

It's a family affair! Engaging youth and families in SUD treatment

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Youth Opioid Recovery Support (YORS)

Assetive Outreach

Family Involvement

Medication Home Delivery

Incentives for Medication

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Financial Disclosures

- Nirsum Labs (consultant)
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Outline

- Developmental vulnerability
- Scope of the problem
- Treatment
- OUD and MOUD
- Family involvement – a developmentally informed approach

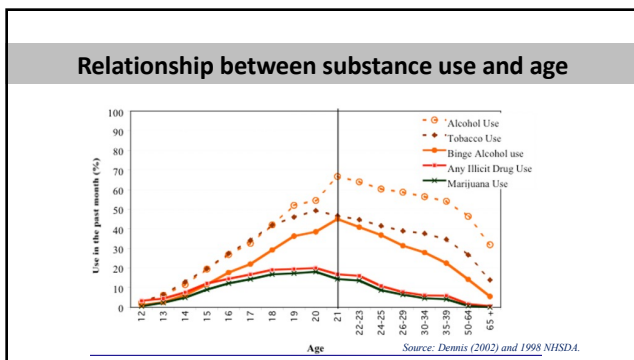
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Some Things Never Change

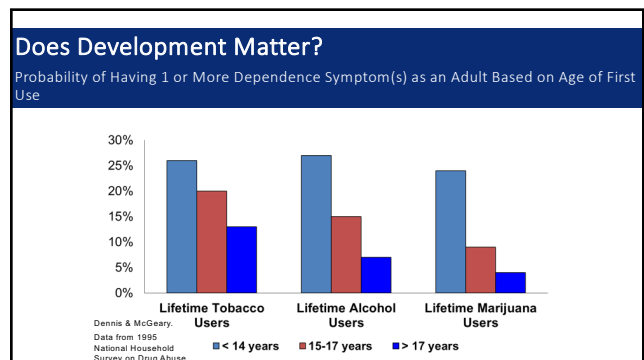
“We live in a decadent age.
Young people no longer respect their parents.
They are rude and impatient.
They frequent taverns and have no self-respect.”

Inscription on Egyptian tomb circa 3000 BC

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Adolescents Are Vulnerable

- Early substance use = high risk of addiction
- Adolescent immaturity during critical development period = vulnerability
- Impulsiveness and excitement seeking
- Difficulty delaying gratification
- Poor executive function and inhibitory control
- Poor emotion regulation

Image Source: PNAS 101: 8174-8179, ©2004 National Academy of Sciences, U.S.A.

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Stanford Marshmallow Experiment

- ✓ Important body of work by Walter Michel
- ✓ Intrinsic inhibitory control and capacity for postponement of gratification

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Antecedent Vulnerability of Emotional Dysregulation

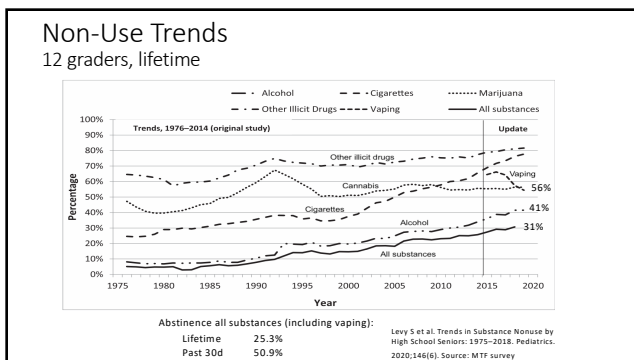
- ✓ Common examples of difficulties preceding onset of substance use
- “My child has always had this trouble”
- ✓ Intersecting vulnerabilities
 - Impulsivity
 - Lability and moodiness
 - Over-reactivity and tantrums
 - Poor frustration tolerance
 - Irritability and anger

This Should Not Be A Surprise

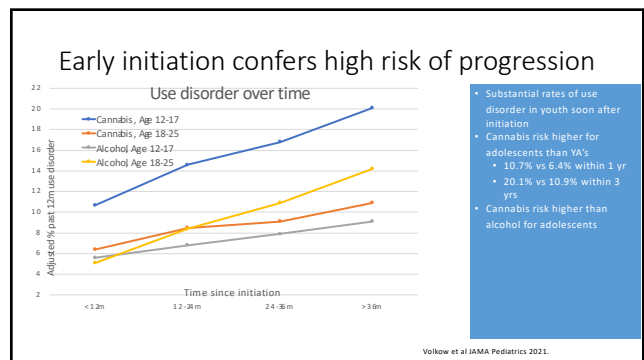
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Resisting Temptation in Our Culture

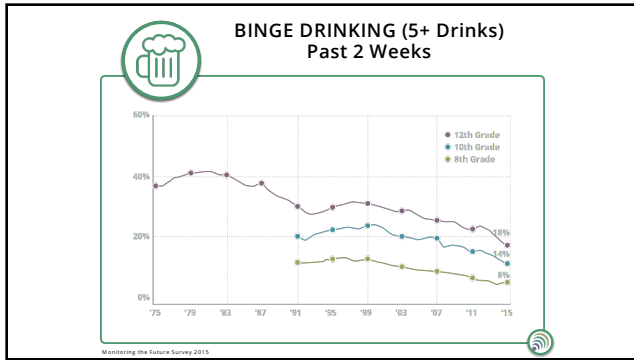
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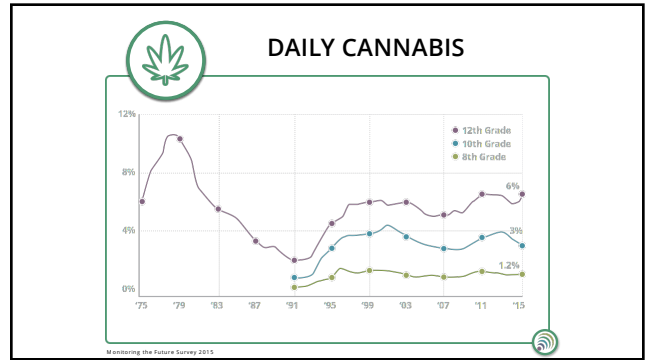
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What are they using?

- Alcohol
 - Beer, sweet drinks, hard seltzer, pre-mixed cocktail cans
- Cannabis
 - "Weed," vapes, edibles, "dabs"
- Nicotine
 - Vapes, flavors
- Opioids – all fentanyl
 - "Percs"
- Dextromethorphan
 - Coricidin – "skittles;" Cough syrup/ Robotussin – "Robotrips"

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What are they drinking?

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Cannabis

A line graph showing the percentage of THC in cannabis from 1990 to 2015. The percentage shows a steady increase from approximately 4% in 1990 to over 18% in 2015.

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Why do we care about cannabis? What's all the fuss?

- Vulnerable populations: youth, psychiatric illness, other substance use disorders
- Acute consequences of intoxication, eg MVCs
- Psychiatric consequences of use
 - Depression/ anxiety
 - Psychosis
 - Cognitive impairment
- Progression to cannabis use disorders and other substance use disorders

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The SBIRT paradigm
Intervention matched to severity

- Positive reinforcement for youth reporting no use
- Brief advice for those reporting experimental use but not SUD
- Brief motivational intervention for mild / moderate SUD
- Referral to treatment for mod / severe or non-responding SUD

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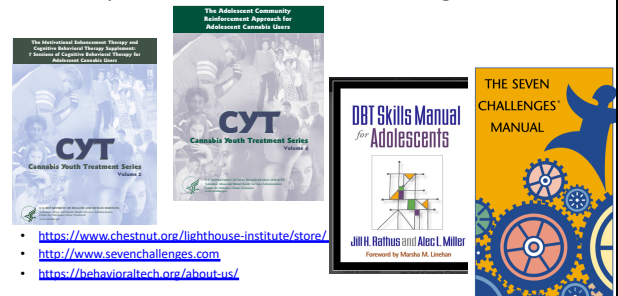
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Motivational approaches

- Do you know other kids who have been in trouble...
- Do you know why I or your parents might think it's a problem...
- What are the pro's and con's for you...
- What would be evidence in your view that it's a problem...
- If you could stop anytime, would you be willing to see what it's like...
- Let's schedule you to come back and see how it's going...
- Will you go and see a specialist? Get another opinion?

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Examples of adolescent counseling manuals



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Intervention for youth substance use is
Prevention for OUD and overdose

- Addiction – a developmental disorder of pediatric onset
- The vast majority of youth who initiate opioids have problems with other substances first
- Earlier onset associated with worse outcomes
- Earlier intervention associated with better outcomes
- OUD as advanced, malignant stage in progression of illness
- Prevention of OUD by treatment of non-opioid SUD prior to opioid initiation – cannabis, alcohol, nicotine

Sharma B, Bruner A, Barnett G, Fishman M. "Opioid Use Disorders" in Substance Use Disorders, Haiso R and Walker L, eds. Child and Adolescent Psychiatric Clinics of North America. 25:473-487. 2016. NHRMS 776910. PMID: 27338968

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MOUD for adolescents and young adults
Summary of the evidence

- Buprenorphine and XR-NTX clearly effective, though less youth-specific research
- Outcomes very good, not as good as for older adults, but far better than without medication
- Longer is better; no evidence for time limitation
- No signal for safety or efficacy problems based on age
- MOUD first line; No evidence for fail-first
- **MOUD – should be STANDARD OF CARE**

Borodovsky JT, Levy S, Fishman M, Marsch LA. Buprenorphine Treatment for Adolescents and Young Adults With Opioid Use Disorders: A Narrative Review. J Addict Med. 2018 May/Jun; 12(3):170-183. PMID: 29432333

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Family Engagement: Historical Barriers

- Normative pushback against **sense of parental dependence and restriction**
- Clinicians: lack of training, competence, comfort
- Focus on **internal transformation**
- Preoccupying focus on "enabling"
- Over-rigid concern with **confidentiality**



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Rationale for family involvement

Both **families and patients** need a recipe for treatment with role definitions, expectations, and responsibilities

Families have **core competence, deep connections, special powers of persuasion** and natural leverage that we as clinicians don't have

Family **mobilization** – "Medicine may help with the receptors, counseling may help with the skills, but you still have to parent this difficult young person"


Encouragement of emerging youth autonomy and self-efficacy **is compatible** with empowerment of families

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How should we manage the confidentiality barrier?

- Following rigid limitations on disclosure?
- Making unilateral and surreptitious disclosures?

• **Getting to yes**



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Approaches to family communication

- You can't talk to my family
- OK

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Approaches to family communication

- You can't talk to my family
- Watch me

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Approaches to family communication

- You can't talk to my family
- What should I say when they call?

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Approaches to family communication

- You can't talk to my family
- Let's talk to them together

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Getting to yes

- This is what we do
- Let's invite them in and see what happens
- Don't you want their help
- What if I could help you get them to back off
- They'll find out anyway and won't it be better if it comes from you

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Principles of Family Negotiation

The Art of the Deal – Getting to Yes


- Pick your battles
- Know your **leverage**
- You gotta give to get
- You have more juice than you realize
- Keep your **eyes on the prize**
- For families: rewards will work better
- For patients: earning family points will be worth your while
- For both:
 - Aren't you tired of battling?
 - How's that working for you?



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Family involvement intervention for youth with OUD: Youth Opioid Recovery Support (YORS)

- Wrap-around intervention to improve adherence to XR-MOUD for young adults
- Intervention components:
 - Family engagement
 - Assertive outreach
 - Low barrier access to MOUD
 - Incentives for receipt of MOUD



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Elements of family sessions

- Family **psychoeducation** about OUD, medications, and other treatment
- Collaborative **treatment agreement** between youth, family member, program
- Skill building** and improving effectiveness: Communication skills; shaping desired behaviors through operant conditioning; picking your battles
- How will family know about and help **support** attendance and treatment progress? How will family help **support** medication adherence?
- Crisis management** -- What is the back-up or rescue plan if there is trouble?

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Poster child for family involvement?

- 23 year old male injecting heroin
- 4 inpatient detox admissions over 1.5 years, each time got first dose of extended release MOUD but **never came back** for 2nd dose
- Lives with grandmother, team shows up with dose, he says no thank you, she says no not an option, **done deal**, gets 6 doses over 6 months

"As I learned from growing up, you don't mess with your grandmother."

- Prince William

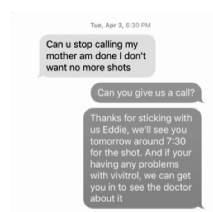
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Balancing parental and young adult empowerment

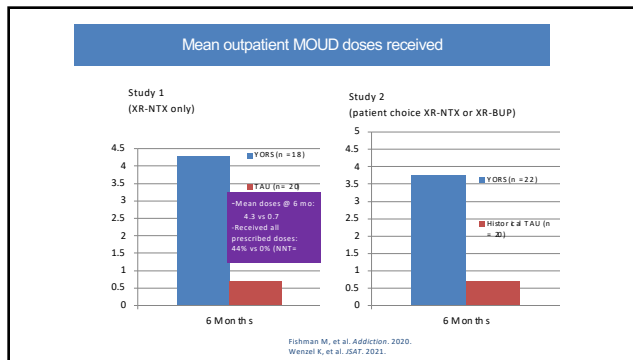
- Patient: "Mom, you can't be in here when I'm getting the shot..."
- Therapist: "Ma'am I think it's best if we provide her privacy for the injection."
- Mother: "Are you kidding me? Of course I am. I'm not leaving this room till I see that medicine go in you..."

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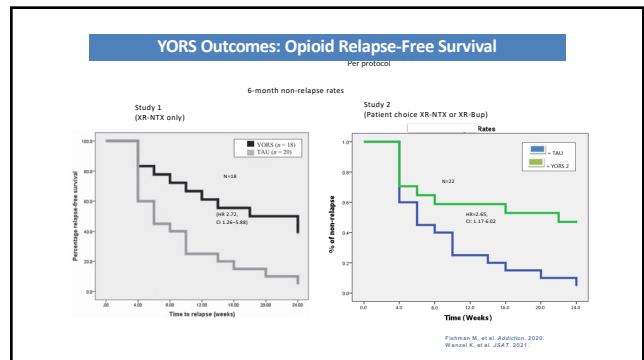
Don't take no for an answer



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Family involvement intervention Across the lifespan

MAT-PLUS (Medication Adherence Therapy - Psychosocial Leverage Using a Treatment Significant Other)

- Involvement of TSO (usually parent/ spouse/ partner) + assertive outreach in promoting adherence to XR-NTX
- SUD inpatients initiating XR-NTX for OUD or AUD or both
- N = 41 randomized to MAT-PLUS vs TAU, 4 months


	MAT-PLUS	TAU	
Mean doses	3.5	2.4	
% received all doses	61%	30%	Number needed to treat = 3.3

Wenzel K et al. A pilot randomized controlled trial of medication adherence therapy. Psychological Services. 2019; 18(4):402-410. doi:10.1037/psr0000142

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BOND Building recovery support networks to engage and retain loved ones in SUD treatment

- Moving upstream to engage families in order to engage youth with SUD
- Coaching of families (and other concerned significant others) to get out-of-treatment youth into treatment



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Family engagement— conclusions and a call to action

- Families are a rich and robust source of recovery support
- Family will be around longer than you will
- Requires some flexibility from all involved
- Family engagement can be a big lift, but usually easier than you think, and usually worth it
- We need to work hard to engage families!



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Questions? Discussion?

Therapeutic optimism remains one of our best tools!



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Case 1

- 14 YO boy, acknowledges in screening -- drinking at parties, cannabis use, “a few” times, “no big deal”
- Overall high functioning, parents unaware
- Likes it, but got a little loud and embarrassed last weekend, weed sometimes makes me “weird”

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Case 2

- 15 YO girl, parents describe social withdrawal, explosiveness, change in peer group, and academic decline; no knowledge of SU
- She acknowledges not feeling herself. Preoccupying worries, irritable, concentration decline, sleep disturbance
- Volunteers she has experimented with marijuana and beer; denies recent use
- Further exploration reveals ongoing weekend marijuana use; she acknowledges depression but believes the substances are “no big deal.”

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