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IMPACT ANALYSIS OF LOVED ONE PEER COACHING ON PERSONS WITH
THE DISEASE OF ADDICTION

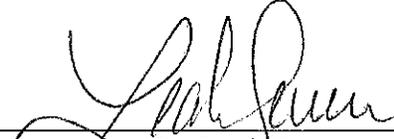
by

Ally Krupinsky

A Thesis Submitted in Partial Fulfillment
Of the Requirements for the
University Honors Program

Department of Addiction Studies
The University of South Dakota
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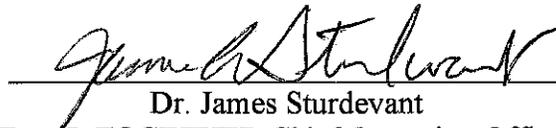
The members of the Honors Thesis Committee appointed
to examine the thesis of Ally Krupinsky
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ABSTRACT

Impact Analysis of Loved One Peer Coaching on Persons with the Disease of Addiction

Ally Krupinsky

Director: Leah Seurer, Ph.D.

When considering the impacts of addiction on society, it is important to include loved ones (LOs) – close friends and family members of those suffering from the chronic disease. The societal burden placed on LOs, in addition to the stress and pain they already experience in the face of addiction, results in an extremely neglected and isolated population. Using deductive thematic analysis procedures, this paper examines the role of LO wellness in person with disease (PWD) recovery by reviewing the impact of peer coaching, a new form of support for LOs. Semi-structured interviews with seven PWD and LO clients of Face It TOGETHER (FIT), an addiction management nonprofit, were analyzed in this study. Five primary themes were identified: “extended stress and overcompensating,” “helplessness,” “improved communication,” “openness to resources” and “mutually beneficial.” Ultimately, peer coaching lead to better communication and relationships, lessened helplessness previously felt by LOs and improved LO and PWD wellness.

KEYWORDS: Addiction, Family, Peer Coaching, Conflict Resolution, Communication

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CHAPTER ONE

Introduction and Literature Review

Addiction is a chronic brain disease with biological, psychological, social and spiritual manifestations (American Society of Addiction Medicine, 2011). Addiction has major impacts on society – it is estimated to cost more than \$700 billion a year in health care costs, crime and lost productivity (National Institute on Drug Abuse, 2016). In addition to being costly, the disease affects a significant number of people in the U.S. today. In fact, about 20 million people ages 12 and older had a substance use disorder in 2016 (Substance Abuse and Mental Health Services Administration, 2017).

When considering the impacts of addiction on society, it is important to include loved ones (hereafter LOs) – close friends and family members of those suffering from the chronic disease. While there is no definite number of LOs in the U.S. or worldwide, common estimates are considerable in number and demonstrate the need to research and support this population. When using the “commonly accepted formula” that one person’s behavior affects four to six others, McIntyre (2004) estimates 14 to 68 percent of the population in the U.S. may be affected by someone’s drug abuse or addiction (p. 237). Husaarts et al. (2011) estimates about five individuals suffer direct consequences for every person abusing drugs or other alcohol. Orford et al. (2008) conservatively estimates if one person is directly impacted by each person with the disease (hereafter PWD), the number of LOs worldwide may be around 100 million based on World Health Organization (hereafter WHO) estimates (2012). Though more studies have been done in recent years, WHO states there has been “limited emphasis” on research regarding those

other than PWDs affected by substance use (WHO, 2014, p. 15). Studies of the impacts of alcohol, for example, generally focus on the drinkers themselves (Casswell, You & Huckle, 2011). Because of this, LOs “remain largely unknown... and they mostly suffer in silence” (Daley et al., 2018; Orford et al., 2012, p. 71).

As such, this paper aims to increase understanding regarding the role of LO wellness in PWD recovery, which is historically understudied. After a review of the LO literature throughout time, this paper also includes a qualitative analysis of a new form of support for LOs, including its impact on PWD wellbeing.

The LO support landscape is still largely characterized by judgment and ineffective guidance. LOs are a population that deserves efficient support, both for their own wellness and for their role in helping PWDs get well. Historically, the addiction treatment field has not adequately helped LOs (Foote et al., 2014). In fact, the blame LOs already feel is reinforced by the demeaning and insensitive way popular theories and practices still approach the population (McCann & Lubman, 2018; Orford et al., 2012). LOs report poor health, sleeping and eating habits, as well as increases in their own substance use while the PWDs in their lives are suffering (Orford et al., 2012). Some LOs even meet the diagnostic criteria for post-traumatic stress disorder (Foote et al., 2014).

In addition to being portrayed negatively in the literature, LOs are ultimately neglected in research at large – little is known regarding the role of their wellness on those they are supporting. Additionally, LOs are regularly advised to do the opposite of what is proven to be effective when it comes to helping PWDs. Research points to CRAFT, a non-confrontational approach for LOs to get PWDs into treatment, as a more effective option. Despite its demonstrated success, Al-Anon and the Johnson Institute

intervention are still often the primary options for LOs (Roozen, Waart & Kroft, 2010, p. 1734). CRAFT is consistently effective regardless of substance, ethnicity or LO relationship (Roozen, Waart & Kroft, 2010), while confrontational approaches are “ineffective and at times harmful” (Foote et al., 2014, p. 60). Still today, little research exists regarding the role of LOs in getting PWDs well and how to best do so (Miller, Meyers & Tonigan, 1999). Most studies include “small sample sizes, limited outcome measures and methodological problems” (Miller, Meyers & Tonigan, 1999, p. 688). Issues surrounding addiction in the family are under-researched, especially regarding the recovery process of LOs (McCann & Lubman, 2018; Nelson, Henriksen & Keathley, 2014; Roozen, Waart & Kroft, 2010). Furthermore, research that does exist “tends to pathologize the family” and is not focused on the family members’ wellness journeys (Nelson, Henriksen & Keathley, 2014, p. 4).

Literature Review

Based on the limited research that is available on LOs, studies indicate that the stress of addiction often manifests itself as physical and psychological issues (Nelson, Henriksen & Keathley, 2014). Addiction among PWDs has a “dire impact” on LOs, ranging from relationship problems to mental health issues such as depression, post-traumatic stress disorder and more (Roozen, Waart & Kroft, 2010, p. 1729). Young and Timko (2014) identify six categories of alcohol-related problems faced by PWDs as well as LOs: physical symptoms, injury, mental health, financial, legal and relational. In one study, mothers of PWDs struggled in their relationships with their other children and husbands, finances and maintaining day-to-day activities in the face of disorder caused by addiction (Nelson, Henriksen & Keathley, 2014). A study by Casswell, You and Huckle

(2011) focused on the subjective wellbeing and health status of people affected by heavy drinkers in New Zealand. They found the presence of heavy drinkers in participants' lives was associated with lower satisfaction in most domains of life, as well as increased pain, discomfort, anxiety and depression (Casswell, You & Huckle, 2011). Additionally, participants around the "highest intensity" of heavy drinkers were twice as likely to report lower satisfaction with their personal health and relationships than those not exposed to heavy drinkers (Casswell, You & Huckle, 2011, p. 1092). A study of more than 30 pairs of PWDs and LOs revealed that both populations report similar levels of physical and psychological distress (Hussaarts et al., 2011). The study also found that LOs report significantly lower relationship happiness than PWDs (Hussaarts et al., 2011).

In addition to suffering poor physical and mental health, LOs often experience an incredible amount of blame and judgment from those around them, including treatment providers. "Throughout the history of addiction in America, family members have been castigated more as causative agents and sources of recovery sabotage than as recovery resources or individuals deserving services in their own right" (White & Savage, 2005, p. 1). This is still true today – LOs are still seen and described very negatively (Nelson, Henriksen & Keathley, 2014). LOs have been "long-cursed" by stigma, neglect and misunderstanding (White & Savage, 2005, p. 1). White and Savage (2005) outline societal and familial perspectives surrounding addiction as far back as the 1830s. For the purposes of this paper, the periods outlined by White and Savage since the start of Alcoholics Anonymous (hereafter A.A.) have been included.

A.A. is a free 12-step resource for PWDs with an alcohol addiction (Alcoholics Anonymous, 2017). Founded in 1935, A.A. now has members in 180 countries and is still

one of the most common forms of support for PWDs (Alcoholics Anonymous, 2017). Members of A.A. are assigned sponsors to help them work through the 12 steps and overcome obstacles in their recovery journeys. The A.A. philosophy is one of powerlessness, in which members are told to admit early on in their engagement in the program. There is also a strong emphasis on relying on a higher power to achieve sobriety.

A.A. has led to the creation of several other support groups for PWDs, including Narcotics Anonymous, Crystal Meth Anonymous and others for those with process addictions. Multiple support groups have also been created specifically for LOs, including Al-Anon, Nar-Anon and Alateen. Al-Anon, a support group for LOs of those with alcohol addictions, is also widely-available around the world, including via online meetings. Al-Anon helps LOs “assess and adjust their thoughts and behaviors” regarding their PWDs (Young & Timko, 2014, p. 62).

LOs did not begin joining A.A.-affiliated support groups until the 1940s, and Al-Anon was not formally created until 1951 (White & Savage, 2005). In *Twelve Steps and Twelve Traditions*, originally published in 1952, the PWD is generally depicted as too dominant or too dependent when it comes to family relationships (1981). Explicit attention is paid to the relationship between spouses – particularly those where the husband has an alcohol addiction (*Twelve Steps and Twelve Traditions*, 1981). The husband “becomes a sick and irresponsible child,” and the wife takes on the role of “the mother of an erring boy” (*Twelve Steps and Twelve Traditions*, 1981, p. 118).

Increasingly, LOs were presented in studies throughout the 1950s as exacerbating the disease of addiction, especially wives whose husbands had addiction (White &

Savage, 2005). The studies, as well as literature from this time, are incredibly critical of these wives – portraying them as “neurotic, sexually repressed, dependent, man-hating, domineering, mothering, guilty and masochistic, and/or hostile and nagging” (White & Savage, 2005, p. 10). According to Orford et al. (2012), research on LOs remains scarce, belittling and largely focuses on the wives of men with alcohol addictions. The few times husbands of women PWDs have been included in research, they have also been stereotyped and labeled negatively (Orford et al.). Other relatives such as siblings, aunts and uncles and in-laws, have received little attention (Orford et al.). In addition to the role of wives, the family of origin for men who had addiction received more attention during the 1950s, particularly the mother-son relationship (White & Savage, 2005). Mothers of PWDs may still be labeled “co-alcoholics” or “co-addicts” (Nelson, Henriksen & Keathley, 2014, p. 1). Still today, existing research focuses largely on women LOs; men have not been studied nearly as much (Orford et al.). An exception to this standard is children of PWDs, to whom “whole literatures” are dedicated (Orford et al., p. 71). LOs of those with addiction do appear in research studies regarding domestic violence and mental health, but issues surrounding alcohol or other drug abuse rarely receive additional attention (Orford et al., 2012). This remains true in the context of the current U.S. opioid epidemic – support for LOs is given little attention (Daley et al., 2018).

Despite the emerging stigmas in the 1950s and 1960s, more treatment options were developed for LOs during this time (White & Savage, 2005). The view of addiction as a family disease saw traction in the 1970s, as did the notion of enabling (White & Savage, 2005). The concepts of enabling, tough love, hitting rock bottom and codependency are still popular today and are not beneficial to LOs, PWDs or the wellness

journeys of either (Roozen, Waart & Kroft, 2010). Codependency, for example, remains a popular concept around the world despite a lack of evidence to prove its legitimacy (Orford et al., 2012). The notion of codependence centers on dysfunctional relationships in which LOs suffer from low self-esteem, are unable to set appropriate boundaries with PWDs and struggle to meet their own needs, among other factors (White & Savage, 2005). These theories compound the blame already felt by LOs desperate to help get PWDs well (Orford et al., 2012).

The 1980s largely centered on the effects of addiction on children of PWDs (White & Savage, 2005). For the first time, LOs were considered “patients in their own right” (White & Savage, 2005, p. 13). This was also when the codependence movement first took off (White & Savage, 2005, p. 13). Multiple psychologists in the 1980s believed codependence was a disease itself (White & Savage, 2005). Addiction treatment providers started offering “codependency treatment tracks” and prolonged PWD treatment if the clients were having “codependency issues” (White & Savage, 2005, p. 13). Eventually, LOs were admitted as primary patients and received personalized treatment (White & Savage, 2005). The codependency condition and its treatment saw a lot of criticism and ultimately ended in the early 1990s (White & Savage, 2005). Though numerous issues were raised, particularly with the placement of blame and accountability on LOs and not PWDs, the economic impacts of such an inclusive movement are ultimately what led to its end (White & Savage, 2005). One of the major criticisms of codependency is its broad definition, which resulted in the absence of “clinical utility” (White & Savage, 2005, p. 14). “Insurance companies, observing the ever-widening conceptual net of codependency, reasonably concluded that it would be financial suicide

to provide coverage for a disease that apparently almost everyone had” (White & Savage, 2005, p. 14). In addition to stopping coverage for codependency treatment, insurers reduced coverage for addiction treatment as a whole during this time (White & Savage, 2005).

White and Savage (2005) state addiction was re-stigmatized, re-criminalized and redefined as a moral issue and not a medical one in the 1980s and 1990s. Focus groups conducted with LOs in the early 2000s included repeated themes of stigma, silence and shame – both in their communities and in treatment facilities (White & Savage). “For two centuries, families have been as likely to be blamed for the addiction of one of their members as offered support in responding to that addiction and its impact on themselves” (White & Savage, p. 31). The societal burden placed on LOs, in addition to the stress and pain they already experience in the face of their PWDs’ addiction, results in an extremely neglected and isolated population.

Despite a lack of empathy in the general public and field of addiction treatment, LOs can positively influence PWDs to seek help and remain well. LOs often have a crucial impact on PWD wellness when they are involved in the recovery process (Foote et al., 2014). Research has shown involving LOs “significantly increases the odds of improvement and helps maintain positive changes” (Foote et al., 2014, p. 11). In order for more PWDs to get well from addiction, LOs need access to effective, nonjudgmental resources. LOs still face stigma today and often receive poor guidance when it comes to getting PWDs well. LOs, especially parents, still report shame and embarrassment (McCann & Lubman, 2018). Stigmatization of LOs results in blame, humiliation and isolation, and decreases their ability to help PWDs (McCann & Lubman, 2018). Even

seeking help can be highly negative – LOs report facing judgment in clinical settings (McCann & Lubman, 2018; Orford et al., 2012, p. 74). Additionally, advice LOs receive is frequently contradictory, if not harmful, and does not align with intervention best practices. Non-confrontational approaches have consistently seen higher success rates than other combative approaches, but the rhetoric surrounding the role of LOs is largely negative and promotes tough love (Miller, Meyers & Tonigan, 1999; Foote et al., 2014). For example, recent studies show the Al-Anon concepts of LOs accepting powerlessness and detaching from PWDs may not be productive (Roozen, Waart & Kroft, 2010). More recent interventions challenge this idea and promote LOs taking an active role (Bischof et al., 2016). Al-Anon groups also encourage LOs to let PWDs “hit bottom,” and warn them against the “‘disease’ of codependence,” though those concepts are not evidence-based (Foote et al., 2014, p. 115). In *My Addicted Son*, David Sheff relays his journey as a LO navigating the treatment industry for his son’s methamphetamine addiction (2005). Sheff (2005, p. 6) sought guidance from teachers and administrators, counselors, treatment providers and 12-step meeting facilitators at different points in his son’s addiction:

I was bombarded with advice, much of it contradictory. I was advised to kick him out. I was advised not to let him out of my sight. One counselor warned, "Don't come down too hard on him or his drug use will just go underground." One mother recommended a lockup school in Mexico, where she sent her daughter to live for two years. A police officer told me that I should send Nick to a boot camp where children, roused and shackled in the middle of the night, are taken by force.

Sheff recounts multiple attempts to follow through on the “threat(s)” he levied against his son, including not permitting him to stay in the house and cutting him off financially

(2005, p. 8). He also describes his utter confusion and frustration at the addiction treatment system, his son's behavior and his inability to get through to his son (2005). Sheff's experience is not unique; LOs are frequently told to detach from PWDs if they are unmotivated to change, or to force them into treatment (Foote et al., 2014). This results in LOs either passively waiting for change, or aggressively demanding it – neither of which fosters motivation to change or work toward addiction wellness (Foote et al., 2014).

Despite the emphasis on detachment that still exists, more helpful resources are becoming available to LOs. For example, the guidance outlined in *Beyond Addiction: How Science and Kindness Help People Change* (2014) is largely based on the principles of the Community Reinforcement and Family Training (CRAFT) approach (Foote et al.). CRAFT teaches LOs coping skills, how to improve communication and strategies to reduce the PWD's substance use and increase their motivation for change (Miller, Meyers & Tonigan, 1999). This approach is non-confrontational and prioritizes the LO's wellness, which sets it apart from other common intervention styles (Miller, Meyers & Tonigan, 1999). Through skills training, CRAFT places an emphasis on empowerment and self-care, which leads to improvements in LO self-esteem and independence (Roozen, Waart & Kroft, 2010). In addition to helping LOs gain wellness, CRAFT is an effective way for LOs to help PWDs seek and get help for addiction. Unlike other popular approaches like Al-Anon and the Johnson Intervention, CRAFT does not advise LOs to let PWDs hit rock bottom and focuses on LO empowerment rather than powerlessness (Roozen, Waart & Kroft, 2010). CRAFT and other collaborative

approaches see a 64 percent rate or greater of getting reluctant people into treatment, while confrontational approaches see about a 30 percent rate (Foote et al., 2014).

In a randomized clinical trial, Miller, Meyers and Tonigan (1999) evaluated the effectiveness of three different methods for LOs to get their friend or family member into treatment for alcohol addiction. The three techniques, an Al-Anon facilitation therapy, a Johnson Institute intervention and CRAFT, all vary in their confrontation styles and emphasis on LO wellness (Miller, Meyers & Tonigan). Al-Anon, the most common and widely-known form of support for LOs, advocates detachment from the PWD and encourages LOs to accept their powerlessness over PWDs (Miller, Meyers & Tonigan). Support groups like Al-Anon are often helpful in providing LOs support and guidance from others with a lived experience (Daley et al., 2018). Though Al-Anon benefits LOs in the form of peer support, its members are discouraged from giving advice or direction to one another (Miller, Meyers & Tonigan). The Johnson Model Intervention, another popular LO resource, centers around a confrontational meeting where LOs describe the effect of the PWD's addiction and demand treatment (Miller, Meyers & Tonigan). There is little focus on the LO's wellness in the Johnson approach (Miller, Meyers & Tonigan). Of the three approaches, CRAFT stands alone in measuring outcomes related to LO wellbeing. CRAFT was found to be "substantially more effective" than the Al-Anon facilitation and Johnson Institute intervention in getting PWDs into treatment (Miller, Meyers & Tonigan, p. 695).

In a more recent analysis of the efficacy regarding these three approaches, CRAFT resulted in far higher rates of PWDs engaging in treatment, as well as improved conditions for LOs, than other common interventions (Roozen, Waart & Kroft, 2010).

CRAFT was determined to be three times more effective than Al-Anon/Nar-Anon and two times more effective than the Johnson Institute intervention, though there were limited studies on the former approach (Roozen, Waart & Kroft, 2010). LOs engaged in CRAFT saw improvements in the areas of anger, depression, family cohesion and relationship happiness, regardless of PWD engagement (Roozen, Waart & Kroft, 2010). In a separate analysis of three randomized controlled trials, PWD participants in CRAFT were much more likely to enter treatment than those whose LOs participated in Al-Anon (Meis et al., 2013). Meis et al. (2013) concluded CRAFT is “efficacious and specific” when it comes to improving treatment initiation rates, though there was not enough evidence to conclude CRAFT results in decreased substance use or improved family functioning (p. 281). Other studies of CRAFT have found positive results across a range of demographics in addiction substance, ethnicities and relationship between LOs and PWDs (Foote et al., 2014). A randomized controlled trial in Germany, for example, showed that CRAFT resulted in “significant reductions to psychological strain” and “significant improvements in mental health and relationship happiness” when compared to LOs on a waitlist for services (Bischof et al., 2016). Other studies found that two-thirds of PWDs who were previously opposed to treatment agreed to enroll after LOs participated in about five CRAFT sessions (Foote et al., 2014). Additionally, the majority of LOs in CRAFT reported increased happiness, less depression and anger, as well as an increase in family cohesion and less family conflict, whether the PWD engaged in treatment or not (Foote et al., 2014).

While CRAFT is clearly successful in terms of treatment engagement and LO wellbeing, there are still a lack of services available to LOs nationwide, as well as a gap

in nonjudgmental research surrounding their role. Paradoxically, addiction is still largely thought of as a family disease, but most LOs are not given the chance to improve their own health or even to receive non-stigmatized help (Daley et al., 2018). This study aims to address these shortcomings by reviewing the impact of a relatively new resource in the LO arena. Face It TOGETHER (FIT), an organization created in South Dakota, aims to address the needs outlined previously in the form of peer-based coaching for LOs. The FIT LO program, which includes many of the CRAFT principles, aims to help LOs improve communication with PWDs, establish healthy boundaries and strengthen their own wellbeing (FIT, n.d.). FIT has been developing its programming for LOs since early 2015 and launched its official coaching program for LOs in 2017. Since then, it has increased the emphasis on LO support, and it has become clear that helping LOs has a positive ripple effect.

Context for Study

FIT offers addiction management services, including peer coaching, to help PWDs and LOs manage the chronic disease of addiction (FIT, n.d.). The nonprofit has locations in Sioux Falls, SD, Bemidji, MN, Fargo, ND and Denver, CO. The concept behind FIT began in Sioux Falls in 2007 by current CEO Kevin Kirby, a South Dakota business leader and long-term addiction survivor. Kirby created FIT after recognizing the need for a collaborative and nonjudgmental resource for those suffering from addiction (White, 2016). The organization's culture prioritizes data, transparency and respect for clients – all of which Kirby found were lacking in his research of existing forms of support (White, 2016). FIT's primary service is peer coaching, which can be delivered via phone, video or in-person at a FIT addiction management center. FIT peer coaches

have lived experience as PWDs, LOs or both; they are not licensed treatment providers (FIT, n.d.).

Prior to the official LO coaching launch in 2017, FIT completed a comprehensive review of the existing resources available to LOs. The organization came to the following conclusions: programming for LOs still largely focuses on PWDs, LO peer coaching is rare but necessary, and the needs of LOs must be addressed in order to improve their lives and the lives of their PWDs. Historically, most FIT clients were PWDs, but LOs are a growing client base within the organization. More than 700 clients engaged in FIT coaching in 2017 – 131 of them were LOs (FIT, 2018).

FIT tracks the wellbeing of its clients – PWDs and LOs – through the Recovery Capital Index (hereafter RCI), an externally validated comprehensive instrument that measures addiction wellness (Whitesock et al., 2018). The RCI includes three domains and 22 components in areas covering personal, social and cultural capital (Whitesock et al., 2018). According to FIT's latest Annual Report, after 60 days of coaching, FIT LO clients reported they were 48 percent less likely to feel emotions were interfering in their daily lives and 100 percent less likely to feel their values were being compromised by the PWD in their lives (FIT, 2018).

FIT was chosen for this study because of its LO program and its process for measuring client outcomes. Though peer coaching services for addiction are on the rise in the U.S., coaching specifically designed for LOs remains rare. There are a number of resources available to LOs – the *Family Resource Center*, *SMART Family & Friends*, *Save the Michaels of the World*, *Michael Pantaloni* – but many have a very niche focus. For example, the *Family Resource Center* provides information specific to adolescents,

and *Save the Michaels of the World* and *Michael Pantaloni* are primarily focused on advocacy efforts, not LO wellbeing (Family Resource Center, n.d.; Save the Michaels of the World, Inc., n.d.; The Institute for Life Coach Training, n.d.). SMART Family & Friends is a non-spiritual support group for LOs that uses the fundamentals of SMART Recovery and CRAFT (SMART Recovery, n.d.). FIT is unique in its approach because it is not solely a support group or intervention, like many of the existing LO resources, and it continually prioritizes and measures LO wellness. Additionally, FIT was chosen for its close ties to CRAFT. The FIT LO program is fundamentally based on the CRAFT principles, including active listening, positive reinforcement and self-care. However, FIT diverges from CRAFT in a number of ways. First, FIT coaching is delivered by trained peers, not certified clinicians. Additionally, while CRAFT places an emphasis on LO wellness and self-care, its ultimate goal is to get PWDs into formalized treatment. FIT peer coaches do help LOs navigate treatment options for PWDs within their communities, but LO wellness is how success is measured, whether the PWD engages in treatment or not. FIT and CRAFT also differ in their philosophies surrounding PWD treatment. Typically, CRAFT emphasizes formalized addiction treatment as the means for PWDs to get well. FIT coaches do help their clients enroll in formal treatment if needed, but they also support a broad range of options when it comes to PWD wellness. They offer recommendations based on the needs of each individual client. Another differentiator between FIT and CRAFT is their approach to providing information regarding the disease of addiction to LOs. CRAFT does educate LOs, but the focus is generally on behaviors rather than the addiction disease model, which FIT coaches explain most often. Research supports that it is generally very helpful for LOs to receive

information about the science behind addiction (Daley et al., 2018). Lastly, FIT continues coaching with LOs even after their PWDs seek treatment or other forms of support. Typically, CRAFT counselors are on a more structured timeline and stop seeing LOs after PWDs enroll in treatment. Ultimately, though CRAFT is clearly a valuable LO resource, more studies need to be conducted to better understand the role of LOs and their personal wellness.

Need for Study

The present study includes a qualitative analysis of the role of LO wellness in helping PWDs achieve addiction recovery. The study's overall aim is to explore how improved communication, boundary setting and LO self-care impact the dynamic between LOs and PWDs, and ultimately PWD wellness, through the analysis of a new form of support for LOs. The literature review examining LO resources and wellness found gaps in both research and support systems. Though large in number, the population of LOs is inadequately and unsympathetically addressed, despite their clear need for resources. It is also apparent that LOs play an important role in PWD recovery. Thus, in order for addiction to be efficaciously addressed, LOs must be included in the field's dialogue and treatment (Daley et al., 2018). As such, the study seeks to answer the following research question:

RQ: What role does a loved one's wellness and the way they communicate have on someone with the disease of addiction on seeking help, getting well and staying well?

This study, which includes seven in-depth interviews with PWDs and LOs, will contribute to the existing body of research by analyzing the impacts of peer coaching and progression of both populations. Additionally, the study will introduce the FIT peer

approach – a relatively new form of LO support not previously studied. While other qualitative studies of LOs have focused on stigma or challenges to receiving help, these interviews explore the changes that occur once a LO personally receives wellness coaching.

CHAPTER TWO

Methods

Access to Data

The student researcher was granted permission to analyze existing FIT data and conduct additional interviews with FIT coaching clients because of her status as a current FIT employee. All FIT clients sign a release for their non-identifiable information to be used for evaluation purposes prior to their participation in coaching. Additionally, all FIT personnel sign a confidentiality and non-disclosure agreement at the start of their employment. The interviews from 2017 were conducted by a then-summer intern of FIT, who signed the same agreement.

Participant Recruitment

Prior to beginning the study, the research study and data collection was approved by the Institutional Review Board at the University of South Dakota. Participants were recruited based on the following criteria: 1) They were a related pair – one child and one parent; 2) Both the LO and PWD are currently or were previously enrolled in FIT coaching services; and 3) The PWD client is actively pursuing recovery, and all clients are far enough in the wellness process to participate (decided at the discretion of their addiction management coach or coaches).

All FIT clients are at least 18 years old. Otherwise, there are no qualification criteria to receive peer services from FIT. Participants were initially contacted about the study by their FIT addiction management coach. If verbal permission was granted to the coach, they were contacted by the student researcher via email to set up an interview

time. Interviews were conducted over the phone and ranged from 18 to 35 minutes long. Each participant was given a \$50 Hy-Vee gift card. A total of three interviews were conducted in 2018. A heterosexual married couple and their adult son, the PWD, were all interviewed separately. The student researcher sought parent and children clients because she already had access to data regarding husband and wife pairs.

Four interviews conducted by FIT in the summer of 2017 were also analyzed in the present study. Participants of the 2017 interviews included two sets of heterosexual married clients – one with a husband PWD and one with a wife PWD. Interviews ranged from 15 to 30 minutes. Three were conducted in person at the FIT Sioux Falls addiction management center and one was conducted over the phone. Informed consent forms were signed by all four participants, who each received a \$50 incentive.

All seven interviews were semi-structured and focused on the following: the relationship between the LO(s) and PWD before and after coaching, how communication changed or did not change between the LO(s) and PWD after coaching, the impact of the LO(s) prioritizing their own health and other topics related to the process of getting well. A few interview questions included: Before seeking help, how was your relationship with your loved one; where did you initially seek information regarding addiction; what factors, if any, prevented you or your loved one from seeking help for addiction; and what changes did you notice once you or your loved one started coaching? These questions appeared across all interviews, regardless of when they were conducted.

Participant Demographics

There were a total of seven participants – four LOs and three PWDs (see Table 1). Two PWDs were male while the four LOs were split evenly in terms of sex. Alcohol was

the primary addiction for two PWDs; bath salts was the primary addiction for the third. All participants were White and had some education above high school. Five received bachelor's degrees, one received a master's degree and one attended college but did not receive a degree. At the time of coaching enrollment, four participants were employed full-time, one was employed part-time, one was retired and one was unemployed but looking for work. Five indicated they never served in the military, one was a veteran and one did not answer the question. Income ranges included the following: one \$25,000 to \$34,999, one \$50,000 to \$74,999, one \$100,000 to \$149,99 and two more than \$150,000, as well as one who declined to answer. All participants – LO and PWD – had multiple children.

Client characteristics were collected through FIT's demographic and intake survey instrument, which included an option to decline answering any of the questions.

Data Collection and Analysis

Data collection for this study began with the interviews, which ranged from 15 to 35 minutes. Participants were interviewed over the phone or in person. All interviews were audio recorded and transcribed for data analysis. Transcriptions were completed by the student researcher and interpreted using deductive thematic analysis procedures. As defined by Braun & Clarke (2012), deductive interpretation is “a top-down approach, where the researcher brings to the data a series of concepts, ideas or topics that they use to code and interpret the data” (p. 58). This study's analysis is deductive because of the student researcher's existing knowledge regarding addiction, behaviors surrounding LOs and PWDs and the FIT coaching program. As FIT's content strategist, the student researcher has conducted numerous interviews with peer coaches as well as other team

members who were a part of the FIT LO coaching program launch in 2017. Lastly, because the student researcher had access to the existing interviews before conducting her own, it is reasonable to conclude the concepts and topics presented in that first data set influenced the next round of interviews. The steps to coding as laid out by Bazeley also influenced the data analysis (2013).

CHAPTER THREE

Results

This study sought to understand the impact of LO wellness on PWDs' ability to seek help, get well and stay well from addiction through the qualitative analysis of a new form of support for LOs. Overall, five primary themes were identified regarding relationships, communication and wellness of LOs and PWDs: "extended stress and overcompensating," "helplessness," "improved communication," "openness to resources" and "mutually beneficial." The themes "extended stress and overcompensating" and "helplessness" highlight the pain and confusion LOs experience when trying to help PWDs. The remaining three themes, "improved communication," "openness to resources" and "mutually beneficial," all explain the improvements participants reported as a result of FIT coaching. Though experiences were varied among the sets of LOs and PWDs, all had similar feelings regarding the results of coaching and LO involvement.

Theme One: Extended Stress and Overcompensating

The first theme illustrates the day-to-day stress and additional responsibilities experienced by LOs. Before PWDs achieved wellness, the lives of LOs were characterized by worry and their attempts to reconcile PWDs' shortcomings in family life. This theme emerged early on in nearly every participant interview – LOs were incredibly overwhelmed and frustrated by their PWD's addiction and by their inability to fix what was happening. LO language surrounding this theme included words such as "afraid," "exhausting," "stressful" and "consuming." It was a clearly very distressing time in their lives. While their PWDs were still suffering from the symptoms of

addiction, LOs' daily lives were tumultuous and demanding, particularly the spouse LOs. The parent LOs also described exhaustion but were a little more removed from the day-to-day impacts of their son's disease before he moved in with them. Early on, they were not as aware of everything that was happening – their rhetoric was more focused on worry and concern, whereas the spouse LOs expressed more frustration. Additionally, spouses described addiction's effect on their daily responsibilities in more detail, particularly when it came to their children. The husband LO, for example, said his family business was impacted by his wife's addiction. He was always stressed wondering if she was drunk or unconscious around the children, so he tried to "take care of" more responsibilities around the house. He also said there was a lot of fighting between him and his wife, which had a negative effect on their children:

Um, so I was reaching out to my dad, trying to fix things and it just, trying to have a stable life at that point was nonexistent, um because my main focus as being a spouse and a father to my kids was to try and fix things... In time that'll go away, but very heartbreaking to know that, the effect that it had on the kids, what it did to our personal life, um, it was just a complete mess.

This reflection demonstrates his distress and attempts to keep life as normal as possible for his family. Prior to getting help, he and his wife described their relationship as distant and disconnected. The wife PWD described trying to avoid her husband in an attempt to hide the symptoms of her addiction.

Similarly, the wife LO and husband PWD described their relationship to be disconnected. The husband PWD was absent from the home a lot of the time, generally because he was either working or drinking. The wife LO talked at length about her

tendency to do as much as possible for others. A mother of four children, she tried to take care of as much as possible for her husband and children:

Um, so yeah, it was very much all-consuming... a loved one just goes on autopilot and tries to kind of overcompensate for that. So when you don't really realize how much you're doing or how exhausting it is, you know cause you just do it. Um, yeah so I would say it affected everything, you know just every day.

She said this pattern went on for years – she tried to be a “super mom” and maintain normalcy within their lives. In fact, she did not realize how much she was taking on, emotionally and within the family, until she became a FIT client. Before her husband received help, her daily experiences revolved around his drinking and her consequent difficulties keeping everything in order.

All four LOs described ways they tried to “fix” or take care of as much as possible to lessen addiction’s effects on daily life, especially regarding the children of PWDs. Spouse LOs described taking on more within their households to lessen the impact of their spouse’s addiction, and the parent LOs of the adult PWD son eventually helped him take care of his children at their house.

Theme Two: Helplessness

The second theme also demonstrates the difficult and confusing world of LOs. Despite wanting to help, LOs did not know what to do for extended periods of time. This was true for years; all LOs relayed the distress that resulted from not knowing how to best help. This worry and lack of direction had a significant impact on LOs. Additionally, they expressed frustration at the absence of effective solutions for addiction. The wife LO said she thought about reaching out for help several times throughout the years but felt

overwhelmed and unsure of what to do: “There were numerous times where I thought we needed help. But I didn’t know what to do or where to go.” Similar to the rhetoric of the first theme, she felt overwhelmed when it came to getting her husband the help he needed for his addiction. Though it would sometimes improve, he struggled with the disease for years and she was at a loss for how to best support him.

When they first found out about their son’s addiction, and for years after, the parent LOs grappled with how to help their son, especially before he moved in with them. Even after he moved in, they were unsure of what to do to help him overcome his disease. Before he engaged with FIT, the father LO said he had little knowledge of addiction and did not know what to do:

You know our love for him was never-ending, but we didn’t know how to help. And uh, so we, we had, you know it was, [sigh], you know it was pretty, pretty exhausting to not know and you know worry about him all the time every day. Um, not knowing what he was doing and how he was handling it.

Unfortunately, this was a common experience among the LO participants. This expression of turmoil and anxiety was very evident – LOs simply did not have the information they needed to help their PWDs become well. The PWD participants, with the exception of the adult son, relayed this as well. Before FIT coaching, spouse PWDs gave examples of communication and other actions of LOs that did not help further their recovery or desire to seek help. The wife PWD stated:

He was very um, unsure of like boundaries and what he could and couldn’t do, and he didn’t know really any way to help me or support me other than, “Don’t drink. You can’t drink. Don’t do it. I can still drink, but you can’t.”

She said her husband asked if she needed help multiple times, but “had no idea what to do.” She also said he is not normally someone who feels comfortable reaching out for help, which demonstrates how at a loss he was when he decided to seek support from FIT.

When it came to pursuing help for addiction, LOs sought information from family friends most often and saw mixed results. One, the husband LO, said he received “textbook answers” from treatment providers, lawyers and friends who were counselors. The wife LO said her in-laws placed the responsibility of getting her husband well on her shoulders. The parent LOs described an intervention they conducted with a family friend in recovery, which was not successful. However, advice and connections from family friends sometimes yielded positive results. That is how all LOs heard of FIT. They either knew a former FIT client, someone employed by FIT or a relative of someone employed by FIT.

Because all PWDs struggled with addiction for multiple years, other attempts at recovery were made before their LOs engaged with FIT. Two PWDs attended in-patient treatment either before or while their LOs sought coaching from FIT. They were each enrolled in in-patient treatment twice. The third PWD was not willing to attend treatment, primarily because of an experience he had as a child that resulted in his aversion to counseling.

Overall, this helplessness resounded across LO interviews and also appeared in PWD interviews. LOs struggled to find reliable information to help their PWDs seek help and get well, often for years.

Theme Three: Improved Communication

Nearly all participants described an improvement in communication in their relationships once LOs started coaching at FIT, even before PWDs sought coaching from FIT. Prior to receiving help, communication between spouses was described as angry and confrontational. Spouse PWD language surrounding this theme included words such as “defensive,” “aggressive” and “demanding.” Spouse LOs said they would try to make their PWDs feel bad or realize how “awful” they were being in order to get them to change. The wife LO said she knew her confrontational approach would usually only make her husband want to drink more, not less, but she did not know how to stop or what her reactions should be:

I would get mad, and your natural responses I'd yell at him, I'd nag at him, I'd say things, mean things I think 'cause I thought that made me feel better. You know like, “You're a loser,” or whatever I'd say, hurtful things, which didn't make me feel better, it made me feel worse. Um, and all that it did was perpetuate the cycle of him wanting to drink.

After she enrolled as a client at FIT, she did not react angrily. Instead, she would simply state her perspective and explain that she would not stay unhealthy anymore. Eventually, after several FIT coaching sessions, she laid out her husband's options for getting well. Though similar to an ultimatum, it was not delivered in anger and included several options for his behaviors moving forward. She did not push coaching or other treatment supports but said he would have to either get well with her or stay unwell by himself. Her husband said before coaching, their communication “almost solely revolved” around his addiction and was very disconnected overall. The confidence his wife gained while she was engaged with FIT made him think more about his choices and how they were

affecting the people closest to him. After some hesitation, he ultimately decided to enroll as a FIT client and get well from addiction.

As with the first couple, the conversations between the wife PWD and husband LO changed significantly after they received coaching from FIT. Prior to receiving help, the couple fought often and did not understand each other. The wife PWD said she used to deny that she had a problem and got very defensive; she did not feel supported or willing to talk to her husband. After he became less confrontational, she was less likely to put up a wall and make excuses for her behaviors. She said her husband's whole attitude and approach changed once he became a FIT client:

He wouldn't become as angry at all. Like he started talking to me differently, and starting out like, "You know, no matter what I love you, but I do notice something's not right." And when he would talk to me he wouldn't yell, he wouldn't scream, he would talk.

Once they were able to have a conversation without it escalating into an argument, the wife PWD was more open to receiving help. His calm demeanor made her calmer, too. The husband LO said one of the first things his FIT coach told him was to go home, apologize to his wife and tell her he would do things differently. Previously, he was verbally aggressive, which resulted in frequent arguments.

Two participants did not fit within this improved communication theme. The mother LO and son PWD did not feel that coaching had an impact on the way in which they communicated:

We, we were not yellers and screamers. We've never been yellers and screamers. That, that's not our, the way we do things here.

As relayed above, the mother LO felt that her communication remained consistent before and after coaching. She did express the desire for her son to be more open with his struggles but understood he does not want his parents to worry and is not a very communicative person in the first place. The son PWD also did not believe there were any changes in his interactions with his parents:

They were, you know, they were supportive, they always have been. So, um, I don't know if anything really changed there.

He did not experience any confrontational exchanges with his parents, though he did describe ultimatums he received from his wife at the time of his active addiction. This view – that coaching did not impact communication with his parents – may be due to the development of his addiction later in life, their non-confrontational dispositions or his generally introverted demeanor.

The father LO, however, believed there was a gradual improvement in communication with his son. He described his son as “a new person,” though he said his son is still not very talkative.

Well, um, actually, I can talk to him. I mean I, you know before, before we were, when we'd talk we were you know just on, we didn't know what to say. And we were on pins and needles.

The father also gave examples of activities they now do together that they previously did not, such as telling jokes, golfing and having more in-depth conversations over meals.

Once LOs had the skills to talk more calmly with their PWDs, they were more effective. This was especially evident among the spouse participants, who previously fought often. One common improvement in communication between LOs and PWDs was

increased empathy on the part of LOs. After engaging in FIT coaching, LOs had an easier time relating to their PWDs, as well as a better understanding of the disease of addiction. This presented itself a little differently for each LO participant. The parent LOs were particularly grateful for the knowledge they gained regarding addiction. Both parents said they found the resources their FIT coach recommended to be extremely helpful, especially the book *Beyond Addiction: How Science and Kindness Help People Change*. They were glad to no longer be “ignorant” when it came to the science behind the disease, which helped explain some of their son’s behaviors and lessen their fears surrounding a potential recurrence of symptoms. The father LO said their understanding of addiction allowed them to help their son to a “much greater extent” than they thought was possible. Though they were already sympathetic prior to coaching, the information they received helped them better understand what their son was going through.

Similarly, the wife LO stated she gained a better understanding of how addiction was affecting her husband once she engaged in FIT:

I don’t know if I was ever really putting myself in his shoes and like thinking about what this was like for him. And so all that reading material kinda helped you see they don’t want to be like that, they don’t want to continue to hurt you, they don’t want to continue to let you down, but they’re, they have a disease.

She said she became more supportive, loving and understanding after coaching. Though it was a process, she now feels like she has a “partner in life” she can rely on.

Approaching her husband with compassion, rather than anger, was very helpful to their relationship and wellness.

The husband LO also used to react to his wife with anger and frustration, but changed his approach after meeting with a FIT coach:

(My FIT coach said,) “You just gotta be positive, you gotta be there for them, you gotta listen to them. Um, they need help, they’ve got a disease, you can’t just kick them to the curb and try and move on with your life, we’re in it.” Um, so the approaches that Dave gave me um, the coaching, made a night and day difference. He said he now has confidence in his wife and in what he has learned – he feels he has a better direction moving forward in wellness. He appreciated the emphasis his coach placed on compassion and received much better responses from his wife when he adopted a compassionate approach.

Though not every participant agreed that coaching had a significant impact on communication, most noticed a considerable change in their conversations. This led to PWDs being more willing to talk and more open to help, particularly when it came to changes within their spouses. Empathy and understanding also greatly increased among all LOs after their start in the FIT coaching program, which increased support for PWDs in their attempts to get well.

Theme Four: Openness to Resources

After participating in FIT coaching, LOs were more open to other forms of support for their PWDs. This theme is important because flexibility allows PWDs to choose what works best for them and their wellbeing. PWDs expressed gratitude for this change; the wellness process became more collaborative and less rigid. For example, after her husband enrolled at FIT, the wife PWD said he helped her see her options for support:

I'm glad he reached out. Because to me, in my mind it was like once I left treatment it's like, "Okay, I have to follow this straight and narrow path and I can't deviate from it at all. I have to do what they said in treatment to be successful." Whereas it's like there's tons of things I can do to support my recovery and to stay well, other than what they said to do in treatment. And he kind of showed that to me too.

The husband LO now feels that he has the skills and direction to better handle challenges relating to addiction moving forward. The guidance and encouragement he received as a FIT client put them in a "better position" to do so.

This openness was also expressed by the parent LOs. After meeting with a FIT coach, the mother said "it became clear" that her son did not need to go back to in-patient treatment. He had already gone twice before without success, so it did not make sense to pursue that option a third time. This realization provided relief to both parents because it demonstrated there were other ways for their son to get well. He did not need to succeed in a traditional treatment program in order to succeed in his own recovery. Additionally, the parents and son all mentioned their positive feelings about the ongoing support provided by FIT. Prior to FIT, they had a very minimal role when he was enrolled in treatment. Rather than serving as a "one-shot deal" or an in-patient facility only for their son, the parents were able to learn and get well alongside their son throughout time.

Lastly, the wife LO was enrolled in coaching for at least two months before her husband sought help from FIT. She was surprised by the number of options she had for her husband when it came time for him to seek help – she guessed that she described about a dozen different ones. She made a point not to push coaching on her husband

when she first sought help. Instead, she created a list of options he could choose from. Her husband said he benefitted from the additional level of accountability that his FIT coach provided, as well as his knowledge of other support systems if he needed them.

This increased openness to resources was helpful to LOs and PWDs – it allowed for more collaboration in the wellness process and contributed to the heightened empathy LOs felt toward their PWDs.

Theme Five: Mutually Beneficial

The final theme demonstrates that participation in FIT coaching together and/or at the same time was beneficial for both LOs and PWDs. This theme was expressed by every participant. Each set of LOs and PWDs approached coaching a little differently, but they ultimately believed participating in coaching together was “helpful” and “amazing.” Before meeting with coaches, LOs experienced exhaustion, embarrassment and isolation, and PWDs were faced with anger and confrontation. After engaging with FIT, addiction wellness became more of a partnership and all participants were able to prioritize their health. As LOs became better equipped with knowledge of the disease and wellness resources, they were able to make sense of their PWD’s addiction, start communicating more effectively and start their own journeys to health. These progressions made PWDs feel supported while they were trying to get well.

One couple – the husband LO and wife PWD – eventually received their coaching at the same time from the same coach. At first, the husband went alone for help when his wife was enrolled at an in-patient treatment facility. Once she completed treatment, they started going to FIT together. Both were grateful to have a “neutral” person in the same

room to help them work through issues. The fact that it was not solely for one or the other, but a form of support for both of them, was very helpful:

He didn't do anything for himself when I was going through treatment the first time. So he was just like stuck in this place, whereas I was like trying to go forward and, you know, um, get on a better path, he was still kind of stuck in the same spot. Um, but when he started getting help, then I could, he's like, he's doing it with me.

Without FIT, the husband LO said they would be “absolutely broken” – FIT was a way for them to move forward in their relationship and wellness, rather than continually fighting or moving backward. The encouragement and information he initially received at FIT benefitted both of them greatly and fostered a more team-like approach to addiction wellness.

Though the wife LO and husband PWD saw the same peer coach, they did not complete their sessions together. However, their experience was similar to that of the other couple. They said it was an “amazing” option that both of them could do together. The wife LO said she “couldn't imagine” going back to their previous way of life:

Even if he had never chosen to get help... and I ended up just being a parent to my kids by myself, I still would've been in a much healthier, better place after receiving help through Face It than if I had never gotten help. You know what I mean? So even if maybe both of us went to the, wouldn't have ended up healthy, at least the kids and I would've been in a good place. So to me even if it's not successful, the person suffering doesn't actually maintain sobriety, I still think that the family members, the loved ones are gonna be healthier.

The wife LO said she did not know she needed help herself until she started getting it from her FIT coach. This is significant and clearly demonstrates the value in LO coaching. Even before her husband enrolled as a client, she herself was in a much better place. This allowed her to take care of herself and her children more effectively, resulting in a more positive daily environment.

As in the spouse relationships, the parent LOs were grateful for a resource that could help them support their son in his wellness. At first, both parents and their son saw the same FIT coach at the same time. After that initial session, all three went to FIT at the same time, but the son PWD saw a different coach. Both parents appreciated the opportunity to go with their son. Rather than him trying to overcome his addiction alone, they were all able to get help together.

Um, but the success of living each day and making you know progress uh, wouldn't have been possible if it hadn't been Dave and Face It TOGETHER. Um, I, I firmly believe that. I just think that's the key to getting well is to have, I mean I guess our support as father and, and, and mother and whether it's a spouse or it's somebody else, that really totally understands that they can help that, that person that is addicted.

The father LO, as quoted above, appreciated the opportunity to be there for his son in a meaningful way. He and his wife, the mother LO, were happy to have a FIT coach guide them through their progress as a family. Their coach served as a "beacon of hope" and provided much-needed direction throughout their time as clients.

A significant piece to this theme was the fact that all participants felt they could relate to their FIT coaches. This gave them hope, which LOs were especially desperate

for. The wife LO, for example, said she was grateful she and her husband could both relate to the same coach, though they did not see him at the same time. The husband LO said he could tell his FIT coach was a genuine person, which let him know he was invested in his wellness and would not give the “typical” responses present within the addiction treatment field.

The husband PWD also had poor views of treatment agencies, which kept him from seeking help for years. He said the FIT approach was much less daunting than what he previously thought:

And uh, it was just I guess it was very helpful to be able to talk to somebody who had experienced it and then just pretty much was there to listen cause that’s, I think that’s what he probably did the best is, uh, didn’t interject a lot of ideas but um always gave me some support and help based off of some of the things that I’d asked him. And so, um, that type of coaching just fit my personality and what I was used to with that and I think that’s probably why it was so successful for me.

This relatability he found within his coach helped ease him into FIT and feel more comfortable receiving help. His coach was a “good fit;” he found it helpful to talk to someone who knew what he was going through.

At the time the son PWD started FIT coaching, he was very isolated and did not have very many social supports other than his parents. He said he was “stuck” and “withdrawn.” Being able to talk with his coach in an honest and nonjudgmental environment was very helpful:

Just to have somebody to talk to... I think it was, he could relate to me and what I was going through and I was, it was good to uh, hear from somebody who'd been there themselves you know.

Additionally, he said his coach gave valuable advice and encouraged him to seek other forms of support, which was very helpful to his recovery. This reassured his parents, who were glad he had someone to talk to. His mother said she does not believe she or her husband would have been able to help him the way his peer coach did, because they did not have the same lived experience. She talked at length about the sense of hope she felt at FIT.

All participants found the lived experiences of their FIT coaches valuable. Their ability to relate to their coaches resulted in feelings of trust, authenticity and approachability. Those who were previously wary of receiving help, most notably the husband PWD, found FIT to be a good form of support. Additionally, LOs who were unsure of FIT's ability to help them discovered they also benefitted from its coaching, even before their PWDs enrolled as clients.

CHAPTER FOUR

Discussion and Conclusion

Overall, this project examines the impacts of LO peer coaching. In particular, it shows coaching's positive influence on relationships and communication between LOs and PWDs. Prior to coaching, relationships were primarily disconnected. Communication was also poor before coaching engagement. Conversations between PWDs and LOs generally revolved around addiction and in the case of spouses, ended in fights. The information and skills provided to LOs through coaching encouraged empathy and collaboration, which helped improve the relationships and communication with their PWDs. Ultimately, coaching is mutually beneficial for LOs and PWDs. Engaging in recovery together allows clients to see things from each other's perspectives, which increases open dialogue surrounding a previously charged topic. Additionally, coaching helps LOs prioritize their own wellbeing.

This study also highlights the immense confusion and adversity faced by LOs before receiving help, which reinforces existing research regarding the impact of addiction on LOs. This disease has a very significant influence on LOs – their daily lives were characterized by emotional distress and additional responsibilities to lessen addiction's impact on daily life.

This study included a previously unstudied form of LO support: FIT LO peer coaching. As was expressed by participants in the theme "openness to resources," PWDs benefit from a comprehensive list of supports available to them in their wellness journeys. This flexibility is also valuable to LOs, who no longer felt their PWDs were

limited to only one or a few options and therefore not as likely to succeed. This demonstrates the importance of research and availability of as many forms of addiction support as possible in order to better meet the needs of those seeking wellness.

This study's qualitative results are important because they shed more light on LOs, a historically neglected and stigmatized population. Clearly, addiction has adverse effects on family functioning, well-being and ability to continue providing support (McCann & Lubman, 2018). Spouse LOs have reported being less content with their intimate relationships (Hussaarts et al., 2011), which was evident in the participant interviews. The issues surrounding addiction for LOs are exacerbated by stigma and judgment. Though stigma was outside of the scope of this study, multiple LOs did mention the isolation and blame they felt throughout the course of their PWD's addiction. Had more questions been geared toward this topic, it is reasonable to assume they would have reported feelings similar to others expressed in studies on LO stigma. For example, research has shown that LOs often fear judgment from others and consequently do not talk openly about their experiences (McCann & Lubman, 2018). The shame, fear and negative responses LOs receive when they attempt to reach out all increase isolation among LOs, as well as their reluctance to seek out professional help (McCann & Lubman, 2018). When LOs do make the decision to seek help, it is imperative that they receive effective and empathetic support. Promoting empowerment among LOs is integral to overcoming stigma (McCann & Lubman, 2018), and consequently getting more people well from this disease. Similarly, providing accurate and nonjudgmental information to LOs was shown to be an important step toward wellness for the participants of this study.

LOs are undoubtedly affected by their PWD's addiction – they need support in order to become healthy and to help their PWDs do the same. Little is understood regarding the role of their wellness in the PWD recovery journey, which is what this study aimed to amend. It is clear the disease of addiction cannot be adequately undertaken without including LOs in dialogue and treatment. Not only do they need to be included in the conversation, but they also need to be provided adequate resources to deal with their confusion and stress.

Limitations

This study has several limitations. First, participant recruitment was a challenge. The disease of addiction can be difficult for people to relive; they may have been hesitant to talk about their experiences for fear of emotional distress, stigma or both. Because the study called for LOs and PWDs, both had to be willing and well enough to participate. This is an especially important prerequisite for PWDs, who could be at an increased risk of psychological distress or a recurrence of symptoms if they are new to addiction recovery. In past FIT projects, evaluators have found it especially difficult to recruit LOs, because they do not want to speak about their PWDs' struggles with such a stigmatized disease, especially if they are still experiencing symptoms. Additionally, because participants were initially contacted by their addiction management coaches, FIT clients who stopped their involvement with FIT because they did not find coaching helpful were not included. Consequently, those who were willing to participate likely had positive feelings about FIT coaching. Another limitation of this study is the lack of diversity among the participants. Though FIT's LO client base is increasing, there were a limited number of clients to choose from that fit all the criteria. This resulted in a group of

participants with similar demographics, most notably race and education. Furthermore, the interviews were conducted by two different people one year apart. As the interviews were semi-structured, this resulted in slight differences in questions and, consequently, data.

Future directions

Future studies regarding the role of LOs in addiction wellness should include a more diverse set of participants, including a range in demographics such as race, income level and addiction substance. Clearly, as shown in the literature, there is still a major gap in research when it comes to male LOs. They need to be included more consistently in research to ensure a more complete understanding of LOs and their roles. Additionally, different PWD and LO relationships should be studied to ensure LO coaching is effective across a range of LOs affected by addiction. For example, this study included a set of interviews with a husband, wife and their adult son, who developed addiction later in life. Future studies should be replicated with young adult PWDs, as well as with parent PWDs. Similarly, because multiple LOs are typically affected by one PWD's addiction, further studies should explore how the primary LO's wellness affects the whole family or support system, regardless if the other members engaged in FIT coaching, support groups or other treatment programs. This could include the effect on siblings, grandparents, children, close family friends or others directly impacted by a PWD's addiction.

One theme that emerged in this study, "openness to resources," was an unintentional but unique finding that should be further explored. PWDs were grateful their LOs were more receptive to different approaches to wellness and LOs were relieved to learn there was a variety of feasible options available to their PWDs. Often, existing

forms of support within the addiction treatment field can be rigid in their expectations of those seeking wellness from addiction; they are not always flexible about other approaches outside of their respective organizations. Therefore, it is reasonable to assume the impacts of this openness remain relatively unstudied.

Practical applications

This study supports other existing research regarding addiction's impact on LOs and the effectiveness of non-confrontational LO interventions. It demonstrates a need for nonjudgmental, widely-available support for LOs. However, more studies should be conducted to better understand the effects of coaching on clients of different types of clients and circumstances surrounding addiction. Results of this study indicate that peer LO coaching is beneficial to the communication, relationships and wellness of LOs and PWDs. At the very least, peer coaching should be offered as an option to LOs who are trying to help their PWDs get well. This is important for multiple reasons – as one LO participant pointed out, she did not know that she needed help herself until she received it at FIT. Most LOs are concerned for their PWDs first and foremost, but do not always realize they need support for their own wellness.

Conclusion

This study analyzed seven semi-structured interviews of LOs and PWDs in order to better understand the effects of LO coaching. It sought to address gaps in research regarding LO wellness and its role in PWD recovery. It contributes insights regarding impacts to relationships, communication, empathy and more once LOs engaged with FIT coaching. Peer coaching improved communication between PWDs and LOs, in addition to increasing empathy and understanding among LOs. It also lessened the helplessness

LOs were previously feeling and the tendencies of LOs to take on more and more in daily life to overcompensate for disruptions or lapses caused by PWDs' addictions.

This study also adds to existing research regarding LO distress and the success of non-confrontational approaches for getting PWDs to seek help for addiction. Once LOs approached their PWDs with compassion rather than anger, they saw better results. Additionally, coaching helped LOs prioritize their own wellness and lessen the burden of addiction on their daily routines.

Ultimately, LOs are a population that deserves support and understanding, rather than the judgment and obstacles they most often face. In order to make a worthwhile and lasting impact to the millions of people who suffer from the disease of addiction, LOs must be treated with respect and given the resources they so desperately need.

APPENDIX

APPENDIX

Table A1
Participant characteristics

Client identifier used in data analysis	Client description	Primary addiction	Year interview took place
LO1	Husband LO	N/A	2017
PWD1	Wife PWD	Alcohol	2017
LO2	Wife LO	N/A	2017
PWD2	Husband PWD	Alcohol	2017
LO3A	Mother LO	N/A	2018
LO3B	Father LO	N/A	2018
PWD3	Son PWD	Bath salts	2018

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