

Research Paper

## Addiction rehabilitation services offered at Mathari national training and referral hospital towards family recovery from effects of addiction

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### ABSTRACT

Substance addiction has become a threat in family and a great challenge in the society. Rehabilitation institutions offer recovery services to addicted individuals. However, rarely is the family considered sick and in need of recovery services. This study focused on public residential rehabilitation institutes and services offered towards family recovery from substance addiction. The study was carried out in Mathari National training and Referral Hospital Substance Rehabilitation Institute in Nairobi. Research question guiding the study: Which services are offered in Mathari public residential rehabilitation institute towards family recovery? This study was based on Family Systems Theory. The study adopted descriptive research design. The target population was 50. Both probability and non-probability sampling techniques were used to obtain a sample size of 20 participants. Semi-structured interview guides were used to collect data. Data was analysed thematically in line with the research objective. The findings are of great benefit in the discipline of psychology, the family and the society. The findings revealed that Mathari Substance Rehabilitation Centre require more psychological counsellors trained in substance addiction. That services offered in the rehabilitation centre should also emphasis on family member(s) psychological empowerment; and that only few substance addicts can be admitted in the centre. Recommendations were eventually stated as; establishment of family recovery programmes in Mathari rehabilitation institute, increase the number of psychological counsellors who are trained in substance addiction in Mathari; and enlargement of the institute to accommodate more substance addicts and engagement of a multidisciplinary team to handle family members towards recovery.

**Keywords:** *Addiction, Ex-rehabilitated, Family, Institution, Psychosocial, Recovery, Rehabilitation, Substance*

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Substance consumption is a cultural lifestyle rooted in ancestral times. This culture runs in the family even in the present generation. For a long time, substances have been purposively used by family among communities for treating and controlling illnesses. Preeti and Raut (2013) found out that substances like alcohol and snuff used by mankind had their origins within the community in India. Wolmer, (1990) found out that cocaine was grown within the community and that it had a central role in their religious and social systems throughout western civilization. However, substance consumption was in limited measures for the purpose of treating ailments or for accomplishing religious beliefs.

The future and wellbeing of a society heavily depends on the family basic health and stability. Lack of family recovery measures from substance addiction effects is likely to contribute to severe societal inadequacies. Family with substance addicted relative therefore requires therapeutic attention. Astrid and Braker (2016) in a study in Oxford University noted that grain based drinks of alcohol and spirit was the most commonly consumed liquor by family in the region. Kombo, (2005) ascertains that traditionally, ancestors explored the properties of various plants barks, fruits, roots, leaves and nuts they found within their community before recommending it for family use. Family remained the focus of the community to maintain health, wellness and stability.

Today however, substance abuse has become a family problem and a public health concern. According to World Health Organization WHO (2014) global report, substance consumption has become a game of a majority of both young males and females in family who pleurably, inconsiderably and irresponsibly consume the substances. This then raises the question, how safe is the family in this era of substance addicted generation. Dumbili (2013) informs that substance addiction affect the consumer's physical health and mental wellbeing as well as the psychological stability of the family. Chepkwony, Chelule and Barmao (2013) support that substance abuse is not only a causal factor in many diseases in family, but a precursor to injuries, violence and even death. While some family members are denied their basic rights, others are burdened with unbearable yokes. Johnson, McBride, Hopkins and Pepper (2014) found out that there is a deteriorating parent-child relationship and an increase in orphaned children as parents succumb to substances. Elderly incapacitated grandparents are overwhelmingly resuming re-parenting grandchildren or their great grandchildren during their empty nest period. Family with a substance addict devastates silently through addiction effects. Greenman (2015) noted that if family members do not get support of their own, they become weary of dealing with the recovering addict. This is a call for family attention.

Family is the smallest unit of a society. Family uprightness and stability is viewed in the sense of responsibility towards self and family; lack of which leads to family breakdown. Today however, demarcation of age and sex in substance use is no longer observed in the society. Andrecia, Lucchese, Vargas, Benicio and Vera (2016) affirm that substance abuse such as alcohol makes one irresponsible and detached from the family. Johnson et al (2014) found out that while the consumer of substance is said to suffer from the disease of addiction or dependence the family members suffer from the disease of co-dependence.

Family members have ties that bind them together and need to be guarded. Lisa (2016) explains that live together, share resources and economic property, care and support relationships and is committed to or identifies with the family members. Lander, Howsare and Byrne (2013) notes that compared to non-substance user families, children whose

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parents are substance consumers demonstrate poorer problem-solving abilities in life. Their communication breakdown escalate to conflicts and violence and sometimes death. Zimic and Jakie (2013) agrees that parental substance abuse highly contributes to the risk of children developing substance use disorders that include substance abuse, aggressiveness, impulsivity, and disruptive and sensation seeking behaviors. This implies that family members of substance addict require psychological help.

Substance rehabilitation institutes work on helpless addicts of substances to reinstate them. According to Colker (2004) researchers evaluate and research on a wide range of measures applicable to substance consumer but the recovery of family members is rarely emphasized. This creates a gap in both research and practice. Family members of substance addict requires recovery management, good health and self-sufficiency. Children and adolescents with substance use disorders negatively affect their parents, grandparents as well as other siblings. Lander et al (2013) found out that substance abuse among youths and children emanate from unmet developmental needs by parents such as impaired parental attachments and family economic hardships and violence. Parents watch helplessly at their child become zombie, Cabin Chiang Mai Rehabilitation Institute CCMRI (2015). It is not a wonder to have family disintegrate because of their own child abusing substances. Family merits attention so as to recover and maintain.

According to Estrada (2016) family recovery is a way of living a satisfying, hopeful and contributing life despite the uncomfortable situations surrounding an individual. Antony (1993) viewed family recovery as a deep personal, unique process of changing one's feelings, values, attitudes goals and skills and roles. Both views have a common link in that there is an individual transformation through psychological assistance.

Baldwin, Christian, Berkeljon and Shandish (2012) noted that treating the individual substance addict without involving family may limit the effectiveness of treatment. Adidela, Dannaram, Akondi (2014), Spanio and Nelson (2015) inform that family with substance addiction develops problematic psychological behaviors which require psychological attention. In a study, West Brown (2013) describes substance abuse as a serious family disease that requires proper attention on entire family. Destabilization of family unit are signs of extinction of a society. Tria (2018) laments that, deterioration of personal relationship and lack of commitment of offspring's own marriages soils the society. To save society from extinction, family problems of substance addict need be addressed.

A strong family is a strong society. Scaffer (2011) in Auckland states that substance abuse in family is the main cause of family breakdown and disintegration. Murray (2020) opines that families with substance addiction suffer emotional damage that erodes family trust, love and communication becomes difficult. This is family distress. Attention to substance addict's family member(s) is essential.

The dynamicity in the world today and technology seems to have a lot of negative influence on family in relation to substance abuse. Takalani (2016) in South Africa, noted that substance abuse by children and adolescents lead to poor health and negative social consequences on the addict and the rest of the family. Mau (2015) suggests that while the substance addict continues receiving treatment in the rehabilitation institute, the need to work on the family member's psychological wellbeing is paramount. Melemis (2015) notes that in the process of substance addict's rehabilitation, family involvement in treatment and

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recovery plays a great role in prevention of relapse. But how often is the family of the addict considered for therapeutic services or treatment. Ahon, Obi, Emanuel and Florence (2014) in Nigeria states that the need to establish rural community-based rehabilitation centres and programme for family recovery is important.

Recovery is an experience, a process and a status that need to be sustained in an individual, family and the community. Chaote (2015) informs that family affected by substance addiction need professionals to assist them cope with the unbearable situations. Schaefer (2015) affirms that children particularly need guidance on how to cope with the stressors, control anger, work on their emotions, and communicate their needs effectively. Such assistance progressively leads family to recovery.

Kenyan families have not escaped the menace of substance abuse. Nyachwaya, Amimo, Ouma and Ondimu (2016) on a study in Kenya noted that several drug and substance rehabilitation institutes are established to help addicted persons abstain and recover. In their study in Kenya, Musungu and Koskei (2015) noted that mental and physical health torture such as aggressiveness, trauma, stigma and violence emanate from substance addiction. The psychological shake up cripple family support services such as employment and family love and care.

According to Morris (2015) individual and family treatment plan, screening, counseling and skills training to resist and overcome drug effects need to be carried out during family treatment. Mwangi and Kathamba (2013) affirm that family of substance abuser suffers psychological torture as they try in vain to make ends meet and so require therapy. No matter who is using substances in the family, entire family members are affected in one way or the other and are in need of great assistance to overcome.

Family, the smallest unit of society deserves good health and stability. If the pillar is shaken by whatever circumstances such as substances and other drugs consumption, then there are high possibilities of the entire society collapsing. Nevertheless, it looks like researchers seldom consider the family as sick and in need of recovery services. Consequently, rehabilitation institutes focus their attention and services on the substance addict only. Family is abandoned to nurse their psychological disorders on its own. Social integration within the family of substance addict is lacking and requires recovery and management skills.

### **METHODOLOGY**

This study considered a target population of 50 (N=50). This comprised of 20 substance in-patient 10 professionals and 20 family members and their ex-rehabilitees attending weekly clinic for substance addiction therapy (CSAT). This study engaged a sample size of 20 respondents (n=20); 7 in-patients, 8 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 analyzed thematically.

## **RESULTS**

Demographic data was collected which showed that more males than females were substance addicted. On the contrary, more female than male professionals worked in the rehabilitation centre. Respondent related the following services as offered in Mathari rehabilitation centre Medical Treatment/ Detoxification, Spiritual Therapy, Cognitive therapy and occupational therapy.

### ***Medical Treatment/ Detoxification***

All the interviewed inpatient respondents had a positive report that medical treatment and detoxification services are offered well in Mathari rehabilitation centre to all substance in-patients. This treatment is meant to clear substances toxins in the patient's blood stream. This is an indication that patient's recovery wellbeing is well initiated. Respondents expressed that the required medical services for the substance addict are prescribed by a medical officer. However, the recovering addicts argued that family member(s) of addict required similar attention for their psychological recovery from addiction effects. This shows that family members of the addict are psychologically disoriented by the effects of substance addiction of their relative and therefore they too need attention for recovery.

Similar responses were reflected by professionals. In their report, nurses, social workers and counsellors pointed out that after substance abuse diagnosis, every substance addict is subjected to detoxification within the period of rehabilitation. The patient is kept on prescribed medicine while in the institute according to psychiatrist's instructions. Report findings showed that it is of importance to have family members attain knowledge about substance addiction and its effects on the non-consumer members of the family. In addition family members need to know how to respond to substance dependency and co-dependency situations effectively in order to recover.

The researcher then views that family member(s) should be made aware of how substance addiction of a relative affects the patient and the entire family performance and functionality. Similarly, the family requires knowledge on how to handle patient recovering from substance addiction as well as care for their own recovery and functionality. Respondent stated that family members try to support their beloved addict but are often overburdened with stress and health issues. This then puts the rehabilitation institutes to task about their role to rehabilitate substance addict, create awareness about family recovery and provide health services to family members. Eventually the society is restored from devastation of substance addiction effects. It is only then that a clearer picture of a family that is healed from substance addiction would be portrayed.

### ***Psycho-Spiritual Therapy and the AA 12 Steps System***

Most in-patients admitted that lack of spiritual knowledge in an individual may contribute to a hell of life challenges. Eventually one may end up in substance abuse while in search of solutions to his problems. Patient respondents reported that spiritual therapy session is provided once in a week in the rehabilitation ward. However, a majority of the patients suggested provision of more spiritual sessions to the substance patients as they gave them hope in live.

Most in-patient respondents reported that in addition to spiritual therapy during their stay in the rehabilitation ward, they are repeatedly taken through the AA 12 steps system. This training which is another form of spiritual therapy and comfort opens theirs understanding to

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seek from higher power ability to overcome substance addiction. In a conversation, a respondent stated:

Mathari substance rehabilitation centre engages the AA 12 steps program of recovery from Alcoholic Anonymous (AA) to recovering addicts. In this program the addict is required to seek from the higher power the ability to overcome addiction. However, some family member(s) have little or no knowledge of the system which would help them also as they recover.

The same respondent further enquired,

*‘Wouldn’t the family member also benefit from the steps training that would help adjust smoothly and work out his/her recovery solutions?’ (16<sup>th</sup> January, 2020).*

Most of the respondents suggested that family member(s) also need to be taken through the AA steps as it would help them understand themselves and their patient better in walking towards recovery. The report finding is constituted with the word of God in the Holy Bible that invites all who are weary and burdened to come to God so as to get a rest in Him (Mathew 11:28 NIV).

Report findings from professional respondents working with the substance addicts in Mathari institute gave similar response. The respondents reported that in addition to spiritual therapy sessions, community Sunday service is held every Sunday and any one attends voluntarily.

### ***Cognitive Behaviour Therapy***

Respondents revealed that cognitive behaviour therapy is offered in Mathari substance rehabilitation centre to the substance addicts. This is part of psycho-education which is short term psychotherapy treatment for problem solving skills and in decision making. Patients, who develop a positive attitude and are willing to change, focus on this therapy and are able to deal with their addiction problem once and for all. However, report findings from in-patients in Mathari rehabilitation centre shows that in this therapy, family members are not involved as the session is offered as part of the patient’s rehabilitation training. This implies that when family members miss out in such mind training sessions, then they may continue holding the same negative attitude towards the recovering relative despite being rehabilitated. On a one-on-one interview with patient (Code IP<sub>3</sub>) had this to say;

I have been drinking alcohol, chewing khat and taking bhang for the last eighteen years. When my relatives suggested to me that I needed rehabilitation, I positively responded to the idea and I brought myself here in the rehabilitation centre. I have been here for two and a half months now. Yes, I have benefited from the cognitive sessions that I have received here but I have never had a counsellor one-on-one to help me as an individual. Though my parent and wife have been visiting me, I have never had a session with my relatives and a counsellor where we can outpour our deep feelings and seek forgiveness. I am still in dilemma what will happen when I go back home. Will they trust me? What if they still hold bitter feelings towards me about what I did to the family? How can I have a restart with my family members even before I get home? I have been longing to have a counsellor who can assist me, invite my family and we get reconciled (17<sup>th</sup> January, 2020).

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What this report is revealing is a shortcoming of trained counsellors in the area of substance addiction to extend services to family members.

Report findings from respondents had similar responses. In their responses they reported that cognitive training is mental therapy to the substance patient. However, due to shortage of counsellors trained in substance addiction in this institute, there is inadequate provision of such important services to the family members of the addict.

### ***Occupational Therapy***

Report findings from in-patients revealed that recovering addicts in Mathari rehabilitation centre are subjected to occupational therapy sessions when withdrawal symptom weaknesses are reduced. This therapy provides the patient with diverse skills needed to keep them active in value adding activities. Surprisingly, a majority of substance addicts/patients in Mathari rehabilitation centre are professionals from different public sectors and university/college students. Most substance recovering addicts revealed that they were frequently absenting themselves from their work stations. Students from institutions of higher learning benefit from such therapy since it keeps the mind activated.

Report findings from all the professional respondents in the rehabilitation institute agreed that substance in-patients are engaged continuously with occupational training sessions to help them arouse the brains. Occupational skills such as fine art, sports and games, music and writing among others are emphasised in this centre. Nevertheless, report findings showed that this service is rendered and benefits the substance addicts only as family members of the patient are not involved in this service. This shortcoming was associated to shortage of professionals to reach out for family members of the substance addict for similar training.

### ***Psychotherapeutic Counselling for Individual In-Patients***

Psychotherapeutic Counselling for Individual in-Patients involves the entire body processes such as cognitive, sexual and emotional feelings, spiritual, and social and health counselling for a lifelong understanding and expression of one's true self. However, report findings from respondents in Mathari showed that such services need to be offered to family members of substance addict also for a corporate walk of the two towards recovery.

### ***Follow up Services offered in Mathari***

According to the report findings, Mathari Clinic for Substance Abuse Therapy (CSAT) is a Peer or group counselling clinic for ex-rehabilitees who have exited from the centre after their rehabilitation period. However, the clinic is not limited to Mathari ex-rehabilitee category only. Substance abusers who have not been rehabilitated in Mathari hospital are also encouraged to attend this clinic. The family members get a chance to encounter with other families who have a common addiction challenge. A majority of inpatient respondents reported that family members need more time individual attention for counselling during the CSAT programme. The report revealed that time allocated for the programme is short to have family members get a therapeutic walk with a counsellor in the institute. The researcher encountered a family member whose relative was ex-rehabilitee of Mathari rehabilitation institute. The parent revealed that he did they have counselling sessions with a therapist and the patient even before the relative was discharged. The male parent with the young male patient had this to say,

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My son stayed in the semi-amenity for one month before joining the rehabilitation ward for ninety days. However, in all my visits I hardly encountered a counsellor who could assist share the burden that was within me. I could not get help to outpour what I was feeling towards my addicted son. At one time I almost killed this boy for having sold my television set at a throwaway price and whose value was worth forty thousand shillings. He drank all the money. That was before I brought him here for rehabilitation. His arrest by the police did not quench my bad feelings towards him though they advised me to bring him here. I do accompany him to this clinic every Tuesday, but I still feel that I need a psychological walk with a therapist to help me as a parent in union with the recovering addict. I need a therapist to assist me on how to overcome my pain and be able to work with him as my son has not stopped drinking yet (28<sup>th</sup> January, 2020).

Clinic for Substance Abuser Therapy (CSAT) is a good program for substance abusers where they meet and encourage one another to stop substance abuse. Most respondents stated that family members need to be involved more as they too need psychological counselling sessions.

### **DISCUSSION**

It seems that the idea of family recovery services is as important as it is unwrapping itself in this study but has not been adequately emphasized in Mathari rehabilitation institute. The researcher agrees that the findings of this study will help a great deal to create awareness on the importance of family recovery services from substance addiction affliction. The findings are in line with Estrada (2016) who noted that services for family member(s) of a recovering addict are not common in most rehabilitation institutes including psychoeducation for self-transformation. Estrada concluded that family members desire to overcome burdens pegged on them by their addicted relatives.

Kalema (2015) argue that when training for abstinence, the entire family members should be incorporated so that they can cleared off any enticing substances that can arouse addiction. The researcher then understands that training the patient in abstinence and positive living skills, and exempting the family member(s) is partial therapy. Family members need change to positive attitudes and positive thinking towards their recovering patient. The process would then integrate individual and family towards recovery. Family acceptance starts with cultivating self-concept, self-drive and searching for new supportive relationships.

The idea of including family recovery services in the rehabilitation centre gives the family and the patient an opportunity that emphasis on forgiveness and reconciliation to forge the way ahead. This ties with the word of God that states that no two people can walk together unless they first agree (Amos 3:3 NIV Bible).

According to Melemis (2015) psychoeducational workshops serve to educate family members about addiction, how it affects brain function, behavior and the family system. This implies that the family member would learn how recovery process progresses and its stages of recovery and signs of a relapsing addict. Rue et al (2016) advises that the need to bring recovery services such as counseling and life skills training close to affected family would help bring family sobriety and restoration. Estrada (2016) ascertains that psycho education programmes and services for family members of the addict are rarely offered in rehabilitation institutes. However, the study found out that family that receives psychoeducation and support can have a substantial impact on recovery outcomes.



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Researcher then interprets that despite the great effort done by rehabilitation centres to provide addict with recovery and abstinence measures, this may be showered down when the recovering addict is discharged to rejoin the family unless family members receive similar recovery services. Musyoka, et al (2016) noted that family members should also be included in the various models such as the AA 12 step programs of Minnesota model used in the rehabilitation of substance addicts. The idea of family members learning the AA 12-steps and deepening their spiritual nourishment builds synchronicity between the two; the addict and the family member. This clears away their sense of loneliness and loss. According to Macdonagh and Reddy (2015) many families with alcohol or other substance addicts never have access to rehabilitation services yet they are powerless to overcome addiction challenges. This could be attributed to mental distress caused by substance afflictions. Andersson et al (2018) analytically stated that family members of substance addict should be included in the rehabilitation programme of addicted relative so that they can heal together.

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***Conflict of Interest***

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