

Caring for someone who uses drugs and/or alcohol

Coping Strategies

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What are coping strategies?

In psychology, **coping** means to invest a conscious effort, to solve problems, in order to try to minimise or tolerate stress and conflict. The term coping generally refers to adaptive (constructive) coping strategies.

That is strategies which reduce stress and conflict.

Why are coping strategies important?

If a stressful situation continues and our choice of coping strategies do not help us to reduce the stress, then the impact on our physical and mental health can be negative for us and those around us.

Coping strategies can offer us a way of reducing stress, and we can do this by making choices about how we cope. Carers Leeds supports Concerned Others (family, friends, parents, husband, wife, siblings etc.) in reviewing their coping skills and making changes if needed to refresh these.

Coping with the drug or alcohol misuse of another person

Concerned Others can be faced with the upsetting and difficult task of trying to work out how to support the person who is using drugs or alcohol. This can involve many uncertainties, in particular the dilemma of how to respond to the person who's drinking or drug taking behaviours have become problematic.

The information in this leaflet is an introduction to 3 coping strategies Carers Leeds discuss in one to one and group support.

The information has been taken from research by Bath University.

Engaged coping

Engaging in trying to change a relative's substance use in a variety of ways that may be emotional, assertive, controlling or supportive.

This type of coping involves the concerned other being very active in how they respond to the drug or alcohol taking. Engaged coping, for example, may involve trying to stop the drug or alcohol use, taking over the finances of the substance user, cancelling appointments for them when they are intoxicated or are not going to attend or taking them to their appointments at the drug and alcohol service.

Tolerant coping

Putting up with the substance use, accepting it or making sacrifices because of it.

Tolerating the substance use does not mean we are accepting of it, this type of coping can be seen as trying to not 'rock the boat'. It is also a type of coping people may use after a time of trying to stop the substance use and finding this takes a lot of mental and physical time and energy.

Withdrawal coping

Regaining some independence. Taking care of yours and other people needs instead of focusing only on the substance user.

Withdrawal coping can also be seen as detaching with love. We still care for the person using substances but our focus moves away from taking care of all the difficulties that come with the substance use and moves towards putting time and energy into our needs and if desired, other people's needs (such as other family members or relatives).

This coping strategy accepts the substance user will continue to do what they are doing but other people are going to take some time away from how all-consuming the substance use can be.

How can we use coping strategies?

Coping strategies are helpful as they can give back choices to the Concerned Other about how they want to respond to the substance user's behaviours. The different coping strategies can all be used within the same day or a choice can be made to use one style for a period of time. The aim is to be able to choose which style of coping you want to use, rather than the behaviours of the substance user dictating how you will respond.

Engaged coping:

This may become an active choice for the Concerned Other. For example a person may decide they cannot cope with the substance user not having any food so they make an active choice to buy them food once a fortnight. Another example may be to actively choose to put money on their gas card because the thought of the substance user being at home with no gas is too distressing.

Tolerant coping:

A Concerned Other may decide, for example, that asking if the substance user has been drinking is becoming very distressing because it always ends with lies and in an argument. Therefore, the Concerned Other may then decide that for a set period they will stop asking this question when they get home from work. This reduces the conflict and could reduce some of the stress.

Withdrawal coping:

The Concerned Other identifies they are overwhelmed and feeling unable to continue supporting the substance user to the extent they have been doing. They want to make some time for their own needs so decide to meet with a friend once a week. The Concerned Other makes an active choice that no matter what else is happening, meeting their friend takes priority. The substance user will continue to do what they are doing and the time away offers the Concerned Other a number of positive benefits.

For more information about how to review and refresh your coping strategies when you are affected by the drug or alcohol use of another adult, please speak to your support worker or contact Carers Leeds to refer yourself for support.

Please take a look at our website for further information on caring for someone who uses drugs and/or alcohol.

carersleeds.org.uk/concernedothers

