

Role of the family and social support in addiction treatment and recovery

Alicia S. Ventura, MPH

Grayken Center for Addiction, Boston Medical Center

September 14, 2023

 @AliciaSVentura



Grayken Center for Addiction
Training & Technical Assistance
Boston Medical Center

Key points

1. Family members and social supports play an important role in recovery from a substance use disorder
2. Stigma experienced by family members is harmful to them and their loved one(s) with a substance use disorder
3. Family members impacted by substance use need education and support

Family = closest connections

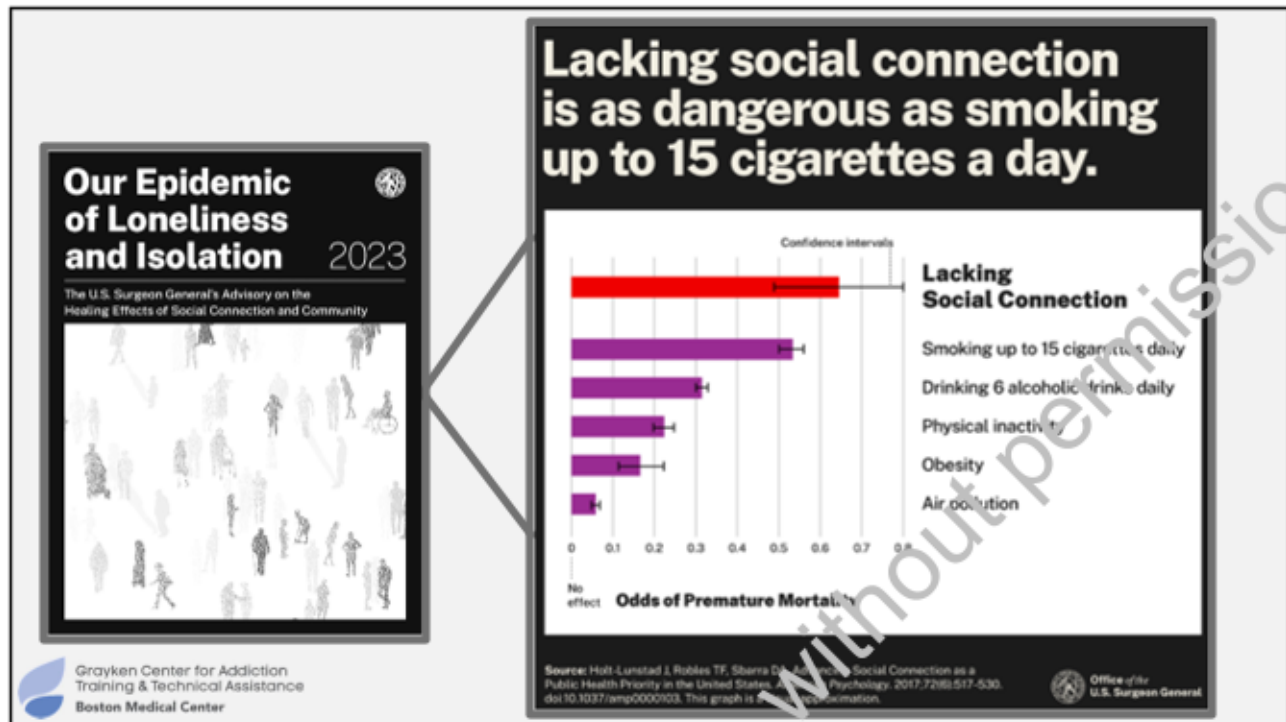
1. Nuclear family (e.g., mother, sister)
2. Extended family (e.g., grandmother, aunt)
3. Chosen family (e.g., spouse, partner, friends who are like family, street family)

Anyone who cares...



1

Family members and social supports play an important role in recovery from a substance use disorder (SUD)



Positive family relationships are a vital predictor of healthy human development.

Family and social supports are central to lives of people with substance use disorder (SUD)

- In people with SUD, social support decreases the probability of:
 - recurrence or relapse
 - lifetime alcohol and use
 - current alcohol and drug use
 - unsafe injection practices

4 TYPES OF SOCIAL SUPPORT

EMOTIONAL SUPPORT

Who can I turn to when I'm feeling lonely and vulnerable?

INFORMATIONAL SUPPORT

Who can I turn to for advice on how to handle problems?

INSTRUMENTAL SUPPORT

Who can I turn to for practical assistance or material aid?

COMPANIONSHIP SUPPORT

Who can I turn to to have fun with?

Family member involvement is associated with better health outcomes

- Treatment for family members can **begin before the person with SUD is ready** to engage in care¹
- **Family involvement in treatment** is associated with*²⁻⁴
 - reduced substance use and substance-related problems, treatment retention, and sustained recovery
- Providing family members with **education and skill-building** can⁵
 - engage treatment-resistant individuals in care,
 - reduce anxiety, anger, and illnesses experienced by family member

The impact of adverse childhood experiences is substantively mitigated by consistent support from a trusted adult in childhood.

Bellis, et al. (2017)



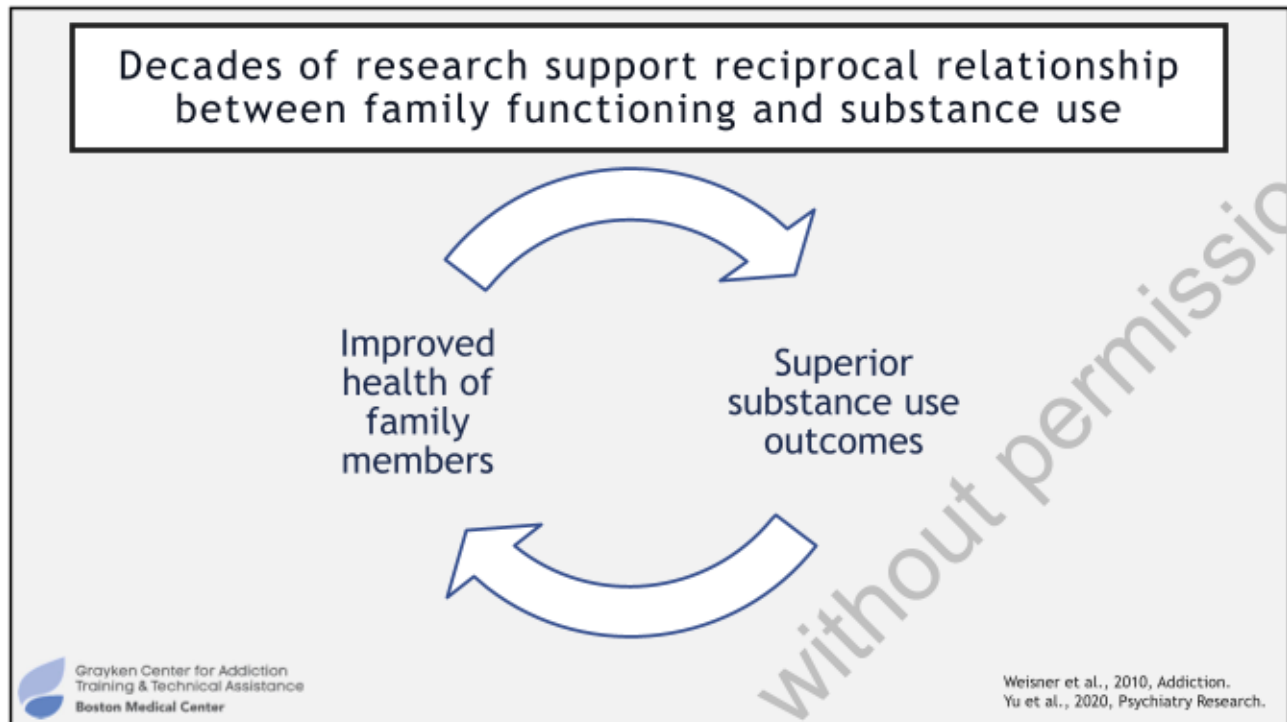
Family members live with chronic & existential worry

Substance use disrupts family system

- Impacts stability of home, family unity, mental and physical health, finances, and overall family dynamics
- Results in **unusual levels of stress**
- Increases risk of interpersonal violence, child abuse, and trauma
- Social support needed but often fails
- Professionals in position to help often have no or misinformation, or view family as barrier to treatment

Family members bridge gaps in the disjointed SUD continuum of care





Family members of persons with SUD are a high-risk population deserving of care in their own right

- ✓ Have worse physical and psychological health outcomes compared to people not impacted by substance use
- ✓ Report poorer health status than caregivers of recipients with other medical, cognitive, developmental disability, or old age-related conditions
- ✓ Increased rates of healthcare utilization and medical costs (both adults and children)

Grayken Center for Addiction Training & Technical Assistance
Boston Medical Center

Berglund et al., 2015
Ray et al., 2007
Timko et al., 2022

2

Stigma experienced by family members is harmful to them and their loved one(s) with a substance use disorder

Proprietary - Do not share without permission

Family members reactions to a loved one misusing substances are driven by love and not pathology.

In society, two competing ideas about addiction

Theory of moral failing

Addiction is a choice; person has a character defect; seen as weak, tainted, immoral

Biopsychosocial model

Addiction is a chronic medical condition; caused by a combination of environmental and genetic factors



There are many longstanding myths about family members and addiction that need to be dispelled.

Myth #1: Family members exacerbate addiction through their own pathology or “codependency”

- | | |
|--------------------------------------|---|
| 1. Enmeshed | 1. Deeply involved |
| 2. Externally focused | 2. Focused on the problem itself |
| 3. Enabling | 3. Supporting |
| 4. Fearful | 4. Concerned |
| 5. Lacking healthy boundaries | 5. Eager to care for a loved one |
| 6. Can't stop fixing | 6. Does whatever they can to help |
| 7. Obsessed with the addict | 7. Determined to protect the family |
| 8. Living in denial | 8. Unwilling to give up on loved one |
| 9. Angry | 9. Fearful of out-of-control losses |
| 10. Controlling/nagging | 10. Trying to effect change |
| 11. Hypervigilant | 11. Anticipating problems |

Myth #2: Showing kindness and compassion enables drug and alcohol use

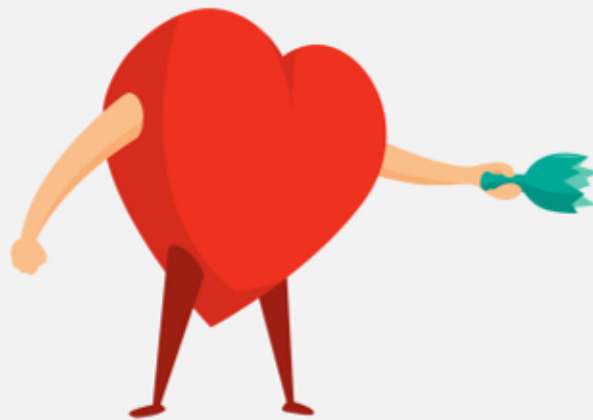
Definition: *to make able; give power, means, competence, or ability to*

...**enabling** a chronic medical condition is **near impossible** to do

Pathologizing people for trying to protect those that they love from harm is counterintuitive



Myth #3: You must practice tough love.



Myth #4:
Your loved one must hit rock bottom.

- Only exists in hindsight
- Can result in death
- Encourages prolonged suffering and exacerbation of health condition



3

Family members impacted by
substance use need education
and support

Family members rely on informal support to decipher their role in their own and their loved ones' recovery.

Structural stigma in current "treatment" system

Family members and friends may not make initial intake or other appointments for patients. Patient must call to ensure readiness for treatment.

from outpatient MOUD clinic



CELL PHONES, LAPTOPS, AND OTHER ELECTRONICS ARE NOT PERMITTED



When you go to inpatient rehab in West Palm Beach, you'll have to turn over your phone, laptop, and any other electronics you bring with you. A staff member will search your belongings to make sure you aren't sneaking in a phone or tablet.



During the first week in treatment, you'll go through a "blackout period." You won't be allowed to make phone calls or have any contact with people outside of the rehab center. This period is intended to help you adjust to the treatment environment and prevent you from leaving rehab early.



Is there a "blackout" period?

Yes. The "blackout" period, during which residents are not permitted to have visitors (except underage children), make phone calls, go on passes, or send and receive mail, covers the first 30 days of treatment.

From academic treatment center's information sheet

Additional UHC Visiting Hours

- **Intensive Care Unit:** 9 - 9:30 a.m., 1 - 1:30 p.m., 4 - 4:30 p.m. and 8 - 8:30 p.m. Family is allowed in the Waiting Area (fourth floor) at all times. No one under the age of 10 will be allowed in the unit.
- **Emergency Room:** Every 2 hours for 10 minutes. Visitation will remain flexible and at the discretion of the ER personnel based on patient volumes.
- **Medical Detox Unit:** Tuesday & Thursday from 4 - 5:00 p.m. after patient has been admitted for 72 hours. Visitors **must check-in** and speak to counselor at 3:00 p.m. the day of visitation.

HEALTH
Massachusetts AG launches probe of addiction treatment fraud
By DAVID ARMSTRONG and EVAN ALLEN — BOSTON GLOBE / SEPTEMBER 28, 2017

Addiction treatment center operator charged with healthcare fraud
By Brendan Pierson
March 2, 2023 2:46 PM EST - Updated 3 months ago

Haven for Recovering Addicts Now Profits From Their Relapses
By [Name]

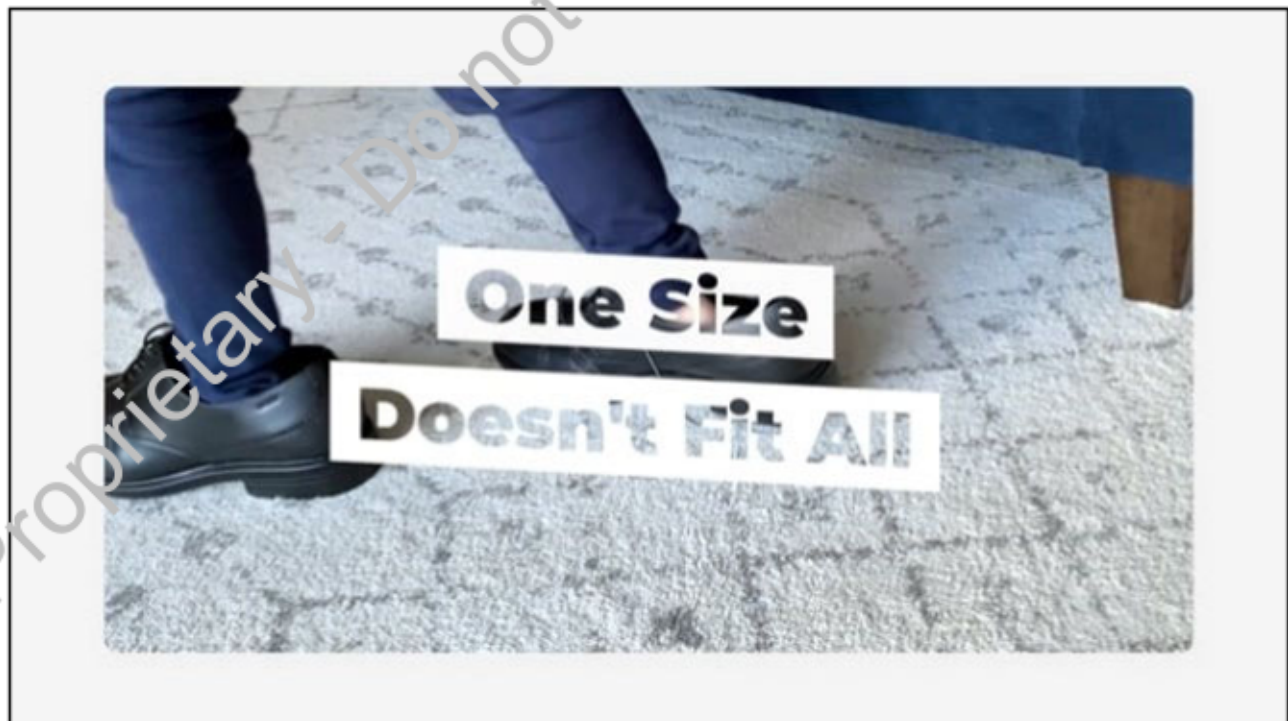
Is the \$35 Billion Rehab Industry Ready for Disruption?

Some Addiction Treatment Practices are Making Me Sick

People Have a Right to Nonreligious Rehab
The New York Times
OPINION
GUEST ESSAY
By Mia Scalvitz
Ms. Scalvitz is a columnist.
March 11, 2023

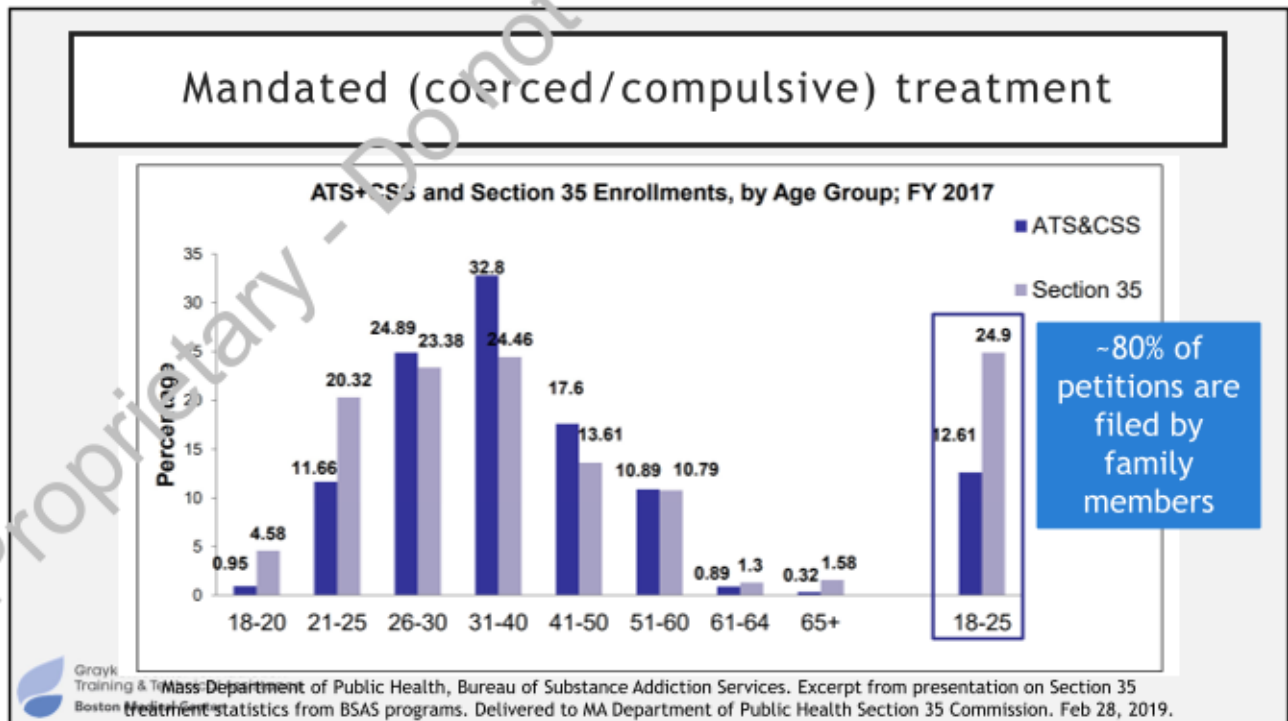
Teenagers Pathologized by Traditional Addiction Treatment
Filter
By BABY LEON / MAY 18, 2023

'Junkie hunters' lured addicts to scam 'sober home' in \$58 million fraud, feds say
By Kyle Swanson / JULY 24, 2023



Family members can't know what they aren't told.

When we fail to educate and support family members, harmful interventions may result



Endorsement of less effective interventions for opioid use disorder

Table 3
Familiarity, effectiveness and approval of treatments (VAS 0-100).

	Familiar	Effective*	Approve*
Buprenorphine	46.1	54.1	55.1
Methadone	47.0	49.3	51.9
Naltrexone	32.3	55.9	61.6
12 Step	67.2	59.2	77.3
Individual Counseling	75.1	67.4	84.9
Group Counseling	72.0	63.9	81.2
Drug Detoxification	65.3	64.7	78.3
Inpatient	64.1	64.6	78.5
Halfway House	56.8	55.9	66.2

* Effective and approve were only queried if respondents indicated a rating ≥ 30 on the familiar VAS.

Family knowledge and beliefs impact addiction treatment outcomes

Family members only receive information about abstinence-based interventions and express disapproval of medication for opioid use disorder (MOUD)

Person on

of medication

Person on

treatment

Person delays

MOUD

All of these outcomes result in increased risk of death

Approach family members as part of the solution. They are change agents.

Family and social support can intervene at all places on continuum

Prevention

Problem identification

Treatment engagement

Active treatment

Recovery support

Prevention

- Supports to promote positive parenting
- Children need safe and healthy relationship with 1+ adults
- Schools, communities, and families that foster resilience
- Open communication and support (especially during adolescence)
- Awareness of transitional periods that can be high risk (e.g., divorce, changing schools, trauma)



Problem identification

- Provide opportunities for parents and other caregivers to report youth substance use at every encounter
 - Family is often first to observe signs of substance use
 - Rates of substance use disclosure among youth are low
- Provide opportunities for family members of adults to report impact of addiction
- Need to provide family members with accurate information to refer/engage with evidence-based treatment *without involving healthcare system*



Treatment engagement (i.e., outreach)

- Professionals able to and address barriers to both family and patient engagement
- Family can learn skills to engage treatment resistant youth and adults in care
 - Community Reinforcement and Family Training
- Professionals can learn skills to engage resistant family members
 - Brief Strategic Family Therapy (BSFT) shown to be more successful at engaging resistant family members than standard care
 - Requires clinician to take active role in reaching out - dealing with maladaptive family system

Active treatment

- Assess family functioning to identify needs
 - Example validated tool: Significant Other Survey (Benishek, et al., 2012)
- Assess needs of individual family members and actively link
- Ensure family is included in treatment planning and understands their role

Active treatment

1. Improve adherence to meds and other evidence-based treatments
2. Youth Opioid Recovery Support (Fishman et al, 2020)
 - ✓ Practical parenting strategies
 - ✓ Promotes youth autonomy
 - ✓ Includes role induction, education, collaborative treatment planning, and relapse response planning
3. Family Psychoeducation (Lincoln et al., 2007)
4. Overdose education and naloxone distribution (Ragley et al, 2015)



Recovery support

- Enlist family members as links to community and peer supports
- Provide resources for to improve all family member health
- Open and non-judgmental communication
- Encouragement and motivation
- Relapse prevention planning
- Sustained engagement in treatment
- Celebrate successes and milestones





Final
thought


Families need to be supported to make the best decisions they can, in the circumstances they are in, with the resources they have available.



Grayken Center for Addiction
Training & Technical Assistance
Boston Medical Center

Key points

1. Family members and social supports play an important role in recovery from a substance use disorder
2. Stigma experienced by family members is harmful to them and their loved one(s) with a substance use disorder
3. Family members impacted by substance use need education and support



Grayken Center for Addiction
Training & Technical Assistance
Boston Medical Center

Empowering Loved Ones of People with Addiction: an Educational Group

Empowering Loved Ones is a FREE educational program for family members, partners, and friends of people who use substances problematically. Information given to families can, directly and indirectly, impact the course of a loved one's substance use disorder. Just as the course of a loved one's substance use disorder can, directly and indirectly, impact family members and their wellbeing.

The group offers education, up-to-date information, and skill-building to promote the health of those impacted by a loved one's substance use.

When? 2nd and 4th Wed of every month
7:00 to 8:30 PM EST

Where? virtual via Zoom

Who? This group is only for family members, partners, and friends impacted by the substance use of a loved one

To sign up:

Email:

EmpoweringFamilies@bmc.org

or

Text: **FAMILYGROUP** to **22828**

Once added to our listserv, session registration and other resources will be emailed.



Questions?
Comments? Ideas?

Feel free to contact me.

alicia.ventura@bmc.org

