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# When is Family Involvement Effective in Substance Abuse Treatment: An Analysis of the Existing Literature from a Social Work Perspective

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## Abstract

*Substance abuse is a growing problem in today's society. While there are many different forms of treatment for substance abuse, some forms of treatment have proven to be more effective than others. In some cases, family intervention in substance abuse treatment has proven to be more effective than treatments that do not include family intervention. This paper is an analysis of existing literature regarding substance abuse treatment, highlighting specific circumstances in which family intervention tends to be most effective.*

## 1. Introduction

If the family is assumed to be the cornerstone of an individual's life, how effective is family involvement in the substance abuse treatment of an individual? What factors play a role in measuring its influence?

When determining the effectiveness of family involvement in substance abuse treatment, it is important to first understand the types that are available for substance use disorders. Treatment options for people suffering from substance use disorders include, but are not limited to, inpatient programs, mutual-help groups such as Alcoholics Anonymous, detoxification programs, outpatient programs, and specially designed programs for

high risk populations such as adolescents, women, and people of color (Goodwin, 2015). Among the goals of effective substance abuse treatment are abstaining or moderating substance use, developing a stable support system, developing and enhancing social skills, which include refusal skills, and attaining stable and supportive family relationships (Goodwin, 2015). While studies show that family involvement in substance abuse treatment improves treatment outcome (O'Farrell et al., 2012), there are some instances where involvement of family members can impede treatment of a substance use disorder (Goldberg et al., 2019). In some instances, it is possible for members of a family to unknowingly perform actions that enable the substance abuse to continue. These actions result from the family's attempt to cope with and protect the substance-abusing family member from the consequences of substance abuse (Goodwin, 2015). Therefore, it is important to find a balance of family intervention in substance abuse treatment and to understand the point at which it aids treatment compared to the point at which it impedes it.

## 2. Approaches to family-oriented therapies and treatment outcomes

To date, there have been a limited number of studies published which have begun to highlight different types of treatments for a substance abuse disorder. These studies have determined the dif-

ferences in treatment outcomes while taking into consideration ethnicity, age of the client, what type of treatment the client received, and what drug the client was abusing, while also accounting for whether or not a client's family was involved throughout the treatment process. A study done by O'Farrell and Clements in 2012 has determined that family therapy has proven to be more effective than individual therapy in the treatment of alcohol abuse. Behavioral couples therapy has proven to be the most effective type of family therapy in treating alcoholism.

### 2.1. Behavioral couples therapy and alcoholism.

Behavior couples therapy involves a therapy session in which both the alcoholic and the spouse of the alcoholic are present. This form of treatment involves teaching the non-alcoholic spouse skills required to effectively deal with alcohol-related situations, such as how to reinforce abstinence from drinking, decrease behaviors that trigger drinking, and to discuss concerns about drinking-related situations with the alcoholic. During six months of treatment, individuals who abused alcohol taking part in behavioral couples therapy had an increased percentage of days abstinent and decreased percentage of days of heavy drinking at a greater rate than participants taking part in individual behavioral therapy (O'Farrell et al., 2012). The structure of behavioral couples therapy for alcoholism proved to be effective for alcoholics who live with a family member that is not a spouse. When patients received equally intensive treatments consisting of behavioral family therapy, substance use decreased significantly compared to patients who participated in individual behavioral therapy. Not only did substance use decrease significantly, patients who partook in behavioral family therapy remained in treatment significantly longer than patients who took part in individual behavioral therapy (O'Farrell et al., 2012).

### 2.2. Cultural/ethnic identity, familism.

In addition to the type of substance being abused having an effect on whether or not family involvement in treatment is effective, studies have shown that the cultural identity of the patient also plays a role in the efficacy of family involvement in treatment (Burrow-Sánchez et al., 2015). According to a study conducted by Burrow-Sánchez, Hops, and Minami in 2015, Latino adolescents with a high affiliation in the areas of ethnic identity and parental familism may receive more benefits from a standard cognitive behavioral treatment (S-CBT) as opposed to an accommodated behavioral treatment (A-CBT). The A-CBT treatment was modified by holding a family introduction meeting prior to the beginning of the first group meeting and promoting regular phone and mail contact between the therapist and the parents of participants. In this study, *ethnic identity* is defined as, "a bidimensional construct composed of the commitment and exploration a person has for identifying with and seeking knowledge of his or her own ethnic group" (Burrow-Sánchez et al. 2015). Familism is defined as, "the role that the family plays in the lives of Latino adolescents and the imparting of cultural values of strong and loyal attachment to family members" (Burrow-Sánchez et al., 2015). The subjects in this study were adolescents ages 13-18 who met the diagnostic criteria for alcohol and/or drug abuse or dependence and identified as Latino/Hispanic. The sample consisted of 70 Latino adolescents with an average age of 15 years old. Ninety percent of the adolescents sampled were male, and sixty one percent of participants were born in the United States. Participants were assigned to either A-CBT or S-CBT treatment based on a web-based *Research Randomizer*. Participants were not explicitly told which style of treatment they were receiving. This study ultimately found that Latino adolescents in the A-CBT treatment with higher levels of ethnic identity and parental familism had less mean number of days of substance use at the 3-month

assessments compared with their peers in A-CBT treatment with lower levels of ethnic identity and parental familism (Burrow-Sánchez et al., 2015). This study suggests that family involvement is helpful in youth substance abuse treatment, particularly in Latino youth.

### **2.3. Motivational enhancement, parenting skill training.**

A study done on substance abuse treatment in Taiwanese youth determined that a family-oriented therapy program is most effective in regard to long-term outcomes related to substance abuse relapse and academic and employment status. This study used a sample of 121 participants who were divided into three different treatment groups. 36 participants underwent a ten weeklong weekly motivational enhancement psychotherapy (MEP) group program, 41 participants underwent a ten weeklong MEP combined with an additional weekly parenting skill training (PST) program, and 44 participants served as the control group, receiving a standardly supervised court treatment. The 44 members of the control group were either not referred to the MEP or MEP + PST program, refused to participate in either of these programs, or had a guardian who was unable to attend the PST program (Wang et al., 2016). As a part of the standard supervised court treatment, these participants received moral education from family court protection officers and additionally received counseling in their work or studies. The MEP program was based on discovering youths' reasons both for using and abstaining from the use of illicit substances and involved reflection to prompt self-motivational statements. The PST program for guardians consisted of parents assessing their relationships with their children, recognizing the influence they have on their children, and changing their family's daily environment. Results from this study showed that participants in the MEP + PST program had the lowest rate of relapse following treatment, with 18 members of the control group relapsing, 13 members of the MEP group

relapsing, and only nine members of the MEP + PST group relapsing. It is important to note that the overall sizes of these groups are different. The differences in group sizes could possibly account for the disparities in number of relapses. In regard to academic and employment status, participants in both the MEP and MEP + PST program had higher rates of being employed or attending school than participants in the control group (Wang et al., 2016). Results from this study show that parental involvement in youth substance abuse treatment can have a more positive effect as opposed to a treatment that does not include parental involvement.

### **2.4. Siblings in adolescent treatment.**

While studies have shown that parental involvement in substance use treatment has proven to be influential among adolescents, there have not been many studies to show how involvement from other family members could also impede or impact the success of treatment within the same population. In many families, the relationship between siblings has shown to be very impactful on the development of adolescents. However, there has been some research done on how siblings, specifically older siblings, influence the substance use habits of adolescents. A study done by Whiteman et. al. set out to determine how much an older siblings' substance use habits can influence the substance use habits of a younger sibling, and through what pathways these influences occur. This study used a sample of 326 families from seven counties from a state in the Midwestern United States. The members from these families who participated in this study were two adolescent aged siblings and one parent. The families selected had to meet a number of different criteria. These criteria included having two teenage offspring, with the older sibling being in either the 11th or 12th grade and the younger biological sibling who is closest in age being two to three years younger. The average age of older sib-

lings was 17.17 years old, with younger siblings being on average 14.52 and the average age of parents being 44.95 years old. As far as gender of participants goes, 51% of older siblings were female, 56% of younger siblings were female, and 87% of parents were mothers. The gender combinations of sibling pairings were split almost equally between same-gender and mixed-gender pairings, with 52% of participants being same-gender and 48% being mixed-gender (Whiteman et al., 2016). The population sampled in this study did not showcase a high degree of racial diversity, as 71% of participants identified themselves as White, 23% as African American, and 4% as Latinx. Although the overwhelming majority of the families that participated in this study were white, it is important to note that those who designed this study made a point to oversample African American families, as the 23% participant size was significantly larger in comparison to the state average of African American families at just 9%. Families that participated came from a variety of socioeconomic statuses ranging from working class to upper class. The aforementioned demographical information of each member of the household was provided by the parental figure participating in the study (Whiteman et al., 2016).

Data for the above study was collected via individual, private telephone interviews lasting approximately half an hour with each participating member of the family. Throughout these interviews, participants were asked questions regarding their patterns of alcohol use. Older siblings, younger siblings, and parents were each asked the frequency at which they have consumed alcohol and the average number of drinks consumed on a typical occasion of alcohol consumption. Additionally, adolescents were asked about the perceptions of alcohol use of their peers by answering the question “How often do your friends drink alcohol?” (Whiteman et al., 2016) Researchers were interested in particular at how younger siblings viewed alcohol use, which was determined by asking participants to rate statements such as

“drinking alcohol makes people happier” on a five point scale. The final component that researchers wanted to measure was the rate at which younger and older siblings consumed alcohol together. Participants provided this information by responding on a scale ranging from 0 to 4 to the following question: “On the occasions when you drank alcohol, please indicate how often your sibling was with you” (Whiteman et al., 2016). Other aspects that were measured were parents’ knowledge of their children’s activities, sibling intimacy, and siblings’ shared relationships.

It is interesting to note how this study determined that older siblings’ do in fact influence health risk behaviors of their younger siblings, which includes substance use habits. Additionally, this study measured both social and cognitive pathways through which these influences occurred. Two main pathways that were highlighted as being facilitators for older siblings to influence substance use habits of younger siblings were social and cognitive pathways. The researchers found that for a social pathway, sibling co-use of a substance, specifically alcohol, was a critical way through which consumption habits were influenced. In addition to co-use between siblings, results from this study determined that younger siblings are influenced by their older siblings through cognitive pathways, with the older sibling influencing the younger siblings’ expectations about alcohol. When an older sibling’s experiences with alcohol were seen as positive by the younger sibling, the younger sibling would therefore develop a more positive expectation of alcohol and would then be more likely to take part in the consumption of alcohol at a young age (Whiteman et al., 2016).

The results of this study have the potential to affect new research that is being done in the field of substance use treatment, particularly in the treatment of adolescents that highlights the influence of siblings can have on each other, impacts that are perhaps even greater than that of parents or peers. As it has been shown that siblings can

influence each other's substance use habits, it is worth looking into whether or not siblings can influence adolescents in an opposite way, such as influencing a sibling to abstain from substance use. If research is done on this topic and sibling influence on substance use habits are proven to work in opposite ways, then integrating family involvement into adolescent substance use treatment via the involvement of a sibling would be a possible way to improve this form of treatment. If more research were to be done on this topic, it would be important to recruit a more diverse population to sample. Since the majority of families sampled for this study were white, this study would have poor generalizability across other cultures and ethnicities. Additionally, it would be worth considering whether the influence of siblings would have the same effect in older participants.

### **2.5. Family involvement in adult treatment.**

One such study has shown that family involvement in substance abuse treatment is effective not only in adolescents, but in adults as well. A 2019 study by Goldberg et al. determined whether or not family had an effect on the motivation of 15 women suffering from a substance use disorder. This study made use of the Self-determination Theory (SDT), which states that, "people are innately oriented to personal growth and well-being built on the concept that healthy behaviors are supported by autonomous motivation" (Goldberg et al., 2019, p. 1). This theory also assumes that humans must meet three needs in order to achieve psychological well-being: autonomy, competence, and relatedness. This study considered the influence that healthy family relationships enhance substance use recovery regarding Self-determination Theory. For example, being able to relate to one's own family is an essential need of humans, which promotes healthy behaviors. This study found that in women recovering from substance use disorders, family involvement can both aid and impede recovery. Many

mothers noted a higher sense of autonomy when being able to care for children and members of their families, which encourages treatment of substance use. However, others noted that they found it stressful balancing their own needs with the needs of children and family members, thus implying that family involvement is a stressor in their lives (Goldberg et al., 2019). The limitations in this study include a small sample size and did not state outcomes of individual patient treatments. These affect the generalizability of the study and only provide an insight on the role of family involvement in substance abuse treatment as opposed to concrete evidence.

### **2.6. Mothers and co-resident children.**

It is important for substance use disorder treatment to be catered to the population in which it is attempting to treat. Women with substance use disorders have certain needs and complexities that are often overlooked in a typical substance use treatment program. These neglect of women's needs and complexities are heightened when these women also happen to be mothers. As a result of this, family-centered substance use treatment was developed to serve this underrepresented population. A family-centered approach to substance use treatment "emphasizes parenting support for caregivers and bonding time with children as well as providing childcare while women attend treatment" (Chou et al., 2020). Since mothers are seen by society as the primary caretakers of their children, the options that they have for treatment are often limited to those that either provide childcare or operate during hours in which they can receive outside childcare. One form of treatment that was developed to combat this was family-centered residential substance use treatment. A study done by Chou et al. intended to explore the experiences of mothers who had their children living with them during residential treatment for a substance use disorder.

Using a transcendental phenomenological

method that “focuses on the description of the phenomenon to develop a deeper understanding rather than interpret findings” (Chou et al., 2020), this study recruited participants who were over the age of 18, be enrolled in residential substance use treatment, have at least one child age 12 years or younger who lives residentially with them, and complete a full 21-day stay in residential treatment with their children in their care. All mothers in this study were participating in a substance use treatment program at a voluntary family-centered behavioral healthcare provider. Ten mothers in total participated, eight identifying as African American and two identifying as Caucasian. The primary substances that mothers used were cocaine, opioids, and alcohol. Throughout their 21-day residential treatment stay, each mother participated in group therapy, individual therapy, parenting classes, community support services, and random drug testing via urine analysis. Additionally, children entering the treatment facility with their mothers had a treatment team consisting of a child therapist and a case manager, while also having access to a family therapist and daycare five days a week (Chou et al., 2020). Data for this study was collected by each participant taking part in 10 separate semi structured interviews that ranged anywhere from 30 minutes to 60 minutes. During these interviews, participants responded to the following three prompts: “Tell me about your experiences of motherhood and addiction; Tell me about your experiences of motherhood and treatment; and What advice would you give treatment providers about how to help mothers in treatment?” (Chou et al., 2020).

Data collected from this population provided three overarching themes that emerged from participant responses to the interview questions. The first of these themes was “Grappling with Motherhood and Addiction Leading to the Decision for Treatment.” The participating women each stated that their child or children were a deciding factor for their decision to enter and engage in the treatment process. Participants noted that they them-

selves were not the only ones who had been affected by their addiction, but their children and the rest of their families also experienced effects of their addiction in some form. Therefore, the entire family, not just the participants were able to benefit from the services that the treatment provided. Additionally, mothers noted that if they were forced to be separated from their children during the course of treatment would it hinder almost every aspect of their recovery process. Not being able to be with their children would decrease their ability not only to initiate treatment, but to continue and stay engaged in treatment, as “they cannot turn off their roles as mothers while in treatment; thus having their children with them allows them to integrate motherhood into their recovery efforts while simultaneously increasing treatment retention and engagement” (Chou et al., 2020).

The second emergent theme that pertained to the success of the treatment for these mothers was “Specific Aspects of the Treatment Program Conducive to Motherhood.” Mothers noted three specific aspects of treatment that benefited them not only as patients recovering from a substance use disorder, but as mothers as well. These aspects are support from other mothers in the program, being able to parent while in treatment, and benefits that their children gained from the treatment center. By being able to be around other patients who were also mothers, participants were provided with a “safe space...to work together to gain an understanding of their addiction in the context of their roles as mothers” (Chou et al., 2020). Once someone with a substance use disorder becomes sober, all aspects of their lives change. Motherhood is not an exception to this. Being able to parent while in treatment benefitted the participants of this program greatly. Participants noted that by being able to parent while in treatment, they were able to learn to parent while being sober, which in turn aided their recovery as a whole. Additionally, participants “spoke of the sense of comfort and calmness that being physically present with their chil-

dren during treatment provided, allowing them to focus more fully on their recovery” (Chou et al., 2020).

Lastly, participants touched on how their children benefitted specifically from the services offered by this treatment center. Children were provided with therapy in addition to case management, and also were able to go to daycare for free. This exposure to be around children in their same age range who were also experiencing the same things as they are was very valuable, as mothers noted it made their children feel that they aren't by themselves. Children were also able to feel empowered and have increased levels of self-esteem by being involved in their mother's treatment (Chou et al., 2020).

The testimonies from the study performed by Chou et al. could be very influential in forming future substance use treatment methods. By acknowledging the fact that mothers facing addiction are a unique population with very specific needs, practitioners can be better suited to provide them with adequate treatment. Mothers noted that having their children with them throughout the residential treatment process was beneficial overall, as they were able to not only use their children as support throughout their treatment, but were able to learn how to live with their children in their “new normal”, that is their life without addiction. Additionally, by addressing the many systems that interact within the life of a mother and their children, treatment is more able to benefit not only the mother, but the family as a whole. This study has poor generalizability as there is not any gender diversity, although that is to be expected as this study was performed specifically on the population of mothers in substance use treatment. Once significant research is done with fathers and their children in residential treatment centers, these results can eventually be implemented to create competent treatment methods that can treat entire family systems who are affected by substance abuse in many different aspects.

## **2.7. Comparing family involvement in adolescent and adult treatment.**

While family involvement in substance abuse treatment has proven to be effective in treatment of both adolescent and adult patients, existing literature shows that family involvement has a greater effect in the treatment of adolescents (Bertrand et al., 2013). While there are not many studies done as to why this is, a study done by Bertrand et al. in 2013 found one possible reason. This study sampled 199 adolescents aged 13-18 years old and 69 of their mothers, determining the link between parenting practices and adolescents' substance use. This study found a correlation between improved maternal mental health and improved parental warmth as perceived by adolescents. This improved parental warmth resulted in a greater ability of relating to adolescents and is associated with lower incidences of substance use (Bertrand et al. 2013). Based on these results, it can be determined that increased parental interest in treatment outcomes could be a plausible reason as to why family involvement has a greater effect on adolescent treatment rather than adult treatment. However, there are some problems that must be considered when discussing the results of the study. One problem is that this study only involved mothers of adolescents, so the role that fathers play in effectiveness of treatment is unknown. A second problem is that this study only surveyed adolescents from Quebec, Canada. This limits the generalization of the study's findings, as they are not representative of the entire Canadian population, let alone adolescents in general as an age group (Bertrand et al., 2013).

Research has also been done on the effect that family involvement has on substance abuse treatment of individuals who also suffer from mental health disorders, specifically in treatment of adolescents. In a study done by Alberga et al. in 2017, 113 adolescents ages 13 to 18 were randomly designed to either multidimensional family therapy or residential treatment for substance



abuse. 75% of participants were male and 68% of participants were Hispanic. The residential therapy used for this study used a combination of cognitive behavioral therapy and motivational interviewing, emphasizing positive reinforcement for the development of coping, emotional regulation, and drug refusal skills. In this form of treatment, the family was included in the initial assessment and treatment planning session, given regular updates throughout the process, and were offered monthly parent support groups (Alberga et al., 2017). The multidimensional family therapy treatment included therapy sessions with the adolescent alone, with the parent(s) alone, and with the adolescent and parent(s) together. Sessions with the parent(s) alone focused on increasing parental involvement and attachment with the adolescent, reducing conflict, and enhancing teamwork. Sessions involving both the parent(s) and the adolescent focused on decreasing conflict, deepening emotional attachments, and improving communication skills. This treatment consisted of three states; developing motivation, promoting change in emotions, thoughts, and behaviors, and reinforcing change and termination of treatment (Alberga et al., 2017).

Results from this study showed the multidimensional family therapy had a greater effect on the adolescent's long-term recovery than did residential therapy. In the first two months of treatment, adolescents in both multidimensional family therapy and residential treatment showed a significant decrease in substance use. However, adolescents in multidimensional family therapy maintained their treatment gains over time, while adolescents in residential treatment reported an eventual increase in substance use (Alberga et al., 2017). There are a few limitations in this study to be noted. The first is that the population was not very diverse, as subjects were primarily male and primarily of a single ethnicity, in this case Hispanic. Second, this study only took place in one community. Lastly, the sample size was small, so there is no telling how results would be af-

ected when using a larger sample size (Alberga et al., 2017). These three factors affect the generalizability of the study and prove that more research on the topic needs to be done for results to be conclusive.

### 3. Conclusion

Based on the existing literature, family intervention has proven to be effective in most substance abuse treatments. While family involvement in treatment has been shown to have an overall positive effect on substance use treatment, there are some instances where this type of intervention has proven to be more effective than others. These instances depend on the ethnic identity of the client, the age of the client, and the substance that the client was abusing. Existing literature has also shown that there are some instances in which family intervention is not helpful in substance abuse treatment and can actually be what causes the patient to begin using in the first place. More research must be done in the future to determine when family involvement is most effective, particularly research that studies larger populations and emphasizes diversity in gender, race, ethnicity, and age. Once more research in this area is completed, the results from these studies can be very informative when creating future substance abuse treatment plans; for example, creating family based treatment options in communities consisting of individuals with a strong sense of ethnic identity and familism, or attachment to family members. There are many communities of color that could benefit from a more culturally competent treatment structure, for example Hispanic communities where the role of family in an individual's life is greatly emphasized. By further studying the role of family in substance abuse treatment and applying the knowledge gained from these studies to practice with clients, practitioners can ensure that they are providing the best possible treatment to all clients

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