



From the Editors

What a year it has been! With this, AFINet's 12th newsletter, you will find examples of how many members and member organizations have adapted to the challenges of the COVID-19 pandemic, in part, by increasing on-line services and written material for Affected Family Members (AFM's). In addition, AFINet itself has responded with a series of on-line webinars for members. For ease of reference, we have included the current AFINet webinar series list further on in this newsletter. A resounding 'thank you' to contributing members for making this series possible!

(Please follow the AFINet website for announcements of future webinars).

As you read the contributions from your fellow members, you will find ample evidence that research about and services for affected family members continues undeterred.

Greetings of this season as we all look forward to a healthier and more hopeful 2021!



Your editors,

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(note: editor Martha Canfield is on temporary leave of absence)



Technical problems with membership applications

The AFINet Trustees have recently discovered that the **AFINet Membership application form has not been working for the last 6 months, due to a technical error.** While that error has now been fixed, all applications since 18th May have been lost. Obviously we had realized that we were not receiving any applications, but we had assumed that this lack of applications was due to Covid-19! A nice example of a false assumption closing down the idea of other possibilities!

But we now need to try to get in touch with people who applied after 18th May 2020, and who think that their application was received and are now waiting to get accepted. Unfortunately, no record exists of these applications. .

So, please, if you if know of any colleagues or friends who have tried to join AFINet over this period (18th May – 26th November 2020), it would be very helpful if you could

- Apologise to them,
- Forward this information to them,
- Encourage them to re-complete and re-submit the form (to be found here: <http://www.afinetwork.info/members/apply-for-membership>).

Richard Velleman (r.d.v.velleman@bath.as.uk)

Chair of Trustees

From the Chair of Trustees

Due to the ongoing Covid-19 pandemic, interpersonal exchange has moved more and more into the digital world. While I certainly miss having the opportunity to meet many friends and colleagues in person, using teleconferences and digital platforms certainly has the advantage of bringing people together from all over the world in real time without the economic and ecological costs usually involved. As one result of this process, AFINet has started to inaugurate a series of AFINet-related Webinars, starting with a brilliant talk from Richard Velleman just before the Annual General Meeting that was held in October – also in a digital format. We are very happy that many of you managed to join, and we have already planned the next Webinars until June 2021.

Although we feel that digital formats cannot substitute meetings in person, the latest development regarding the pandemic has made our plans for the 2021 conference even more difficult, since it is quite unlikely that the situation will be under control early enough to plan for an international conference. The trustees are still discussing whether the conference should be postponed once more or if we'll be able to organize the conference in person, virtually only or in a hybrid format. We'll keep you informed!

Restrictions associated with the lockdown that is currently taking place in many countries also affects social and professional support for affected family members (AFMs). As part of the AFINet project #3, we were able to receive some expert reports on the national situation from 12 countries (and would like to thank everyone who supported this initiative). It seems that the needs of AFMs are not only largely neglected in almost all countries, but that professional support for them has been stopped to a larger extent than treatment offers for individuals with addictive disorders since the beginning of the Covid-19 pandemic. At the same time, most countries are facing increasing numbers of domestic violence and increased levels of depression, both widespread in AFMs, resulting in the paradox that help for them is decreased when they need it the most. Making AFMs more visible therefore should also include convincing policy makers to allocate adequate resources to institutions, charities and self-help groups that support AFMs.

Stay healthy and safe.

Gallus Bischof, gallus.bischof@uksh.de

Chair of trustees, AFINet

AFINet Webinar Series



The AFINet Webinar Series - a call for presenters (from Richard Velleman, Trustee)

In the Chair of Trustee report, we announce the Addiction and the Family International Network (AFINet) monthly Webinar Series and describe the first two. For simplicity we started this series by simply asking AFINet Trustees to make presentations, **but now we want to open it up to all AFINet members, and indeed, to all readers of the AFINet Newsletter.**

So please, if you would like to present one of the AFINet Webinars on a topic of relevance to AFINet, please e-mail me, Richard Velleman (r.d.v.velleman@bath.as.uk) and say what topic you would be prepared to give a Webinar on. If we can agree that the topic IS relevant to AFINet, then we will agree a date, and I will ask for a Title, a brief Description of the talk, and a small bit of information about you, the presenter.

Alternatively, if you would like to suggest someone else as a possible presenter (maybe because you have heard them, speak, or have read one of their papers), then again simply e-mail me with the contact details of this person, and I will contact them and ask them.

The following is a list of currently scheduled Webinars. Please note that there are several available slots.

All Webinars are open for 'live' listening and the opportunity to ask questions (via a 'chat' function), to both AFINet members and to non-members, but people need to register for each Webinar in order to obtain the link. All Webinars will be recorded, and then placed in the AFINet YouTube Channel - https://www.youtube.com/channel/UCBQ40_ljiiAJhyVXjeF34WA so both members and non-members can view them at their convenience.

Date and time	Title	Presenter	Description
20th October 2020 2pm, UK time	In Their Own Right: Family Members Affected by Alcohol and other Drug Misuse or Gambling <i>To view this Webinar, either go onto the AFINet YouTube Channel, link above, or go to the AFINet Website and view it there: http://www.afinetwork.info/webinar-series</i>	Professor Richard Velleman Emeritus Professor of Mental Health Research, University of Bath, Bath UK Co-Director, Addictions Research Group, Sangath, Goa, India	Professor Velleman examines the evidence-base showing that family members of people with alcohol, other drug or gambling problems are often badly affected by their relative's problems. He shows how this evidence led to the creation of the 'Stress-Strain-Coping-Support' Model - a useful model for understanding the impact that other people's addiction problems can have on family members. And he then outlines the '5-Step Method', one evidence-based method to help these affected family members.
Tuesday 1st December 2020, 2pm, UK time	Evidence and Implementation of family-based interventions in the addiction field <i>To view this Webinar, either go onto the AFINet YouTube Channel, link above, or go to the AFINet Website and view it there: http://www.afinetwork.info/webinar-series</i>	Dr Gallus Bischof Translational Psychiatry Unit, Department of Psychiatry and Psychotherapy, University of Lübeck, Lübeck, Germany	This Webinar reports results of a systematic review on the evidence of interventions for affected family members. It also reports on the availability of services for affected family members in 12 countries. Data from Germany on the implementation of concepts focusing on affected family members is presented and implications for further research and service improvement are discussed.

AFINet Webinar Series

Tuesday 19th January 2021	'Fragile Childhood': Help for the children on problem drinkers in Finland	Minna Ilva Project Manager, M.Soc.Sci. A-Clinic Foundation, Helsinki, Finland	The Fragile Childhood programme has been running in Finland since 1986. It offers help to young people and adults who suffer from the adverse effects of parental alcohol use. This Webinar briefly describes its history before discussing current projects, and what other organisations in countries can take away to possibly replicate in their own countries.
Tuesday 23rd February 2021	Teleintervenção fundamentada na entrevista motivacional para famílias que convivem com um parente com problemas por consumo de álcool e outras Drogas	Cassandra Borges Bortolon Clinical Psychologist and Health Scientist, Psychiatry and Medical Psychology, Federal University of São Paulo, Brazil, Director of Acurarte, Psychology, Teaching and Health, and President of Amtepa, Research and Events for Health	This Webinar will be delivered in Portuguese. In English the title is: <i>Motivational intervention for family members living with a relative with a substance-related disorder</i> . There may be an English simultaneous translation. The Webinar describes the results of a project investigating the extent to which a motivational intervention for AFMs worked and will discuss both research and clinical practice.
Tuesday 23rd March 2021, 2pm, UK time	AFINet's role in raising the profile of AFMs in policy and practice	Professor Jim Orford Emeritus Professor of Clinical and Community Psychology University of Birmingham Birmingham, UK	This Webinar will address the place that AFMs hold in both policy and practice across various countries and will discuss the role of AFINet in raising the profile of AFMs in these areas.
Tuesday 20th April 2021, 2pm, UK time	Findings from the PuP4Dads feasibility study in Scotland	Professor Anne Whittaker NMAHP Research Unit, University of Stirling, Scotland, UK	This Webinar will report results of a feasibility study looking at the acceptability and implementation of the Parents under Pressure (PuP) programme with drug-dependent fathers and their families. PuP is a parenting intervention specifically designed to reduce child abuse and neglect in families affected by parental substance use. PuP4Dads is focused on involving fathers on opioid substitution in the programme.
18th May 2021, 2pm UK time	Introducing and embedding the 5-Step Method across a national non-statutory health and social care organisation in England: the journey of Turning Point	Lorna Templeton Independent Research Consultant, Bristol, UK and Jan Larkin Consultant Clinical Psychologist and Head of Psychology, <i>Turning Point</i> , UK	This Webinar will describe how Turning Point, one of the largest providers of addiction and mental health care across England, decided to utilise the 5-Step Method across their services, and how they have implemented and developed the method over the past decade. This Webinar will be of special interest for any organisations or countries which are considering implementing the 5-Step Method.
22nd June 2021, 2pm UK time	To Be Confirmed (TBC)	Ed Sipler	To Be Confirmed

AFINet Webinar Series

Mid-July		TBC	
Mid-August		TBC	
21st September 2021, 2pm UK time	AFMs and 'study success'	Dorine van Namen Rotterdam University of Applied Sciences (Hogeschool Rotterdam), Research Centre Innovations in Care (Kenniscentrum Zorginnovatie) PhD candidate, Maastricht University	This Webinar will describe research examining how a relative's addiction (to alcohol, drugs, sleeping pills, opioid painkillers and gambling) affect the quality of life and level of 'study success' of young adult Affected Family Members (AFMs).
Mid-October 2021		TBC	

Research Updates

RESEARCH UPDATES



Families as Lifesavers – A Test of Change

In relation to drug-related deaths, families are portrayed in two main ways. First is the 'bereaved family' – rightly the subject of our sympathy, but essentially passive subjects. Second is the 'troubled family', seen as the cause of, and to blame for, their loved one's addiction.

Yet this is not the space where we see families. We know that every day families are actively preserving and saving the lives of their loved ones, through reducing risk and harm and doing everything they can to keep them alive. This was well described in our 2019 Behind the Numbers films, where family members described meeting their loved ones' basic needs (food, clothes, shelter); supporting them to engage with inflexible and judgmental treatment and support services; and offering them enduring love, connection and hope. We describe this as the 'Families as Lifesavers' space.

These tireless efforts by families are largely hidden – unrecognised and unsupported, and

their achievements are largely in spite of the system rather than thanks to it.

Scottish Families has secured two years' funding from the Drug Deaths Task Force to test out what happens when we fully support, recognise and include families as Lifesavers. We will work with families who believe their loved one is at high risk of drug-related death, offering them intensive wraparound support, and increasing understanding, skills, knowledge, coping and response strategies, connection and self-care. Nicole Darroch joined our team in November to lead this work, and we will keep AFINet up to date with our progress.

For more information, contact: Justina Murray, CEO Scottish Families Affected by Alcohol and Drugs ceo@sfad.org.uk

The PuP4Dads Study

A feasibility study on the Parents under Pressure (PuP) parenting programme for fathers on opioid substitution therapy is now completed. The study, funded by the National Institute for Health Research (NIHR) in the UK, aimed to test the implementation and acceptability of the programme, to determine whether a future larger trial of the intervention for drug-dependent dads could be conducted.

Research Updates

The results are positive, and Professor Anne Whittaker will present the findings at an AFINet webinar in 2021.

For more information

contact: Anne.Whittaker@stir.ac.uk

Preventing drug-related deaths: the role of Primary Care/General Practice

A 14 month qualitative study, investigating the role of GPs and primary care teams in the prevention of drug deaths has been funded by the Scottish Government Drug Deaths Taskforce, and will begin in early 2021. The study uses an in-depth case study approach and complex systems thinking to explore how GPs in areas of extreme deprivation respond to the needs of patients and families affected by drug use. The views and experiences of affected family members will be a central component of the study. The findings aim to directly inform future models of care in Scotland for this disadvantaged population of patients and families who are disproportionately affected by inequalities. The study is being led by Dr Aileen O'Gorman (University of the West of Scotland) and Professor Anne Whittaker (University of Stirling).

For more information,

contact: Anne.Whittaker@stir.ac.uk

Exploring family support in relation to problem substance use in Scotland

Exploring family support in relation to problem substance use in Scotland: A qualitative study of the experiences of adult family members: Constantly just holding it up and together. A recent study conducted as part of a [Masters in Contemporary Drug and Alcohol Studies](#) at the University of West Scotland sought to address the gap in understanding around Adult Family Member (AFM) experiences of support in Scotland.

Methods & Recruitment

Qualitative, semi-structured interviews were carried out with 10 AFMs purposively sampled via [Scottish Families Affected by Alcohol & Drugs](#) (Scottish Families) networks & social media.

Results

- All participants reported positive benefits from accessing family support in their own right.
- 14 years was the average length of time AFMs spent living with problematic substance use with the average time taken to access support being 11 years.

Research Updates

- All participants said AFMs were often the first (or only) people to respond in crisis when services were not able to offer help to those using substances.
- A consistent theme was family dynamics & relationships being impacted by substance use across the whole family network (representing 41 people in total).

The support accessed by participants helped to build more effective coping strategies, with participants self-reporting improvements in their general health and wellbeing. Participants also said the family support helped to develop better relationships with those using substances and other family members.

For more information contact: John Holleran, Scottish Families Affected by Alcohol & Drugs. email: john@sfad.org.uk

The reliability of the assessments of practitioners for accreditation in the 5-Step Method – an update from the previous Newsletter

In the previous Newsletter, we outlined the methods we use within the 5-Step Method to both build practitioner competencies and monitor fidelity, and we discussed the project

we started to monitor agreement between assessors. In this article we explain a little more about the assessment methods, describe the project that we have now completed and its main outcomes, and link this work more generally to some overall issues about training, competencies and fidelity.

Practitioners can become accredited as 5-Step Method Practitioners by submitting an audio-recording of their practice using the method, which is then assessed against agreed criteria by an 'Accredited Assessor', to determine if that practitioner reaches the required standard. They can submit their recordings and self-assessments of all 5 Steps at the same time, or they can submit them one 'step' at a time, which is now our preferred model, allowing practitioners to get feedback from an assessor and make any improvements before going on to undertake their next step in the model.

Assessing a practitioner's step: It is worth explaining in more detail the process of undertaking such an assessment for each step in the 5-Step Method. It is time-consuming, although it is one of the best methods of assessing fidelity, providing evidence-based feedback, and hence improving practitioner competencies. The assessor listens to the audio-recording of the step (which is about 60 minutes long) and makes careful notes of what

Research Updates

the practitioner says / does not say in relation to the 6 tasks for that step (and each task has one or more criteria against which the practitioner needs to demonstrate competence), and in relation to the 5 separate tasks which relate to competencies with general counselling skills. From these detailed notes, the assessor makes a report for the practitioner (and for AFINet) outlining how well the practitioner has performed on each of these tasks, both by providing a numerical score for each task (from 0-5) and by providing evidence from the audio-tape to corroborate these scores. The report then gives an overall decision over whether the practitioner has passed that step, or whether there are reservations, and if so, what actions must be taken by the practitioner to deal with these reservations (which might be a variety of things, ranging from simply clarifying certain aspects of one or more of the tasks in supervision, all the way through to submitting a second audio-recording of that step, with a different AFM). For each Step, this can take an assessor between 1.5 times to 4 times the length of the recording, so it can be seen that this is a very in-depth process.

The Reliability Project: Last time we explained that because there are a number of accredited '5-Step Method Assessors' across the world, we had started a project, first to clarify that

different assessors reached similar conclusions (i.e., to monitor how much agreement there was between different assessors) and then second, to work out how to improve the agreement, if it transpired that people disagreed. 13 International assessors took part, from Australia, England, Holland, Ireland and New Zealand, where they all assessed the same audio-recording of one practitioner's 'step #1'.

Three aspects were examined:

- the overall conclusion reached: was there agreement over whether the practitioner had 'passed' or not?;
- the individual scores given for each of these tasks, including the criteria related to that practitioner's implementation of that step and their use of counselling skills;
- the range and depth of evidence presented from the recording, to corroborate the scores provided.

As a result of this, an overall 'inter-rater reliability' (IRR) score was obtained, and IRR scores were also obtained for each criterion.

Analysis: By collating all the assessor's comments into one document, it became much easier to see the evidence which was used by the different assessors for each criterion. All the scores were also collated into one chart and an analysis of this was carried out to see

Research Updates

who were outliers in their scores. A summary was prepared, so that key themes relating to where assessors were in agreement or not was also available.

Delphi Survey: We then undertook a Delphi Survey with the aim of improving consensus. Each assessor could see all of the other assessors' comments and scores (anonymized), as well as the analysis outlined above. Assessors were then given the opportunity to revise their scores based on seeing what everyone else had thought about this step, and if they did make changes, they were asked to provide comments and a rationale for these changes.

That was where we had got to at the time of the last newsletter, although we have given a little more detail this time: what follows is the rest of the story.

First, we held an international online meeting with 13 assessors to discuss the findings so far. This was extremely fruitful, both in terms of clarifying any differences between assessors and agreeing what changes needed to be made to the international guidance over how to assess practitioners' audio recordings. Many of the assessors found the opportunity to be able to see other assessors' work, and to discuss these issues with other assessors from across

the world, to be exceedingly positive and a great learning opportunity.

Second, it was so successful in fact that all of the assessors stated that they wished to go further with this process. That is, to undergo the same process another four times, with recordings this time of a Step 2, 3, 4 and 5. We undertook this, and have now updated the competencies, and guidance for all 5 Steps, plus updated the standardised training plan and training slides to take account of our findings. This whole project has been an extremely time-consuming but immensely useful set of processes and outcomes.

One of the key areas that emerged from this examination of the processes of assessment, fidelity monitoring and competency building was the importance of structure – it has always been clear that the 5-Step Method is a semi-structured intervention, but the importance of that structure, and of the practitioner understanding the structure, and then enabling the AFM to also understand the structure, emerged as an important point for emphasis within training and assessment.

Similarly, and as a part of that structure, ensuring that the practitioner adequately sets The agenda for the session emerged as a really important issue, where it was observed that failure to properly set that agenda led to sessions being far less clear, much more

Research Updates

meandering, and to a situation where insufficient time was allocated to cover key competencies and criteria. A further area which emerged from this exercise was the importance of linking each step in the 5-Step Method to the Stress-Strain-Coping-Support Model.

This project also helped clarify many other small and important details. This included making sure information is really targeted to what an AFM needs or would find helpful; ensuring, when discussing different coping methods, that these are not talked about as generalities but instead, examining specific examples of issues that have arisen for that family member and the specifics of how they dealt with these experiences; discussing a wide variety of support that could be helpful; ensuring in step 5 that a full review is carried out of what the family member found helpful for each step. An important point which arose in the review of each step was the necessity of clarifying any issues around risk in each step versus assuming that things had not changed.

The net result of this Inter-Rater Reliability exercise has been improved reliability, and clearer guidance for both practitioners and assessors.

Finally, this meeting together (albeit online) between this sizeable number of accredited assessors has reinforced the idea of developing

a **5-Step Method Academy**, where all accredited assessors, trainers and possibly practitioners could exchange views and ideas about the further development of the 5-Step Method and its training, supervision and accreditation, and possibly 'meet' periodically to discuss these issues.

This detailed review of our assessment, fidelity monitoring and competency building processes ties in with the recent Drug and Alcohol FINDINGS article '[Coaching is the key to effective therapists](https://findings.org.uk/PHP/dl.php?f=Matrix/Alcohol/C4.htm&format=open&s=eb#issue1)' <https://findings.org.uk/PHP/dl.php?f=Matrix/Alcohol/C4.htm&format=open&s=eb#issue1>].

There are many interesting points in that article, but a key one for this discussion is that simply putting on training courses "*typically fail to sustainably or appreciably improve practice or outcomes, leading to the 'implementation gap' between research-tested interventions and real life*", and that "*sending counsellors away on a course is often a waste without post-workshop feedback on their performance with clients, ideally allied with expert coaching*" "*performance feedback and expert coaching are both needed for workshop training to impact on patients.*"

These conclusions are very resonant with our 5-Step Method way of training and accrediting practitioners, where we work to both build competencies and monitor fidelity.

Research Updates

- We developed from the descriptions (within the various handbooks and publications) of the 5-Step Method a very clear competency framework, which lists out more precisely what the various skills are, that need to be demonstrated for each of the 5 Steps; this same clear competency framework is then used to rate fidelity.
- The training for the 5-Step Method is now very much built around these competencies; with the expectation that, once trained, practitioners will then deliver the 5-Step Method to AFMs.
- We monitor fidelity through our accreditation system.
- We require demonstrations of practice, via audio-recordings of each Step of the 5 Step Method.
These have to be self-assessed, using the competency framework, with practitioners having to self-rate their competence against each of these criteria, and having to provide the evidence from their audio-recordings to corroborate their ratings.
- If the practitioner rates their step as being of sufficient quality, they can then submit that step to be assessed by an accredited assessor, who are all themselves accredited practitioners, and all very experienced in delivering the 5-Step Method.
- As outlined in the earlier part of this article, the assessor listens to the recording and

provides extremely detailed feedback to the practitioner on each criterion as well as providing a numerical rating (0 through to 5, including half-scores).

- Practitioners need to achieve both a certain overall score, plus minimum scores on each criterion, in order to pass each step (and they have to pass all 5 steps to become an accredited practitioner); they can also 'pass with reservations' in each step if there are a small number of specific areas that they have to improve on, and they have to demonstrate in various ways that they have made those improvements before they can become accredited practitioners; or they do not pass and have to resubmit that step with a different AFM.

This is a time-consuming model, but it works really well in both building competencies and monitoring fidelity. It is interesting that D&A Findings, having reviewed a great deal of international evidence, has come down so clearly in stating that simply offering training, with no clear competency framework and no monitoring of fidelity to those competencies, 'is often a waste' of time and resources.

For more information, contact:

Gill Velleman and Richard Velleman
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FAMILIES AS LIFESAVERS – A TEST OF CHANGE

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This was well described in our 2019 Behind the Numbers films, where family members described meeting their loved ones' basic

needs (food, clothes, shelter); supporting them to engage with inflexible and judgemental treatment and support services; and offering them enduring love, connection and hope. We describe this as the 'Families as Lifesavers' space.

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For more information, contact:

Justina Murray, CEO

Scottish Families Affected by Alcohol and Drugs
ceo@sfad.o

FROM THE FIELD: EVALUATIONS, TRAINING, SERVICE DEVELOPMENTS AND UPDATES

Continuity of Family Support during the Coronavirus (Covid-19) Pandemic

To ensure our family service continued to provide telephone support, individual counselling, a weekly programme and peer support we repositioned our services online, using Zoom, whilst questioning whether we could still offer the quality of service and engagement we endeavour to provide. Resistance to being on screen, lack of privacy at home and technology fears and challenges limited the uptake to online peer support groups but over time the numbers have increased. Though people miss live engagement they appreciate participating from the comfort of their own home and say they need the group support now more than ever. Our weekly family programme of psycho-education and peer support, previously a whole day affair, is reduced to a 2 hour online group. Grown accustomed now to delivering this programme online we are touched by the participants' depth of personal sharing and speculate if this is because of them being in

their own home environment and the personal distance online forums provide. That family members living out of town and abroad can zoom in is gratifying. We regularly have more than four from one family unit participating allowing much needed engagement to better understand their own stresses and strains and those of their addicted family member.

Clearly there is no substitute for face to face contact but we're seeing the advantages of online support in engaging the whole family and in accessing a much wider reach of people needing support. We will stay online when we move to whatever it is we will be defining as normal.

For more information, contact: Alvina Cassidy, Family Services Development Officer, Tabor Lodge Addiction Treatment Centre, Cork, Ireland.

Familytaborgroup@gmail.com

New Pocket Guide for AFMs and a YouTube video

Worldwide, family members are often reluctant to seek support for themselves for a variety of reasons. We were exploring that in AFINet's Project #1: *Reaching out to Family Members in Large Numbers*. One of the actions in Project #1 was to develop a small

From the Field

“Pocket Guide” that could communicate messages of hope that we all feel family members could benefit from. Well, the pocket guide is done, there for use by all. Covid has meant we all have learned different ways of communication: one of these is using YouTube so people can hear messages as well as reading them.

In July, we launched a YouTube clip of the Pocket guide: *Supporting family members affected by someone's alcohol and drug use or gambling*. <https://www.youtube.com/watch?v=T1NEzxpAxY&t=83s> or by searching my name Ed Sipler on YouTube.

We are delighted with the feedback to date from both our workforce and family members:

- I think this is excellent. Reassuring and encouraging
- As a practitioner it gives me a tool to have conversations with family members
- Can I share it with others who are living with these issues?

The final question I want to answer: Please do share it.

A limitation of the Pocket Guide is it is in English. If any AFINet members want the Word version of the Pocket Guide so they can translate it for local use, please contact me. If it helps to reach family members with information that helps them it was well worth the effort.

For more information, contact: Ed Sipler
Ed.sipler@setrust.hscni.net

Rewriting the Media

Rewriting the Media's Portrayal of Addiction and Recovery is a new research project and programme from Scottish Families Affected by Alcohol and Drugs and the Scottish Recovery Consortium. Both charities shared concerns around the stigma towards people with addictions, and the lack of lived/living experience highlighted in the media. In response, an online survey was developed, and participants were asked to respond to a series of questions which included examples of headlines and images from articles. They were also asked to share their opinions on how they think addiction and recovery are portrayed in the media.

After analysis of the responses, we have created an in-depth report and have provided six recommendations to journalists and editors on best practice for reporting on addiction and recovery. We also recorded four podcasts with family members, people in recovery and journalists to discuss the media. The report and podcasts can be found on our website <https://www.sfad.org.uk/insert-standard-stigmatising-headline-image-here>

For more information, contact:

Rebecca Bradley, Rebecca@sfad.org.uk

From the Field

Commission on Alcohol Harm Family Stories

In September 2020, the Commission on Alcohol Harm in the UK launched their report [‘It’s everywhere’ – alcohol’s public face and private harm: The report of the Commission on Alcohol Harm \(2020\)](#).

This independent Commission was established to examine the current evidence on alcohol harm, recent trends in alcohol harm and the changes needed to reduce harm caused by alcohol. The Commission’s remit was also to examine the need for a new comprehensive alcohol strategy for England, which takes account of the strategies in place in Scotland, Wales and Northern Ireland, and to consider UK-wide priorities in areas where policy is not devolved.

Three AFM’s shared their in-depth Family Stories with Scottish Families Affected by Alcohol and Drugs for the Commission, in

response to their call for written evidence. We submitted these separately in their own right as evidence from individual family members. Unfortunately, the COVID-19 outbreak prevented two additional Scottish family members from presenting oral evidence to the Commission in March 2020. At the Commission’s launch event for the report on 16 September 2020, our media volunteer Beverly bravely shared her own Family Story with all attendees.

Following the publication of ‘It’s Everywhere’ by the Commission on Alcohol Harm, we are now sharing these Family Stories in full, with the permission of the family members involved.

The stories can be read on our website: <https://www.sfad.org.uk/its-everywhere-family-stories-about-alcohol-harm>.

For more information, contact: Rebecca Bradley Rebecca@sfad.org.uk



Journal Corner

AFINet Trustee Richard Velleman lists recent papers about the impact of addiction problems on Affected Family Members (AFMs).

Journal Corner

As readers of this column will know, I keep a list of all the AFINet-related papers that I come across. In the June 2020 Newsletter I stated that a further 93 papers had come to my attention since my previous update where I had listed more than 450 such papers. Since June 2020, a further 85 papers (and an e-learning resource) have come to my attention, so we have about 630 AFINet-related papers in these lists.

As I wrote last time, if I simply add these 85 new 'finds' to the main list, it will be difficult for people to see which are the newly-added ones, so I have retained on the website the 'old' list (all papers discovered up until October 2019) and the list I added in October, and then added a new one 'Updates to AFINet papers 10th June 2020-November 2020'. In all three of these lists, the papers are listed alphabetically, within year categories.

All these lists are available here:

<http://www.afinetwork.info/documents/documents-and-publications/category/17-publications-re-addiction-the-family?download=79:updates-to-afinet-papers-10th-june-2020-30th-november-2020>

(papers listed between 10th June 2020 and 30th November 2020)

<https://www.afinetwork.info/documents/documents-and-publications/category/17-publications-re-addiction-the-family?download=75:updates-to-afinet-papers-17th-october-2019-9th-june-2020>

(papers listed between 17th October 2019-9th June 2020)

<http://www.afinetwork.info/documents/documents-and-publications/category/17-publications-re-addiction-the-family?download=70:afinet-related-papers-2000-2019-october-2019>

(2000-2019 papers)

When I have time, I will consolidate all of these lists so that there is one master list, with all the papers included, categorised alphabetically within each year.



Journal Corner

As always, I have copies of almost all of these papers so if anyone wants a copy of any of them, just ask. And if any of you come across papers which are NOT on the list, please let me know (r.d.b.velleman@bath.ac.uk) and I'll add them, so we can start to get a more comprehensive list of who is publishing what in our area.

And the other list I put up previously (the papers that my colleagues and I have written over the past years up to 2020 on the SSCS Model, the 5-Step Method, and other AFINet-related topics) is still here:

<http://www.afinetwork.info/documents/documents-and-publications/category/17-publications-re-addiction-the-family?download=57:list-of-5-step-and-sscs-publications>

I also sometimes briefly comment on papers I have come across – I'll mention a couple here, all in the June-November 2020 list.

First, an area of work that is gaining traction in the UK relates to Fetal Alcohol Spectrum Disorder (FASD), and the Scottish Government has just launched a free [FASD eLearning resource](#) on the NHS Education for Scotland (NES) website and see <https://www.qnis.org.uk/invisible-not-inconsequential-fasd/>. So, for those interested in this aspect of being an AFM, it will be worth taking a look. – the write-up about this is at the very end of the June-November list.

Second, two of the themes I mentioned in the last newsletter are again well-represented: the area of the intersection between substance or gambling problems and interpersonal violence; and the area of grief and loss. For the former, see for example (just from the 2020 papers): Johnson et al (2020) *Physical violence and property damage towards parents, committed by adult children with drug problems*; Khelfaoui et al (2020) *Regard des adolescents sur la violence conjugale complexifiée par des difficultés liées à la consommation et à la santé mentale des parents*; Petra (2020) *The salience of intimate partner violence to coping and social support for intimate partners of people with addictions*; Svensson et al (2020) *Parents' experiences of abuse by their adult children with drug problems*; Vilela et al (2020) *Domestic violence and risk of internalizing and externalizing problems in adolescents living with relatives displaying substance use disorders*; Wilson et al (2020) *Relationship*



Journal Corner

trajectories of women experiencing alcohol-related intimate partner violence: A grounded-theory analysis of women's voices.

For the latter, see for example (again solely from the 2020 papers): Priddis and Asbury (2020) *Assessing grief in family caregivers of individuals with Alcohol Use Disorder or Substance Use Disorder using the Marwit-Meuser Caregiver Grief Inventory Short Form (MM-CGI-SF)*; Sampson et al (2020) *'I no longer know that person': Grief and loss in families living with someone using crystal methamphetamine.*

Finally, it used to be the case that all, or certainly the huge majority, of papers about AFM-related work originated in High Income Countries (HICs, especially the USA). One increasing change is the number of papers originating from Low or Middle Income Countries (LMICs); accordingly, I am trying to record (after the names and before the date) which country the paper is about. Just looking at the 2020 papers in the most recent list, one can see papers from Brazil, India, Malaysia, Russia, South Africa, and from a much wider range of HICs - Australia, Canada, Finland, French-Canada, Germany, Ireland, Japan, Norway, Sweden, Switzerland, UK, as well as the USA. It really IS becoming a very international field.

Richard Velleman, December 2020

The next AFINet newsletter will be published in June 2021, and we will be soliciting submissions starting in April