

Usefulness of a Brief Educational Event to Challenge Service Providers' Approaches with
Families Affected by Substance Use and Misuse

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Abstract

Substance abuse has profound effects on families and significant others and serves as a factor in child abuse and neglect, intimate partner violence, and family emotional and economic instability. This poster will summarize the usefulness of a brief educational event as a tool to shift the attitudes of providers away from commonly used labels and approaches that lack empirical support in lieu of evidence-based models that are more likely to be effective. Two groups of social workers, professional counselors, and addiction counselors (N= 138) completed pretest ratings of the perceived value of four terms, participated in a one-hour workshop during 2014 on working with families affected by substance abuse, and then submitted a posttest at the conclusion. Results (using a 1-5 scale with 5 indicating "Strongly Agree") indicate that, on average, participants rate the importance of utilizing these terms very highly including codependence (4.67), family disease (4.48), family roles (4.39), and enabling (4.42). Posttest results found that ratings declined 9.2% – 18.4% following the training session, which indicates that provider education may be useful in challenging the continued use of terms with families that may be less effective than alternative evidence-based models.

Key words: families, substance abuse, labels, addiction, enabler, codependency, family disease, family roles, enabler, substance misuse, couples, labeling, significant others

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Background

For every person who has a substance abuse problem, there are numerous concerned significant others (CSOs) who are affected (Meyers, Roozen, & Smith, 2011). The number of CSOs (partners, parents, grandparents, children, siblings, co-workers, and others) far exceeds the number of people with a substance misuse problem. While it is understandable that most of the research and scholarship focuses on those who have substance use problems, the literature is very limited in addressing best practices for engaging and helping families and significant others. Indeed, many of the established terms and approaches currently used with CSOs are not evidence-based. These include CSOs that they have a family disease, are codependent, are enablers, and assume defined roles within their families.

While a full review of the lack of evidence to support these terms exceeds the scope of this brief report, the challenges to their use has been reported. Concerning the use of 'family roles' (mascot, hero, etc.), Vernig (2011) notes that "their clinical utility does not win out over the problems inherent with this manner of classification" (p. 535). The term 'codependency' is commonly used label with "questionable reliability for the concept" (Stafford, 2001, p.283) while "little scientific inquiry has focused on codependence" (CSAT, 2004, p.24).

Labeling family members as 'enablers' minimizes the complexity of the effect of substance abuse on CSOs (Rotunda & Doman, 2001) and "efforts to change their behaviors in order to aid recovery may be sabotaged (Schumm, et al., 2014, p.275)." Conveying to CSOs that

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they are part of a ‘family disease’ also employs a concept that has “limited controlled research evidence” but is nonetheless “influential in the treatment community as well as the general public (CSAT, 2004, p. 8). “ Despite the continued use of the term, one study found that “Americans say addiction is a disease but they don’t really believe it (ADAQ, 2006, p.1.)”

Shifting the establish terms, labels, approaches, and methods that are used with CSOs is challenging, just as it is in moving to evidence-based models and approaches to employ with people who have substance abuse problems (Rieckmann, 2015).

Objectives

This report provides the results of using a brief educational event to challenge the terms and approaches currently used in lieu of others that are potentially more useful and effective. The objectives of this study are to 1) determine the rated importance of commonly terms used by service providers, 2) assess whether or not a brief educational event could be effective in altering providers’ perceived value of these terms, and 3) encourage those who work with CSOs to adopt more effective approaches and models.

Methods

Two groups of social workers, professional counselors, and addiction counselors (N= 138) completed pretest ratings (using a 1-5 scale with 1 indicating “Strongly Disagree” and 5 indicating “Strongly Agree”) on the perceived value of four commonly used terms (codependence, family disease, family roles, and enabling), participated in a one-hour workshop on working with families affected by substance abuse, and then submitted a posttest at the conclusion. The workshop reviewed the lack of evidence for the use of the current

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terms, and then provided examples of other terms and approaches that have been found to be evidence-based and more likely to be helpful to families.

Results

Table 1 summarizes the pretest, posttest, and percentage difference for the four terms rated by participants. All four pretest ratings fall between “4- Agree” and “5- Strongly Agree,” indicating participants believe that the use of these terms is beneficial for families to know. Since posttest ratings declined 9.2% to 18.4% following the training session, it is encouraging that brief provider education may be useful in challenging the continued use of terms with families that may be less effective than alternative evidence-based models.

Conclusions/Importance

While these results fall under the category of ‘promising’ in the Curtis (1996) research hierarchy, it is not possible to know how education can affect providers’ ultimate use of evidence-based approaches without further investigation. The report does indicate that the use of four widely accepted terms may be well entrenched among providers of services, but these results would not be generalizable without replication to a broader audience.

While detailed information about evidence-based approaches was beyond the scope of the brief educational event, access to trainings on models with empirical support are essential. Examples include the 5 Step Method (Copello et al., 2010), Community Reinforcement Approach and Family Therapy (Meyers, Roozen, & Smith, 2011), and Behavioral Couples Therapy (Fals-Stewart, Lam, Kelley, 2009, Schumm et al., 2014).

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