

Evidence and Implementation of Family-based interventions in the Addiction field

EvIFA

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Conflicts of Interest



All research has been funded by public institutions

G.B. has conducted an RCT as PI on CRAFT and has been conducting workshops on the method since 2006

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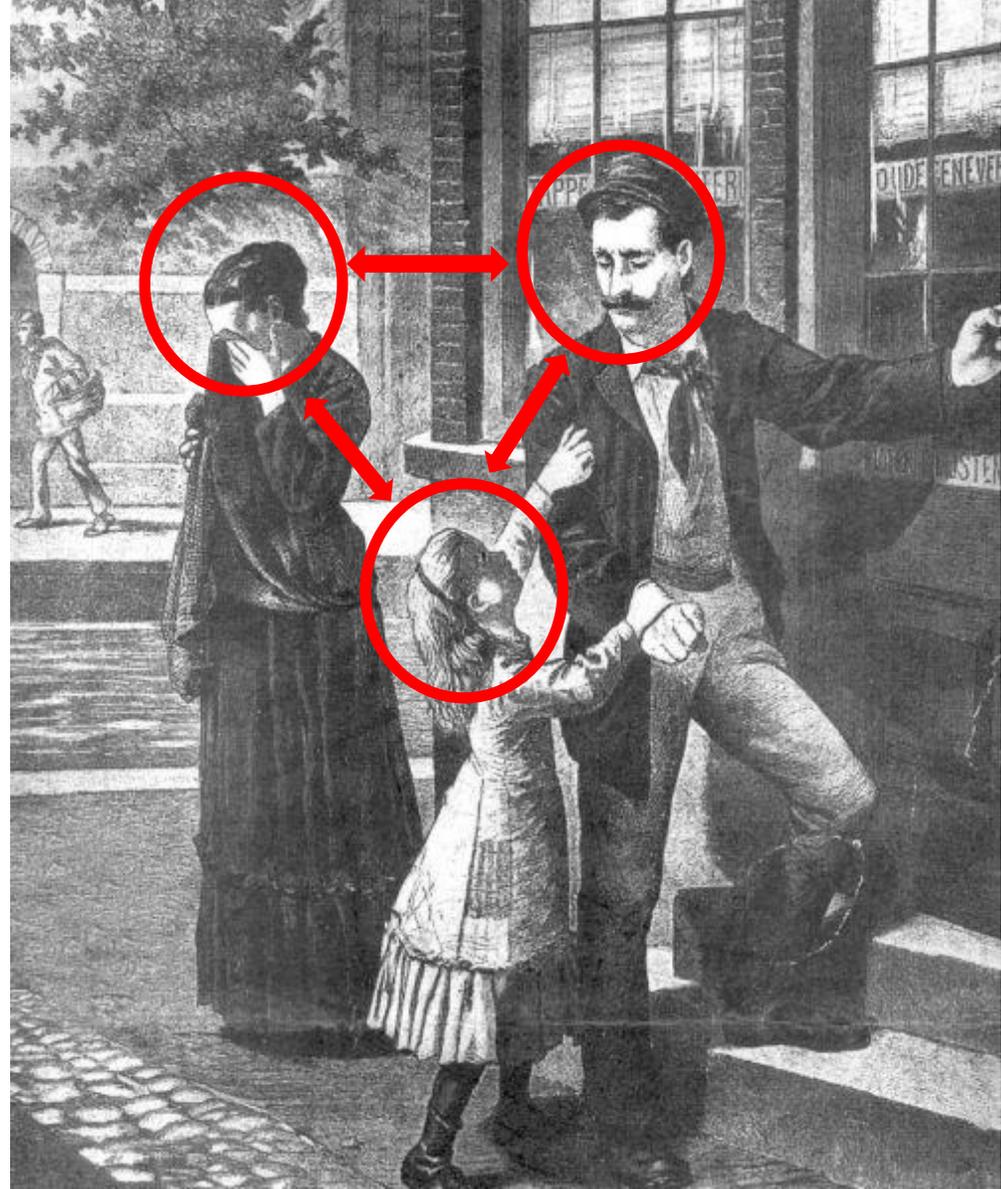
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Bundesministerium
für Gesundheit

aufgrund eines Beschlusses
des Deutschen Bundestages

ACH! VADER NIET MEER!



Structure

Background

Professional help for AFMs

Efficacy of interventions for AFMs

Implementation in Germany

Discussion/Open questions



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Background

- In Germany, 9.5% of the adult population reported having a family member with addiction problems (except tobacco), i.e. an estimated 8 million inhabitants (Bischof et al., 2018)

- Affected family members (AFM) report
 - Reduced health status
 - Elevated prevalence of affective and anxiety disorders
 - Loss of productivity
 - Victimization

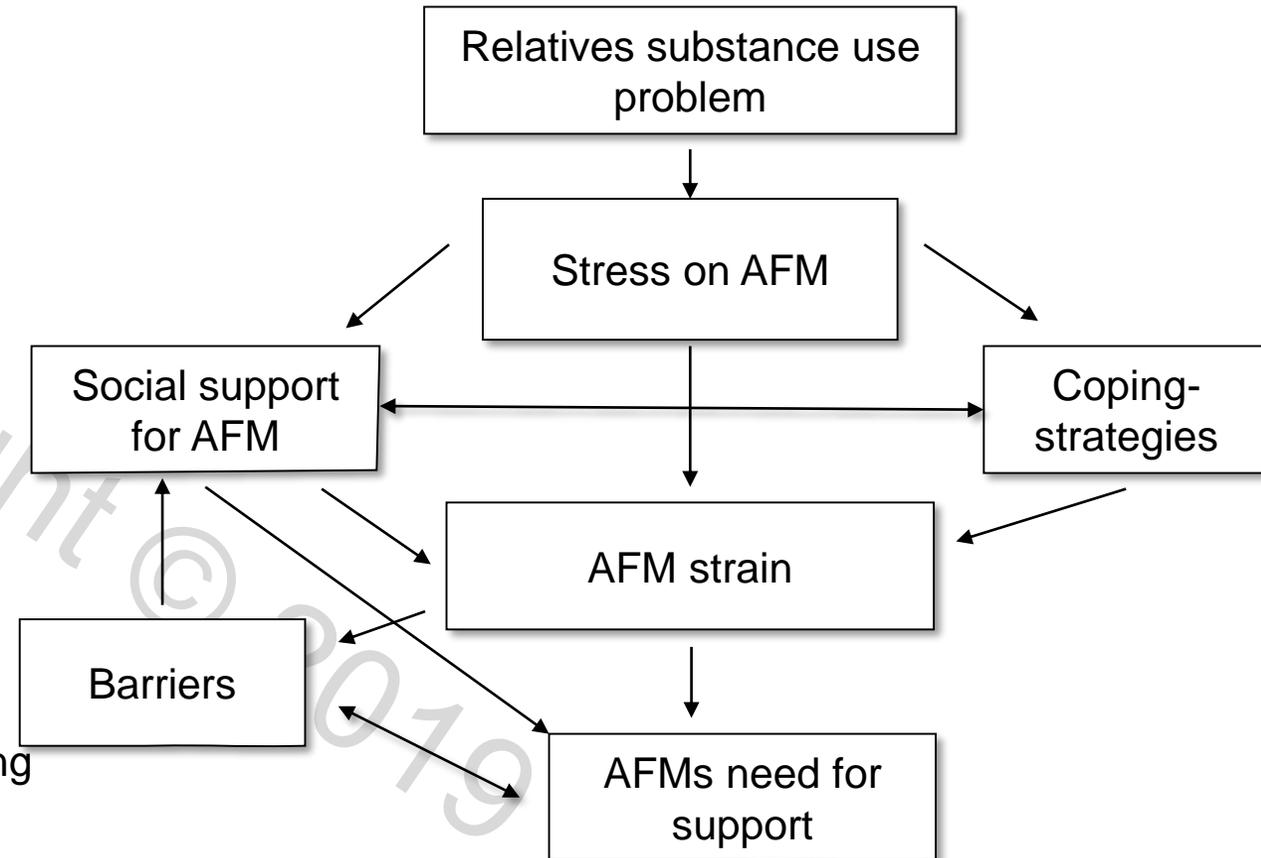
(Bischof et al., 2018; Dawson, Grant, Chou & Stinson, 2007; Orford, Velleman, Natera, Templeton & Copello, 2013; Salize, Jacke & Kief, 2014)

- **Difficult living conditions**

- Stress-Strain-Coping-Support Modell: Strain is moderated by (informal and formal) Support and Coping style

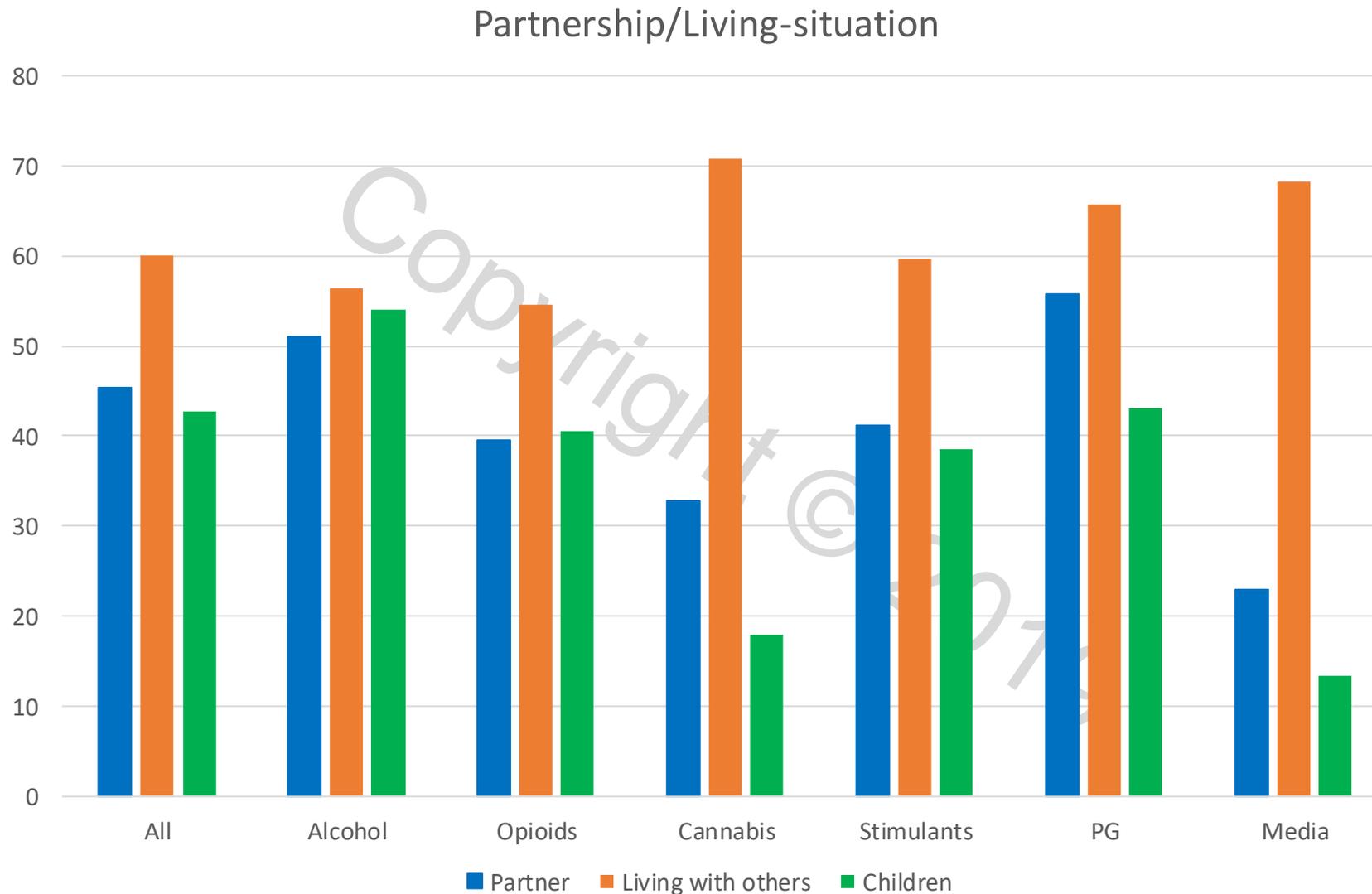
- **„Double-stigma“**

- AFMs are rarely offered help and support
- Existing support often restricted to „loving detachment“

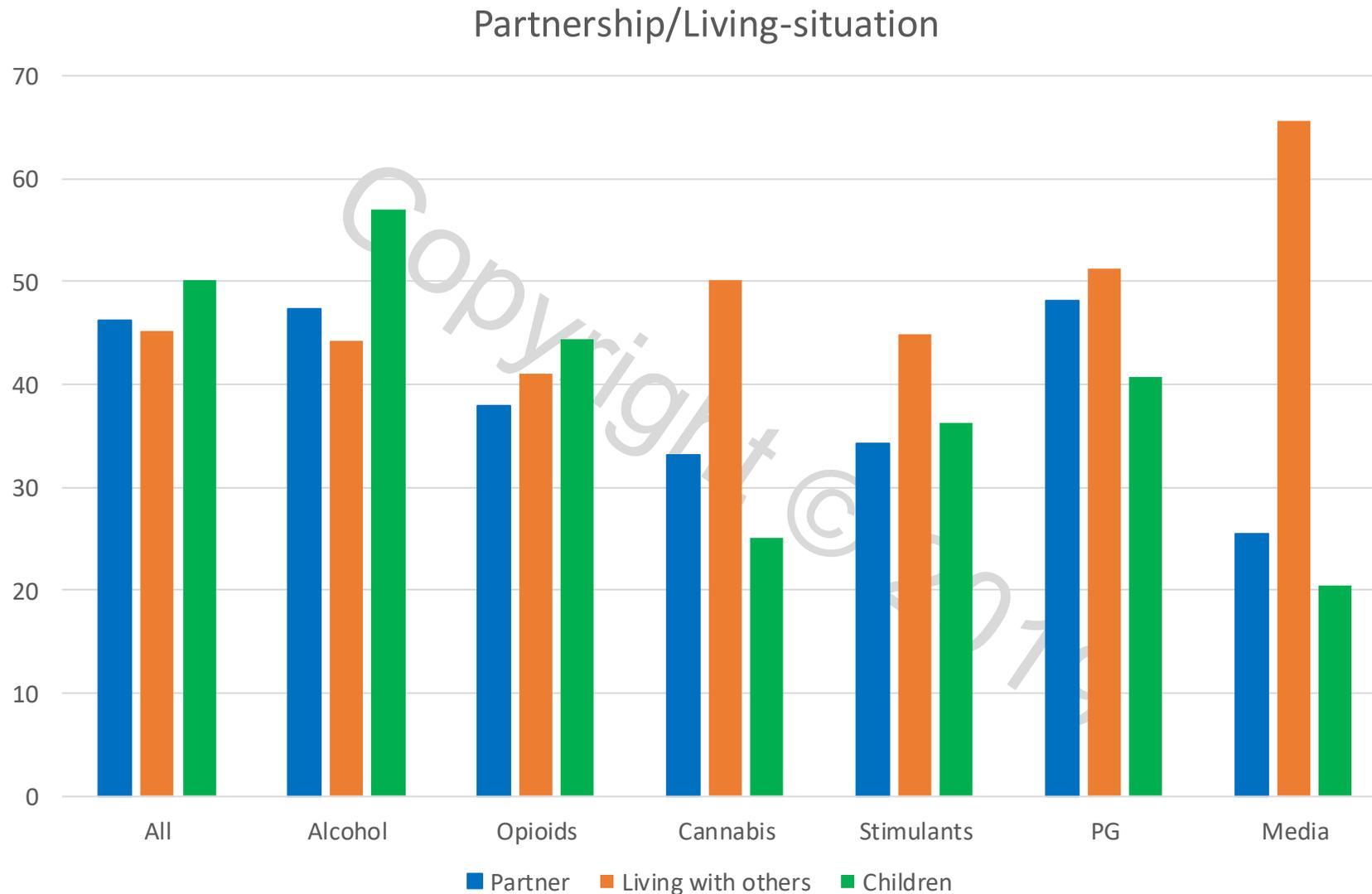


(Orford et al., 2005; Berndt et al., 2017)

Outpatient addiction treatment (n=134.848)



Inpatient addiction treatment (n=28.209)



Professional help for AFMs

- Available care AFMs is scarce (Berndt et al., 2017)
 - Many Barriers, rarely utilization of available help (Bischof et al., 2018)
 - Evidence-based approaches not part of political or scientific guidelines regarding addiction
- Expert Interviews from 12 countries:
 - Most help offers target children
 - Adult AFMs mainly neglected
 - In many countries almost exclusively available as self-help groups (e.g. Al-Anon)
 - Many offers for AFMs only temporarily available as part of model projects (=not part of routine care)
 - Only a few countries report support for AFMs to be part of institutionalized, publicly funded structures
 - Increasing relevance of digital formats, especially since spring 2020 increase in commercial offers



EVIFA: Aim

- Reviews on the current state of the art on family-based interventions are heterogeneous and mostly restricted to single interventions (e.g. CRAFT, MDFT)
- Study: **Evidence and Implementation of family-based Interventions in the Addiction field** (EVIFA; 01.11.2018 – 30.04.2020)
 - **Systematic unrestricted review on the efficacy of treatment for AFMs**
 - Rating of scientific quality and empirical efficacy
 - **State of the Art**
 - Implementation and level of familiarity in the German treatment system
 - International availability (expert statements)

Aim: Identifying deficits and generating hypothesis for improvement

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Method

PICO-Scheme	
Population:	AFMs/Peers of individuals with addictive disorders (IAD)
Intervention:	Intervention for AFMs without IADs or as part of IAD treatment (= Prevention studies were excluded)
Comparison: (Studa-design)	At least pre-/posttest comparison
Outcomes:	At least one outcome for IAD, AFM or a dyadic outcome that can be attributed to the intevention
+ Original publication in german or english language	

Method: Rating of study quality based on GRADE

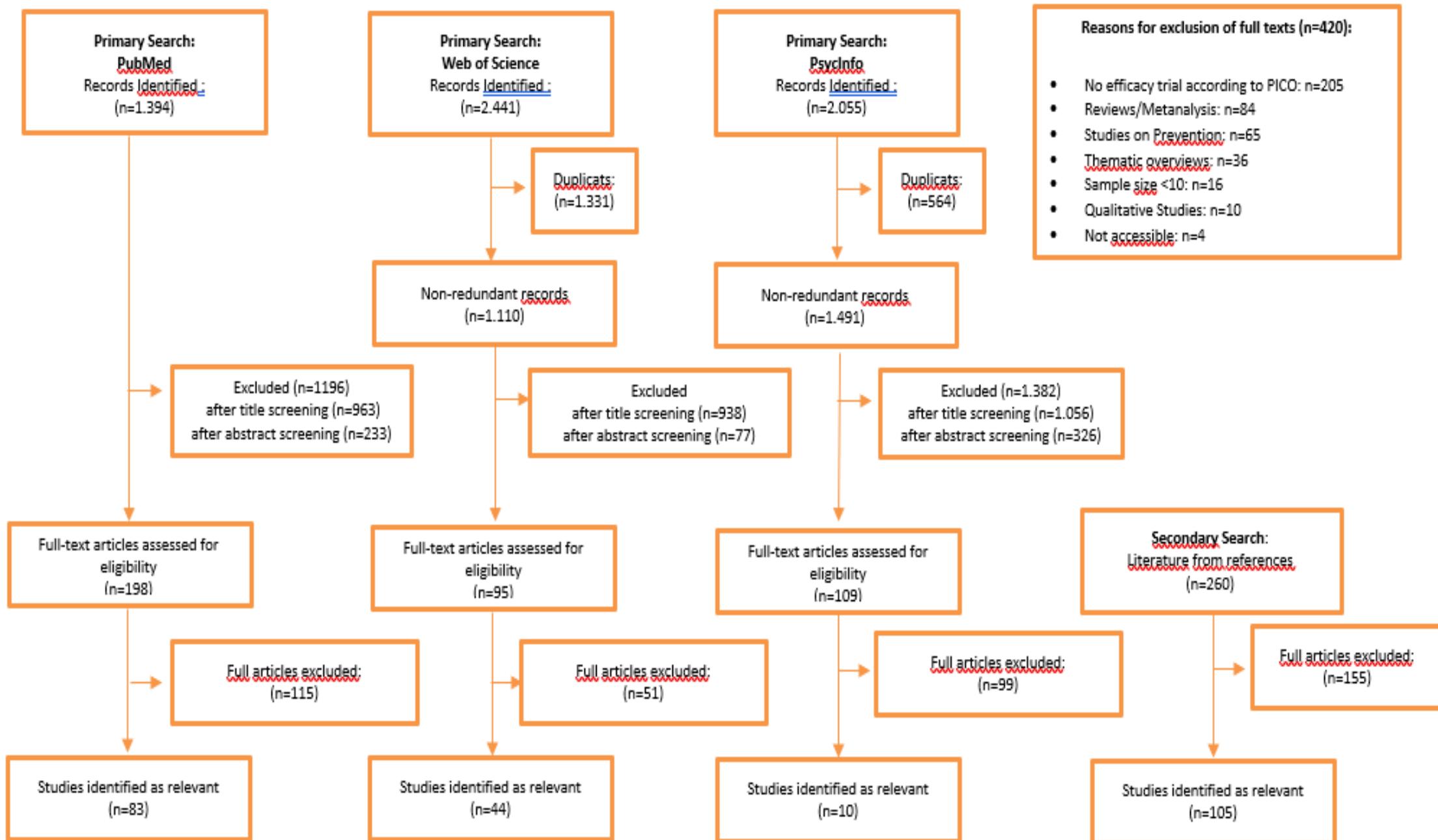
- Randomisation
- Adequate Control-group (random/case-control)
- Adequate Sample size
- F-U period at least 12 months
- Blinding of outcome assessors
- Follow-up rates >80%
- Intent-to-treat analysis

- **Outcome-Measures:**
 - AFMs
 - Dyadic outcomes
 - IAD



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Study selection



Results: Example of study tabulation

Tabelle 5. Detaillierte Analyse der inkludierten Studien zu Interventionen mit Einbezug von Angehörigen in bestehende Behandlung der IP.

Intervention	Studie, Jahr & Land	Studiendesign	Stichprobe und Störungsbild	Kernbefunde	Qualitätskriterien
Behavioral Couples Therapy (BCT/ BMT/ Learning Sobriety Together)	<i>The Development of an Internet-Based Treatment for Problem Gamblers and Concerned Significant Others: A Pilot Randomized Controlled Trial</i> Nilsson, Magnusson, Carlbring, Andersson & Gumpert, 2018. Schweden	<ul style="list-style-type: none"> - Pilot-RCT mit Randomisierung in zwei Gruppen: Individuelle CBT vs. BCT für Spielsucht - Wöchentlich ein Online-Selbsthilfe-Modul über 10 Wochen; begleitet von Therapeut*innen - Prä-Post-Analysen und FU nach 3 und 6 Monaten 	<ul style="list-style-type: none"> - 18 Paare, bei denen eine Partner*in spielsüchtig ist (16 Männer IP) - Rekrutiert via Überweisungen von eingeweihten Mitarbeiter*innen des Gesundheitssystems und der nationalen Spielsuchthilfe 	<ul style="list-style-type: none"> - Unter den Spieler*innen verbesserten sich beide Gruppen hinsichtlich Ängstlichkeit und Depression signifikant - Bei den Partner*innen in der BCT-Gruppe waren Ängstlichkeit und Depression nach Behandlung und FU signifikant geringer ausgeprägt als bei der individuellen Behandlung 	<input checked="" type="checkbox"/> Randomisierung <input checked="" type="checkbox"/> Angabe von Dropouts <input type="checkbox"/> Verblindete Outcome-Erhebung <input type="checkbox"/> Intention to treat <input checked="" type="checkbox"/> indiv. CSO-Maß <input type="checkbox"/> Dyadisches Maß <input checked="" type="checkbox"/> Indiv. IP-Maß
	<i>Behavioral Couples Therapy for Smoking Cessation: A pilot randomized clinical trial.</i> La Chance, Cioe, Tookley, Colby, O'Farrell & Kahler, 2015. USA	<ul style="list-style-type: none"> - Pilot-RCT von adaptierter BCT-Intervention (BCT-S) - Vergleich mit individueller Behandlung zur Rauchentwöhnung - Prä-Post und FU nach 3 und 6 Monaten 	<ul style="list-style-type: none"> - N=49 überwiegend weiße (88%), männliche (67%) Raucher und ihre nicht-rauchenden Partner*innen - Rekrutiert durch Zeitungs- und Fernsehwerbung 	<ul style="list-style-type: none"> - BCT-S konnte erfolgreich implementiert werden - Keine signifikanten Unterschiede zwischen BCT-S und individueller Behandlung - Insgesamt hohe Rate an Rauchentwöhnungen bei beiden Bedingungen und nach 6Mo. (45-55%) 	<input checked="" type="checkbox"/> Randomisierung <input type="checkbox"/> Angabe von Dropouts <input type="checkbox"/> Verblindete Outcome-Erhebung <input type="checkbox"/> Intention to treat <input type="checkbox"/> indiv. CSO-Maß <input checked="" type="checkbox"/> Dyadisches Maß <input checked="" type="checkbox"/> Indiv. IP-Maß
	<i>A randomized clinical trial of behavioral couples therapy versus individually based treatment for women with alcohol dependence.</i> Schumm, O'Farrell, Kahler, Murphy & Muchowski, 2014. USA	<ul style="list-style-type: none"> - RCT mit Randomisierung in zwei Gruppen: BCT vs. individuelles Treatment in je 26 Sitzungen - IV-Gruppe erhielt BCT & individuelle Sitzungen, Kontrollgruppe ausschließlich individuelle Sitzungen - Prä-Post und FU nach 3, 6, 9 & 12 Monaten 	<ul style="list-style-type: none"> - N=105 weibliche Patientinnen mit Alkoholabhängigkeit und ihre nicht abhängigen Partner - Rekrutiert in einem großen Substanzmissbrauchs-Behandlungszentrum 	<ul style="list-style-type: none"> - BCT überlegen im Hinblick auf Abstinenz und alkoholbezogene Probleme - Sign. höhere Beziehungszufriedenheit bei Patientinnen und bei CSO's, insbesondere bei Unzufriedenheit zur Baseline - Klare Empfehlung von BCT als erste Wahl der Therapie für Alkoholikerinnen in Partnerschaften 	<input checked="" type="checkbox"/> Randomisierung <input checked="" type="checkbox"/> Angabe von Dropouts <input type="checkbox"/> Verblindete Outcome-Erhebung <input checked="" type="checkbox"/> Intention to treat <input checked="" type="checkbox"/> indiv. CSO-Maß <input checked="" type="checkbox"/> Dyadisches Maß <input checked="" type="checkbox"/> Indiv. IP-Maß

Results: Design and methodological quality (example)

Table 4: Intervention 2 (Including AFMs in the treatment of IAD)

Intervention	ID	Adole. sce. nt IAD ?	Sample Size (IAD)	Maximum Duration Follow-Up	Studydesign			Control condition					Effects reported on:			Substances	ITT-Analysis	Blinding/biochemical validation)	Relationship status	Follow-up rate	Effects	Global rating of study quality
					RCT	Pre-Post	non rand CG	Active	Passive	IP only	Family	# CG	IAD	Dyad	AFM							
BCT	1		24	3 Monate		x							x	x	x	3,4			1	92%	(+)	-
BCT	2		100	12 Monate	x			x		x		1	x	x		1	x		1	77%	++	5
BCT	3		86	12 Monate	x			x		x		1	x	x		2,3,4			1	93%	++	5
BCT	4		43	k.A.		x						1	x	x		4			1	84%	(+)	-
BCT	5		138	12 Monate	x			x		x		2	x	x		1	x		1	91%	++	6
BRT, BCT	6		100	12 Monate	x			x	x	x	x	3	x	x		1	x		1	93%	++ vs. TAU 0 (BRT vs. BCT)	5
BCT	7		207	12 Monate	x			x		x		1	x	x		1,2,3,4			1	100%	++	5
BCT	8		61	6 Monate		x							x	x	x	1, unspez. Substanzen			1	k.A.	(+)	-
BCT	9		135	12 Monate	x			x	x	x	x	2	x	x	x	1,2,3,4	x		1	88%	++	6
BCT	10		49	6 Monate	x			x				1	x	x		7	x	x	1	95,9%	0	5
BCT	11		27	6 Monate	x			x			x	1	x	x	x	1,3			1	80%	0	3
BCT	12		102	18 Monate	x			x		x		1	x	x		1	x		1	62%	+	5
BCT	13		45	18 Monate	x			x			x	2	x	x	x	1			1	84%	+	6
BCT	14		90	12 Monate	x			x		x	x	2	x			1			1	79%	+/-	4
BCT	15		90	6 Monate	x			x		x		2	x	x		1			1	97%	++	4
BCT	16		136	12 Monate	x			x		x		1	x	x	x	6	x	x	1,2	47%	0	6
BCT	17		406	24 Monate			x		x			1	x	x		1	x		1	84%	+	4
BCT	18		105	12 Monate	x			x		x		1	x	x		1	x		1	95%	++	6
BCT	19		64	6 Monate	x			x		x		1	x	x	x	1			1	67%	+/-	2
BCT	20		64	12 Monate	x			x		x	x	2	x	x	x	1	x		1	75%	++ vs. IAD only 0 vs. treatment partner	4
BCT	21		75	12 Monate	x			x		x		1	x	x		2,3,4	x	x	1	91%	++	7
BCT+LS T	22		169	12 Monate		x							x	x	x	3,4,5	x		1	16%	(+)	-

Types of Interventions (e.g. Copello et al., 2005)

Typ A

{ Family-based intervention aiming to influence IAD

Typ B

{ Involving AFMs in the treatment of IAD

Typ C

{ Intervention for AFMs in their own right

Typ D

{ Intervention for IADs targeting AFM

Typ A

{ Family-based intervention aiming to influence IAD

- **Aims:**
 - **Increasing treatment entry of IAD**
 - **Supporting abstinence maintenance after IAD treatment**
 - **Most studies include interventions for improving the well-being of AFMs**
- **Altogether 26 Studies of moderate to high quality were identified**
- **Most reported outcomes focus on IAD and/or AFM**
- **Samples mostly recruited by media solicitation**
- **Most studies (n=18) on Community Reinforcement and Family Training CRAFT**
- **Consistent positive effects regarding bzgl. IP, no differences regarding active control conditions regarding AFM or dyadic outcomes**

Typ A

{Family-based intervention aiming to influence IAD

Community Reinforcement and Family Training CRAFT

- Behavioral Treatment for AFMs of treatment-reluctant IADs (usually 12 weeks)
- Focus: Improvement own well-being, Motivating IAD to reduce substance use and to seek treatment, respectively
- Relies stringly on contingency management
- Positive outcomes for SUDs, mixed results for pathological gambling
- Highest levels of engagement in US-studies (impact of treatment system?)
- Samples usually media solicited (Representativity?)
- Outcomes vary depending on baseline treatment motivation of AFMs
- No superiority compared to active controls (mainly Al-Anon) regarding effects on AFMs
- Large effects also when CRAFT-based self-help materials are offered

Typ B

{Involving AFMs in the treatment of IAD

- **Focus on:**
 - **Improvement of treatment compliance and functional strategies contra relapse**
 - **Improvement of interpersonal communication**
- **113 Studies with mostly moderate to good quality were identified**
- **Couples Therapy and Family therapy**
- **Dominance of Couple's therapy for alcohol, family therapy for illegal substances**
- **Most reported outcomes focus on IAD**
- **Samples mostly recruited in treatment centres**
- **Most studies available focused on Behavior Couple's Therapy BCT (23 Studies), Multidimensional Family Therapy MDFT (10 Studies)**
- **Many studies focused on single approaches (47 Studies)**
- **Consistent Effects on IAD, moderate Effects on Dyadic/AFM measures**
- **No consistent effects towards active controls with inclusion of AFMs**

Typ B

{Involving AFMs in the treatment of IAD I

Behavior Couples Therapy BCT for alcoholism and drug abuse

- Involving Partner (mainly females)
- Most studies conducted in the alcohol field
- Focus: Reinforcement of abstinent behavior, improving relationship quality
- Mostly 12-20 Sessions over 3-6 Months
- Consistent effects on IAD and dyadic measures, mixed effects on AFM
- No superiority when tested against active controls with AFM participation

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Typ B

{Involving AFMs in the treatment of IAD II

Multidimensional Family Therapie MDFT

- Involving Parents
- Combination of sessions with parents only, Family sessions and IAD only
- Mainly used for adolescent IADs with drug problems
- Based on structural-strategic family Therapy
- Focus Parent domain: Improving parental teamwork and parenting skills, rebuilding parent-teen emotional bonds, enhancing parent's individual functioning
- Mostly duration of treatment up to 6 months
- Consistent effects on IAD (except when compared to other evidence-based methods like ACRA)
- Only few studies report outcomes on the AFM level

Typ C

{Intervention for AFMs in their own right

- **Strategies for improving well-being of AFMs**
- **Focus on:**
 - **Goal clarification**
 - **Self-care**
 - **Gaining independence**
 - **Providing information**
 - **Improving resilience (especially for children from families with addiction problems)**
- **23 (mostly recently published) Studies with mainly low or moderate methodological quality were identified**
- **Outcomes mainly focused exclusively on AFMs**
- **Many studies identified via the secondars literatur search**
- **Consistent effekts on AFMs, however, only when passive controls were used**

Typ C

{Intervention for AFMs in their own right

5-Step-Method

=> See 1st AFINet Webinar of Richard Velleman

- Non-directive intervention focusing on the well-being of AFMs
- Very flexible regarding applicability (in studies often 5 sessions)
- Usually mixed samples (alcohol and drugs)
- Consistently positive effects pre-/post
- The only published RCT showed no significant differences between a brief and a longer version of 5-step (but no other comparison groups used)

=> See also AFINet Webinars:

Tuesday 19th January 2021 Minna Ilva: „Fragile childhood: Help for the children of problem drinkers in Finland“

Tuesday 23rd February 2021 Cassandra Borges Bortolon: „Teleintervenção fundamentada na entrevista motivacional para famílias que convivem com um parente com problemas por consumo de álcool e outras Drogas [Motivational intervention for family members living with a relative with a substance-related disorder]

Tuesday 18th May 2021 Lorna Templeton/Jan Larkin: „Introducing and embedding the 5-Step Method across a national non-statutory health and social care organisation in England: the journey of Turning Point“

Typ D

{Intervention for IADs targeting AFM

- **Interventions mainly for IADs with young children (mostly mothers)**
- **Focus on parenting skills, managing emotional distress and emotional attachment**
- **Many of these interventions are offered in correctional setting**
- **We identified 30 Studies with mostly high methodological quality**
- **No dominant type of intervention**
- **Most reported outcomes focused on IAD, some studies included dyadic (AFM-related outcomes)**
- **Consistently positive effects on AFM (when assessed) and on dyadic measures, effects on IAD only improved when passive controls were used**

Typ D

{Intervention for IADs targeting AFM

e.g. Mothering from the Inside out MIO

- 2 RCTs
- Target group: Mothers with addictive Disorders of toddlers
- 12 sessions
- Focus: Improving Reflective Functioning (Mentalizing for own and children's needs)+ psychoeducation regarding parenting skills
- Consistent positive dyadic effects, no effects regarding parental substance use

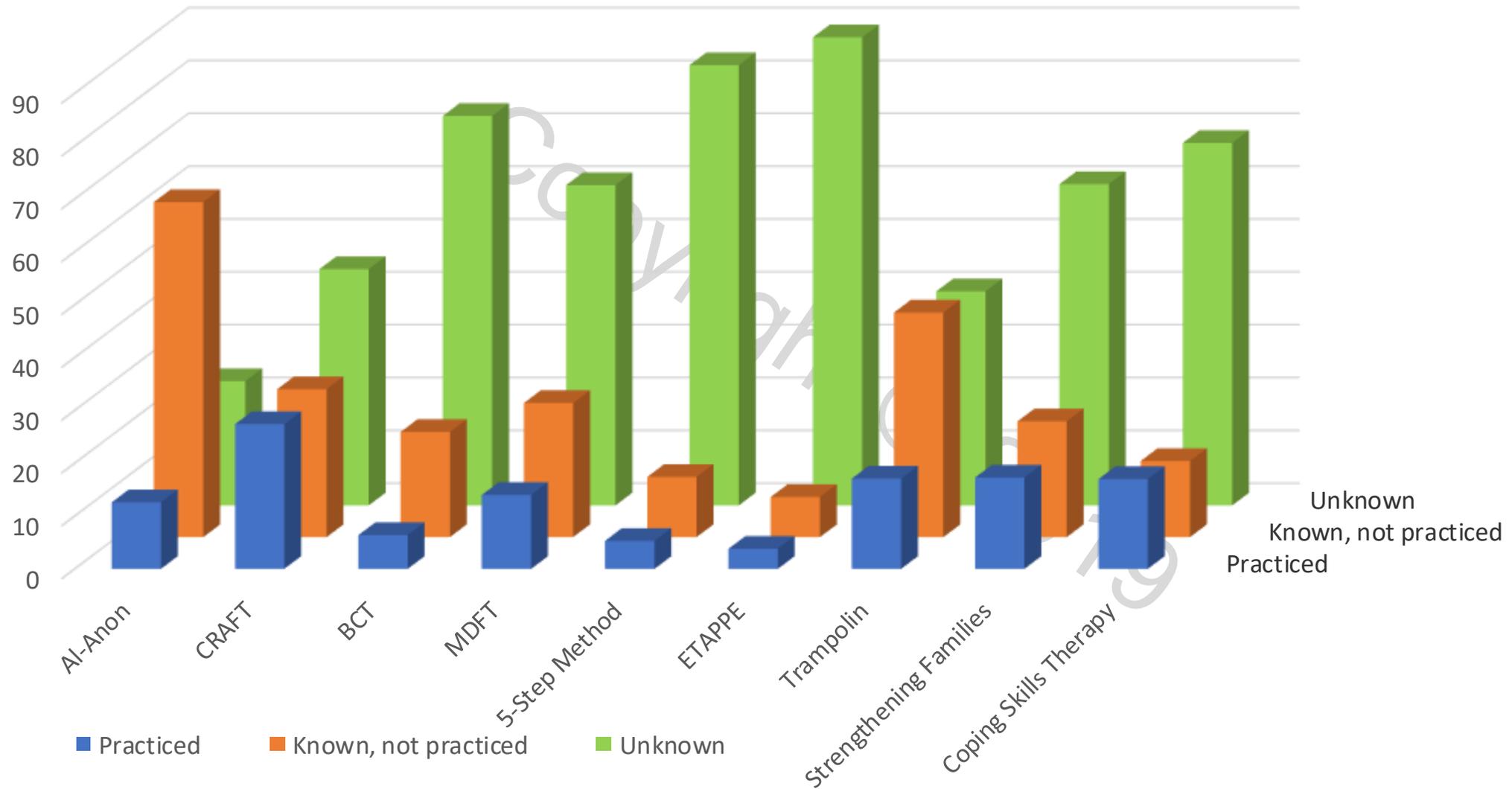
⇒ See also AFINet Webinar

Tuesday 20st of April: Anne Whittaker, „The findings from the PuP4Dads feasibility study“

Survey of practitioners in Germany

- **Online-survey on treatment provided for AFMs and familiarity of concepts**
- **Inclusion criteria: Working with AFMs in the last 12 months**
- **Recruitment via German Centre for Addiction Issues (DHS) and Regional Offices for addiction matters**
- **Recruitment from March-August 2020**
- **Altogether 352 complete datasets, among these (multi-vote possible) 293 from inpatient and 81 from inpatient facilities/day clinics**
- **Mostly respondents worked with AFMs affected by substance-related (in contrast to behavioral) addictions**
- **Approx. one third of respondents characterised funding of working with AFMs to be inadequate**
- **Only 1/3 reported to have participated in specific training measures for working with AFMs**

Survey of practitioners in Germany



Discussion

- **AFMs have received more attention in the last 2 decades**
 - Relevant vulnerable group in need of support
 - Increasing number of intervention studies for AFMs in their own right
- **Intervention including AFMs consistently showed:**
 - **Positive effects on the course of addiction in IADs (Interventions A, B)**
 - **Positive effects on relationship happiness AFM-IAD**
 - **Positive effects on well-being of AFMs**
 - **Positive effects on parenting skills when parents are specifically trained (Interventions B, D)**
- **High level of evidence for cognitive-behavioral as well as for systemic interventions**
- **No reliable evidence supporting the superiority of specific interventions regarding improvement of well-being of CSOs**
- **AFMs should routinely be offered an opportunity to participate in the treatment of IADs (Intervention B)**
- **Support for AFMs independent from IADs (the largest group affected) should be offered (and promoted) nationwide**



Discussion: Methodological issues

- **Typical constellations: illegal drugs: Parents; Alcohol: Partners**
- **In all Studies the majority of AFMs were females**
- **Most studies did not assess/report effects on AFMs, IADs and dyadic effects simultaneously**
- **Diagnosis of IADs are not always reported clearly**
- **Long-term effects >12 Months are rarely reported**
- **Only few studies used objective outcome measures and/or blinded assessors**
- **Distinction Intervention Type A vs. Type C is rather a continuum (e.g. BEST)**



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Open questions

- **Indication (which intervention is appropriate and attractive for which group of AFMs)?**
 - Qualitative research suggests that AFMs vary according to their needs
 - Severity of IAD's addiction might heavily influence appropriate support
- **Mechanisms of action (Interpersonal? Technical?)**
- **Feasibility (which is the most effective way of supporting AFMs in restricted settings)?**
- **Dose-Response-Relationship? (Positive effects reported on specific self-help materials, e.g. 5-step (Velleman et al., 2011); CRAFT (Nayoski et al 2016, Manuel et al 2012); and on digital Interventions, e.g. CRAFT (Osilla et al 2016))**
- **Sustainability (long-term effects of successful change vs. continued addictive behaviors in IAD)?**
- **Implementation (What are the best ways of implementing support for AFMs; Translation of materials mandatory in non-english speaking countries)**



Aims of AFINet

- disseminate internationally a non-pathological, family member-centred model of AFMs
- promote research about the experiences of AFMs
- promote good, evidence-based prevention and treatment practice relevant to AFMs
- advocate with policy makers for greater awareness of the circumstances and needs of AFMs
- raise awareness at a global level of the needs of AFMs



<http://www.afinetwork.info/members/apply-for-membership>

Thank you for your attention

“I wish there would be more public information that there is help for relatives available. [...] I felt so totally alone, so helpless and like „what am I doing anyway“? And where can I go to and talk about the subject? And who can I talk to at all? ‘[...] Well, there are some places to go, but it's somehow not that clear.”

(Wife of IAD, Berndt et al., 2017, S. 79)



Date and time	Title	Presenter	Description
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 and adults who suffer from the adverse effects of parental alcohol use. This Webinar will briefly describe its history before discussing its 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 American Research and Events for Health.	This Webinar will be delivered in Portuguese. In English the title is: Motivational intervention for family members living with a relative with a substance-related disorder. There may be an English simultaneous translation. The Webinar will describe 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, and 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	The findings from the PuP4Dads feasibility study	Professor Anne Whittaker NMAHP Research Unit, University of Stirling, Scotland, UK	This Webinar will report on the results of a feasibility study looking at the PuP4Dads project. The Parents under Pressure (PuP) programme is a parenting intervention specifically designed for children and families with one or more parents who are dependent on alcohol or drugs. PuP4Dads component focused on involving fathers who were on opioid substitution therapy.
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	Lorna Templeton Independent Research Consultant, Bristol, UK and Jan Larkin Consultant Clinical Psychologist and	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 especial interest for any