

From the Editors

Welcome to AFINet’s 13th newsletter. Despite the challenges of the worldwide COVID-19 pandemic, AFINet members have been busy. In addition, you will find evidence of much ‘behind the scenes’ work and planning, as evidenced by the updated AFINet website, a planned virtual Conference in September, and the continuation of the webinar series (please access <https://www.afinetwork.info/webinar-series/upcoming-webinars> to see the list of upcoming webinars, which are free, but require pre-registration).

Our newsletter is dependent upon member contributions: we look forward to hearing from you!

And finally, we would like to welcome Martha Canfield back to our editorial staff!

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Chair of Trustees Report

From the Chair of Trustees

After living with the pandemic for almost one and a half years now, we all could use some good news. AFINet is growing and has now reached almost 250 members! Our webinar-series has been very successful so far and we have been able to reach colleagues from all over the world that have not (yet) been involved in AFINet. And although we had to postpone the AFINet conference once more and target to have it in 2022 in Rotterdam, the planning for our small-scale digital conference in September is moving forward, as outlined in this Newsletter by Richard Velleman. We hope that many AFINet members will participate and that the conference will be used as a platform for presentations from our members: if you haven't done so, you can still submit abstracts for the conference.

Furthermore, we were able to update the AFINet website and include welcome notes in various languages – a first step to make the website truly international. Like all AFINet activities, this wouldn't have been possible without the voluntary work of our trustees, and I am especially grateful for the tremendous work Gill Velleman has put into this endeavour. If you are interested in translating materials into your language (or if you have materials for professionals or family members from your country you would like to make available via <http://www.afinetwork.info>, please let us know. Since the professional maintenance of the website is associated with costs of 1500 GBP per annum and AFINet does not charge membership fees and has no regular revenues, we would be very happy to receive voluntary donations from our members. Donations can now be made via our website – even small amounts help a lot!

Finally, increasing rates of vaccinations offer a glimpse of hope, and I hope that in the near future, sufficient amounts of vaccines will be provided to low and middle-income countries as well. An increasing number of studies show that the pandemic has been especially challenging for individuals living in stressful conditions, indicating that a substantial proportion of family members affected by addiction have suffered from increasing stress and strain. In many countries, increasing rates of domestic violence and child neglect have been reported that in part reflect the effects of addiction on families. It is my hope that this disturbing new might stimulate policy members to reconsider the need for expanding help-offers in the addiction field, which have been mainly focused on the individual with a diagnosis of a substance use disorder or pathological gambling, and move to a more holistic approach that includes family members in their own right.

The pandemic has shown that once a political consensus has been obtained, many changes can be introduced in a short time frame previously unimaginable. Given the positive development of AFINet, I hope that our aim to make the experiences of family members heard publicly can help to move things forward more quickly.

I wish you all a nice summer and stay healthy!

Gallus Bischof, gallus.bischof@uksh.de
Chair of Trustees, AFINet

Updates for Members

Updates for members

⇒ 9th and 10th September 2021 - the 2021 AFINet virtual Conference is approaching!

As previously announced to all AFINet members, we are holding a small-scale virtual conference on 9th and 10th September 2021 (instead of our planned larger face-to-face one, which we will now hold next year). This virtual event will consist of two half-days (one on the 9th and one on the 10th September) at different times of the day, which will allow our members and others from various time zones across the world to present and discuss their current work.

We have an exciting line-up, of confirmed speakers, with one Key-Note presentation from Jeff Foote from the USA(*), and a second Key-Note presentation from two key figures in Sub-Saharan Africa: Professor Katherine Sorsdahl (South Africa) and Dr Chido Rwafa-Madzvamutse (Zimbabwe)(**). We also have AFINet members' papers from Australia, Canada, Germany, Holland, Ireland, Italy, Malaysia, New Zealand, Norway, Scotland and the USA. The 2021 AGM will also be held in one of the two half-days of this virtual conference.

For the full programme, please click here: <https://www.afinetwork.info/afinet-conference/2021-afinet-virtual-conference>.

The conference will be free for members (although donations are very welcome – we suggest £20 or Euro20, but will be happy with any donation). A charge will be made for non-members (although AFINet membership is free and applications are invited), of Euro50, reduced to Euro25 for non-members who are either students or applying from a LMIC.

Because the conference will be 'virtual', those attending will need to log in, and therefore everyone attending MUST register, to be able to receive the Teams link. To register for the Conference, please click here: <https://www.afinetwork.info/afinet-conference/2021-afinet-virtual-conference>.

We plan to record all Conference sessions and make them available online after the Conference, alongside the recordings of our regular monthly Webinar Series (<https://www.afinetwork.info/webinar-series>).

() Dr Jeff Foote is co-Founder of the Center for Motivation and Change in the USA; co-author of the award-winning book 'Beyond Addiction: How Science and Kindness Help People Change', a practical guide for families dealing with addiction and substance problems in a loved one; and a contributor to two workbooks combining strategies from CRAFT and Motivational Interviewing: 'The Parent's 20 Minute Guide' and 'The Partner's 20 Minute Guide', both of which offer specific tools and practice in evidence-based strategies for helping a loved one change.*

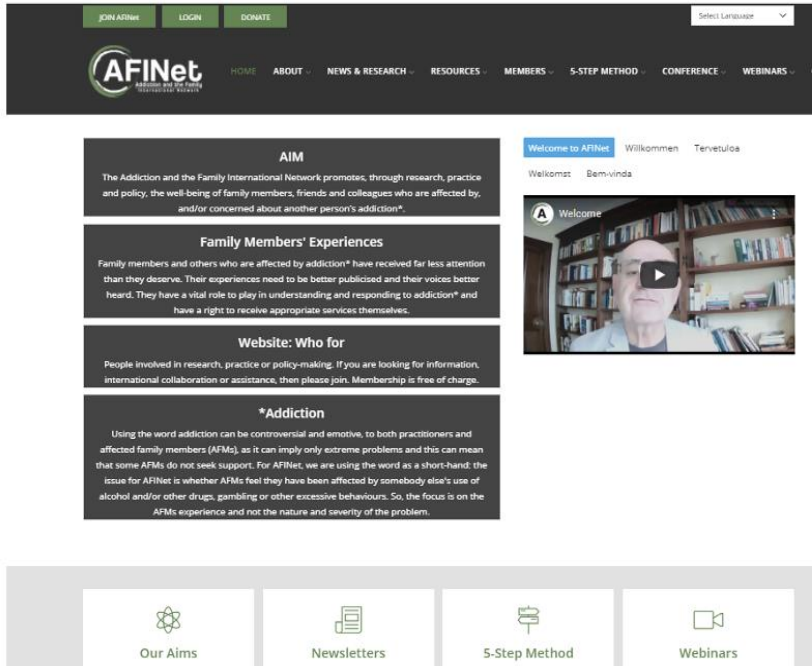
*(**) Professor Katherine Sorsdahl is Director of the Alan J. Flisher Centre for Public Mental Health, University of Cape Town. Her research includes improving access to and the quality of care for people living with mental disorders; developing and adapting evidence-based interventions for the South African context; and integrating evidence-based mental health services into health systems with a focus on task sharing.; Dr Chido Rwafa-Madzvamutse is a Zimbabwean psychiatrist and past chair of the Zimbabwe College of Psychiatrists. Her recent research includes: 'Family experiences and the role of the family in the development of substance use in adolescents and young adults in Zimbabwe: a qualitative study'.*

Professor Richard Velleman, Trustee and Treasurer, AFINet, r.d.b.velleman@bath.ac.uk

Updates for Members

⇒ **A look at the new refreshed AFINet website:** www.afinetwork.info

Members are invited to take a look at our newly updated AFINet website. The site now allows you to use the translate buttons for other languages (not perfect, but an improvement over our former 'English only' option!). As shown in the screenshot below, you can access resources, webinars and updated information about the forthcoming online September conference.



Take a look at our site which has been given a make over- you can use the translate button for other languages - not perfect but I am told its good enough.

You can access Resources, Webinars and be up to date about our forthcoming online conference in September.

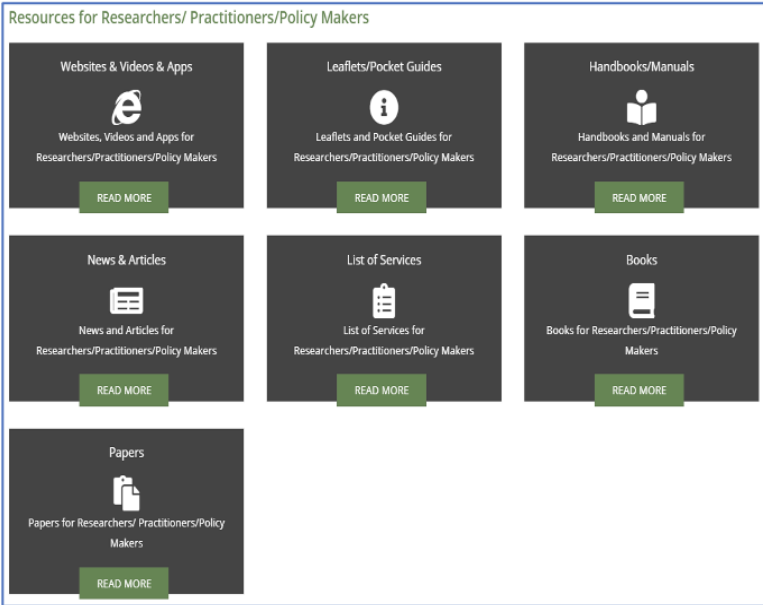
But to make it even better, YOUR HELP is needed!

Our Resources Section has three main sections. <http://afinetwork.info/documents>

- Resources for Researchers/Practitioners/Polycymakers
- Resources & Organisations to help Family Members
- Resources about Addiction

Each of these is split into different types of content (see example below). Members are encouraged to contribute content that would be useful to other members by sending it to gillvleman@gmail.com

Updates for Members



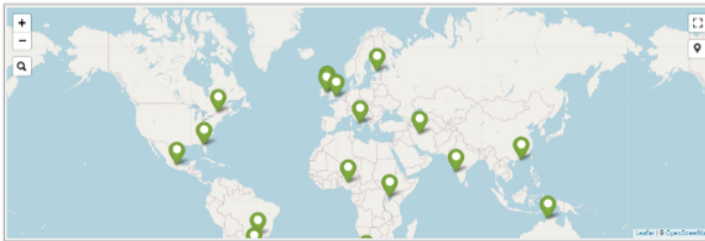
Each of these is split into different type of content- see the below as an example

So if you have items that you think members would find useful, please send them to gillvelleman@gmail.com



We also have a section on **AFINet Related Activities and Project-** You just click on the marker and up comes information on the activity.

AFINet Related Activities/Projects



This needs updating so please **send a few sentences about your work with a link to a website or a document and this can be added to our map.**
gillvelleman@gmail.com

Editors comment: a sincere 'thank you' to Gill Velleman for the improvements to the AFINet website. Members are encouraged to take advantage of the easier to navigate features!

⇒ **5-Step Method Hub (5SM) has been significantly refreshed**

The site has been completely revamped and now includes 30 videos - all of which are available to Members and those trained in the 5SM. We have all the guidance materials, how to become accredited, video PowerPoint presentations, video expert panel discussions involving twenty-two 5-Step Practitioner/Assessors and Trainers from across the world, and demonstrations.

Here is a selection of what you can access:





Updates for Members

The 5-Step Method Resource Hub

Delivering the 5-Step Method Content

Information, resources & self directed learning for practitioners to support their professional development & use of the intervention with affected family members

All text in **yellow** is a link to more information - either in a pop up box, a video, or documents that can be downloaded. Note that you will need to have completed 5-Step Method training or be an AFINet member to access some of the materials. You can use the language translator (Select Language) at the top right of the screen to translate the text on these web pages. All Videos can be viewed with English subtitles - press play, click on full screen and then icon subtitles/closed captions.

 The 5-STEP METHOD INTRODUCTION - Introduction to the intervention for AFMs <ul style="list-style-type: none">• Video: 2021, Intro, Research & Model: 26mins• Video: 2010, UK services' views on 5SM: 4mins• Video: 2010, Originators Panel Discussion: 7.5mins• Video: 2010, UK services' views on effectiveness: 7.5mins• Quiz: Background, Model & Method (In Progress)• Your Feedback	 CORE COMPETENCIES & ACCREDITATION - The competency framework that is central to all 5SM practice, and how to become an accredited practitioner <ul style="list-style-type: none">• Video: Powerpoint Presentation on Core Competencies & Accreditation: 19mins• Video: Expert Panel Discussion: 32mins• Documents on Accreditation & Competency Framework - See Guidance, Handbooks & Reading• Guidance: Common Problems• Links: Competency Framework• Links: Practitioner Skills and Accreditation• Your Feedback	 CORE COUNSELLING COMPETENCIES - The core counselling competencies that should be used throughout a 5SM intervention <ul style="list-style-type: none">• Video: Powerpoint Presentation: 13mins• Video: Expert Panel Discussion: 27mins• Guidance: Common Problems• Links: Pop Up Information• Your Feedback
 FAMILY MEMBER QUESTIONNAIRE - Guidance on using the FMQ outcome tool to assess the impact of the 5SM on AFMs <ul style="list-style-type: none">• Video: Powerpoint Presentation: 11mins• Video: Expert Panel Discussion: 28mins• Video: Demonstration FMQ: Using Word Doc online: 9mins• Video: Demonstration FMQ: Using Automated System online: 27mins• The Family Member Questionnaire (FMQ)• Links: Pop Up Information	 STEP 1 - FAMILY MEMBER STORY <ul style="list-style-type: none">• Video: Power Point Presentation: 17mins• Video: Expert Panel Discussion: 36mins• Video: Demonstration Starting a Session: 8mins• Video: Demonstration of Step 1: 8mins• Video: Demonstration on Ending a Session: 9mins• Guidance: Common Problems• Interactive Exercises: Pop Up Information	 STEP 2- INFORMATION <ul style="list-style-type: none">• Video: Powerpoint Presentation: 17mins• Video: Expert Panel Discussion: 32mins• Video: Demonstration of Step 2: 7mins• Guidance: Common Problems• Interactive Exercises: Pop Up Information• Links: Pop Up Information• Your Feedback

We are still tweaking the site so if you have suggestions, please contact **Gill Velleman**, gillvelleman@gmail.com

Research Updates

Mothers in treatment for substance use: Using electronic records to understand individual and treatment characteristics associated with child care and maternal outcomes

As described in the 2019 December Newsletter, a team of researchers in England (led by AFINet member Martha Canfield) are investigating whether receiving treatment for substance use can support mothers with substance use problems to care for their child(ren) (funded by Nuffield Foundation). The project aims to investigate this by analysing patient records using a linked database formed between the following databases: substance use treatment services, hospital episodes and family court. The project comprises of 3 work packages and the research team has now completed the first phase by establishing the cohort of women with children in substance use services including mothers of dependent children (<age of 18) and exploring the profile of mothers. Key findings from this study are:

- Approximately 40% of female service-users were mothers, with an average of nearly two birth episodes.
- Approximately 80% of identified mothers reported being a mother of dependent child(dren).
- Of those mothers who reported the care status of their children, 37.5% indicated that at least one of their child(ren) was in alternative care.
- Mothers reported a range of needs wider than substance use including housing instability, unemployment, and high lifetime rates of domestic violence victimization.
- Substance use services must improve mothers' disclosure of parenting and childcare issues as almost half of mothers of dependent children did not report whether their child(ren) was under their care.
- Key characteristics relating to mothers can be identified within a large scale clinical register, which might enable linkage to other datasets to further explore how substance use treatment participation might impact outcomes for children and their mothers.

For the full study's report see [Canfield M, Norton S, Downs J, Gilchrist G. \(2021\). Parental status and characteristics of women in substance use treatment services: Analysis of electronic patient's records. Substance Abuse and Treatment](#)

The researchers are now trying to identify challenges faced by mothers of dependent children during their time in treatment. They are conducting a "deeper dive" in-depth investigation of free text notes, which record details of patients contact with health professionals and letters and other documents.

For further information about the project visit <https://www.nuffieldfoundation.org/project/mothers-in-treatment-for-substance-use> . Or contact **Martha Canfield**, martha.canfield@kcl.ac.uk

AFINet Project #3: Support for family members in different countries

Aim of the project was to receive expert opinions on the care situation of family members affected by addiction in different countries and was presented at the AFINet conference in Newcastle 2019 and announced in the AFINet Newsletter in April 2019. After a standardized questionnaire was deemed inadequate due to large variations in national health care systems, a semi-structured questionnaire was developed and sent out to more than 200 AFINet members. In addition, further experts were asked who had published on the topic. In those cases where the expert interviews contained links to online documentation, these were checked and, if necessary, the authors of the reports were consulted.

Reports of varying length were provided from Austria, Brazil, Denmark, England, Greece, Italy, the Netherlands, Northern Ireland, Poland, Scotland, Sweden and Switzerland. Overall, the reports showed a comparable picture: systematic data were neither available on the basic population of relatives nor on the existing services, and all respondents emphasised that the assessments could not be classified as reliable.

With regard to the structure of services, it became apparent that in most countries, priority was given to work with relatives

Research Updates

in the form of services for mostly underage children from families with addiction problems. In some countries, the structure of services was rather addiction-specific, while in other countries services for relatives were a component of general mental health care structures. The majority of the services were financed by public funds, in some cases there were parallel care structures for self-payers or mixed-funded services that were refinanced by both public funding and fundraising. Particularly from the UK (England and Scotland), professional help structures were also reported that exclusively address relatives of addicted persons and were founded as non-profit organisations at the instigation of those affected and are refinanced by public funds as well as third-party funds and donations.

The majority reported that publicly financed addiction-specific counselling and care facilities provided free services also for relatives without the involvement of the identified patient (IP). These were mostly not concept-based services and often limited to a few sessions. In individual countries, such as Italy and the Netherlands, services were mainly limited to relatives of the IP in treatment. In these cases, services for relatives of untreated IP were primarily limited to model projects or to smaller, mostly mixed-funded independent non-governmental organisations (NGOs). Several reports also indicated that the availability of such support varied greatly from region to region and depended not least on the commitment of individual actors. With regard to the dissemination of evidence-based services, at least partial coverage was reported in Denmark where, since the inclusion of CRAFT in the treatment guidelines, approximately 30% of (tax-funded) counselling centres currently provide CRAFT-based services, and in Sweden where CRAFT-based services were also considered to be widely available. CRAFT-based services were also reported to be available within the National Health Service in Scotland, although the relative proportion could not be estimated. It was reported from Northern Ireland that extensive training in the 5-Step Method has taken place in the context of outpatient care, although no data on the actual implementation of the procedure is available. Estimates of how many relatives can be reached by existing services were consistently in the

low range between 1% (Greece) and 4% (Switzerland) of the estimated total group, whereby the number of relatives concerned was mostly estimated by a simple extrapolation of the respective prevalence rates for addiction patients.

Overall, reports show that the implementation of evidence-based procedures must be assessed as insufficient. While self-help groups for relatives exist in all countries, the professional offers are described as comparatively heterogeneous. While the majority of offers for relatives are named in the context of addiction or family support or as a component of public health care, there are hardly any systematic surveys regarding the number of relatives reached, the treatment procedures used and the scope of possible help. Exceptions tend to be Denmark and Sweden with a tax-financed care system in which the care of relatives is an integral part of addiction support; in addition, longstanding efforts to establish a stronger family orientation in addiction support seem to be effective here.

For more information contact:

Gallus Bischof gallus.bischof@uksh.de

AFiNet Project: Review of country policies and practices regarding affected family members

One of AFiNet's projects has been to find out about member countries' policies and practices regarding affected family members (AFMs). We started by analysing 36 relevant alcohol/drug/gambling policy documents produced by national or regional governments from eight different countries. The results were disappointing although perhaps not surprising. Overall, there was very limited recognition of AFMs in these documents. EITHER there was no mention of AFMs at all, OR they were mentioned in name only, with no special section or focus on families and nothing specific said about family members, OR families were mentioned, sometimes quite frequently, but AFMs in general remained largely peripheral to the document's main concerns or were not clearly identified as needing help or advice in their own right, OR they were mentioned, sometimes quite specifically, but this was not followed through with any detail, OR, although families were

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mentioned a number of times, it was mostly children who were the focus.

We did find a couple of good examples of documents which did do what we were hoping to see. They made it clear from the outset that AFMs, and involving and supporting them, was a priority, and they followed through on that by providing plenty of detail of how that should be done. One was from the Republic of Ireland, the other from Wales, no doubt reflecting our easier access to English language documents. Surely there must be other good examples of AFM-friendly policy documents!

So, can you all think whether in your country you know of any official document about alcohol/drug/gambling/addiction policy which does what AFINet would like to see, highlighting AFMs and the need for them to be involved and supported in their own right. Don't worry for the moment about exactly how such a document might be analysed in greater detail. We can think about that later – it might involve translation for example. For the moment, let's just see if we can locate Good Practice at the top, at the policy level. You can send ideas to me in the first instance or to any of the AFINet Trustees whom you may be in contact with.

For contribution or further information, contact:

Jim Orford j.f.orford@bham.ac.uk

UPDATES FROM THE FIELD

Family Support Is For Men Too – Webinar and New Support Group

Scottish Families Affected by Alcohol and Drugs (SFAD) have a new support group for men. The group is for men affected by someone else's alcohol and/or drug use across Scotland. The group is a virtual space for men to socialise, explore difficulties and find solutions together. There are two meetings every month and you can find out more by contacting our staff members Colin colin@sfad.org.uk or Daryl daryl@sfad.org.uk

We also hosted a 'Family Support Is For Men Too' webinar with an excellent panel of speakers including professionals

and family members sharing their personal experiences, busting myths about family support, and looking at the wider issues around men seeking support. The webinar can be viewed here - <https://vimeo.com/551895081>

For more information contact:

Rebecca Bradley, rebecca@sfad.org.uk

Family Support and Involvement in Canada

Let me start with saying that I can only speak about a small part of Canada, namely the Vancouver Coastal Health Region which serves about 1.25 million people. In 2020, I personally had 932 contacts with 183 families. Our Family Support and Involvement Team consists of four people (2.5 full time, usually either counsellors or social workers). We work in three broad areas in Adult Mental Health and Substance Use Services to: support and enhance the participation of families and clients in systems issues (e.g. hiring, education or policy making committees); support staff in working with families; and to support families 1-on-1 and in groups.

We facilitate a twice-monthly support group with a small educational component on which we expand in emails to group members that go out after each meeting. Occasionally, we offer educational series, the last one about WRAP (Wellness Recovery Action Plan.) We publish a bimonthly newsletter, each focusing on a particular topic, showcasing the points of view of families, clients, researchers and practitioners.

Our families tend to be most concerned with understanding the system, better communication with loved ones and health care providers, self-care, and boundaries. Together with families, we organize an (almost) yearly conference. Says a family member: *"We want to help our loved ones. We want to reduce the conflict and stress in both our lives and create healthier lives for all of us."*

Visit our website here

<https://www.spotlightonmentalhealth.com/family-involvement/>

For further information contact: **Isabella Mori**, Isabella.Mori@vch.ca



Journal Corner

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

As readers of this column will know, I keep a list of all the AFINet-related papers that I come across. Since the December 2020 Newsletter, a further 73 papers have come to my attention – so added to the 630 AFINet-related papers in these lists, we now have more than 700 papers on this topic. Of these 73 ‘new’ ones, most are from 2021 (38), with 20 from 2000, and 15 from earlier years.

These lists of papers are situated on the new updated [website](#)

I have added this list of new (to me) papers there under this title: ‘Updates to AFINet papers 1st December 2020 -3rd June 2021’ and also updated the complete list of all of the papers I know of between 2000 and 2021, under this title ‘AFINet-related papers, 2000-2021, 3rd June 2021’. 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.

One theme I’ll focus on in this journal update is ‘Parental Experiences’.

Two interesting papers from opposite ends of the earth were published this year (2021), one from Sweden, the other from South Africa, with a great deal of similarity – I put the papers and some of each abstract below:

- [Liahaugen-Flensburg, O., Johnson, D., Nordgren, J., Richert, T. and Svensson, B. \[Sweden\] \(2021\) “Something wasn’t right” - parents of children with drug problems looking back at how the troubles first began. *Drugs: Education, Prevention and Policy*.](#)

ABSTRACT: “In this study we analyze how parents of adult children with drug use problems view the initial stages of identifying their children’s troubles as a severe drug problem. We focus on the parents’ accounts of the discovery process by identifying significant events in the parents’ narratives through ‘the micro-politics of trouble’. The study is based on an analysis of 32 semi-structured interviews with parents of adult children (aged 18+) with drug problems. Four themes emerged from the parents’ narratives: (1) the first signs of a problem, (2) drug problem or teenage defiance? (3) the awakening, (4) a passing phase. The different themes show how the parents’ interpretations of the situation influence their definitions and thus their actions. Early signs and indicators of something being wrong do not initially result in parents framing the situation as problematic as they are perceived as everyday concerns and dealt with as such. Our focus on the initial phase of the problem definition process and how this affects the parents may provide a better understanding of the parents’ situation and needs for support.”

- [Mathibela, F. and Skhosana, R. \[South Africa\] \(2021\) “I just knew that something was not right!” Coping strategies of parents living with adolescents misusing substances. *Journal of Substance Abuse Treatment*, 120\(2\), 108178](#)

ABSTRACT: *“It is based on a study that received an in-depth understanding of the experiences, challenges, and coping strategies of parents living with adolescents abusing chemical substances in the community of Ramotse in Hammanskraal, Gauteng. The findings showed that most parents living with adolescents misusing substances are struggling to cope with their day-to-day lives. The findings highlighted the following themes which were: Parents avoided talking to adolescents to avoid pain and hurt, parents received comfort in their religion by praying or going to church, parents get spiritual support from the church and their pastors, parents opted to give the adolescents money and finally parents shared that they still have hope that their adolescent child’s behaviour will change”.*

These findings are reflected in a great deal of other work, both earlier, e.g. Usher, K., Jackson, D., & O’Brien, L. [Australia] (2007). [Shattered dreams: Parental experiences of adolescent substance abuse. International Journal of Mental Health Nursing, 16\(6\), 422–430.](#) *“A qualitative approach underpinned by the tenets of phenomenology, was used to conduct in-depth interviews with 18 parents. Thematic analysis revealed eight themes: confronting the lies, deceit, and suspicion; struggling to set limits; dealing with the consequences; living with the blame and the shame; trying to keep the child safe; grieving the child that was; living with the guilt; and choosing self-preservation. The results indicate that parents struggle to manage the problem, are left to deal with the consequences of the behaviour with little support, and are constantly looking for answers to the questions raised by the problem.”* and some work in Australia that some of us have been recently undertaking: Sampson, D., Heinsch, M., Geddes, J., Velleman, R., Velleman, G., Newton, N. and Kay-Lambkin, F. ‘I no longer know that person’: Grief and loss in families living with someone using crystal methamphetamine (*in press*) DOI: 10.21203/rs.3.rs-84158/v1. *“To better understand the experiences of affected friends and family members of people using ice (crystal methamphetamine), qualitative thematic analyses were undertaken on seventeen detailed interviews conducted by a clinical psychologist. Key themes which emerged were grief and loss (the pre-eminent theme), stigma, support (or lack thereof), ways of coping, and the value in sharing personal experiences. Concepts of ambiguous loss, disenfranchised grief, and narrative constructivist approaches to understanding loss were applied to the analysis of results. Loss was often compounded by social constructions and stigma attached to ice usage, which extended to the people caring for friends and family members as well.”*

This work also resonates with research in the experience of grief and loss when a loved one does actually die of substance- or addiction-related causes, such as a series of papers from Norway:

- [Titlestad, K., Mellingen, S., Stroebe, M. and Dyregrov, K. \[Norway\] \(2021\) Sounds of silence - the “special grief” of drug-death bereaved parents - a qualitative study. Addiction Research & Theory, 29\(2\), 155-165.](#)
- [Titlestad, K., Stroebe, M. and Dyregrov, K. \[Norway\] \(2020\) How do drug-death-bereaved parents adjust to life without the deceased? A qualitative study. OMEGA—Journal of Death and Dying, 82\(1\), 141–164.](#)
- [Dyregrov, K. and Bruland Selseng, L. \[Norway\] \(2021\) “Nothing to mourn, He was just a drug addict” - stigma towards people bereaved by drug-related death. Addiction Research & Theory.](#)

These again link with some earlier work by AFINet Trustee Lorna Templeton and others e.g. [Templeton et al \(2016\) Bereavement through substance use: findings from an interview study with adults in England and Scotland. Addiction Research & Theory, 24:5, 341-354,](#)

Continuing the theme of ‘Parents’, one paper from 2020 that I have just come across (Constante et al, 2020) is an interesting examination of parental protective and risk factors. They make the point that *“Although family behaviors are known to be important for buffering youth against substance use, research in this area often evaluates a particular type of family interaction*

and how it shapes adolescents' behaviors, when it is likely that youth experience the co-occurrence of multiple types of family behaviors that may be protective. The current study (N=1716, 10th and 12th graders, 55% female) examined associations between protective family context, a latent variable comprised of five different measures of family behaviors, and past 12 months substance use: alcohol, cigarettes, marijuana, and e-cigarettes." They conclude that "The family context is a meaningful environment for adolescent development and is a key platform for intervention and prevention. We infer that protective family context reflects a system of family behaviors, whereby youth consistently regulate their behaviors to align with expectations set through experiences of protective family behaviors. The current study showed that the covariance among multiple family behaviors together provide a protective context that buffers engagement in substance use among youth from diverse ethnic racial backgrounds. The benefits of using a multi-group approach was evident in how it allowed the identification of the ways in which protective family context varied across race-ethnicity, as well as how its relations with a myriad types of substance use varied across race-ethnicity."

And another recent paper ([Palmer du Preez, K., Landon, J., Maunchline, L. and Thurlow, R. \[Australia\] \(2021\) A critical analysis of interventions for women harmed by others' gambling. Critical Gambling Studies, 2\(1\), 1–12.](#)), reflecting some of the content in Professor Jim Orford's recent AFINet webinar (recording available on the [AFINet website](#)) makes the point that "gambling services must support women and families in ways that go beyond personal functioning, extending into the social and political conditions of possibility for harm and recovery ... (we should) expand the role of gambling support to include advocacy, community development, and more client-led and gender-aware practices with women affected by gambling harm".

Yet more on this theme comes from Judith Smith in the USA [[Smith, J. \[USA\] \(2021\) Mothering in later life: Older mothers and their challenging adult children. Ageing & Society, 1–22](#)], which describes some interesting research and includes a very interesting discussion of the theoretical model of Intergenerational Ambivalence, which will be new to many AFINet members – see:

- [Pillemer K and Suitor J \(2002\) Exploring mothers' ambivalence toward their adult children. Journal of Marriage and Family, 64, 602–613.](#)
- [Pillemer K, Suitor J, Mock S, Sabir M, Pardo T and Sechrist J \(2007\) Capturing the complexity of intergenerational relations: exploring ambivalence within later-life families. Journal of Social Issues, 63, 775–791.](#)
- [Rappoport A and Lowenstein A \(2007\) A possible innovative association between the concept of intergenerational ambivalence and the emotions of guilt and shame in caregiving. European Journal of Ageing: Social, Behavioural and Health Perspectives, 4, 13–21](#)

As Smith writes, "The dilemma for older women with troubled adult children is both personal and political".

A different look at Parents comes from this recent paper and report:

- [Philip, G., Youansamouth, L., Bedston, S., Broadhurst, K., Hu, Y., Clifton, J. and Brandon, M. \[England\] \(2020\) "I Had No Hope, I Had No Help at All": Insights from a first study of fathers and recurrent care proceedings. Societies, 10\(4\), 1-16;](#)
- [Philip et al \[England\] \(2021\) 'UP AGAINST IT' - Understanding Fathers' Repeat Appearance in Local Authority Care Proceedings. I paste below the report's Executive Summary.](#)

Executive summary

Background: The growth in cases of care proceedings has raised questions about parents' repeat involvement in the family justice system and what more could be done to prevent the same parents being involved in care proceedings more than once

(recurrent care proceedings). There is some urgency to understand more about the high volume of recurrent care cases which, between 2007 and 2014, affected at least 43,500 mothers and 30,000 fathers. Studies by Broadhurst and Mason (2017, 2020) have generated a growing body of evidence about this vulnerable population of women, while in contrast, very little is known about fathers and the circumstances, extent and pattern of their repeat appearances in court and the subsequent outcome for their child. A key aim of this study has therefore been to bridge this gap in family justice knowledge about fathers and identify opportunities for policy and practice responses and development (Bedston, Philip, et al., 2019; Philip, Youansamouth, et al., 2020).

Key messages

- Fathers had a lower rate of entering care proceedings than mothers. In 80% of cases the father was known and named as party to the case. This means that there are substantial numbers of fathers visible in applications for care proceedings, who therefore need assessment and potentially, support.
- One in five cases (20%) of care proceedings involves a lone mother with no father recorded. This may be for a range of reasons, including estrangement or uncertainty over paternity, but when couples separate it can also lead to fathers' becoming further removed from any local authority or court process.
- Of the fathers who do return to court, three out of four (79%) do so with the same partner. This relationship continuity is contrary to notions of 'feckless' fathers who move from relationship to relationship. Our findings suggest a need to pay closer attention to couples in the context of interventions to prevent first and repeat episodes of care proceedings.
- Compared with fathers with a single appearance in care proceedings, recurrent fathers were more likely to have been looked after as a child (22%), to have experienced multiple childhood adversities (48%), to be unemployed (69%), and to be not living with their youngest child (44%). These factors are relevant for services for fathers and couples who have lost, or who are at risk of losing children from their care.
- The majority of recurrent fathers had backgrounds characterised by trauma, economic, social and emotional adversity and repeated loss. Support is needed to help fathers address the underlying causes of their difficulties and address relationship problems, past and present.
- Recurrent fathers are vulnerable; they may pose risks arising from their vulnerabilities, but they should also be seen as at risk themselves.
- Recurrent fathers in our study had few and fragile social, material and emotional resources for practical and emotional coping, or for implementing sustainable changes into their lives. Emotional coping includes the need to manage emotions arising from child removal, predominantly loss, guilt and shame.
- Without resources and support to manage emotions and relationships differently, couple conflict and its impact on parenting may be a key factor in families becoming stuck in a cycle of recurrence."

Moving to a different area, Ruth McGovern and her colleagues (Ruth is an AFINet member) have recently (2021) published an important review paper: [Psychosocial interventions to improve psychological, social and physical wellbeing in family members affected by an adult relative's substance use: a systematic search and review of the evidence](#). Although they missed the point in their review when they reported one of our 5-Step Method trials (although they correctly stated that face-to-face delivery did not result in any better outcomes than use of a self-help Handbook alongside a brief introductory session, they did not mention that both interventions resulted in major improvements in coping and symptoms) it is still an important review. They found and concluded that: "Behavioural interventions delivered conjointly with the substance user and the affected family members were

found to be effective in improving the social wellbeing of family members (reducing intimate partner violence, enhancing relationship satisfaction and stability and family functioning). Affected adult family members may derive psychological benefit from an adjacent individually focused therapeutic intervention component. No interventions fully addressed the complex multidimensional adversities experienced by many families affected by substance use. Further research is needed to determine the effect of a multi-component psychosocial intervention, which seeks to support both the substance user and the affected family member". There is also an interesting interview with Ruth on the [Society for the Study of Addiction website](#).

Another new report and systematic review looks at therapy for those suffering from Complex Trauma. They define complex trauma as a trauma arising "from events that happen repeatedly and are difficult to escape from". They suggest these are events "such as war, childhood abuse and violence" but I think that they can equally apply to being a family member, living with a relative with a problem with alcohol, drugs or gambling. I paste below the information that the UK National Institute for Health Research has put out, and the 2 papers (Melton et al (2020) for the full report, Coventry et al (2020) for the shorter systematic review paper) are cited in full in the updated list of papers on the website.

"Mental health problems in complex trauma: the most promising therapies are identified in a new review".

"Complex trauma arises from events that happen repeatedly and are difficult to escape from, such as war, childhood abuse and violence. People may experience post-traumatic stress disorder (PTSD), depression, anxiety, and other mental health issues. Mental health services are ill-equipped to help them, due to a lack of clear evidence on the best therapies for people with complex trauma. A major new review assessed the evidence on treatment approaches used for complex trauma. Further in-depth research is warranted for the most promising. The report found that psychological therapies were effective and acceptable for reducing PTSD, depression, and anxiety. However, the quality of the evidence was low or unclear. Antipsychotic medicines were effective for treating the symptoms of PTSD. But researchers found little evidence for the effectiveness of any other medication. This review forms the basis for new clinical trials to further explore the best therapies for people affected by complex trauma."

What's the issue?

PTSD is a form of anxiety that can cause flashbacks, insomnia, and long-lasting emotions such as anger and guilt. It is estimated to affect 4 in 100 people in England. PTSD often results from a single traumatic event. But regular, repeated traumatic events, such as childhood abuse and domestic violence, can lead to complex PTSD and other mental health conditions. There are effective psychological approaches and medicines for treating single event PTSD. But it is not known whether these treatments also benefit people with a history of complex traumatic events. As a result, the NHS is ill-prepared to help people who have experienced complex trauma. This review set out to identify which treatments are most effective and acceptable for this group of people. The researchers wanted to identify the frontrunners for more in-depth research.

What's new?

The team reviewed scientific research on a range of different therapies for complex trauma. Their review included 104 controlled trials, and nine other trials, on the effectiveness of psychological treatments and medications. A further nine studies explored the acceptability of treatments in interviews and focus groups. Participants were veterans, civilians affected by war, refugees, and people who had experienced childhood sexual abuse or domestic violence. Psychological therapies were effective in treating the symptoms of PTSD, depression, and anxiety. These interventions included long-established techniques such as cognitive behavioural therapy (CBT) but also newer trauma-focussed

interventions such as eye movement desensitisation and reprocessing therapy (EMDR). In EMDR, people are asked to recall a disturbing event while moving their eyes side-to-side following their therapist's finger; the therapist helps the person shift their focus to more pleasant thoughts. It is not clear how this works but it can help people change the way they think about a traumatic experience. The study found drop-out rates from psychological approaches were low and concluded that these approaches were acceptable to participants.

Phase-based approaches aim to develop emotional strength and a sense of safety before complex trauma is addressed. They might include mindfulness and relaxation. There was some evidence that phase-based approaches helped people with the most complex trauma, such as those with histories of childhood sexual abuse. They helped tackle the symptoms of PTSD and improved participants' ability to control their emotions and interact with others. The researchers found differences between the patient groups. Psychological therapies were most effective for those affected by domestic violence. They were less effective for veterans, civilians affected by war and people who had experienced childhood sexual abuse. Multicomponent approaches that use a mixture of different therapies appeared to work better for these groups.

The researchers reviewed six trials about drug treatments, five of which studied veterans. Only antipsychotic medicine was effective in reducing PTSD symptoms in this group. No medicines reduced symptoms of depression or psychosis.

Why is this important?

This report found that existing psychological therapies are effective and acceptable ways to manage mental health in people with complex trauma. But it remains unclear what combinations of psychological therapies are most effective. This report highlights the need for more research into psychological and phase-based interventions for complex trauma. Researchers also need to identify the best way of helping the groups of people who responded less well to these treatments.

What's next?

The report highlights the lack of research into treatments for people with complex PTSD. Many of the studies included in the review were of low quality. High quality research is needed. The reasons why people with a history of complex trauma do not seek treatment need to be explored; research into the lived experiences of these people is vital. Many of the studies reviewed in this research assessed treatments only in the short-term and did not follow participants beyond six months. Research should explore the effects of treatment, including safety, over the longer-term. A key aim of this research was to identify future targets for research.

During an online open day, the team discussed their findings with practitioners and service providers working in the field of complex trauma. Attendees voted on which research should be prioritised. Following on from this research, the NIHR released a themed funding call for research into psychological interventions for complex PTSD.”

Finally, two key practitioners and researchers of CRAFT have authored a chapter, part of which looks at CRAFT outside of the USA, copied below.

Roozen, H. and Smith, J. (2021) CRA and CRAFT: Behavioral Treatments for Both Motivated and Unmotivated Substance-Abusing Individuals and Their Family Members. DOI: 10.1007/978-3-030-36391-8_33 In: el-Guebaly, N., Carrà, G., Galanter, M. and Baldacchino, A. (Eds) Textbook of Addiction Treatment: International Perspectives. Switzerland; Springer Nature.

DOI:10.1007/978-3-030-36391-8. pp 475-492. “33.2.6.1 International Considerations Outside the USA, favorable results for CRAFT have been observed when compared to a waiting list [14]. The use of CRAFT recently has been expanded to target new populations, such as family members of already treatment-engaged substance-abusing individuals [55], parents of individuals with autism-spectrum disorders [96, 97], and family members of hikikomori individuals [79]. CRAFT has shown potential in forensic settings as well [63, 74]. Furthermore, CRAFT component analyses have been conducted to identify main components that facilitate treatment entry [49]. Three studies have now investigated using CRAFT with the CSOs of problem gamblers [43, 53, 65].

The CRAFT training manual, “Motivating Substance Abusers to Enter Treatment: Working with Family Members” [86], has been translated into German, Korean, Finnish, and Japanese to date. The self-help version [59] is available in Dutch, Finnish, Japanese, and Spanish. Therapists have been trained in CRAFT across the world, including the USA, Australia, Ireland, Wales, Scotland, the Netherlands, Sweden, Finland, Germany, Japan, and Canada.”

Richard Velleman, June 2021