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RESEARCH TO PRACTICE BRIEF

A Service of the Children's Bureau

Social Work Intervention with Co-addicted Couples

Adriana, a 32-year old mother of three, was recently discharged from a court-mandated drug-treatment program for women and their children under the age of 5. Adriana was mandated to the program after her newborn baby tested positive for opioids. She had become addicted to prescription pain relievers in her twenties, after experiencing a series of losses (death of a sibling to HIV, loss of a boyfriend to overdose). She started using heroin with her current boyfriend, the father of her baby. The staff at the treatment center had high hopes for Adriana. She clearly loved her baby and appeared committed to the program. She also had learned parenting skills that would serve all three of her children well if she could maintain a life free of addictive substances. While enrolled in the 12-month abstinence-based program, Adriana was allowed both phone and in-person visits with her children and mother, who was taking care of the two older children. Adriana made the decision that she wanted to stay in her romantic relationship, yet because the program was aware of her boyfriend's active drug use, they refused to let him visit and even their phone conversations were monitored. Yet, Adriana still cared for him and reunited with him soon after leaving the program. Several months later, the staff learned that Adriana had resumed the use of heroin and had begun to inject as well. Given this turn in events, it became likely that child protective services would remove all of her children from her care. The staff was deeply affected by this turn of events and wondered if they could have been of more help to Adriana and her children.

Couples Who Use

Addiction to drugs and alcohol occurs in the context of social relationships, and develops within its own unique culture of survival. Drug users often seek out other users as intimate partners, and are more likely to become partnered to another user in a neighborhood where the drug use is endemic. Indeed, partnering with another drug user is often preferred to partnering with a non-user.[1] In research measuring relationship satisfaction, satisfaction was higher in

partnerships where both partners used drugs compared to partnerships where only one partner used.[2] Disclosure of past and (especially) current drug use is easier with a drug-using partner who understands both the lure of drugs and the pain of withdrawal.[3] To treat an individual in isolation ignores the high probability that she did not become addicted in isolation. Additionally, it mistakenly assumes that she will be living in isolation throughout her recovery.

Women are commonly introduced to narcotics by men who then go on to maintain the woman's addiction.[4] In fact, women are more than twice as likely as men to have substance-using partners.[5]

Many women describe using drugs as a price they pay to keep a relationship.[6] Being in a co-addicted relationship is a potent risk factor for women's drug use during pregnancy, as well as for relapse after an otherwise successful treatment experience.[5,4] Not surprisingly, then, recovery for women happens in partnership with others, not in seclusion.[7] Sometimes the partnership is a source of strength for the woman, as the couple has navigated the world of addiction together, assisting one another with basic survival skills.[8] In other instances, the partnership is rife with domestic violence, power struggles, and communication challenges.

Regardless of the quality of the relationship, if a woman decides to maintain a relationship with a currently-using partner, it is critical that treatment and social service providers work not only with the woman, but also with her partner and the relationship as a whole. Relationships influence a woman's initiation into drug use, her entry into treatment, and the durability of her recovery. Failing to attend to the woman's relationship may contribute to higher rates of treatment failure.[4] When partners are included in services, regardless of their roles, success is more likely.[9]

"There's like a twelve feet deep pool and somebody's in the deep end and they're saying, 'Hey, could you pull me out of the water?'. . . I can [pull] as hard as I can. It takes only two seconds for him to pull you down with him . . . I try to pull [him] up; [he pulls] me down a lot quicker."[6]

Risk Profile

Partnered drug-users face unique challenges when compared to their single peers. Co-addicted couples tend to have lower rates of condom use, and thus are at increased risk for HIV from both drug-related and sexual-risk behavior.[10-16] In addition, partnered female injection drug users are especially vulnerable to poor health and drug treatment outcomes due to gender-based social inequalities and greater biological susceptibility to HIV infection.[17]

In relationships where both partners use drugs, patterns of drug use often converge. Partners tend to share drugs. As drug use escalates with one partner, the other partner's drug use often escalates as well. For example, you might see that a previously non-injecting partner begins injecting soon after their partner.[4]

The lack of a supportive and sober partner can significantly reduce the motivation to stop using. In fact, attempts to reduce or stop the drug may threaten the stability, or sometimes safety, of the relationship.[1, 18] Love, loyalty, guilt, or fear of losing the relationship often makes it difficult to seriously consider treatment options.[8] As a result, these attempts tend to be avoided or are hard to sustain. Even when couples try to reduce or stop using, the resumption of drug use by one partner is likely to serve as a trigger for the other partner to resume drug use, as well.

These relationships are also often the couple's main, if not only, source of emotional and material support. If there are children in the family, they are placed at a much higher risk of having two parents using substances as opposed to one. Within these families, income can be quite low, and there is commonly limited or poor child supervision. It is not surprising then, that the potential for child abuse and neglect increases exponentially if both parents are using substances.[5]

Many challenges exist in providing services to co-addicted couples, resulting in minimal research on the topic and limited programming in the field of substance abuse treatment and services. These challenges include a sense among providers that they are not trained for couples work, resistance by addicted partners who may want to maintain the status quo or minimize "stigma by association," and mistrust due to fear that children will be taken away if authorities find out that both partners use.[19] While the obstacles can be many, it is important to believe that service provision to couples is possible and, with some creativity, the barriers can be overcome. Developing and implementing successful couple-based approaches in substance abuse treatment and community-based organizations can have substantial impacts not only on drug use, but also on sexually transmitted disease risk reduction, and quality of life for couples and their families.

A Vision for Services

Couple-oriented services for co-addiction do not begin and end with residential drug treatment. A more promising approach may be to provide comprehensive, integrated, recovery-oriented and harm-reduction services to couples throughout the spectrum of intervention. For this to happen, however, paradigmatic shifts in the way in which intervention services are provided may be required. Treatment and social service providers will need to overcome the assumption that all couples must separate in order to become and remain sober, and instead approach the couple as a unit with unique strengths and needs that services can help address. A wide-range of programs can better serve drug-using couples by re-thinking how services are provided and working to integrate couples-based, recovery-oriented services in their programming.

Arrange Concurrent and Coordinated Drug Treatment Services

The drug treatment system must address and make provisions for the unique challenges faced by drug-using couples. Commonly, couples are left to their own devices when seeking to reduce or cease their drug use and address related health risks. Most programs enforce strict policies that prohibit couples from admission into the same program (even long-term spouses), impose sanctions for displaying even non-sexual intimate behavior among men and women who manage to enroll together, and limit communication between partners.[8] An over-reliance on individual and group modalities in treatment also makes couples-work difficult.

What is needed is a drug treatment system that can better address the chronic nature of addiction, assess both the individual needs of each drug user and the needs of the couple in a comprehensive manner, and provide tailored treatment (both individual and couples-based) as necessary to support recovery of both partners. Treatment could take place in the same program or in separate programs. The goal, however, would be to support partners, so that once reunited, they would then have a chance of supporting each other in maintaining treatment outcomes.

The success of a woman's substance abuse treatment is dramatically influenced by the using-status of her partner. If he is willing to receive treatment, all efforts should be made to link him to services. Drug-using intimate partnerships need to be recognized at entry into the treatment system. If a facility is unable to offer treatment to both members of the couple, counselors should help the partner access treatment concurrently at a different facility.[8] For better coordination of care, specialized consent forms can allow for treatment providers of each member of the couple to discuss individual progress and concerns.

Program Highlight

- **Exodus: Shields for Families**
  http://www.shieldsforfamilies.org/index.php?p=246&t=30

  The SHIELDS for Families' Exodus Program is a unique model, in which comprehensive family-centered treatment, follow-up and related social services are provided within an 86-unit apartment complex. Exodus allows for the entire family unit to live in the treatment environment in individual family apartments while attending treatment. Services offered include: counseling, child development services, youth programs, individual therapy, educational groups, case management, and educational and vocational services. After completion of treatment, families are allowed to remain on-site for an additional year in order to transition back to the community with stabilized income and housing.

Program Highlight

- **The Village**
  http://www.villagesouth.com/fit.html

  The Village's Families in Transition (FIT) Program in Miami, FL, is a comprehensive award winning residential drug prevention and treatment program for substance abusing men and/or women and their children. There is no limit as to how many children can live with their parents while in the program. Utilizing family systems theory to guide service planning, FIT serves drug-dependent men and/or women and their families by providing an array of treatment, intervention, educational and employment oriented services. This program involves partners of substance abusers. It is a comprehensive approach to address the needs of families affected by AOD disorders, and involves components geared specifically toward couples.

"They need one [residential treatment facility] for women, one for men, and they need one that is unisex, for couples if they want to go. Because the couples, if they plan on staying together and staying in treatment, need that."[8]

Adopt a Harm Reduction Model

It is critical that staff understand that their goal is not to encourage a woman to leave an unhealthy relationship, but to assist her with safety planning, provide information, and support her decision-making process.[7] If a woman decides she will remain in a relationship with a substance-using partner, staff will be more successful if they join with the woman, accept her decision, and help her to recognize positive options. For the best outcome, it is critical to encourage both partners to engage in services.

Engage the Partner

Schedule Visits when Partner is Available

A critical component of supporting co-addicted couples is engaging both members of the partnership in services. Often, home visitors provide services to an identified female client. Partners tend to be overlooked or intentionally avoided. Some home visitors may prefer to schedule appointments at times they know the partner will be out of the home. If providers truly want to help co-addicted couples, both individuals will need to receive services. Schedule at least some visits at times that are convenient for both individuals.[7] If a partner is not present when planning an upcoming visit, reach out separately to that partner to confirm the date and time. Do not assume the client will pass along the information. Unless it is mandated, do not arrive at a couple's home unannounced. Surprise visits often create unnecessary tension resulting in challenges building rapport and effectively engaging the couple.

Consider a Team Provider Approach

A team approach with a female and a male service provider, or a male peer who is sufficiently trained, can be effective in engaging male substance-using partners.[7] If a male partner seems particularly resistant, consider offering services from another male, apart from his female partner, in a neutral environment such as a community setting. Motivational interviewing may also be an effective tool to use with male substance-using partners who may be resistant to participating in services.

Offer Family-based Recreational Activities

Encourage families to participate in social outings and organized functions such as trips to sporting events, picnics, and holiday parties.[7] Sponsor dinner dances for couples with a child watch component or a sleepover.

Program Highlight

- **Gandara Center**
  http://gandaracenter.org/?page_id=4

  Gandara is a minority organization located in Springfield, MA, providing residential, mental health, substance abuse and preventive services primarily to Latino/Hispanic communities. Gandara strives to engage families, partners, and community in therecovery process. Gandara understands that women, in particular, respond best to treatment when it is done in the company of others.

Conduct Comprehensive Assessments of Both Partners

It is essential to conduct initial assessments of the individual needs and strengths of both the partners, as well as assess the unique strengths, challenges and needs of the couple as a unit.[8] Even if an agency is unable to provide services directly to the partner of a client, understanding his or her needs will prepare the agency to make appropriate referrals. When each partner's needs are addressed, it is more likely that the couple will have better outcomes.[19]

Offer the Partner Concrete Services

Many community-based services have an identified client, but are able to offer services to that client's family, as well. Let the comprehensive assessment guide service provision. Women are generally offered services free-of-charge due to their involvement in drug treatment or child welfare services. A simple way to engage a male partner and develop rapport is to provide him with affordable, accessible, and concrete services that meet his basic needs.[7] These services may be offered onsite or referred out to a community partner. Helpful services might include:[19]

- job training and employment services;
- access to medical treatment;
- peer (male) support groups to help normalize the process of sharing feelings;
- assistance with child support and benefits;
- legal representation;
- mental health services;
- batterer intervention support;
- anger management classes;
- substance abuse treatment;
- assistance with educational goals;
- parenting support and fatherhood classes, either group or one-on-one; and
- recovery support, such as 12-step meetings (AA;NA).

Program Highlight

- **Milwaukee Women's Center**
  http://www.mwcinc.org/

  Positive Options for Women Entering Recovery is a case management program at Milwaukee Women's Center that serves mothers and pregnant women who are addicted to drugs and/or alcohol. POWER helps women to achieve and maintain abstinence from alcohol and drugs, understand and recover from trauma, domestic violence and mental health issues, and improve their social and economic wellbeing. It runs the Family Intervention Program (FIP) that provides in-home intensive case management services to the entire family (including partners), and also runs a separate program called Nevermore, for men who batter.

Engage in Couples-Work

Develop awareness in both partners that each one's role is crucial to the other's recovery process. A couple needs to imagine what their relationship will look like moving from addiction to recovery.[6] Commonly, using substances is woven into couples' dynamics. Sexual and recreational activity patterns seem to be established and centered on shared drug use. [19] When one or both partners enter into recovery, life will look very different. [19] In addition, women commonly develop a greater sense of self-esteem and autonomy when they enter recovery. This may clash with a male partner's expectation of the relationship dynamics. Help the couple work through these potential relationship changes. For example, help the couple to:

- determine the role drugs were playing in their lives, and how that role can be filled without drugs;
- examine patterns that may need to change and how those patterns developed;
- create a vision of what changes in those patterns might look like;
- find alternative coping mechanisms to help handle feelings of sadness, anger, insecurity, or past experiences, mistakes, or traumas;
- prepare the couple to make changes;
- develop awareness of relational danger signs that may lead to relapse; and
- create an action plan should a trigger present itself, and an additional plan should relapse occur.[7,6,19]

Program Highlight

- **ACADIA Northwest**
  http://www.acadianw.com/

  ACADIA NW in Portland, OR, helps families and significant others affected by chemical dependency. Each ACADIA NW client enrolled will receive a comprehensive bio-psycho-social assessment that will determine the appropriate level of care. Each client will also receive individualized experiential relapse prevention education that will help in the development of an effective relapse prevention plan. ACADIA NW is extremely unique in that it offers help to couples struggling with issues that arise early in recovery specifically due to one or both being chemically dependent.

Program Highlight

- **Cherish the Family**
  http://www.familycentral.org/bcsupportservices

  Cherish the Family (CTF) in North Lauderdale, FL, is a home-based family support program that provides comprehensive transdisciplinary services to meet the complex needs of families affected by substance abuse and/or HIV. CTF promotes reunification and family stability through an innovative and collaborative approach, offering a full range of culturally-competent and accessible services to help parents create a more stable and nurturing home environment. CTF currently offers parenting education, supportive counseling, recovery support, case management services, and parent support groups for co-addicted couples.

Program Highlight

- **Denver Juvenile and Family Treatment Accountability for Safer Communities**

  Operating under the Division of Probation Services within the Colorado Judicial Department, Denver Juvenile and Family Treatment Accountability for Safer Communities (TASC) serves as the substance abuse and mental health component for the Denver Juvenile Court. TASC provides home visitation and case management services. In addition, TASC offers parenting groups, fatherhood groups, peer support groups, trauma-informed groups, healthy relationship groups, individual counseling, and recovery support for co-addicted couples. Most importantly TASC serves to engage and retain resistive families who have multi-generational court and child welfare involvement.

Final Thoughts

Providing comprehensive, integrated, recovery-oriented drug treatment services and community-based support could have changed the outcome of Adriana and her family. Adriana and her children fared poorly soon after she left treatment. While her service providers did provide some family-focused services and outpatient follow-up, the exclusion of her partner, who was also the father of her baby, made her especially vulnerable to the resumption of heroin use when they reunited. If both had been offered drug treatment, preferably medication-assisted treatment, either in the same or separate programs, and been provided with appropriate assessment and counseling to help them learn how to best support each other in gaining and maintaining recovery, both would have had a better chance of living drug-free in an intact family system.

While several recommendations for working with co-addicted couples are presented in this brief, much work still needs to be done in this field. Due to the structural barriers of providing care to co-addicted couples, both in residential treatment as well as outpatient services, the field is significantly lacking in evidence-based models for this population. More research is needed to identify innovative strategies that can increase success for couples attempting recovery.

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The National Abandoned Infants Assistance Resource Center's mission is to enhance the quality of social and health services delivered to children who are abandoned or at risk of abandonment due to the presence of drugs and/or HIV in the family by providing training, information, support, and resources to service providers who assist these children and their families. The Resource Center is located at the University of California at Berkeley, and is a service of the Children's Bureau.

AUTHORS:

Janie Simmons, Ed.D., National Development and Research Institutes, Inc., Social Sciences Innovations Corporation

Amanda Hopping-Winn, MSW, National AIA Resource Center