Impact Analysis of Loved One Peer Coaching on Persons with the Disease of Addiction

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Abstract

Background: When considering the impacts of addiction on society, it is important to include loved ones – close friends and family members of those suffering from the chronic disease. The societal burden placed on loved ones, in addition to the stress and pain they already experience in the face of addiction, results in an extremely neglected and isolated population.

Methods: Face It TOGETHER (FIT), using qualitative methodologies, set out to answer the research question: What changes do persons with the disease (PWDs) and their loved ones (LOs) report in their relationships after participating in FIT peer coaching? Using deductive thematic analysis procedures, this paper examines the role of LO wellness in PWD recovery by reviewing the impact of peer coaching, a new form of support for LOs. Semi-structured interviews with seven PWD and LO clients of FIT, an addiction management nonprofit, were analyzed in this study.

Results: Five primary themes were identified from the interviews: "reduced addiction's impacts," "increased knowledge," "openness to resources," "improved communication" and "mutually beneficial."

Conclusions: Ultimately, peer coaching for LOs led to better communication and relationships, lessened helplessness previously felt by LOs and improved LO and PWD wellness.

Background

Addiction is a chronic brain disease with biological, psychological, social and spiritual manifestations.[1] Addiction has major impacts on society – it is estimated to cost more than $700 billion a year in health care costs, crime and lost productivity.[2] About 20 million people ages 12 and older had an addiction in 2016.[3] When considering the impacts of addiction, it is important to include loved ones (hereafter LOs) – close friends and family members of those suffering from the chronic disease. When using the generally-accepted presumption that one person's behavior affects four to six others, McIntyre estimates 14 to 68 percent of the population in the U.S. may be affected by someone's addiction.[4] Historically, the addiction treatment field has not adequately helped LOs.[5] Additionally, LOs are neglected in research at large – little is known regarding the role of their wellness on the person with the disease (hereafter PWD) they are supporting, especially when PWDs are unmotivated to change their behavior.[6]

According to Orford et al., research on LOs remains scarce, belittling and largely focuses on the wives of men with alcohol addictions.[7] The limited research available provides clear evidence that addiction among PWDs has an extreme influence on LOs.[8] The negative impacts LOs experience are further exacerbated by the demeaning and insensitive way popular practices approach the population.[7,9] LOs often experience an incredible amount of blame and judgment from those around them, including treatment providers. "Throughout the history of addiction in America, family members have been castigated more as causative agents and sources of recovery sabotage than as recovery resources or individuals deserving services in their own right."[10] This is still true today – LOs are still seen and described negatively.[11]

Despite the emergence of family-oriented treatment options in the 1950s and 1960s, they focused on supporting the PWD's recovery, not meeting the needs or addressing the trauma of LOs.[10] Notions such as enabling, tough love, hitting rock bottom and codependence also emerged in the latter part of the 20th century and remain popular today despite not being beneficial to LOs, PWDs or the wellness journeys of either.[8] These theories and concepts compound the blame already felt by LOs desperate to help

get PWDs well.[7]

Research has shown that involving LOs in the addiction recovery process often results in better chances of success and reinforces positive changes among PWDs.[5] For more PWDs to get well from addiction, LOs need access to effective, nonjudgmental resources. Non-confrontational approaches, for example, have consistently seen higher success rates, but the rhetoric surrounding the role of LOs still promotes confrontational approaches like tough love.[5,6] Recent studies show the Al-Anon concepts of LOs accepting powerlessness and detaching from PWDs may not be productive.[8] Al-Anon groups encourage LOs to let PWDs "hit bottom," and warn them against the " 'disease' of codependence," though those concepts are not evidence-based.[5] LOs are frequently told to detach from PWDs if they are unmotivated to change, or to force them into treatment.[5] This results in LOs either passively waiting for change, or aggressively demanding it – neither of which fosters motivation to change or work toward addiction wellness.[5]

Al-Anon, the Johnson Institute intervention and CRAFT are the most common forms of support. The three techniques all vary in confrontation styles and emphasis on LO wellness.[6] Through skills training, CRAFT places an emphasis on empowerment and self-care, which leads to improvements in LO self-esteem and independence.[8] Al-Anon advocates detachment from PWDs and encourages LOs to accept their powerlessness over PWDs.[6] The Johnson Model intervention centers around a confrontational meeting where LOs describe the effect of the PWD's addiction and demand treatment, with little focus on LO wellness.[6] In a randomized clinical trial, Miller, Meyers and Tonigan evaluated the effectiveness of these three methods. The researchers identified that CRAFT stands alone in measuring outcomes related to LO wellbeing and was found to be considerably more efficacious in getting PWDs into treatment.[6] In more recent analyses, CRAFT resulted in far higher rates of PWDs engaging in treatment and improved conditions for LOs.[8,12] While CRAFT is clearly successful in terms of treatment engagement and LO wellbeing, there is still a lack of services available to LOs nationwide, as well as a gap in nonjudgmental research surrounding their roles.

Face It TOGETHER (hereafter FIT), created in South Dakota, provides addiction management services, including peer coaching, to help PWDs and LOs manage the chronic disease of addiction. The FIT LO program, which includes many of the CRAFT principles, aims to help LOs improve communication with PWDs, establish healthy boundaries and strengthen their own wellbeing.[13] FIT launched the LO program in 2017 to address the key deficiencies it identified in other programming: peer-to-peer coaching for LOs is rare; programming that is available typically focuses on LOs convincing PWDs to enter treatment; and LOs are suffering and their needs must be addressed in order to improve their lives and the lives of their PWDs (FIT, personal communication, April 18, 2017). FIT was chosen for this study because of its LO program and its process for measuring client outcomes.

Though large in number, the population of LOs is inadequately and unsympathetically addressed, despite their clear need for resources. It is also apparent that LOs play an important role in PWD recovery.[5] Thus, in order for addiction to be efficaciously addressed, LOs must be included in the field's dialogue and treatment.[14] As such, this study seeks to answer the following research question: What changes do PWDs and LOs report in their relationships after participating in FIT peer coaching?

Methods

Study Design. To explore the experience of LOs, we conducted seven semi-structured interviews with FIT coaching clients. These interviews focused on the relationships between the LOs and PWDs before and after FIT coaching, how communication between them changed or did not change after coaching, the impact of LOs prioritizing their own health and other topics related to the wellness process. A few interview questions included: before seeking help, how was your relationship with your loved one; where did you initially seek information regarding addiction; what factors, if any, prevented you or your loved one from seeking help for addiction; and what changes did you notice once you or your loved one started coaching?

The researchers were granted permission to analyze existing FIT data and conduct interviews with FIT coaching clients. The interviews occurred in 2017 and 2018 by researchers connected with FIT. All FIT clients signed a release for their non-identifiable information to be used for evaluation purposes prior to their participation in coaching. Additionally, all FIT personnel signed a confidentiality and non-disclosure agreement at the start of their employment. Prior to conducting the 2018 data collection, the research study, including the analyzing of 2017 interviews, was approved by the Institutional Review Board at the University of South Dakota.

Subject recruitment. Participants were recruited based on

the following criteria: 1) At least one PWD and one LO were related to one another; 2) Both the LO and PWD are currently or were previously enrolled in FIT coaching services; and 3) The PWD client is actively pursuing recovery and all clients, including LOs, are well enough to participate (decided at the discretion of their addiction management coach or coaches). All FIT clients are at least 18 years old. Otherwise, there are no qualification criteria to receive peer services from FIT. Participants were initially contacted about the study by their FIT addiction management coach. If verbal permission was granted to the coach, they were contacted by the researcher via email to set up an interview time.

Sample size determination and data saturation. Determining sampling size and techniques within qualitative research has a robust history of conceptual debate [15,16] including a number of debates regarding the use of a priori.[15] The researchers were bound in determining sample size by the limitations on the number of participants meeting criteria. There were 18 eligible LO members enrolled during the recruitment time period. Of those, five family units met the criteria because their PWD had also participated in FIT coaching.

Based on this, the researchers employed a posteriori homogeneous sampling technique. The researchers understood there would be difficulty in recruiting all that qualified, due to concerns with stigma and comfortability in sharing intimate details about their relationships. It was determined it was most important to ensure participants represented various components of the family system. The sampling size of the interview methodology, though small, was meant to be "rich and thick,"[17] and was driven by the access to and experiences of participants.

Patton provides justification for a flexible sampling that is limited in quantity as long as the results are rich in information.[18] "The validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information richness of the cases selected and the observational/analytical capabilities of the researcher than the sample size."[18] The researchers defined reaching saturation based on Saunders et al. four models of saturation.[19] This study was determined to reach data saturation as the researchers exhausted their eligible and willing participants and the new data was redundant of data already collected.[20]

Participants. There were a total of seven participants – four LOs and three PWDs (Table 1). Participants of the 2017 interviews included two sets of heterosexual married clients: one with a husband PWD and one with a wife PWD. Interviews ranged from 15 to 30 minutes. Three were conducted in person at the FIT Sioux Falls addiction management center and one was conducted over the phone. Informed consent forms were signed by all four participants, who each received a $50 incentive. Three interviews were conducted in 2018. A heterosexual married couple and their adult son were all interviewed separately, with each given a $50 gift card.

Client characteristics were collected through FIT's intake survey instrument, which included an option to decline answering any of the questions. Two PWDs were men, while the four LOs included two men and two women. Alcohol was the primary addiction for two PWDs; bath salts was the primary addiction for the third. All participants were White and received education above high school. Five received bachelor's degrees, one received a master's degree and one attended college but did not receive a degree. At the time of coaching enrollment, four participants were employed full-time and one part-time, one was retired and one was unemployed but looking for work. Five indicated they never served in the military, one was a veteran and one did not answer the question. Income ranges included the following: one $25,000-$34,999, one $50,000-$74,999, one $100,000-$149,999 and two more than $150,000, as well as one who declined to answer. All participants – LO and PWD – had multiple children.

Data collection and analysis. Data collection for this study began with the interviews, which ranged from 15-35 minutes. Participants were interviewed over the phone or in person. All interviews were audio recorded, transcribed by one researcher and interpreted using deductive thematic analysis procedures. As defined by Braun and Clarke, deductive interpretation is "a top-down approach, where the researcher brings to the data a series of concepts, ideas or topics that they use to code and interpret the data."[21] This study's analysis is deductive because of the researcher's existing knowledge regarding addiction, behaviors surrounding LOs and PWDs and FIT's coaching program. As FIT's director of communications, the researcher had conducted numerous interviews with peer coaches and other team members who were a part of the 2017 FIT LO coaching program launch. Lastly, because the researcher had access to the existing interviews before conducting her own, it is reasonable to conclude the concepts and topics presented in that first data set influenced the next round of interviews. The steps to coding as laid out by Bazeley also influenced data analysis.[22]

Table 1. Study participants and characteristics.

Client identifier used in data analysis	Client description	FIT coaching participation	Primary addiction	Race	Education level	Employment	Income	Military	Year interview took place
LO1	Husband LO	The husband initially started coaching alone. Eventually, they went to coaching sessions together.	N/A	White	College – no degree	Full-time	$75,000 to $99,999	No answer	2017
PWD1	Wife PWD		Alcohol	White	Bachelor's degree	Full-time	$25,000 to $34,999	Never served	2017
LO2	Wife LO	The wife participated in coaching for three months before her husband enrolled. They saw the same coach, but did not complete their sessions together.	N/A	White	Bachelor's degree	Part-time	More than $150,000	Never served	2017
PWD2	Husband PWD		Alcohol	White	Bachelor's degree	Full-time	More than $150,000	Never served	2017
LO3A	Mother LO	After an initial session with all three clients, the son started his coaching with a different coach. The mother and father continued their sessions together with the same coach.	N/A	White	Master's degree	Retired	$50,000 to $74,999	Never served	2018
LO3B	Father LO		N/A	White	Bachelor's degree	Full-time	$100,000 to $149,999	Veteran	2018
PWD3	Son PWD		Bath salts	White	Bachelor's degree	Unemployed – looking	Decline	Never served	2018

Results

This study sought to understand how the relationship between someone with the disease of addiction and their loved one changed after participation in peer coaching. Overall, five primary themes were identified regarding relationships, communication and wellness of LOs and PWDs: "reduced addiction's impacts," "increased knowledge," "openness to resources," "improved communication" and "mutually beneficial." The themes "reduced addiction's impacts" and "increased knowledge" highlight the pain, confusion and helplessness LOs experienced when trying to help PWDs without the guidance of a peer coach. The remaining three themes, "openness to resources," "improved communication" and "mutually beneficial," explain the improvements participants reported as a result of FIT coaching in more detail. Though experiences were varied among the sets of LOs and PWDs, all had similar feelings regarding the results of coaching and LO involvement.

Theme one: reduced addiction's impacts. The first theme illustrates the day-to-day stress and additional responsibilities experienced by LOs prior to coaching. Before PWDs achieved wellness, the lives of LOs were characterized by worry and their attempts to reconcile PWDs' shortcomings in family life. After receiving guidance from their FIT coaches, LOs experienced relief and balance in their lives. This theme emerged early on in nearly every participant interview – LOs were overwhelmed and frustrated by their PWD's addiction and their inability to fix what was happening. LO language surrounding this theme included words such as "afraid," "exhausting," "stressful" and "consuming." While PWDs were suffering from the symptoms of addiction, LOs' daily lives were tumultuous and demanding, particularly the spouses. The parent LOs

also described exhaustion but were more removed from the day-to-day impacts of their son's disease before he moved in with them. Spouses described addiction's effect on their daily responsibilities in more detail, particularly when it came to their children. The husband LO, for example, said his family business was impacted by his wife's addiction. Prior to coaching, he was always stressed wondering if she was inebriated or unconscious around the children, so he tried to "take care of" more responsibilities around the house:

> Prior to seeking help, again, I didn't know what to do to fix it. I couldn't fix it. Um, so it destroyed our life... I would never want to go through it again and hopefully I don't have to. Um but I think I can walk through that path a little more peacefully now with what I've learned from Face It TOGETHER.

Prior to getting help, he and his wife described their relationship as distant and disconnected. The wife PWD described trying to avoid her husband in an attempt to hide the symptoms of her addiction. After learning skills from his FIT coach, the husband LO felt he was moving forward rather than "constantly taking steps back."

Similarly, the wife LO and husband PWD described their pre-coaching relationship as disconnected. The husband PWD was absent from the home a lot of the time because he was either working or drinking. A mother of four children, the wife LO tried to take care of as much as possible for her family. Even though it was "all-consuming," she was hesitant to get help when she first started coaching because she was afraid of what changes would occur:

> I think I was just so busy doing everything else that you just kind of, time flies by and you get through it as another day, another day. I mean even to the point where, um, I sought help, it, you know when I came in and began talking to Dave and, and I'm saying, "Maybe if I just keep doing this, you know, maybe it's easier if I just keep doing what I'm doing." Because the thought of what might happen, whatever he chooses to do, um it's kinda scary 'cause I don't know what that's like. But I know what this is like and I've done this and I can keep doing this. It's exhausting and it's isolating and it's lonely but I can do it. ... You just don't know what change will bring. But it was the best thing we could've ever done.

For years, she tried to be a "super mom" and maintain normalcy within their lives. She did not realize how much she was taking on, emotionally and within the family, until she became a FIT client. Before her husband received help, her daily experiences revolved around his drinking and her consequent difficulties keeping everything in order.

All four LOs described ways they tried to take care of as much as possible to lessen addiction's effects on daily life, especially regarding the children of PWDs, prior to coaching. Spouse LOs described taking on more within their households to reduce the impact of their spouse's addiction, and the parent LOs eventually helped their son take care of his children at their house. Once they received help, LOs experienced more balance and less stress in their lives.

Theme two: increased knowledge. The second theme also demonstrates how the difficulties and confusion LOs experienced lessened with the help of a FIT coach. Prior to coaching, LOs did not know what to do for their PWDs for extended periods of time. This was true for years; all LOs relayed the distress that resulted from not knowing how to best help. This worry and lack of direction had a significant impact on LOs. Additionally, they expressed frustration at the absence of effective solutions for addiction. Once LOs learned more about the disease and ways to effectively treat it, they experienced immense relief. The wife LO said she thought about reaching out for help several times throughout the years but felt overwhelmed and unsure of what to do: "There were numerous times where I thought we needed help. But I didn't know what to do or where to go." Similar to the rhetoric of the first theme, she felt overwhelmed when it came to getting her husband the help he needed. Though it would sometimes improve, he struggled with the disease for years and she was at a loss for how to best support him.

When they first found out about their son's addiction, and for years after, the parent LOs grappled with how to help their son. Even after he moved in with them, they were unsure of what to do to help him overcome his disease. Before he engaged with FIT, the father LO said he had little knowledge of addiction and did not know what to do:

> You know our love for him was never-ending, but we didn't know how to help. And uh, so we, we had, you know it was, [sigh], you know it was pretty, pretty exhausting to not know and you know worry about him all the time every day. Um, not knowing what he was doing and how he was handling it.

Unfortunately, this was a common experience among the LO participants. The turmoil and anxiety was clear – LOs did not have the information they needed to help their PWDs become well. Before FIT coaching, spouse PWDs gave examples of communication and other actions of LOs

that did not help further their recovery or desire to seek help. The wife PWD stated:

> He was very um, unsure of like boundaries and what he could and couldn't do, and he didn't know really any way to help me or support me other than, "Don't drink. You can't drink. Don't do it. I can still drink, but you can't." Um, and then by the time I went to treatment for the second time, he, he wouldn't become as angry at all. Like he started talking to me differently, and starting out like, "You know, no matter what I love you, but I do notice something's not right." And when he would talk to me he wouldn't yell, he wouldn't scream – he would talk.

She said her husband asked if she needed help multiple times, but "had no idea what to do" until he became a FIT client.

Overall, this helplessness prior to coaching resounded across LO interviews and also appeared in PWD interviews. LOs struggled to find reliable information to help their PWDs seek help and get well, often for years, until they enrolled at FIT.

Theme three: openness to resources. After participating in FIT coaching, LOs were open to other forms of support for their PWDs. This theme is important because flexibility allows PWDs to choose what works best their wellbeing. PWDs expressed gratitude for this change; the wellness process became more collaborative and less rigid. For example, after her husband enrolled at FIT, the wife PWD said he helped her see her options for support:

> I'm glad he reached out. Because to me, in my mind it was like once I left treatment it's like, "Okay, I have to follow this straight and narrow path and I can't deviate from it at all. I have to do what they said in treatment to be successful." Whereas it's like there's tons of things I can do to support my recovery and to stay well, other than what they said to do in treatment. And he kind of showed that to me too.

The husband LO now feels he has the skills to better handle challenges relating to addiction. The guidance and encouragement he received as a FIT client put them in a "better position" to do so.

This openness was also expressed by the parent LOs. After meeting with a FIT coach, the mother said "it became clear" her son did not need to go back to in-patient treatment. He had already gone twice before without success, so it did not make sense to pursue that option a third time. This realization provided relief to both parents because it demonstrated there were other ways for their son to get well. He did not need to succeed in a traditional treatment program in order to succeed in his own recovery. Additionally, the parents and son all mentioned their positive feelings about the ongoing support provided by FIT. Prior to FIT, the parents had a very minimal role when he was enrolled in treatment. Once they started coaching, they were able to learn and get well alongside their son over time.

The wife LO was enrolled in coaching for at least two months before her husband sought help from FIT. She was surprised by the number of options she had for her husband when it came time for him to seek help. She made a point not to push coaching on him when she started the program. Instead, she created a list of options he could choose from. Her husband said he benefitted from the additional level of accountability that his FIT coach provided, as well as his knowledge of other support systems if he needed them. This increased openness to resources was helpful to LOs and PWDs – it allowed for more collaboration in the wellness process and contributed to the heightened empathy LOs felt toward PWDs.

Theme four: improved communication. Nearly all participants described an improvement in communication in their relationships once LOs started coaching at FIT, even before PWDs sought FIT coaching services. Prior to receiving help, communication between spouses was described as angry and confrontational. Spouse PWD language surrounding this theme included words such as "defensive," "aggressive" and "demanding." Spouse LOs said they would try to make their PWDs realize how "awful" they were being in order to get them to change. For example, the wife LO said she knew her confrontational approach would usually only make her husband want to drink more, not less, but she did not know how to stop or what her reactions should be:

> I would get mad, and your natural responses, I'd yell at him, I'd nag at him, I'd say things, mean things I think 'cause I thought that made me feel better. You know like, "You're a loser," or whatever I'd say, hurtful things, which didn't make me feel better, it made me feel worse. Um, and all that it did was perpetuate the cycle of him wanting to drink.

After she enrolled as a client at FIT, she did not react angrily. Instead, she would state her perspective and explain that she would not remain unhealthy. Eventually, after several FIT coaching sessions, she laid out her husband's options

for getting well. Though similar to an ultimatum, it was not delivered in anger and included several choices for his behaviors moving forward. She did not push coaching or other treatment supports but said he would have to either get well with her or stay unwell by himself. Her husband, the husband PWD, said before coaching, their communication "almost solely revolved" around his addiction and was disconnected. The confidence his wife gained while she was engaged with FIT made him think about his choices and how they were affecting the people closest to him. After some hesitation, he decided to enroll as a FIT coaching client and pursue addiction wellness.

As with the first couple, the conversations between the wife PWD and husband LO changed significantly after FIT coaching. Prior to receiving help, the couple fought often and did not understand each other. The wife PWD said she used to deny she had a problem; she did not feel supported and was unwilling to talk to her husband. After he became less confrontational, she was less likely to make excuses for her behaviors. She said her husband's approach changed once he became a FIT client, which resulted in better conversations between them:

> I didn't become so defensive. Like I wouldn't put up a wall right away and try to push him away. It was more like, "Oh, he's talking to me so I can talk back. I don't need to bring up all these defenses and justify everything and explain and make excuses, I can just talk to him about it because he's approaching me in a normal way I guess."

Once they were able to have a conversation without it escalating into an argument, the wife PWD was more open to receiving help. The husband LO said one of the first things his FIT coach told him was to go home, apologize to his wife and tell her he would do things differently. Previously, he was verbally aggressive, which resulted in frequent arguments.

Two participants did not fit within this theme. The mother LO and son PWD did not feel coaching impacted their communication:

> We, we were not yellers and screamers. We've never been yellers and screamers. That, that's not our, the way we do things here.

As relayed above, the mother LO felt her communication remained consistent. She did express the desire for her son to be more open with his struggles, but understood he did not want his parents to worry and is not a very communicative person in the first place. The son PWD also did not believe there were any changes in his interactions with his parents:

> They were, you know, they were supportive, they always have been. So, um, I don't know if anything really changed there.

He did not experience any confrontational exchanges with his parents, though he did describe ultimatums he received from his wife at the time of his active addiction. This view – that coaching did not impact communication with his parents – may be due to the development of his addiction later in life, their non-confrontational dispositions or his introverted demeanor.

The father LO, however, believed there was a gradual improvement in communication with his son. He described his son as "a new person," though he said his son is still not talkative:

> Well, um, actually, I can talk to him. I mean I, you know before, before we were, when we'd talk we were you know just on, we didn't know what to say. And we were on pins and needles.

Once LOs had the skills to talk calmly with PWDs, they were more effective in their communication. This was especially evident among the spouse participants, who previously fought often. One common improvement was increased empathy on the part of LOs. After FIT coaching, LOs had an easier time relating to their PWDs, as well as a better understanding of the disease of addiction. This presented itself a little differently for each LO participant. The parent LOs were particularly grateful for the knowledge they gained regarding addiction. Both parents said they were glad to no longer be "ignorant" when it came to the science behind the disease, which helped explain their son's behaviors and lessen their fears surrounding a potential recurrence of symptoms. The father LO said their understanding of addiction allowed them to help their son to a "much greater extent" than they thought was possible.

Similarly, the wife LO stated she gained a better understanding of how addiction was affecting her husband once she engaged in FIT:

> I don't know if I was ever really putting myself in his shoes and like thinking about what this was like for him. And so all that reading material kinda helped you see they don't want to be like that, they don't want to continue to hurt you, they don't want to continue to let you down, but they're, they have a disease.

She said she became more supportive, loving and under-

standing after coaching. Though it was a process, she now feels like she has a "partner in life" she can rely on. Approaching her husband with compassion, rather than anger, was helpful to their relationship and wellness.

The husband LO also used to react to his wife with anger and frustration, but changed his approach after meeting with a FIT coach:

> (My FIT coach said,) "You just gotta be positive, you gotta be there for them, you gotta listen to them. Um, they need help, they've got a disease, you can't just kick them to the curb and try and move on with your life, we're in it." Um, so the approaches that Dave gave me um, the coaching, made a night and day difference.

He said he now has confidence in his wife and in what he has learned – he has a better direction moving forward in wellness. He appreciated the emphasis his coach placed on compassion and received better responses from his wife when he adopted an empathetic approach.

Though not every participant agreed that coaching had a significant impact on communication, most noticed a considerable change in their conversations. This led to PWDs being more willing to talk and more open to help, particularly when it came to changes within their spouses. Empathy and understanding also greatly increased among all LOs, which increased support for PWDs in their attempts to get well.

Theme five: mutually beneficial. The final theme demonstrates that participation in FIT coaching was beneficial to both LOs and PWDs. This was expressed by every participant. Each set of LOs and PWDs approached coaching a little differently, but all believed participating together was "helpful" and "amazing." Before meeting with coaches, LOs experienced exhaustion, embarrassment and isolation, and PWDs faced anger and confrontation. As LOs became equipped with knowledge of the disease and wellness resources, they were able to make sense of their PWD's addiction, start effectively communicating and begin their own journeys to health. These progressions made PWDs feel supported while they were trying to get well.

One couple – the husband LO and wife PWD – eventually received their coaching at the same time from the same coach. At first, the husband went alone for help when his wife was enrolled at an in-patient treatment facility. Once she completed treatment, they started going to FIT together. Both were grateful to have a "neutral" person in the same room to help them work through issues. The fact that it was a form of support for both of them was helpful:

> He didn't do anything for himself when I was going through treatment the first time. So he was just like stuck in this place, whereas I was like trying to go forward and, you know, um, get on a better path, he was still kind of stuck in the same spot. Um, but when he started getting help, then I could, he's like, he's doing it with me.

Without FIT, the husband LO said they would be "absolutely broken" – coaching was a way for them to move forward in their relationship and wellness, rather than continually fighting or moving backward. The encouragement and information he received at FIT fostered a team-like approach to addiction wellness.

Though the wife LO and husband PWD saw the same peer coach, they did not complete their sessions together. Despite that, their experience was similar to that of the other couple. The wife LO said she "couldn't imagine" going back to their previous way of life:

> Even if he had never chosen to get help... and I ended up just being a parent to my kids by myself, I still would've been in a much healthier, better place after receiving help through Face It than if I had never gotten help... So even if maybe both of us went to the, wouldn't have ended up healthy, at least the kids and I would've been in a good place. So to me even if it's not successful, the person suffering doesn't actually maintain sobriety, I still think that the family members, the loved ones are gonna be healthier.

The wife LO said she did not know she needed help herself until she started getting it from her FIT coach. Even before her husband enrolled as a client, she was in a much better place. This allowed her to take care of herself and her children more effectively.

As in the spouse relationships, the parent LOs were grateful for a resource that could help them support their son in his wellness. At first, both parents and their son saw the same FIT coach at the same time. After that initial session, all three went to FIT at the same time, but the son PWD saw a different coach. Both parents appreciated the opportunity to go with their son. Rather than him trying to overcome his addiction alone, they were all able to get help together:

> Um, but the success of living each day and making you know progress uh, wouldn't have been possible if it hadn't been Dave and Face It TOGETHER. Um, I, I

> firmly believe that. I just think that's the key to getting well is to have, I mean I guess our support as father and, and, and mother and whether it's a spouse or it's somebody else, that really totally understands that they can help that, that person that is addicted.

The father LO, as quoted above, appreciated the opportunity to be there for his son in a meaningful way. He and his wife, the mother LO, were happy to have a FIT coach guide them through their progress as a family. Their coach served as a "beacon of hope."

A significant piece to this theme was the fact that all participants felt they could relate to their FIT coaches. This gave them hope, which LOs were especially desperate for. The wife LO, for example, said she was grateful she and her husband could both relate to the same coach, though they did not see him at the same time. The husband LO said he could tell his FIT coach was a genuine person, which let him know he was invested in his wellness and would not give the "typical" responses present within the addiction treatment field.

The husband PWD also had poor views of treatment agencies, which kept him from seeking help for years. He said FIT's approach was less daunting than he initially thought:

> And uh, it was just I guess it was very helpful to be able to talk to somebody who had experienced it and then just pretty much was there to listen 'cause that's, I think that's what he probably did the best is, uh, didn't interject a lot of ideas but um always gave me some support and help based off of some of the things that I'd asked him. And so, um, that type of coaching just fit my personality and what I was used to with that and I think that's probably why it was so successful for me.

This relatability he found within his coach helped ease him into FIT and feel more comfortable receiving help. He found it helpful to talk to someone who knew what he was going through.

At the time the son PWD started FIT coaching, he was isolated and did not have many social supports other than his parents. He said he was "stuck" and "withdrawn." Being able to talk with his coach in an honest and nonjudgmental environment was helpful:

> Just to have somebody to talk to... I think it was, he could relate to me and what I was going through and I was, it was good to uh, hear from somebody who'd been there themselves you know.

He said his coach gave valuable advice and encouraged him to seek other forms of support. This reassured his parents, who were glad he had someone to talk to. His mother said she does not believe they would have been able to help him the way his peer coach did, because they did not have the same lived experience. She talked at length about the sense of hope she felt at FIT.

All participants found the lived experiences of their FIT coaches valuable. Their ability to relate to their coaches resulted in feelings of trust, authenticity and approachability. Those who were previously wary of receiving help, most notably the husband PWD, found FIT to be a good form of support. Additionally, LOs who were unsure of FIT's ability to help them discovered they also benefitted from its coaching, even before PWDs enrolled as clients.

Discussion

This project examines the impacts of LO peer coaching. It shows coaching's positive influence on relationships and communication between LOs and PWDs. Prior to coaching, relationships were disconnected and communication was poor. Conversations between PWDs and LOs generally revolved around addiction, and in the case of spouses, resulted in fights. The information and skills provided to LOs through coaching encouraged empathy and collaboration, which helped improve their relationships with their PWDs. LO coaching is mutually beneficial for both the LOs and the PWDs. Engaging in recovery together allows clients to view things from each other's perspectives, which increases open dialogue surrounding a previously charged topic. Additionally, coaching helps LOs prioritize their own wellbeing.

This study highlights the immense confusion and adversity faced by LOs before receiving help, which reinforces existing research regarding the impact of addiction on LOs. This disease has a significant influence on LOs – their daily lives were characterized by emotional distress and additional responsibilities to lessen addiction's impact on daily life.

This study includes a previously unstudied form of support: FIT LO peer coaching. As expressed by participants in the theme "openness to resources," PWDs benefit from a comprehensive list of support in their wellness journeys. This flexibility is also valuable to LOs, who no longer felt their PWDs were limited to only one or a few options and therefore not as likely to succeed. This demonstrates the importance of research and availability of as many forms of addiction support as possible in order to meet the needs of those seeking wellness.

This study's qualitative results shed more light on LOs, a historically neglected and stigmatized population. Addiction has adverse effects on family functioning, well-being and ability to continue providing support.[9] Spouse LOs have reported being less content with their intimate relationships,[23] which was evident in the participant interviews. The issues surrounding addiction for LOs are exacerbated by stigma and judgment. Though stigma was outside of the scope of this study, multiple LOs did mention the isolation and blame they felt throughout the course of their PWD's addiction. Had more questions been geared toward this topic, it is reasonable to assume they would have reported feelings similar to others expressed in studies on LO stigma. For example, research has shown that LOs often fear judgment from others and consequently do not talk openly about their experiences.[9] The shame and negativity LOs receive when they reach out increases their reluctance to seek professional help.[9] When LOs do pursue help, it is imperative they receive effective and empathetic support, particularly from a LO peer. Promoting empowerment among LOs is integral to overcoming stigma,[9] and consequently getting more people well from this disease. Providing accurate and nonjudgmental information to LOs was shown to be an important step toward wellness for the participants of this study.

LOs are affected by their PWD's addiction; they need support in order to become healthy and to help their PWDs do the same. Little is understood regarding the role of their wellness in the PWD recovery journey, which is what this study aimed to amend. It is clear the disease of addiction cannot be adequately undertaken without including LOs in dialogue and treatment. Not only do they need to be included in the conversation, but they also need to be provided adequate resources to deal with their confusion and stress.

This study has several limitations. First, participant recruitment was a challenge. The disease of addiction can be difficult for people to relive; they may have been hesitant to talk about their experiences for fear of emotional distress, stigma or both. Because the study called for LOs and PWDs, both had to be willing and well enough to participate. This is an important prerequisite for PWDs, who could be at an increased risk of psychological distress or a recurrence of symptoms if they are new to addiction recovery. In past FIT projects, evaluators have found it especially difficult to recruit LOs, because they do not want to speak about their PWDs' struggles with such a stigmatized disease, especially if they are still experiencing symptoms. Additionally, because participants were initially contacted by their addiction management coaches, FIT clients who stopped their involvement with FIT because they did not find coaching helpful were not included. Consequently, those who were willing to participate likely had positive feelings about FIT coaching. Another limitation of this study is the lack of diversity among the participants. Though FIT's LO client base is increasing, there were a limited number of clients to choose from that fit all the criteria. This resulted in a group of participants with similar demographics, most notably race and education. Furthermore, the interviews were conducted by two different people one year apart. As the interviews were semi-structured, this resulted in slight differences in questions and, consequently, data.

Future studies regarding the role of LOs in addiction wellness should include a more diverse set of participants, including a range in demographics such as race, income level and addiction substance. Clearly, as shown in the literature, there is a major gap in research when it comes to male LOs. They need to be included more consistently in research to ensure a more complete understanding of LOs and their roles. Additionally, different PWD and LO relationships should be studied to ensure coaching is effective across a range of LOs affected by addiction. For example, this study included a set of interviews with a husband, wife and their adult son, who developed addiction later in life. Future studies should be replicated with young adult PWDs, as well as with parent PWDs. Similarly, because multiple LOs are typically affected by one PWD's addiction, further studies should explore how the primary LO's wellness affects the whole family or support system, regardless if the other members engage in FIT coaching, support groups or other treatment programs. This could include the effect on siblings, grandparents, children, close family friends or others directly impacted by a PWD's addiction.

One theme that emerged in this study, "openness to resources," was an unintentional but unique finding that should be further explored. PWDs were grateful their LOs were more receptive to different approaches to wellness and LOs were relieved to learn there was a variety of feasible options available to their PWDs. Often, existing forms of support within the addiction treatment field can be rigid in their expectations of those seeking wellness from addiction; they are not always flexible about other approaches outside of their respective organizations. Therefore, it is reasonable to assume the impacts of this openness remain relatively unstudied.

This study supports other existing research regarding addiction's impact on LOs and the effectiveness of non-confrontational LO interventions. It demonstrates a need for nonjudgmental, widely-available support for LOs. However, more studies should be conducted to better understand the effects of coaching of different types of clients and circumstances surrounding addiction. Results of this study indicate that peer LO coaching is beneficial to the communication, relationships and wellness of LOs and PWDs. At the very least, peer coaching should be offered as an option to LOs who are trying to help their PWDs get well. This is important for multiple reasons – as one LO participant pointed out, she did not know she needed help herself until she received it at FIT. Most LOs are concerned for their PWDs first and foremost, but do not always realize they need support for their own wellness.

Conclusion

This study analyzed seven semi-structured interviews of LOs and PWDs to better understand the effects of LO coaching. It sought to address gaps in research regarding LO wellness and its role in PWD recovery. It contributed insights regarding impacts to relationships, communication, empathy and more once LOs engaged with FIT coaching. Peer coaching improved communication between PWDs and LOs, in addition to increasing empathy and understanding among LOs. It lessened the helplessness LOs were previously feeling and their tendencies to take on more in daily life to overcompensate for disruptions or lapses caused by PWDs' addictions. This study added to existing research regarding LO distress and the success of non-confrontational approaches for getting PWDs to seek help for addiction. Once LOs approached their PWDs with compassion rather than anger, they saw better results. Coaching helped LOs prioritize their own wellness and lessen the burden of addiction on their daily routines. LOs make up a population that deserves support and understanding, rather than the judgment and obstacles they most often face. In order to make a worthwhile and lasting impact to the millions of people who suffer from the disease of addiction, LOs must be treated with respect and given the resources they desperately need.

REFERENCES

1. American Society of Addiction Medicine. Definition of addiction. 2011. Retrieved from www.asam.org/quality-practice/definition-of-addiction.
2. National Institute on Drug Abuse. The Science of drug use and addiction: the basics. Retrieved from www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics.

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