interventions for Methamphetamine Abusing Gay and Bisexual Men, A Treatment Manual Combining Relapse Prevention and HIV Risk-Reduction Interventions*. Los Angeles: Friends Research Institute, Inc., 1998.

The Five Step Method

The five step method is an intervention based on the stress-strain-information coping-support model developed by Orford and colleagues which provides a framework to understand the impact of alcohol and other drug use on families.

The model emphasises that alcohol and other drug misuse by a relative is a chronic stressor, putting strain on the family members and resulting in stress-related consequences. Family members respond and cope in different ways. Research underpinning the model indicates there is no universal better way of coping and responding. The model provides a framework for family members to consider the pros and cons of the way they respond.

The method involves a five step intervention with family members as described below.

Figure 1: The Five Step Method, summarised in Copello et al (2010)

Step 1: Listen, reassure and explore concerns

- Allow family member to describe situation
- Identify relevant stresses
- Identify need for further information
- Communicate realistic optimism
- Identify need for future contacts

Step 2: Provide relevant, specific and targeted information

- Increase knowledge and understanding
- Reduce stress arising from lack of knowledge or misconceptions

Step 3: Explore coping responses

- Identify current coping responses
- Explore advantages and disadvantages of current coping responses
- Explore alternative coping responses
- Explore advantages and disadvantages of alternative ways of coping

Step 4: Discuss social support

- Draw a social network diagram
- Aim to improve communication within the family
- Aim for a unified and coherent approach
- Explore potential new sources of support

Step 5: Discuss and explore further needs

- Is there a need for further help?
- Discuss possible options with family member
- Facilitate contact between family member and other sources of specialist help

The Five Step Method is unique in that it focuses specifically on impacted and concerned family members of clients.

The method has distinct advantages from a service-delivery perspective as it is flexible and adaptable to a range of settings and circumstances, and can be delivered by staff from a variety of backgrounds and skill-sets.

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An evaluation of the evidence for The Five Step Method has indicated it is effective for reducing the strain experienced by family members and shifting coping strategies towards engaged and tolerant coping styles.¹³

Whilst the bulk of the evidence for support network interventions for alcohol and other drug misuse have focused on family members, it is very likely that similar approaches will be effective for friends or “chosen families”.

What activities or results show progress towards/achievement of high quality AOD service?

Key activities/results that show progress toward providing high quality service to family and friends of clients include:

- Engagement by family and friends and a clear therapeutic alliance to assist the client.
- Interventions targeting family members levels of stress or other ill health.
- The development of better ways of coping with the alcohol and other drug misuse.
- Greater support for clients undergoing treatment
- Support for family members attempting to assist others to engage in alcohol and other drug treatment

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Key activities/results for practitioners include:

- Increased awareness of the importance of working with family members
- Improved skill and confidence in engaging and working with family members
- Increased access to family focussed supervision

¹³ Alex Copello, Lorna Templeton, Jim Orford & Richard Velleman (2010) The 5- Step Method: Evidence of gains for affected family members, *Drugs: Education, Prevention and Policy*, 17:sup1, 100-112, DOI: 10.3109/09687637.2010.514234

How can information about these results or activities be collected?

A number of standardised quantitative measures have been adapted or developed to measure the impact of client alcohol and other drug use on family members, these include:¹⁴

- **The Symptom Rating Test (SRT):** A 30-item questionnaire originally designed to measure changes in the symptoms of neurotic adults, which has been adapted to measure strain on family members.
- **The Coping Questionnaire (CQ):** A 68-item questionnaire developed to measure affected family members responses to their relatives' substance misuse related problems. It examines three main coping strategies: engaged, tolerant-inactive, and withdrawal coping.
- **The Family Member Impact scale (FMI):** A 16-item questionnaire designed to assess the extent and type of harmful impact that a family member perceives the relative's drinking or drug-taking to have on the family member or on the family as a whole.

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Other measures have been proposed including a hopefulness–hopelessness scale (HOPE) designed to assess how hopeful a family member currently feels about the future of the family alcohol or drug problem. There is less support in the literature for this measure.

It is recommended that the collection of the following data would encourage organisations to maintain a family focus:

- Number of family members being invited to attend sessions.
- Number of family sessions attended.

Qualitative information is also vital in measuring the success of family-oriented interventions. In-depth interviews should be conducted with family members. It is crucial to receive feedback from family members regarding their experience of treatment for themselves and their perceptions of treatment for their family member to provide feedback on any interventions and opportunities for improvements.

¹⁴ Orford J, Templeton L, Velleman R, Copello A. Family members of relatives with alcohol, drug and gambling problems: a set of standardized questionnaires for assessing stress, coping and strain. *Addiction*. 2005 Nov;100(11):1611-24. doi: 10.1111/j.1360-0443.2005.01178.x. PMID: 16277623.



Thank you for the opportunity to provide feedback on this important framework.

360Edge are specialists in evaluating alcohol and other drug service outcomes and can be called upon to provide further advice if required.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Nicole Lee', enclosed in a thin black rectangular border.

Professor Nicole Lee
Founder and CEO

A handwritten signature in black ink, appearing to read 'Paula Ross', positioned above a thin horizontal line.

Paula Ross
Head of Workforce Development

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PO Box 359 Elwood 3184
hello@360edge.com.au
360edge.com.au

360Edge Pty Ltd
ABN 93 836 425 753

Professor Nicole Lee

Founder and CEO, 360Edge

Nicole is an international leader in alcohol and other drug responses, with 30 years' experience in policy and practice implementation.

She is Adjunct Professor at the National Drug Research Institute Curtin University, board member of Hello Sunday Morning and of The Loop Australia, and a member of the Australian National Council on Alcohol and other Drugs (ANACAD) - Australia's key expert advisory council to the Australian Government on drugs.

She has provided advice to Australian, State and Territory governments as well as International governments across South East Asia, New Zealand and the Pacific Islands. She has worked on alcohol and other drug policy with major international organisations such as the World Health Organization and the United Nations Office on Drugs and Crime.

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Paula Ross

Head of Workforce Development, 360Edge

Paula is a Counselling Psychologists and Head of Workforce Development. She has responsibility for developing and delivering our training, supervision and workforce policy development programs.

She is also our families expert. With her extensive experience in counselling psychology, she really understands how to translate evidence into clinical practice.

She has a speciality private practice working with families experiencing alcohol and other drug issues.