

# **Motivational intervention for family members living with a relative with a substance-related disorder**

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There is a number of users of psychoactive drugs in the world, approximately 250.000.000. In Brazil, the number of users of psychoactive drugs borders 12.000.000. And for every drug user there are more than 2 family members affected. The estimate is that over 28 million Brazilians may be living with a person suffering from some form of substance dependence. The family showed damage in many areas of life, resulting of living with relative with substance-related disorder (SRD) as family functioning with overtask, emotional and self-neglect; deficits in physical and emotional health such as stress and tension; in personal relationships, with their surroundings and in the quality of life. This impact may contribute to the family presenting behaviors that may be inassertive to the requirements of living with a relative with SRD. In this way, Motivational Intervention was based on: Stages of change: predicts the difficulties people face in their change process and offers specific strategies for each stage; Motivational interview: accompanying resistance and evokes the reasons for change with collaborative and empathic style and Telemedicine: service for mental health information are an effective way of providing resources to a widespread population. Our methodology was developed for phone use and can be applied in digital and face-to-face contexts. The aim of this study is to determine the effectiveness of the Motivational

Intervention for families with inassertive behavior. This model was organized in such a way that each session had a special goal to stimulate the family in their process of change. At all stages the extent of inassertive behaviors is assessed through the Behavioral Enabling Scale and Holyoake Codependency Index. First session: Psychoeducation. Second: understand how the family functions and identify behaviors such as rules, authority, limits, overprotection, neglect, strictness, permissiveness, and guilt. Third: support to the family depending on the motivational stage of current session. For each stage, there is a different approach, for example: Contemplation Stage: the professional's goal is to stimulate an evaluation that could encourage the decision to change. Preparation Stage: the professional's goal is to build a plan of action that is acceptable to the family and can be able to achieve. Action/Maintenance Stage: The professional 's goal is to put in place strategies and actions for change and to review the planning. Relapse behavior: the professional 's goal is to clarify that it is common and can be overcome. Fourth session: working the motivational stage of preparation goals. Fifth and sixth: working the motivational stage of action goals and check the planning. Seventh, eighth, ninth, tenth sessions: working the motivational stage of maintenance goals. Therefore it is important to accompany family members to the demands of living with a SRD relative. After 6 months of follow-up the family members of the Motivational Intervention were twice as likely to have modified their behavior from high inassertive to low inassertive when compared to the usual treatment.

Key words: Substance-related disorder, Family relations. Permissiveness. Motivational interviewing.

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