



New date for the second AFINet conference!

Rotterdam, September 8,9,10 2021

From the Editors

Welcome to this, our 11th newsletter!

These are challenging times: each of us are dealing with the personal effect of COVID-19 in our personal lives, including family relationships and professional issues, while simultaneously observing the impact on families throughout the world.

Despite the challenges we are grateful to our contributors who have made this newsletter possible. Because of the unusual nature of these times, we have included several pieces of additional length because we thought they would be of interest. You will note that in addition to a range of interesting contributions, the impact on addiction-affected family members by the COVID-19 pandemic is described. Finally, because we would like to encourage you to forward copies of this newsletter to colleagues who might be interested in membership, on page 3 we have included information about the aims of AFINet.

Your editors,

Cassandra Borges Bortolon cassandra@acurarte.com.br

Eileen Farrar efarrar200@aol.com

(note: editors Anne Whittaker and Martha Canfield are on temporary leave of absence)

Chair of Trustees

From the Chair of Trustees

Addiction, Family, and the Covid-19 pandemic

These are strange times we live in! The whole world has come to a standstill in the last months, and while some countries are gradually beginning normalization, others are still faced with rising numbers of Covid-19 cases and deaths. Regarding AFINet, the board of trustees had to make the extremely difficult decision to postpone our second conference that was initially planned for September 2020 for one year. We hope that in September 2021, things will have returned to normal and we'll be able to see you all in Rotterdam. For the meantime, we have planned to have our annual general meeting by videoconference in September and we hope to combine this with a webinar on topics related to AFINet – we'll keep you updated!

Still, what is even more important (and what we hope to learn more about) is what effects the measures due to the pandemic are having on family members suffering from a close one's addiction. Thanks to Jim Orford, we were able to collate some reports on how AFINet members judge the impact of the ongoing crisis on affected family members, and you can read Jim's report in this newsletter. We would like to thank all AFINet members who reported their observations and we hope that there will be more to follow! In addition, a small survey conducted with individuals working with AFMs in Germany indicated that a substantial proportion of support offers for AFMs have been cancelled as a result of the Covid pandemic, and that especially self-help groups are heavily affected by the pandemic. Could digital solutions or self-help materials be a helpful strategy for times like this?

Other projects that have been initiated in the meantime by AFINet members include an assessment of country-specific support offers for AFMs and planning for a book that we hope might become a reference work in the field, and we are very happy that many of you showed interest to serve as authors. Again, AFINet lives through lively exchange and the contributions of its members. We are very interested to hear your thoughts on how we can move on and make AFINet a truly interactive venue.

Stay healthy!

Gallus Bischof, gallus.bischof@uksh.de

Chair of Trustees, AFINet

An update on AFINet Membership

AFINet continues to grow and to attract people from many varied countries. We undertook a piece of work last year where we contacted all existing members and asked if they wished to remain AFINet members. This was because some people had joined some years ago, and it was not clear whether they still wished to remain. Doing this meant that we lost quite a few member - some simply never responded, even after many requests, so we did delete their details; and a few others did state that they no longer wished to remain as members. But since that time, membership has again been actively climbing, and the current situation (as of 10th June 2020) is that we have 213 members from 35 Countries. These countries are:

<u>Asia (9)</u>	<u>Africa (4)</u>	<u>Europe (16)</u>	<u>Australasia (2)</u>	<u>Americas (4)</u>
China	Ethiopia	Channel Islands	Australia	Brazil
Hong Kong	Kenya	Denmark	New Zealand	Canada
India	Nigeria	England		Mexico
Indonesia	South Africa	Finland		USA
Iran		Germany		
Malaysia		Greece		
Pakistan		Holland (Netherlands)		
Thailand		Ireland		
Turkey		Italy		
		Northern Ireland		
		Norway		
		Scotland		
		Slovak Republic		
		Spain		
		Sweden		
		Wales		

This represents a very good geographical spread, although it is the intention of the Trustees to attract members from many other countries as well. It would be very good if AFINet members could promote membership to others, both in their own countries and outside, and especially to inform people in countries not yet represented that AFINet exists and what we stand for.

For more information contact: Richard Velleman
r.b.d.velleman@bath.ack.uk

Editor's note: One way to promote membership is to forward a copy of our newsletter to interested parties: we include the following information in this newsletter for prospective members to read:

Aims of AFINet

The five core aims at the centre of the AFINet philosophy are:

- To disseminate internationally a non-pathological, family member-centred model of the circumstances and needs of family members affected by their relatives' addictions.
- To promote research about the experiences of family members affected by their relatives' addictions around the world.
- To promote good, evidence-based prevention and treatment practice relevant to the needs of affected family members.
- To advocate with policy makers, including international organisations and national governments, for greater awareness of the circumstances and needs of family members affected by their relatives' addictions and for better services for them.
- To raise awareness at a global level of the needs of families affected by addiction



To learn more about AFINet and to apply for membership (which is free), go to:

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

Research Updates

RESEARCH UPDATES

Innovation, Expertise and Online Platform for Addiction Problem and Family Affected in Brazil



For the last two years, the Brazilian Service of Support for Micro and Small Enterprises and the National Council for Scientific and Technological Development has served as an incubator for projects developed by universities and research centers.

Recently the Foundation for Research Support of the State of Rio Grande do Sul selected 20 of these projects for further funding. The selection criteria focused on innovative, potentially sustainable ventures which combine technology and expert knowledge.

One of the selected projects was “Hybrid Service - Artificial Intelligence and Professionals for Addiction Problems and Family Affected”, directed by (Academic Proponent) Doctor Psychologist Cassandra Borges Bortolon and (Project Tutor) Professor Helena Maria Tannhauser Barros.

The project concept is to develop a platform that offers guidance through a hybrid combination of artificial intelligence (ChatBot) and online professional psychological assistance for people with problems with the use of psychoactive substances and affected family members. It will be created through the construction of databases from a call center service that has

been operating for 11 years in Brazil, and then from new interactions with the target audience in a pilot project. The validation of ChatBot responses will be conducted by professional psychologists, to ensure interactions in a humanized and evidence-based manner. Then, based on artificial intelligence, and through a learning process, ChatBot records the interactions of users of the platform and, based on this history, provides increasingly accurate answers to each question. The ChatBot will guide the user to obtain the desired information and, later, to refer to the service of an online psychologist. The hybrid service will have other resources such as guidance on physical support locations, treatment and emergency phone numbers.

The principles of professional ethics, bioethics, and respect will be incorporated into the provision of psychological services through information and communication technologies when assisting users of the platform, while ensuring information preservation, confidentiality and privacy. The development of a robust ChatBot will help to capture the interest of the target audiences: a) people with substance use problems and affected family members; b) psychologists who provide psychological assistance c) health professionals and companies (sale of advertisements) and

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d) continuing education courses in the area of expertise of the academic proponent and tutor.

For more information, contact: Cassandra Borges Bortolon
Cassandra@acurarte.com.br

Updates from a Research Project on Parents of Adult Children with Drug Problems in Sweden

Björn Johnson, professor, Malmö University
Torkel Richert, associate professor; Malmö University
Bengt Svensson, professor emeritus, Malmö University

For the past four years, we (three researchers at Malmö University, Sweden) have been working on a research project focusing on parents of adult children with drug problems. The project is based on a quantitative survey with about 700 parents as well as in-depth qualitative interviews with 32 parents. Central themes in the research are: the parents' perceived vulnerability, burden and need for support, the parents' exposure to crimes (violence, theft, property damage, etc.) committed by their (adult) children, the parents' explanations for the children's drug use problems, barriers to help-seeking and contacts with the social services as well as the parents views on codependency.

We are now in the final phase of the project, writing articles based on the material. So far, four articles have been published and a further two manuscripts are accepted for publication:

- Richert, T, Johnson, B & Svensson, B (2018). Being a parent to an adult child with drug problems: Negative impacts on life situation, health, and emotions. *Journal of Family Issues*.
- Johnson, B, Richert, T & Svensson, B (2018). Parents as victims of property crime committed by their adult children with drug problems: Results from a self-report study. *International Review of Victimology*.
- Svensson, B, Richert, T & Johnson, B (2020). Parents' experiences of abuse by their adult children with drug problems. *Nordic Studies on Alcohol and Drugs*.
- Nordgren, J, Richert, T, Svensson, B & Johnson, B (2020). Say No and Close the Door? Codependency Troubles among Parents of Adult Children with Drug Problems in Sweden. *Journal of Family Issues*.
- Richert, T, Svensson, B & Johnson, B (2020). "You have to fight against those who should be helping" - Parents seeking support from the social services for their adult children with drug addiction. *Journal of the Society for Social Work and Research* (accepted for publication).
- Johnson, B, Richert, T & Svensson, B (2020). Physical violence and property damage towards parents, committed by adult children with drug problems. *Journal of Family Violence* (accepted for publication following minor revisions).

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Development of a Short Intervention Programme for Gambling Affected Family Members – a survey among German Addiction Counsellors

Sonja Schröder, Corinna Gartner & Sabine Härtl

As we know from many studies, family members affected by gambling addiction suffer from several strains. Unfortunately, only a small part of them asks for support in specialised addiction counselling centres. If they go there, they often come for one or just a few sessions. It is common that they do not want to join group sessions. Because of these circumstances, the Bavarian Academy for Addiction and Health Issues (BAS) decided to develop a Short Intervention Programme as a new kind of support of gambling affected family members in addiction counselling centres. Therefore, the BAS conducted a study to analyse important subjects, methods, settings and keys. As one part of the study, employees of German outpatient addiction counselling centres who have experiences in counselling family members of gamblers were asked about the status quo in their centres and their expectations and requests for a Short Intervention Programme. A total of 102

people's data is being analysed at the moment. Additionally, family members of gamblers were

asked about their needs and requests via a group discussion. The results of both will be the foundation of a pilot release. After discussing the pilot version with research and addiction care experts, it will be tested and evaluated in addiction counselling centres. The study is in preparation for publication.

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Bavarian Academy for Addiction and Health Issues(BAS)

Therapists see great benefits by involving the family in substance use treatment

This brief article summarises in English a study recently published in Norwegian in *Nordic Studies on Alcohol and Drugs*: Kalsaas, Ø., Selbekk, A. and Ness, O. (2020) «Jeg fa'r et helt annet innblikk»: Fagpersoners erfaringer med familieorientert praksis i rusbehandling. *"I get a whole different view": Professionals' experiences with family-oriented practices in substance use treatment.* (Norwegian, English Abstract). *Nordic Studies on Alcohol and Drugs*, early online. DOI:

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10.1177/1455072520914207. The summary has already been published in Norwegian: <https://nordicwelfare.org/popnad/artiklar/terapi-euter-ser-store-gevinster-ved-a-involvere-familien-i-rusbehandling/>

This is a qualitative study based on a critical-realistic philosophy of science perspective. The data consists of transcripts of two focus group interviews with a total of 10 therapists, all of whom had at least two years' experience, working at the Blue Cross Lade treatment centre in Trondheim, Norway. They were recruited by writing to therapists in the target group and asking them to participate. The material was analysed by thematic analysis. The study (and its reporting) is approved by the Norwegian Center for Research Data (NSD). The article is written without financial contributions.

Summary

Involvement of families and network members in treatment can help therapists understand the patient's situation better, strengthen family relationships and clarify responsibilities and roles between family members. Success factors for succeeding with family involvement are to have clear routines for making contact with relatives and a clear structure for family conversations.

Therapists who previously worked primarily individually with patients in substance use

treatment, describe great benefits in expanding the treatment to also include family members, in a structured way. Through such involvement, they see and understand more of the totality of the patient's life, they help to strengthen important relationships, and facilitate important clarifications between family members. They also had good experiences in facilitating better dialogues within the families. At the same time, the involvement of family members brought new professional and ethical challenges.

Introduction: Solid evidence - rarely carried out

Many studies have documented that substance use problems affect close relationships, so strongly that many relatives themselves become ill. It is also well documented that the involvement of family members reinforces the effects of substance use treatment, and the national guidelines in Norway strongly recommend such involvement. Still, it is rarely carried out in the field of clinical practice. The Blue Cross Lade Treatment Center in Trondheim, Norway, works systematically with family involvement in the treatment of substance use. In two focus group interviews, experienced therapists described what they emphasized and saw as important in the involvement.

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A whole different view

"*I get a whole different view*" said therapist Alva, as we talked about the conversation she had with a patient and her grown up daughter. It became clear to Alva that the patient's story was only one part of the picture. The patient's daughter shared the story of her own upbringing, having to cope with massive responsibilities when her mother was not present as parents usually are. If the therapists had not invited the daughter and gained this knowledge, they could have, on the basis of the patient's history, helped to reinforce an unfortunate dynamic in the family. With the daughter's story present, they saw the situation differently. The opportunity to better understand the patient's situation as a consequence of the family involvement, was highlighted by several therapists.

Strengthening of bonds

The therapists described how the conversations with the patient and family members helped to strengthen the relationships within the family, the same relationships that patients often stated as their reason for attending treatment. The therapists also pointed out that a whole family suffers and a whole family needs help when patients come for treatment. Help for both parties could be achieved through family

conversations, where family members approached each other and sought a mutual understanding.

Necessary clarifications

The family involvement enabled clarification of positions and roles within the family, and helped each individual to decide what is important to them in their relationship with the other. Sometimes this could clarify conditions leading to important steps out of the powerlessness of the patient and / or family members. It was also crucial for the therapists to meet family members for their own needs - many relatives had not previously been asked about how they themselves coped.

New professional challenges

The therapists' attitude towards a patient could be affected when they also had a relationship with a family member. Safeguarding empathy and understanding of both the patient's and relatives' perspective, required more from the therapists. They also saw that the involvement required more time and resources, because they opened new doors and took more responsibility.

The structure is important!

Blue Cross Lade treatment center had a clear structure for how the family involvement was implemented from initial contact. There were

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always two therapists in the family talks and this enabled therapists who were primarily trained in individual conversations to also be Therapist 1 (T1) and the using relative talked for 10-15 minutes (no interruptions from Therapist 2 (T2) or the AFM, although they could make notes), then T2 and the AFM talked for 15 minutes (no interruptions from T1 or the using relative). This cycle was repeated once more, and was then followed by a 4-way discussion. The total time of the session was about 1,5 hours.

Conclusion

The results show that there is a great potential for improving substance use treatment by involving family and network members in the treatment. Treatment services can be inspired by the practices described by the therapists, where they have succeeded in turning the practice towards *the individual together with family / close relationships*. On the basis of the findings, we propose increased awareness of the language we use, and simplification of the extension of treatment contact from one person to several persons. The word "patient" means "the one who is suffering", and in the

comfortable in family conversations. The two therapists had a clear structure for this work:

case of substance use problems, there are usually more people suffering. The term "focal patient" can be a good concept to show that others are also affected when a person consumes too much substances, and these "others" should then be included in the treatment. The framework for such inclusion can be further strengthened if we also allow that a course of treatment can start with a concerned relative, with the substance using person being involved subsequently.

About the authors:

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From the Field

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

How AFINet members think affected family members are being impacted by the ongoing corona virus crisis

Addiction-affected family members (AAFM)s exist in huge numbers around the world, and their problems constitute a colossal public health issue which remains largely ignored or neglected. Data are scarce but one very rough estimate suggests there may be at any one time a minimum of 100 million AAFMs coping with ongoing addiction in the family. The current corona crisis is likely to have affected them and more needs to be known about that. As a first step, we asked AFINet members what they thought might be happening to AAFMs, adults and children, in their countries, regions or areas during the crisis. We have already heard from AFINet members in Brazil, Finland, Germany, Iran, Italy, the Netherlands, New Zealand, South Africa, and the UK. There is relatively little factual data available about this yet and much of what our members have told us is based on their personal assessments of what is taking place. However, AFINet members are uniquely conscious of this issue and more likely than most to be aware of what may be happening to addiction-affected family members in their parts of the world. These very preliminary indications are

therefore of value as a framework for constructing a fuller picture of how the pandemic may be affecting one large and mostly hidden group of vulnerable people.

Overall impression

Two impressions stand out. One is that the impact of the crisis can occur in one or more of several different domains: due to *changed forms of addiction consumption*; and/or due to *changed family interaction patterns*; and/or due to *changed access to help*. Some changes may be having the effect of reducing burden on AAFMs but most are likely to be increasing burden.

The second impression is that changes for AAFMs during the crisis *vary substantially from area to area, both between and within countries*, depending on variables such as poverty and overcrowding and the existence or lack of helping facilities.

Changed forms of addiction consumption

There may be *an increase in certain kinds of addictive behaviour* due to the stresses, and boredom associated with the crisis. For example, in a number of countries there have been reports of increased alcohol consumption. There are also reports from several countries that the crisis has altered the availability of addictive substances and products in ways that bear on addiction. In some countries there

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have been attempts to prohibit the sale of alcohol or to strengthen existing prohibition. We have heard of one country where there has been concern over fatalities due to increased use of industrial methanol. One member reported the sale of cigarettes having been prohibited which was leading to an increase in agitation in those struggling with other addictions.

The supply of illicit drugs may have been affected with the effect of altering prices and promoting drug choice changes, some of which may conceivably have beneficial effects such as a shift towards marijuana use and away from more dangerous substances.

In many countries, venues offering land-based forms of gambling such as casinos and gambling centres, have been closed, which may have helped some who are struggling with gambling addiction. But internationally there have been warnings of raised harm due to increased online gambling.

Although all such changes are couched in terms of effects on consumers of addictive substances and products, the effects of any such changes will, we know, have had effects on the stress, well-being and health of AAFMs, both children and adults. Principal among such effects will be changes to AAFMs' own levels of worry and agitation, sleeping difficulties,

anxiety and depression, and medication and substance use.

Changed family interaction patterns

If family members and their relatives with addiction problems are having to spend more time together at home, they may experience more disagreement, and perhaps coercion, about the relative's consumption/engagement in addictive consumption. Some family members are unsure what to do to help a relative who is experiencing craving or are generally living in fear of their relatives relapsing. There are reports of families, already burdened by poverty, taking on new obligations to care for a relative, adding to their burden and feelings of frustration and resentment if the relative is still actively using. Some family members are feeling themselves unnecessarily exposed to infection because their relatives are behaving contrary to governments' advice or regulations regarding going out and keeping distance from others. There have been reports from some countries of people mixing in public places, against advice, and sharing alcohol and drugs or taking the opportunity of attending a treatment session as a means to obtain substances. There have also been reports of drug dealers breaking restrictions in order to sell drugs. For various reasons, therefore, AAFMs may often be experiencing *more tension than usual*

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in key relationships, even to the point of increased verbal or physical violence. In several countries there have been reports of an increased number of domestic violence incidents since the crisis started. We know that some of those will have been associated with addiction problems. There is concern about risk to children who may be the victims of abuse or neglect or who witness domestic violence. On the positive side, there have been some reports that current restrictions, either by reducing substance or product availability or by increasing close family interaction, may be having a positive impact on family members' well-being.

This time of restrictions can for some be taken as an opportunity for relatives to rethink their substance or product use and/or for family relationships to be strengthened. Some family members feel that the crisis has been a blessing in disguise.

Changed access to help

There are reports that access to treatment and support has been reduced for a variety of reasons. In some places, rehabilitation centres have been closed. Elsewhere clients have been retained for longer, keeping others waiting longer for admission. Self-help groups for families or their relatives have also found it difficult to keep going. There has been a decrease in access to normally relied upon

spiritual support and medical support from general practice doctors and pharmacies. There may have been increased use of help websites but that depends on possession of internet connection or digital devices and often privacy as well. There have also been accounts of people finding it more difficult than usual, under conditions of lockdown with family, to make confidential calls for help. That can be particularly important for AAFMs.

For more information, contact: Jim Orford
J.F.Orford@bham.ac.uk

Telehealth and the 5-Step Method

Family Drug Support Aotearoa New Zealand (Family Drug Support) was founded as a nationwide organisation in November 2018. The 3 pillars of the organisation are:

- A nationwide Volunteer Support Line available to family members from a cell phone or landline from anywhere in New Zealand between 9 am and 10 pm on 7 days per week
- A website with excellent resources and support available to anyone in the world: www.fds.org.nz
- The evidence based, culturally appropriate 5-Step Method programme to help family members build coping and resilience.

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Over the 18 months since its inception, FDS had trained a group of practitioners and most have gained or are working towards Accreditation in the 5-Step Method. All Accredited 5-Step Method practitioners work in a volunteer capacity. Family Drug Support is based in Christchurch, in the South Island of New Zealand. It became obvious during 2020 that not all family members seeking support would be able to access the 5-Step Method programme in Christchurch. As well, several practitioners who undertook the practitioner training in the 5- Step Method which FDS offered came from other parts of New Zealand. It became clear therefore that there were considerable advantages in the delivery of the 5-Step Method programme in an online format.

Then in March 2020, the COVID-19 coronavirus pandemic swept the world and New Zealanders were confined to their homes, for a 7-week period, in a nationwide lockdown. The value of being able to link an Accredited 5-Step Method practitioner (located in any area of New Zealand) with a family member seeking support (who resided in any area of New Zealand) was clear. Accordingly, the Executive Officer of FDS, Dr Pauline Stewart, developed a '5-Step Method Online manual' and 3 weeks later telehealth, using the 5-Step Method programme, began. **The structured nature**

of the 5-Step Method programme has meant that it lends itself very well to online delivery. The manual developed is being shared with AFINet members <https://www.afinetwork.info/documents/documents-and-publications/category/8-family-interventions> **(See the top item, titled '5-Step Method – FDS Video Conferencing Manual May 2020 ').**

Feedback from family members has been universally positive with many people who would have been unable access the programme, now receiving online support.

For more information, contact: Pauline Stewart, Family Drug Support Aotearoa New Zealand
paulinestewartphd@gmail.com

Support of Family Members in Scotland: An update from Scottish Families Affected by Alcohol and Drug Abuse

#BehindTheNumbers – Nearly One Year On
Nearly a year later, we have published our 'Findings Report' of #BehindTheNumbers which takes on a storybook style explaining the campaign, its progress and its success. We also share story summaries and feedback from

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the incredible four women who took part in the campaign.

Most importantly, our report includes the **Five Key Recommendations for Change** that #BehindTheNumbers has highlighted for treatment and care providers

We also asked the #BehindTheNumbers participants to update us on how things were now, whether there had been any significant changes in their lives, their views on ongoing campaigning, and what they thought now about their involvement in the films and the campaign. We have created a further short film of these catch-up conversations. As is so common with families affected by others' substance use, it has been a tale of ups and downs.

To read the Findings Report and watch the catch up conversations, visit our website - <https://www.sfad.org.uk/behind-the-numbers>

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

Support for Families about COVID-19

Giving the current coronavirus situation that is impacting all our lives, we reacted quickly to make sure our support services were still available to family members in Scotland. Our helpline, bereavement support and one-to-one support are all available online or by phone.

Helpline: 08080 10 10 11

Helpline email: helpline@sfad.org.uk

Webchat available on our website:

www.sfad.org.uk

We are able to call, email, and host video chats with any family members who need us.

There is no doubt that family members are facing a variety of challenges at this current time and we want to make sure they know our team are here to help in any way we can. We have put together a selection of resources that are helpful particularly for family members at this current time – we update the page as more resources are released.

View our resource page here - <https://www.sfad.org.uk/support-services/support-for-families-about-coronavirus>

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

UK National Health Service Problem Gambling Clinic offers 5-Step Method offered to Affected Family Members

The UK National Health Service (NHS) has been running a National Problem Gambling Clinic (in London) for the past few years, within which they also offer help to AFMs of those with gambling problems. The NHS has recently decided to set up a series of further

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Problem Gambling Clinics across the North of England (the NHS Northern Gambling Service). That service has decided that they wish to offer the 5-Step Method to Gamblers AFMs, and the first training course for them was run by two AFINet members who are Accredited 5 Step Method Trainers, Megan O’Leary and Rob Browne, at the start of February 2020. This brief write-up is from Lydia Barratt, one of the participants.

“The 5-Step Method training had a very research-based approach, which enabled me to learn more about the Stress-Strain-Coping-Support model that underpins the intervention. The explanation of the model was also very focused and easy to understand, making it easier to apply the theory to clinical practice. I also enjoyed learning about the core principles of the intervention as it had a focus on empowering family members to prioritise themselves and improve their own wellbeing, rather than solely acting as a figure of support for their relative.

I also found the structure of the training useful as we were given the opportunity to practice each Step within a group setting, which allowed me to consolidate my knowledge of each section and learn practical tips from other people. I thought that the trainers were very knowledgeable, and appreciated the feedback

and comments they would give during the practice sessions.

Overall, the experience was extremely beneficial in training practitioners to deliver the intervention effectively.”

For more information, contact: Dan Hall, Operational Manager, NHS Northern Gambling Service: daniel.hall5@nhs.net
NHS Northern Gambling Service

Podcast about the 5-Step Method and AFINet (and a podcast series on addiction)

In the USA, Dr. Josh King hosts ‘**The Beyond Addiction Show**’ with the strapline ‘*Change is hard, but it doesn’t have to be confusing*’.

In this weekly live show (with each episode also available as a podcast), Dr. King talks with experts in the field of addiction and co-occurring disorders, and with people who are ‘*working to change the conversation about substance abuse*’. He describes his programme here: “*Whether you are trying to change your relationship with substances, learn how to cope with trauma or mental illness, help friends and loved ones, or are looking for a little inspiration and hope, The Beyond Addiction Show will get you the information you need to change in a way that you can understand. Over 20 million people in America struggle with their substance use. Hundreds of millions more are trying to change their lives in other ways to be healthier, to feel fulfilled, and to live a life that*

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they really love. With expert interviews and information with the most current research about how to effectively make change, The Beyond Addiction Show will help you make those changes, and start living your best life. If you're trying to make a meaningful change in your life, The Beyond Addiction Show will help you make it."

The live shows go out every Thursday at 4 PM USA Eastern Standard Time on the VoiceAmerica Health and Wellness channel:
<https://www.voiceamerica.com/show/3817/the-beyond-addiction-show>

and the podcasts are available and can be listened to from there or from either of the sites below

<http://joshkingpsyd.com/the-beyond-addiction-show/>

or

<https://motivationandchange.com/the-beyond-addiction-show/#:~:text=The%20Beyond%20Addiction%20Show,the%20conversation%20about%20substance%20abuse.>

To download and listen to them later, it is best to use the Voice of America site, as that easily allows one to download the MP3 file for later listening.

In April, Josh King approached AFINet Trustee Richard Velleman to talk about the 5-Step Method. Method. The programmes all start

with Dr King talking about some aspect of change, with his guests being introduced from about minute 15. One can listen to his interview with Richard Velleman here <https://www.voiceamerica.com/episode/123204/international-efforts-to-help-families-with-dr-richard-velleman> with the interview with Richard starting (at 12 minutes 10 seconds) with some general chat about the Covid-19 virus and how Richard left India just before the lockdown, and about addiction issues in India. It gets onto Richard's work with Families, and with the 5-Step Method, from about 17 minutes 45 seconds, through to about 52 minutes 50 seconds.

For more information, contact: Richard Velleman
r.d.b.velleman@bath.ac.uk

Assessing practitioners for Accreditation in the 5-Step Method – an exercise in testing reliability

The 5-Step Method is a way of offering help and support to Affected Family Members. Practitioners can become Accredited as 5-Step Method Practitioners (and also as Trainers and Assessors). Practitioners 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

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determine if that practitioner reaches the required standard.

There are a variety of accredited 5-Step Method Assessors across the world and recently the lead 5-Step Method Assessor (Gill Velleman) undertook an exercise, 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, Ireland, Holland, Hong Kong and New Zealand, where they all assessed an audio-recording of one practitioner's Step 1.

All assessments were then collated and the overall agreement between all assessors was examined, looking at three aspects:

- the overall conclusions (did the practitioner 'pass' or not);
- the individual scores given for each of the criteria, both looking at that practitioner's implementation of the 5-Step Method and their use of counselling skills;
- and 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.

The next stage was to undertake a 'Delphi Survey', which is a very well respected way of obtaining consensus between a range of experts where there is disagreement. Gill Velleman collated all of the scores, and all of the evidence presented to corroborate those scores, and then sent all of this back to each of the 13 assessors, asking them to read everybody else's scores and corroborating evidence, and then to decide if they wished to change their own scores or evidence on that basis. This led to most Assessors reflecting on the evidence that others had used, and to them revising their scores; and to a re-evaluation by many about both what evidence needs to be used, and how that evidence is interpreted.

The next step is to hold an International Zoom meeting with all of these Assessors (at a time that people whose clocks are 12 hours apart can all still be awake!) to discuss these findings; and finally, from all of this, the International Guidance over how to assess

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Practitioners Audio recordings will be revised and agreed upon. This process is still ongoing, and a fuller report will be made in the next Newsletter, and at the next AFINet Conference.

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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 recall, I keep a list of all the AFINet-related papers that I came across. In the October 2019 Newsletter I stated that my list had more than 450 papers on it (and I divided them into various date categories - 'pre-2010', '2010-2016', and then listing papers by separate years). Between October 2019 and early June 2020, a further 93 papers have come to my attention. If I simply add them 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 have added a new list containing these 93 additions. Both lists are available here:

<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)

<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)

As always, I have copies of most 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 last time (the papers that my colleagues and I have written over the past years up to 2017 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 October 2019-June 2020 list.

First, a developing area of research and practice relates to AFMs (Affected Family Members) where their alcohol/drug/gambling relative has died. The work that needs to be done with many of these relatives encompasses not only our usual focus on the AFM and how they are dealing with the situation, but also now includes the whole area of bereavement care. See for example from England Templeton (2020) 'Supporting adults bereaved through substance use with the 5-Step Method: an



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exploratory study'; and from Norway, two papers by Titlestad et al (2020): 'Sounds of silence - the "special grief" of drug-death bereaved parents - a qualitative study' and 'How do drug-death-bereaved parents adjust to life without the deceased? A qualitative study'; and one by Dyregrov et al (2019) 'The special grief following drug related deaths'.

Second, another important and developing area – the intersection of dealing with substance problems and domestic abuse or inter-personal violence. Again there are two papers from 2020 and three from 2019 listed in the current list: Isobe et al (2020) A critical interpretive synthesis of the intersection of domestic violence with parental issues of mental health and substance misuse; Lessard et al (2020) How adolescents, mothers, and fathers qualitatively describe their experiences of co-occurrent problems: intimate partner violence, mental health, and substance use; Laslett et al (2019) Children's experience of physical harms and exposure to family violence from others' drinking in nine societies; Petra (2019) The salience of intimate partner violence to coping and social support for intimate partners of people with addictions; and Svensson et al (2019) Parents' experiences of abuse by their adult children with drug problems.

Richard Velleman, June 2020

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The next AFINet newsletter will be published in December 2020, and we will be soliciting submissions starting in October