

## Family Health Care for Amphetamine-abused Adolescent in Thai Context: Cases Study

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### Abstract

Amphetamine abuse has become a major challenge facing Thai society. The cases study was aimed at exploring how nurses provide care for family with amphetamine used teenagers at community hospital setting. The concept of Family healthcare and Family Resiliency were applied. The participants were 5 families with amphetamine-abused teenagers. The study tools comprised of Family Health Care Intervention (FHCI) that included family health assessment, family intervention, and Family Power Handout. Data was collected by in-depth interview, questionnaire, and health examination. Content analysis was used to analyze data.

Findings displayed all parents had severe stress. Some fathers had high anger and punished their sons by striking. The adolescent boys had several risks behaviors; delinquency, theft, and video game addiction. Families coped with various methods such as taking sons to ordain. The family system had poor function. The nurses started therapeutic communication with parents and teenagers. Reducing suffering, providing emotional and information support were done. Some mothers were referred to psychiatrist due to severe depression. Family meeting and counselling were used; as well as follow-up, which was done for 4 weeks. Family psychoeducation and modification were conducted. After 4 sessions, family stress was decreased. Family function had adjusted to provide care for the teenagers, which could help them to decrease amphetamine using. Some fathers had seen function change of positive fathering. In summary, the FHCI could provide care for the family as a total unit. However, this situation is very complex, thus, longitudinal study design is needed for monitoring and evaluating the family health outcome.

**Keywords:** Family Health Care, Family Resiliency, Amphetamine abuse, Adolescent

### Abbreviations

Family Health Care Intervention: FHCI

### Introduction

Addiction and substance abuse have become a major challenge in the current society. The report of World Drug Report: UNITED NATIONS OFFICE ON DRUGS AND CRIME in 2016 [1] showed that approximately 33.80 million people aged 15-64 years old were amphetamine users. In Thailand, similarly, the most abused substance was amphetamine, which accounted for 80.3 percent of patients; followed by marijuana, 6.1 percent; and methamphetamine, 4.4 percent [2]. Forty percent of drug users and patients who received treatment was children and youth. The highest number of those who received treatment was people who

were 15-25 years old. People involved in drugs were workers, farmers, students, and unemployed persons [1, 2].

Using drugs produces both mental and physical effects. Users can experience insomnia, anxiety, agitation, loss of appetite, loss of weight, physical deterioration, confusion, and mood disorder. When drug use cravings hit, the abused people can be furious and paranoid [3, 4]. Some might experience hallucination leading to committing self-harm or hurting others. Moreover, severe drug addiction can result in irresponsibility, unemployment, and loss of earnings [3-5]. Family also faces relationship problems. Occasional argument can turn healthy relationship into dysfunctional family, divorce, separation, and other mental issues [1, 3, 5-7]. In addition, when drug users are the main source of family income, using drugs

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negatively affect work which could result in layoffs [6-9]. They also show neglect of duty as a father and head of the family.[10] Aggressive and violent behaviors toward family are also evidence [10, 11]. The most common violent behaviors are as follows: 1) mentality: yelling, shouting, and using swear words; 2) financial misbehavior, including stealing cash or other property; 3) physical misbehavior, for instance; throwing dangerous objects causing physical injury; and 4) sexual violence, which includes sex abuse mainly committed by spouse [11-13]. It is clear that using drugs directly affects individuals, family, as well as society. Therefore, both drug addicts and their families need to be taken care of.

The Ministry of Public Health of Thailand divides the treatment into 4 steps [14]. First, pre-admission is focused on mental and physical preparation of patients for dealing with their personal matters. Second, detoxification, served as medical treatment, emphasizes physical care for withdrawal symptoms. Third, rehabilitation aims to enhance and strengthen mental health by adjusting habits, behaviors, and mind that were once dominated by drugs. There are also several approaches to good environment and self-improvement including motivational enhancement therapy (MET), cognitive behavior therapy (CBT), and Matrix Program [15]. Forth, after care stage, 1 year is required to provide advice and help. However, there are limitations arising from time constraints of family due to job responsibilities. Family does not possess enough amount of time to take care of drug users. Their income is low. They also experience fatigue and boredom of behaviors of drug users [16, 17]. Family is thus unable to participate in continuous medical treatment. In addition, treatment and care nowadays emphasize detoxification and family contribution toward giving drug users encouragement. This approach does not cope with a source stress for family. Changes in situations result in changes in roles and duties. These continuously worsen relationship and communication. Families do not receive appropriate care, and problematic issues are not solved at all levels of hospitals. Consequently, 30 per cent needed treatment. It was also reported that 75 per cent of drug addicts took drugs during and after the treatment ended.[16] It is obvious that the situation of the entire system has not changed positively.

Research on treatment and rehabilitation of drug addicts in Thailand by Banjongjit Panthong [5] studied on self-encouragement together with family support in non-retaking of drugs. Families were supported with mental health activities. They were also provided with education on harms, negative effects, solutions, family roles and responsibilities, especially during after-care stage. The result showed that those who received the treatment program did not retake drugs during the first, second, and third week. It was also found that there was higher level of family support for drug users who participated in the program. Songsang [11] conducted the integrated family treatment program for teenage drug addicts. This treatment encouraged understanding of problems and fostered creative communication. It also highlighted the importance of family support for teenage drug users. The result indicated that those who received programmed treatment showed lower level of drug use compared to the controlled group both after the experiment and 2 weeks later, with significant level of 0.05. However, there had been no follow-up on changing communication pattern,

so there was no evidence for consistent and continuous result. Obviously, family contribution came into play. Families were educated with knowledge on drugs. Changing family roles also helped efficiently increase ability to stop using drugs. However, the above-mentioned approaches do not emphasize on the entire family system. Generally, families with drug users experience stress and problems. Several aspects involving family system need to be addressed, especially relationship, duties, emotion and mental issues. These matters have not yet been taken care of. Therefore, there can be no guarantee for continuous and consistent result of successful treatment for drug users and the entire family.

This cases study was one part of the study of family nursing process for family with amphetamine abusers that focused on family health care for the entire family which includes 5 stages: 1) build therapeutic relationship; 2) assess health and needs of family and drug-abused persons by using family resiliency model; 3) diagnose and prioritize health problems and needs of family and drug users; 4) plan and implement care for family and adolescent drug users; and 5) evaluate health outcome, both individual and family adaptation. The goal is to provide integrated healthcare, focus on building relationship, and utilize strength of family. Throughout the process, family and nurse worked in partnership. [18] Moreover, this study applied Family Resiliency model [19] for assessing stress, adjustment, and adaptation of family when adolescents were drug abusers. This helped increase understanding of situation faced by each family. Factors which were considered included causes of stress, family vulnerability, internal and external support, role and functional pattern, family relationship and how family cope with problems. It is expected that bringing family health care can help identify family health problems and provide care for family with adolescent abuser. Family can take care of drug abuser who becomes more committed and eventually stop using drugs. Re-taking of drugs can be prevented, and family can now feel contented.

### Materials and Methods

Cases study was used. The participant were adolescent amphetamine abusers aged 14-19 years old and family members. The boys were required to be diagnosed as amphetamine abusers by physicians using ICD-10 and received care and treatment at drug addiction clinics. The subjects needed to be assessed using screening and drug-abuse patient referral to drug addiction treatment form (Screening and referral forms for patients using drugs and drugs for treatment) [14, 16]. Their score calculated after the assessment should range between 4 - 26. [14,16] There was also no sign of mental disorder. Their perception and ability to communicate were normal. They could read and write in Thai language. For family members, there were males and females who had close relationship with drug abuser, such as father, mother, or relatives. It was necessary that they have lived together for more than 6 months until present. Family members needed to take drug abusers to health service units every time. They showed no sign of hearing or vision problems. Neither serious mental nor physical illness was found.

**Study Tools:** The study tool consisted of family health care handout that was developed through literature review and

situational analysis. It consisted of 5 steps: 1) Building therapeutic relationship and communication; 2) assessing health, need and adaptation of individuals and families based on family resiliency framework; 3) diagnosing health problems and needs; 4) planning and implementing intervention; and 5) evaluating outcomes in terms of health status and adaptation.

The handout comprised of personal and family health assessment form and family power of love booklet. The assessment form was used to collect data via interview, observation, and physical examination which consisted of 3 parts: general data; stress and self-adjustment; and adolescent intention to stop using drugs. Family health assessment comprised of general information of family such as income, career, and family members, assessment of family stress and adaptation, observation of behavior and family relationship, health status of family members, family function, and health care for drug abusers. After assessment, diagnosis of health problems and needs of drug user and family was done and then planning and implementing with partnership of family members, nurses, and drug abusers were continued. The last step was evaluation of nursing outcomes both the adolescent and family adaptation with cooperation between family members, nurses, and drug abusers. At this stage, family nursing interventions were recorded in Family Nursing record form on a case basis. In terms of content validity, the family health assessment tool and health status assessment form were validated by 5 experts. After this, the form was revised and try out for feasibility with 5 families who had similar characteristics compared to the study group.

**Data Collection:** Prior to conduct of this study, an official request to collect data was sent to the directors of community hospitals and head of the nursing staff. After receiving verbal consent from participants, research team held meetings with drug users and their families, building relationship and selecting participants. Research team started establishing therapeutic communication and carried out interventions for drug users and their families at drug addiction clinics. The 15-minutes counselling session was provided in a private room. The session involved observation, individual and family interview and history taking, urgent intervention based on problems and needs. Once a week, intervention for drug users who were under rehabilitation phase was carried out. Each session took 40-60 minutes, and the entire process lasted 4 weeks. Five steps of family intervention included: 1) building relationship through therapeutic communication; 2) assessing health status of individual and family; 3) diagnosing individual and family health problems and plan; 4) planning and carrying out nursing intervention for drug users and family; and 5) evaluating outcome by measuring health status as well as individual and family adaptation. At week 5, evaluation of outcome was carried out to conclude and review problems and adaptation.

**Data Analysis:** The data was analyzed using descriptive statistics to find frequency. Data gathered from interviews was analyzed using Content Analysis. It was then summarized, interpreted, linked, and categorized. As a result, research team could identify problems, needs, adjustment pattern, family function and health, family health care intervention, adolescent and family health outcomes.

**Protection of Human Subjects of Research:** This study was approved by the Khon Kaen University Ethics Committee for Human Research, Khon Kaen, Thailand (HE 622095). Health personnel staffs who are not involved with the study were required to ask for permission from the participants by verbal consent after receiving the study information from the researcher. The families were informed of the right to withdraw from the study at any time without any effects on their treatment and other health services. Data was collected with confidentiality and anonymity. There was tape recording. The finding was presented with the whole view for academic purpose only.

## Results and Discussion

This was cases study of 3 nuclear and 2 extended families. The family members consisted of fathers, mothers, sons, daughters, and grandparents. The teenage drug-abusers were 14-19 years old. Family members were healthy, but some had underlying diseases, such as diabetes mellitus and hypertension. Farming was the main source of family income, which did not yield high profits. The income did not offset yearly cost. Thus, all fathers turned into workers with a monthly salary. All families expected the teenage boys to have good future lives. They were spoiled by parents, especially mothers. Their school performance was in low to moderate level. When they were young, they had no problem in their studies and behaviors. However, when they were starting secondary school, teachers informed the parents that their sons had not been to school, and they did not come home often.

After knowing about the use of amphetamine by their sons, some fathers went out looking for the sons at game shops and houses of their friends. Some fathers were so frustrated and punish their sons by beating. The mothers were incredibly sad. They cried without saying a word. Some fathers took the sons for summer ordination. Some adolescents became skinny and spent most of the time sleeping. They showed loss of appetite. Wrist watches, phones, and motorcycles were pawned or sold, and the money was spent on substance and drug abuse.

Some mothers were unable to sleep when their sons were away. They were worried that the sons would be scammed or arrested by the police. Some fathers took stress relief medicine because they were unable to sleep. They often blamed their wives for not taking a good care of the sons. At the end, the fathers could not stand their adolescent sons' unhealthy physical condition, so they consulted health personnel and decided to take their sons to receive treatment at the hospital. For case example:

After establishing therapeutic communication with mother and drug-using adolescent, family assessment based on family resiliency framework was done. The example of family interviewed data could be displayed as follows:

“My son with his behavior was unpleasant: stealing and skipping classes. I feel bad and suffering. My husband blames and scolds me. He hit my boy with his belt and keeps silence. I tell and command my boy to stop all bad things. My boy cried and ran away from home. He does not say a word. I am stressed. I am worried that my son will become worse. It is always a pain in my

heart.” (Family 1)

“I did my best, but it still turned out like this. He often stole things from home and spent money on drugs. I was worried my son would be arrested and harmed by the police. Whenever he is away from home, anxiety comes to me.” (Family 3)

From family health assessment, the data showed that father, mother, and family members experienced high level of stress (54-66 points). They were unable to sleep and were anxious. They were also worried about the future of their sons and were worried that he would be arrested. The mother blamed herself for the problem, and she was worried about safety of the family. They did not want to share the story with relatives because they were afraid to be blamed and did not want relatives to think their sons were terrible. They once solved the problem by ordination, but it was not effective because their sons left the monkhood and ran away with friends.

Some families had several vulnerabilities such as disappointment caused by the divorce of their daughters; that they had to look after the grandchildren consequently. Some families were poor, and their income was not enough for all expenses. However, some parents had a son who was the youngest child. He was spoiled since he was young because the parents did not want him to feel inferior. When problems arose, their solution was ordination, separation from friends, or material incentive, such as a mobile phone.

However, none of these measures were effective. The adolescent boys could not stop using amphetamine and had developed many risk behaviors which made parents and family members suffered.

For the second step—need and problem diagnosis of adolescents and family system—the findings showed that: 1) The parents were under high stress and anxiety; 2) The adolescent boys were drug abusers, who developed various risk behaviors, as well as poor health and behaviors (weight loss, poor hygiene, dysfunction); and 3) family was unable to continuously follow up, control, and socialize the adolescents.

The third and fourth steps, researchers continued for family health care planning and intervention in partnership with family. The procedures included emotional support for adolescent boys and parents, as well as family members; empathy communication was performed (careful and understanding listening); encouragement of positive attitudes toward problems and admiration for the efforts of the parents on problem solving; advising and motivating the parents to view the positive sides of the situation; giving family psychological support; reflecting the problems and helping the family to identify the cause of the problem; motivating the family to cooperate for solution; and give everyone including drug users opportunity to express their feelings. Family behavior modification was done. In addition, the researchers referred some mothers who had high stress and depression to physician. The details are shown in Table I.

**Table I: Summary of Family Problems and Needs and Family Intervention for Family with Adolescent Amphetamine Abuse**

Problem and needs	Family intervention
Family members 1. The parents had experienced stress and anxiety about drug abuse among adolescent children	1. The family was stressed because the drug-abused sons did not go to school and function poorly
2. Amphetamine abuse with several risk behaviors and poor health among adolescent boys	1. building therapeutic relationship 2. enhancing motivation to stop using drug by counselling (assessment level: hesitation) 3. increasing motivation through counseling process (help him to understand the negative effect on family, conflict, the family was high worried) 4. providing various approaches to quitting drug, coping with stimulator, and avoiding threats
Family system 1. The family was stressed because the drug-abused sons did not go to school and function poorly	1. emotional support and empathy communication 2. reflecting problems and helping the family identify the cause of the problem and how to solve them 3. family meeting, family counselling, and family conference for seeking suitable solutions 4. help to summarize approaches for effective adaptation of family system 5. monitoring for longitudinal outcomes
2. The family was unable to continuously follow up, control, and socialize their sons due to work and negative relationships	1. Support and give advice on how to identify problem and causes 2. family meeting for identify risk and harm, monitoring and socializing the adolescent child, controlling, and planning for good future live 3. family conference for analyzing and seek for solution, encourage the family to fulfill their duties 4. encouraging the family to adjust their roles (family modification), for example, father role: looking after children by staying home for 3-4 days a week or spend more time with children 5. enhancing family members to share feeling, express their concerns, and how to manage the problem

The fifth step is outcome evaluation. After 4 sessions of family health care in 1 month, the parents had received support and counseling, and been prescribed stress relief medicine by doctors. The fathers or mothers could therefore sleep better. All adolescent boys could stop using amphetamine. Urinalysis conducted thereafter showed that the urine was amphetamine negative. Their weight had been gained for 2-5 kilograms, and hygiene was better. In terms of behavior, they no longer hung out with the same group of drug abused friends. They determined to come home before 7 pm. Some played games and helped their mothers to clean houses and cook. Some had higher commitment to stop using drugs and gained stronger confidence. In terms of the entire family, the stress level decreased (from the score of 66 to 39).

“To some extent, I am more relieved, I wish he stays like this. I had tried to adjust my role, manners, and duties as well as having more opportunity to talk with my boy. It’s much better for me and my family. He can stop using drug” (Family 4)

## Discussion

This study clearly reflects Family Resilience Framework Stressor of the family (A) was caused by the adolescent boys as amphetamine abusers and their several risk behaviors which were inappropriate leading to unresolved problems, such as stealing and skipping classes [19]. In terms of feelings and perception (C), the father was angry and thus hurt the son. The mother was stressful, felt neglected by husband, and blamed herself. The siblings were infuriated because her brother stole from home. The father was not comfortable to share problems with other relatives (B), because he was afraid to be blamed and did not want relatives to think his son was terrible. The family vulnerability (V) included the daughter who got divorced and being single mom with 1 child. Some families had divorce. The family income was low and inadequate. Family typing, relationships, and function (T) were poor. Some adolescents are the youngest child who were spoiled. Parents bought him what he wanted so that he would not feel inferior. When he became teenager, the father usually spent the nights at the rice field, so the son stayed with the mother and cousin at home. Some father did not see the importance of going back home and raising child, as in his opinion making money was more necessary. Bringing up children became the duty of the wife or mother (T). When the son missed classes, and used amphetamine, the father punished him by force, took him for ordination, and tried to separate him from friends. Some parents gave their son a mobile phone as an incentive to stop using drugs, but this was not successful. Obviously, the assessment indicated that families were directly affected. They were facing high level of stress and their adjustment was inappropriate. That was because there was no support and help. More importantly, their duties are not facilitating the family development successfully.

According to family health care framework, there were 5 steps of the process: [18] 1) building therapeutic relationship, which was highly important for health personnel to strengthen confidence and trust in receiving healthcare and treatment. For family with drug abusers, the person and family members received separate therapy for the first treatment in order to ensure that data collected was true and truly came from both parties; 2) drug abuser and family health assessment, which was focused on family function, relationships,

perception and health among drug abuser and family members; 3) problem diagnosis, in which problems from the patient and family were analysed [18, 19]. The findings comprise of 3.1) the parents with drug-abused child were undergoing stress and anxiety; 3.2) the adolescent child used drugs and developed risk behavior such as stealing; 3.3) family experienced stress because the adolescent son used drugs, skipped classes, and became overly adhered to friends; and 3.4) family was unable to continuously monitor, control and socialize children; 4) planning and intervention, in which the researcher gave emotional and psychological support and organized family meetings and conference to enhance confidence and support for the adolescents to stop using drugs; and 5) family health care evaluation, in which the results indicated that the family has changed roles and function. The father assisted the wife in taking care of the son because the wife or mother needed support for her struggle from role stress and overload. After the meeting was conducted, the family mutually agreed on giving support for the adolescent boys and encouraging them to stop using drugs. Consequently, they had stopped using drugs in 4 weeks. They had higher commitment to stop using drugs, which, in turn, positively affected the parental stress level. Explicitly, when family faces crisis, supportive intervention is very important for archiving personal and family health outcomes [20-26].

## Conclusion

Nurses and health care personnel should have positive attitudes toward amphetamine users and their families since they experience high level of distress. It is relatively important for nurses and health personnel to dedicate time as well as listen carefully with empathetic communication and manner. In addition, taking care of amphetamine users and their families requires long-term follow-ups and experimental research with an appropriate sample group.

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