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

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...

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

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 care
- Family involvement in treatment is associated with reducing substance use and substance-related problems, treatment retention, and sustained recovery
- Providing family members with education and skill-building can engage treatment-resistant individuals in care, reduce anxiety, anger, and illnesses experienced by family member

---

2. Oczkowski, T. et al. (2006)
4. Katyaagri et al. (2021)

*Compared to people without family involvement in treatment*
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
Decades of research support reciprocal relationship between family functioning and substance use

Improved health of family members

Superior substance use outcomes

Weisner et al., 2010, Addiction.
Yu et al., 2020, Psychiatry Research.

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)

Berglund et al., 2015
Ray et al., 2007
Timko et al., 2022
Stigma experienced by family members is harmful to them and their loved one(s) with a substance use disorder.
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
2. Externally focused
3. Enabling
4. Fearful
5. Lacking healthy boundaries
6. Can't stop fixing
7. Obsessed with the addict
8. Living in denial
9. Angry
10. Controlling/nagging
11. Hypervigilant
12. Deeply involved
13. Focused on the problem itself
14. Supporting
15. Concerned
16. Eager to care for a loved one
17. Does whatever they can to help
18. Determined to protect the family
19. Unwilling to give up on loved one
20. Fearful of out-of-control losses
21. Trying to effect change
22. Anticipating problems

*Image courtesy of Robert Weiss PhD, NiW. Presentation: Codependency Turns 40! Should We Celebrate, Adapt or Simply Reconsider?*
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

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.

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.
Massachusetts AG launches probe of addiction treatment fraud

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

The New York Times

People Have a Right to Nonreligious Rehab
By Shae Altmann
March 15, 2023 Morning 9:20

Filter

Teenagers Pathologized by Traditional Addiction Treatment
By Barry Levin
May 13, 2023

One Size Doesn't Fit All
Family members can’t know what they aren’t told.

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

Mandated (coerced/compulsive) treatment

〜80% of petitions are filed by family members
Endorsement of less effective interventions for opioid use disorder

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

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Familiar</th>
<th>Effective*</th>
<th>Approve*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine</td>
<td>46.1</td>
<td>54.1</td>
<td>55.1</td>
</tr>
<tr>
<td>Methadone</td>
<td>47.0</td>
<td>49.3</td>
<td>51.9</td>
</tr>
<tr>
<td>Naltrexone</td>
<td>32.3</td>
<td>55.9</td>
<td>61.6</td>
</tr>
<tr>
<td>12 Step</td>
<td>67.2</td>
<td>59.2</td>
<td>77.3</td>
</tr>
<tr>
<td>Individual Counseling</td>
<td>75.1</td>
<td>67.4</td>
<td>84.9</td>
</tr>
<tr>
<td>Group Counseling</td>
<td>72.0</td>
<td>63.9</td>
<td>81.2</td>
</tr>
<tr>
<td>Drug Detoxification</td>
<td>65.3</td>
<td>64.7</td>
<td>78.3</td>
</tr>
<tr>
<td>Inpatient</td>
<td>64.1</td>
<td>64.6</td>
<td>76.8</td>
</tr>
<tr>
<td>Halfway House</td>
<td>56.8</td>
<td>55.9</td>
<td>66.2</td>
</tr>
</tbody>
</table>

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

Nayak et al., 2021  n=174  individuals ≥18 yr.

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 (M0UD)

All of these outcomes result in increased risk of death

Finlay et al., 2020
Maddes et al., 2021
Larney et al., 2017
Scozinske et al., 2020
Shep, et al., 2021
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

Hogue et al., 2021. Journal of Substance Abuse Treatment.
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 (Rayley 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
Families need to be supported to make the best decisions they can, in the circumstances they are in, with the resources they have available.

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
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

Text: FAMILYGROUP to 22828

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

Questions? Comments? Ideas?

Feel free to contact me.

ricia.ventura@bmc.org