Involving families in youth SUD treatment

October 26th, 2022 12:30 – 2:00 PM

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BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

855-MD-BHIPP (632-4477)
www.mdbhipp.org
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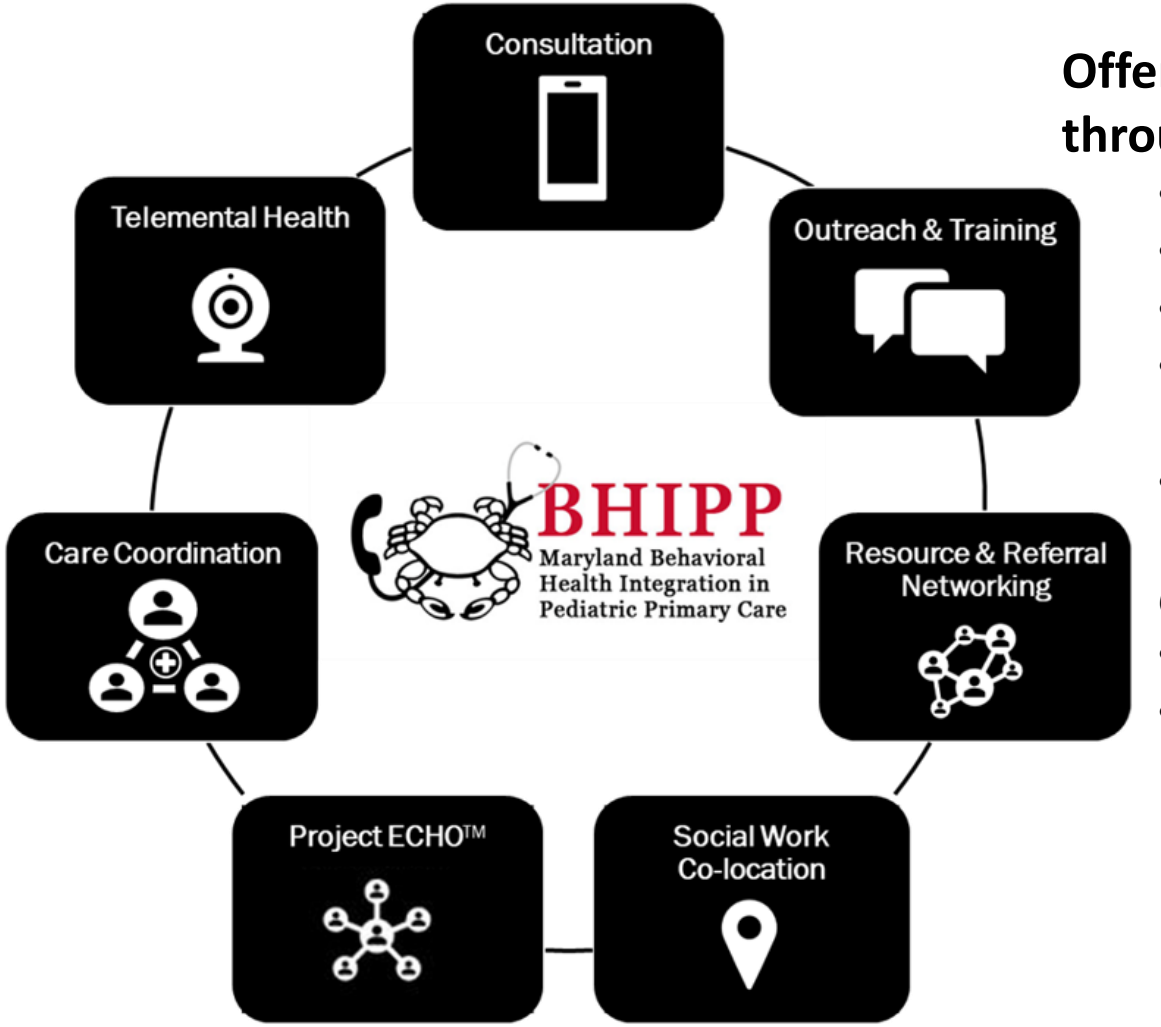
MACS
Maryland Addiction Consultation Service

Who We Are – Maryland BHIPP



Offering support to pediatric primary care providers through free:

- Telephone consultation (855-MD-BHIPP)
- Resource & referral support
- Training & education
- Regionally specific social work co-location (Salisbury University and Morgan State University)
- Project ECHO®

Coming soon!

- Direct Telespsychiatry & Telecounseling Services
- Care coordination

BHIPP
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Partners & Funding

- BHIPP is supported by funding from the **Maryland Department of Health, Behavioral Health Administration** and operates as a collaboration between the **University of Maryland School of Medicine**, the **Johns Hopkins University School of Medicine**, **Salisbury University** and **Morgan State University**.

- *This program is supported by the **Health Resources and Services Administration (HRSA)** of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $433,296 with approximately 20% financed by non-governmental sources. The contents of this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. For more information, visit www.hrsa.gov.*

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Provides support to prescribers and their practices in addressing the needs of their patients with substance use disorders and chronic pain management.

All Services are FREE

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Disclosures

Consultant for Alkermes, Drug Delivery LLC, ASAM, National Assoc Drug Court Professionals

Research funding from Alkermes, NIDA, Arnold Foundation, University of MD

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Involving families in youth SUD treatment

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Maryland Treatment Centers
Johns Hopkins University School of Medicine

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Outline

- Barriers to family engagement
- Rationale for family engagement
- Basics of family engagement
- Examples of family engagement treatment intervention:
  - Community reinforcement approach and family training (CRAFT)
  - Network Therapy
  - Youth Opioid Recovery Support (YORS)

Barriers to Family Engagement

Family Engagement:
Historical Barriers

- Normative pushback against **sense of parental and family dependence, intrusion and restriction**
- Clinicians: lack of training, competence, comfort
- Focus on **internal transformation**
- Preoccupying focus on “enabling”
- Over-rigid concern with **confidentiality**
- **Stigma** of SUD

Patient perspective on family involvement

- They don’t understand
- This is my treatment, it’s none of their business
- They just get crazy, angry, critical, punitive
- They just assume I’m guilty
- I don’t want to be treated like a child
- You can’t talk to my family
- I know my rights

Family/parent perspective on family involvement

- I’m boxed out of my loved one’s treatment and have no input
- I can’t even get any info
- Treatment professionals tell me I have to
  - Let go
  - Stop enabling, use tough love
  - Respect boundaries (whatever that means)
  - Stop rescuing (but they could die..)

Counselor perspective on family involvement

- Patient is being sneaky and devious
- Family is being overbearing and ineffective
- The regulations tie my hands

Rationale for Family Engagement

Case Vignette

- 17 M living with parents, HS student, daily cannabis, escalation of binge alcohol, recent initiation of opioids
- There's nothing wrong with weed; They treat me like a child; They're always screaming at me I'd just as soon live on the street
- He doesn't get it; if he does these things he'll never get anywhere; he lies and steals
- Let's begin a process of discussion and negotiation – parents you can set rewards/consequences for behavior, patient you can set goals for rewards
- Parents: we don't have time for this, we can't stop driving him then he wouldn't go to school, we can't take away his phone then we won't know where he is, he says he'll run away, what's the point he doesn't listen we'll just throw him out
- Patient: I don't want to meet with them they don't need to know my business, they'll never give me rewards unless I'm "perfect" which I will never be, what's the point they'll just throw me out

Can families find a balance?

Desperate for immediate change, trying everything, sacrificing time and money, zero tolerance, going for the "nuclear option", kicked out of the house TODAY.

vs.

Helpless. It doesn't matter what I do, my child is going to use. There's no point in trying. Don't ask, don't tell. Don't let me catch you using. I don't Want to know about it.

Rationale for family involvement

Both **families and patients** need a recipe for treatment
with role definitions, expectations, and responsibilities

Families have **core competence, deep connections, special powers of persuasion** and
natural leverage that we as clinicians don't have

Family **mobilization** – "Medicine may help with the receptors,
but you still have to parent this difficult young person"

Encouragement of emerging patient autonomy and self-efficacy
is compatible with empowerment of families

Basics of Family Engagement

How should we manage the confidentiality barrier?

- Following rigid limitations on disclosure?
- Making unilateral and surreptitious disclosures?

- Getting to yes

Approaches to family communication

- You can’t talk to my family

- OK

Approaches to family communication

- You can’t talk to my family

- Watch me

Approaches to family communication

- You can’t talk to my family

- What should I say when they call?

Approaches to family communication

- You can’t talk to my family
- Let’s talk to them together

Getting to yes

- This is what we do
- Let’s invite them in and see what happens
- Don’t you want their help
- What if I could help you get them to back off
- They’ll find out anyway and won’t it be better if it comes from you

Principles of Family Negotiation

The Art of the Deal – Getting to Yes

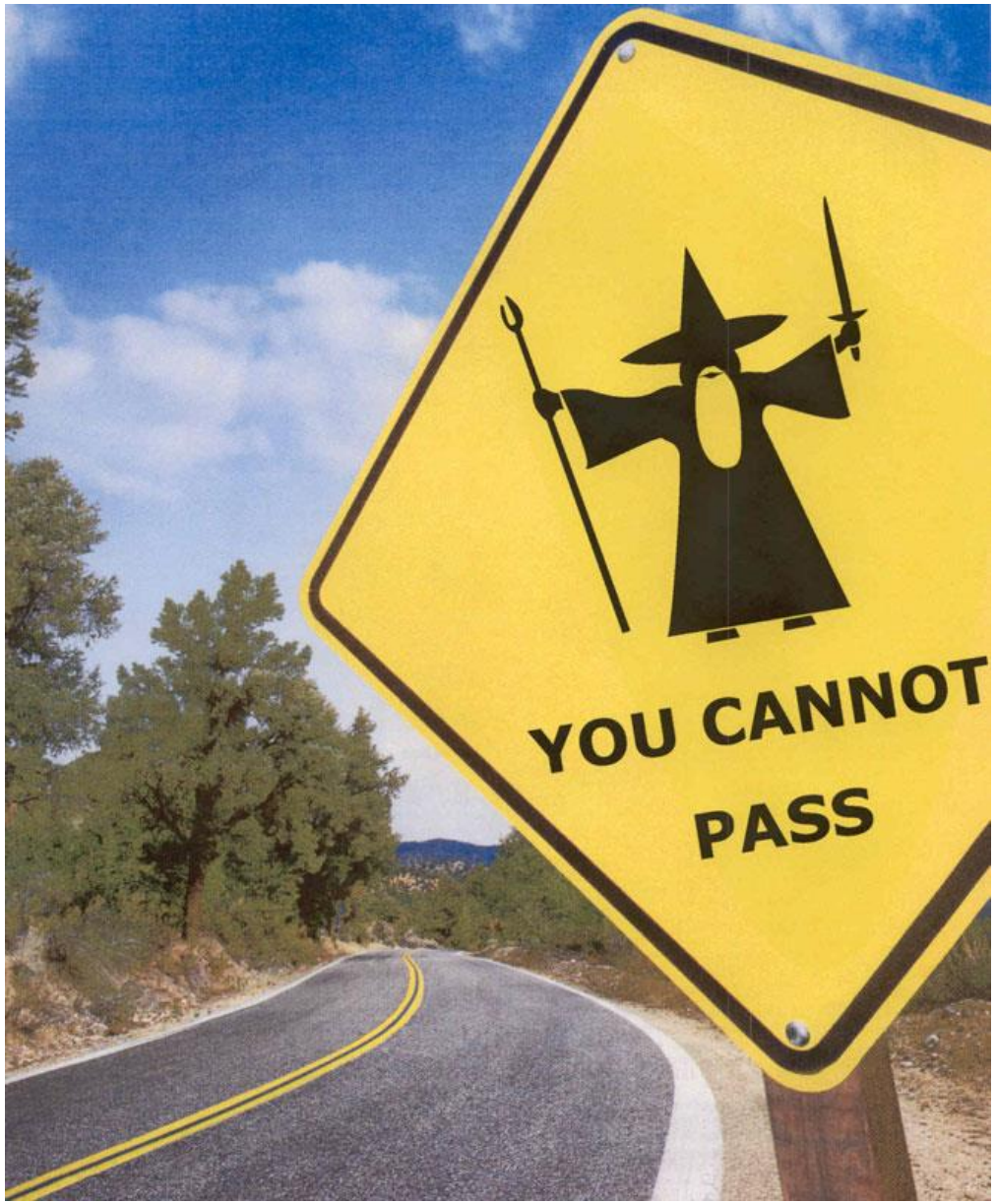
- Pick your battles
- Know your **leverage**
- You gotta give to get
- You have more juice than you realize
- Keep your **eyes on the prize**
- For families: rewards will work better
- For patients: earning family points will be worth your while
- For both:
  - Aren't you tired of battling?
  - How's that working for you?

Families as partners

- Meet with them separately and together
- Explore their knowledge and goals
  - “What does your dad know about your substance use?”
  - “What does your mom know about medications for SUD?”
  - “What do you think about your son’s cannabis use?”
- Advise them about strategies
- Meet with them separately to coach them about rewards, leverage, contingencies, and strategies
- Coaching for families: you can insist on or negotiate for: releases, test results, joint meetings

Example of family engagement treatment interventions

Unrealistic family interventions



Features of youth opioid treatment

- Developmental barriers to treatment engagement
  - Invincibility
  - Immaturity of emotion regulation and inhibitory control (“all gas and no brakes”)
  - Motivation and treatment appeal
  - Less salience of consequences
  - Strong salience of burdens of treatment
- Variable effectiveness of family leverage
- Pushback against sense of parental dependence and restriction
- Prominence of co-morbidity

Community reinforcement approach and family training (CRAFT)

- Working primarily with the concerned significant other (CSO)
- Goals:
  - Move the loved one toward treatment
  - Reduce loved one's substance use
  - Improve the CSO's wellbeing
- Methods
  - Communication skills -- be positive, be brief, refer to specific behaviors, use I statements, offer to help, etc
  - Shape behaviors – be consistent, use healthy natural rewards (more likely to want to kiss you when you're sober….), etc

Meyers, R.J.; Miller, W.R.; Hill, D.E.; Tonigan, J.S. (1999). "Community reinforcement and family training (CRAFT): Engaging unmotivated drug users in treatment". *Journal of Substance Abuse*. **10**: 1–18.

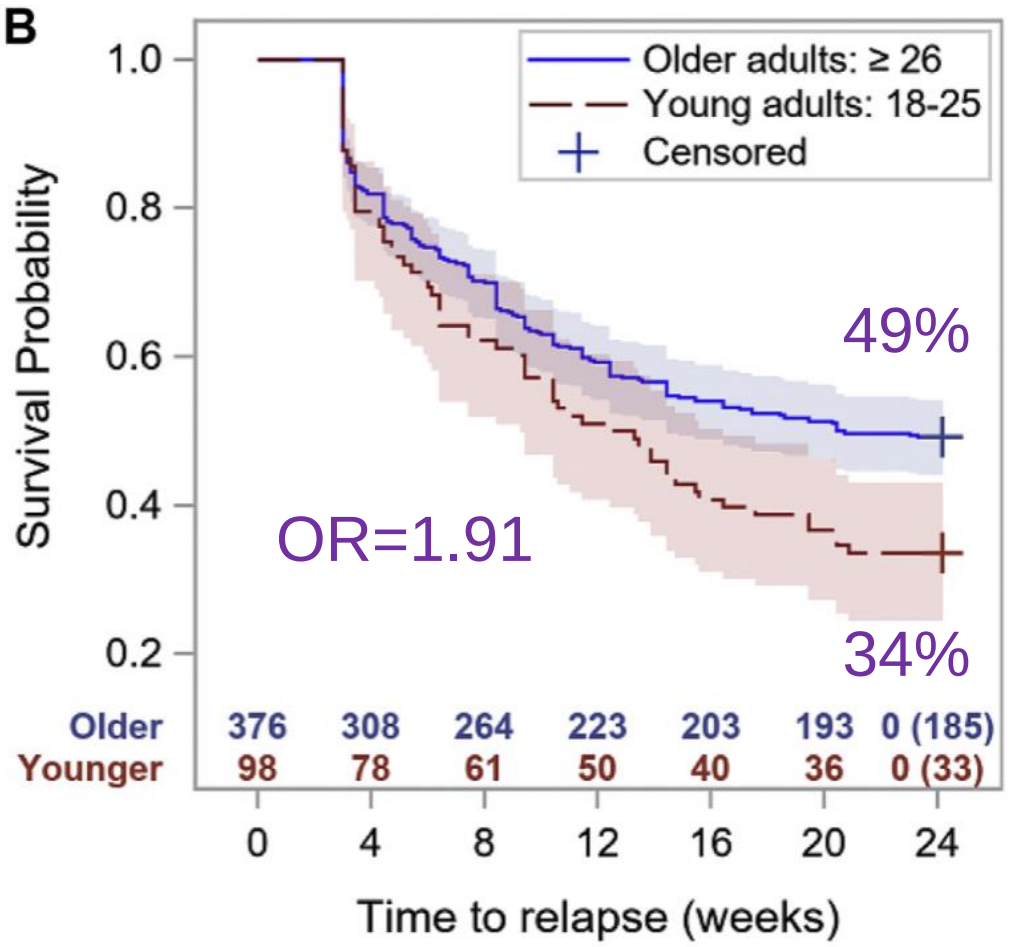
Network therapy

- Use concerned significant other as treatment partner
- CSO role
  - Monitor treatment participation
  - Monitor medication adherence (eg disulfiram, buprenorphine)
- Report to clinician, avoid nagging

Galanter et al., J Substance Abuse Treat, 2004

Youth have worse MOUD outcomes compared to older adults

Relapse-free survival: XBOT secondary analysis



Fishman. *J Adol Health.* 2020.

Example of Family Intervention
Youth Opioid Recovery Support (YORS)

It's logistically challenging to coordinate schedules with family members

I'm not trained in family therapy!

What about autonomy and confidentiality??

Assertive Outreach

+

Family Involvement

+

Medication Home Delivery

+

Incentives for Medication

The family member says they don't want to get involved

Elements of family sessions

Family **psychoeducation** about OUD, medications, and other treatment

Collaborative **treatment agreement** between youth, family member, program

Skill building and improving effectiveness: Communication skills; shaping desired behaviors through operant conditioning; picking your battles

How will family know about and help **support** attendance and treatment progress? How will family help **support** medication adherence?

Crisis management -- What is the back-up or rescue plan if there is trouble?

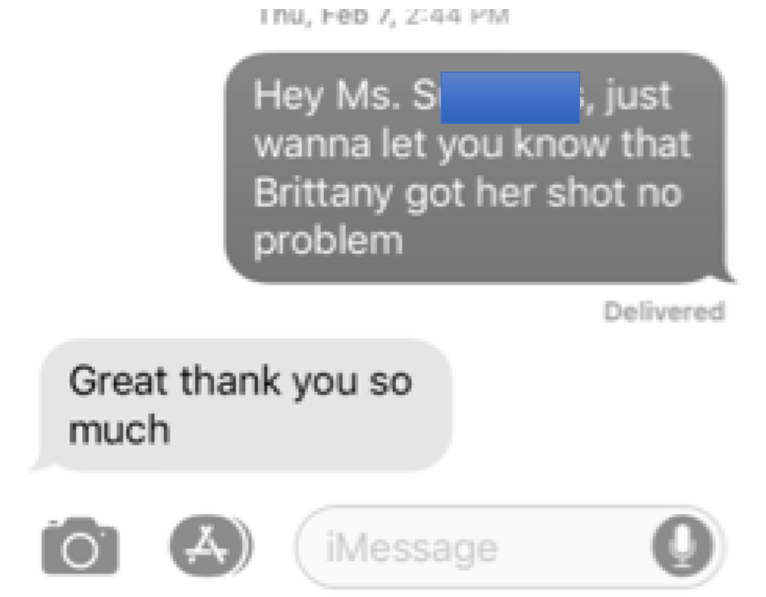
Poster child for family involvement?

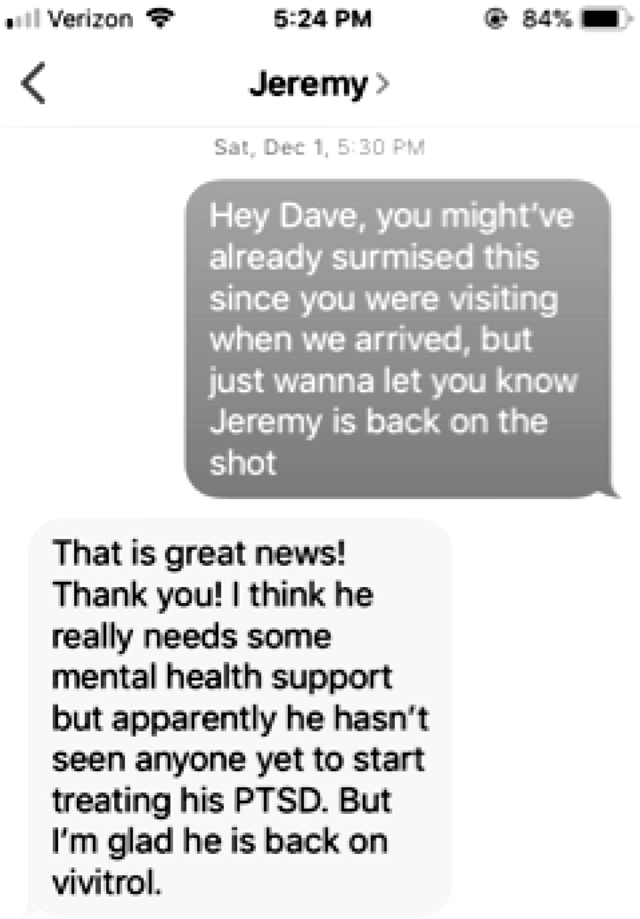
- 23 year old male injecting heroin
- 4 inpatient detox admissions over 1.5 years, each time got first dose of extended release naltrexone but **never came back** for 2nd dose
- Lives with grandmother, team shows up with dose, he says no thank you, she says no not an option, **done deal**, gets 6 doses over 6 months

"As I learned from growing up, you don't mess with your grandmother. "

- Prince William

Engagement – monitoring





Balancing parental and young adult empowerment

- Patient: “Mom, you can’t be in here when I’m getting the shot…”
- Therapist: “Ma’am I think it’s best if we provide her privacy for the injection.”
- Mother: “Are you kidding me? Of course I am. I’m not leaving this room till I see that medicine go in you…”

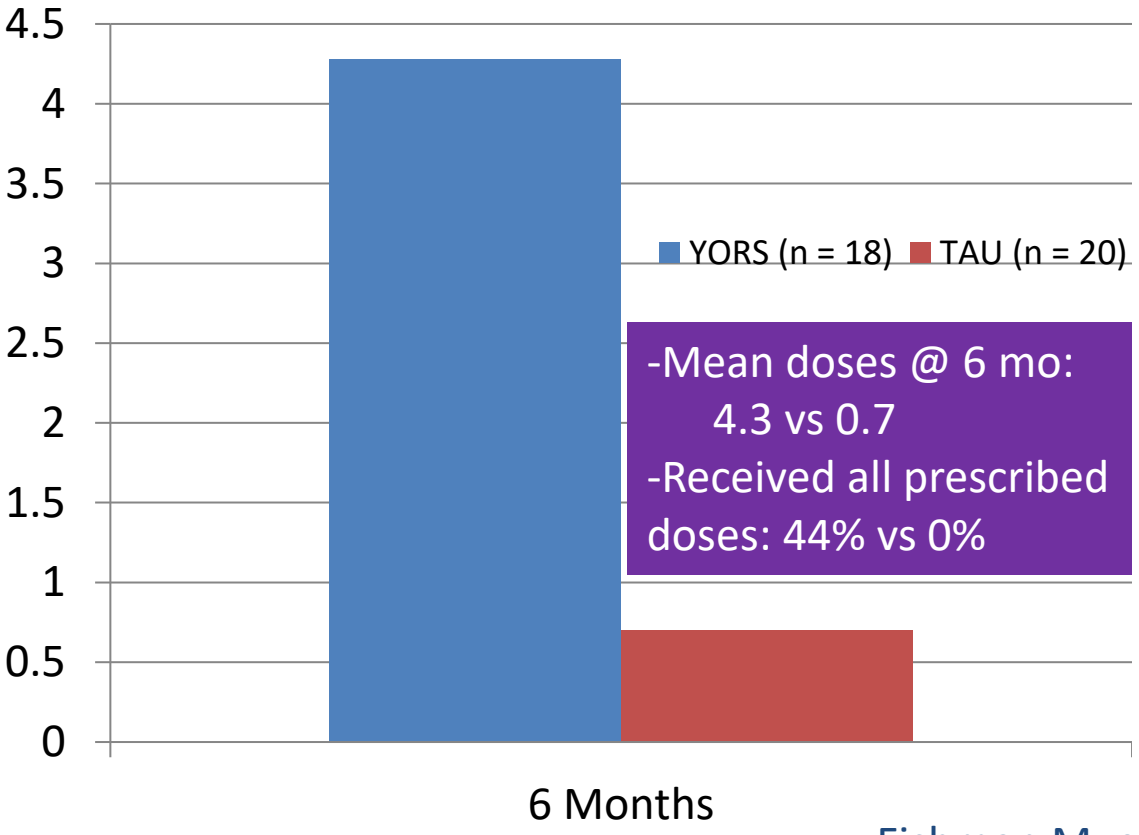
Don’t take no for an answer

Case scenarios

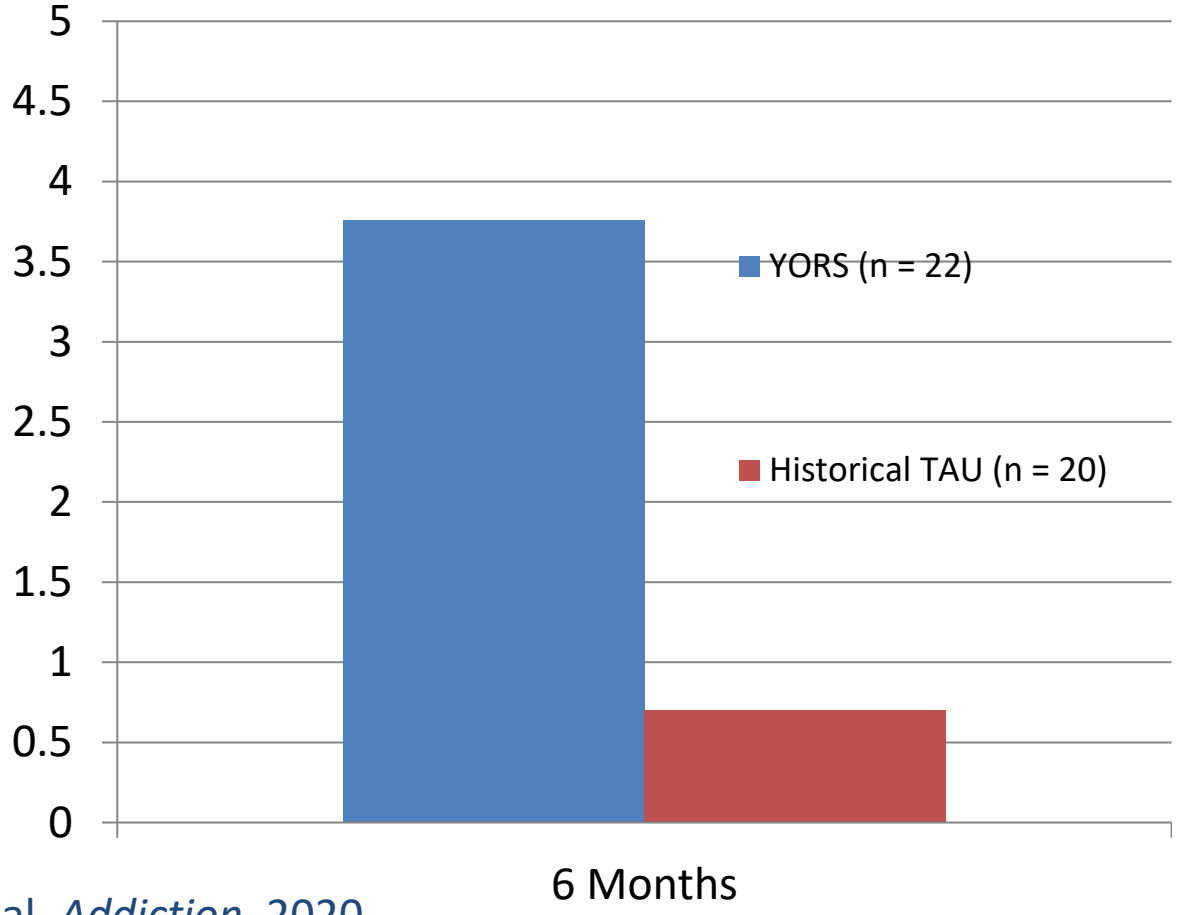
- 23F XR-MOUD but late for dose, living at home. Recent sporadic opioid use. How would you proceed with family communication?
  - Immediately call parents
  - Work with patient to get dose but protect confidentiality
  - Give patient “one more chance” or else will need to call parents
  - Ask patient to call parents together
  - Ask patient to call parents together after dose of XR-MOUD, from a “position of strength”
  - Send group text reminding everyone that dose is past due

Mean outpatient MOUD doses received

Study 1
(XR-NTX only)



Study 2
(patient choice XR-NTX or XR-BUP)



Fishman M, et al. *Addiction*. 2020.
Wenzel K, et al. *JSAT*. 2021.

Examples of what telehealth can add

- 19M in residential treatment for alcohol and cannabis, past troubles with treatment adherence → video session with parent to introduce medication and develop plan
- 20F living at home, attending tele session for SL Buprenorphine, says parents skeptical because MOUD “replacing one addiction for another” → Is Mom at home? Go get her…
- 24M opioid use in relapse, housing unstable (couch surfing and car), family unable to get him to return to treatment, wants to return home but family reluctant → 3-way session to negotiate terms of return home contingent on treatment

Family engagement – Conclusions
A call to action

- Families are a rich and robust source of recovery support
- Family will be around longer than you will
- Requires some flexibility from all involved
- Family engagement can be a big lift, but usually easier than you think, and usually worth it
- We need to work hard to engage families!

Sponsored through the National Institute on Drug Abuse (NIDA) Healing Addiction Long Term (HEAL) program

Do you have a loved one struggling with addiction or substance use? Do you want help to get your loved one into treatment and/or to stay in treatment? Are you tired of the worries, lies, and broken promises?

We can help!

You can improve your quality of life while helping your loved one get better!

Based on the evidence-based Community Reinforcement and Family Training (CRAFT) model, we can provide the guidance and tools you need to help your loved one to achieve healthier results. Learn about effective communication skills, how to increase your loved one's motivation, and even how to access resources to support their recovery.

Your loved one might be an adolescent, young adult, adult child, a partner, or parent. This approach provides help for you with the goal of helping your loved one but does not require that they participate. Services can be in-person or remote by telehealth. Medicaid and most commercial insurance accepted.

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Questions?
Discussion?

Therapeutic optimism remains one of our best tools!

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