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Self-medicating in a difficult world

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Abstract

To me, as a systemic family therapist working in the substance misuse field, it seems that family therapy has always had somewhat of a dilemma when it comes to working with family systems where there is a substance misuse disorder present. In this paper, I will be describing current thinking in family therapy practice within the substance misuse field and how systemically informed substance misuse services are beginning to pay attention to issues of neurodiversity. Particularly concentrating on how adolescent (under 18) services are adapting to become more neuro-inclusive and neuro-affirmative. For substance misuse services, this is the opportune time to discuss and highlight the use of substances by the neurodivergent population. In this article, which is an elaboration on the presentation at the 4th Systemic Autism conference I outline changes that could be made to substance misuse treatment services to remove barriers to accessing substance misuse treatment that neurodivergent individuals may encounter when trying to change their relationship with substances.

Keywords:

substance misuse, adolescents, neurodiversity, neuroaffirmative, neuroinclusive, systemic therapy

Citation Link

Introduction

Outside my office window, they are building a new apartment block; my clients and I look out each day at the jigsaw puzzle of construction that I do not understand but somehow is working to stretch this building to the sky gradually. In a way, this progression is similar to how the substance misuse area is beginning to have its theories and practice reconstructed in light of neurodivergence. I work in an outpatient adolescent substance misuse service for the Health Service Executive (HSE) in Dublin, Ireland. I moved to this dynamic team as a family therapist after many years of working in an HSE adult alcohol treatment unit. Our team includes several disciplines: counselling and psychotherapy, mental health nursing, family therapy, and psychiatry. In my work as a systemic therapist, within this team my influences are the post-human philosophy of Rosi Braidotti and the work of Michael Bakhtin. For me Braidotti 's concepts of us as post-humans connected to things and systems, both human and non-human, provides a new frame for conceptualizing our digitally connected multi-

system lives. In her deconstruction of humanist concepts of the unity of the human subject, Braidotti delivers a framework for understanding the multiple identities, relationships, and interactions in our world system as she states, “A post-human ethics for a non-unitary subject proposes an enlarged sense of inter-connection between self and others, including the non-human or ‘earth’ others, by moving the obstacle of self-centred individualism.” (Braidotti, p. 49)

Michael Bakhtin’s concept that resonates for me as a therapist is that there is no unifying structure, only infinite conversations that create chains of meanings that populate the world. His concepts of inter dialogism, inner dialogism, and polyphony sit well with my social constructionist identity as a therapist. For Bakhtin, human relationships are always in a creative tension that is never static; my understanding is that we are constantly adjusting and shifting positions and relationships through language. To use Karen Partridge’s (2007) concept, we continuously adapt our positioning based on our dialogue, feedback and reflection with the other and, as Braidotti postulates, the non-human earth others we interact with.

In this article, I am hoping to illustrate a substance misuse informed position for family therapy and as our field in in constant change how substance misuse services are beginning to move towards a neuro-inclusive and neuro-affirmative practice. The theoretical position of the systemic field broadly summarised is that symptoms are an expression of family dysfunction, problematic behaviours serve a purpose for a family, are a function of a family's inability to function productively, or are symptomatic patterns handed down across generations. When in Family therapy practice this is applied to substance misuse the assumption is that the substance misusing will cease if the purpose for it in the first place is addressed within therapy.

I also hope to illustrate the changes to theory and practice that are occurring as a result of the ongoing dialogue and work with neurodivergent clients and their parents. I will do this by first outlining the changes in theory and language within substance misuse services, changes to one-size-fits-all of 12-step approaches, estimations of the prevalence of substance use and misuse within the neurodivergent community, the concept of dialling up or dialling down, and finally, the journey of our service towards a neuro inclusive and neuro affirmative treatment approach.

Theory and Language

As systemic therapists and systemic thinkers, we know the conceptual models and the language associated with them has power; it shapes people and culture and can define the paradigms through which we interpret the world. In the last forty years, the advent of neuroscience and neurobiology in the substance misuse field has led to the development of the neurobiological position; this position holds that while the use of the substance is voluntary at the start, prolonged use of an addictive substance causes neurobiological changes that lead the drug use to persist. Powerful reward systems within the brain are hijacked, and the substance user loses autonomy and agency over the substance (Hickman, 2014). These insights from neurobiology have changed the language that developed within the substance misuse field.

We now use substance misuse and substance misuse disorder to describe when an individual develops a problematic relationship with substances. It is a small but significant change in language that now concentrates on the person’s relationship with the toxic substance rather than an intrapsychic

description of a person's deficits that was prevalent in earlier times within the substance misuse field. Most of the field now uses the term 'person in an addictive relationship' (PAR) to describe a substance-using person. This term, first used by Adams in his book Fragmented Intimacy (2008), outlines the addictive relationship that the individual develops with the substance and the increasing exclusion and minimizing of all other relationships within that person's life. We now use the term affected family members/ persons (AFM) to describe those who are impacted by another person's substance misuse, as this captures all types of affected persons rather than just concentrating on family of origin or spouses and partners.

Particularly in the adolescent substance misuse services where I now work, we describe the young persons as developing a relationship with the substance or substances that they are using. We have stopped using the language that may have been culturally accepted in Ireland, such as alcoholic or drug addict, when referring to those with a substance misuse issue. We concentrate our work on the depth of the relationship with the substance that has impacted the young person's life so far. That can be looking at a loss of family, friendships, school exclusion, exploitation of themselves, their exploitation of other teens, and their own physical and mental health, all in the context of a developing brain, body, and other developmental transitions that occur in adolescence. This new relationship frame describes the pathway into substance misuse for an individual and the positioning of affected family members around and in response to this developing relationship. It also indicates for systemic thinkers that working on the relationships within the family without working on the individual's relationship with the substance will mean poor outcomes when it comes to working with families where substance misuse is occurring.

This language change impacts the young person's perception of the substance, their relationship with it, and their attempts to minimize its impact. For parents and affected family members, this language change encourages them not to locate the issue within their young person but in their problematic relationship with the substance. This externalising language shift helps parents to begin to see again their child who is trying to navigate a complex world where substance use may seem to be a solution to some of the issues that they are struggling with. Within the adolescent substance misuse services, a holistic and systemic approach is standard practice, and the aim is to have family therapists on all teams. The language change facilitates family involvement in a young person's engagement with our services. It aligns parents and family members to assist the young person in changing this relationship with substances. Throughout this article, I will use the language we have adopted within our service; we view each individual as unique in that each of our brain and body systems works uniquely, and we are all, in some way, neurodiverse. We have adopted identity-first language and use neurodivergent in relation to clients who are autistic or have a diagnosis of ADHD, DCD, dyslexia, and Sensory Processing Disorders.

"One size fits all"

The substance misuse field has a large body of theory and practice developed over many years; these theories and practices have their roots in the movement away from the prohibition era of the early twentieth century and the development of the disease model of substance misuse that led to the original 12 step concepts of Alcoholics Anonymous (A.A.), Narcotics Anonymous (N.A.) and the Minnesota model of substance misuse treatment Early systemic researchers into the substance misuse of alcohol (Jackson, 1954; Steinglass, 1976) gave us the concept of the 'alcoholic family system'

where Steinglass states, "alcohol-related behaviours become an organizing principle for interactional life within these families" (Steinglass, 1976, p. 106). We now view that the organising principle is the deepening relationship with the substance. Based on these new theoretical insights significant changes have occurred to what was initially a rigid canon of recovery one size fits all resources. We now have trauma-informed 12-step approaches and recovery pathways more tailored to the individual and the affected person's recovery.

Neuroscience has added to our understanding of what happens to the brain and body as the relationship with a substance increases, we now have an understanding of the reward pathways in the brain and the withdrawal process from substances. Research into early abstinence has identified the stages of post-acute withdrawal. Research into relapse has identified the relapse cycle within the individual with a substance misuse disorder. Systemic concepts have changed how we describe affected family members, and the concepts of positioning have allowed us to understand the sometimes confusing positions that affected family members can adopt to substance misuse, treatment services, and recovery instead of blaming or labelling them as equally as damaged as the substance misuser.

One size fits all does have its strengths in that it has been adopted in many settings and countries and unifies the language and treatment approaches. It gave professionals and those in recovery from substance misuse a clear set of tools to work with and, for many individuals and families, led to positive changes and recovery. However, it has sustained several critiques for its blaming and labelling of affected family members and its use of pathologizing and demeaning language (Loughran, 2006; Decker et al., 1983). Treatment services can have a limited offering of services that clients can engage in that may not include an awareness of neurodiversity. Pathways in adult residential or outpatient services can include individual counselling, group work, family therapy, family groups, and aftercare and relapse groups. In Adolescent substance misuse services, the focus is on family-based therapies such as Systemic Family Therapy, Motivational Interviewing (M.I.), the Adolescent Community Reinforcement Approach (A-CRA), Non-Violent Resistance (NVR), and Cognitive Behaviour Therapy (CBT), (Fadus et al., 2019).

One-size-fits-all theories have difficulty in recognizing different pathways in and out of substance misuse and have no acknowledgment of the difference that neurodiversity may make to an individual's pathway into substance misuse, their engagement with treatment or service providers We must acknowledge that there may be a large population of neurodivergent individuals who may have attended services in the past, and due to the lack of awareness of neurodivergence, they may have remained unidentified. Because of a rigid treatment system and lack of knowledge of neurodivergence, many neurodivergent substance misusers may likely have been categorised as untreatable, avoidant, serial relapsers, or chronic substance misusers.

Prevalence of substance misuse within the neurodivergent community

Only recently has the area of the use of alcohol and other substances by the neurodivergent population become an area of focus. In preparation for my presentation, I tried to gain a picture of the research into substance misuse within the neurodivergent community. The first question to ask is how do we estimate the prevalence of substance misuse within this group? I suppose one of the answers to this question is based on the viewpoint of neurodivergence. An example of this viewpoint

applied to the autistic population is that the autistic population, because of their perceived difficulties, would not be interested in alcohol or other drugs. Therefore, the reasoning followed that autistic people would not be likely to develop issues with substances and, as a result, would not avail of treatment. This view was supported by research that was conducted into the levels of medical and psychiatric conditions of autistic individuals, their health conditions, and their use of services. The conclusions supported the viewpoint that there was a low risk of the autistic population developing a substance abuse disorder (Ramos et al., 2013; Mijiovic and Sanoosh, 2006; Davignon, 2018; Fortuna, 2016).

The contrast to this viewpoint and the research that was underpinning it comes from more comprehensive population studies and clinical substance misuse settings where estimates of 19-30% of the prevalence of substance misuse issues within the autistic population were postulated (Butwica, 2017; Solberg, 2019). The research picture is so confused that one systematic review conducted placed the prevalence of substance misuse disorder within the autistic population at between 1.3 percent and 36 percent (Ressel, Thompson, et al. 2020). To me, this brief look at the current research indicated that, as postulated by Butwica et al. (2017), the expansion of diagnostic criteria of autism that began with the publication of ICD10 has had an impact on levels of perceived risks of substance misuse within this population.

I prefer to look at the recent research by Elizabeth Weir and colleagues that proposes that autistic individuals are nine times more likely to use substances to manage behaviour, eliminate control, and reduce sensory overload (Weir et al., 2021). Practice-based evidence from our service would indicate that a high proportion of clients attending the adolescent services are neurodivergent. Part of my preparation for my presentation to the systemic autism conference was to look at clients attending in one month in 2022; at that time, we had 41 open cases. Of the cases, there was 36 percent had a diagnosis that placed them under the umbrella of neurodivergent: Autism, ADHD, DCD, Dyslexia, and Sensory Processing Disorders, and 12 percent were awaiting an assessment. For our service, within that month, we were working with 48 percent of our clients who were or could be neurodivergent. Two important questions come to mind: If this is the case with adolescent services, is this the case in adult services? How many adults attending the substance misuse services could be neurodivergent?

Dialling up or dialling down

The concept of Dialling up or dialling down is one that we have developed to look at how neurodivergent young people are using substances. Like using the control buttons on Television phones or radio, we identified that young people were using substances to amplify or mute some of the issues manifesting within their lives by being neurodivergent. This is no different from the way the neurodiverse population uses substances, for example, using alcohol to get in the mood at a party or using cannabis to chill out after a stressful day. Dialling up or dialing down is a co-produced concept by asking our neurodivergent clients what the substance is doing for them and what it is helping them to deal with. Our clients enabled us to see past our learned theories of substance misuse to see with clarity the need to dial up or down as another pathway into substance misuse disorders. The motivation to use substances to dial up or down can be to aid in masking, lessen parents' concerns, avoid professional services, or it may be one that their research, internet, or friends have indicated a substance may be helpful for their issue.

Dialling down with substances within the neurodivergent population of young people can mute anxiety, lower the threshold of sensory overload, and loosen the need for control. Substances used for dialling down tend to be those that have an anaesthetic effect, such as alcohol, codeine, cannabis, and benzodiazepines. Our neurodivergent substance misusers can be using substances to dial down the built environment, noise, smell, taste, touch, and vision. An example or two is probably helpful: A young autistic person using alcohol on the way to school to block out the noise of the school morning (alcohol reduces the effectiveness of the functioning of the auditory cortex). Alternatively, an autistic young person with a very restricted food intake uses cannabis to allow themselves to experiment with new foods or eat to lessen parents' concerns. Sleep is also a big issue. Using substances to dial down the brain or to get a few hours of sleep is prevalent, and again, this is sometimes to lessen parents' concerns or to prevent having to engage with medical professionals or mental health services.

Dialling up with substances is a newer concept for us; young people with an under-responsive sensory system, who may be alexithymic or may have attention issues, may tend to use substances to amplify their feelings and sensations or kick start their processing speed. Using substances such as amphetamines, cocaine, MDMA, and psychedelic substances, our clients described that initially, the substance gave them focus, energy, and, in one case, the first time that they experienced dreaming or daydreaming.

Viewing dialling up or down as a way that young people who are neurodivergent are attempting to deal with the challenges of adolescence, such as finding their identity, controlling anxiety, and finding their tribe, has been extremely helpful as a hypothesis for our service. It is an elaboration of the relationship pathway to developing a substance misuse disorder. For those beginning to change their relationship with substances and contemplate abstinence, it allows therapists and clients and affected family members to discuss the issues particular to neurodivergence that may re-appear as they reduce their use of substances.

Neuro affirmative and neuro-inclusive substance misuse treatment

Neuroscience has informed us of the transformative power of visualization and imagination for us in the adolescent services we look at the lightbulb moments that we have identified in our journey to re-imagining our service to becoming a service that neurodivergent young people can engage with fully. I am part of a team with a professional interest and lived experience of neurodiversity; with so many families and young people attending who were neurodivergent, we began to discuss ways of increasing our ability to engage with this population. We looked at what we termed the macroaggressions of our building and some of the strategies we witnessed parents use when their young person attended. Examples included parents doing dry runs so they could inform their young person of what the service was like to reduce the chances of anxiety-based avoidance; another approach we witnessed parents using was not telling the young person where they were coming to and hoping for the best. The staff team applied for and received funding to apply for autism-friendly accreditation with our national autism charity, AsIAm. We started working with the charity to create a service charter, undergoing a sensory audit of the service and staff training with As I Am. In 2022 we became Ireland's first adolescent substance misuse service to gain accreditation as an autism-friendly service.

Our service would have always had a focus on engagement as most of our service users are reluctant to attend; we added to this that for our neurodivergent clients, the possibility of them experiencing anxiety-based avoidance and pathological demand avoidance could mean that a large proportion of our neurodivergent clients were excluded from or hostile to other services. For example, young people would have a history in other services of not turning up for appointments, cutting short appointments, or becoming hostile to parents and staff.

In our unit, we try to lessen this by using sensory stories for our building that we can send to clients and their parents before their first appointment. When a young person attends for the first time, we show them around before their appointment begins; this is a mini tour of the unit and allows them to see who is in the unit and our offices. In general, we try to manage our appointment times so that our waiting area is a calm space, and we will try to keep appointment times consistent (same day, same time). We have snacks and sensory resources available in all rooms; we can change the lighting and seating orientation within our therapy spaces. These practical adjustments work alongside our therapeutic engagement with young people attending the service. Negotiation with young people and parents of the goals of our treatment is an ongoing process.

Parents/ caregivers and young persons may have wildly differing goals upon engagement. As a service, our aim is abstinence from substances. However, we recognize that initially, our goals might be engagement and building a therapeutic relationship, increasing safety, reducing use, supporting parental presence, and addressing or highlighting any mental health needs the young person may be experiencing. With affected family members the importance of their own space to process the fear, guilt, anger and silence that has developed as their young person begins to use substances is really important. Affected family members describe feeling alone, judged, despairing, angry, feeling a failure and burnt out. Parents feed back to us that there is no manual for parenting a neurodivergent adolescent with substance misuse issues. Our team approach is shaped and changed by feedback from our experts by experience the parents and young people neurodiverse and neurodivergent who have availed of the service and feedback to us on how our service has worked with them to achieve their goals concerning changing their relationship with substances. In this way we can as a service move from an aboutness-being position to a withness-being position as described by John Shotter (2006).

In Conclusion

Substance misuse affects all portions of society. Statistically substance misuse will be one of the most frequent issues that systemic therapists will encounter in public or private practice. This paper outlines a substance misuse informed family therapy practice within the adolescent substance misuse services. It is now clear that substance misuse services must pay attention to the barriers that may prevent neurodivergent clients from engaging with treatment services. For our service, becoming a neuro-affirmative and neuro-inclusive service has led to us challenging the models, theories, and approaches that have been prevalent in the substance misuse field. It is still a work in progress.

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