

MAT TRAINING

PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

Involving the Family in Treatment for Substance Use

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Sarah Bagley MD, Disclosures

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System Requirements

- In order to complete this online module you will need Adobe Reader. To install for free click the link below:
 - <http://get.adobe.com/reader/>

Target Audience

- The overarching goal of PCSS-MAT is to make available the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, and pain management settings.

Educational Objectives

- At the conclusion of this activity participants should be able to:
 - Describe the adverse consequences of substance use on families
 - Identify coping mechanism that families may use to manage addiction
 - Identify at least three ways that providers can provide support to a family member affected by addiction

Definition

- Loved one: the family member who is using substances
- AFM: affected family member

Addiction is a Family Disease

- Addiction is a chronic illness (McLellan, 2001)
- Similar to other chronic illnesses, family members may also be affected
- Even when loved one is in recovery, relapse is always a possibility; this is stressful for families
- Strategies exist to support family members regardless of loved ones disease status

Case

- 52 year old mother calls your practice trying to find out options for her son
- Her son is 23 years old and has injected heroin for the last 2 years
- He has been in and out of detoxification programs; longest time in recovery is about 2 months
- You perceive that she is stressed and ask what she has been doing to take care of herself while caring for her son.

What is the impact of substance use on families?

- Prior research has shown that alcohol and substance use leads to increased costs and health consequences for family members.
- Most studies do not specify the impact of specific substances such as opioids.

Examples of Adverse Consequences of Substance Use on Families

- Individuals who had a family member treated for alcohol or drug use have higher medical costs in the pretreatment year that resolved with abstinence. (Ray et al, 2007)
- Individuals with a family members with addiction present more often with mental disorders, digestive system problems, injuries, and poorly defined conditions. (Svenson et al, 2005)

Adverse Consequences of Alcohol Use on Families

- The adverse consequences of alcohol use disorders on family members has been well documented.
- **Spouses and Partners** of individuals with alcohol use disorders have been found to be at increased risk of violence, depressive symptoms, stress, and medical illness. (Dawson et al 2007)
- **Children** of individuals with alcohol use disorders have been found to be more likely to develop alcohol use disorders in addition to other behavioral and cognitive disorders. (Serec et al 2012)

Coping Mechanisms

Family members may use some of the following defense mechanisms:

MECHANISM	DEFINITION
Classic Denial	Simply denying that there is any issue
Minimization	Not admitting the significance of the problem
Projection	Blaming others for the addiction or associated problems
Rationalization	Making excuses for the loved one to explain continued use

Case

- The mother tells you that she is consumed with trying to get her son into treatment.
- Every time the phone rings, she worries it will be with the news that her son has overdosed and died.
- She has not been attending to her chronic medical conditions and has wondered if she should be in therapy.
- Because of the stigma of opioid use and addiction in her community, she has become increasingly isolated from her friends.

What can you offer her that would benefit her and as well as her son?

What is the provider's role?

- Health care providers can play a valuable role in supporting family members.
- Degree of involvement will depend on if family member is your patient or the loved one's willingness to involve the family.
- Health care providers can be familiar with local resources and supports for families.

What is the provider's role?

- No clear guidelines or evidence to recommend regular screening.
- Clinically, it would make sense to screen if a patient has recurrent symptoms that have not been diagnosed despite a full evaluation.
- Currently, there is no universally accepted screening tool

What is the provider's role?

- Once identified, providers can flag and address consequences of addiction for the family member. They can provide psychoeducation about addiction in addition to providing referrals for treatment.
- Providers can help the family understand what their loved one may like about using substances to help put into context why it is so difficult to stop.
- Although not always possible, providers can help the family member motivate their loved one to enter treatment.

Principles of Addiction Medicine, 4th ed.

What is the provider's role?

- As a response to the strain of caring for a loved one, what has been called a codependent relationship with enabling behaviors can emerge.
- In a *codependent* relationship, the person without addiction is thought to help maintain the addiction through his or her *enabling* behaviors.
- Although these are frequently used terms, they can be considered a way of pathologizing a response to stress and the provider should be careful not to blame the family member for the substance use.

What is the provider's role?

- Examples of enabling behaviors
 - can include calling in sick for the loved one, making excuses in public, not confronting the use, or cleaning up after the loved one.
- Providers can help family members identify these behaviors and then work together to modify them.
- For example, role playing how the next time her son cannot go to work because of heroin use the mother will not call in sick for him.

What is the provider's role?

- Providers can refer to family-oriented treatment. Much family-oriented treatment is evidence based and has consistently been shown to lead to beneficial treatment outcomes for the loved one.
- Importantly, the provider can refer the family member to the treatment that they need- this may be separate from treatment involving their loved one.

Principles of Addiction Medicine, 4th ed.

Interventions to Support Family Members

- Many interventions and strategies exist to support families affected by addiction.
- Some are focused on engaging the person using substances in treatment and others focus on supporting the family.

Strategies Focused on the Family

- Many strategies exist that focus on supporting families affected by addiction whose loved ones may not be in treatment yet.
- The following is not an exhaustive list but provides information on well-known strategies.
 - Community Reinforcement Approach and Family Training (CRAFT)
 - Overdose Education and Naloxone Rescue Kits
 - Al-Anon or other mutual support groups

CRAFT

- Therapists trained in the CRAFT methods help the family member to engage the individual who is resisting treatment.
- This is done by helping the family member learn how to modify their environment to reward behaviors that promote sobriety and withhold rewards when the individual is using drugs or alcohol.
- CRAFT also involved teaching the family member about positive communication skills. The family member will also learn about the difference between enabling alcohol/drug use and reinforcing sober behavior.
- **Importantly**, the therapist will support the member in taking care of him or herself during this process whether their loved one enters treatment or not.

(Meyers, 2003)

Overdose Education and Naloxone Prescribing

- Family members are receptive to receiving overdose education and naloxone (Strang et al,2008)
- They have been shown to retain knowledge and competency after being trained (Williams et al, 2015)
- Overdose education and receipt of naloxone rescue kits increases confidence and security of family members (Bagley et al, 2015)
- If available, overdose education and prescriptions for naloxone should be provided for family members

Nar-Anon or Al-Anon

- Nar-Anon is a non professional mutual support group for families affected by addiction.
- It is based on a 12-step tradition similar to Alcoholics Anonymous or Narcotics Anonymous.
- There is overlap between Al-Anon and Nar-Anon and Al-Anon may be more accessible in some communities.
- Family members should be encouraged to try different meeting types and locations to find the right fit.

Other support groups

- As a result of the increase in opioid use and opioid related deaths, many support groups for parents and families have arisen locally in communities.
- It may be helpful for providers to become familiar with the support groups in their own communities. This can include simply identifying a group and a meeting schedule or attending a meeting as a guest.*

*More information can be found on the resources slide at the end of the module.

Family-Oriented Treatment

- Various family oriented treatment options exist and referral may be based on availability in a certain area.
- Two examples of evidence based treatments that have been shown effective in randomized controlled trials are
 - Behavioral Couples Therapy
 - Multidimensional Family Therapy
 - Network Therapy

Principles of Addiction Medicine, 4th ed.

Multidimensional Family Therapy

- Designed for families with an adolescent with addiction
- Manual driven therapy addressing 4 social domains: (1) the youth's interpersonal functioning with parents and peers, (2) the parents' parenting practices and level of adult functioning independent of their parenting role, (3) parent-adolescent interactions in therapy sessions, and (4) communication between family members and key social systems (e.g., school, child welfare, mental health, juvenile justice).

(Liddle et al, 2001)

Behavioral Couples Therapy

- Designed for married or cohabitating couples.
- Purpose to build toward recovery and improve the relationship.
- Can complement other components of treatment such as 12-step or other self help groups, medications, or individual or group therapy.
- Evidence based and shown to increase abstinence and improve relationship functioning.

(O'Farrell and Schein, 2000)

Network Therapy

- Office based treatment that engages family and friends to help stabilize the treatment plan for the loved one in addition to individual therapy
- Combines elements of Community Reinforcement and Behavioral Marital Therapy
- Can be used in combination with referral to a mutual help group or medication
- Has been studied in populations treated with buprenorphine and shown to decrease opioid use (Galanter et al, 2004)

Confidentiality

- Information about assessment, diagnosis and treatment can only be disclosed with written release from the patient in care.
- Since family involvement can improve outcomes, when beginning treatment, it is helpful to encourage patients to sign a release to allow designated communication with certain family members.
- Can assure patient that all details do not have to be shared, can share information such as diagnosis and treatment plan without revealing details of use.
- For patients who are less than 18 years of age, laws vary by state but often minors are protected. However, because they are often covered by parental insurance, it can be difficult to assure confidentiality.

What is important to consider when a family loses a loved one?

- Opioid related overdoses are increasing and it is possible that some family members will have lost a loved one to an overdose.
- Some communities have specific support groups to address the needs and grief of families.
- There are also online communities that support grieving family members.

Violence

- When working with family members, a safety assessment should always be done to determine risk for violence.
- If there is risk of violence, develop a safety plan with the family member that can include a location to go if in danger, a list of domestic violence organizations, a crisis hotline number, and determination of a friend or family member who can be trusted.

Case

- You decide to present several options to the mother as well as educate her about medication-assisted treatment and how her involvement can help improve outcomes for her son.
- You refer her to a local CRAFT therapist with the goal of motivating her son to enter treatment as well as improve her quality of life.
- You tell her about a local support group for parents affected by addiction and give her the web address and meeting schedule.
- You tell her about overdose prevention and offer a naloxone rescue kit.
- Ask if you can call back later in the week to see how things are going.

Summary

- Addiction is a family disease.
- Substance use has adverse effects on family members including poorer health and increased medical costs.
- Treating individuals with substance use disorders improves medical costs for their family members.

Summary

- Health care providers can play an important role in caring for the family affected by addiction by screening, providing referrals for family-oriented treatment and referrals for the treatment of the family member.
- All family members of individuals with opioid use disorders should be offered overdose education and a naloxone prescription if available.
- Health care providers should be familiar with how to manage issues specific to family involvement such parents of adolescents using opioids and confidentiality.

References

- Bagley S, Peterson J, Cheng DM, Jose C, O'Connor PG, and Walley AY. Overdose Education and Naloxone Rescue Kits for Family Members of Opioid Users: Characteristics, motivations and naloxone use. *Subst Abus*. Epub. 2015 Jan 7:0
- Dawson DA, Grant BF, Chou SP, Stinson FS. The impact of partner alcohol problems on women's physical and mental health. *J Stud Alcohol Drugs*. 2007 Jan;68(1):66-75.
- Frank SH et al. Use of the Family CAGE in screening for alcohol problems in primary care. *Arch Fam Med*. 1992 Nov;1(2):209-16
- Galanter M, Dermatis H, Glickman L, Maslansky R, Sellers MB, Neumann E, Rahman-Dujarric C. .Network therapy: Decreased secondary opioid use during buprenorphine maintenance. *Journal of Substance Abuse Treatment* 26 (2004) 313 – 318
- Johnson JL, Leff M. Children of substance abusers: overview of research findings. *Pediatrics*. 1999 May;103(5 Pt 2):1085-99.
- Liddle, H. A., Dakof, G. A., Parker, K., Diamond, G. S., Barrett, K., & Tejeda, M. (2001). Multidimensional family therapy for adolescent drug abuse: Results of a randomized clinical trial. *American Journal of Drug and Alcohol Abuse*, 27(4), 651-688
- Liepman MR et al. Family Involvement in Addiction, Treatment and Recovery. *Principles of Addiction Medicine*. 4th edition. Eds: Ries RK, Fiellin DA, Miller SC and Saitz R.
- McLellan AT, Lewis DC, O'Brien CP, and Kleber HD. Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *JAMA* 284(13):1689-1695, 2000

References

- Meyers RJ, Smith JE, Lash DN. The Community Reinforcement Approach. *Recent Dev Alcohol.* 2003;16:183-95.
- Ray GT et al. The Excess Costs and Health Problems of Family Members of Persons Diagnosed with Alcohol or Drug Problems. *Medical Care.* 2007 Feb;45(2):116-122
- SAMHSA's National Registry of Evidence-Based Programs and Practices.
<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=16>
- Serec M, Svab I, Kolšek M, Svab V, Moesgen D, Klein M. Health-related lifestyle, physical and mental health in children of alcoholic parents. *Drug Alcohol Rev.* 2012 Nov;31(7):861-70
- Strang J, Manning V, Mayet S, et al. Family carers and the prevention of heroin overdose deaths: Unmet training need and overlooked intervention opportunity of resuscitation training and supply of naloxone. *Drugs: Education, Prevention, and Policy.* 2008;15(2):211-218.
- Svenson LW et al. Individuals with a chemical-dependent family member. Does their health care use increase? *Canadian Family Physician.* 1995 Vol 41:1488-91
- Timothy J. O'Farrell and Abigail Z. Schein. Behavioral Couples Therapy for Alcoholism and Drug Abuse. *J Subst Abuse Treat.* 2000 Jan; 18(1): 51–54.
- Weisner C et al. Individuals Receiving Addiction Treatment: Are Medical Costs of their Family Members Reduced? *Addiction.* 2010 July;105(7):1226-1234
- Williams AV, Marsden J, Strang J. Training family members to manage heroin overdose and administer naloxone: randomized trial of effects on knowledge and attitudes. *Addiction.* Feb 2014;109(2):250-259

Resources

General Information for families

<http://www.compassionatefriends.org/home.aspx>

www.drugfree.org

<http://www.drugabuse.gov/patients-families>

www.Learntocope.org

Overdose Education

www.prescribetoprevent.org

Mutual Support Groups

<http://www.A1-anon.org>

<http://www.nar-anon.org/>

Professional Support

<http://www.smartrecovery.org/resources/family.htm>

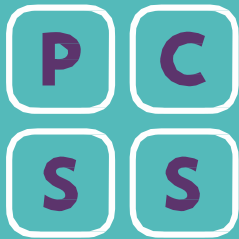
<https://findtreatment.samhsa.gov/>

PCSS-MAT Mentoring Program

- PCSS-MAT Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.
- PCSS-MAT Mentors comprise a national network of trained providers with expertise in **medication-assisted treatment, addictions and clinical education**.
- Our 3-tiered mentoring approach allows every mentor/mentee relationship to be unique and catered to the specific needs of both parties.
- The mentoring program is available, at no cost to providers.

For more information on requesting or becoming a mentor visit:

pcssmat.org/mentoring



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PCSSMAT is a collaborative effort led by American Academy of Addiction Psychiatry (AAAP) in partnership with: American Osteopathic Academy of Addiction Medicine (AOAAM), American Psychiatric Association (APA) and American Society of Addiction Medicine (ASAM).

For More Information: www.pcssmat.org



Twitter: [@PCSSProjects](https://twitter.com/PCSSProjects)

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