

# **The Concerned Other**

**How to Change Problematic Drug  
and Alcohol Users Through Their  
Family Members**

**A Complete Manual**

**Phil Harris**



**Russell House Publishing**

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## **Introduction**

*The Concerned Other* presents a reversal for practitioners accustomed to working with problem drug and alcohol users. Practitioners are adept at working with the public face of addiction. They are tasked with addressing the social breakdown that accompanies problematic use that includes areas such as preventing health problems, addressing unemployment and reducing offending. Historically these areas have been singled out for various political reasons. Whilst these priorities change over time, organisations remain funded to alleviate the pressing social concerns of the day for the benefit of the public good. As problematic drug and alcohol use spans so many domains of social breakdown, it has been ideally placed to address wide ranging public concerns. In order to effect change, the substance misuse practitioner must engage the problem user in a meaningful relationship. They must understand the problem user's experience, motives and hopes if they are to direct them towards change. It requires that they see the world from their client's point of view. This point of view tends to include a life history characterised by social disadvantage and interrupted by pressures greater than the individual can bear. Addiction becomes understandable as a kind of solace for those disenfranchised from their own lives by forces beyond their control. They see the problem user as dwelling in an unforgiving environment that is more cause than consequence of their spiralling usage. Such life histories elicit a sympathetic response from professionals. Many practitioners are attracted to the field because of their desire to overcome social injustice. The problem user is the personification of the abstract forces of social inequity. Through the client's presentation and the practitioner's own personal motivations they forge a working relationship that allows change to unfold. In effect, the professional must take the problem user's side in these struggles.

### **The private life of addictions**

However, when the practitioner then encounters the concerned other they bring with them a very different perspective. The concerned other is the mother wracked with anxiety for her once loving son; the father who cannot articulate his defeat for a lost daughter; or the wife who cannot reconcile her love for her husband with the immense pain his drinking has heaped upon their family. The concerned other brings stories of ordinary families ripped apart by extraordinary events. They demonstrate the incredible pressures necessary to tear apart the bonds of kinship and unconditional love. In this way, the concerned other reveals the private life of addictions. Not the public agenda, not the abstract social and political pressures but the raw pain that unravels behind closed doors on quiet streets. In this world view, the problem user is not locked into a world of hostile circumstance, they are the hostile circumstance. The striking feature in working with concerned others is not just the pain that they have endured but the fact they still stand by the loved one. They demonstrate that the only thing more powerful than addiction is love.

## **The plight of concerned others**

Despite major expansion of services for problem drug and alcohol users, the professional field has all but neglected the plight of the wider family members (Orford et al., 2005). Instead, a patchwork of mutual support groups and self-help approaches have populated the chasm between services and families. Underfunded and unevaluated, concerned others have developed services for themselves often in spite of those professional services that have systematically failed to accommodate their needs. However, recent policy developments are challenging the current status quo. A broader trend has emerged in social policy regarding the role of carers and concerned others nationally. For example, the Government publication *Carers at the Heart of 21st Century Families and Communities* (DoH, 2008) has set out a clear framework for the development of family services across the social welfare field. The *Carers (Equal Opportunities) Act* (DoH, 2004) also places a duty on local authorities to inform those involved in the significant care of a loved one of grants for respite care or to support them in their role as carers. Whilst these grants are unlikely to be applicable to most concerned others of problem users, these policies recognise the broader role of significant others in welfare settings. Likewise, the Government's green paper *Independence, Well-being and Choice* (DoH, 2005) has asserted that carers are integral to the development of all social provision.

## **The role and needs of concerned others**

The substance misuse field has also seen greater interest in the role and needs of concerned others. The updated *Drug Strategy* (2002) explicitly recognised the needs of concerned others and pledged that, 'They will receive improved services and support.' Though this achieved little in terms of expanding the range of provision for concerned others, the more recent *Drug Strategy* (2008) has placed even greater emphasis on the concerned other and families' needs. This has been accompanied by guidance for commissioning appropriate services for concerned others. More specifically, *The Hidden Harm Agenda* (ACMD, 2003) has broadened the scope of drug and alcohol interventions to include those affected by problematic use. It recognises the impact of problem drug and alcohol use on parenting. The children of problem users are often isolated, unknown to professional services and what support exists does not reach them. The Hidden Harm Agenda places a duty on professionals who come into contact with the children of problematic using parents to give appropriate support and protection. Not only does it specify that the needs of the child are central to all services, it also makes 48 recommendations which cut across all levels of services involved. These children's needs must be prioritised in a social policy that demands greater inter-agency working to ensure help and support is delivered. Whilst these recommendations focus on children of problematic users, it represents a considerable cultural shift in the focus for agencies. They must now begin to broaden their view beyond the presenting individual user and their own internal motivations and instead begin to accommodate the social relationships that are inextricably affected by their use.

## **The delivery of drug and alcohol services**

Within the realm of the concerned others of problem drug and alcohol use, specific policy change is also affecting the delivery of drug and alcohol services. The National Treatment Agency (NTA) currently holds the remit to ensure robust commissioning of drug services for adults in England. The four key priorities of the NTA are to:

- engage service users in treatment
- retain clients in treatment for at least 12 weeks
- ensure positive outcomes
- support community re-integration

The NTA explicitly recognises the role of families in assisting in this process. 'Carer and family support services are the most effective way to support and enable family members to make changes in their own engagement with treatment behaviour, which can then provide a trigger to the user choosing to.' (NTA, 2006: 6). The NTA have issued a commissioning framework for local partnerships to purchase services specifically for concerned others. This has placed the needs of family members on the national treatment agenda for the first time. Not only does this appreciate the significant contribution that concerned others can play in the treatment of problematic use, it also recognises that concerned others have their own specific needs outside of their loved one's use.

## **The limitations in the delivery of services**

Despite these recommendations and the inclusion of quality standards in working with family members in *Drug and Alcohol National Occupational Standards*, this policy initiative falls short. Whilst the recognition of the support needs of concerned others is an important advancement in providing services for this neglected group, the NTA fails to ascertain *how* this can be achieved. The NTA does suggest that treatment interventions for concerned others should include care plans, harm reduction and structured counselling for family members. But far from addressing the separate and distinct needs of concerned others, these policy proposals simply transpose treatment designed for problem users on to concerned others. It would appear that there is a paucity of ideas on how concerned others' needs can be addressed at both an organisational level and a Governmental one.

The NTA does recommend the expansion of established self-help groups for concerned others. However, these services have often evolved piecemeal, tend to offer generalised support and are not underpinned by effective models of practice. Whilst community based self-help can provide a very important support network for concerned others, there has been no evaluation of their effectiveness. These concerned other groups may be vulnerable to the same problems that can occur in any unfacilitated groups. This can include issues of quality control of the advice and information given; it can be easy for these groups to become dominated by one

person or cliques and there may be no accountability in a group that is neither constituted nor accountable to any governing body. These services may also fail those concerned others who want more than consolation for their predicament. Most concerned others seek help initially because they want to restore their loved one. As many group members may have resigned themselves to the belief that this is not possible, this pessimism can soon be transmitted to others. Thus, there are dangers in the current policy recommendations which may institutionalise the limitations of current approaches as the new national standard in the light of no evidenced alternatives.

## **What can be done?**

There is another way of looking at this problem. The assumptions of the services, the limits of national recommendations and the pessimism of concerned others demonstrates a profound gap in the field. It is not that nothing can be done, but it demonstrates a lack of understanding and skills in what can be done. The paucity of skills, tools and approaches places anyone who wishes to help families affected by substance abuse in an unenviable dilemma. On the one hand they are expected to address the specific needs of concerned others. At the same time they are offered little to no guidance on how those needs can be met. Instead, they must rely upon the implementation of treatment models that often militate against the concerned other's very wishes, that is, for the loved one to stop using. As a result, the only option left is for the practitioner to become the broker caught between the concerned other's worry and the problem user's indifference. This can leave the worker exhausted, frustrated and feeling impotent to affect any meaningful change in the loved one or the concerned other.

## **Helping concerned others to change their loved ones**

This manual is a response to these problems and dilemmas. It offers a clear programme of interventions that addresses the specific and distinct needs of the concerned other. This is not limited to their needs, but covers how they can effect change in their loved ones use as well. Not only does it provide the practitioner with important skills, it also offers direction to those who are in the optimum position to effect change in the problem user's life: the concerned others themselves. However, in order to facilitate this skill set, the practitioner needs to re-orientate themselves to a new framework of understanding of addiction, treatment and change. In light of dominant assumptions of the treatment field it would not be possible to merely present the programme. It demands that the practitioner grasps the core issues, themes and contexts that provide the conceptual framework for skills which exist outside the prevailing culture of practice. Many believe that it is simply not possible for the concerned other to change their loved one. This programme suggests that the pressures and demands that emerge in these relationships between the problem user and the loved one is actually intrinsic to the change process. It demonstrates that addictions and pressures to change are synonymous processes.

## The manual

In order to reframe our understanding of these issues, the manual is divided into two parts. The first part explores the thematic issues of working with the concerned others whilst the second describes the specific skills component of the Parents and Carers Training Programme (PACT).

Part One of this manual begins by offering a clear definition of problematic substance use. This is important for many reasons. Firstly, many treatment approaches have defined addiction in light of their own concerns and preoccupations. This has led to confusion in the field as vague explanations compete with each other. Therefore establishing a clear and pragmatic understanding of problem use becomes essential in order to orientate any treatment. To do so, it is essential that we replace therapeutic speculation with a clear and evidence-based understanding of the problem that we wish to address. This is particularly important as the practitioner working with the concerned other must make an assessment of problem use in the third person. Without this, there is a danger of creating greater confusion.

The working definitions of problematic use are then extended into the impact on family life. Drugs and alcohol do not have a uniform impact on families or on family members. It is important to recognise how different substances impact on families in very different ways and how family members are likely to be affected. Whilst there is no definitive model that can account for every family experience, research has identified coping strategies that families typically employ and the process that they move through in the battle or surrender to the loved one's use. Critical attention is then given to the fault line where problem use and the family intersect. This interface can best be characterised by the concept of coercion. This section identifies that coercion is not the arbitrary imposition of external pressures but is in fact an integral component of addiction itself. It recognises that coercion is a central driver in the change process. As such, it is not whether the individual should be pressured to change as this is inevitable. The central concern is how to orchestrate these pressures to have the maximum affect on change and the most minimal impact on the relationship between the concerned other and their loved one.

Before examining the core themes of the treatment programme, Part One also explores the existing approaches to helping concerned others that are currently prevalent in popular culture. These ideas and concepts are derived from historical approaches in the self-help movement and from more recent ideas in psychotherapy. Familiarity with these concepts is important for two reasons. Firstly, the assumptions from these approaches may inadvertently influence the practitioner who is delivering the skills programme. As such, it was felt necessary to make a clear statement of where the skills described in this programme sit in relation to these older approaches and concepts. Secondly, many concerned others may have been exposed to historical concepts through the internet, television and self-help groups. They may present with self-diagnosis of their own problems which have little clinical evidence to support them and may exacerbate their anxiety further. Therefore the practitioner must be familiar with these ideas in order to address them should they present. Further to this, Part One evaluates more

recent developments in evidence-based approaches to supporting concerned others. These models have demonstrated that interventions can be effective, especially in facilitating changes in problematic use through the concerned other. This will serve as a backdrop to the principles used in the development of the PACT programme described in the treatment manual which is presented in Part Two.

Part Two of this manual describes the complete PACT programme by use of guidance notes and worksheets. This builds from the thematic review of Part One and is divided into five sections. The first section describes the generic assessment and induction into the PACT programme (sub-sections 2.1–2.8). The subsequent sections then describe how each of the four principle goals of the PACT programme can be achieved. This includes:

- How to get the loved one into treatment (sub-sections 2.9–2.23).
- How to reduce the pressures on the concerned other (sub-sections 2.24–2.27).
- How to improve the quality of life of the concerned other (sub-sections 2.28–2.31).
- How to support the loved one in treatment (sub-sections 2.32–2.36).

Each sub-section provides guidance notes, clinical assessment tools and worksheets that will enable the practitioner to work through the sub-sections that the concerned other has highlighted as important to them.

## Using the Manual

The sections do not have to be conducted in sequence but can be organised as a menu approach. The initial comprehensive assessment allows the concerned other to identify which of these areas is a priority for them. For example, some concerned others may present for help whilst their loved one is already in treatment. The treatment entry section will obviously not be relevant for them. Alternatively, lapses and setbacks in the loved one's use has a major impact on the positive gains in the concerned other's well-being. In light of these setbacks the practitioner should focus on the tools for dealing with the relapses regardless of the current progress in other areas of the programme. Furthermore, even where a complete section is relevant, not all the work sheets will be needed. As many worksheets were included as possible in order to offer the practitioner a wide variety of tools. The practitioner should use their discretion in cases where worksheets do not relate to the concerned other's immediate situation. We have found that talking through worksheets which are not pertinent can be helpful to touch base or test for a response from the concerned other. On closer examination the worksheet may spark an issue in the concerned other that was not at the forefront of their minds at the outset.

The interventions in this programme rely upon several worksheets. Typically this includes a first sheet which is designed to assess the specific details of the particular area of interest. Once

completed, follow-up sheets are designed to provide guidance on any intervention to address the issues raised. Practitioners should check how many worksheets are involved in each intervention and be clear about each worksheet function as explained in the guidance notes. This is important because we do not want simply to raise people's anxiety but provide interventions that change the current situation. Furthermore, certain worksheets have a universal application. For example, Problem Solving (Spivack et al., 1976) and Functional Analysis can be used to address a variety of problems or behaviours, respectively. It is important to check the detail on these variations as some slight changes have been made to provide a better fit for any specific problem. Other worksheets are designed for specific elements such as identifying Rewards for the Loved One.

Assessment tools and worksheets should not be seen as the totality of the intervention. The worksheets are designed to guide the intervention but must be used in a supportive and sensitive atmosphere. When the concerned other reviews the areas dictated by these tools it can instil powerful emotional responses as they evaluate the magnitude of the problems. The practitioner must be able to strike a balance between allowing the concerned other to ventilate their feelings – an experience that they value highly as an outlet for stress – whilst retaining a focus on the tasks that will change their situations. Should a concerned other repeatedly return to an emotional issue despite the practitioner's gentle direction back to a task, it tends to signal a need for acknowledgement. There is usually an important facet of the client situation which they wish to express but the practitioner has missed. Where the concerned other appears stuck on an emotional topic, the practitioner should ask themselves what does the concerned other want me to recognise in the situation? Stepping back in this way often allows the practitioner to consider the concerned other's situation and identify the central issue. Explicit acknowledgement of the concerned other's feelings will often discharge the emotion and allow further 'task-orientated' progress to continue. Where the client does routinely engage in deeper ventilation of feeling, they should be encouraged to enter into any mutual self-support groups that may facilitate this wider expression of feeling.

Using worksheets should not replace rapport or empathy. The worksheets should be understood as providing a framework for empathetic understanding of the concerned other's situation. Initially they can be used as aide memoires for practitioners. PACT is a very comprehensive programme that is rich in detail. It is not necessary for a practitioner to remember every single detail of the programme. The worksheets are there to provide direction and trigger recall in the practitioner without the need for them to focus on memorising the entire programme. The worksheets ensure that the salient facets of the concerned other's experience are explored systematically. As behavioural therapy demands very specific details in order to work, the worksheets can ensure that no detail is neglected. Again, as a rich programme the worksheets can offer the concerned other the very same framework and assist them outside of the sessions to recall, refine and practice their responses.

Despite the skills aspect of the programme, the practitioner should pay specific attention to the quality of the alliance between themselves and their client (Safran and Muran, 1999). It must

be remembered that the programme must be broadcast by the practitioner and as such they are integral components of the intervention. Personal qualities of the practitioner should include warmth, empathy, positive regard and the ability to keep the client to tasks with sensitivity. A sincere desire to help is also rated highly by clients in general. This strong bond will foster greater engagement from the concerned other. But we must also consider wider aspects of the working alliance. It is important that we share the concerned other's goals. This is why the negotiation of the menu approach is important to ensure that we are focusing on what the concerned other feels is a priority for them. The tasks of the intervention must also make sense to the client. Hence a good grounding in the research behind the programme is helpful in explaining the approach and placing the individual tasks in context. Again, extensive background detail is provided in this section for practitioners to understand what concerned others 'actually' do rather than 'ought' to do. Many traditional approaches do not appreciate this difference. Concerned others ought to end an abusive relationship; they ought to confront the loved one about their use; they ought to pursue their own goals in life regardless of their obligations of wider relationships. But in everyday life they do not. Asking a concerned other to do something that they do not believe in is wholly pointless. They simply will not do it and it will create barriers between them and the practitioner. It is the duty of the practitioner above all else to respect that this is a collaborative process driven by the priorities, hopes and belief of the concerned other. Without this respect the effect of the programme will not only be diminished but negated.

The practitioner must be able to relate the programme to the lived experience of the concerned other. The more relevant the programme appears to the concerned other, the more effective it will be. Therefore exercises within this programme can be revised or changed. As such, this manual may be used as a resource book or alternatively, it may assist in the development or refinement of working with concerned others. It is recommended that where practitioners do feel that changes would improve the delivery of the programme, this should be done in conjunction with outcome measurement tools. The Outcome Rating Scale and Session Rating Scales are excellent, validated outcomes tools which can provide invaluable feedback to the practitioner regarding the effectiveness of any such changes (Miller et al., 2004; Miller et al., 2005). They are also very simple to use and have been extremely helpful in the delivery of our programme. It is recommended that where changes are made, this should be informed and measured by the use of these tools. (The Outcome Rating Scale and Session Rating Scale are available from [www.talkingcure.com](http://www.talkingcure.com).)

## **Working with Individuals and Groups**

The programme described in this manual is intended for one-to-one sessions with concerned others. However, they can be amended for group sessions. A group work companion is currently under development. Please check the Russell House website for details.

## Who this Book is for

**Drug and alcohol workers:** Commissioning now demands provision for specific services for concerned others. This means that proven approaches are an important component of the delivery of treatment services. This manual will provide complete guidance on working with the concerned other and an off-the-shelf programme that can be used in both one-to-one work and in group settings.

**Youth workers:** Increasingly youth workers are being tasked to effect change in young people, especially amongst the most socially excluded youth who are also most likely to be involved in drug and alcohol use as well as crime. At the same time, young people are not aware of the consequences of their actions and are more likely to resist change. Social exclusion may also render young people resistant to formal treatment and structured support. This programme will enable youth workers to work effectively with parents to introduce simple but effective measures that can curtail youth involvement in drugs and alcohol and improve the family relationships without recourse to complex therapeutic models.

**Criminal justice workers:** The most difficult challenge in criminal justice work is transition from prison to the community. Here the greatest number of clients are lost, failing to make contact with community services and undermining treatment gains achieved in custodial settings. This programme can address this gap. The programme can be delivered to the families of offenders in order to equip them with the skills to address and amend substance misuse in their loved ones and facilitate faster treatment entry in the community. In this way it is possible to embed treatment processes in the informal social network of the offender, which can provide a critical safety net to escalating use.

**Social workers:** Social workers are often the last line of defence for families experiencing problematic use. The pressures that families face are immense and can include parenting problem drug users, the partners of problem users who engage in domestic violence, and supporting grandparents in their role of the primary care-takers of the problem user's children. This programme will offer a range of skills to assist the social worker in their role as a helper in the most complex of family situations.

**Housing workers and officers:** With the increasing rise of measures such as Anti-Social Behaviour Orders, housing workers now face increasing pressure to support families whose tenancy is threatened by a loved one's use. The family face the terrible dilemma of supporting their loved one and risking losing a tenancy or expelling the loved one in order to preserve their housing situation. This manual offers a structured response to equip families to take control over their own situations and address the problem behaviours before the consequences undermine their own secure accommodation

**Family workers:** The programme will increase the range of family workers' skills base by extending their repertoire to help address the more specialist and often most intractable area of

substance misuse. The programme offers a package of skills which can transcend systemic approaches that demand all family members be present. This programme can offer a clear entry point that facilitates the wider engagement of problematic family members.

**Counsellors:** Private or generic counsellors can often find it difficult to assist the client who presents with another as the problem. Increasing insight and self-awareness can help clients deal with the pressure that this brings but does not always address the source of their anxiety. This skills programme will empower family members with the skills to address the problems with other people's use, and allow greater focus on their own needs.

**Families:** Although written with a professional audience in mind, and drawing upon a wide array of clinical research, this programme could also be used as a self-help manual, guiding families through the core issues and developing their own skills where professional help is not available to support them. Research shows that families can mobilize their own resources through focused self-help manuals and make lasting and enduring change. The programme tries to avoid technical jargon where possible. However, the ideas described in this book can be considered as new rather than complex. Case examples are included to facilitate learning for both families and for professionals in order to illuminate the purpose of assessment tools and strategies.

**Carers and those who work with them:** Residential care workers and foster carers are tasked with supporting young people who are at the highest risk of developing substance misuse problems. This can occur with little support from substance misuse agencies, and problems with drug and alcohol use may not have been identified prior to placement. This can place carers in an impossible position in trying to address problems that they know little about or are not confident in addressing. As young people are unlikely to experience physical dependence on substances but are prone to a wide range of social complications that arise from their use, this book will assist carers, and those who work with them, by offering a clear framework for assessing and understanding problematic use and a set of skills to address it whilst maintaining a positive relationship with the young person.

## **About the Author**

**Phil Harris** is an independent writer who has worked in direct access drug services for over sixteen years. He has designed and delivered internationally recognised treatment programmes and accredited training courses throughout the UK and Europe. Having worked as a drugs treatment advisor to DSTs, Criminal Justice Services and Youth Services, he has also managed several organisations and implemented innovative, practical and effective approaches to addressing people's problems with misuse of drugs and alcohol. He continues to practice in the south west of England.

## How this Manual came About

In my early days as a substance misuse worker I always felt that more could and should be done to support those affected by their loved one's use. Working with the wider family posed many challenges to both my thinking and practice, often exposing the limits of my comprehension and ability. Despite this, whenever my raw intervention could assist the family and their loved one to find common ground there were significant gains for all, myself included. It inspired me to research the area more deeply and formulate some basic strategies that could be useful in practice with those affected by others. Therefore, several years later, when I was approached to develop a specific service for concerned others it was a fantastic opportunity to implement these ideas in an integrated approach. This led to the development of the Parents and Carers Training (PACT) based in Newport, South Wales. The results from an early feasibility trial demonstrated very promising results and the programme was soon expanded.

The success of the PACT programme drew wider interest from families and practitioners across the UK. These individuals reported that very little specialised support was available for concerned others in their own communities. It was apparent that it was not the lack of will to help but a lack of ideas, tools and skills that could help concerned others specifically. Whilst there has been an increasing body of literature on treatment approaches and research on concerned others, there has been no practical guidance on how to apply skills in practice. It was this interest and pressing need for effective skills-based manuals that led to the decision to publish the PACT programme in full and share these ideas more widely. This book will offer practitioners a clear skills set that can support concerned others directly to effect meaningful change. Writing this manual provided an opportunity to reflect on over three years of experience and revise the programme in light of our learning. It is also an ambition of this book to ensure that our findings and ideas might translate into increasing the provision of high quality and effective services for those who suffer intolerably from those that they also love the most. It is also hoped that it will encourage other practitioners working in this area to publish similar manuals.

**If you are interested in further training in the PACT approach, please contact:  
The Training Exchange, Felix Road, Easton Business Park, Easton, Bristol.  
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# Acknowledgements

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