Adaptive coping strategies of affected family members of a relative with substance misuse: A qualitative study

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Abstract
Aim: To explore the coping strategies used by affected family members of a relative with substance misuse.

Background: Families play an important role in supporting a relative with substance misuse. However, the experience often has an adverse effect on their general well-being, the extent of which depends largely on their coping strategies.

Design: An interpretative phenomenological analysis study. Data were collected between January - December 2015.

Method: Semistructured, audio-recorded qualitative interviews were conducted with 31 affected family members.

Results: Three main themes and related subthemes were abstracted from the data illustrating how participants coped with their relative’s substance misuse: (1) Seeking timely access to evidence-based information; (2) Enhancing personal coping strategies and (3) Accessing informal and formal support.

Conclusion: Greater investment is needed in support services for affected family members, particularly in regional and rural areas. A wide range of accessible evidence-based information and informal and formal support, including telephone and online support, is needed to assist them to cope in this crucial support-giving role. Affected family members need to adopt a flexible set of coping strategies while supporting a relative with substance misuse. Family and friends, alcohol and other drug services, mental health nurses and other clinicians have a critical role providing emotional, instrumental and educational support to affected family members to enhance their adaptive coping strategies.

KEYWORDS
affected family members, alcohol and other drugs, coping strategies, nurses, nursing, qualitative research, substance misuse

1 | INTRODUCTION

Affected family members (AFMs) (intimate partners, siblings, parents, children, relatives, friends) play an important role supporting relatives with substance misuse (Orford, Velleman, Natera, Templeton, & Copello, 2013; World Health Organization 2014). Substance misuse is harmful or hazardous alcohol and/or illicit drug use, including dependence (World Health Organization, n.d.). Harms are not limited to the relative, but have detrimental effects on family dynamics and AFM well-being in particular (Casswell, You, & Huckle, 2011; Orford, Copello, Vellemen, & Templeton, 2010; Orford et al., 2013). Harms also have adverse effects on AFMs competence in fulfilling their...

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support role (Frye, Dawe, Harnett, Kowalenko, & Harlen, 2008) and undermine their valuable contribution to the relative’s recovery (Copello, Templeton, & Powell, 2009).

1.1 | Background

Affected family member stress is influenced by their capacity to cope with their situation (Templeton, Zohradi, & Velleman, 2007). Coping is a process where individuals adopt cognitive and behavioural measures to manage, reduce or tolerate situations that are challenging or exceed their usual resources (MacNeill, DiTommaso, & Brunelle, 2016). Coping can be classified as problem- or emotion-focused (Lazarus & Folkman, 1984) and categorized according to the function of coping efforts (MacNeill et al., 2016). Zuckerman and Gagne (2003) outlined a five-factor model of adaptive and maladaptive coping, whereby the range of coping strategies employed by, in this instance, AFMs extends from complete involvement to avoidance. Adaptive coping is more likely to benefit AFMs, as attempts are made to reduce the impact of the relative’s substance misuse. Adaptive coping is typically represented by self-help, where AFMs plan ahead, seek information and enlist social support, whereas maladaptive coping may include avoidance and self-punishment (MacNeill et al., 2016; Zuckerman & Gagne, 2003). The former is associated with more favourable outcomes; the latter with behavioural and emotional problems (MacNeill et al., 2016). From this perspective, poor coping is more likely to increase AFMs stress, while adaptive coping is more likely to reduce stress. Specifically focused on AFMs, Orford et al. (2013) hypothesized a non-pathological stress-strain-coping-support model, explicating how they respond to a relative’s substance misuse. In this model, AFMs are viewed as blameless for the development or maintenance of the relative’s problem and adopt one or more of three general ways of coping with the issue: put up with the behaviour, withdraw from the person and the environment and stand up to or challenge the behaviour.

Few resources are available to assist AFM coping (Kelly, Fallah-Sohy, Cristello, & Bergman, 2017) and even when the relative is receiving treatment, the former often feel clinicians in the alcohol and other drug (AOD) field exclude them from participating in treatment and are unsympathetic to their situation (Orford et al., 2013). One approach is AlAnon’s 12-step family support program to help AFMs cope with a relative’s alcohol misuse. Similarly, Nar-Anon was established to assist AFMs cope with a relative’s drug misuse. Another approach is family-focused peer-support groups, which facilitates them to learn and engage in adaptive coping (Kelly et al., 2017, Self Help Addiction Resource Centre, n.d.).

Adaptive and maladaptive coping have contrasting implications for how AFMs respond to a relative and their ability to sustain their support-giving role. While coping by the person with substance misuse has been examined in numerous studies (Hides et al., 2010; Hyman & Sinha, 2009; MacNeill et al., 2016; Scherer, Worthington, Hook, & Campana, 2011), it is important to take a family perspective when dealing with this issue (Alexanderson & Näsman, 2017; Forrester et al., 2016). Few studies have examined AFMs coping and how they respond to this experience and limited resources exist to enhance their coping (Kelly et al., 2017; Weegmann & Head, 2016), despite high

Why is this research/review needed?

- Families have a key role in supporting a relative with substance misuse. However, the role frequently has detrimental effects on their general well-being the extent of which is dependent predominantly on their coping strategies.
- Limited research has been undertaken into affected family member coping.
- Few resources are available to assist affected family members to cope.

What are the key findings?

- Affected family members experienced difficulties gaining timely access to evidence-based information to increase their adaptive coping skills. Such information needs to be accessible from a wide range of sources.
- They adopted a range of overlapping strategies to promote their physical and mental well-being.
- Engaging in open discussion with family and friends about their situation helped them to cope in living with and supporting the relative with substance misuse.
- When it came to accessing support from mental health nurses and other clinicians in the alcohol and other drugs field, they experienced two issues: difficulty in identifying services and lack of access to services especially in regional and rural areas.

How should the findings be used to influence policy/practice/research/education?

- Greater investment is needed in support services for affected family members especially in regional and rural areas.
- A broad range of evidence-based information and formal and formal support and assistance is needed to facilitate affected family members to adopt a flexible set of coping strategies while supporting their relative.
- Family and friends alcohol and other drugs services mental health nurses and other clinicians have an important role providing emotional instrumental and educational support to enable affected family members to develop adaptive coping strategies.
rates of help-seeking by AFMs to AOD helplines (Garde, Manning, & Lubman, 2017). In view of the nature and severity of these issues for AFMs, research is needed to extrapolate how they cope. Such insights could contribute to the strategies mental health nurses and other clinicians in the AOD field adopt to enhance AFM coping.

2  |  THE STUDY

2.1  |  Aim

The aim of this study was to explore the coping strategies employed by AFMs of a relative with substance misuse. The study was situated in a larger, mixed methods (qualitative and quantitative) study of the overall experience of AFMs supporting a relative in this context.

2.2  |  Method

2.2.1  |  Design

Interpretative phenomenological analysis (IPA), an inductive approach, was used to understand how participants made sense of their lived experience (Giorgi & Giorgi, 2008; Smith, Flowers, & Lar-kin, 2009). The major theoretical foundations of IPA are phenomenology, hermeneutics and idiography (Smith et al., 2009). Interpretative phenomenological analysis is phenomenological as researchers seek to understand how, in this instance, AFMs make sense of their experience coping with a relative’s substance misuse. Linked to this, IPA is consistent with a social constructionist perspective, whereby social, contextual, situational and historical influences affecting an individual’s experience are considered (Eatough & Smith, 2008). IPA is also an interpretative approach based on hermeneutics, the theory of interpretation, where researchers are involved in a "double hermeneutic", trying to make sense of AFMs attempting to understand their experience (Smith & Osborn, 2008). Finally, IPA is informed by idiography, as researchers begins by focusing on the individual as the unit of analysis, before progressively abstracting themes from the data (Eatough & Smith, 2008).

Consistent with earlier recommendations (Smith, 2004), most IPA researchers recruit small sample sizes (typically 6–10 participants). However, this view has constrained adoption of the approach by researchers undertaking studies with large sample sizes (e.g., around 30 participants). As an indication of an evolving approach, it is now acknowledged that IPA can be used with large sample sizes (Smith et al, 2009).

2.2.2  |  Participants

Participants were recruited through state-wide AOD helplines (Directline, Ice Advice Line and Family Drug Help) and related social media accounts (Twitter), in the state of Victoria, Australia. Affected family members who contacted the helplines for support were offered brief information about the study by helpline counsellors. With their consent, the contact details of AFMs who expressed interest in participating were given to the researcher. Those recruited through social media contacted the researcher directly. Purposive sampling (Parahoo, 2014) was then used to assess participant eligibility. Inclusion criteria were: AFMs, aged 18–65 years and in the role for at least 1 year. Exclusion criteria were: previous participant in family support programs for substance misuse and/or (ii) current personal history of substance misuse or acute mental illness.

2.2.3  |  Data collection

Individual, semistructured interviews, the most common method of data collection in IPA studies (Pietkiewicz & Smith, 2014), were undertaken. An interview schedule (Table 1) was used to guide the interviews, which were audio-recorded and conducted by telephone. Data collection occurred in January–December 2015.

2.2.4  |  Ethical considerations

Ethics approval to conduct the study was given by Eastern Health Human Research Ethics Committee (LR59/1314) and participant consent was recorded.

2.2.5  |  Data analysis

Interviews were transcribed verbatim and then read several times to obtain a general understanding of AFMs coping. In vivo coding was undertaken, in NVivo (2011), a process that ensured pre-existing beliefs or theories were not superimposed on the data (Holloway & Galvin, 2017). Initial codes were clustered into provisional themes and subthemes, after which a more focused analysis permitted refinement of themes and higher level abstraction (Smith & Osborn, 2008). This iterative process was maintained as data were analysed, enabling saturation of themes (Holloway & Galvin, 2017). Saturation enhanced the rigour of the study and assisted the researchers to determine sample size (Morse, 1995). Semantic analysis progressed from description in the results section, to interpretation in the discussion section (Braun & Clarke, 2006).

2.2.6  |  Rigour

Four criteria were used to enhance rigour: dependability, confirmability, credibility and transferability (Holloway & Galvin, 2017). Dependability and confirmability were upheld by developing an audit

<table>
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<tr>
<th><strong>TABLE 1</strong> Sample of interview questions</th>
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<tr>
<td>• What are the main things you do, if anything, to help you manage (cope) in your support-giving role?</td>
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<tr>
<td>• Are there any things you do that make it difficult for you to manage (cope) in your support-giving role?</td>
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<tr>
<td>• What things can you best cope with about the person’s drug and/or alcohol misuse?</td>
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<tr>
<td>• What things can you least cope with about the person’s drug and/or alcohol misuse?</td>
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trail connecting raw data, codes and themes. In addition, initial thematic analysis was conducted by TMcc and then an independent review of the activity was undertaken by DL. Variations in coding and/or theme identification were resolved through discussion to achieve consensus (Mays & Pope, 1995; Parahoo, 2014). Credibility was increased by using a semistructured interview schedule to ensure consistency of focus across interviews (Lincoln & Guba, 1985). It was also enhanced by participant verification, a process of summarizing or paraphrasing participants’ commentary to confirm their comments were perceived and interpreted appropriately (Guba & Lincoln, 2005). Credibility was also upheld by presenting an adequate number of exemplars in the results section to support the themes and subthemes. By appraising the research process and findings, readers can assess transferability of themes to other similar situations (Holloway & Galvin, 2017).

3 | RESULTS

3.1 | Sociodemographic

Thirty-one AFMs, 25 females and six males, mainly living in Victoria (N = 27) and in metropolitan centres (metropolitan, N = 24; regional/rural, N = 7) participated, encompassing parents (N = 13), partners (N = 13) and offspring (N = 5). Their mean age was 47 years (range 26–68 years). The mean duration of time they had been in the support-giving role was 8.05 years (range 1–20 years). The main substances misused by their relatives were alcohol (N = 14, 45%), a combination of drugs and alcohol (N = 14, 45%) and drugs only (N = 3, 10%). Drugs misused included methamphetamine (particularly crystal methamphetamine) (N = 5, 16%), cannabis (N = 4, 13%) and heroin (N = 4, 13%) and polydrug use (N = 4, 13%).

3.2 | Themes

Three main themes and associated subthemes, were abstracted from the data, embodying how AFMs attempted to enhance the way they coped with their relative’s substance misuse: (1) Seeking timely access to evidence-based information; (2) Enhancing personal coping strategies; and (3) Accessing informal and formal support.

3.3 | Seeking timely access to evidence-based information

Participants highlighted the importance of seeking timely access to evidence-based information to increase their adaptive coping. Information needed to be accessible from a diverse range of sources, especially AOD services. Affected family member emphasized that information should focus on how they could directly support the relative, treatment options available and how and where to access AOD services. They also identified the need to be able to access information to assist their own coping with the stress associated with the relative’s substance misuse:

I just have an almost blind belief that any information is better than none. The more information you’ve got—good or bad—it’s better to have information and work with that, than flail about in the dark. (Interviewee 9, father)

Information is very important. I got some really important information off the internet. So I think that information provision is critical because I got lots of things from that information exchange. Even though I was pretty well read, I got new things from that and saw some terrific videos. (Interviewee 14, female partner)

Learning about substance misuse provided a foundation on which AFMs could continue to seek additional information or support. In this way, a cumulative effect of gaining knowledge or learning coping strategies facilitated longer term benefits for participants:

I think more education would be good. I’d tend to take up anything I could. Courses, education packs or workbooks or any sort of information, I thought were really good. Just to simplify it to understand drugs and understand the impact on yourself. Because when you’re in it, you really don’t know how much it’s affecting you. (Interviewee 5, sister)

Basically, learning about addiction and what addiction is, is absolutely invaluable. It’s about getting help from wherever you can get it. The more help, the better. (Interviewee 21, father)

Participants highlighted the need for additional evidence-based information, education and resources, as they sought to access and act on information that might improve their coping and, in turn, lead to an overall improvement in their current circumstances. Female partners in particular, sought information to assist them to protect and support their children:

I need more information. I mean, I only know that my husband’s an alcoholic because I talked about it with my own psychologist. I described him. So I guess I’d be looking for information on what’s going on, how to support him, how to support the children. (Interviewee 2, female partner)

Information would be useful to me about different stages, about alcoholism, about how alcohol affects the body … that practical side of things. I think more evidence-based stuff about how best to deal with living with someone who has a substance abuse problem … how best to protect your children. (Interviewee 24, female partner)
Information was also needed about the range of AOD services available and how to access these services:

“I’d like] more information about the treatment services available in the area and how to access them, more information about everything to do with drugs and alcohol.” (Interviewee 20, female partner)

By learning about substance misuse, participants felt more confident in their capacity to make informed decisions about services or support for them and/or their relative. However, several commented about difficulties and delays encountered in trying to locate suitable information. They highlighted the need for more timely and accessible information. In this regard, they saw an important role for AOD services to provide this information:

“I saw some videos that were just fantastic, that people who had been addicted were giving talks. They were super. They were really powerful, but they weren’t available to the general public. If I could have seen those tapes years ago, it would have made a huge difference, a huge difference.” (Interviewee 14, female partner)

If [the AOD service] could give them a listing, “Okay, now that you’re in this situation, here are a number of support groups”. That’s fine, it’s a starting point. Obviously, you don’t want them to do all the work for you, but at least you know straightaway without spending hours on the internet trying to figure out who, what, when and where. (Interviewee 25, mother)

3.4 | Enhancing personal coping strategies

As well as having timely and accessible evidence-based information, AFMs commented about the importance of strengthening their personal coping. Two overlapping subthemes were abstracted from the data reflecting the strategies they adopted to enhance their personal coping: Promoting physical well-being and Strengthening mental well-being.

3.4.1 | Promoting physical well-being

Affected family members commented about the dual benefits of engaging in physical exercise. Engaging in exercise, in its various forms, helped them to maintain their own physical well-being and enabled them to obtain some respite and diversion from their support-giving role with the relative:

“Going to the gym four or five times a week kind of helps. I go in the mornings and that’s helped a lot.” (Interviewee 19, father)

3.4.2 | Strengthening mental well-being

Coping with the ongoing stress associated with living with and supporting a relative with substance misuse was a major challenge to AFMs mental well-being. Participants commented about several adaptive coping strategies they adopted to reduce their stress and promote their mental well-being. Strategies ranged from withdrawing temporarily from their immediate situation to engaging in various diversional activities to afford them some respite and enable them to relax:

Meditation, counselling ... stepping back or taking time out, a lot of time out. Sometimes it’s time out from family. It’s time out from everything, the world, just being alone. I needed to seek help for myself only. I needed to let go of her having a drug addiction and I needed to just worry about how I was going to continue.” (Interviewee 23, sister)

A further adaptive coping strategy that helped strengthen their mental well-being was to focus on positive aspects of their lives, the things they enjoyed and from which they derived pleasure, rather than engaging in maladaptive coping and focusing on negative or stressful things associated with supporting the relative:

“So rather than dwell on what I’m not happy with or what isn’t good in my life, I always concentrate on the things that I enjoy, that I like doing. I love my children. The things that are good in my life and that make me happy.” (Interviewee 11, female partner)

Another adaptive coping strategy that helped bolster AFMs mental well-being was to engage in unrelated activities that were rewarding and satisfying and functioned as another means of gaining respite from their day-to-day involvement with the relative with substance misuse:

“The other thing that I do is that I joined the volunteers at [major metropolitan hospital]. It’s very self-rewarding, it’s rewarding inside if you know what I mean, as well as giving me a reason 2 days a week to get out and help other people. I get an immense satisfaction out of doing that. That’s a few hours that I don’t need to worry.” (Interviewee 19, father)

3.5 | Accessing informal and formal support

Participants commented about the value of accessing informal (e.g., family, friends) and formal (e.g., AOD services, clinicians) support to augment their adaptive coping strategies in living with and supporting the relative. Two subthemes were abstracted from the data illustrating the different forms of support AFMs accessed to increase
their adaptive coping: Harnessing support from family and friends and Accessing professional support.

3.5.1  Harnessing support from family and friends

Participants placed emphasis on harnessing emotional and instrumental (practical) support from family and friends. Accessing this form of informal support necessitated them being open about their situation; however, the benefits of openness outweighed any drawbacks and enabled them to tap into this support:

I’ve said it a million times: if I was a single mum, this would have killed me. But because I’m lucky enough that I’ve got a supportive husband and two daughters, I’ve got through it. I’m not someone that just dwells on all the negatives. If there’s even one glimmer of a positive, I’d also tell them [friends] that. (Interviewee 7, mother)

I do have one friend I talk to her about it. So I do have her for support. She was married to a gambling addict, so she has a bit of understanding of it. If you’ve got a really good friend or two that really actually understand the concept of addiction, what it entails and who it affects, who’s going to beat that? (Interviewee 4, mother)

Friends who had experienced similar challenges with a relative were regarded as valuable sources of support. Such friends were perceived as being sensitive to, understanding and empathetic about, the AFMs predicament:

One of my girlfriend’s sons died of an overdose, so she totally understands. She can totally relate. Another girlfriend’s brother died. He was an alcoholic. He died and her sister is a drug addict. She totally understands my anxiety when the phone rings. All the little things that people would probably think, “Why does that bother you?” she could relate to it because she’s been there. (Interviewee 7, mother)

Moreover, it was often a consequence of tapping into this rich source of informal support that participants decided to access professional support to help them cope in living with and supporting the relative.

3.5.2  Accessing professional support

Most participants had sought some means of formal support for themselves and/or their relative. Many hoped this would enable them to improve their adaptive coping. In this way, an expectation of accessing this type of support was it would have long-term benefits, instead of just providing a platform for discussing the day-to-day problems they faced in their support-giving role. Two considerations were apparent in the data about difficulties AFMs experienced accessing professional services: difficulty locating services and lack of availability of services in some areas.

Participants commented about difficulties experienced in locating AOD services and the lack of availability of these services in regional and rural areas in particular. It was also evident that, when faced with these difficulties, AFMs needed to persevere. Such perseverance usually yielded success in locating a suitable and beneficial service:

Because I come from a rural area, I don’t feel there’s that many services available to help families of alcoholics. (Interviewee 10, female partner)

So many people could benefit from that program and they don’t know about it. I’m articulate and educated and resourceful and at the beginning I really didn’t even know that there was anything available. Once I knew about them and what they were called, I was able to [access support], but it’s not as easy as it might have been. Then I saw some brochures that they put out, which were fantastic, but just not well known enough. (Interviewee 14, female partner)

Once participants were able to access services they generally found them helpful and supportive. However, they highlighted the need to publicize these forms of support to make them more visible and accessible to AFMs.

Another consideration for AFMs was that, once they became aware of the types of AOD services available to them, it was important to engage with a service that suited their individual needs. It was also apparent that they had a range of preferences for how support should be provided; therefore, it was important to access a method of support that suited their personal preferences and circumstances. Preferences ranged from accessing individual to group support and support being provided through a variety of mediums.

For some participants, face-to-face individual support with a clinician with understanding and/or experience of AOD issues was helpful:

For more than 10 years, 12 years, I’ve seen a psychotherapist, fortnightly or every two or three or four weeks and that helps. I can talk about stuff and she’s constantly up-to-date with what’s happening in the family generally. I don’t have to start from scratch. So even at times when things are going okay, she can reflect what happens back to me and things like that. So that’s helpful. (Interviewee 24, female partner)

For others, sharing their experiences with and learning from others in AOD support groups for families assisted adaptive coping. In addition to sharing their experiences, participants benefitted from learning about the coping strategies others had used:

I’ve also joined a drug and alcohol support group for families here and they meet at the library once a month.
It’s other people that are in similar situations and worse often, you know. They are the ones that really give me the kind of support that I do need, because they’re people that have been through all of that themselves or are in exactly the same situation. So they understand and we all give each other support. (Interviewee 9, father)

It was evident that participants sometimes formed lasting friendships through such group meetings and these friendships served as a means of support after they ceased attending the meetings:

My mum and I would go together and we made some really good friendships with people. They also organized guest speakers and recovering addicts would come in and chat. Just information that we could use, which I thought was really helpful. We don’t attend the meetings anymore, but we still catch up with these people who are in the same boat. I think that’s really nice. (Interviewee 5, sister)

Although less popular than face-to-face or group support, telephone counselling and self-help information on the internet (outlined earlier) support were identified as useful means of enabling participants to improve their adaptive coping skills. By debriefing about their current situation, in the context of a non-judgemental and supportive encounter, participants regained a measure of strength to sustain them in their support-giving role with the relative:

[Telephone support line] has been fantastic. I’ve been really lucky to get good people at the other end of the line. We’ve actually been able to talk to them and they’ve made me feel okay. (Interviewee 18, mother)

For people like myself, I guess, to have phone counselling available, with the same non-judgemental, supportive person that I met … the security of knowing that it’s an anonymous, but skilled person on the end of the phone. (Interviewee 29, mother)

4 | DISCUSSION

The aim of this study was to explicate the coping strategies AFMs used in the context of supporting a relative with substance misuse. Three main themes were abstracted from the data highlighting how they coped. In the first theme, “seeking timely access to evidence-based information”, AFMs emphasized difficulties they encountered gaining timely access to evidence-based information to strengthen their adaptive coping skills and that such information should be accessible from a broad variety of sources, particularly AOD services. Information needed to serve a dual purpose: strengthen AFMs personal coping and assist them to support their relative. While information could be used to address an immediate challenge, it also served as an impetus to seek more information to enhance their adaptive coping. This finding is consistent with those of Platter and Kelley’s (2012) study of a six-week community-based support group program for AFMs, which found participants were more likely to seek additional advice or support after completing the program. Similarly, Zelvin (2004) found that the effectiveness of some coping strategies increases over time, as AFMs apply what they have learned to improve their circumstances. Overall, however, the findings of the present study indicate AFMs experienced difficulties accessing appropriate evidence-based information to assist their coping. Even though they are considered to be vital change agents for their relatives, there are significant gaps in education and support for AFMs, with few face-to-face support programs and even less in the online environment (Copello & Templeton, 2012; Orford, Vellemen, Copello, Templeton, & Ibanga, 2010; Orford et al., 2013). Education is particularly effective when combined with professional information and advice specific to AFMs circumstances (Pot, Blom, & Willemse, 2015).

In the second theme, “enhancing personal coping strategies”, AFMs, in recognizing the adverse implications of living with and supporting the relative, adopted a range of overlapping strategies to promote their physical and mental well-being. Harmful effects of a relative’s substance misuse on AFMs and the family in general (Casswell et al., 2011; Orford, Copello, et al., 2010; Orford, et al., 2013) and, in turn, the relative (Copello et al., 2009) have been established. In the present study, AFMs used several strategies to enhance their personal coping, which accorded with the non-pathological stress-strain-coping-support model (Orford et al., 2013), where they withdrew from the situation to cope. In so doing, this gave them some respite and helped bolster their adaptive coping.

In the third theme, “accessing informal and formal support”, AFMs, in recognizing the benefits of harnessing informal support, engaged in open discussion with family and friends about their situation. As a consequence, they found this form of support helped them cope in living with and supporting the relative. Accessing informal support from family and friends represented a combination of problem- and emotion-focused (Lazarus & Folkman, 1984) adaptive coping, where they engaged in self-help to enlist social support from family and friends (Zuckerman & Gagne, 2003). However, these findings should be placed in the context of other reports, that AFMs are frequently isolated and reluctant to disclose openly a relative’s substance misuse because of concerns about stigma (McCann & Lubman, 2017; Orford, Copello, et al., 2010).

When it came to accessing formal support from mental health nurses and other clinicians in the AOD field, however, AFMs experienced two issues: difficulty in identifying services and lack of access to services, especially in regional and rural areas. These findings are consistent with other reports of difficulties families experience accessing and obtaining support from AOD services (Copello & Templeton, 2012; Orford et al., 2010, 2013). However, the findings from the current study highlight that AFMs who accessed AOD family support groups, generally, found them helpful and supportive. Support groups enabled them to share their experiences and learn about the adaptive coping strategies of other AFMs. These findings accord with those of a study (Kelly et al., 2017) of a family support
organization in the context of opiate addiction, where AFMs obtained several benefits from participating, including increased understanding of and coping with addiction, being better equipped to support and communicate with their relative, and experiencing reduced levels of self-blame and stress. Internet-based peer support and information exchange with others with similar experiences also have the potential to foster AFMs coping and problem-solving skills (Sillence, Hardy, & Briggs, 2013).

Overall, our findings indicate that, because of differing circumstances, preferences and geographical locations, a diverse range of evidence-based information and informal and formal support should be accessible to AFMs to help them cope (Copello & Templeton, 2012; Frye et al., 2008; O’Grady & Skinner, 2015). In particular, the findings highlight the need for greater investment in support services for AFMs, especially in regional and rural areas. Ways to do this include increasing the availability of telephone and online support programs for those geographically isolated or concerned about privacy issues or stigma and greater investment in accessible family group education programs such as Breakthrough Ice Education for Families (Breakthrough, n.d.). Moreover, a comprehensive program, combining education, personalized advice and support from AOD clinicians and peer support, has the potential to reduce harms and improve AFMs problem-solving skills and social connectedness, enabling them to provide better support to the relative. An online approach also has the potential to provide cost-effective access to personalized, on-demand content (Dallery, Jarvis, Marsch, & Xie, 2015) and overcome barriers for AFMs accessing support, such as long waiting times, financial costs, taking time off work and limited geographical access to services (Lal & Adair, 2014).

4.1 | Limitations

As a qualitative study, the findings are context bound to the AFMs and setting where the study was undertaken (Polit & Beck, 2010); nevertheless, the themes can be validated and are relevant to AFMs in similar circumstances (Green, 1999). This is an important point as participants were recruited through state-wide AOD services and this may have resulted in an atypical group of AFMs who may not be coping as well as others AFMs.

5 | CONCLUSION

Affected family members need to develop effective adaptive coping strategies to enable them to promote their own well-being and better position them to support their relative with substance misuse. They require timely access to a broad range of evidence-based information and informal and formal support and assistance to adopt a flexible set of coping strategies while supporting their relative, particularly in regional and rural areas. Family and friends, AOD services, mental health nurses and other clinicians have an important role providing emotional, instrumental and educational support to enable AFMs to develop adaptive coping strategies.

AUTHOR CONTRIBUTIONS

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE [http://www.icmje.org/recommendations/]):

- Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- Drafting the article or revising it critically for important intellectual content.

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CONFLICT OF INTEREST

No conflict of interest has been declared by the authors. In the past 3 years, Dan Lubman received speaking honoraria from Astra Zeneca, Janssen-Cilag and Servier, and has provided consultancy support to Lundbeck and Indivior. In the past 2 years, Terence McCann and Dan Lubman received an educational grant from Janssen-Cilag to help write a book for family caregivers of people with schizophrenia.

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