



How To Engage and Keep Youth and Families in Treatment: Focus on Opioid Use and Abuse

*What You Need to Know about Opioids
MDFT Engagement Strategies That Everybody Can Use*

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What You Need to Know About Opioids and Medically Assisted Treatment





Opioid Use is Very Frightening for Clinicians, Providers and Family Members

We Must Be Brave & Courageous

"I learned that courage was not the absence of fear, but the triumph over it. The brave man is not he who does not feel afraid, but he who conquers that fear."

—Nelson Mandela





Opioid Use is Very Frightening for Clinicians, Providers and Family Members

We Must Be Brave & Courageous



*"Bran thought about it.
'Can a man still be brave
if he's afraid?'"*

*'That is the only time a
man can be brave,' his
father told him."*

*–George R.R. Martin, A
Game of Thrones*



What are Opioids and What Do They Do?

- Both prescription painkillers and heroin
- Loss of pain
- Increase in pleasure and euphoria
- Slows down heartbeat and breathing



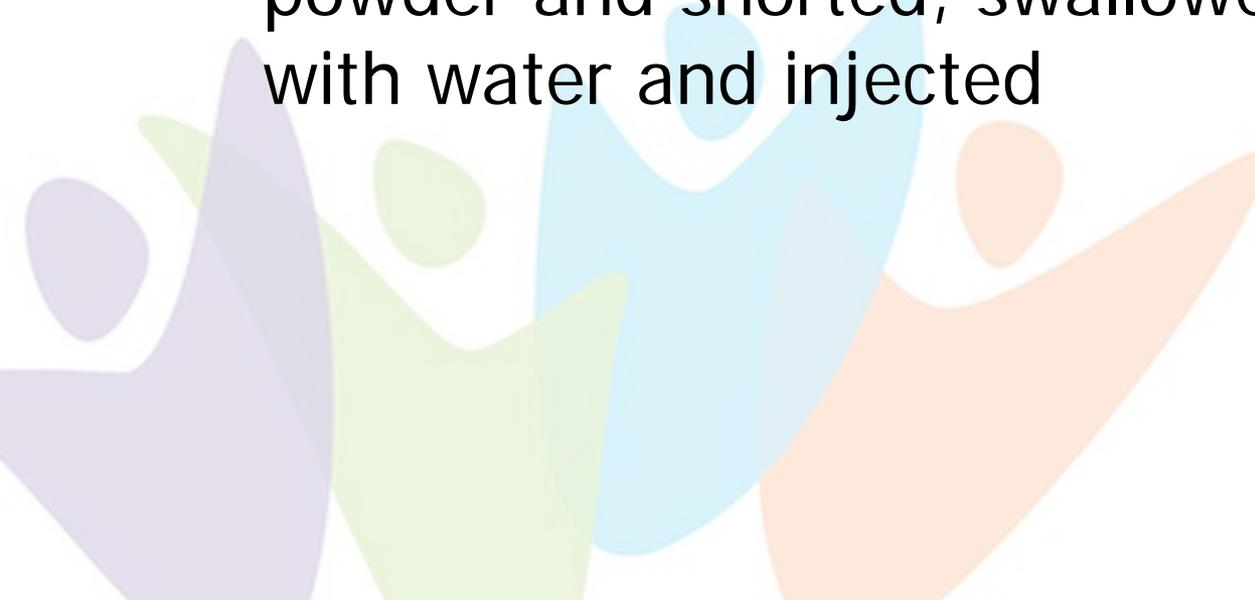
Commonly Abused Opioids

- Heroin
- Codeine
- Hydrocodone (Vicodin, Lorcet)
- Fentanyl (Duragesic)
- Oxycodone (Percocet, OxyContin, Percodan)
- Propoxyphene (Davocet, Darvan)
- Hydromorphone (Dilaudid)
- Oxymorphone (Opana)
- Morphine (Duramorph, Roxanol)



How Are They Used?

- Heroin: Injected, Snorted, Smoked
- Prescription Medications: Crushed into a powder and snorted, swallowed, or diluted with water and injected





What is Tolerance?

People who are chronic opioid users feel less effects and they need larger dosages to feel pain relief, pleasure and euphoria.

The need for increasing dosages to maintain effects quickly develops into physiological dependence, leading to **withdrawal syndrome**.



Withdrawal Symptoms

- Sleep problems
- Sweating
- Anxiety & Nervousness
- Muscle aches and pains
- Stomach pain, nausea, vomiting
- Diarrhea
- Weakness



Opioids Interact With The Brain Reward System

The brain is a great regulator:

- Gets overwhelmed with pleasure (dopamine). Brain becomes out of balance
- Takes action to regain balance. Pulls in the drawbridges (receptors)
- Person needs to take larger doses of opioid to overwhelm the brain with pleasure
- Brain again takes action to regain balance
- Persons need to take even larger doses of opioids

The brain does not like to be out of balance.



Opioids Interact With The Brain Reward System

More is needed to not only feel pleasure but also to just feel normal and an absence of agony.

This leads to compulsive use of drugs even in the face of severe physiological, psychological and social consequences.



The Kicker

Opioids not only overwhelm the brain with pleasure, but also *slow down the heart and breathing.*

The greater the dose, the greater the slowing down heartbeat and breathing.

This is frequently how overdoses occur

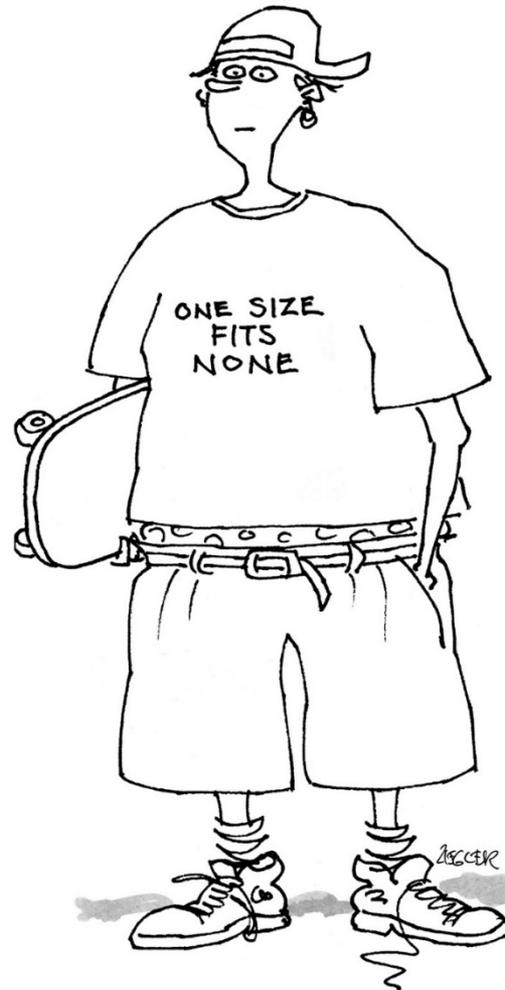


Signs Of Overdose

- Sleepiness progressing to stupor or coma
- Pinpoint Pupils
- Muscles weak and floppy
- Clammy and cold skin
- Slow Heart Rate
- Slow Breathing
- Dangerously Low Blood Pressure



Treatment Should Be Individualized





“The teen years are an extremely vulnerable period when an individual starts using and experimenting with drugs. Drugs can hijack the brain and overpower the brain biochemically and make it difficult for a person to resist impulses and to stop the habit.”

—Ken Winters



Medically Assisted Treatment (MAT)

Not all adolescents and young adults who use opioids need medically assisted treatment, but many will, and this option should not be ruled out for teenagers:

- 16 years or older
- History of previous treatment attempts
- 6–12 month history of opiate dependence



Medically Assisted Treatment (MAT)

- Relieves Cravings
- Prevents Symptoms of Withdrawal
- Block the Euphoric Effects





Medication Options

Buprenorphine

Buprenorphine with Naloxone (Suboxone)

- Prevents Withdrawal Symptoms
- Reduces Cravings

Begin when mild to moderate opioid withdrawal occurs - taking too soon can make withdrawal symptoms worse



Medication Options

Naltrexone (Vivitrol)

- Blocks the effects of opioid drugs
- Good to prevent relapse

Cannot take until opioids are completely out of system (7-19 days after withdrawal begins).



Medication Options

Methadone

- Prevents Withdrawal Symptoms
- Reduces Cravings

Begin when mild withdrawal is present.



Naloxone: Reverses Opioid Overdose Toxicity

- Rapidly revives a person who is unconscious or losing consciousness from overdose
- Injection or Nasal Spray
- Immediate medical attention needed
- Followed up with treatment



Pregnant Woman Addicted to Opioids

NEVER just stop taking opioids!!!

- Stopping will cause potentially fatal withdrawal symptoms in the fetus
- Methadone and Buprenorphine are safe for pregnant women



Caveats & Take-Aways

- MAT is not a panacea
- MATs can be abused
- Discharge from detox/stabilization, inpatient, residential treatment and incarceration is a very high risk period. Don't fall into a false sense of security
- Alcohol (alcohol poisoning) is deadly
- Not all adolescents and young adults who use opioids need MAT and it can be a lifesaver for many
- Naloxone (Narcan) saves lives but must be followed up with treatment
- Pregnant women should never stop using opiates and instead should be put on methadone or buprenorphine
- For teens and young adults, MATs should NEVER be administered in the absence of behavioral treatment
- Treatment should not be "one size fits all" and should be individualized
- Parents MUST be involved in treatment for opioid use in teens and young adults

Multidimensional Family Therapy (MDFT): Engagement Strategies That Everybody Can Use





Engagement Strategies

Alliance & Motivation





Therapeutic Alliance is A Relationship Between Therapist & Clients

Bonds: Like and respect--warmth and compassion

Goals: Shared goals-- "Your goals are my goals."

Tasks: Therapist has an action plan that seems reasonable to clients, and therapist seems competent



Therapeutic Alliance

What is the single most important goal of the first session?





Therapeutic Alliance

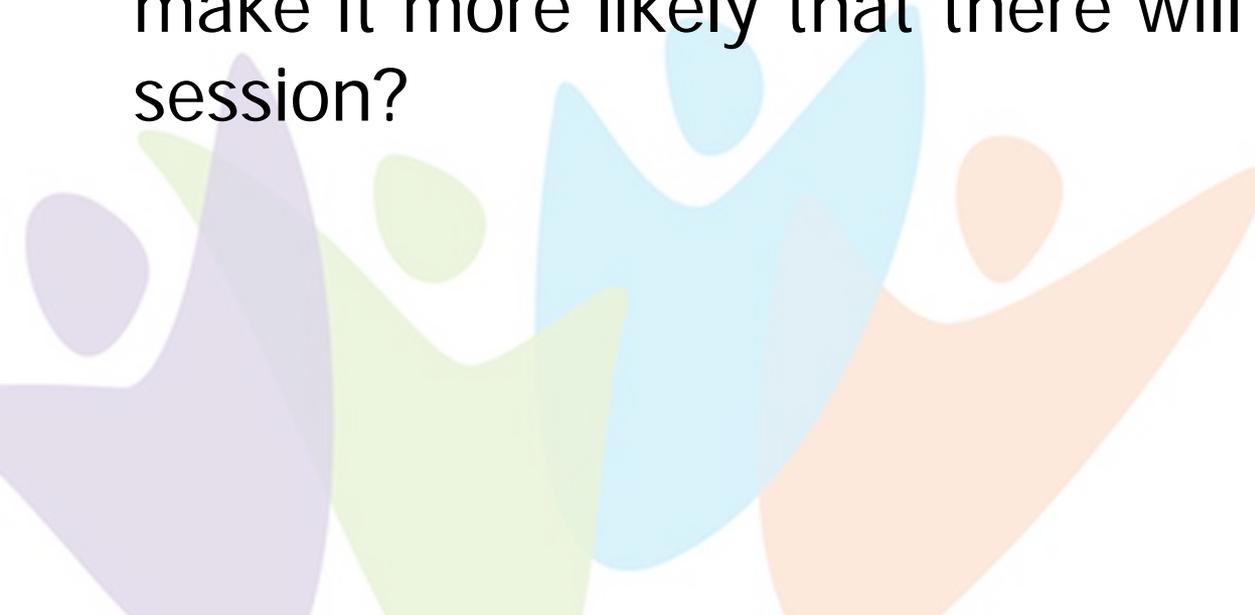
To Have a Second Session





Therapeutic Alliance

What do we want the teens and parents to be saying to themselves after the first session to make it more likely that there will be a second session?





What youth and parents should be saying to themselves after the first session

"I think she understands me."

"She is really nice. I felt respected and valued."

"I feel accepted and supported."

"She seems to think that we are not hopeless."

"I am not to blame."

"She seemed to really understand and accept my side of things."

"She seems to know what she is doing."

"I feel a little less pessimistic and anxious."

"I'll try it. Seems okay."



What are you going to do and say to reach these goals?

"I think she understands me."

"She is really nice. I felt respected and valued."

"I feel accepted and supported."

"She seems to think that we are not hopeless."

"I am not to blame."

"She seemed to really understand and accept my side of things."

"She seems to know what she is doing."

"I feel a little less pessimistic and anxious."

"I'll try it. Seems okay."



Some ideas to build therapeutic alliances with youth and parents

- Listen well and say things that demonstrate that you really understand.
- Show compassion and empathy.
- Demonstrate that you like and value clients by praising, complementing, agreeing.
- Be authentic.
- Offer unwavering support.
- Encourage a discussion of their view of the problem.
- Praise competencies, wisdom, strengths.
- Discourage feelings of shame, guilt and blame.
- Be respectful.
- Begin where the client is at.
- Be collaborative.
- Portray confidence in yourself and the treatment program.
- Lend them your optimism.



Therapeutic Alliances

What are you NOT going to do or say to develop a therapeutic alliance?





What are you NOT going to do and say to reach these goals?

- Be judgmental
- Be a “know it all”
- Be dispassionate
- Ask a lot of questions so it looks more like an interview than a conversation
- Be the parent police
- Take sides



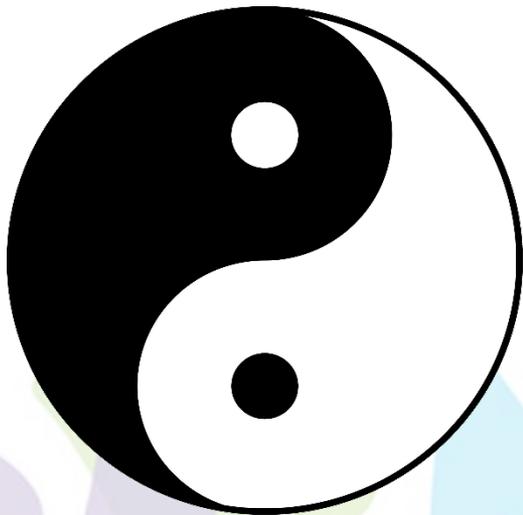
Alliance and Motivation are the Keys to Engagement

Strong therapeutic alliance is the first pillar of engagement and **motivation** is the second:

- ✓ Motivation to Participate in Treatment
- ✓ Motivation to examine oneself
- ✓ Motivation to be open to new ideas
- ✓ Motivation to change attitudes and behaviors



Alliance and Motivation are the Keys to Engagement



Motivation is developed by simultaneously experiencing despair & hope

MDFT therapist creates an environment whereby parents and youth feel both despair and hope



Motivate Parents and Youth: Focus on the Distress, Despair, Dissatisfaction

1. Use current situation (crisis) to create a focus on seriousness of the problem and or situation
2. Paint a picture of current unhappiness
3. Develop a sense of urgency: *The House is on Fire*
4. Distress is an ally – it is used to facilitate motivation

Bring them to the dark side, hang out there for a while, help them feel their distress, fear, and misery. Experience it.



Create Positive Expectations

The house is on fire but I have the hose

Portray confidence in yourself & the program

Portray confidence in youth and parent to solve their problems and have a better life

- Lend your optimism
- Paint a picture of a better future
- Produce an early success in the area that is most accessible



Adolescent

“There is something in this for you.”

Distress: You don't seem too happy about how things are going on in your life.

This is your life and not mine, I get that but from here it doesn't look so good. You're messing around with some nasty drugs, things aren't good with your parents, school is a mess. Is this what you want?

So is that it, you're giving up on yourself? Well that's how its going be?

Hope: We can make something happen here. I believe you can change your life and here is why....



Adolescent Domain

There is something in this for you

*" You might think that this treatment is all about getting your parents what they want: that I will help them more strict with you, limit your freedom, and have more control over you. I don't work that way. **There is something in this therapy for you.** I want to help you figure out who you are and who you want to be. I want to help you get more clear about what you want and don't want, about your complaints about your life, your parents, anything, and then I'm offering to help you get more of what you want. Because I think you have a side of things.*



Focus on Two Main Engagement Interventions:

“You Are The Medicine:” Nobody else can do all that it takes to help your child succeed

“No Regrets:” You want to look back and know you did everything possible to help your child



Bring Youth & Parent Together

Therapists brings youth and parents together to start talking to each other...

... to facilitate healthy conversations between youth and parents where family members are helped to:

- Give each other enough time to fully express themselves.
- Express themselves in a clear, and perhaps direct, way without blaming, criticizing or withdrawing
- Listen and hear each other
- Express their emotions
- Enhance family problem solving skills



**LOVE IS THE
BEST MEDICINE**





Resources

[Medication-Assisted Treatment-An eBook for Parents & Caregivers of Teens & Young Adults Addicted to Opioids](#), *Partnership for Drug-Free Kids*

[Drug Court Practitioner Fact Sheet: Understanding and Detecting Prescription Drug Misuse and Misuse Disorders](#) (Feb 2016), *National Drug Court Institute*

[Drug Court Practitioner Fact Sheets: Extended Release Naltrexone](#) (Sept 2013), *National Drug Court Institute*

[Opioid Overdose Prevention TOOLKIT](#) (2016 Revision), *SAMHSA*

[Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends](#) (2011 Revision), *SAMHSA*

[How to Earn the Trust of Teens and Initiate Change](#), *Gayle Dakof on Rehabs.com*

[5 Lessons for Parents of Substance-Abusing Teens](#), *Gayle Dakof on Rehabs.com*

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Thank You

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