

# Holding On and Letting Go: Supporting Families Through Ambiguous Loss in Addiction

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## Learning Objectives

By the end of this webinar, participants will be able to:

- **Define** ambiguous loss and explain its relevance to families affected by SUDs
- **Describe** the roles of hope and resilience in mitigating ambiguous loss
- **Identify** key empirical findings from a quantitative study of 708 affected family members (AFMs)
- **Apply** at least two evidence-informed clinical strategies to support AFMs in counseling, supervision, or training contexts

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## Part I: Why Families Matter

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### The Scope of the Problem

49.4 million individuals in the U.S. met SUD criteria in the past year (SAMHSA, 2024)

~283 million family members globally affected by a relative's SUD (WHO, 2018)

14.1 million U.S. family members impacted by alcohol/substance use in the home (NIAAA, 2021)

Addiction disrupts family systems, contributing to persistent uncertainty, grief, and relational strain

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### The AFM Experience

AFMs frequently provide practical, emotional, and financial support while coping with interpersonal strain (Orford et al., 2013)

Documented impacts: mood/anxiety symptoms, relationship strain, economic stressors, interpersonal conflict

Relational grief: loss of the quality of relationships prior to addiction

NCC-AP Code of Ethics (2021) does not address providing treatment or support specifically to AFMs - a critical policy gap

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## Part II: Understanding Ambiguous Loss

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### What is Ambiguous Loss?

(Boss, 1999, 2006)

Loss that cannot be resolved; closure is not the goal

Two types:

- **Physical** ambiguous loss: loved one is physically absent but psychologically present (e.g., immigration, disappearance)
- **Psychological** ambiguous loss: loved one is physically present but psychologically absent (e.g., dementia, addiction)

Boss's framing: "goodbye without leaving"

Ambiguity freezes the grief process - no clear script for mourning

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### Ambiguous Loss in the Context of Addiction

The ever-changing nature of addiction amplifies ambiguity (active use → relapse → recovery → relapse)

AFMs are caught in a cycle of hope and despair (Boss, 2006)

Impairs coping, decision-making, and relational clarity

Distinct from conventional grief: no social rituals, limited validation, often invisible to others

Note for our international audience today: AL experiences may be shaped by culture, collectivism, stigma, and access to services

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### From Research Gap to Research Question

Limited quantitative work on AL specifically among AFMs of individuals with SUDs (Sampson et al., 2023; Mechling et al., 2018)

Prior qualitative studies highlighted hope and resilience as important - but empirical data were scarce

This study asked: *Do hope and resilience matter? And for whom?*

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Part III:  
The Study

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Study  
Overview

Cross-sectional, quantitative design; positivist paradigm

Sample: **n = 708 AFMs** (spouses, parents, siblings, adult children, close friends "like family")

Recruited via Qualtrics online panel with eligibility screening and bot detection

IRB-approved; Sam Houston State University

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Who Were our  
Participants?

Age: largest group 35–44 (20.8%); range from 18 to 85+

Gender: 51.1% female, 48.7% male

Ethnicity: 62.6% White; 37.4% from diverse backgrounds (including 18.9% Hispanic/Latinx)

Relationship to person with SUD: varied widely - spouses/partners (17.1%), siblings (13.4%), best friends (14%), multiple relationships (21.6%)

54.2% had **never** received any support or therapy related to their loved one's SUD

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### Measures

- **ALI+ (Ambiguous Loss Inventory Plus)**: Part 3 - psychological reactions to ambiguous loss
  - (Comtesse et al., 2023)
- **AHS (Adult Hope Scale)**: 12 items; agency and pathways thinking
  - (Snyder et al., 1991;  $\alpha = .74-.84$ )
- **BRCS (Brief Resilient Coping Scale)**: 4 items; ability to rebound from stress and adversity
  - (Sinclair & Wallston, 2004;  $\alpha = .69-.76$ )
- Data analyzed with multiple regression and moderation analyses (SPSS)

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### Key Findings

- **Research Question 1 - Do hope and resilience differentially relate to AL?**
  - Both significantly and negatively associated with ambiguous loss
  - **Hope**:  $\beta = -0.28, p < .001$  (stronger association)
  - **Resilience**:  $\beta = -0.23, p < .001$
  - **Together**:  $R^2 = 0.136 \rightarrow$  accounted for 13.6% of variance in AL
- **Research Question 2 - Do they hold up in a parsimonious model?**
  - **Confirmed**:  $R^2 = 0.042, F = 15.657, p < .001$ ; both remained significant
- **Research Question 3 - Do demographics moderate these effects?**
  - Older age  $\rightarrow$  lower AL ( $\beta = -0.731, p < .001$ )
  - Closer relationships (spouse, parent, child)  $\rightarrow$  higher AL ( $\beta = 0.215, p = .014$ )
- **No significant moderation** - hope and resilience were protective across age, gender, and relationship type

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## Part IV:

# What This Means in Practice

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**Clinical Implications: Building Hope**

**Hope** (agency + pathways thinking) is the stronger protective factor - intervene here first

**Solution-Focused Brief Therapy (SFBT):** Miracle question, exception-finding, scaling questions to help AFMs envision a positive future

**Goal-setting interventions:** Help AFMs identify small, achievable goals for themselves, not just in relation to their loved one's recovery

**Narrative reframing:** Reconnect AFMs with their own identity beyond the caregiver role

Hope-building works across demographic groups - applicable broadly!

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**Clinical Implications: Building Resilience**

**Resilience** = adaptive coping; emotional regulation; mobilizing social support

**CBT strategies:** Cognitive restructuring, behavioral activation, problem-solving

**Mindfulness-based stress reduction (MBSR):** Tolerate uncertainty without catastrophizing

**Structured family sessions:** Strengthen communication; reduce isolation

**Psychoeducation on ambiguous loss:** Naming the loss validates the experience and reduces self-blame

**Consider cultural context** when selecting modalities - especially for collectivist families where individual-focused coping may conflict with family obligations

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**Part V: Training, Supervision, & Policy**

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### Implications for Counselor Training & Supervision

| Integrate                                                                                                                                                                                                                                                                                           | Model                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Counselor educators:</b> integrate AL-informed case conceptualization into addiction counseling coursework</p> <ul style="list-style-type: none"><li>• Use case-based learning, role-play, grief pedagogy</li><li>• Train counselors-in-training to name ambiguous loss for clients</li></ul> | <p><b>Supervisors:</b> model strength-based case conceptualization in supervision</p> <ul style="list-style-type: none"><li>• Coach supervisees to deliver psychoeducation and skills-based interventions for AFMs</li><li>• Reinforce ethically responsive care for families navigating chronic uncertainty</li></ul> |

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### Policy Implications

The NCC-AP Code of Ethics (2021) mentions "family" only in contexts of dual relationships, confidentiality, and assessment limits - not in terms of family support or treatment

Findings advocate for explicit family-centered guidance in addiction treatment systems and ethical codes

AFMs need access to: psychoeducation, family counseling, and referral pathways as a standard of care

**International consideration:** What does family-centered addiction policy look like in your context?

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### Part VI: Future Directions & Closing

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### Where the Research Goes Next

**Longitudinal studies:** Track hope/resilience/AL across addiction trajectories (active use → treatment → relapse → sustained recovery)

**Mixed-methods:** Pair quantitative models with qualitative interviews on meaning-making and coping

**Culturally diverse samples:** Center BIPOC, LGBTQ+, and international AFM populations

**Intervention testing:** Develop and evaluate hope/resilience-building programs designed for AFMs

**International collaboration:** AFINet is uniquely positioned - how might family-centered AL research extend across contexts and systems?

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### Summary: Key Takeaways

Ambiguous loss is a meaningful and measurable experience for AFMs of individuals with SUDs

Hope and resilience are significant protective factors - and their benefits are universal across demographics

Naming AL in clinical work validates the invisible grief of families

Evidence-based interventions (SFBT, CBT, psychoeducation) can be integrated into counseling, supervision, and training

Ethical and policy frameworks must evolve to explicitly support AFMs

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### Q&A and Discussion

 Open floor for questions

 Recorded webinar and slides will be available on the AFINet website

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**References  
& Contact**

Full APA 7th edition reference list (see our published manuscript)

Florentin, A., & Rice, K. (2026). *Journal of Substance Use and Addiction Treatment*, 184, 209912.  
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