

Researchers study how women in recovery manage personal networks with family and friend users

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Substance abuse counselors and social workers often recommend recovering addicts establish new networks of non-using friends and supporters.

But researchers at Case Western Reserve University's [social work](#) school found, for many women in poverty, it's not so easy to drop the users in their lives. Many are people that women depend on for childcare, transportation and other necessities to live.

"People in the women's networks might be family members, parents or children, who also use drugs. It's hard to cut these people out of their lives," said Elizabeth M. Tracy, MSW, PhD, who is the associate dean of research and Grace Longwell Coyle Professor of Social Work at the Jack, Joseph and Morton Mandel School of Applied Social Sciences.

She contributed to the *Qualitative Health Research* article, "Personal Network Recovery Enablers and Relapse Risks for Women with Substance Dependence." The National Institutes of Health's National Institute on Drug Abuse (NIDA) funded the \$1.1 million, four-year parent study at the Mandel School.

It was not so clear-cut for these women who had to juggle both users and non-users in their lives, said the study's corresponding investigator Suzanne Brown, PhD, LMSW, assistant professor of social work at

Wayne State University and Mandel School doctoral alumna.

"It might work in a population of people who have greater choices or resources to make geographic changes or are less dependent on other people for their basic needs," Brown said.

Relationships in the network played a role in whether women used drugs or not.

Brown and Tracy and colleagues found that six months post-treatment intake, women were vulnerable for using again if they had substance abusers in their personal networks or lacked close supportive friends.

And many of the 377 women recruited for the study from three treatment centers in Cleveland also lacked finances, education, job skills and employment, making it difficult to leave these circumstances.

Loss and fear of losing family and friends, along with the stigma and guilt of using presented difficult barriers for recovery, the researchers report.

Tracy said these women had no easy answers as some women limited interactions with their longtime friends and suffered grief and loss in the process to stay clean.

The researcher tracked and analyzed how these networks worked and changed over the 12 months after entering treatment. For the focus groups, conducted with funding from the Mandel School Office of Research and Training as an additional part of the larger study, the researchers talked with participants in three focus groups of women in recovery and three focus groups of treatment providers.

Each woman in treatment made a list of 25 people in their personal

network, their relationship, role in recovery and whether they could be considered a recovery enabler or relapse risk.

Participants in the yearlong study provided researchers with data after beginning treatment: at one week, one month, six months and 12 months regardless if they remained in treatment or not.

For the women, researchers looked at these questions:

- Who remained in the personal network?
- How relationships with friends, family member, treatment counselors and others changed over time?
- What ways did the person change in her interactions with the individuals in her network?

The women's retention was 81 percent over the 12-month follow up period. They also found the women who had fewer users and more supportive friends at six months were less likely to use again. The structure of the network mattered as well; women who had more non-users among their network isolates (people not connected to anyone else in the network) were less likely to use over 12 months.

They also included the treatment providers as a new dimension to studying recovery networks and asked them questions related to recovery enablers and relapse risks. Provider gave their perspectives on how women were influenced by families and children, 12-step groups and sponsors and treatment providers' views on how women manage personal networks.

Women in recovery struggled to raise their children but most wanted to show their children they could recover. The providers saw children as a hindrance or burden to mothers who struggled with internal mental health issues while faced with challenges to manage children, who may

have their own behavioral problems.

Families served as both recovery enablers and relapse risks through misunderstanding that recovery takes time. Women, at risk of relapsing, admitted manipulating [family members](#), but those successfully recovering began to see more give and take (reciprocity) in the family relationships.

The 12-step groups and sponsors for recovering users helped women find friends and supporters, decreasing their isolation and provided a positive environment that changed negative perspectives in the women.

But providers saw the 12-step groups as a risk for the women. Many women had mental illnesses along with their addictions, and providers felt the group leaders lacked skills to handle these mental illnesses. The providers also saw advances by men in these meetings potentially distracting the [women](#) from working on their [recovery](#).

Provided by Case Western Reserve University

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