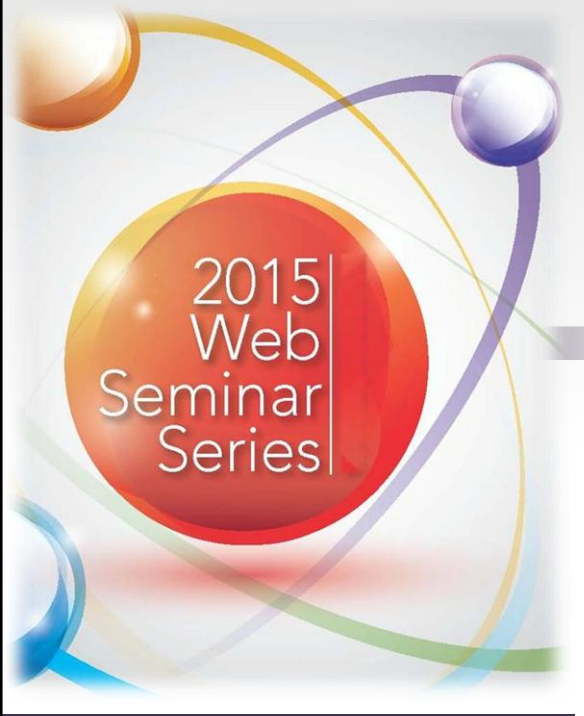

Family Involvement in Substance Use Disorder and Mental Health Treatment and Research

Presented by:

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CTN WEB SEMINAR SERIES:
A FORUM TO EXCHANGE RESEARCH KNOWLEDGE

Produced by: CTN Training

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Learning Objectives

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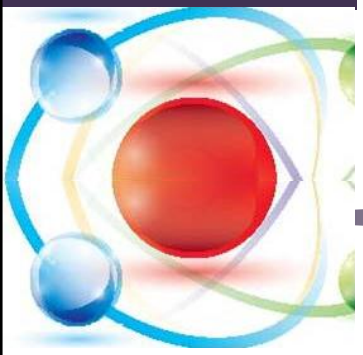
- Identify the impact of disorders on family systems and individual members
- Review strategies and challenges for patients to address family issues in treatment and/or recovery
- Review interventions to help families
- Discuss research ideas for families



Impact of disorder(s) on family and marital systems and individual members, including children

OBJECTIVE #1

Many Disorders Run in Families

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- Many studies of children show that drug & alcohol dependence among parents raises their risk of having a SUD significantly
  (Merikangas et. al.; SAMHSA; Anda et. al.; Reich et. al., Hill & Muka; Tarter et. al.)
- Mood disorders in twins (7 studies: Berrettini)
  - Monozygotic pairs of twins 95/146 = 65.1%
  - Dizygotic pairs of twins 39/278 = 14.0%

Impact of Disorders on Family & Marital Systems

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Emotional Distress

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- Negative family atmosphere
- Anger, resentment, hostility
- Anxiety, worry, fear
- Depression, grief
- Guilt, shame, embarrassment
- Helplessness, hopelessness
- Chronic stress

Impact of SUDs on Children

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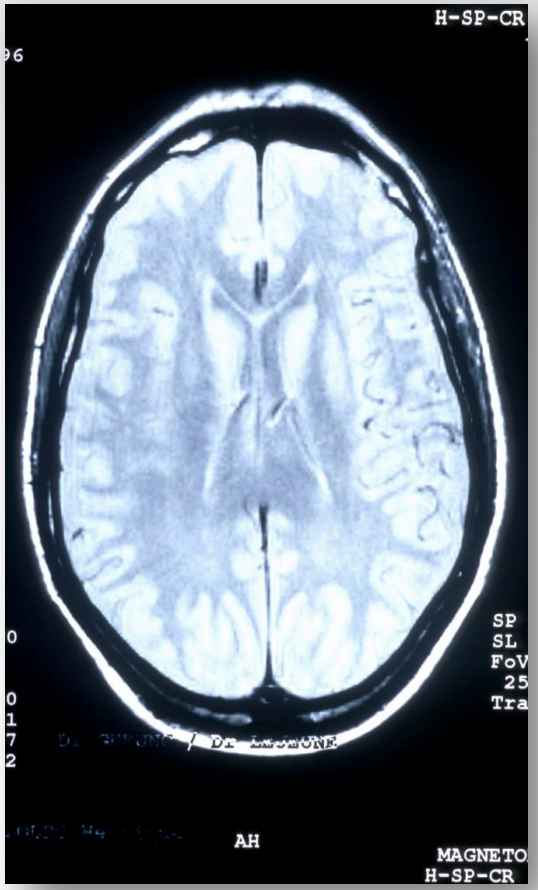
- Addicted moms: pre/post-natal effects
- Substance use disorders
- Depression, anxiety
- Oppositional behaviors
- Medical problems
- Academic problems
- Impulsivity, inattention, irritability
- Impairments of executive functions of brain (organize, plan, reason, problem-solve)



Cooke et al; Moss et al; Tartar et al;
Suchman et al; Wilens & Biederman

Academic

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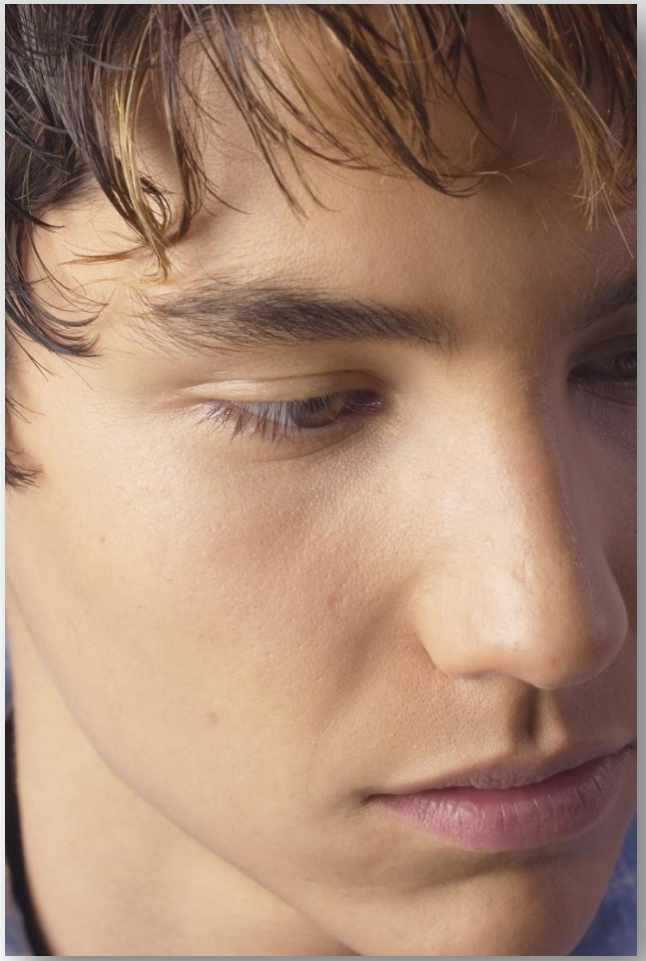
- “My dad’s addiction messed with me in lots of ways. Got in trouble with the law. I almost dropped out of school.”

Kids from drug abuse families had lower IQ scores and school performance compared to community controls
(Moss et. al., 1995; Tarter et. al., 1995)

Emotional Distress: Anxiety & Depression



- 54% of kids admitted to a psychiatric hospital had parents with history of a SUD
- 53% of kids ages 8-12 living with drug abusing father had psychiatric disorder
- In the words of children:
  - "It made me sad and afraid."
  - "I worried that something bad would happen to dad."
  - "I felt so alone and depressed."

Salo & Flykt; Daley & Miller

Abuse and Neglect

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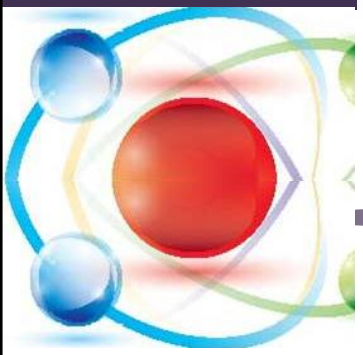
Substance abuse is involved in >70% of abuse and neglect cases (SAMHSA)

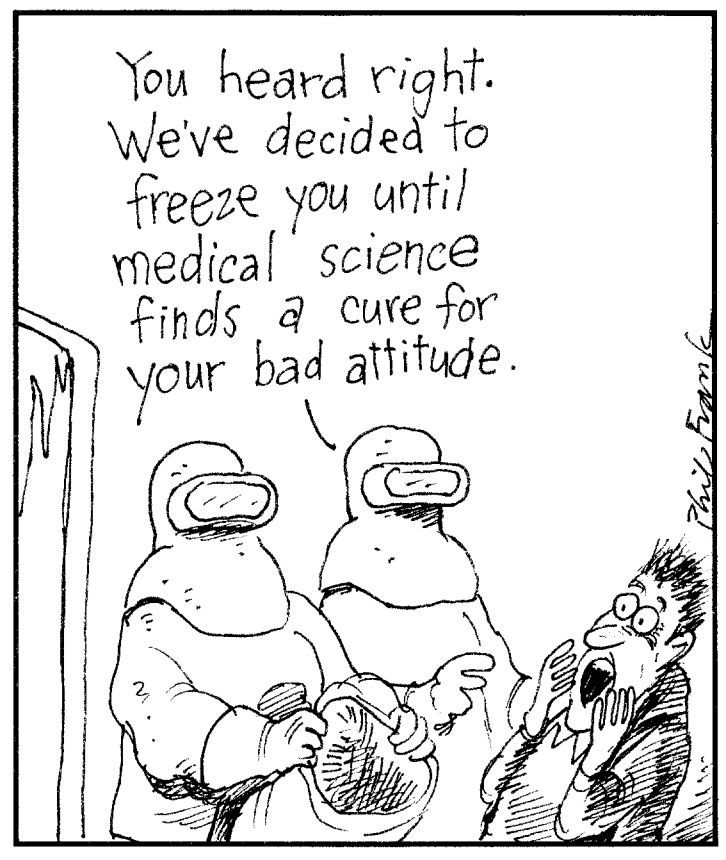
"Dad was never around. I felt lonely for him. I also felt sorry he couldn't be with us."



Challenges and strategies for clients or patients to address family issues in their treatment and/or recovery

OBJECTIVE #2

Be Aware of Client Barriers



- Shame, guilt over past behaviors
- Belief "it's *MY* problem"
- Other commitments (e.g., childcare)
- There's something they don't want you to know
- Hate being told what to do

Many EBPs Address Family Issues in Individual, Group or Family Sessions

Examples of EBPs (SUDs)

1. Individual Therapy (CBT, IDC, IPT)
2. Group Therapy (GDC, RP)
3. MATRIX Model (Family Module)
4. Relapse Prevention
5. **Marital & Family Therapies**

Family Member with a SUD

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- Understand impact of your SUD on your family and members, including kids
- Encourage your family to become educated
- Involve your family in treatment sessions
- Encourage/facilitate Nar-Anon attendance
- Make amends (Steps 8 & 9)
- Help family member with SUD or psychiatric disorder get help

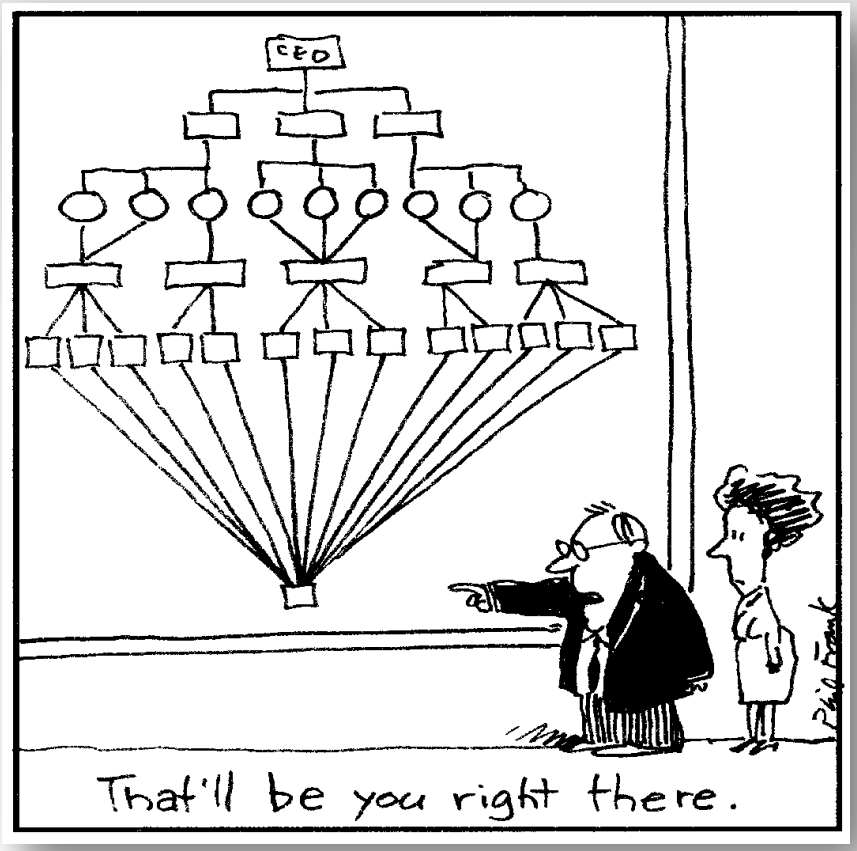
Review Barriers, Review Family Interventions Based on Clinical Trials, Meta-Analysis, Clinical Literature and SAMHSA's National Registry for Evidence-Based Practices

OBJECTIVE #3

- *If it's so great, why is it used so infrequently??????*

BARRIERS TO FAMILY THERAPY

Family Barriers



- Believe “it’s our fault”
- Guilt and shame
- Frustration with past recovery attempts
- Unable to see how they can help member
- Clients advise them not to go to sessions

Staff Barriers

- I'm not qualified
- Difficult to manage everyone
- Families will "cause too much stress" and affect relapse
- Frustration over inability to get members in treatment
- Family lives in a different state or is not available

Family Interventions for Psychiatric and Substance Use Disorders (n=70+)

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Many studies show increased engagement and retention rates for affected individual, reduced family burden, and improvement among individual members

What is Family Therapy?

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- A collection of approaches that share a belief in effectiveness of family involvement
- A change in any part of the system may lead to change in other parts of the system
- Family therapy in substance abuse treatment has two main purposes:
  - Use family's strengths and resources to find ways to live without substances
  - Ameliorate the impact of SUDs on identified patient and family

Models of Family Therapy in Substance Abuse Treatment

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- Family disease
- Family systems
- CBT models
- Multidimensional FT
- Functional FT
- Multi-systemic FT
- Brief, strategic FT

Goals of Family Therapy

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- Help family become aware of own needs
- Provide genuine, enduring healing for members
- Shift power to parental figures
- Improve communication in the family
- Help family make changes to affect SUD member
- Help keep SUD from moving to next generation
- Help family solve problems

CRAFT Model Goals (for SUDs)

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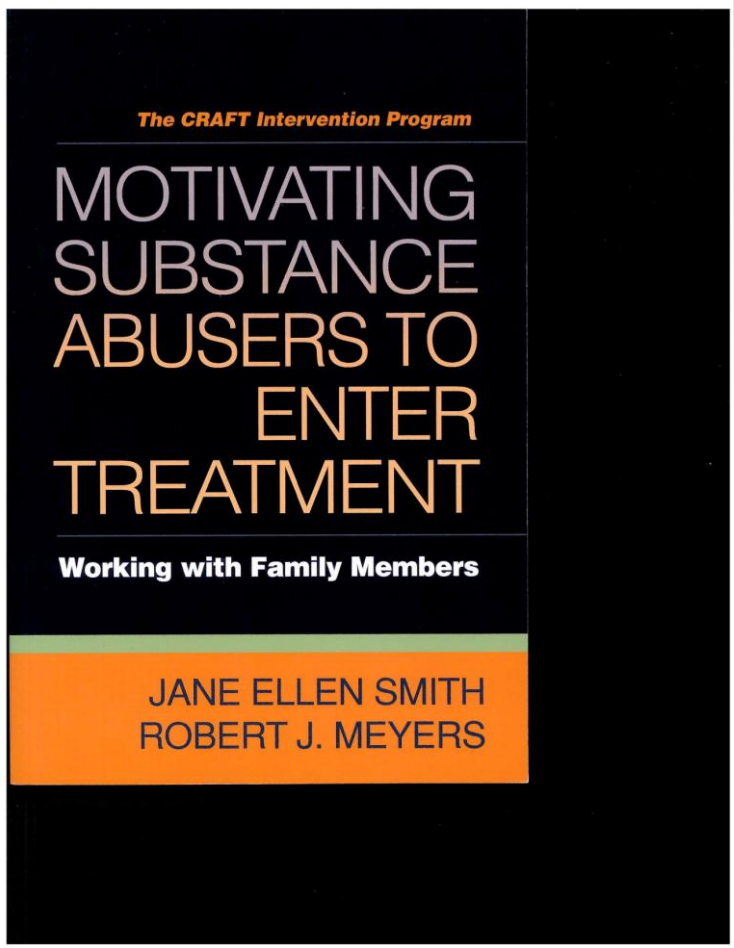

- Get member with substance use disorders into treatment (64-86% success rate; higher than other models)
- Get member to stop or reduce substance use (higher rates of abstinence)
- Adding vouchers (incentives) adds to improvement
- Help families improve or enrich their own lives

Outcomes of Family Engagement Interventions (SUDs)

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- Better engagement rates in treatment of SUD member
  - ARISE 64%
  - BSFT 93%;
  - CRAFT 74%
- Also, better rates of retention & completion
  - e.g., BSFT 77% vs. 25%

Family Studies (SUDs)

(Liddle et al; NIDA; Williams et al; Szapocznik et al)

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- Superior results of family therapy to other approaches in terms of:
  - Lower drug and alcohol use of adolescents
  - Improved school grades, pro-social behaviors
  - Improved family functioning

Outcomes of Family Therapies: Member with a SUD

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- Better retention and completion (e.g., BSFT 77% vs. 25%)
- Reduced substance use (Myers et. al.; Liddle et. al.; Williams et al; Stanton & Standish)
- Reduced problem behaviors (Santiban et. al.; Szapocznik et. al.)
- Improved academic performance (Williams et. al.)

Outcomes of Family Interventions with Family & Members without a SUD

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- Improved family functioning: less conflict, improved structure, and communication, etc.
- Reduced emotional burden: less anger, depression, anxiety
- Reduced welfare dependence

CSAT; Liddle et al; Santiban et al; Szapocznik et al

Behavioral Marital Therapy (BMT): Research Outcomes

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- Lower rates of alcohol or drug use
- Shorter, less severe relapses
- Lower levels of domestic violence
- Reduction of HIV risk behaviors
- Improvement in children (PSC)
- Cost savings $5-6.5K per case
- Improved marital relationship

O'Farrell et al.; Maisto et al; Klosterman & O'Farrell

Outcomes of Multifamily Groups (6 studies)

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- Better employment outcomes; reduced symptoms
- Lower psychiatric relapse rates
- Lower rates of psychiatric re-hospitalization
- Reduced family burden
  - Lower stress; lower levels of friction between patient and family
  - Improvements in objective and subjective “burden” of families
  - Greater satisfaction with the patient

Interventions to Address Family Issues (any disorders)

- Work with patient on impact of SUD or MI on family (many 1-1 models include family sessions)
- Encourage patient to get family to Al-Anon/NarAnon or NAMI program
- Provide family education, support, referral
- Meet with individual family members
- Provide/facilitate family education groups
- Provide family “programs” (e.g., MATRIX or IMR models)
- Provide/facilitate marital or family therapy

Family Member without a SUD

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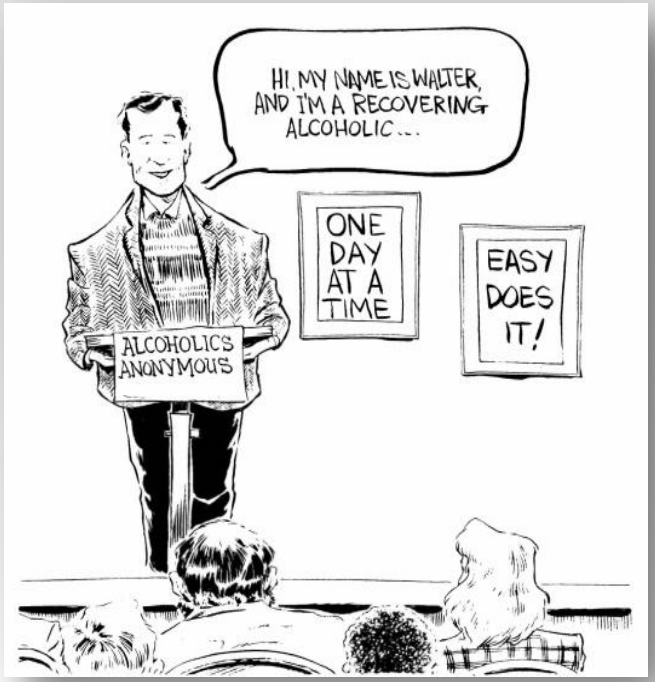
- Understand and accept the SUD, support recovery of addicted member, adjust to sobriety, deal with lapses and relapses
- Establish family safety, get involved in tx and/or recovery, reduce emotional burden, help other members get help if needed
- Focus on self care, detach, reduce enabling



Summary of Strategies

WAYS FOR PROVIDERS TO HELP THE FAMILY & INDIVIDUAL MEMBERS

Strategies for Clinicians

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- Create family philosophy of care
- Understand their experiences
- Help family engage SUD member
- Outreach to connect with family
  - Invite members to evaluation and ongoing session(s)
  - Call them directly (inform client and get permission)

Strategies for Clinicians (cont.)

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- Join with family; let them know you “need” their help with patient
- Therapist is “part” of the team (respect if family says ‘no’)
- Outreach if need to connect with family
- Do not label family as resistant or co-dependent!
- Be patient, flexible, accessible

Strategies for Clinicians (cont.)

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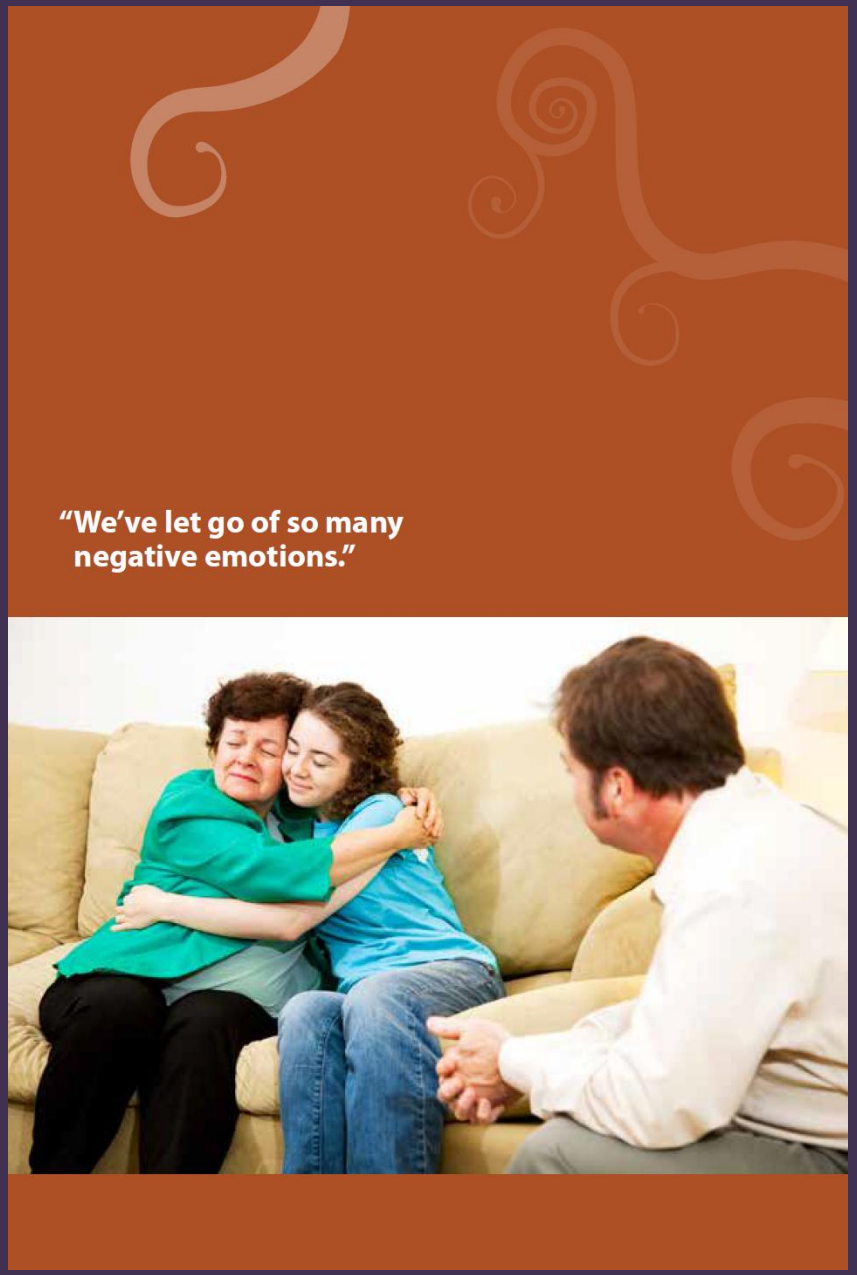
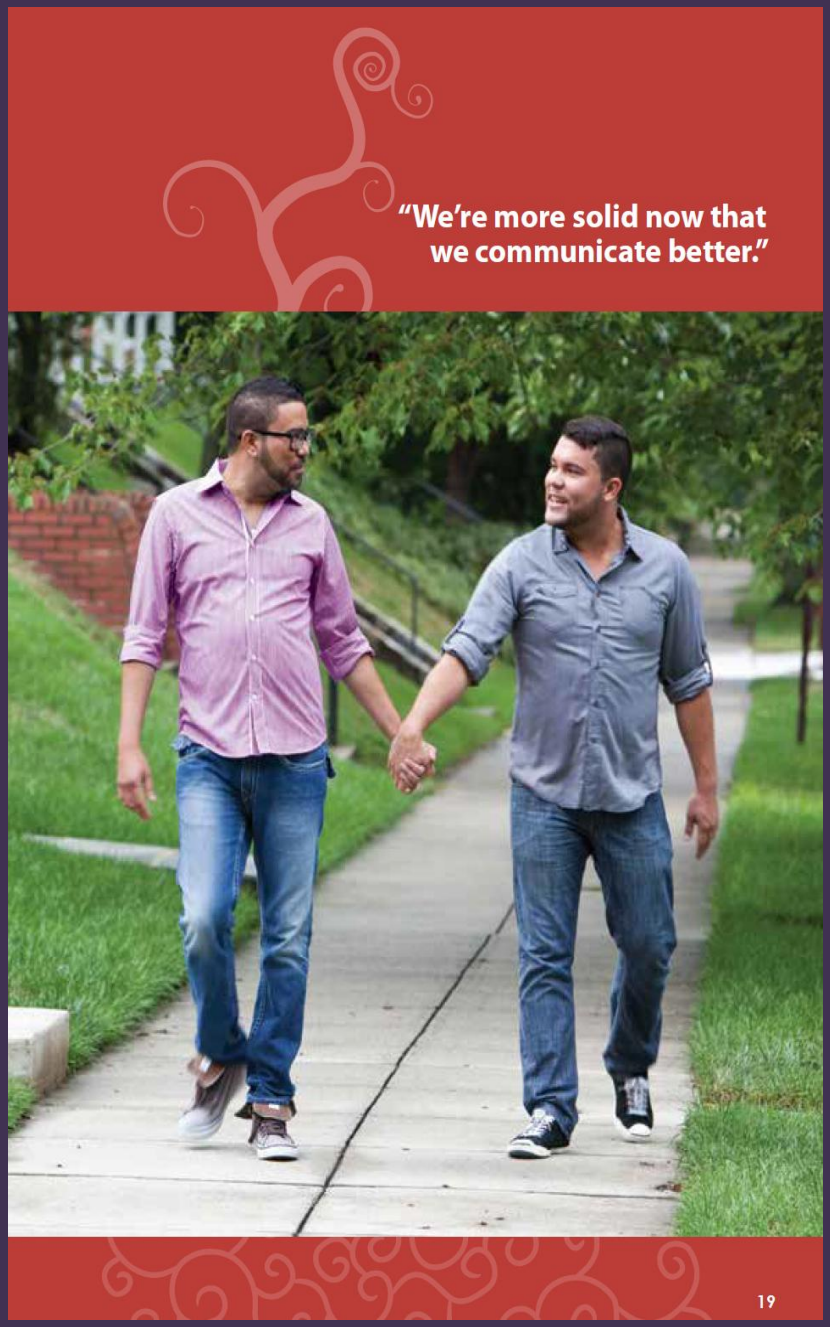
- Provide education and support
- Explore experiences, concerns, & questions
- Deal with challenges facing families: emotional burden, enabling, motivation, adherence, relapse
- Facilitate individual assessments if needed
- Help parents focus on their children



Reduce emotional chaos and burden of families and members

- Anxiety, worry, fear
- Anger, resentment
- Guilt, shame, embarrassment
- Depression, grief



Improve Communication and Problem Solving

- Reduce negative interactions and communication
- Increase positive interactions, communication and support
- Solve current problems
- Increase family rituals and positive interactions

Focus on self for family member or significant other

- Focus on own needs, desires, and issues
- Hard to do at first as person is focused on ill family member
- Manage negative reactions
- Deal with emotional burden
- Importance of social support
- Preparation for the challenges of recovery (patient & family)

Parents Helping Their Children

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- Accept that children may have suffered negative effects from a parent's SUD
- Encourage children to talk about experiences, concerns, feelings
- Protect children from violence, intoxicating behaviors, and other high risk behaviors
- Do things together (share activities and positive family rituals)

Parents Helping Their Children

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- Keep things normal at home (i.e., with family rituals)
- Show interest in child's outside activities and relationships
- Have child attend some sessions with parent(s)
- Get child help for any serious problem (psychiatric, behavioral, substance abuse)

What are some potential research questions or issues to consider related to families?

OPEN DISCUSSION

Questions / Comments

Alternatively, questions can be directed to the presenter(s) by sending an email to CTNtraining@emmes.com.

http://ctndisseminationlibrary.org

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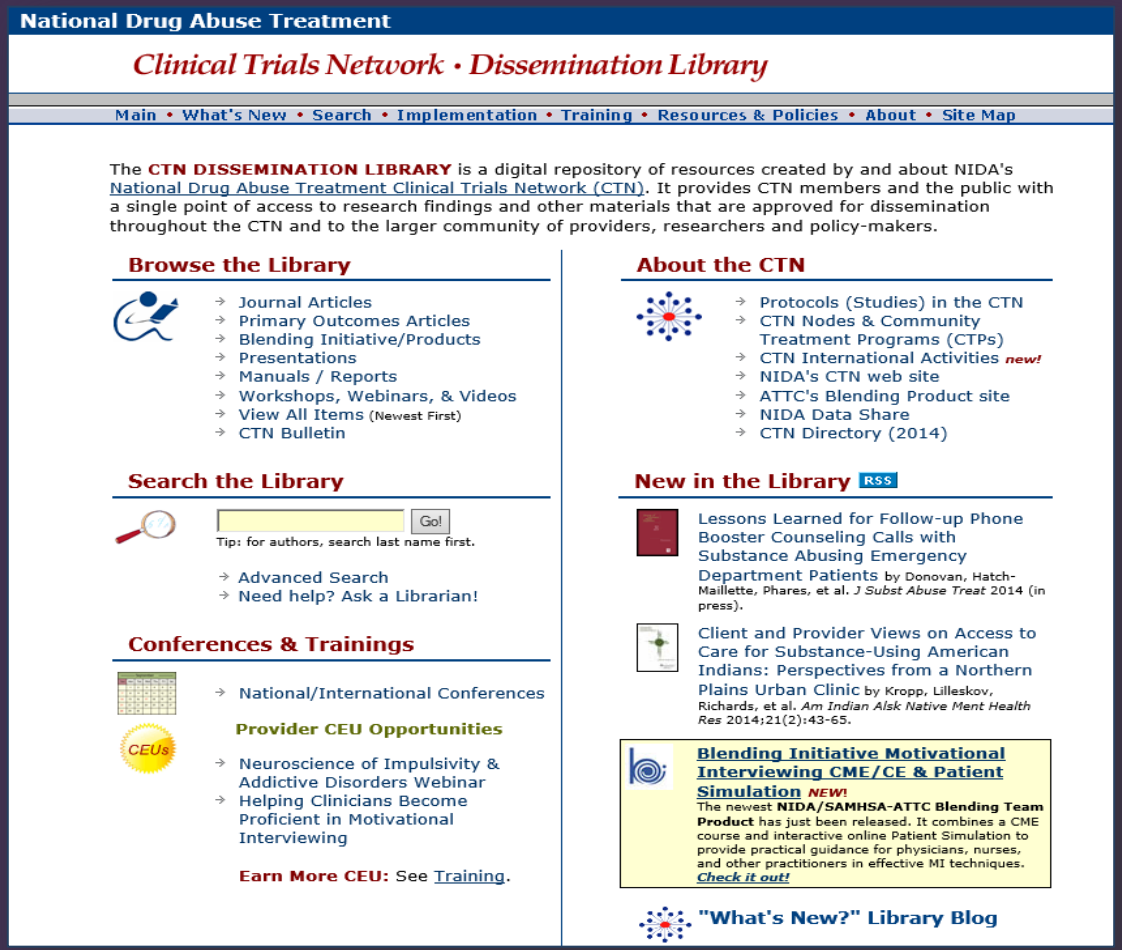

Survey Reminder

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All participants are encouraged to complete the post webinar survey , which will be issued directly following this webinar session. This is the primary collective tool for rating your experience with this training and for communicating the interests and needs of CTN members and associates.

Next topic…

Emotional Brain Training and Substance Use Disorders

Wednesday, June 10, 2015

1:00 – 2:00 pm ET

THANK YOU FOR YOUR PARTICIPATION