



### INTRODUCTION

- In 2017, it was found that 19.7 million Americans, aged 12 and older, battled a substance use disorder, demonstrating why it's important to investigate how family impacts substance abuse treatment (*NSDUH Annual National Report, 2017*).
- According to Rieckmann et. al (2011), finding a balance of exactly how much familial involvement is needed to benefit a patient compared to adding extra stress posed to be an additional obstacle to treatment facilities.
- The generalizability of previous findings have been confined to specific populations such as adolescents, adults, or community groups instead of being able to have a more general understanding for all that are going through the treatment and recovery process. By collecting quantitative data that corroborates the various specific qualitative data, a conclusion can be made that generalizes to the entire population instead of small, specific samples.

### HYPOTHESIS

- It is expected that higher levels of familial involvement will increase the likelihood of an effective treatment and recovery process. If levels of familial involvement are too high, the adverse effect could be present creating a negative correlation.

### METHODS

- Participants were recruited through community partners by sending a questionnaire to several local organizations, such as the Alliance for Substance Abuse Progress (ASAP), Foundation for Youth (FFY), and Cardinal Recovery, that help people in treatment and recovery.
- Participants had to be 18 or older and completed a substance abuse treatment program. Out of 47 adults who participated, 1 was excluded from this study due to an incomplete questionnaire, (n=46).
- Of the 46 participants, there were 21 females, 24 males., and 1 preferred to not specify. The age range represented is 21 to 74, but the average age of the sample is 41.49.
- With responses from 10 different Indiana ZIP codes, 59.09% of those were 47201 and another 20.45% were 47203.
- 82.6% of the participants identified as Caucasian, 4.3% identified as African American, 4.3% identified as Hispanic, and the last 6.5% identified as Other.

### MEASURES

- Family Involvement was measured using a shorten version of the Community Assessment Inventory (Salari et al, 2020) to assess the participants' level of familial support and outside support, such as community support, during their treatment and recovery process. It consists of 25 items using a four-point Likert scale which ranges from 1, completely disagree, to 4, completely agree.  $\alpha=.90$  M=70.61 SD=14.20
- Additionally, Family Involvement was measured by identifying how many family members were involved in the treatment process.
- Treatment Success was measured using self-assessed treatment efficiency reflection questions. This section contains 6 items which uses a five-point Likert scale ranging from 1, strongly disagree, to 4, strongly agree.  $\alpha=.85$  M=25.49 SD=4.15
- Treatment Success was also measured by the number of relapses experienced and the length of treatment of each participant.

### RESULTS

- To test the hypothesis that those with higher levels of family involvement are more successful with treatment, a Pearson correlation was conducted in SPSS. Results are demonstrated in Figure 2.
- There was a weak, positive correlation between family involvement and successful treatment, but it is not statistically significant.
- Additionally, an One-Way ANOVA was run to show the relation between treatment length and the size of one's family network. (Figure 1)  $F(30,11)=0.86$   $p=0.36$

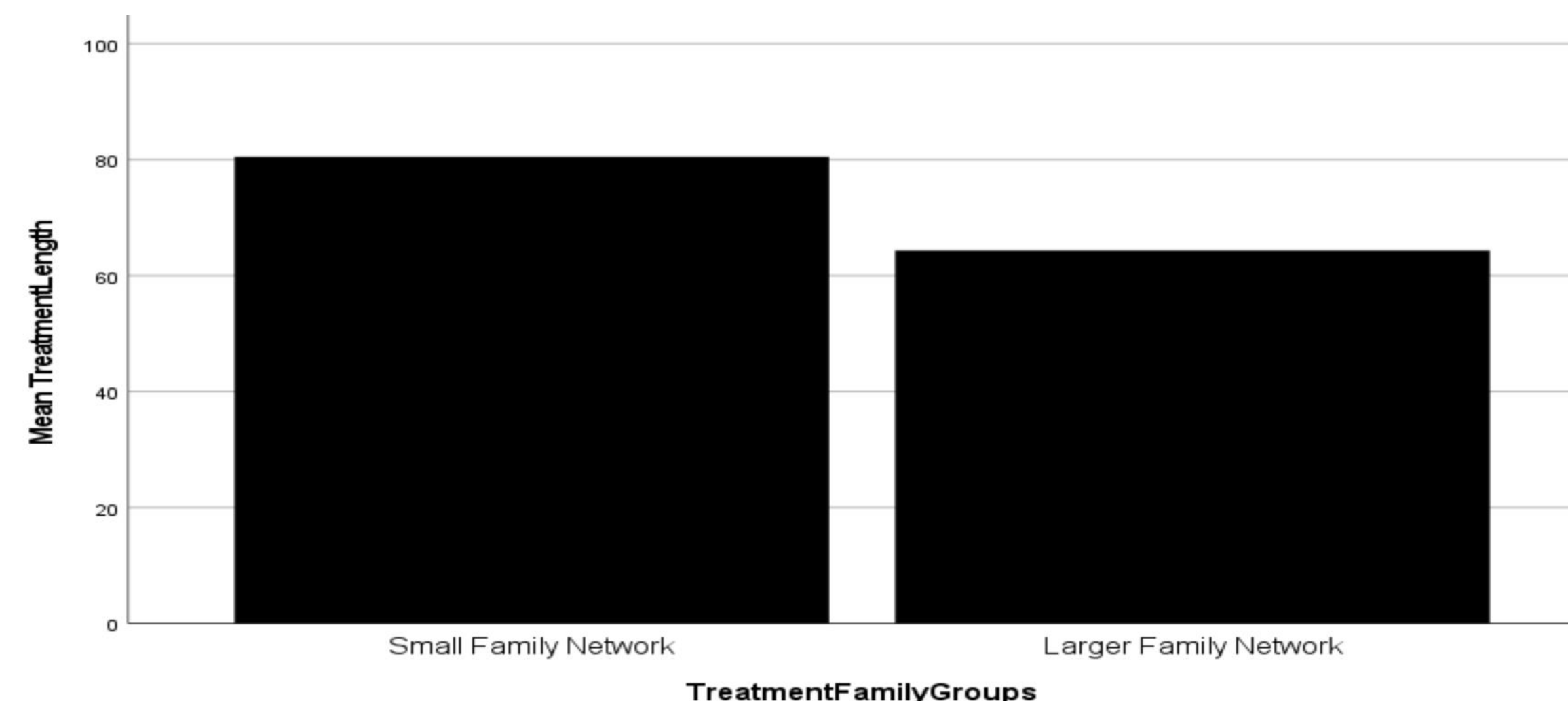


Figure 1. Relation between family network size and the length of treatment.

		Family Involvement	Relapses	Treatment Length	Successful Treatment
Family Involvement	Pearson Correlation	1	.087	-.187	.031
	Sig. (2-tailed)		.585	.236	.845
	N	42	42	42	42
Relapses	Pearson Correlation	.087	1	.274	-.170
	Sig. (2-tailed)	.585		.079	.282
	N	42	42	42	42
Treatment Length	Pearson Correlation	-.187	.274	1	.227
	Sig. (2-tailed)	.236	.079		.149
	N	42	42	42	42
Successful Treatment	Pearson Correlation	.031	-.170	.227	1
	Sig. (2-tailed)	.845	.282	.149	
	N	42	42	42	42

Figure 2. Correlation between family involvement and aspects of treatment success.

### DISCUSSION

- The original hypothesis was supported by the evidence that there is positive relation between the high levels of family involvement and treatment length. The correlation was in the expected direction but did not reach statistical significance.
- Family involvement was not correlated with relapses or the participant's perception of successful treatment.
- One limitation was that this correlation had not reached a statistically significant value. In the future, researchers can conduct a large-scale data collection to possibly increase the significance. Another limitation was that the majority of the sample identified as Caucasian. For future research, a more diverse population would be preferable to allow the data to be more generalizable.
- Measures of family involvement were prompted with preset answers that may have affected how participants viewed family. In future research, adding additional measures of family involvement could allow for more beneficial data collection. Different types of family relationships could be analyzed to test the impact on treatment.

### REFERENCES

1. Fisher, J. H., Bobek, M., & Hogue. *psychology: Family therapy and training*, Vol. 3. (pp. 89-105). American Psychological Association. <https://doi.org/10.1037/0000101-006>
2. Hornberger, S., & Smith, S. L. (2011). Family involvement in adolescent substance abuse, A. (2019). Family-based treatments for substance abuse. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *APA handbook of contemporary family treatment and recovery: What do we know? What lies ahead?* *Children and Youth Services Review*, 33(Suppl 1), S70-S76. <https://doi.org/10.1016/j.childyouth.2011.06.016>
3. Patel, J. R. (2017). Perspectives of addiction treatment professionals regarding family involvement in adult substance abuse treatment: A qualitative study [ProQuest Information & Learning]. In *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 77, Issue 12-B(E)).
4. Rieckmann, T., Fussell, H., Doyle, K., Ford, J., Riley, K. J., & Henderson, S. (2011). Adolescent substance abuse treatment: Organizational change and quality of care. *Journal of Addictions & Offender Counseling*, 31(2), 80-93. <https://doi.org/10.1002/j.2161-1874.2011.tb00069.x>
5. Salari, N., Jalali, A., Abdam, B., Abdi, A., & Daryoushi, H. (2020). *Community Assessment Inventory--Farsi Version* [Database record]. APA PsycTests. <https://doi.org/10.1037/t81027-000>
6. 2017 NSDUH Annual National Report. SAMHSA.gov. (2017). Retrieved January 26, 2022, from <https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report>