

Supporting Families dealing with Substance Use Disorder

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Opioid
Response
Network
STR-TA

Working with communities to address the opioid crisis.

- ✧ SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the *Opioid Response Network* to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis .
- ✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

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Working with communities to address the opioid crisis.

- ✧ The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- ✧ The ORN accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Contact the Opioid Response Network

✧ To ask questions or submit a request for technical assistance:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900



Introduction

Goal of this training:

To provide an overview of the impact of substance use disorders on families and effective practices for use with families who are impacted by substance use or opioid use disorders.

We will focus on:

- ✧ Evidence-based prevention programs designed to support families impacted by substance use disorder
- ✧ Underlying philosophy and foundations of effective SUD prevention and recovery programs
- ✧ Utilizing peer supports in family recovery



Audience Poll

- ✧ Are you aware of any prevention programs in your community?
- ✧ If you answered yes, on a scale of 1-10, how effective do you think those programs are?





Designing Effective Prevention Programs for Family Supports

Center for Substance Abuse Prevention (CSAP) Definition of Prevention

“Prevention is a proactive process. It empowers individuals, and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.” - William Lofquist



What does Prevention do?

Prevention focuses on decreasing Risk Factors and increasing Protective Factors.



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Risk and Protective Factors

What are Risk Factors? Conditions or situations that increase the likelihood that an individual will develop one or more health and/or behavior problems in adolescence.

What are Protective Factors? Conditions or situations which decrease the likelihood of future behavior problems.

Where are they found? In four domains: Community, School, Family, Peer/individual



Examples of Risk Factors and Protective Factors

RISK FACTORS

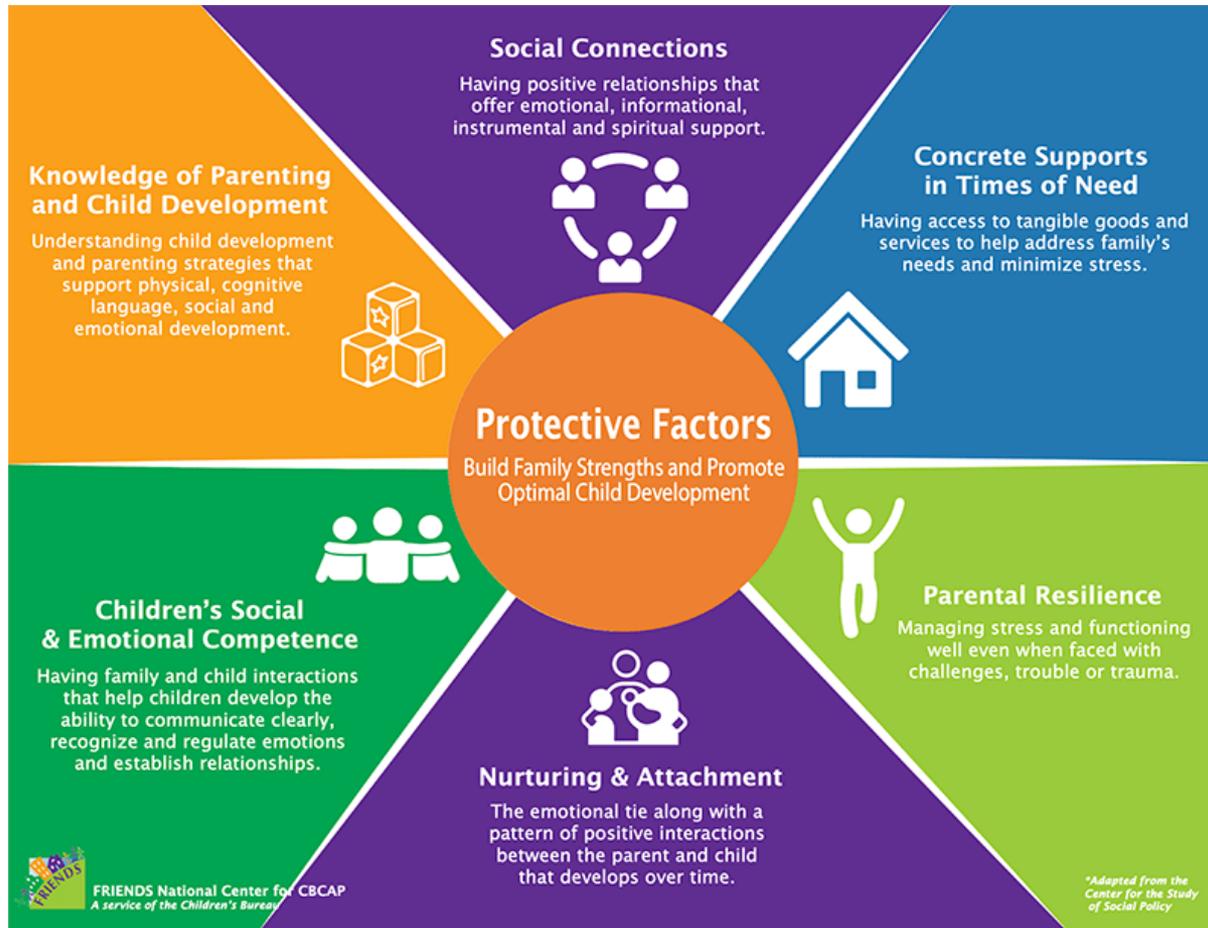
- Adverse childhood experiences
- Aggressive behavior in childhood
- Lack of parental supervision
- Poor social skills
- Drug experimentation
- Availability of drugs at school
- Community poverty

PROTECTIVE FACTORS

- Safe and nurturing relationships and environments
- Strong social and emotional skills
- Parental monitoring and support
- Positive relationships
- Bonding to school
- School anti-drug policies
- Neighborhood resources



Building Protective Factors in Families



Designing Effective Prevention Programs for Families

- ✧ Clear goals and objectives
- ✧ Theory driven and research based
- ✧ Sufficient dosage and intensity
- ✧ Comprehensive
- ✧ Use active learning techniques
- ✧ Developmentally Appropriate
- ✧ Recognize readiness for Change
- ✧ Socio-culturally Relevant
- ✧ Foster Good Relationships
- ✧ Delivered by well-trained, qualified, committed staff
- ✧ Right evaluation methods and tools
- ✧ Well documented/ implemented with fidelity



Setting Clear Goals

Clear and realistic goals that are aligned with those of the participants



Pitfalls to avoid

Vague or loose goals that have no “bar” for success

Goals being based solely on funder’s requirements versus participants’ needs

Lack of true understanding of participant’s needs and strengths (can result in goals that are not attainable or are irrelevant)



Following the Evidence



What does theory driven and research based mean?

- ✧ Effective programs look at what the evidence says are the most closely related risk and protective factors for the behavior or outcome they are trying to “prevent”.
- ✧ Effective programs then target those specific risk factors and seek to build specific protective factors.
- ✧ Effective programs can show a clear and logical correlation between the program’s design and the intended goals.



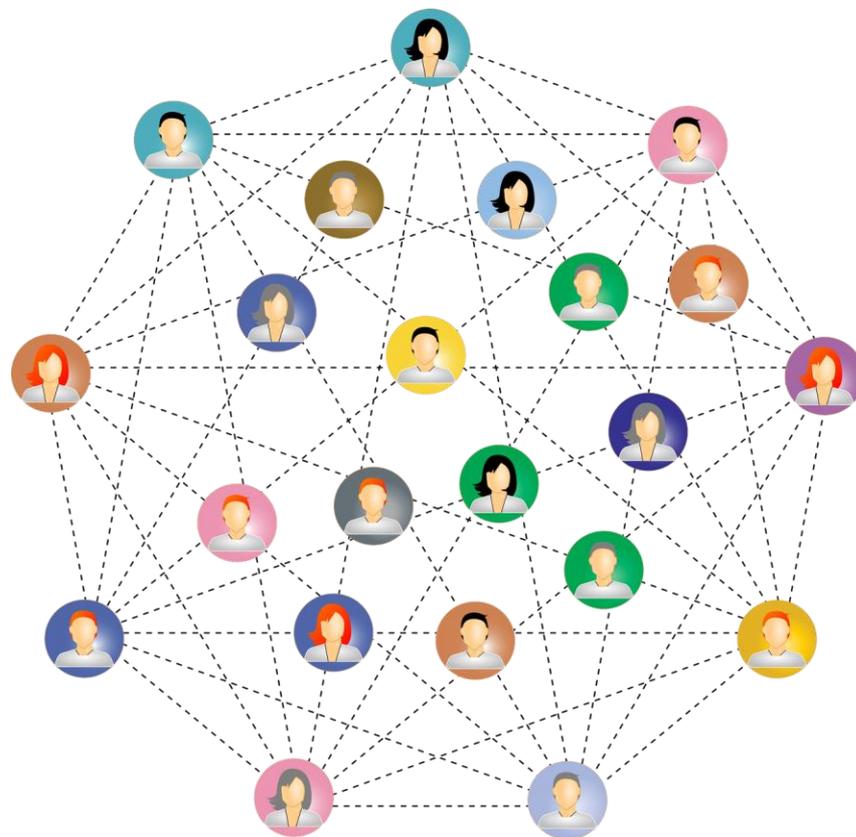
Sufficient Dosage & Intensity

- ✧ Dosage or Intensity refers to “how much” of a program or intervention is needed for it to have a lasting, positive impact.
- ✧ Generally, the severe or the greater the risk factors that the program is designed to reduce, the greater the dosage or intensity needed to achieve the desired outcome. Example: Families with younger children with fewer environmental risk factors may need a lower dosage of prevention to achieve determent; whereas families with adolescents who have already been exposed to illicit substances and have higher risk factors may need a higher dosage to achieve determent.



Comprehensive

- ✧ Effective programs recognize that families exist within a variety of environments (schools, home, peers, extended family, workplaces, community connections, and neighborhoods) and design interventions that target more than one setting.
- ✧ Example: A program that includes both a school based component and a component focused on strengthening family togetherness.



Active Learning

- ✧ Effective programs recognize that people learn best when they are actively engaged.
- ✧ Effective programs use interactive techniques that allow participants to practice skills, such as role playing or trying a new skill out and reporting back to the group on its effectiveness.



Developmentally Appropriate

- ✧ Tailoring a program to be developmentally appropriate will ensure it is:
 - More appealing to parents or stakeholders
 - More effective
- ✧ Consider the developmental stage of the child and the importance and influence of peers when focusing on adolescents.
- ✧ Programs designed to serve a broad range of families should consider targeted interventions aimed at different age or developmental groups.



Readiness for Change

Factors indicating “readiness”:

- ✧ Developmental milestone (transition to middle school or high school)
- ✧ Family status change (divorce, marriage, birth of a child)
- ✧ Significant negative life event (arrest, expulsion, suspension, death of a loved one)

Effective programs reach people at the exact point that they are most ready to engage and use the information presented.



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Socio-culturally Relevant

A program that is tailored to a family's own cultural practices increases the likelihood of involvement, retention, and sometimes its effectiveness.

Considerations:

Racial/ Ethnic
background

Socio-economic
status

Urban/ Rural/
Suburban
community

Religious
affiliation

Educational
attainment

Recent
immigration
status or
acculturation



Foster Good Relationships

- ✧ Effective programs and positive behavior change occur in environments where people feel safe, accepted, and understood.
- ✧ Allow for time for participants to develop relationships and trust.
- ✧ Ensure the program is designed to encourage good relationships within family groups, within peer groups (ex. parent to parent and child to child) and within the intended audience broadly.



Staff Competence

- ✧ One of the most critical components of whether a program will be effective is tied to the competence of the person who is delivering the program.
- ✧ To foster high staff competence:
 - Provide training
 - Providing support and supervision
 - Ensure staff know how to establish rapport, gain trust, and relate well to others
 - Ensure staff know how to deliver content without judgment
 - Encourage staff retention (try not to switch staff midway through the program)



Evaluating the Program

- ✧ Identify your measurement tool before the program starts
- ✧ Measure at the beginning to set a baseline
- ✧ Measure throughout the program to determine whether the program is having its desired effect
- ✧ Measure at the end to determine whether success has been achieved
- ✧ If success has not been achieved, ask “why” and retool—keep going!
- ✧ Consider a follow-up measure after the program ended to measure its long-term effectiveness.



Documentation and Fidelity

- ✧ It is impossible to build a consistent program with consistent effective results if every staff person delivers it differently or doesn't follow the same model.
- ✧ Be clear from the beginning what the program model is. What is the curriculum, the activities, the measures, the method of delivery, the length, the setting, the number of sessions, etc.
- ✧ Have staff record this information so that it can be compared and tracked or corrected and improved.



Resources for building your prevention model

- ✧ SAMHSA's evidence based practices registry
<https://www.samhsa.gov/ebp-resource-center>
- ✧ Office of Juvenile Justice Delinquency Prevention
Model Programs Guide
<https://www.ojjdp.gov/mpg/>
- ✧ Coalition for Evidence-Based Policy, Social Programs That Work
<http://www.childtrends.org/what-works/>



Take a Break!



Audience Poll

Are there any recovery programs in your community that are aimed at supporting families of individuals impacted by SUD?



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Foundations of Effective SUD Family Prevention and Recovery Programs

The core foundations

- The Recovery Model
- Cultural Humility
- Trauma-Informed
- Grief-Informed
- Person & Family-Centered
- Strengths-Based



Recovery Model

Focus is on each individual's capacity to build resilience and rely on their own self-identify as the foundation for their own path to recovery.

Focus is on the strengths, resources, and control that an individual *does* have, versus on the deficits, symptoms and needs.

Focus is on moving forward, constantly setting new goals, and actively participating in relationships and activities that support one's own path to recovery.



Cultural Humility



There is no expectation that you will know everything about every culture and always know with 100% certainty how your actions or language may be experienced by another person.



There is no expectation that you will never make a mistake.



There IS an expectation that you will constantly engage in self-reflection and lifelong learning about how one's experiences, beliefs, and cultural lens shape identify.



Cultural humility entails asking questions respectfully and being willing to learn from people.



Cultural Humility

- ✧ Culture is highly personal.
- ✧ Individuals who “look” the same or appear to belong to the same social, ethnic, religious, gender identify, etc. groups do not necessarily share the same experiences, beliefs or perspectives. Do not assume to know the “culture” of another person.
- ✧ Cultural humility means recognizing and appreciating each other’s cultural differences and being mindful of not imposing your own culture OR even the culture you *assume* a person embraces on another individual.



Cultural Humility

What does this look like?

- ✧ Respect people's choices.
- ✧ Think about the signs in your office, and the media resources, handouts, websites you use with people you serve and whether they reflect cultural humility.
- ✧ Intervene if you see someone engaging in insensitive or discriminatory behavior.
- ✧ Ask people you serve about their family structure and who their primary sources of support are. Don't make assumptions about their family structure or roles.
- ✧ Avoid making assumptions about people's intellectual abilities based on their communication style or method.
- ✧ If people you serve speak more than one language, try to offer support in their preferred language (written materials, bilingual staff, translators, etc.).



What do we mean by trauma-informed?

First, understanding what trauma is:

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

Trauma- Informed

An approach to providing supports that:

- Realizes the widespread impact of trauma and potential paths for overcoming trauma
- Recognizes the signs and symptoms of trauma in the people being served, their family members, and service providers
- Responds by integrating knowledge about trauma into its practices, procedures, and policies
- Resists re-traumatization in the care it provides



Trauma- Informed

This is not “treatment” for trauma.

This is awareness, understanding, and adjusting your supports to take into account the trauma that a person or family may have experienced.

Trauma-Informed Supports

1. Seek to ensure the person or family you are serving feels physically and psychologically safe with you.
2. Be trustworthy and transparent regarding your supports and the organization you work with.
3. Use your own experiences as a peer provider to establish trust (more on this later).
4. Make sure your supports are collaborative and based on mutual agreement—not dictated by the provider.
5. Create opportunities for empowerment, voice and choice in the supports you provide.
6. Be mindful of cultural, historical, and gender issues that could “re-trigger” experiences of trauma in the person or family you are serving.



Grief- Informed Care

Grief is personal. No two people grieve exactly the same way.

There is not a “right” way to grieve. Some people may benefit from grief support groups. Some may not. That’s alright.

Often, guilt and regret are a part of grief.

Grief associated with losing a loved one to addiction can be especially complicated because of the stigma associated with addiction.

Grief associated with death due to addiction may include feelings of betrayal, anger, and blame.

People may experience grief and loss of their loved one—even if their loved one is still alive; but, is alienated from them due to the addiction.

Person or Family-Centered

1. The person or family is actively involved in and leading the way in identifying their own path forward. They have control over the amount, duration, and scope of support they need. They have control over who their providers are.
2. The support and care provided to one person or family is individualized and will differ from one family to the next. Each individual or family is seen as unique in their experiences and situations.





Strengths- Based

- ✧ Strengths-based care builds on the concepts already discussed to emphasize that resiliency and healing for each individual or family is based on their ability to identify their strengths (as an individual or family) and use those to find a path forward.
- ✧ Emphasis is on strengths, resources, and supports that the individual or family has and not on deficits.



Pulling it all Together

- ✧ Respect & thoughtfulness
- ✧ Ask questions, don't make assumptions
- ✧ Kindness & compassion
- ✧ See the strengths and help others see their own strengths
- ✧ Focus on building resiliency through strengthening relationships
- ✧ Recognize that although two people may have a similar experience in life, that doesn't mean that they emotionally, psychologically or even physically experienced it the *same* way
- ✧ Validate people's feelings and experiences



Important Considerations in SUD Family Peer Support Programs

Peer Support

- ✧ Peer Support has been shown to be an effective method of providing care and support both to individuals with Substance Use Disorders and to their families.
- ✧ However, in order to be effective, there are some important practices and components that have to be incorporated into the delivery of peer supports.





Providing Excellent Care & Support

In order to ensure effective care and support are provided, there are guidelines that help ensure the safety and quality of care:

1. Boundaries
2. Ethical Considerations
3. Using Self-disclosure
4. Supervision & Oversight

Boundaries

Setting appropriate boundaries applies to both:

- The dynamics of the relationship between the individual providing support and the individual or family receiving support
- The times and ways the provider of support is available to provide support



Boundaries

Clear lines not to cross:

- ✧ Lending money
- ✧ Borrowing or accepting money
- ✧ Seeking or engaging in a sexual/romantic relationship
- ✧ Acting as the individual or family's therapist



Boundaries

- ✧ There may be “gray areas”, that require context and are perfectly appropriate in some scenarios and inappropriate in others:
 - Giving or accepting a gift (this may or may not be appropriate, ex.— a person you are supporting bakes you cookies is different from a person you are supporting gives you a car).
 - Giving a hug
 - Sharing personal information about your own life (more information on this later)



Boundaries

- ✧ It's also important to think about boundaries with regard to days, times, and methods of communication.
- ✧ Again, there is no “right” or “wrong” way; but, it is important for the provider to be clear on what is healthy for them and how they will communicate those boundaries to the people they support.
- ✧ Failing to think about these factors ahead of time and set and communicate healthy boundaries can contribute to burnout and compassion fatigue.



**Ethical
Considerations**

Confidentiality & Privacy

Informed Consent

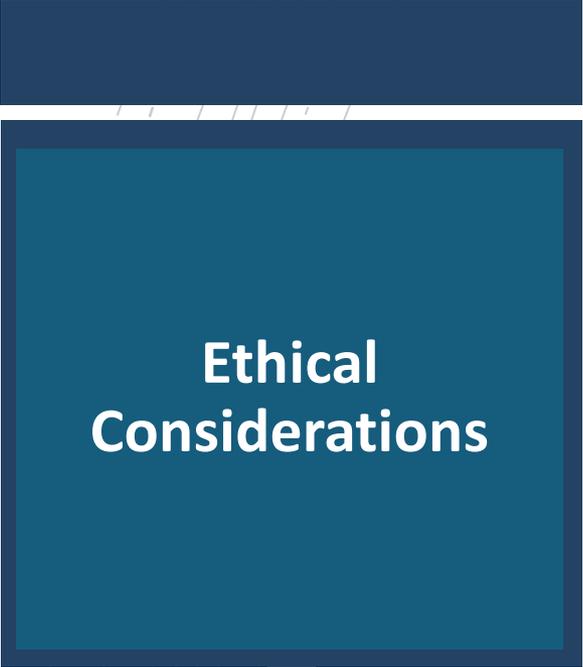
Competence

Continuity of Service

Ethical Considerations

- ✧ Privacy & Confidentiality
 - In order to build trust and deliver effective support, the people you are serving need to know they can trust you not to disclose what they share with others.
 - However, it is also important that you and they realize that there is a limit to confidentiality and privacy. That limit is safety. If it is disclosed to you that someone's life or safety is in danger, you may be required to break confidentiality to act in the interest of safety.





Ethical Considerations

- ✧ **Informed Consent**
 - When an individual or family is identified as someone who would potentially benefit from family recovery supports, it is important to ensure that they understand what this support “is”, what it is “not” (i.e. therapy) and who the people are who will be providing the supports (i.e. peers).
 - With this information, individuals should actively consent to participating or receiving this support and understand how they can end their participation, if desired.

Ethical Considerations

✧ Competence

- Given that the majority of peer providers do not have formal education or degrees related to behavioral health, it is important that peer providers are actively engaged in training and personal development to ensure the quality and effectiveness of the supports they provide. It is also important for peer providers to know the “limits” of their expertise and when a situation necessitates referral to a licensed provider of treatment services.



Ethical Considerations

- ✧ Continuity of Service
 - Within the context of healthcare services, and behavioral health in particular, there is a concept of “abandonment” and the potentially negative impact related to the sudden ending of a relationship between a behavioral health provider and patient.
 - While family recovery supports are not treatment, it is still important to be aware of the important nature of the relationships that will be developed between peer supporters and the individuals they serve and the potential emotional harm that could be caused by suddenly ending that relationship without proper planning and transition.

Self-Disclosure

When used well, self-disclosure:

- ✧ Creates a climate of mutuality and shared experience
- ✧ Fosters trust
- ✧ Creates hope



Consider...

Is what I'm sharing relevant to this person's life and experience?

Am I keeping it as brief as possible and only sharing details that are relevant?

Am I including details about how life got better or I was able to move forward (versus only "war stories")?

Cautions when using Self- Disclosure

Be careful of it sounding like you are promoting “your way” as the only way forward.

Be careful of it sounding like you are setting the bar too high (or low) for the other person.

Be aware that the other person may think that their story is “worse” than yours and you don’t understand. Focus on the shared feelings and experiences versus the details of the events.

Be careful of making it sound like everything is wonderful in your life now—which can seem unattainable to the other person right now and create hopelessness.

Supervision & Oversight

In order to ensure the quality and effectiveness of care and for the protection of the people being served and the peer support providers, regular supervision and oversight of supports provided is necessary.

This may include:

- ✧ 1:1 supervision/ processing with a mentor or more experienced peer provider
- ✧ Group supervision/ processing, including discussion of challenging situations and getting input from other peer providers
- ✧ Assignment to review the notes of other peers' records to be sure nothing stands out as problematic in the records or to exchange ideas on how better to support someone

One Last Thought: Language Matters

Avoid:

- ✧ Substance “Abuse” and Substance “Abuser”
- ✧ Referring to individuals as an “addict” or an “alcoholic”
- ✧ Talking about drug test results as being “Dirty/ Clean”

Use

- ✧ Substance Use Disorder or Substance Misuse
- ✧ A person with addiction or a person with a substance use disorder
- ✧ Test results were “As Expected” or “Unexpected Substance Detected”



Questions & Discussion

Please type your questions or comments in the chat box.



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