

Case Study

Family Support as a Catalyst for Substance Abuse Recovery: A Case-Based Exploration

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ABSTRACT

The case study provides a detailed and transformative account of two individuals who entered rehabilitative facilities for substance abuse and mental illness. His first case was an aged 26, a man who had 'an unusual record of being heavily dependent on alcohol' and also showed signs of anxiety and depression. His challenges not only undermined his overall quality of life but also significantly impacted his relationships with family and friends. He was confronted with legal issues, including several DUIs, which intensified his difficulties and heightened feelings of loneliness, prompting him to seek help and begin a healing journey. By way of contrast, the other was a 38 year old female who had struggled with long term depressive disorder complicated by her drinking twice. This dual challenge was evident through profound fatigue and social withdrawal, which significantly hindered her capacity to participate in daily activities and sustain meaningful relationships. Her emotional distress gave rise to a harmful cycle. Her mental health issues were worsened by her frequent use of alcohol as a means of self-treatment, leading to feelings of hopelessness. Central to both narratives is the essential role of family support throughout the recovery process. Elaborate evaluations using standardized assessment scales, including the Michigan Alcohol Screening Test (MAST) and the Hamilton Depression Rating Scale (HAM-D), found marked improvements in mental health and substance use behaviors for both individuals following rigorous therapeutic interventions. The incorporation of medication-assisted treatment, individual psychotherapy, and ongoing family engagement were identified as crucial components in aiding their paths to recovery. The nurturing dynamics within their families, characterized by open communication, empathy, and unwavering encouragement, fostered an environment essential for healing. In addition to building resilience, the participants found a supportive atmosphere that not only helped them overcome their substance use issues but also helped address mental health issues. The research underscores the significant influence of a robust support system, emphasizing the positive effect that strong familial relationships can have on treatment outcomes and the mitigation of relapse risk. Furthermore, the findings demonstrate that adopting a comprehensive approach to recovery, with an emphasis on family engagement, enhances individual results and fosters more robust family relationships. This case study emphasizes the significant importance of incorporating familial support into

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treatment models, promoting a comprehensive approach that tackles the multifaceted aspects of substance use and mental health disorders. Ultimately, the experiences of these participants highlight the transformative potential of consistent support, unveiling routes to enduring sobriety and enhanced quality of life for individuals grappling with the intricacies of recovery. By highlighting the interdependence between personal determination and familial assistance, this research promotes approaches that give precedence to the emotional requirements of individuals and the supportive function of their families, consequently guaranteeing a more comprehensive route towards recuperation and enduring welfare.

Keywords: *Substance use disorders, Mental health disorders, Alcohol dependency, Anxiety, Depression, Familial support, family dynamics*

Addiction is the persistent and excessive consumption of psychoactive drugs such as alcohol, prescription medication, and illegal drugs, which has a significant impact on an individual's physical health, mental state, behavior, interactions with others, or social functioning.

The visible consequences of compulsive misuse are often insignificant, leading to addiction, which is characterized by both physical dependence and psychological pressure to use the drug (*American Psychological Association, 2013*). The failure to control substance use, even with adverse consequences, is a medical condition known as *Substance Use Disorder (SUD)* according to the *American Psychiatric Association's 2013 report*. Substance Use Disorder (SUD) can be classified into several categories, including: *Alcohol Use disorder (AUD)*, which involves excessive alcohol consumption and often results in dependence; *OD*, which is caused by the misuse of opioids and has severe cravings but poses significant health risks like respiratory depression; *Stimulant Use Syndrome*, wherein substances such as cocaine and methamphetamine may lead to dangerous behaviors and worsen mental health problems; and *SEDS*, or Sedative, Hypnotic behavior that involves heavy use of drugs. (*Substance Abuse and Mental Health Services Administration, 2019*). Each of these disorders underscores the significant physical and mental health challenges that arise from substance misuse.

Addressing substance abuse and its associated disorders effectively requires a holistic and multifaceted approach to treatment.

A comprehensive treatment plan typically consists of several essential components. Detoxification represents the primary stage within the framework of substance abuse treatment, encompassing medical oversight to securely eradicate substances from the body and address withdrawal symptoms, thus readying individuals for subsequent therapeutic interventions (*Miller and Rollnick, 2013*). Key therapeutic modalities include *Cognitive Behavioural Therapy (CBT)*, which aids individuals in identifying and altering negative thought patterns linked to substance use, and *Motivational Interviewing (MI)*, a counseling technique that enhances motivation for behavioral change (*Miller and Rollnick, 2013*). Contingency Management entails the provision of incentives to encourage the maintenance of sobriety by rewarding positive behavior

(*Silverman et al., 2007*). *Medication-Assisted Treatment (MAT)* is frequently utilized to alleviate withdrawal symptoms or reduce cravings by employing medications such as methadone or buprenorphine for opioid dependence. Additionally, naltrexone is used for both alcohol and opioid addiction, and nicotine replacement therapies are prescribed for

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nicotine addiction (*Substance Abuse and Mental Health Services Administration, 2019*). Dual Diagnosis Treatment addresses co-occurring mental health disorders and substance abuse concurrently, combining pharmacological and psychotherapeutic interventions (*Mueser et al., 2003*). Support groups and peer recovery programmes, such as *Alcoholics Anonymous (AA)* and *Narcotics Anonymous (NA)*, are instrumental in facilitating long-term recovery by cultivating a supportive community (*Kelly et al., 2020*). Family therapy is crucial for repairing strained relationships, improving communication, and creating a supportive environment that fosters recovery. Additionally, relapse prevention and aftercare programs are essential for maintaining abstinence. These programs provide continuous support via therapy, support groups, and techniques for handling triggers while strengthening efficient coping strategies (*Miller and Rollnick, 2013*).

Substance abuse is a concerning issue that occurs frequently in India. Roughly 14 percent of the total substances are used in *India*, as reported by the National Survey on Extent and Pattern of Substance Use in *Bangalore* 6% of the adult population engages in the use of alcohol, while 2. 8% of adults are estimated to have a substance use disorder (SUD). Among these, the misuse of opioids has reached a rate of 2. 1% as reported by the *Ministry of Social Justice and Empowerment in 2019*.

Most commonly misused substances include alcohol, opioids (such as crack and cocaine), stimulants (like methamphetamines), sedatives, and nicotine. It has been observed by *Volkow et al.* In 2014, it was stated that the repercussions of substance abuse reach further than just the individual, impacting family dynamics, workplace obligations, and the wider community. When it comes to substance abuse survivors, the rehabilitation process is a much more effective means of recovery when they have close family support.

This assistance is encapsulated in five main components: Family members are an essential part of the recovery process, providing emotional support through friends and family as well as accountability and a supportive environment. Through their ongoing support, they can alleviate feelings of loneliness and fear by encouraging people to maintain a positive attitude towards their recovery journey with renewed confidence (*Kelley and Fals-Stewart*). A family establishes a system of accountability, encouraging treatment plans and reducing the risk of repeat episodes by maintaining 'a stable, supportive home free of drugs and alcohol' that promotes healthy living.

They are also instrumental in helping to mend broken relationships, promote open communication between individuals and promote collective healing for all those affected by substance abuse (*McCrae and Epstein*). Through identifying triggers and providing effective strategies for managing stress, family members can help reduce exposure to stressors while also contributing to the development of resilience through positive interactions.

In addition, their continuous involvement facilitates access to essential resources, including treatment choices and logistics. This helps strengthen the individual's dedication to sobriety by acknowledging accomplishments and offering continuous encouragement during the journey to recovery. In essence, family support plays a crucial role in the successful recovery from substance abuse. It fosters emotional strength, accountability, and resilience while greatly improving the chances of sustained sobriety.

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Adequate recovery requires the provision of social support and family involvement for individuals with substance use disorders (SUD). The importance of social networks in recovery is highlighted by Stevens et al. and other studies that are being conducted more frequently. It was noted in 2015 that peer support and participation in groups like Alcoholics Anonymous (AA) significantly increase abstinence-specific self-efficacy.

The significance of this relationship goes beyond the mere existence of social ties, as it highlights the importance of these relationships in ensuring successful recovery.

Building upon this, *Best et al* in 2015, the concept was articulated that recovery is fundamentally a process negotiated within social contexts. The shift from an "addict identity" to a fresh social identity is expedited through substantial involvement in supportive networks, a process that is notably demonstrated in the encounters of members of *Alcoholics Anonymous*. The social dynamics present in these support systems facilitate individuals in redefining their identities, establishing a structure conducive to sustained recovery. It emphasizes the importance of using therapeutic approaches that consider both the individual's substance use history and their surrounding social situations in order to aid recovery.

The function of peer support is an additional crucial component of the recovery process, as emphasized by *Tracy and Wallace* in 2016.

Despite the fact that peer support groups have been shown to enhance treatment participation and reduce substance use behaviors, there is limited empirical evidence on their impact. The intricacies of peer support as a formalized intervention necessitate further rigorous research to substantiate its effectiveness. Such studies are important because they help understand how peer interactions can be structured so that positive outcomes in the recovery process will be maximized. Furthermore, *McCrary and Flanagan (2021)* investigate the interrelation between family dynamics and alcohol use disorder (AUD). According to them, families can be instrumental in motivating individuals to seek treatment and can provide essential assistance during the recovery process. Their review highlights current gaps in treatment options, specifically concerning the requirements of diverse populations. This hiatus denotes a crucial area necessitating further investigation. Understanding the impact of family dynamics on recovery can pave the way for more customized and efficient interventions. *Hogue et al.* in the year 2021, the discourse is extended to underscore the significance of family involvement in the treatment of transition-age youth with *Substance Use Disorders*. Their study suggests that despite the documented advantages of family involvement, these practices are not consistently integrated into treatment approaches. This conceptual approach focuses on increasing family involvement throughout the entire treatment process from initial problem identification through long-term recovery support. This framework acts as a call to action for healthcare providers to embrace family-oriented practices, thereby potentially increasing the effectiveness of treatments.

According to Sharon et al 2014, a systematic review provided additional support for the evidence supporting peer recovery support services. This review unveils moderate evidence suggesting that peer recovery support is associated with decreased relapse rates, enhanced retention in treatment, improved relationships with treatment providers, and increased satisfaction with the overall treatment experience.

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However, the authors also highlight notable methodological constraints in the current studies, such as challenges in delineating the distinct impacts of peer recovery support from other activities associated with recovery and the utilization of limited, diverse samples. Despite these challenges, the findings highlight the potential of peer recovery support providers to play a crucial role in assisting individuals in sustaining their recovery.

In a qualitative study conducted by *Christine et al* in the year 2016, the experiences of hospitalized adults with Substance Use Disorder (SUD) indicate that numerous individuals view hospitalization as a crucial wake-up call. This perception often arises from an enhanced awareness of their mortality and the interruption of substance use while hospitalized. Participants in this study expressed intricate stories of trauma, homelessness, and chronic pain, which frequently overlapped with their substance use.

Key themes emerged emphasizing the significance of healthcare providers who possess knowledge about Substance Use Disorder (SUD) and the imperative nature of providing various treatment options.

The study concluded that hospitalization can be a crucial moment to commence addiction care, with a significant focus on the necessity for coordinated care after discharge, which includes access to medication-assisted treatment. In the grand scheme of things, these studies highlight the importance of family involvement and social support in the journey towards recovery for those with substance use disorders.

They disclose a multifaceted landscape where recuperation is impacted by social dynamics, peer connections, and family involvement.

As the evidence base continues to evolve, it is imperative for forthcoming research studies to tackle prevailing gaps and enhance the methodologies employed in examining these interventions. By engaging in this practice, researchers and professionals can enrich comprehension of successful recovery methods and ultimately enhance results for individuals encountering the difficulties associated with substance use disorders.

METHODOLOGY

This research presents two cases of individuals seeking rehabilitation for concurrent substance abuse and mental health issues with emphasis on the role of family and social support.

Process

1. Participants:

Two people with overlapping problems are the subject of this investigation.

1. *Participant 1:* A male 26-year-old who suffers from serious alcoholism, anxiety, depression, and legal problems (several DUIs).
2. *Participant 2:* A 38-year-old woman who uses alcohol as a self-medication for her persistent depression, which causes her to become socially isolated and exhausted.

2. Data Collection Method

- *Clinical Interviews:* collected comprehensive information on family relationships, mental health issues, substance use behaviors, and personal histories.
- *Standardized Assessments:* Changes before and after treatment were examined using the HAM-D for depression and the MAST for alcoholism.

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- *Family Interviews/Observations*: Evaluated relationships and support within the family during recovery.

3. Interventions for Treatment:

- *Medication-Assisted Treatment (MAT)*: antidepressants for mental health support and disulfiram for alcoholism.
- *Individual psychotherapy*: Emphasizing mental health management, coping mechanisms, and behavioral modification.
- *Family Engagement and Therapy*: Involved family members in encourage empathy, support, and better communication in line with the objectives of rehabilitation.
- *Psychoeducation*: Promoted understanding and decreased stigma by educating participants and their families about the nature of addiction and mental health conditions.
- *Social Support*: Assists individuals in maintaining sobriety outside of their immediate family by connecting them with peer networks and support groups.

Case Study: Mr. A – A Journey Through Rehabilitation and Recovery

Mr. A, a 26-year-old male, who is married and has a young son, voluntarily sought treatment at a rehabilitation center under the Mental Health Act. He exhibited a variety of troubling symptoms, namely chronic anxiety, persistent depressed mood, social withdrawal, fatigue, and a notable decline in interest in daily activities and work. The psychological challenges were compounded by a continuous feeling of apprehension, exacerbated by his increasing consumption of alcohol and nicotine.

Over the course of the last eighteen months, he has cultivated a dependency on alcohol, which has escalated into episodes of heavy drinking particularly within the past four months. His condition was deteriorating gradually, resulting in perilous actions like attempted murder and driving while intoxicated.

This downward spiral served as a catalyst for his decision to seek help, driven by a deep desire to improve his life for the sake of his family, particularly his young son. Mr. A's competency in the field of finance is exemplary. A's family constituted an indispensable pillar of support throughout his process of rehabilitation. Their steadfast dedication to his recuperation encouraged him to stay actively involved in the program, where he consistently displayed cooperation and compliance with the center's protocols.

This positive attitude, combined with a strong family support system, has been instrumental in determining the outcomes of his treatment. Upon admission, a series of assessments were conducted to evaluate Mr. A's mental health and severity of substance use. The Michigan Alcohol Screening Test (MAST) assessed the level of alcohol dependency, whereas the Hamilton Depression Rating Scale (HAM-D) evaluated the seriousness of depressive symptoms. Moreover, the Family Adaptability and Cohesion Evaluation Scales (FACES) were employed for the assessment of the extent of family support and its impact on his rehabilitation progress. The pre- and post-treatment scores indicated notable enhancements, highlighting the vital importance of family engagement in facilitating his rehabilitation. A preliminary diagnosis of Persistent Depressive Disorder, Anxiety, and Substance Abuse was established according to his symptoms. His treatment plan was comprehensive and included motivational interviewing to strengthen his desire to change, alongside psychoeducation to understand his disorders better and prevent relapse. Relapse prevention techniques,

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individual psychotherapy, and group activities were essential elements of their treatment. His family's continuous support was crucial in his recovery, aiding him in maintaining motivation and active participation throughout the rehabilitation process. Throughout his time in rehabilitation, Mr. A maintained high level of motivation and responsiveness to the prescribed treatment, demonstrating an exceptional rate of improvement.

His family maintained daily communication with the rehabilitation team and consistently encouraged him, reinforcing his commitment to sobriety. Upon discharge, Mr. A was prescribed Disulfiram, a medication created to assist with maintaining alcohol abstinence through triggering negative effects in case of alcohol consumption.

He was also comprehensively instructed on relapse prevention techniques to assist in safeguarding his recovery. His overall progress, along with the robust backing from his family, indicated a favorable long-term outlook for continued sobriety.

Mental Status Examination revealed- Mr. The individual appeared well-groomed and dressed in an appropriate manner, carrying themselves with a standard walking posture.

He displayed cooperation along with regular psychomotor activity. His sustained eye contact and effortless establishment of rapport were remarkable. His speech was articulate and audible, with a standard response time. His mood was dysphoric and his emotional range was constricted, indicating a depressive state. His cogitations exhibited a linear and goal-oriented nature without any perceptual disruptions, and his abstract ratiocination and social discernment remained unimpaired. His insight was rated at 4, indicating a moderate awareness of his condition.

Case Study: Ms. S.P. – Navigating Persistent Mental Health Challenges with Family Support

Ms. S. P., a 38-year-old female with a distinguished academic background (B. Ed., B. Sc.). In the field of Biotechnology and a Master's in English, the individual voluntarily sought admission to the rehabilitation center with her parents. She hails from an upper-middle-class nuclear family, and despite her educational background, she has grappled with notable mental health issues.

Accompanied by her father, who furnished dependable and credible information, Ms. S. P. presented with emotional difficulties and problematic alcohol use, which had been compounded by cigarette smoking. Her primary concerns comprised anxiety, a despondent mood, social isolation, exhaustion, along with a enduring lack of engagement in her daily responsibilities and employment. Her struggles with alcohol have intensified significantly, involving a prolonged pattern of substance misuse spanning the last two decades.

Though her consumption of alcohol commenced in a more moderate manner, it gradually intensified to the extent that it posed a substantial obstacle to both her emotional and physical well-being. Given her extensive history of use, her condition was diagnosed as substance abuse, and her alcohol consumption necessitated specialized treatment.

Moreover, her previous cancer diagnosis in the year 2012, along with the ensuing treatment, could have intensified her stress levels and increased her dependence on alcohol as a coping strategy. Despite her struggles with alcohol, Ms. S. P. has been fortunate to receive strong family support throughout her journey. Her parents, particularly her father, have played a

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pivotal role in motivating her to pursue treatment. Their participation has provided emotional support and practical help, showcasing a great commitment to her recuperation. With the active engagement of the family, she commenced treatment at the rehabilitation center to address her issues with substance use, depression, and anxiety. Her history of cancer, in conjunction with her marital challenges subsequent to a divorce in 2019, during which she forfeited custody of her daughter, probably intensified her alcohol consumption. The family, however, has continuously stood beside her, endorsing her choice to voluntarily undergo treatment. Following her admission, she was prescribed Disulfiram. This medication is utilized to aid in abstaining from alcohol by inducing a severe adverse reaction upon alcohol consumption, thus strengthening her dedication to sobriety.

A preliminary diagnosis of Persistent Depressive Disorder, Anxiety, and Substance Abuse was formulated according to her presenting symptoms. Her treatment plan was thorough, encompassing motivational interviewing to enhance her motivation for change, as well as psychoeducation to deepen her understanding of her disorders and prevent relapse. Relapse prevention techniques, individual psychotherapy, and group activities were crucial elements of her treatment.

Her family's unwavering support was pivotal in her recuperation, contributing significantly to her motivation and active participation throughout the rehabilitation process. Ms. , please find the attached report. Thank you for your attention. S. P. presented himself in a well-kempt and appropriately attired manner, exhibiting a regular gait albeit a slouched posture. She was cooperative and engaged in treatment, albeit occasionally drowsy. Her sustained eye contact and ability to establish good rapport were noteworthy. Her speech was softly spoken, articulate, and maintained a normal flow, even though there was a minor delay in her verbal responses. Her mood presented as dysphoric, characterized by a constricted emotional range, while her motility appeared sluggish, in line with her depressive symptoms. However, her thought process remained linear and goal-directed, with no disruptions in perception.

Both her abstract thinking and social judgement were intact, and her insight, rated at 5, indicated an awareness of her mental health condition and the need for ongoing care. Please rewrite the text in a formal tone.

Table-1: Evaluation of Patient Progress and Family Support During Rehabilitation

Scale	Purpose	Patient	Before Rehabilitation (score)	After Rehabilitation (score)	Family Support
Michigan Alcohol Screening Test (MAST)	Evaluates the extent of alcohol dependency	Mr. A	32 (Severe Alcohol Dependency) High dependency due to binge drinking and addiction for 1.5 years	8 (No Dependency) Significant reduction in alcohol dependency post-rehab with medication (Disulfiram)	Family provided daily motivation and updates, contributing to his recovery; constant encouragement helped reduce drinking patterns
		Ms. S.P.	26 (Moderate)	7 (No)	Family

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			Alcohol Dependency)	Dependency)	maintained a supportive environment, facilitating open communication that greatly aided in her recovery
			Severe alcohol dependence with long-term use	Marked improvement, reduced dependence with Disulfiram	
Hamilton Depression Rating Scale (HAM-D)	Assesses the severity of depressive symptoms	Mr. A	22 (Moderate Depression) High severity of depressive symptoms, including fatigue, anxiety, and social withdrawal	10 (Minimal Depression) Notable improvement; depressive symptoms reduced	Consistent encouragement from his family fostered resilience and emotional stability, leading to marked improvement in mood
		Ms. S.P.	24 (Moderate Depression) Persistent depressive disorder with severe symptoms	11 (Mild Depression) Improvement in mood and reduced depressive symptoms post-rehab	Her father's ongoing support and understanding significantly contributed to her emotional healing and well-being
Family Adaptability and Cohesion Evaluation Scales (FACES)	Measures family support and cohesion	Mr. A	70/100 (Good Family Cohesion) Good adaptability and cohesion within the family; family expressed concern for his health	90/100 (Excellent Family Cohesion) Significant improvement in family cohesion and adaptability post-rehab	Family dynamics improved further during rehab, creating a nurturing atmosphere that was crucial for sustained recovery
		Ms. S.P.	68/100 (Good Family Cohesion) Good cohesion; family anxious but supportive	88/100 (Excellent Family Cohesion) Increased cohesion and adaptability after rehab, with stronger family bonds	Her family's strong foundation of support enhanced their collective resilience and adaptability throughout her recovery journey

DISCUSSION AND CONCLUSION

Substance abuse poses a intricate and multifaceted challenge, impacting not only individuals but also their families and broader communities. The instances pertaining to Mr. A and Ms S. P. vividly illustrates how substance use disorders frequently stem from a combination of psychological, emotional, and social factors.

Mr. A's persistent alcohol consumption has resulted in notable personal and interpersonal consequences, such as declining mental well-being, strained familial ties, and heightened legal entanglements, as demonstrated by his occurrences of driving while under the influence. Furthermore, the co-occurrence of mental health disorders, such as anxiety and depression, can intensify substance abuse, perpetuating a cycle that is notoriously difficult to disrupt (*Kessler et al., 1997*). In Mr. A's case, his journey underscores the critical importance of family support in navigating the challenges associated with substance abuse. A self-assured decision to pursue rehabilitation indicates his commitment to transformation, which is a necessary component of recovery (*Miller and Rollnick*) Structured therapeutic interventions, including cognitive behavioral therapy (CBT) and medication-assisted treatment (MAT), were greatly aided by his family's active involvement in the process.

Their encouragement provided a solid foundation, enabling him to confront the harsh realities of his alcohol dependency, which he had grappled with for the past 18 months. The noteworthy enhancement in his performances on the *Michigan Alcohol Screening Test (MAST)* and the *Hamilton Depression Rating Scale (HAM-D)* illustrates how therapeutic interventions, along with the backing of family support, can significantly promote rehabilitation. Studies indicate that close family bonds are more effective in treating substance use disorders, resulting in better treatment follow-up and lower relapse rates (*Kelly, McKellar, and Moos*). Likewise, Ms. S. P. 's circumstances illustrate the significant challenges that are intrinsic to the management of long-term mental health disorders in conjunction with substance abuse.

Her reliance on alcohol, exacerbated by enduring depressive symptoms, exemplifies how emotional distress can drive individuals towards using substances for self-medication (*Brady and Sonne, 1999*). The unwavering support from her family has been crucial in her recovery, allowing her to address the underlying emotional issues associated with her substance use.

The incorporation of Disulfiram into her treatment protocol has been crucial in addressing her alcohol use disorder, further solidifying her dedication to maintaining sobriety. This medication acts as a deterrent by inducing unpleasant reactions when alcohol is consumed, thus promoting abstinence (*O'Malley et al., 1992*). Her consistent advancement, as evidenced by the evaluation scales, underscores the importance of addressing both the psychological aspects of substance abuse and the value of social support. The assessment tools utilized, such as the Family Adaptability and Cohesion Evaluation Scales (FACES), emphasize the significant role of familial dynamics in the process of recovery.

Both A and Ms. S. P. demonstrated notable enhancements in their mental health and substance use patterns, emphasizing the concept that positive familial bonds can result in diminished relapse rates and improved resilience following treatment (*McCrary and Epstein, 2009*). This discovery aligns with prior literature highlighting the pivotal role of a strong support system in enabling effective rehabilitation from substance use disorders (*Best et al., 2015*). In summary, the experiences of Mr. A and Ms. S. P. underlines the profound impact of family support in the rehabilitation process of substance use disorders and

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accompanying mental health issues. Mr. A's determination to pursue rehabilitation for the betterment of his family, along with the active involvement of his close relatives, established a strong support system that contributed to his rapid recuperation.

The structured therapeutic interventions he received were complemented by emotional encouragement and accountability from his family, positioning him favorably for long-term sobriety. Alternatively, Ms. S. P. 's journey exemplifies the enduring difficulties linked to the management of long-standing mental health conditions, especially when intertwined with substance abuse.

The constant support that she has received from her family has played a vital role in her path to recovery, allowing her to confront the underlying issues contributing to her depression and alcohol dependency. The proficient management of her condition through the implementation of *Disulfiram*, in conjunction with continuous psychotherapy and familial participation, demonstrates a successful multifaceted treatment strategy.

Both cases assert the crucial importance of familial support as a catalyst in the process of recuperating from substance use disorders. Moving forward, it is imperative to maintain this support and establish structured aftercare plans in order to prevent relapse and promote sustained recovery. The incorporation of family dynamics into treatment modalities serves to improve individual outcomes and promote the development of healthier familial relationships, thereby fostering a positive environment for all parties involved.

Ultimately, the endeavor to tackle substance abuse requires a thorough approach that takes into account the psychological needs of the individual and the supportive role of their family. This ensures a holistic path towards recovery and long-term well-being.

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Conflict of Interest

The author declared no conflict of interests.

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