Comparison of Family Empowerment between Patients with Relapse and Patients with Sustained Maintenance Treatment

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Abstract

Objective: The aim of this study was to compare family empowerment between the patients with relapse and the ones with sustained maintenance treatment among drug addicts in Tabriz. **Method:** The causal-comparative research method was used in this study. For this purpose, a 150-participant sample (including 75 patients with and 75 ones without relapse) was selected from among the clients of addiction treatment camps through purposive sampling. It is noteworthy that the participants' families were asked to fill out Family Empowerment Scale. **Results:** The results showed that the two groups were different in terms of the total score of family empowerment and empowerment levels (family in relation to the addicted person, relationship with service systems, and social status) ($p < 0.05$), and families of the patients with sustained maintenance treatment enjoyed higher empowerment. **Conclusion:** The current findings can implicitly confirm the role of family empowerment in the management of relapse prevention.

Keywords: family empowerment, drug relapse, addiction, maintenance treatment

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Introduction

Addiction, as a chronic recurrent disorder is associated with many issues in medical and psychiatric, occupational and legal areas, and has many consequences for various personal and social domains. This disorder not only affects the life of the individual, but also creates and causes many problems for the family and the society. Like any other chronic disorder, addiction requires treatment management over time (Daley et al., 2005; Termorshuizen et al., 2005). This is one of the important requirements for treatment of addicts and is one of the main problems of addicts treatment due to high probability of drug use relapse ,because even after the addicted person stops drugs for a long time, it is possible he or she resumes it again (Rosen et al., 2006). After 90 days from detoxification is passed and after and starting rehabilitation treatments, the majority of drug abusers relapse into substance abuse (McKay, Franklin, Patapis, & Lynch). Studies also have suggested that about 20 to 90 percent of the drug users sre undergoing treatment experience relapse (Rosen et al., 2006). For this reason, today, emphasis is placed on maintaining and preserving the new behavior (recovery) of treated individuals, or, the relapse prevention in all therapies.

Drug use relapse affects individual, society and family. A person who returns to drugs after quitting becomes a source of frustration, anger, embarrassment and guilt. Therefore, according to Robinson, & Berridge (1993), unlike quitters, people experiencing relapse cannot ignore drug symptoms and this increases the temptation to use drugs. In general, addiction relapse prevents the person from everyday activities of a person, reduces self-esteem, responsibility and efficiency, and, it consequently has a great impact on the family to the extent that the unreliability of family members is reinforced by the addict and makes the next quit and its admission much difficult (Golestani, 2008). On the other hand, according to previous studies, several factors including family and social factors are effective in initiating, continuing and returning after this disorder is treated (Pourshahbaz, Shamloo, Jazayeri and Ghazi Tabatabaee, 2005). Family plays a major role in the tendency or non- tendency to drug use by various methods (Bannon et al., 2012). Studies on relapse have also reported the reasons for returning to addiction as family history, maladaptive coping strategies, exposure to hazardous conditions, and experience of adverse events in life (Mattoo, Chakrabarti, & Anjaiah, 2009).

Regarding that family is considered as the first place of personality development and the formation of individual beliefs and behaviors, it has generally been suggested that the tendency towards addiction and returning to drug use have been high in individuals with inappropriate family functioning in different domains. Family therapy theories, including the advocates of Boen, Minochin, & Hey Lee theories with a systematic attitude to family problems stated that one’s problem reflects family problems, and vice versa (Peckman, 1985). These theorists consider addiction as a way to control the anxiety of

individuals and believe that their problems arise from the inefficient management of anxiety in the family system (Gandy, 2007). According to this view, families with the ability to maintain stability, which is called homeostasis, can achieve internal discipline. But when the drug addiction occurs in the family, some families may not be able to resolve their Problems like before, and they are more likely to be disturbed and confused (Ghajavand, 2015). Research on addict-ability and the impact of family on their members in the addiction issue, indicates the important role of the family in this area (Mirzaie-Alvije et al., 2013; Shalchi, Dadkhah, Yaqoeti Azari, 2015; Nasatizai, 2007). Some researches (Abbasi and Mohammad Khani, 2016) considered the relationship with the spouse, parenting styles and family disturbances to be factors associated with one's involvement in the addiction process.

As mentioned, literature emphasizes the role of a set of general factors in addiction, these factors are considered as indicators of the family appropriate and inappropriate functioning. But family empowerment is not considered as a general construct in the treatment management and substance use relapse. By definition, an empowered family has the three main characteristics of the ability to examine and control the educational and support resources, problem-solving ability and decision making, and the ability to communicate in order to meet the therapy needs (Alhani, 2003). In Family therapy, family-based assessment models, such as the MC Master model, emphasize family function (Celik, 2007). However, the family's empowerment role is recognized in treatment management of a number of diseases and problems. For example, the findings of research on the role and impact of family empowerment on the recovery of physical patients such as asthma (Rajabi, Sabzvari, Borhani, Haghdoost, Bazargan, 2012), Phenylketonuria (Khalvati, Nafei, Soltani, 2014), coronary artery bypass surgery (Sanaei, Nejati, Zolfaghari, Alhani and Kazemnejad, 2012), as well as the quality of life of the elderly (Massoudi, Soleimani, Hashemineenia, Ghorbani, Hasanpurdehkordi and Bahrami, 2010) indicate improvement and increase self-efficacy, self-esteem and patient collaboration. It has also been shown that the family empowerment is effective on the reduction of the behavioral problems of children and in fact, the parents empowerment acts as a mediator of treatment (Graves, & Shelton, 2007). Since one of the ways to achieve reduction of drug use relapse is investigating the underlying, accelerating and sustaining factors of relapse, and considering these factors can predict the treatment sustaining, the present study seeks to compare family empowerment between the patients with relapse and the ones with sustained maintenance treatment among drug addicts in Tabriz.

Method

Population, sample and sampling method

The causal-comparative research method was used in this study to compare family empowerment between the patients with relapse and the ones with sustained maintenance treatment. The study population included the addicts

referring to camps 16 and Baghfereshte of Azarbayjan Sharghi to obtain addiction treatment services.These individuals included sustained maintenance treatment and the ones with relapse who referred to these camps in 2017. For this purpose, a 150-participant sample (including 75 patients with and 75 ones without relapse) was selected from among the clients of addiction treatment camps through purposive sampling. In this research, individuals without relapse (sustained treatment) were those who had quitted for at least 6 months and they had no relapse during this period. The patients with relapse are the drug-dependent individuals who returned many times (once or many times) and one had relapse in the past month. To attract the patients for collaboration for data collection, a psychological interview was conducted with these people and the subject and aim of study were discussed and some questions were asked regarding the treatment, relapse, drug abuse, marital status and family members. Questionnaires were provided to individuals with prior coordination on days when they met with their families.

Instrument

1-Family Empowerment Scale (FES): This questionnaire was developed by Koren et al. (1992) with 34 items and 3 subscales of the family (12 questions), service systems (12 questions) and community (10 questions). This scale is used to assess the empowerment of parents of children with sensory disabilities. This scale (with minor correction) was also used for other patients' families. In this research, the text of the questionnaire was corrected to meet the needs of the patient (addict). Components and questions related to the subscale of the family include (F) 2-4-7-9-16-21-26-27-29-31-33-34, Service Systems (SS) 1-5-6 -11-12-13-18-19-23-28-30-32, and community / political (C / P) 3-8-10-14-15-17-20-22-24-25. Koren et al., have conceptualized the empowerment of the family with patients by combining two theoretical dimensions. The first dimension is the empowerment levels, which include three areas: a) Family, i.e. the immediate situation (feeling effective in solving problems at home); b) communicating with the service system (take actions to obtain appropriate services for addicts); and c) community (Family activities that improve services in general for families and patients (Khalvati et al., 2014). Rating is based on a five-point Likert scale for "completely false", "not at all true", "somewhat true", "very true" and "perfectly correct", respectively, with 1 to 5 scores. The total score of the scale between 34-68 indicates poor family empowerment, a score of 68 to 102 indicates the average family empowerment and a score higher than 102 means strong family empowerment. In other words, higher scores indicate high family empowerment. Koren et al. in a study on 440 parents with a child with emotional and behavioral disorders, reported the internal consistency of the instrument for each of the three subscales (community: $\alpha = 0.88$, service system: $\alpha= 0.87$ and family: $\alpha = 0.88$) as high. Test retest reliability ($N = 107$) for each of the three subscales (family: 0.83, service system: 0.770 and community: 0.85) was suitable. The construct validity was also evaluated by factor analysis, which supported the levels and

dimensions of the conceptual framework. The scale was translated into Persian and then back translated into English in 2014 by Khalvati et al and then it was evaluated. They completed the questionnaire through an individual interview with 28 mothers who had children with phenylketonuria and three mothers with children suffering from galactosemia and resolved the ambiguities in the terms. In their research, Cronbach's alpha was 0.91 for the tot scale and for family, service systems and community subscales, it was obtained 0.83, 0.88 and 0.63, respectively. To provide validity of the scale, a group of experts classified the items from the perspective of the two-dimensional framework of empowerment. For the subscales of the family level, community and service systems, Kappa coefficients for the agreement of the evaluators were 0.83, 0.77 and 0.77. The validity of the instrument was also confirmed by factor analysis in which the results generally form the three levels of empowerment, which comprised the subscales of family level, service systems and community. The subscales also had a high correlation. Finally, there was strong evidence for the criterion validity of this questionnaire, which is shown by the difference between the scores of respondents participating in the six empowerment activities vs. the scores of respondents who did not participate in empowerment activities. (Khalvati et al., 2014). Cronbach's alpha in this research was obtained 0.90.

Findings

Descriptive statistics of empowerment at family level by groups are presented in Table 1.

Table 1: Descriptive Statistics of Empowerment at the Family Level by Groups

Variables	*Groups*	*N*	*Mean*	*SD*	*Min*	*Max*
Empowerment at family level	Relapse	75	23/36	6/29	5	36
	Maintenance treatment	75	29/03	6/69	13	48
Service systems level	Relapse	75	22/41	6/74	5	39
	Maintenance treatment	75	29/28	7/29	16	48
Social level	Relapse	75	19/27	6/06	5	32
	Maintenance treatment	75	25/23	6/79	12	40
Total score of family empowerment	Relapse	75	65/04	17/23	15	102
	Maintenance treatment	75	83/53	18/76	51	136

To investigate the difference between two groups in the empowerment components at the family level, multivariate variance analysis should be used. One of the assumptions of this analysis is the equality of error variances. The results of the Leven's test showed that this assumption was established in all three components of empowerment at the family level ($P > 0.05$). Another assumption is the analysis of the equality of covariance matrices. The results of the box test showed that this assumption was established ($F=1.213$, $P > 0.05$).

The assumption of distribution normality of variables in two groups was confirmed by single-sample Kolmogorov-Smirnov test (P> 0.05). Therefore, multivariate variance analysis was performed and the results showed a significant difference in the linear composition of the components in the two groups (wilks Lamda=0.787, F=13.98, P<0.001). Univariate variance analysis was used to study the differences patterns in Table 2.

Table 2: Uni-variate Variance Analysis Results to Examine Patterns of Difference in Family-level Empowerment Components

Variables	*Sum of squares*	*Degree of freedom*	*Mean of squares*	*F statistics*	*Significance*
Empowerment at family level	1204/167	1	1204/167	28/527	0/0005
Service systems level	1768/167	1	1768/167	35/822	0/0005
Community level	1332/060	1	1332/060	32/109	0/0005

Discussion and Conclusion

In the study of the research hypothesis, it was found that there is a significant difference between the patients with relapse and the ones with sustained maintenance treatment in terms of the scores of the three levels of the family, the relationship with the service systems and the community level, and the sustained maintenance treatment group had higher score compared with the relapse group. No research was found on the role of family empowerment as a constituent of treatment management in the addiction relapse. However, the findings of this research on the low scores of addicts' families with relapse in the family subscale, which indicates their low empowerment in the immediate situation at home that primarily involves the parent’s management of the addicted person which is consistent with the results of previous research on family related factors affecting addiction. For example, this research is consistent with the findings of the Nastizayi, Hezaremoghadam and Mollazehi (2010), who showed that the family's inappropriate control (extremes) of the family is effective on addiction relapse. According to the results of his research, normally, in the families whose parents give strict orders to perform their demands or the families who don’t feel responsible to their child by giving much freedom can provide addiction tendency grounds in their children. This is true of the causes of the initial tendency of people to addiction. Forutani and Rezaeian (2006), in their research have shown the role of ignorance and lack of control of the family in the addiction tendency.

This finding can also be consistent with previous research (Shafi Abadi, Navabi Nejad, PHalsafinejad and Nazhiflui, 2011; Norouzi, Hosseini and Najafi, 2015; Matejevic, M., Jovanovic, D., & Lazarevic, 2014; Forutani and Rezaiean, 2006; Afkari , Qasemi, Shojaei Zadeh, Forushani & Taqdisi, 2013), regarding the weakness of family functioning in addiction. The results of study of Shafi Abadi and colleagues (2011) showed that families with addicted members have weaker functioning in the exchange of information and the correct and direct

relation than normal families. Matejevic, M., Jovanovic, D., & Lazarevic (2014) reported in their study the relationship between family functioning and parenting styles of children addiction. In general, these findings reveal the role of the family in the tendency of their members to addiction. On the other hand, Noroozi et al. (2015) concluded in their study that the family plays an important role in the prevention of psychological and social harm, namely addiction.

The family is considered one of the most important institutions determining the health and well-being of its members (Gallarin, & Alonso, 2012). Researches conducted in this field (e.g. Afkari et al., 2013) are different between the dimensions of family functioning and quality of life among addicts and non-addicts, and the high degree of maladaptation in the family was related to the group of addicts. According to researches (Skeer, McCornik, Normal, Buka, & Gilman, 2009) family conflict is associated with the risk of substance abuse disorder in individuals. In general, it can be said that the family plays the most important role in the development of readiness and potential addiction of its members. In families that do not have a proper relationship with trust among members, the boundaries between members are not clear, the roles and responsibilities of the members are not proportional to their level of growth, problem solving does not occurred appropriately, There is no emotional attachment, the conflicts are not properly resolved, and all of these can be a good basis for being addicted or relapse (Ghamari, 2011). Family discrimination also plays a role in the addiction relapse. Families that humiliate and blame their children, compare their children frequently with others and refrain from expressing affection and establishing a friendly relationship with them, can be the source of many frustrations and errors of their children (Amini, Amini, Afshar Moghadam and Azar, 2000). According to most studies conducted in this area, there is a relationship between parental exclusion and addiction (Rohner et al., 2007; Nabavizadeh, 2000; Mohammadkhani, 2007; 2009).

Another finding of this study is the low empowerment of families who have addicts with relapse compared to the ones with sustained maintenance therapy at the level of relationship with service systems and community, which is the unique finding of this research. The variety of problems associated with addicts and the difficulties associated with treatment management have highlighted the role of the family in the field of addiction treatment. Families can search for the information they need, provide appropriate solutions to the problems of the addict, membership in different groups through the needs of the patient and the learning of specific education, and most importantly defining the specific needs of the addict and have a more effective role in treating and sustaining the treatment of the patient in the family. Combining these multiple roles is called family empowerment, which reflects the active role of the family and a sense of control over oneself and family members (Staples, 1990).

The family is the main safe place of the quitters, and the addicts are in desperate need of the positive attention of the family, given their low social

status. Family empowerment in the management of treatment and emotional support of the family can create a favorable internal comfort in the addict so that it can be effective in the treatment process and after it. Most addicts in their lives feel an emotional emptiness and a lack of support during and after the treatment, and again they may become addicted to fill this emotional emptiness (Fathi and Mousavifar, 2014). Therefore, if this emptiness is not resolved for the individual during treatment, the possibility of relapse increases. To prevent this issue, the family should do its most to attract the addict and his companion during the treatment process.

Thus, the result of this research is consistent with the findings of previous research on family functions and family parenting styles and indicates the main role of family empowerment in drug addiction and its drugs relapse. This research also illustrates the fundamental role of families in addiction management treatment. According to the findings of this study, it can be said that the family has a general effect on addiction relapse and addiction tendency, and the low empowerment of the family poses a danger to addiction relapse due to some reasons such as loneliness, stress, distance from the family, lack of emotional support, poor communication among members, and so on. The results of this study show the significance of counseling the addicts' family and empowering them after quitting, as part of the treatment management for addicts. The aim of this study was to compare family empowerment between the patients with relapse and the ones with sustained maintenance treatment among drug addicts in Tabriz, so its generalizations in treatment are limited. This implies the importance of complementary studies. Considering the findings of this research and the role of the family in addiction, it is suggested that the relevant institutions and organizations implement programs that address the issue of family empowerment, drug addiction and relapse, and also suggest that the research topic in other regions of the country should be investigated and the results of the research should be compared.

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