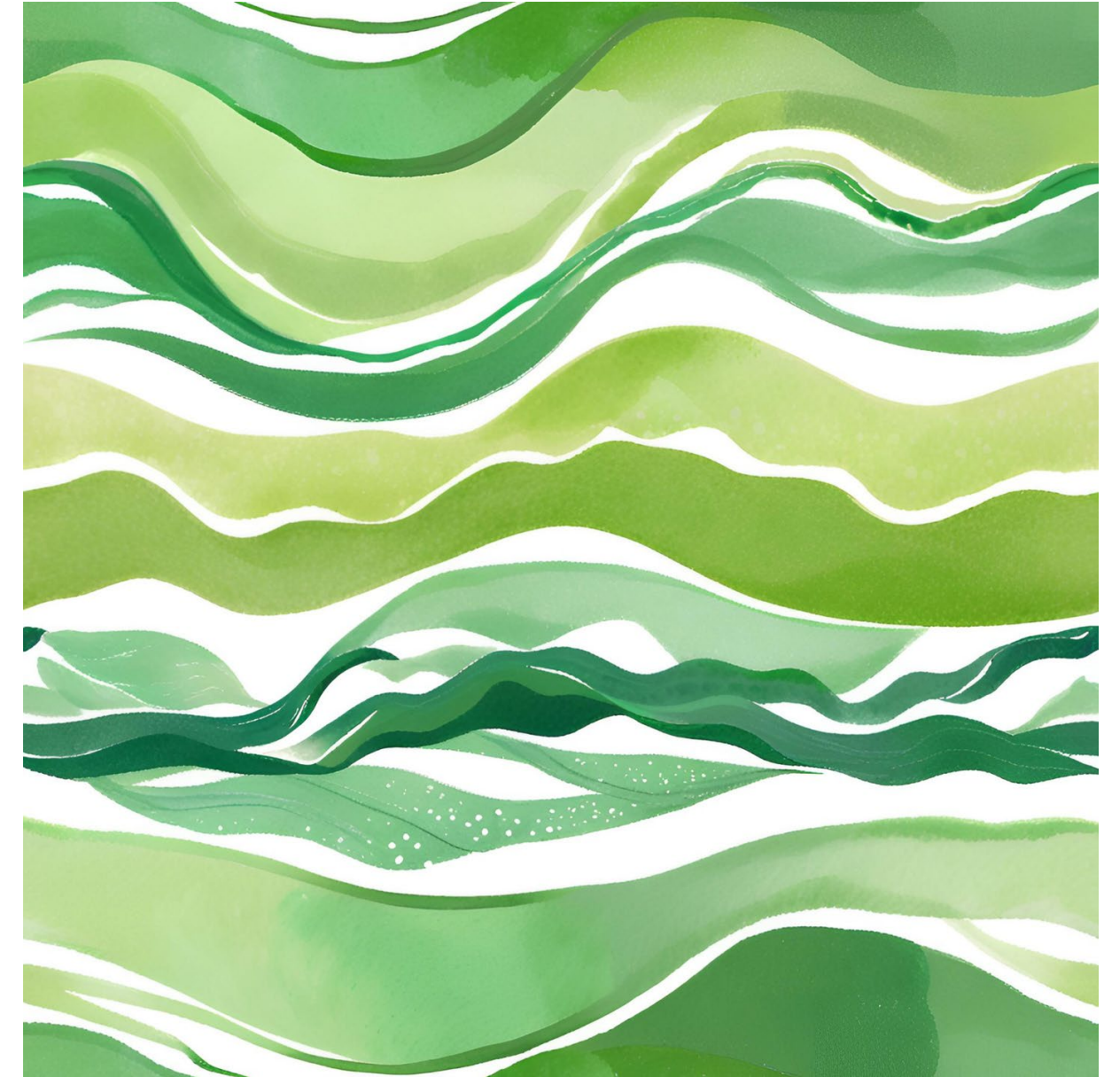


# A qualitative study of families affected by a loved one's methamphetamine use:

## *Resilience processes and adaptations to adversity*



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# Acknowledgement of Country

An aerial photograph of a coastal city at sunset. The sky is a mix of orange, pink, and purple. The ocean is dark blue with white waves crashing onto a sandy beach. A road with many cars curves along the coast. In the background, there are hills and a city skyline.

We acknowledge the traditional custodians of the lands on which we meet today.

We pay our respects to Aboriginal Elders past and present, who are the knowledge holders and teachers.

We acknowledge their continued spiritual and cultural connection to Country.



# Acknowledgements

## Lived experience

We acknowledge the individual and collective expertise of those with a living or lived experience of mental health, alcohol and other drug issues.

## In partnership with



## Funding body



## Research Team

- Clare Rushton
- A/Prof Peter Kelly
- Tamsin Thomas
- Dr Briony Larance
- Dr Alison Beck
- Camilla Townsend





# Methamphetamine as a societal concern

- High usage in Australia.
- Treatment has focused on the person using methamphetamines.
- Families experience burden but have been absent from research.
- Limited understanding of affected families' response to stress.

## Study Aims

To use qualitative methods to identify adaptations in response to the stress and strain of supporting a loved one with methamphetamine use and explore the resilience -facilitating processes.



# Method

## Inclusion criteria:

- Australian adults (18+ years), identified as family of someone who uses methamphetamine.

## Procedure:

- Semi-structured phone interviews between Mar -Oct 2021 (M = 24 min).
- N = 24 (21 women; 3 men) (involved in a larger feasibility study).

## Analysis:

- Thematic analysis and Iterative Categorisation.
- Family Resilience Framework informed final analysis.

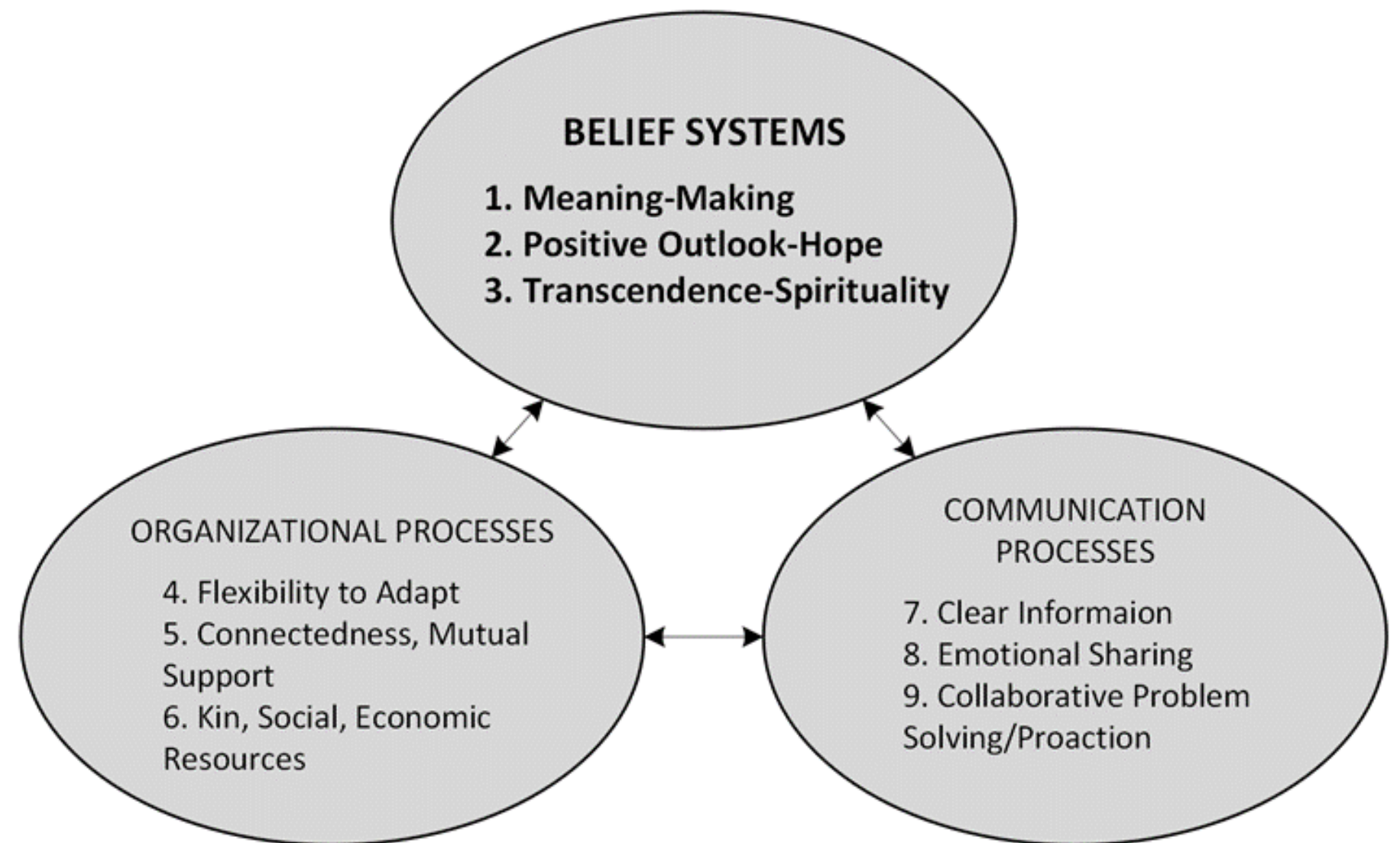


Figure 1. Walsh, 2016.

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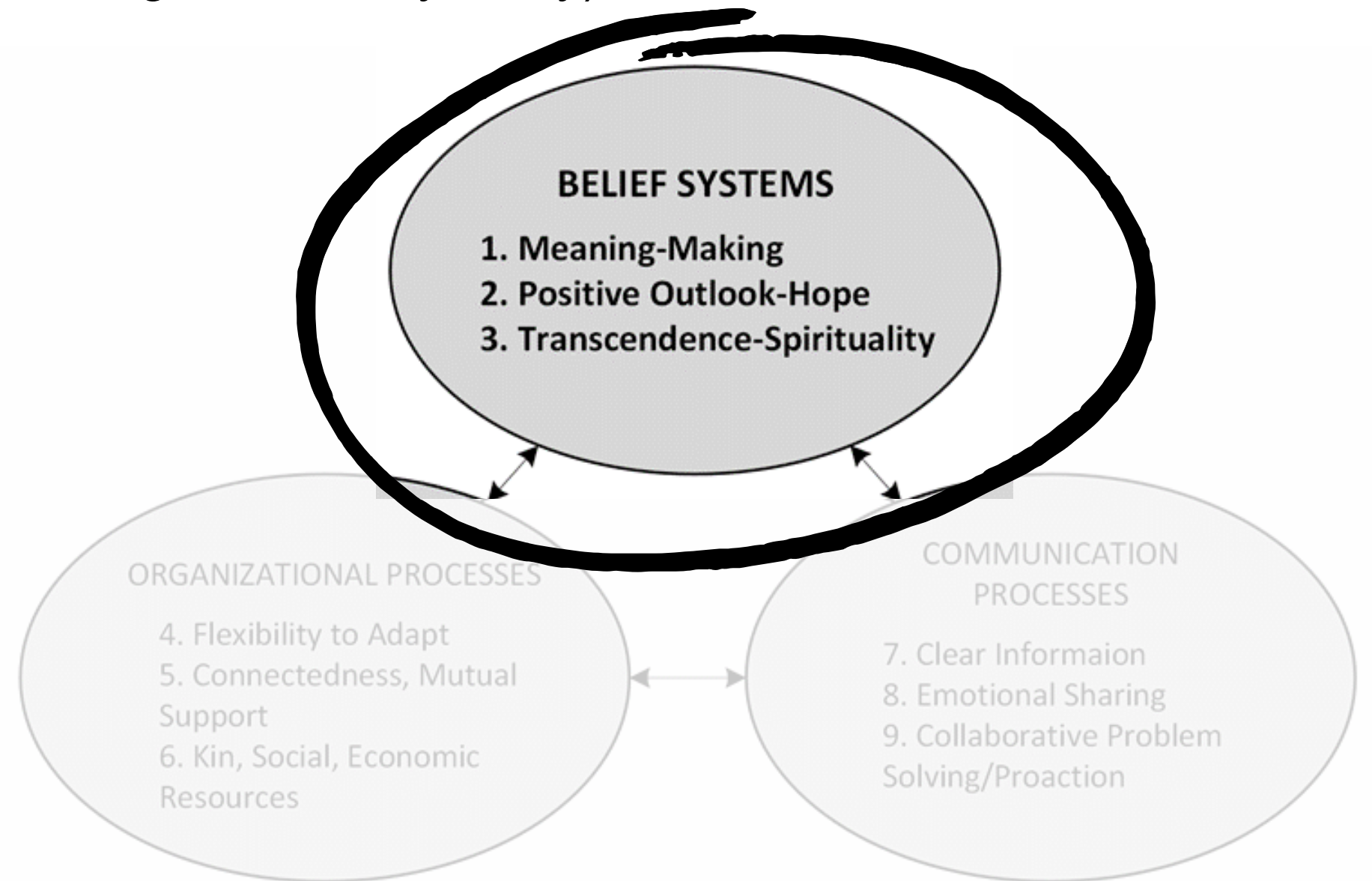


Figure 1. Walsh, 2016.



# 1. Acceptance and resignation

“I just need to be able to **cut myself off** from this situation. And then try and get my, I guess, sense of **wellbeing back** . And I think I’m on the edge of it. I **can’t use my son as an excuse** to not be good to myself, because it’s the worst thing I can do, really.”

(Participant 5, female,  
parent)



## 2. Alternative perspectives to develop a compassionate view of addiction

“Their take on it is that it’s all trauma based. It’s **not a choice**. It’s not a disease. People use drugs so they can feel better because **they’re struggling** . I believe that theory...I’ve done some other **reading and lots of self -help** stuff. So I think I’ve come to a more **compassionate place** with it, which makes it probably a bit **easier to deal with** .”

(Participant 20, female,  
parent)





### 3. Transcendence and finding purpose

“What helps me is like what I’m doing with you. I feel like I’m making a small **contribution** , I’m hopefully **making things better** down the track.”

(Participant 20, female,  
parent)





## 4. Hope and a positive outlook

“But anyway, he tells me he went (to AA) last night, so I’ve just got to **hope and pray** that he’s telling the truth. When he rang me and said about it, I **tried to be positive** and said, oh, yes, did you really go, well, that’s wonderful. I don’t say prove it or anything like that. **You’ve got to trust** , I suppose.”

(Participant 3, female, parent)







Supporting resilience -  
facilitating processes may  
improve outcomes for families  
affected by a loved one's  
methamphetamine use.





# Thank you



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