

Extended Summary

Family-Related Experiences of Youths Under Institutional Care with a History of Substance Use*

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Abstract

This study aims to investigate the family-related experiences of youths under institutional care and receiving treatment for substance use. Semi-structured interviews were conducted with 13 participants between 15 and 18 years old. Thematic analysis has been employed in analyzing the interviews. Three main themes have been identified: lack of containment in the family, family's structural characteristics, and the family's role in the rehabilitation process. The findings indicate experiences of rejection, conditional acceptance, neglect, and abuse to be the issues prevalent in the participants' narratives. Participants also described a family structure where at least one parent (mainly the mother) is absent. Moreover, newly constructed families and extended family networks were determined to have failed to support these young people. In regard to the treatment process, family is one of the most supportive elements for participants who have contact with their families. Participants without any family contact seemed to replace the absence of their families by establishing relationships with employees from the institutions. Finally, the interviews suggest that, despite all their traumatic experiences, participants have unconditional acceptance toward their family members. The study's implications for prevention and intervention programs targeting disadvantaged youth are also discussed.

Keywords

Substance use • Institutional care • Adolescence • Family relations • Family structure

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This study explores the family-related experiences of adolescents receiving treatment for substance use disorders and who are under institutional care provided by the Ministry of Family, Labor, and Social Services in Turkey. Family members had generally not been effectively present in these participants' lives, nor had they been sufficiently involved in the social care and rehabilitation processes at these institutions. Based on participants' narratives, these families may also be suggested as characterized by various socio-economic disadvantages. Thus this research aims to focus attention on the sub-group of youths with substance-related problems who possess various deprivations and drawbacks.

The literature in this area suggests family characteristics to be associated with substance use and to be assessable under two headings: structural problems and relational problems. Studies indicate that adolescents with substance-related problems are more likely to have been raised in families where one or both parents had been physically or psychologically unavailable to provide basic care for the young members of the family. Moreover, these families tend to be characterized by limited parental resources due to social disadvantages (e.g., low socio-economic status, low educational level, unemployment, fragile financial resources, and/or health problems; Dönmez, 2007; Yaman, 2014). Pressure to survive with limited financial resources and working long hours may weaken the parental control and supervision that protect youths against experimenting with drugs (Cristini, Scacchi, Perkins, Bless, & Vieno, 2015; Ögel, 2005). Relational risk factors also exist, including lack of harmony in the family, conflicted parent-child relationships (especially poor bonding between mother and child), and experiences of neglect and abuse (Dönmez, 2007). In cases where family ties are not strong, youths are deprived of the necessary guidance and support; therefore, they are left more vulnerable to unfavorable environmental factors and peer pressure. In addition, inadequate parental relationships and insecure attachment patterns have negative effects on a child's ability to regulate emotions, especially anxiety and frustration. This difficulty in turn increases the risk of substance abuse (Brook et al. 2001; Schindler, Thomasius, Sack, Gemeinhardt, & Küstner, 2007).

The literature also suggests family involvement in the treatment of individuals with substance abuse disorders to be important. For example, family involvement increases treatment success rates (Copello, Velleman, & Templeton, 2005). However, family members are often reluctant to participate in this process. Two main reasons have been found for this. One being, as a result of living with a youth who has substance-related problems, these families are more likely to experience high levels of anxiety and frustration or end up feeling burnt out. The second reason is that individuals with substance abuse disorders are likely to be marginalized within the family (Lloyd, 2013; Room, 2005). For example, Pomini et al. (2014) argued that substance abuse is perceived by parents as a condition for which the child is responsible or a problem

over which the child should have control. These attitudes toward substance abuse tend to increase the young person's already existing guilt and anxiety; in order to deal with these negative emotions, the youth returns to substance use. Thus the family's mistaken beliefs about substance use and the child's tendency to use drugs form a vicious circle that reinforces itself.

Method

Seven females and six males between 15 and 17 years old ($M = 16.46$, $SD = 0.77$), participated in the present study. A semi-structured interview schedule consisting of 10 open-ended questions has been used to obtain the data. All required permissions were obtained prior to the interviews. No audio recordings were allowed per the permissions provided by the Ministry, therefore the first researcher tried to keep verbatim notes during the interviews. Braun and Clark's (2006) guidance on thematic analysis was adhered to in the analysis. The initial detailed codings were followed by identifying the sub-themes, and these sub-themes have been categorized under the main themes' headings.

Findings/ Main Themes

Lack of Containment Within the Family

Lack of containment includes the sub-themes of rejection, conditional acceptance, neglect, and abuse. Feeling rejected before and after participants' troubles with substance abuse and being left alone during the rehabilitation process are experiences that were commonly expressed in the interviews. Participants also stated not having received the requisite care that they needed when living with their families; they depicted their family environment as one in which they were either rejected or conditionally accepted. The interviews also illustrated various instances of neglect and physical abuse. These experiences seemed to increase the risk for living on the streets up to when the youth had been taken into institutional care.

Structural Characteristics of the Family

Structural characteristics of the family include the physical absence of at least one parent, re-marriage of one or both parents, fragile extended-family networks, and negative role models in the family. One or more of these characteristics are present in all the participants' families. The death of a participant's mother and lack of any contact with her from when the participant was very young are topics repeated in the interviews. Parents' remarrying is another problematic issue because parents appear to withdraw from caring for their children in order to maintain the second marriage. Interviews also indicate that these youths have fragile extended-family relationships or no consistent presence of extended family members (e.g., grandparents are too old

to provide basic care). Finally, some participants said their parents had used drugs at home, but they did not associate their parents' substance abuse with their own.

The Role of the Family in the Rehabilitation Process

While negative experiences such as rejection, neglect, and abuse had been frequently expressed in the interviews, participants' accounts also indicated still having an intense need for the continued presence and support of family members. First of all, a few participants were seen to have had established a relatively positive relationship with one family member. This family member was usually identified as their father, but elder siblings appeared to be important too. These participants considerably valued these relationships, even though the family still expressed a message of conditional acceptance. Moreover, the findings indicate that even if a consistent relationship with any family member was not present, participants were very willing to re-establish their connections with family, and most of them want to live with family members. For the participants without any family contact, their need for familial support appears to have been replaced by relationships with the institutions' social care workers and other staff.

Discussion

One of the main findings of the study was the lack of containment experienced by the participants within their family system; the basic conditions for these participants' care and safety had been relatively absent when they were younger and living with their families. Previous studies have established well that weak bonds within the family pave the way for the emergence of risky behaviors during adolescence, including drug use (Barnow, Lucht, & Freyberger, 2005). The emotional ties established between child and parent and parents' emotional accessibility are central for the child to be able to build up skills for self-regulation, mainly the regulation of negative emotions and toleration of frustration (Flores, 2001). The child's ability to regulate the self and the family's capacity to contain the child contribute both to the initiation and maintenance of substance use and dependence on it (Höfler & Kooyman, 1996).

The current study also highlights the motivation-enhancing effect of family involvement in the treatment process. Cooperation from families when they are available for contact appears to have the utmost importance. However, getting families involved in the process for this specific group of young people is generally not possible. Therefore, how to compensate for the lack of family involvement in the treatment process needs to be focused on. Maintaining the motivation to stay away from drugs and keep up with treatment, creating a sense of belonging, and supporting/strengthening self-regulation skills seem to be more important when the family is not available or motivated to get involved in the treatment.

The findings from this study have also provided some clues for prevention programs. The findings point to the importance of identifying risky family structures or family-related problems at the early stage of formal education. Primary education is compulsory in Turkey, but these children tend to drop out of or discontinue school after the primary school phase. The structural features of these families can be identified before the child drops out of school or completes primary education. Families where at least one parent, especially the mother is absent, families where the parental resources for supervising children are significantly limited, and families where neglect is indicated should be targeted for prevention.

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