

Research Paper

## Substance rehabilitation: strategies that promote family recovery from addiction effects at Mathari Rehabilitation Centre, Nairobi, Kenya

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### ABSTRACT

Substance use is no longer fun in the family today but a threat to family uprightness and a thorn in the society. Rehabilitation institutions endeavour to rehabilitate substance addicts through programmed recovery services. However, family members of the addict are either forgotten or assumed not sick or not in need of recovery services. This study focuses on strategies that promote family recovery from substance addiction effects. The study was guided by Family Systems Theory. This is a descriptive research design with a target population of 45. Both probability and non-probability sampling techniques were used to obtain a sample size of 20 participants that included inpatient addicts, professionals and family members of an addict. Semi-structured interview guides were used to collect data. Qualitative data was analyzed thematically in line with the research questions. The findings are of great benefit in the discipline of psychology, the family and the society. Recommendations were stated; schedule family recovery programmes, increase trained psychological counsellors and incorporate a multidisciplinary team to handle family towards recovery.

**Keywords:** *Family, Intervention, Strategies, Rehabilitation, Recovery, Substance, Addiction, Multidisciplinary*

For centuries, substances have been used purposively by family among communities for medication and religious purposes. Elderly men, believed as sources of wisdom explored and examined plants' parts before considering it for use. Family health was considered paramount for individual production as well as societal development. In India, Preeti and Raut (2013) noted that substances used by mankind were grown within the community.

The future and wellbeing of a society heavily lies on the family basic health and stability. However, Gramlich (2017) found out that nearly every family in the world today has a

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substance addict. According to Dumbili (2013) substance addiction affects the psychological stability of the user as well as the wellbeing of family member non-consumers. Okpalaenwe (2016) states that specialists treat and rehabilitate the addict using different methods to abstain and overcome the addiction effects. However, strategies to include family members in the treatment is never emphasized. Family with substance addicted relative undergo psychological trauma, stigma and depression as they try in vain to control the behavior of the addict, Mwangi and Kathambi (2013).

Substance addiction is a club that men, women and youths alike join sometimes out of fun but becomes difficult to leave. Okpalaenwe (2016) states that while some views regard addiction as a disease, others consider it as a hopeless situation that leads to death. Whatever the case, substance addiction works negatively on both the mind and the physical wellbeing of the individual abuser and takes almost equal parameters on the family. Chepkwony, Chelule and Barmao (2013) found out that substance abuse is not only a causal factor in many diseases in family, but a precursor to injuries, violence and even death. Family with a substance addict requires supervised medical and psychological attention to recover, Chepkwony et al (2013).

World Health Organization WHO (2018) laments that substance consumption is a game of the young males and females who irresponsibly, pleasurably and inconsiderably overdo. This then raises several questions, how safe are the current families in this era of substance addicted generation; where is the future of the family that will be created by such substance addicts and even the affected family member non-consumers? It is true that family member is irked by the continued devastation of the addicted relative. Johnson, McBride, Hopkins and Pepper (2014) noted that there is deteriorating parent–child relationship and increased orphaned children in families has hit the ceiling as parents succumb to addiction. Incapacitated grandparents are overwhelmed by re-parenting grandchildren or their great grandchildren during the empty nest period. Both the child as well as the guardian are psychologically destabilized. The situation weakens the potential of the non-consumer regardless of the age.

Family members have ties that bind them together. Lander, Howsare and Byrne (2013) notes that compared to non-substance user families, children whose parents are substance consumers demonstrate poorer problem-solving abilities in life. Their communication problems escalate to conflicts and violence and sometimes death. But what strategies do rehabilitation institutes offer family members to recover from such psychological disorientations? This study looked into rehabilitation strategies that promote family recovery from substance addiction.

## **METHODOLOGY**

This study engaged a qualitative research design which was phenomenological. The total target population used in this study was 45 (N=45). This comprised of 15 substance in-patients 15 professionals and 15 family members of a substance addict. This study considered a sample size of 20 respondents (n=20); 6 in-patients, 9 family members and 5 professionals. Simple random sampling was used to select substance in-patients. Purposive random sampling was used to select the professionals and family members. This study used interview guides for data collection with all respondents. The protocol of approval in all the institutions involved was followed and ethical considerations honoured. Question responses were then analyzed thematically.

## RESULTS

### *Individual Counselling Strategies*

Report findings from in-patients indicated that rehabilitation institutes have set programmes for individual counselling whereby psychological counselor meets with the patient and walk together towards recovery. These programmes are mainly for the substance inpatients though sometimes family members attend. Similar responses were collected from family members and professional workers who lamented that there is shortage of counselors in many rehabilitation institutes to meet the high demand of family members. Report stated that most counselling sessions were conducted by trainees who at times abandoned client half way as their practicum period ended. The researcher understands that abandoning client's counselling sessions before arriving at a conclusion gives the client a psychological torture. The findings from respondents indicated that rehabilitation centres have a programme of in-patient visitation by family members. Most inpatient respondents reported that though this programme is set and it is essential for family members, in very rare cases is the counselling programme accomplished adequately. The failure was associated to unavailability of enough counsellors in the rehabilitation centre to meet the family member(s) and the recovering substance patient.

### *Availability of Psychological Counsellors*

In-patient respondents reported that there are no enough trained psychological counsellors in the area of substance addiction who can handle family members. In their report professional workers admitted that there are no enough permanent substance addiction trained counsellors to extend services to the family members. In a conversation with a professional worker he revealed the mystery behind family members' inattention. In his view he said; The issue of family members' recovery may not be so easily achieved. This is because of three factors: first shortage of psychological helpers in public substance rehabilitation institutions, and financial aspect. Not many families would be able to finance for both the in-patient and family members. Finally, the aspect of family members is even hindered by the fact that not many family members of substance addict believe they are equally sick and require therapeutic attention. Therefore, most public rehabilitation institutes major their services on the individual addict and only the financially capable families bring their patients or those individuals with health insurance cover. (21st February, 2020).

What this respondent is revealing is the hidden truth that most family members are unaware of their psychological destabilization as a result of substance addition effects. For this matter, not many would attend the family programmes for recovery. Nevertheless, the researcher believes that with dissemination of information and awareness about substance addiction and its effects, most family members would come out to seek therapy and how to help their loved ones.

### *Enlargement of Facility*

Report showed that public residential rehabilitation facilities are not of size to accommodate addicts and their family members when they come for services. On the other hand, not enough programmes are extended to family members of substance addicts within the community. Most in-patients reported that strategies to increase public substance rehabilitation institutes should be address fast as there are many substance addicts in the society. Further, not many needy families would attend private institutions. Most respondents indicated that strategies that include cognitive behaviour therapy and psychoeducation training as set for in-patients should also be addressed to family members.

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Respondents suggested for a multidisciplinary strategy to be emphasized in the rehabilitation institute to work together with the inpatients and family members towards a wholesome recovery. Facility enlargement would therefore accommodate multidisciplinary officers to attend the family members and their addicted patients.

### ***Economic Aspect of Family members***

In their response family members and professionals working with substance in-patients acknowledged that despite well set strategies and scheduled family programmes in rehabilitation centres, some family members may not benefit a lot. The respondents highlighted that lack of consistency by family members in counselling sessions would not bring out appropriate outcome. In a conversation, a family member had this opinion:

There are so many families affected by drugs and substance addiction in the society, yet coming all the way to this institute is a big hassle. Most of them live hand to mouth and may not afford to bring their patients here nor come all the way for family services though they are in great agony and require such services.

The same patient added, *why don't they extend the recovery programmes into the community where family members can access?* (23<sup>rd</sup> February, 2020). What this family member is advocating is the need to have rehabilitation services extended into the community so as to serve vulnerable people who require the services. In addition, the response is calling for multidisciplinary services that can meet the diverse needs of the family members.

### ***Family Challenges/ barriers to Recovery***

#### **Denial**

Family with substance addiction has considerable dissonance. Report stated that at times what is visible and problematic is vehemently denied by the family members. As much as the family members want to deny the reality, they at the same time explain the biting challenge. New knowledge about what addiction does to the family then cannot be acknowledged because it poses a threat to denial. Creating awareness about substance addiction and its effects would encourage family members affected by substance addiction look for psychological help. In their response, professional workers reported that most family members especially the parents deny that their children are drug addicts. This takes them time to look for help for their children. A social worker stated, *“such parents when they deny that their child is substance addicted cannot admit they too are equally sick and need psychological help”* (24<sup>th</sup> February 2020).

The researcher believes that community that has knowledge about substance addiction and its effect would take fast steps to seek help when they notice abnormal behavior of a relative.

### **Stigma and Negative Attitudes**

In their response, most respondents identified family stigma as brought about by addiction. Negative attitude towards the whole addiction phenomenon would discourage family members from attending the sessions. However, most respondents suggested that substance rehabilitation institutions be set in the rural areas whereby a majority of family members would access. Most in-patients stated that stigma is a barrier to effective family recovery. According to an in-patient code (IP5), even after rehabilitation period, it seems like family

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members continue stigmatizing the recovering patient. In the conversation she had this to say:

I fear to share anything with any member of the family even after my discharge from Mathari. The stigma attached to me that I am insane is hard to erase from their minds. More so the fact that I was brought to Mathari is enough evidence to them and the community that I am not sane. In the first place, family members have never trusted me in the past so not now when I go back from Mathari.

When asked by the researcher whether it is necessary to invite the family members for counselling before the exit from the institute, the patient responded;  
They have been coming. My father has been visiting me but mother has never come to see me. My mother holds a grudge with me because of drinking and as much as I try to respect her she has never accepted me (22nd January, 2020).

Strategies that reunite family members with their substance addicted relatives are paramount in this era of high consumption rate of substance addiction. The need to heal the entire family should not be politicalized as the society is on the verge of collapsing as a result of substance addiction.

## **DISCUSSION**

According to the findings, it has been revealed that rehabilitation institutes have set programmes for substance in-patients. However, strategies to help family members recover from addiction effects need to be emphasised. Soul City Institute for Health and Development Communication in South Africa SCHDCSA (2016) explains that family members with a substance addict suffer depression, physical violence, loss of job consequences and more serious crimes that affect them psychologically. Poole, Smith and Simpson (2015) advocated for psychoeducation programmes to disseminate information pertaining to needy groups of people in the society. Family members of substance abuser are needy people. They suffer from disassociation due to trauma and stigma attached to them by society. Worrnan, Schweizer, Marks, Yuan, Lloyd, Ramjan (2018) found out that substance addiction as a mental illness sprinkles negative effects to the family members and the society and therefore need psychological attention.

According to Canadian Centre for Substance Abuse CCSA (2016) the most effective way of reducing substance addiction effects in a family is by offering psychological therapy and treatment to the entire family members. Morris (2015) affirms that individual and family treatment plan, screening, counseling and skills training to resist and overcome drug effects and prevent relapse need to be continued even after patient is exited from the rehabilitation centre. It is important to mention that most recovering substance addicts relapse on arrival back home due to lack of psychosocial support from the family. On the other hand most family members fail to offer the necessary support due to lack of knowledge on how to do it. Hamda (2019) puts it that getting clean once does not guarantee always clean in substance addiction recovery. This means that to maintain the cleanliness that comes with the recovering addict from the rehabilitation centre, a refreshing support system is required. The support system may be engineered by the family members when they are psychologically empowered.

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According to Khoddam (2020) substance addict counselling and therapy is not complete without the family members being psychologically equipped. This is because family is equally psychologically affected by the inability of the addict to control substance abuse. They too require therapy in order to heal self and provide emotional support to the patient. According to Martin, Lewis, Josiah-Martin and Sinnott (2010) rehabilitation institutions with family member recovery programmes have higher programme completion rates for substance addicts and higher rates of client abstinence with a short follow up time. Tria (2017) accord that a person with high resilience power would help one to bounce back and progress despite a threatening situation. Resilience power develops from a psychologically prepared mind lack of which family members may not reconnect well with the recovering addict. It seems like human resource is in scarcity to meet this dire need of family attention in families with substance addiction. Casa (2012) stated that strategies that empower the family and restore the lost family's potential is a stronghold of a society. Such strategies may include establishing rehabilitation institutes within the community where needy families would access help. Young and Timko (2015) advise that more money should be used in restoring addicts and their family members than advertising the same substances that are being discarded. Baridi (2014) argued that more funding need to be allocated to anti-alcohol and drug addicts initiatives at both national and county levels. This suggests that rehabilitation facilities should be served better financially to enable development of family recovery programmes that would uplift family members' psychological status. McLaughlin, O'Neil, Claire, Percy, McCann, Perra and Higgins (2015) contribute that family member such as child and adolescent of problem drinker demonstrate resilience through engagement in physical activities and by establishing relationships outside home environment. The researcher therefore clings on the opinion that family recovery from substance addiction is a whole family journey. Meeting such family members within their home areas and engaging them in beneficial activities would sustain them, make them feel appreciated and become productive members of the society.

The need to work with both substance addict and family is a healthy move even to the society. Ahon, Obi, Emanuel and Florence (2014) noted that time is ripe to have an implementation of Community Based Rehabilitation (CBR) within the rural areas. This is because most of the rehabilitation services are needed by a majority of people who live there. This idea would give opportunity to family members to access rehabilitation services such as consulting, counseling, treatment and life skill training for families that require them. Strategies to assist family members heal from their psychological turbulences and change their negative attitudes towards themselves and their patient should therefore be programmed. Takalani (2016) found out that family affected by substance addiction undergoes psychological torture even as they deny the reality. Family member can only heal when they understand and accept the reality of the damage caused by substance addiction. Family denial may be a contributing factor to suicidal and or homicidal crimes. Bowen Murray (2005) in the family system theory explains that family is a system of interconnected and interdependent individuals and therefore the individual cannot be understood in isolation from the family. Creation of awareness about substance effects on the user and the family and provision of family recovery solutions would reduce stigma, denial and clear away negative attitudes harboured in the hearts of family members.

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***Conflict of Interest***

The author declared no conflict of interest.

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