



# Executive Summary

**Good practice in working with family members affected by drug problems: disseminating and evaluating a model and methods in two Black and minority ethnic communities in Birmingham**

School of Psychology and The School of Clinical and Experimental Medicine, the University of Birmingham/Birmingham and Solihull Mental Health NHS Foundation Trust

Final Report to the Department of Health

# GOOD PRACTICE IN WORKING WITH FAMILY MEMBERS AFFECTED BY DRUG PROBLEMS: DISSEMINATING AND EVALUATING A MODEL AND METHODS IN TWO BLACK AND MINORITY ETHNIC COMMUNITIES IN BIRMINGHAM

## EXECUTIVE SUMMARY

### **BACKGROUND** →

The evidence from our earlier research (Copello et al, 2000a, b, 2006, 2009; Orford et al, 2005, 2007a, b, 2008; Templeton et al, 2001, 2007) and that of others (e.g. Barber and Crisp, 1995; O'Farrell and Fals-Stewart, 2006) is that family members of close relatives with drug problems constitute a large and mainly hidden group of people who have untapped potential for managing drug problems and who are themselves a high risk group who can benefit from services in their own right. Our group has developed a model of the way that family members are affected by their close relatives' drug problems (the stress-strain-coping-support model) and a flexible family intervention using the 5-Step and Social Behaviour and Network Therapy (SBNT) methods.

### **AIMS & OBJECTIVES** →

The aim of the project was to evaluate the dissemination of this model and intervention in two Black and minority ethnic (BME) communities in Birmingham: Pakistani/Kashmiri and African Caribbean. The specific objectives were: 1) To test the feasibility of setting up a system for training practitioners in each of the two communities, who would then go on to engage family members and to apply the intervention; and 2) to provide a preliminary assessment of whether the service provided to family members met their needs and was effective in reducing impact, modifying ways of coping, and reducing family members' symptoms.

### **ADAPTATION AND TRANSLATION OF THE SELF-HELP MANUAL FOR FAMILY MEMBERS** →

The first step involved the adaptation of an existing self-help manual for family members which plays a large part in the intervention. For the Pakistani/Kashmiri arm of the project this meant creating an Urdu language version. Additional adaptations were required for each of the two communities, principally substituting community-relevant case examples. Three standard assessment questionnaires for family members were also translated into Urdu. The latter process involved three cycles of translation and back-translation before satisfactory translations were achieved. These adapted and translated materials of relevance for affected family members in these two groups represent one outcome of the project.

### **RECRUITING ORGANISATIONS AND PRACTITIONERS** →

Service organisations and practitioners were approached to explore their interest in attending a training workshop leading to recruitment of family members affected by relatives' drug problems and employing the family intervention with them. A total of 162 statutory organisations (the largest group being doctors in general practices in the most relevant areas of the city), 11 non-statutory community-specific organisations, and 13 other non-statutory organisations, were approached. Of those, 35 organisations (plus 4 independent practitioners) expressed an interest in taking part, and a total of 48 practitioners attended one or other of five 2-day training workshops. Reasons given for lack of interest or not engaging in training included lack of time and resources as well as concerns about not being able to recruit family members affected by drug problems in one or other of the two targeted BME groups.

### **RECRUITING FAMILY MEMBERS AND EVALUATING THE EFFECTS OF PROVIDING THE INTERVENTION** →

Following training, the research team offered on-going communication and support for practitioners while they identified suitable family members and applied the intervention. Those family members who gave consent to be involved in formal pre-post assessment completed the three standard questionnaires at baseline and at follow-up three months later, and took part in a semi-structured interview at follow-up covering their experiences of the family drug problem and of the intervention received. The main conclusions to be drawn are as follows:

Except for a small number of fathers, all family members recruited were women. The largest number was concerned about their sons, with smaller numbers concerned about husbands or brothers.

Average questionnaire scores were higher on all three scales compared to those obtained in our earlier studies of affected family members: some of the scores were, from our experience, indicative of worrying levels of family impact, coping efforts and symptoms.

The outcomes for family members, based on a combination of practitioner reports and family member follow-up interviews, were those that had been predicted from our earlier work. They include: family members being able to reflect on their concerns and to clarify the nature of the problem; experiencing a reduction in self-blame; achieving a better understanding of drugs their relatives had been using

and of their relatives' behaviour; finding calmer ways of dealing with the anger and frustration caused by the drug misuse; deciding on new courses of action (e.g. regarding the family finances, engaging in joint activities with their relatives, strengthening limits on drug use and associated behaviour, disengaging from the relative); engaging in rewarding activities for oneself and becoming more confident; sometimes seeing consequent changes for their drug misusing relatives (e.g. becoming more amenable, reducing drug use, engaging in treatment).

Although those followed-up formally were small in number and constituted a selected group, questionnaire changes from baseline to follow-up were substantial for impact of the drug problem and sizeable for symptoms. We can be more confident of these results for the Pakistani/Kashmiri group than for the African Caribbean. That may have been partly due to the project's success in working with a single non-statutory organisation providing services specifically for drug misuse amongst Muslim families. That organisation was successful in working with no fewer than 29 of the 40 family members involved in the project. All other organisations, in either arm of the project, had difficulty recruiting family members to receive the intervention. Only eight family members were recruited in the African Caribbean project arm.

## IMPLICATIONS FOR FURTHER RESEARCH

Our conclusions are based on all project data, both qualitative and quantitative, including interviews carried out towards the end of the project with a range of practitioners, including some who had been trained, and recruited family members, some who had been trained but were not successful in recruiting family members, and some whose organisations had expressed interest but who in the event did not attend training. We believe the project was successful in its first objective of testing the feasibility of setting up a system of practitioner training and support to enable them to intervene with family members affected by their relatives' drug misuse; although our conclusions about feasibility are mixed (see below). On the other hand, we believe we were only partially successful in achieving the second objective of assessing the impact of the intervention for family members. Apart from the one organisation in the Pakistani/Kashmiri arm of the project where the work was very successfully carried out and where we believe we were able to demonstrate the value of the intervention, recruitment of eligible family members was found to be difficult. Slightly less than half of all family members consented to formal evaluation and only half of that number completed follow-ups. With hindsight we believe we were over-ambitious in trying to combine an action research project to test the feasibility of promoting family work in a range of organisations and a more formal evaluation of the impact of family work on relevant outcomes. Future research should take note of the lessons learned in this project.

## CONCLUSIONS: RELEVANCE FOR POLICY

Amongst these two BME communities, as in others, there is a need for services to provide for family members affected by close relatives' drug problems. Some of the family members who were recruited had particularly high levels of impact of the drug problem, involvement in attempts at coping, and symptoms.

The flexible family intervention promoted in the study was considered to be appropriate for the two communities and was reported by practitioners to be effective when opportunities were found to employ it. We experienced a strong demand for training and the training courses we delivered were popular and well received. The self-help manual for family members and three standard family member questionnaires were successfully translated into Urdu for the Pakistani/Kashmiri arm of the study and are relevant for Urdu literate family members throughout Britain.

The capacity for service organisations to take on this work is mostly very limited. On the basis of our earlier work (Copello et al, 2000a, b, 2009) we included general practices amongst target organisations for the project but in the event, although a number expressed interest, we found none that had the capacity to take on this specific work. Non-statutory organisations with experience of delivering services to a BME community (or communities) may be in the best position to provide such a service, but most such organisations will have difficulties because they do not specialise in work with drug problems or with families, or for organisational reasons such as lack of secure funding. The project's greatest success was with a non-statutory organisation, specifically for Muslim clients, specifically working with drug problems, which had just started a new service for women affected by relatives' drug problems. That success alone was sufficient to establish the feasibility, given adequate resources, of providing a service for BME family members based on the project's model and methods.

If services are to be provided to BME family members affected by close relatives' addiction problems, as recommended in the recent document, Supporting and Involving Carers, produced by the National Treatment Agency for Substance Misuse (2008), then the capacity to provide that service, currently very limited, needs to be built. That will require the following:

- Explicit commissioning and funding of work with affected family members
- Management support for work with family members
- Organisational procedures and practices which are family-relevant
- Training and continued support and supervision for practitioners in their work with family members
- In the case of BME groups, an organisation that is sensitive to the needs of the BME group(s) being served

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## **DISCLAIMER** →

The 'Good practice in working with family members affected by drug problems: disseminating and evaluating a model and methods in two Black and minority ethnic communities in Birmingham' study was part of the Department of Health (Policy Research Programme) Drug Misuse Research Initiative (phase two: ROUTES). The views expressed in this report are those of the authors and not necessarily those of the Department of Health.

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