

How do loved ones of people with addictions cope? Use & perceived helpfulness of coping strategies

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Gambling and Substance Abuse

Megan Petra, PhD, MSW

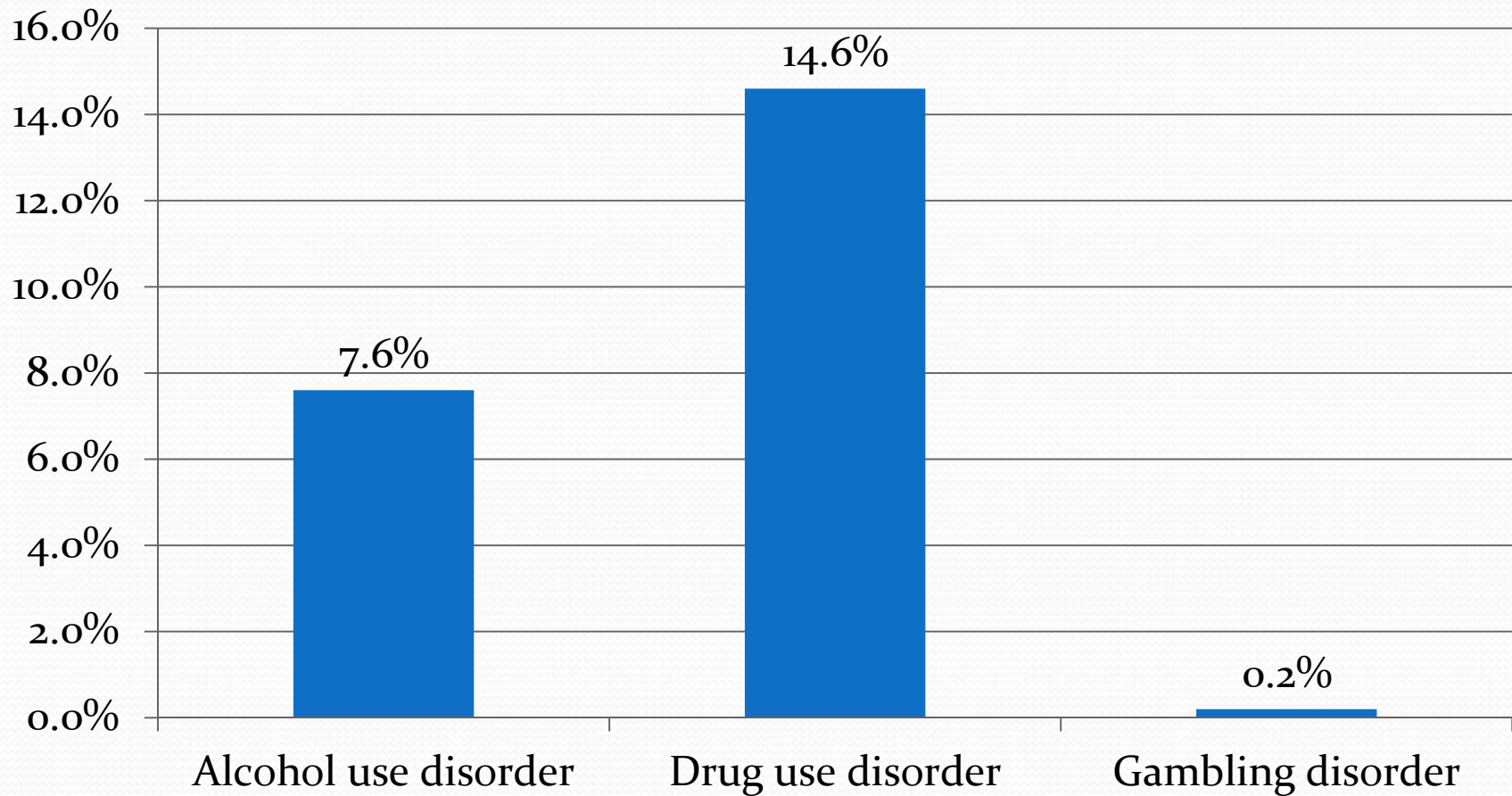
Addictions are tough on families

- Effects:
 - Disruption, chaos
 - Financial
 - Legal
 - Household tasks / care-giving
 - Associated problems (e.g., family violence)
- Consequences:
 - Psychological distress
 - Physical/mental health problems

How common are addictions?

- Alcohol Use Disorders: 6.4% of population (20.7 million)
 - Midwest: 6.7%
- Drug Use Disorders: 2.7% (8.7 million)
 - Midwest: 2.4%
- Substance Use Disorders: 8.1% (26.2 million)
 - Midwest: 8.1%
- Gambling Disorder: ~2.3% (7.4 million)
 - Midwest: ???

% of SUD or GD treated/year



Increased risk for violence

- Intimate partner violence (IPV) includes:
 - Physical, sexual, emotional abuse
 - Coercive control
- Prevalence (general population) 1.3 – 13.6%
- Elevated risk with addictions
 - Substance Use Disorders Odds Ratio (O.R.) = 3-6
 - Gambling Disorder O.R. = 10.5

Summary of problem

- Thousands of families affected by addictive disorders
- Effects can be severe
- Addictions are often chronic/ long-term
- Increased risk for IPV

- How do families deal with the problem?

Understanding family coping

- The Stress-Strain-Coping-Support (SSCS) theory (Orford et al., 2010) is one way to understand the challenge of dealing with a loved one's addictive disorder.
- Spouses/family members are assumed to be doing the best they can with a difficult situation

Stress-Strain-Coping-Support theory

- The behavior of the person with the addiction (the partner) is a stressor on the spouse/loved one

Stress

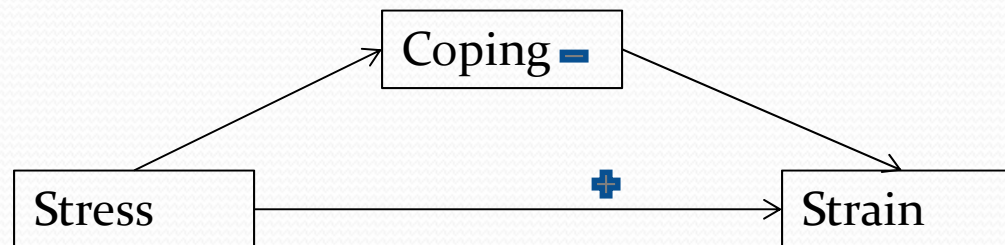
Stress-Strain-Coping-Support theory

- This results in spouses experiencing elevated strain



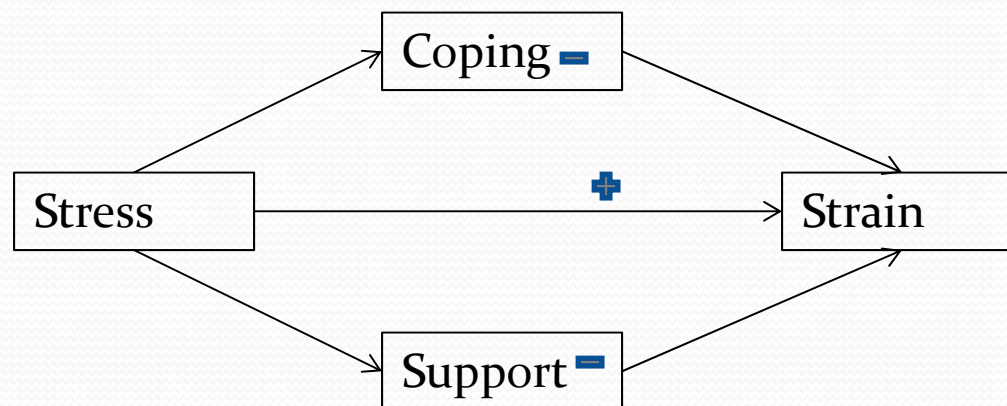
Stress-Strain-Coping-Support theory

- Spouses can lower their strain via use of effective coping strategies



Stress-Strain-Coping-Support theory

- Receipt of social support by spouses can also be effective in reducing the strain they experience



SSCS views on coping

- Engaged coping: engaging with partner via assertive, emotional, or controlling tactics
 - Not a good idea
- Tolerant-inactive coping: putting up with addiction via inactive, tolerant, or supportive tactics
 - Not a good idea
- Withdrawal coping: withdrawing from the addiction (& partner) via use of avoidant or independent tactics
 - This is the way to go

Other views: stress/coping theory

- Problem-focused coping: trying to fix the problem
 - Helpful if problem can be fixed
- Emotion-focused coping: adjust how you feel about problem
 - Only functional if problem can't be solved
- Avoidance coping: “think about it tomorrow”
 - Not a good idea
- Withdrawal coping: remove yourself from the problem
 - Probably good

Other views: 12-step theory

- Bad idea to actively try to fix addiction – can't be done & just makes you miserable/ codependent
- “Detach with love” is best way to cope with a loved one's addiction

Family views of coping

- But how do family members of people with addictions feel about coping strategies?
 - Which are used more/less often?
 - How helpful are various strategies?
 - Can we predict use or helpfulness of coping?

The current research study

- Inclusion criteria:
 - Female spouses/partners of people with alcohol, drug, and/or gambling problems ($N = 222$)
 - Relationship must be current or recent (dissolution within the past year)
 - Age 24-65

Study methods

- Recruitment online (betsoff.org), Washington University's Research Participant Registry, flyers
- Online survey
- Incentive: amazon.com e-gift certificate

Study participants

- Primarily St. Louis-area residents
- 93% were in a current relationship (median 5 years)
 - Almost all relationships were with men
 - 56% married
 - 75% living together
- 2/3 had children (median # children = 2)

Participant demographics

- 77% White, 22% Black, 7% Hispanic[†]
- Education: 90% went beyond high school**
- Employment: 69% work full-time**
- Housing: 57% own, 43% rent or stay with somebody**
- Income: median \$50-60,000/year[†]
 - >60% said income not/barely enough to get by
 - 71% said family finances affected by addiction

• [†] similar to STL

• **different from STL

Partners' addictive behavior

- Partner's addiction (check all that apply):
 - 70% alcohol
 - 37% drugs
 - 28% gambling
- 30% of partners had multiple addictions
 - Mostly alcohol/drugs or alcohol/gambling

Study measures: stress

- Family Member Impact Questionnaire
 - 16 questions
 - Answers: not at all (0), once/twice (1), sometimes (2), often (3)

Study measures: coping

- Coping Questionnaire
 - 30 questions
 - Answer options: never(0), once/twice (1), sometimes (2), often (3)
 - Engaged, tolerant/inactive, withdrawal subscales
 - (Plus total coping score)
- Helpfulness of coping: for each coping strategy used,
 - Not at all helpful (0), a little helpful (1), helpful (2), very helpful (3)

Study measures: support

- Social Support Scale
 - 25 questions
 - Answer options: never (0), once/twice (1), sometimes (2), often (3)
 - Informal support subscale (from friends/family)
 - Formal support subscale (from professionals)
 - Negative 'support' subscale

Study measures: IPV

- Women Abuse Screening Tool
 - 8 questions
 - Scored either 0/1 or 0/1/2 (various answer options)
 - Add together scores, cut-point for scores indicating no IPV/ yes IPV
- Mediator's Assessment of Safety Issues & Concerns (coercive control subscale; MASIC)
 - 14 questions
 - Answer options: frequency from never – daily
 - Scoring: # tactics experienced at all in past year

Results: use of coping strategies

- Average use of specific coping strategies ranged from 1 (once/twice) → 2 (sometimes)
- Overall average use of all strategies = 1.6

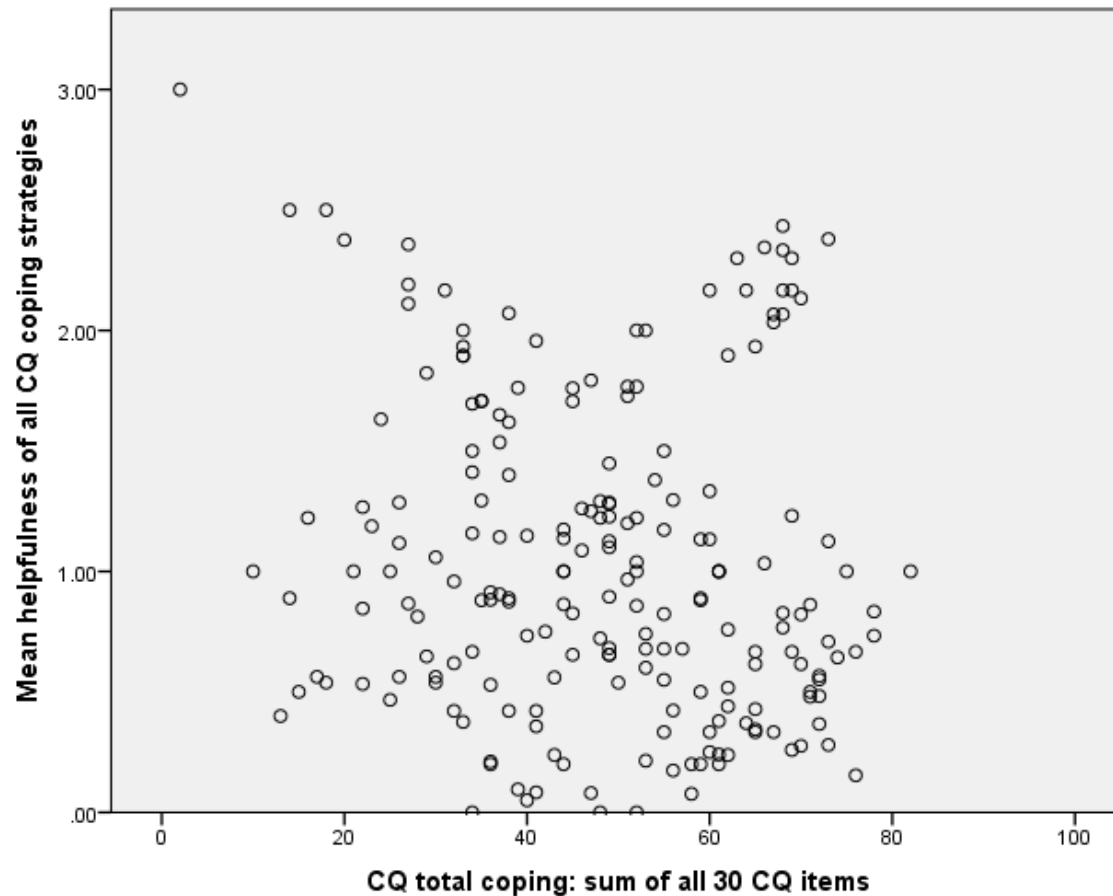
Helpfulness of coping strategies

- Average helpfulness of specific coping strategies ranged from 0.6 – 1.75
 - 0 = not at all helpful
 - 1 = a little helpful
 - 2 = helpful
- Overall average helpfulness of all coping strategies = 1.03

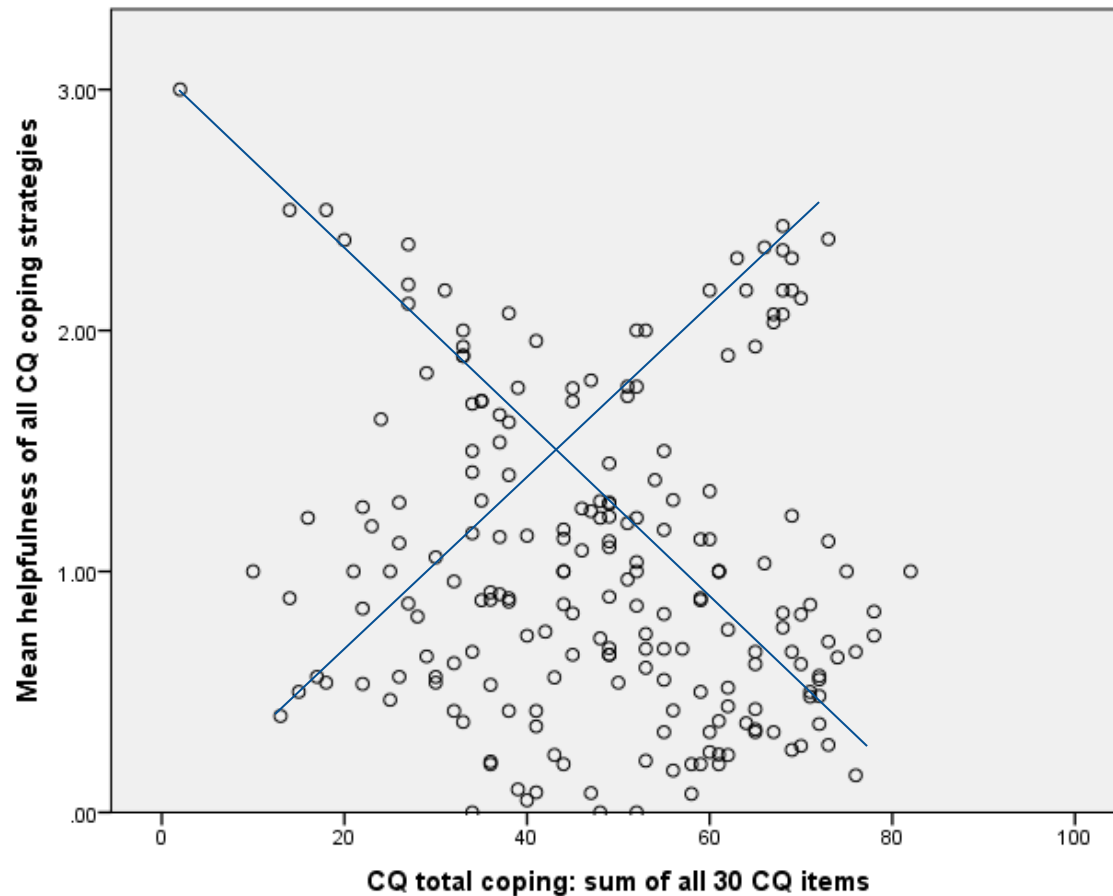
Assoc'n between use & helpfulness

- Specific coping strategies
 - ~ half of coping strategies: no association
 - ~1/3 of coping strategies: positive association
 - ~1/6 of coping strategies: negative association
- Overall relationship between use & helpfulness:
 - $r(203) = -.14, p = .046$
 - (Small negative correlation)

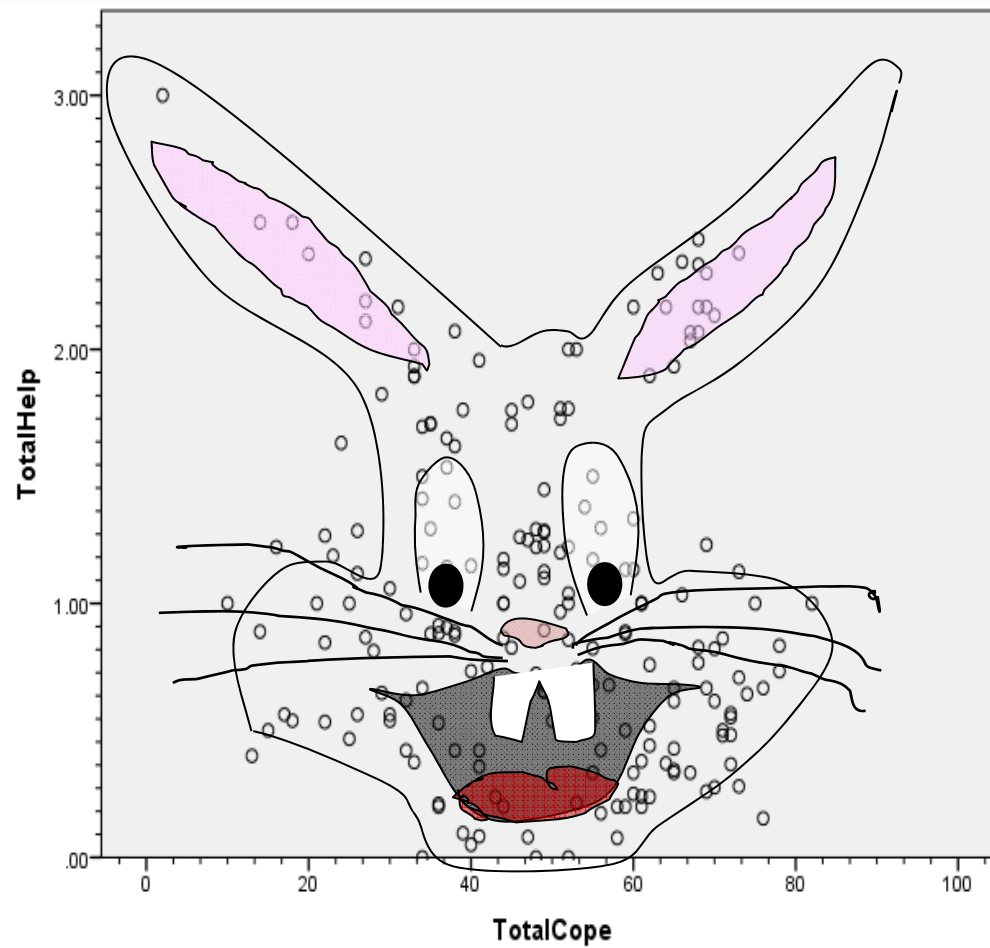
Plotting use vs. helpfulness



Complex (multiple) associations?



Bugs bunny?



Strategy for analysis

- Look at each type of coping separately, both specific coping strategies & overall for that type
 - Use
 - Helpfulness
 - Association between use & helpfulness

Engaged coping strategies

- Refused to lend partner \$
- Talked about what could be done about addiction
- Argued
- Pleaded
- Said addiction upset you & it had to change
- Made rule about addictive behavior
- Encouraged an oath to not use/gamble
- Got moody/emotional

Engaged coping strategies cont.

- Watched/checked up on partner
- Said you wouldn't accept excuses or cover up for addictive behavior
- Made clear expectations about partner's contributions to family
- Accused partner of not loving you
- Sat down together to deal with financial situation
- Searched for/hid/disposed alcohol/drugs/gambling stuff

Engaged coping use

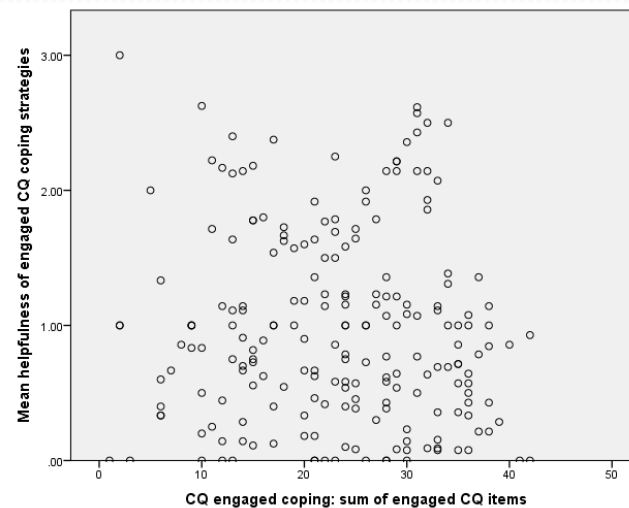
- Middle-of-the-road use, “sometimes” is really common
- Mean use = 1.7 (btw. once/twice & sometimes)
- Higher use:
 - talked together about addiction, said it upset you & had to change, made clear expectations, got moody/emotional
- Lower use:
 - encouraged partner to take an oath, searched for/hidden/disposed of alc/drugs / gambling stuff

Engaged coping helpfulness

- Not very helpful. “Not at all helpful” & “a little helpful” most common.
- Mean helpfulness = 1.0 (a little helpful)
- More helpful strategies:
 - said you won't accept excuses/cover up addiction, made clear expectations⁽⁺⁺⁾, sat down together to deal with financial situation
- Less helpful strategies:
 - argued, got moody/emotional^(+ -)

Engaged: use & helpfulness

- ~70% of strategies: no association
- ~30% of strategies have significant associations
 - Mostly negative assn's: high use despite low helpfulness
- Engaged overall: no association between use & helpfulness



Tolerant-inactive strategies

- Put yourself out for partner (i.e. took care of problems)
- Gave partner \$ though knew s/he'd use it for addiction
- Felt too frightened to do anything
- Felt too helpless to do anything
- Made threats you didn't mean to carry out
- Got in state where couldn't make decisions
- Accepted situation couldn't be changed
- Made excuses, covered up for, took blame yourself
- Pretended all was fine / covered up addiction

Tolerant-inactive: use

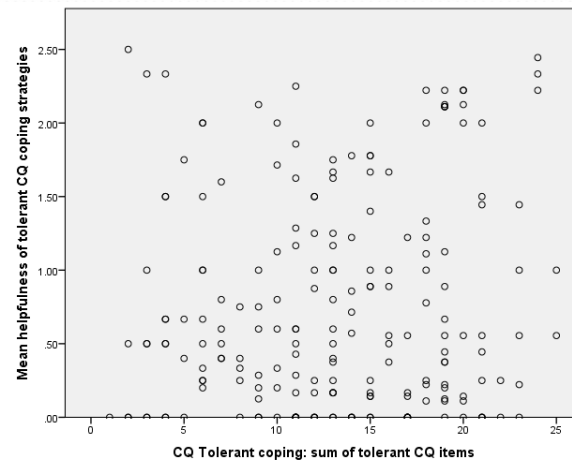
- A little more commonly used, though “sometimes” is still most given answer
- Mean tolerant use = 1.4
- Higher use:
 - Put yourself out for partner
- Lower use:
 - Gave \$, felt frightened, couldn't make decision, made excuses/covered up addiction

Tolerant-inactive: helpfulness

- Not very helpful: still lots of “not at all” or “a little”
- Mean tolerant-inactive helpfulness = .76 (less than “a little helpful”)
- More helpful strategies:
 - (none)
- Less helpful strategies:
 - Felt frightened^(- -), felt helpless, couldn't make a decision^(- -), made threats

Tolerant: use & helpfulness

- ~1/3 of strategies: no association
- ~2/3 of strategies: association btw. use & helpfulness
 - Mostly positive associations: less helpful strategies aren't used much, more helpful strategies are used more
- Overall tolerant-inactive: no association



Withdrawal coping strategies

- Put interests of other family members before partner
- Sat down & talked about addiction (reverse-scored)
- Left partner alone when drunk/high/gambling
- Pursued your own interests
- Avoided partner because of the addiction
- Went about your own business/acted as if partner wasn't there
- Stuck up for partner when criticized (reverse-scored)
- Put yourself first/ took care of self

Withdrawal: use

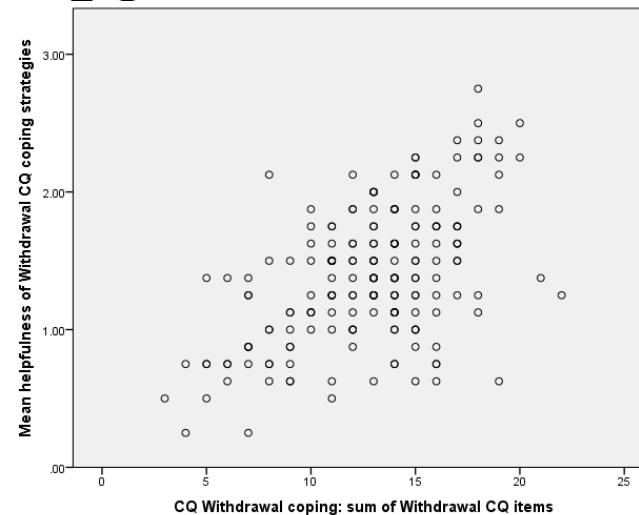
- Used a little more often, though lots of “sometimes”
- Average use = 1.6
- Used more often:
 - Put interests of others before partner’s, talked about addiction, left partner alone when drunk/high/gambling, pursued your own interests
- Used less often:
 - (none)

Withdrawal: helpfulness

- More helpful overall: lots of “helpful” or “very helpful”
- Mean helpfulness of withdrawal = 1.4 (btw. “a little” & “helpful”)
- More helpful strategies:
 - Pursued own interests^(+ +), put self first, acted as if partner wasn't there
- Less helpful strategies:
 - (none)

Withdrawal: use & helpfulness

- ~half of strategies: no association
- ~half of strategies: association
 - Associations all positive: more used & pretty helpful
- Overall withdrawal: strong positive correlation
 - $r(192) = .54, p < .0001$



How to explain these results?

- Lots of variation in use, helpfulness, & relationship btw. use & helpfulness for each type of coping. Why?
- What might explain this?
- Look at IPV, burden of addiction (strain), type of addiction, severity of addiction, whether spouse & partner live together, all 3 types of social support, etc.

How much IPV was there?

- WAST: sum of score for all questions (range 0-13)
 - Mean = 5.6, median = 5
- Cut-point for IPV:
 - 4+ points = experienced IPV
 - 0-3 points = insufficient evidence of IPV (so no IPV)
- How many participants experienced IPV?
 - 72% yes
 - 28% no

How much coercive control?

- MASIC: # questions that happened in past year (0-14)
- How many forms of coercive control experienced?
 - Past year: mean = 7.2, median = 7.0
 - Monthly: mean = 3.0, median = 0.5
 - Weekly: mean = 1.5, median = 0
 - Daily: mean = 0.4, median = 0

IPV & coping use/helpfulness

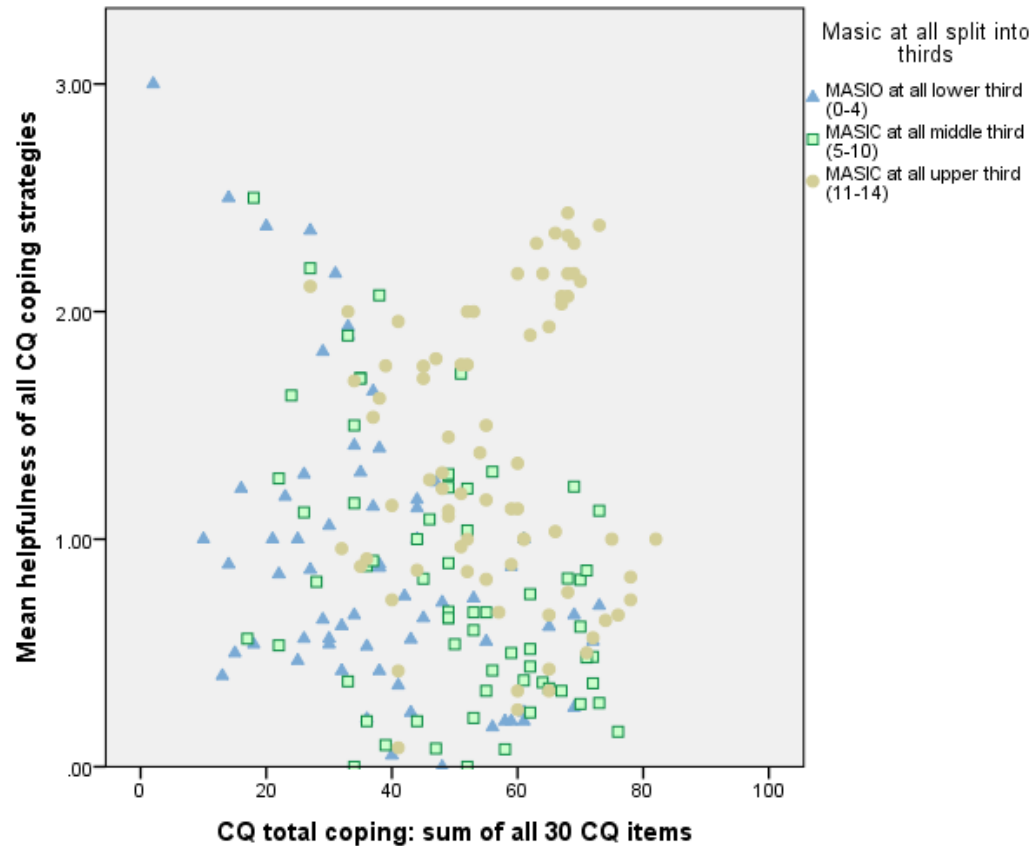
- Strategy: split IPV (abuse) into 2 categories: no IPV & yes IPV, see what happens with correlations
- Outcome: no consistent pattern of results.
 - Sometimes associations are the same btw. no IPV & yes IPV groups, sometimes they differ
- Conclusion: actual violence isn't influencing relationship between use & helpfulness of coping

IPV & coping use/helpfulness

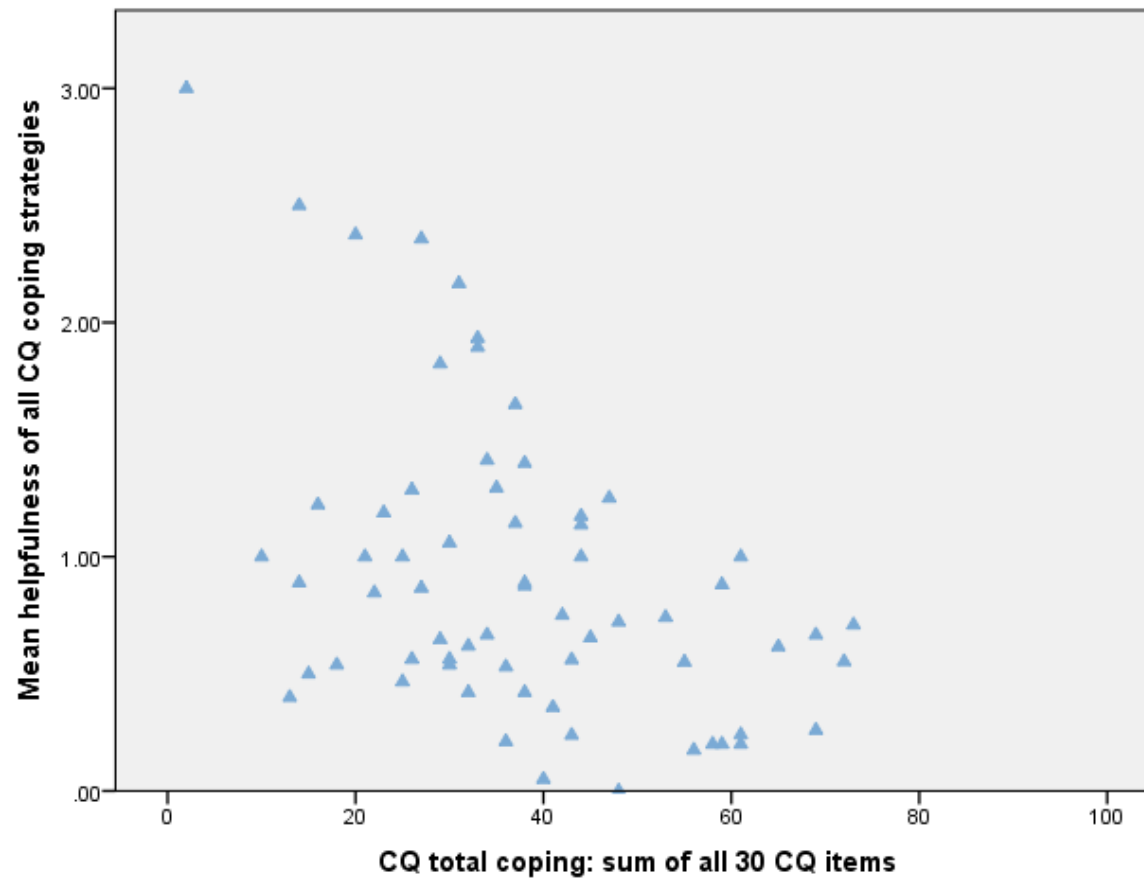
- Focus on coercive control
- Strategy: split participants into 3 groups: low/medium/ high coercive control (MASIC)
- Outcome: this appears to matter

Total coping & coercive control

- Remember the bunny plot? Label points by MASIC.

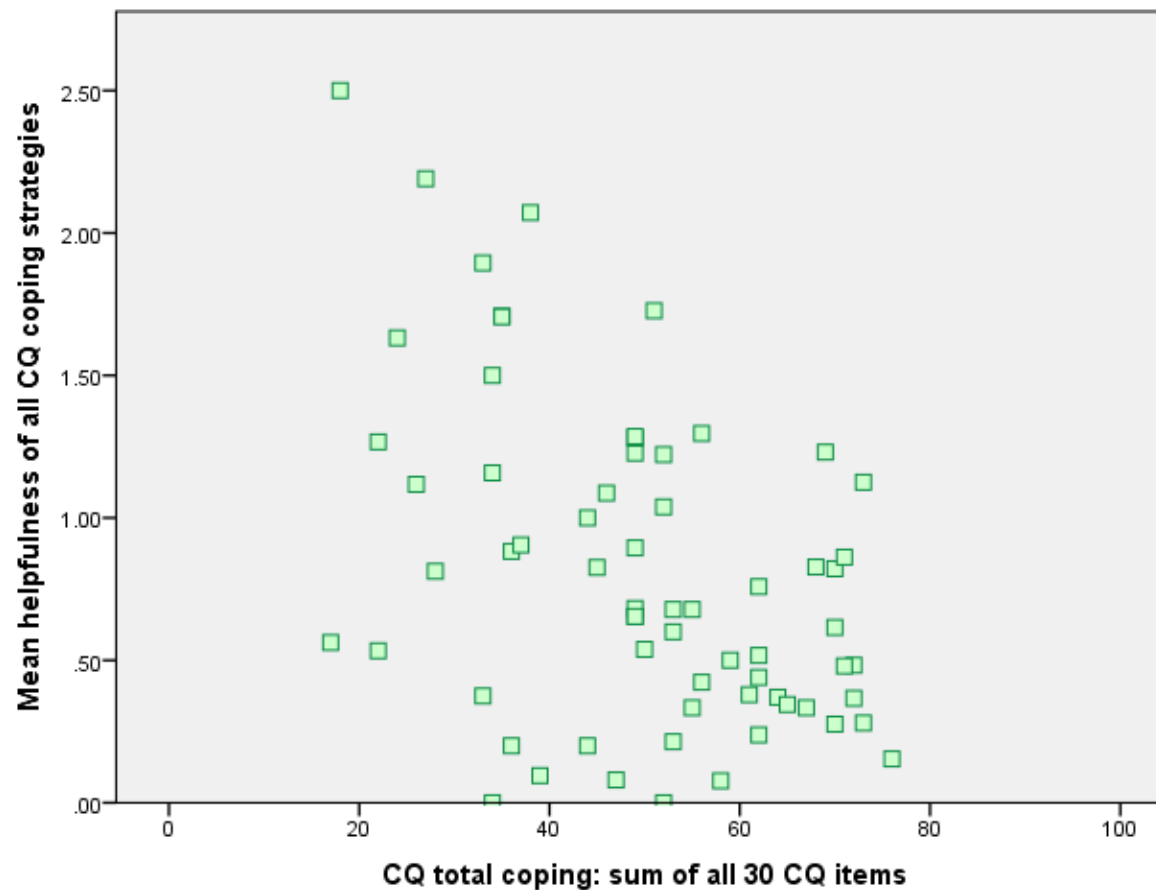


Total coping: low coercive control



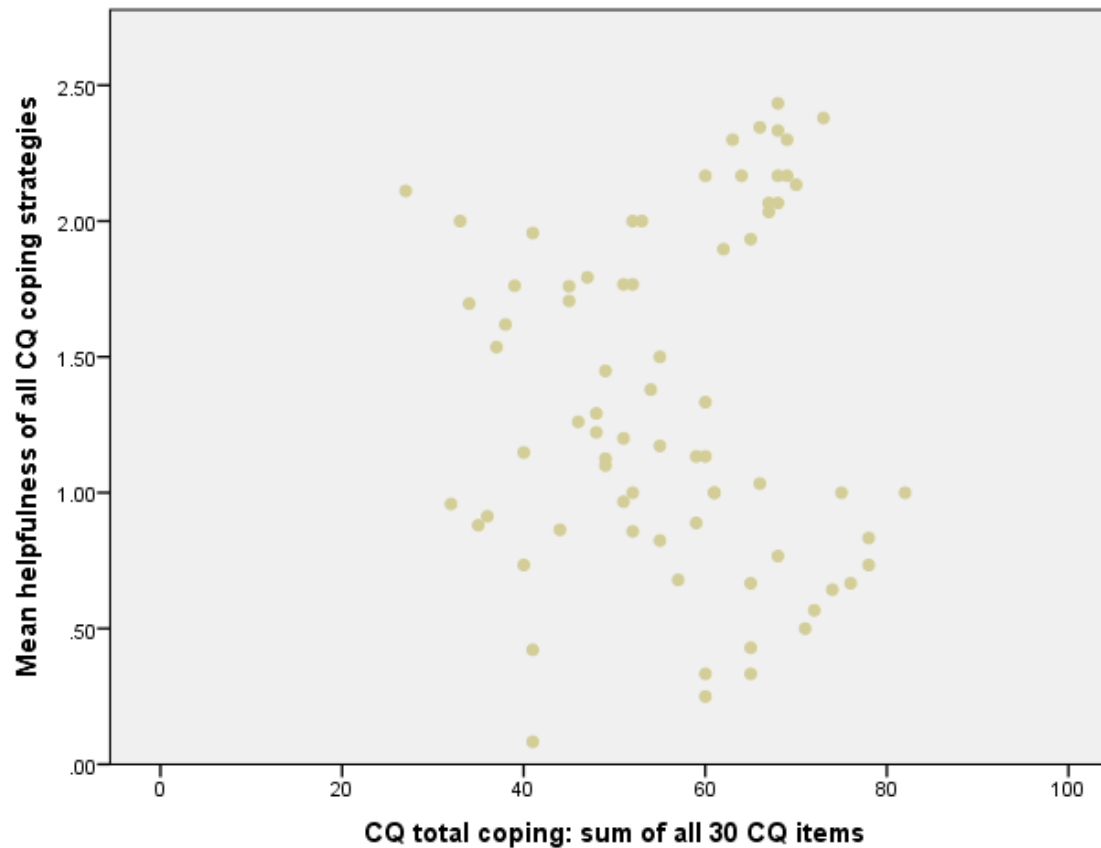
MASICsplitThirds = 0 (lower third coercive control at all)

Total coping: medium coercive control



MASICsplitThirds = 1 (middle third coercive control at all)

Total coping: high coercive control



MASICsplitThirds = 2 (upper third coercive control at all)

Total coping & coercive control

- What did we see?
 - Low & medium coercive control: negative association
 - So higher use despite lower helpfulness (or vice versa)
 - Low: $r(65) = -.46, p = .0001$
 - Medium: $r(66) = -.45, p = .0001$
 - High coercive control: no association at all
 - High: $r(74) = .001, p = .94$

Engaged coping & coercive control

- Same pattern here:
 - Low & medium coercive control: negative association
 - Low: $r(.63) = -.28, p = .03$
 - Medium: $r(.64) = -.29, p = .02$
 - High coercive control: no association at all
 - High: $r(.72) = .02, p = .84$

Tolerant coping & coercive control

- Nearly the same pattern here:
 - Low coercive control: no association
 - Low: $\rho(.61) = -.21, p = .10$
 - Medium coercive control: negative association
 - Medium: $r(.64) = -.47, p = .0001$
 - High coercive control: no association at all
 - High: $\rho(.72) = .18, p = .13$

Withdrawal coping & coercive control

- Different pattern here
- Positive correlation between use & helpfulness of withdrawal coping for all levels of coercive control
 - Low: $r(57) = .62, p = .0001$
 - Medium: $r(62) = .56, p = .0001$
 - High: $r(69) = .40, p = .0001$

Summary

- Overall coping, engaged coping, & tolerant-inactive coping:
 - Negative associations EXCEPT for high coercive control (no ass'n there)
- Why?

Summary, continued

- Maybe negative associations because:
 - People are overwhelmed, & will try anything though they don't think much will help
 - Tolerant: some aren't strategies you choose → you end up there when overwhelmed (e.g., feeling helpless)
 - Engaged: some are healthy communication strategies we tell people to use. Maybe people aren't willing to give up on relationship, keep trying even if they don't think it'll help

Summary, continued

- Why no associations under high coercive control?
 - Maybe people can't choose what to do if they're being controlled. They use whatever is available, regardless of how helpful they think it will be.

Summary, continued

- Withdrawal coping:
 - Positive association regardless of coercive control level
- So withdrawal coping works as we'd hope: when people consider it helpful, they use it more

What else is involved?

- This is complex. Which conditions predict higher use (or higher perceived helpfulness) of coping strategies?
- Use regression
 - Do separately for use & helpfulness of each type of coping (plus overall coping)
 - Start with many predictors, drop non-significant predictors that don't improve the model fit

Use: effect direction/strength

| Predictor (IV) | DV: use of total coping R ² = .61 | | DV: use of engaged coping R ² = .50 | | DV: use of tolerant coping R ² = .51 | | DV: use of withdrawal coping R ² = .34 | |
|--------------------------------|--|-------|---|-------|--|-------|--|-------|
| | +/- | Impt. | +/- | Impt. | +/- | Impt. | +/- | Impt. |
| Stress/ burden of addiction | + | ** | + | ** | + | ** | + | * |
| Coercive control | | | | | + | * | | |
| Negative “support” | + | * | | | + | | | |
| Live apart | - | | - | | - | | | |
| Helpfulness | - | | | | | | + | ** |

Regression highlights: use

- More severe burden of addiction predicts more use of all types of coping
- Living apart predicts less use of engaged, tolerant, & total coping
- Use of tolerant coping also predicted by higher coercive control & more unhelpful “support”
- Withdrawal coping only predicted by helpfulness (& burden of addiction)

Helpfulness: effect direction/strength

| Predictor (IV) | DV: helpful. total coping R ² = .28 | | DV: helpful. engaged coping R ² = .27 | | DV: helpful. tolerant coping R ² = .39 | | DV: helpful. withdrawal coping R ² = .28 | |
|--------------------------------|--|-------|---|-------|--|-------|--|-------|
| | +/- | Impt. | +/- | Impt. | +/- | Impt. | +/- | Impt. |
| Stress/ burden of addiction | - | * | - | ** | - | ** | | |
| Coercive control | + | ** | + | * | + | ** | | |
| Negative “support” | + | * | + | | + | | | |
| Alc & gambl. | + | | + | | + | | | |
| Use of coping | - | | | | | | + | * |

Regression highlights: helpful.

- For engaged, tolerant, & total coping, *lower* helpfulness is predicted by higher burden of addiction
- For engaged, tolerant, & total coping, *higher* helpfulness is predicted by:
 - Higher coercive control
 - More negative “support”
 - A partner with both alcohol & gambling problems
- Helpfulness of withdrawal only predicted by use

Regression summary

- When burden of the addiction is worse, spouses will try more of every type of coping
 - However, the coping will be perceived as less helpful (except withdrawal)
- Coping feels more helpful when there is more coercive control, more negative “support,” or when the partner has both alcohol & gambling problems (except withdrawal)

What do we know about withdrawal?

- Used pretty often
- Considered fairly helpful
- Used more often by those who feel it's more helpful
 - Association *not* influenced by IPV
- This is promising

What do we know about withdrawal?

- However, unclear what influences / facilitates withdrawal coping
- Need to understand more so we can advise clients

What do we know about engaged?

- Used a little less often
- Considered a little less helpful
- Those who use it most don't feel it helps much (negative association)
 - *No association under high coercive control*
- Then why do they use it?

What do we know about engaged?

- Used more when addiction is harder on spouse, but then it feels less helpful
 - Maybe in tough times people will try anything
- Some engaged coping strategies are good communication skills
 - So why not so helpful with a partner with an addiction?

What do we know about engaged?

- Maybe people keep trying engaged strategies because they don't want to give up on the relationship
- But what is it about coercive control that predicts that engaged strategies will feel more helpful?

What do we know about tolerant?

- Used least overall
- Considered least helpful overall
- Those who use it most don't feel it helps much (negative association)
 - *No association under high coercive control*
- Then why use it?

What do we know about tolerant?

- Maybe overwhelmed people are willing to try anything (more burden of addiction predicts more tolerant coping)
 - However, with more burden of addiction it feels less helpful
- With higher coercive control, tolerant used more & considered more helpful
 - Passive strategies might be protective under high coercion

What do we know about tolerant?

- Some tolerant strategies aren't choices – they're what happens when you run out of other options
- Coping skills training might help people avoid feeling helpless, frightened, etc.
- First we should better understand how/when coping works

What about overall coping?

- A mixture of strategies that appear to function in different ways (thus the bunny plot)
- Not one-size-fits-all → use & helpfulness of coping appears to be situation-dependent

Evaluating coping

- 12-step programs & the SSCS theory prefer withdrawal coping
- People found it (withdrawal coping) pretty helpful so maybe we should advise clients to use it
- However, other stress & coping theory points to the usefulness of problem-focused coping (engaged) or emotion-focused coping (tolerant) in certain situations

Evaluating coping

- Engaged & tolerant-inactive coping are complex
- Use, helpfulness & their relationship are influenced by burden of addiction, coercive control, & other factors
- Unclear yet whether/ under which conditions we could advise clients to use these types of coping
- Much more to learn

What do we need to learn?

- Why do people choose a specific coping strategy?
 - Because the strategy is available to them?
 - Because they think the strategy will work?
 - Because they don't know how to use a different strategy?
 - Because the other strategies they prefer aren't available?
 - Because it will accomplish a particular goal? (What?)
- What can people do to maximize a strategy's helpfulness?

Next steps

- Talk with more people, gather more data
 - Qualitative study to investigate these questions
- Long-term goal:
 - Learn how can we best assist families of people with addictions to make strong, helpful choices

Contact info & funding

- Contact information:
 - Megan Petra, PhD, MSW
 - Assistant Professor of Social Work
 - The University of Toledo
 - 2801 W. Bancroft St., Mail Stop 119
 - Toledo, OH 43606
 - Megan.Petra@UToledo.edu
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