ISSN: 2455-8001 (Online) Vol-8, No.1, 2025

VOICE4 Ability INTERNATIONAL
eJOURNAL
Disabilities Studies,
Special Education & Rehabilitation.

Role of family intervention in the rehabilitation of Alcohol Addicts: A Case Study of Shanti Camp

- Mr. Blesson

Amity Institute of Social Sciences (AISS)

Department of Social Work

Amity University, Uttar Pradesh Noida

Abstract

Alcohol Use Disorder (AUD) poses a significant challenge to public health, particularly in underprivileged urban areas such as Shanti Camp in Delhi. This study investigates the role of family interventions in aiding the recovery of individuals suffering from alcohol dependency. By utilizing a purposive sample of 100 individuals and applying structured surveys, interviews, and field observations, the research indicates that emotional support, supervision, and active family engagement significantly boost recovery. Conversely, financial stress, stigma, and emotional fatigue heighten the chances of relapse. Based on Family Systems Theory, Social Learning Theory, and Ecological Systems Theory, the results highlight the intricate relationships between personal, familial, and community factors. The research calls for comprehensive family-focused interventions, improved availability of affordable recovery services, and the incorporation of family therapy within public health initiatives. These findings provide valuable insights for policymakers, NGOs, and mental health practitioners seeking to enhance addiction recovery strategies.

KEY WORDS: Alcohol Use Disorder, Family Intervention, Rehabilitation, Recovery Support.

Author Blesson
Amity Institute of Social Sciences (AISS), Department of Social Work, Amity University, Uttar Pradesh Noida

VOICE4 Ability INTERNATIONAL
eJOURNAL
Disabilities Studies, Special Education & Rehabilitation.

Introduction

Alcohol Use Disorder (AUD) has a significant impact on individuals, families, and wider communities, particularly in urban low-income areas such as Shanti Camp, Delhi. Worldwide, AUD is acknowledged as a significant public health concern, but local socio-economic factors often intensify vulnerability and obstruct access to treatment (World Health Organization [WHO], 2018). In places like Shanti Camp, economic difficulties, unstable job markets, lack of education, and insufficient healthcare services combine to create a high-risk setting for substance use and dependency (Connor, Haber, & Hall, 2016). Migration from rural regions to urban hubs like Delhi, in search of better job opportunities, often leads to crowded living situations, job instability, and social isolation (Room, Babor, & Rehm, 2005). Migrants in informal settlements frequently encounter discrimination and social exclusion, conditions that can amplify psychological distress and a sense of hopelessness (Enoch, 2011). In the absence of effective social safety networks, turning to alcohol becomes a readily available coping strategy for managing the pressures associated with urban poverty (National Mental Health Survey [NMHS], 2016).The circumstances in Shanti Camp are particularly alarming. A survey conducted by the Delhi Urban Shelter Improvement Board (DUSIB, 2019) indicates that a considerable portion of the population is within the 15–35 age range, categorizing it as a highly vulnerable group for substance misuse. Young adults, when faced with scant economic opportunities and social instability, are more inclined to engage in risky behaviors, such as excessive alcohol consumption (Ray, 2004). Moreover, the normalization of alcohol use in certain cultural and community contexts can perpetuate cycles of addiction across generations, intensifying the difficulties confronted by families and service providers (Bandura, 1977).

Grasping the nature of addiction within this socio-economic and cultural context is crucial for developing interventions that are not only clinically effective but also socially and contextually appropriate. Conventional addiction recovery models, which mainly concentrate on the individual, frequently overlook the broader family and community dynamics that shape both addiction and rehabilitation processes (Bowen, 1978). Family Systems Theory points out that individuals are deeply integrated within family networks, indicating that interventions should actively involve the family unit in the recovery process (McCrady & Flanagan, 2021). Shanti Camp, characterized by its young population, robust kinship networks, and community-based frameworks, presents a vital opportunity to assess the effectiveness of family-focused interventions. Bolstering family support systems, improving communication, and mitigating enabling behaviors can create enduring pathways to recovery for those struggling with AUD. Furthermore, employing frameworks such as Social Learning Theory and Ecological Systems Theory allows for a comprehensive understanding of the complex factors influencing addictive behaviors (Bronfenbrenner, 1979). The objective of this study is to examine the significance of family involvement in the rehabilitation of alcohol addicts in Shanti Camp.

Author Blesson
Amity Institute of Social Sciences (AISS), Department of Social Work, Amity University, Uttar Pradesh Noida

VOICE4 Ability INTERNATIONAL eJOURNAL Disabilities Studies, Special Education & Rehabilitation.

By concentrating on both personal experiences and family dynamics, the research aims to contribute to the formulation of community-driven, culturally sensitive intervention strategies that can effectively tackle the varied challenges of addiction recovery in low-income urban settings.

WHY SHANTI CAMP?

Shanti Camp is home to approximately 3,060 residents, with 70% of the population under 35 years of age. Economic struggles, informal housing, and limited access to healthcare create conditions conducive to substance abuse. The settlement, composed primarily of migrant workers from Bihar, Uttar Pradesh, and Rajasthan, reflects the vulnerabilities of economically marginalized urban communities. Understanding family intervention strategies in such a context can contribute meaningfully to improving rehabilitation models for similar urban slums across India.

Research Objectives

• Explore the role of family in dealing with alcohol addicts.

• To understand the socio-economic condition of the family of alcohol addicts.

• To identify the challenges that families encounter in the treatment program of alcohol addicts.

• To get the suggestion of family interventions for rehabilitation.

Theoretical Framework

• Family Systems Theory

According to Murray Bowen's Family Systems Theory, people work as components of a larger, interconnected web, especially within their families. This approach suggests that family dynamics, roles, and interactions significantly impact behaviors and emotional well-being. Within this framework, addiction is viewed not as a personal issue but as a reflection of deeper family dysfunction. Application to study by analyzing how family conflicts, communication patterns, and relational tensions contribute to alcohol addiction. Identifying the roles that family members play in either facilitating or mitigating addictive behaviors. Developing focused family-centered interventions to foster healthier relationships and support systems (Bowen, 1978).

Author Blesson
Amity Institute of Social Sciences (AISS), Department of Social Work, Amity University, Uttar Pradesh Noida

VOICE4 Ability INTERNATIONAL
eJOURNAL
Disabilities Studies, Special Education & Rehabilitation.

• Social Learning Theory

Developed by Albert Bandura, Social Learning Theory claims that behaviors, including those related to addiction, are learned through observation, imitation, and reinforcement. People who witness alcohol use in their social settings, especially among family, are more prone to replicate such behaviors. Application to study by exploring how family views and behaviors toward alcohol influence addiction patterns. Assessing how positive reinforcement and role modeling from family members impact an addict's motivation for recovery. Creating family-centric behavior modification programs that emphasize positive reinforcement and relapse prevention techniques (Bandura, 1977).

• Ecological Systems Theory

Urie Bronfenbrenner's Ecological Systems Theory provides a framework for understanding how various environments influence an individual's development and behavior. This theory categorizes environmental factors into different systems:

• Microsystem: Immediate family and close relationships.

• Mesosystem: Extended family, peer networks, and community influences.

• Exosystem: Societal policies, rehabilitation centers, and public initiatives.

• Macrosystem: Cultural and societal attitudes toward addiction.

Application to study by analyzing how each layer of the ecological system impacts an individual's addiction and recovery journey. Investigating the importance of family support in offering stability and reducing relapse risk. Evaluating the effectiveness of community-based rehabilitation programs that involve family participation (Bronfenbrenner, 1979).

Author Blesson
Amity Institute of Social Sciences (AISS), Department of Social Work, Amity University, Uttar Pradesh Noida

VOICE4 Ability INTERNATIONAL eJOURNAL Disabilities Studies, Special Education & Rehabilitation.

LITERATURE REVIEW

Research indicates that Alcohol Use Disorder (AUD) impacts not just the person affected but also disrupts family dynamics, resulting in financial difficulties, incidents of domestic violence, and emotional distress (McCrady & Flanagan, 2021; Slesnick & Erdem, 2020). Children with alcoholic parents are at an increased risk for mental health disorders and future substance misuse (Fals-Stewart et al., 2004). A comparative analysis reveals that while McCrady stresses the importance of improving family communication, Slesnick focuses on fostering emotional resilience in family units. Interventions such as CRAFT and ARISE actively involve families and underscore that supportive atmospheres significantly decrease the chances of relapse (Meyers et al., 2011; Garrett et al., 2020). Indian research, including the National Mental Health Survey (2016) and findings from NIMHANS, highlights a significant prevalence of alcohol consumption among populations in urban slums. Unlike Western settings, where individual therapy tends to be the focal point, Indian family frameworks require more collective intervention strategies. A study led by Ambekar et al. (2019) demonstrated that community support and family involvement notably lower relapse rates in Indian contexts, further emphasizing the importance of tailored solutions. There are different Family Interventions for Alcohol Use Disorder (AUD), Family interventions are important in encouraging individuals with Alcohol Use Disorder (AUD) to seek treatment and maintain long-term recovery. The majority of formal intervention programs emphasize the need for family participation, communication skill acquisition, and the creation of recovery-conducive environments. Some of the leading family-based treatments for AUD are discussed below (McCrady & Epstein, 2019). *CRAFT* – Community Reinforcement and Family Training. The Community Reinforcement Approach (CRA) is the focal point in which the CRAFT intervention model is based to support family members in helping their loved ones through the recovery process. CRAFT is extended to concerned significant others (CSOs) to promote positive change instead of directly confronting the person diagnosed with Alcohol Use Disorder (AUD) (Meyers et al., 2011). CRAFT's major elements are encouraging CSOs to modify their preconceptions and reactions towards persons with AUD, to prevent drug involvement while promoting positive reinforcement of abstinent behavior and to Increasing the patient's willingness to be treated. (Nowinski et al., 2020). The second one is ARISE – A Relational Intervention for Engagement ARISE is a non-attack, family-based strategy that is intended to encourage families to involve a relative in therapeutic treatment. Based upon the principles of Transitional Family Therapy (TFT), this strategy eschews blame and instead fosters a supportive setting that is intended to facilitate change. There are three steps to implementing the ARISE model. In Stage I, A mental health professional arranges the meeting of a family member with a variety of supportive people. Motivating the person with AUD to take part in the preliminary planning talks is the goal. In Stage II, Should the individual decline assistance, the intervention team devises a structured plan with defined roles for each family member. In Stage III, If resistance persists, the group discusses the implications of continued alcohol use and reaffirms their collective commitment to treatment.

Author Blesson
Amity Institute of Social Sciences (AISS), Department of Social Work, Amity University, Uttar Pradesh Noida

VOICE4 Ability INTERNATIONAL eJOURNAL Disabilities Studies, Special Education & Rehabilitation.

In contrast to traditional interventions, ARISE prioritizes collaboration and engagement over confrontation. It also aims to facilitate treatment admission swiftly (within 1–3 weeks) (Garrett et al., 2020). The third one is ABCT – Alcohol Behavioral Couple Therapy. ABCT 12-week therapeutic program that incorporates Cognitive Behavioral Therapy (CBT) techniques to tackle drinking behaviors and relationship dynamics. According to this perspective, drinking is a learnt behaviour influenced by external cues. The key features of ABCT. CBT-based techniques designed to assist the individual in reducing alcohol intake, Providing education to the partner on managing behavioral changes and minimizing triggers, Instructing couples on how to collaboratively address high-risk situations and cravings, Enhancing communication and conflict-resolution skills within the relationship.ABCT has been proven effective in improving relationship functioning, reducing alcohol use, and supporting long-term sobriety, especially for couples experiencing mental health challenges (O'Farrell & Clements, 2021).The forth one is BCT – Behavioral Couples Therapy, BCT is a structured treatment that lasts between 3 to 6 months (12–20 sessions) and emphasizes how relationship dynamics affect drinking patterns. The fundamental concept is that behavior is influenced by rewards and consequences, enabling couples to modify their interactions in ways that support sobriety (McCrady & Epstein, 2019). Key components of BCT are by developing a daily "recovery-contract" to promote abstinence, by promoting constructive couple behaviors that aid in sobriety. Teaching effective communication and conflict-resolution skills to avert relapse triggers. BCT has demonstrated high success in enhancing couple relationships, lowering substance use, and reducing conflict. It has also been effectively applied among military veterans and couples where both partners face AUD challenges (Nowinski et al., 2020). The fifth one is B-FIT – Brief Family-Involved Treatment. B-FIT is a concise, three-session intervention aimed at bolstering family support, increasing motivation for sobriety, and integrating effective strategies for treating AUD. It involves, permitting any concerned family members (not solely romantic partners) to take part. It integrating the therapy into the patient's overall treatment strategy, Covering key ABCT principles in a shortened timeframe, Employing behavioral contracting techniques, allowing individuals to agree to specific actions within a predetermined duration, often accompanied by rewards for achieving success. B-FIT is especially beneficial for families looking for a brief yet effective intervention to assist a loved one in their recovery process (Rowe, 2019). The sixth one is BSFT – Brief Strategic Family Therapy. BSFT is a structured, problem-oriented therapy designed to tackle family dynamics that contribute to alcohol consumption, particularly among children and adolescents (ages 8–17). Notable aspects of BSFT are typically consists of 12–15 sessions over 3 months (60–90 minutes each session), Aims to alter dysfunctional interaction patterns within the family. The three primary stages in BSFT It includes, Joining – Engaging the family to lessen resistance to therapy, Diagnosis – Recognizing unhealthy interaction patterns associated with alcohol use and Restructuring – Developing new strategies to foster healthier family relationships and reduce substance abuse. BSFT has been extensively employed to prevent and minimize adolescent substance use by addressing family-related risk factors (Slesnick & Zhang, 2018). The seventh one is MDFT – Multidimensional Family Therapy.

Author Blesson
Amity Institute of Social Sciences (AISS), Department of Social Work, Amity University, Uttar Pradesh Noida

VOICE4 Ability INTERNATIONAL
eJOURNAL
Disabilities Studies, Special Education & Rehabilitation.

MDFT is an intervention targeting adolescents facing substance abuse, addressing multiple influential levels, which include individual, family and the community. The focus areas of MDFT are Youth in assisting adolescents in developing healthier coping strategies, Parents in improving parental support and communication skills, Family in reinforcing family connections to foster a stable environment, Community in linking the family with community resources to maintain progress. MDFT acknowledges that family dynamics play a pivotal role in an adolescent's decision-making and works to establish a positive environment that encourages sobriety (Liddle, 2019). *The eighth one is MST – Multisystemic Therapy.* MST is a thorough, home-based program aimed at high-risk teenagers (ages 12–17) dealing with ongoing substance abuse, aggression, or criminal behavior. Key characteristics of MST are rigorous 4-month program that includes frequent sessions between therapists and families, to address a variety of influences, such as family dynamics, peer interactions, school environments, and the larger community context, It helps families reduce risky behaviours and develop protective characteristics because MST adapts interventions to the unique circumstances of the family, it is particularly helpful for young people with complex needs. According to research, MST successfully lowers antisocial behaviours, improves parent-child relationships, and decreases substance use (Henggeler et al., 2020).

Family interventions for AUD differ in their frameworks and methods, but they all share a unified goal: to facilitate recovery by enhancing family bonds, communication, and overall health. Whether through structured therapeutic models like CRAFT and ARISE, couple-centered methods like ABCT and BCT, or intensive programs like MST and MDFT, these interventions equip families with effective techniques to support their loved one's recovery. These research-backed strategies help people with AUD move closer to long-term sobriety while fostering stronger, more supportive family bonds by enlisting families as active partners in the healing process.

METHODOLOGY

The study used a non-probability purposive sampling technique to select 100 participants from Shanti Camp, focusing on those closely associated with individuals suffering from AUD. Data collection involved structured questionnaires, interviews, and field observations conducted during home visits to ensure comfort and candidness. Questionnaires were pilot-tested to ensure clarity and reliability. Data analysis involved both thematic coding for qualitative responses and statistical analysis (frequency distributions) for quantitative data.

Ethical Considerations: Participants were informed about the purpose of the research and gave their consent. Confidentiality and anonymity were strictly maintained throughout the study.

Author Blesson
Amity Institute of Social Sciences (AISS), Department of Social Work, Amity University, Uttar Pradesh Noida

VOICE4 Ability INTERNATIONAL eJOURNAL Disabilities Studies, Special Education & Rehabilitation.

Limitations: The reliance on self-reported data may introduce recall or social desirability bias. The purposive sampling method limits generalizability to broader populations. Future research should consider longitudinal studies and randomized sampling to validate findings.

RESULT AND DISCUSSION

The 100-person study conducted at Shanti Camp yields a rich description of the determinants, patterns, and extreme experiences of alcohol use in the community. Each of the statements measured a specific aspect of drinking behavior, including environmental determinants such as peer influence and availability, and emotional motivators such as loneliness or desperation, as well as usual practices or the view that drinking is the norm. One notable finding across all categories was that between 58 and 60 percent of participants claimed they "never" drink, implying that a large segment of the population continues to abstain from alcohol. However, this stands in stark contrast to the remaining percentage those who drink occasionally, regularly, or virtually constantly—revealing that a major segment of the community is at risk of acquiring alcohol dependency.

Reasons	**Percentage Reporting "Almost Always"**
Social gatherings/events	20%
Normalized behavior/peer influence	25%
Lack of self-control	24%
Drinking alone out of sadness	20%
Stress and daily life pressure	26%

Even more concerning are the trends in responses to triggers including social gatherings (20%), normalised behaviour (25%),lack of self-control (24% almost always), Drinking alone out of sadness (20%) and Stress and daily life pressure (26%) which highlight how widespread and deeply embedded drinking is for many people.

Author Blesson
Amity Institute of Social Sciences (AISS), Department of Social Work, Amity University, Uttar Pradesh Noida

VOICE4 Ability INTERNATIONAL eJOURNAL Disabilities Studies, Special Education & Rehabilitation.

It brings to light emotional and psychological issues that are frequently ignored. These results highlight the need for all-encompassing, community-focused interventions. Providing education alone is not enough. There must be easily accessible support systems, chances for candid communication, and family involvement-focused tactics. In order to overcome the mental trauma and cultural tolerance that drive consumption patterns, social workers, counsellors, and community leaders need to work together. Drinking at Shanti Camp is shaped by moods, identity, daily life, environment, and choice. The first step to creating effective solutions that move beyond awareness and create real, sustainable change is to understand these factors.

DISCUSSION

The findings affirm the strong role of family and social environments in influencing alcohol behavior, as theorized by Bandura and Bowen. Family members often unknowingly enable addiction through their responses, while positive family engagement promotes recovery. Emotional stress, cultural acceptance of drinking, and peer pressure were identified as prominent relapse risks. The roles of different family members were also significant. Mothers often provided emotional support, spouses influenced treatment adherence, and siblings acted as motivational figures. Programs like CRAFT and ARISE that engage entire family networks could be instrumental in the Shanti Camp context. Comparisons with interventions in other Indian slums like Dharavi (Mumbai) reveal that family-centered approaches yield better recovery rates than clinical interventions alone.

SOCIAL WORK INTERVENTIONS

Community education, family counseling, establishment of peer support groups, and youth-centered programs are recommended strategies. Collaboration with NGOs, healthcare providers, and government bodies can improve resource availability for addiction recovery programs. Policy initiatives should include:

• Establishment of community rehabilitation centers.

• Introduction of family therapy modules in public health programs.

• Awareness campaigns to destigmatize addiction and promote recovery narratives.

Author Blesson
Amity Institute of Social Sciences (AISS), Department of Social Work, Amity University, Uttar Pradesh Noida

VOICE4 Ability INTERNATIONAL eJOURNAL Disabilities Studies, Special Education & Rehabilitation.

CONCLUSION

This dissertation had a precise but intricate aim: to investigate the role of family engagement in alcohol addiction treatment among the economically poor community of Shanti Camp. Through rigorous field research, actual conversations, and fact-based observations, this research not only evaluated addiction but also offered a rich insight into how recovery is inextricably tied with social relationships, structural contexts, and emotional resilience. Addiction is not a solo issue, and recovery cannot occur in solitude. Conditions like poverty, unemployment, trauma, and social acceptability of drug or alcohol use have a strong role in Alcohol Use Disorder (AUD), particularly in economically poor settings like Shanti Camp. However, despite these issues, the family becomes the most influential—but most frequently neglected—agent of change. Families are deeply involved in the addiction process, as caregivers, emotional support providers, or silent sufferers. With appropriate resources and support, they can become the most significant allies to recovery.

This research highlights that family-based therapies are not an option; they are a necessity. Under circumstances where formal rehabilitation efforts are not available, the role of family becomes even more significant, offering stability, compassion, and belongingness in the absence of institutional interventions. The research also uncovers a paradox: families acknowledge their central role in the healing process but are often overwhelmed, underfunded, and forgotten. Most families who live in Shanti Camp strive to maximize meager resources, trying to find a balance between financial sustainability and emotional support under conditions of stigmatization, violence, and social abandonment. The stories obtained in this study portray not just adversity but also profound love, sacrifice, and hope for change. By combining qualitative stories with quantitative data, this dissertation paints a holistic picture of addiction as it is lived in daily life. It does not aim to offer a last word but tries to engage in dialogue—on the basis of real experiences, guided by empirical evidence, and motivated by compassion. From the policy and intervention perspective, the findings urge the adoption of a community-based response to addiction treatment, where members of the family are not just educated but involved; not just blamed but empowered; not just affected but also supported. Such an approach includes increasing access to affordable rehabilitation facilities, family-oriented counseling programs, educational programs within the community, and stigma-reduction programs in order to develop resilient support systems.

Author Blesson
Amity Institute of Social Sciences (AISS), Department of Social Work, Amity University, Uttar Pradesh Noida

VOICE4 Ability INTERNATIONAL eJOURNAL Disabilities Studies, Special Education & Rehabilitation.

To this end, formal family interventions provide realistic solutions to increase family participation in the healing process. Effective models are:

- CRAFT (Community Reinforcement and Family Training) is designed to enable family members to assist with sobriety in a competent manner as well as deter use, thereby facilitating the likelihood of treatment and strengthening the emotional status of families (Nowinski et al., 2020).

- ARISE (A Relational Intervention Sequence for Engagement): A collaborative, non-confrontational intervention that actively involves supportive networks to encourage individuals to access treatment without blame or coercion. ABCT (Alcohol Behavioral Couple Therapy) is a cognitive-behavioral model that addresses alcohol use behavior in close relationships to enhance increased abstinence and relational satisfaction. (Garrett et al., 2020).

By implementing such systematic interventions, families can be helped to transition from being passive observers to active agents of change. In summary, this dissertation transcends the realm of an academic exercise; it is a tribute to the people of Shanti Camp who bravely opened themselves up. Their resilience to face adversity, seek recovery, and maintain hope embodies the essence of this report. Their accounts remind us that recovery is possible; however, it needs a collective determination. Families are not merely spectators in this process; they are the cornerstone upon which lasting recovery must be established.

Author Blesson
Amity Institute of Social Sciences (AISS), Department of Social Work, Amity University, Uttar Pradesh Noida

VOICE4 Ability INTERNATIONAL
eJOURNAL
Disabilities Studies, Special Education & Rehabilitation.

REFRENCES

Ambekar, A., Agrawal, A., Rao, R., Mishra, A. K., & Khandelwal, S. K. (2019). Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India.

Bandura, A. (1977). Social learning theory. Prentice Hall.

Bowen, M. (1978). Family therapy in clinical practice. Jason Aronson.

Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Harvard University Press.

Connor, J. P., Haber, P. S., & Hall, W. D. (2016). Alcohol use disorders. The Lancet, 387(10022), 988-998. https://doi.org/10.1016/S0140-6736(15)00122-1

Delhi Urban Shelter Improvement Board (DUSIB). (2019). Survey of JJ Clusters in Delhi. Government of NCT of Delhi.

Enoch, M. A. (2011). The role of early life stress as a predictor for alcohol and drug dependence. Psychopharmacology, 214(1), 17–31. https://doi.org/10.1007/s00213-010-1916-6

Fals-Stewart, W., Kelley, M. L., Fincham, F. D., Golden, J., & Logsdon, T. (2004). Substance-abusing parents' attitudes toward allowing their children to participate in treatment: Findings from a randomized clinical trial. Addictive Behaviors, 29(9), 1785–1793.

Garrett, S., Landau, J., Shea, J. M., Stanton, M. D., Brinkman-Sull, D., & Baciewicz, G. (2020). The ARISE intervention: Using family and network links to engage substance abusers in treatment. Journal of Marital and Family Therapy, 26(3), 281–291. https://doi.org/10.1111/jmft.12101

Hasin, D. S., Stinson, F. S., Ogburn, E., & Grant, B. F. (2013). Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United States. Archives of General Psychiatry, 64(7), 830–842. https://doi.org/10.1001/archpsyc.64.7.830

Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (2020). Multisystemic therapy for antisocial behavior in children and adolescents. Guilford Press.

Author Blesson
Amity Institute of Social Sciences (AISS), Department of Social Work, Amity University, Uttar Pradesh Noida

VOICE4 Ability INTERNATIONAL
eJOURNAL
Disabilities Studies, Special Education & Rehabilitation.

Horigian, V. E., McKenna, B. S., & Castañeda, J. (2016). Substance abuse treatment services for adolescents: The importance of family involvement. Evaluation and Program Planning, 34(1), 31–36. https://doi.org/10.1016/j.evalprogplan.2010.06.001

Kelly, J. F., Greene, M. C., & Bergman, B. G. (2017). Beyond abstinence: Changes in indices of quality of life with time in recovery in a nationally representative sample of US adults. Alcoholism: Clinical and Experimental Research, 41(1), 214–222. https://doi.org/10.1111/acer.13236

Lander, L., Howsare, J., & Byrne, M. (2019). The impact of substance use disorders on families and children: From theory to practice. Social Work in Public Health, 28(3-4), 194–205. https://doi.org/10.1080/19371918.2013.759005

Liddle, H. A. (2019). Multidimensional Family Therapy: A science-based treatment for adolescent drug abuse. In Adolescent substance abuse (pp. 69–102). Springer.

McCrady, B. S., & Epstein, E. E. (2019). Addictions: A comprehensive guidebook. Oxford University Press.

McCrady, B. S., & Flanagan, J. C. (2021). The role of the family in treatment of alcohol use disorders. Alcohol Research: Current Reviews, 40(1), 03. https://doi.org/10.35946/arcr.v40.1.03

McHugh, R. K. (2019). Family-based approaches to treating adolescent substance use disorders. Clinical Psychology: Science and Practice, 26(1), e12291. https://doi.org/10.1111/cpsp.12291

Meyers, R. J., Roozen, H. G., & Smith, J. E. (2011). The community reinforcement approach: An update of the evidence. Alcohol Research & Health, 23(2), 116–121.

National Institute on Alcohol Abuse and Alcoholism (NIAAA). (2021). Alcohol facts and statistics. National Institutes of Health. https://www.niaaa.nih.gov/

National Mental Health Survey of India (NMHS). (2016). National Mental Health Survey of India, 2015–16: Summary. Bengaluru: NIMHANS Publication.

National Sample Survey Office (NSSO). (2019). Household Social Consumption: Health. Government of India.

Author Blesson
Amity Institute of Social Sciences (AISS), Department of Social Work, Amity University, Uttar Pradesh Noida

VOICE4 Ability INTERNATIONAL eJOURNAL Disabilities Studies, Special Education & Rehabilitation.

Nowinski, J., DiClemente, C. C., & Velasquez, M. M. (2020). Motivational interviewing for substance abuse: Applications to individual and group therapy. Guilford Press.

O'Farrell, T. J., & Clements, K. (2021). Review of outcome research on marital and family therapy in treatment for alcoholism. Journal of Marital and Family Therapy, 39(1), 123–147. https://doi.org/10.1111/j.1752-0606.2011.00284.x

Ray, R. (2004). The extent, pattern and trends of drug abuse in India: National survey. United Nations Office on Drugs and Crime and Ministry of Social Justice and Empowerment, Government of India.

Room, R., Babor, T., & Rehm, J. (2005). Alcohol and public health. The Lancet, 365(9458), 519–530. https://doi.org/10.1016/S0140-6736(05)17870-2

Smith, J. P., & Randall, C. L. (2012). Anxiety and alcohol use disorders: Comorbidity and treatment considerations. Alcohol Research: Current Reviews, 34(4), 414–431.

Slesnick, N., & Erdem, G. (2020). Efficacy of motivational interviewing for substance use disorders: A systematic review and meta-analysis. Addiction, 115(5), 713–729. https://doi.org/10.1111/add.14852

Slesnick, N., & Zhang, J. (2018). Family systems therapy for substance use disorders: An overview of the evidence. Current Opinion in Psychology, 30, 44–48. https://doi.org/10.1016/j.copsyc.2019.01.001

Verhulst, B., Neale, M. C., & Kendler, K. S. (2015). The heritability of alcohol use disorders: A meta-analysis of twin and adoption studies. Psychological Medicine, 45(5), 1061–1072. https://doi.org/10.1017/S0033291714002165

Volkow, N. D., Koob, G. F., & McLellan, A. T. (2016). Neurobiologic advances from the brain disease model of addiction. New England Journal of Medicine, 374(4), 363–371. https://doi.org/10.1056/NEJMra1511480

Yule, A. M., Wilens, T. E., Martelon, M., Simon, A., Biederman, J., & Carrellas, N. W. (2019). Does exposure to parental substance use disorders predict substance use disorder risk in offspring? A 10-year follow-up study. Addictive Behaviors, 98, 106039. https://doi.org/10.1016/j.addbeh.2019.106039

Author Blesson
Amity Institute of Social Sciences (AISS), Department of Social Work, Amity University, Uttar Pradesh Noida