NFSTAC PRESENTS

Digital Strategies to Foster Family Engagement in Addiction and Mental Health Support

Fred Muench PhD
President
Partnership to End Addiction
fmuench@toendaddiction.org

Molly Bobek LCSW
Associate Vice President
Partnership to End Addiction
mbobek@toendaddiction.org

Amit Baumel PhD
Assistant Professor
University of Haifa
abaumel@univ.haifa.ac.il

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2pm
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Partnership to End Addiction is a national nonprofit that exists to:

– Empower families
– Advance effective care
– Shape public policy
– Change culture

We Support the Supporters
Keeping Families At the Center

We partner with our extensive network of researchers, policy makers, parents, media partners and advocates to make meaningful change in the lives of caregivers & families.

Partnership to End Addiction

Leadership through Partnership

Transformation at a Macro Level (Infrastructure, Policy, Research)

Transformation at a Human Level: Acceptance, Tools, Support

Our Focus: Caregivers & Families
WHY FAMILIES FOR MENTAL HEALTH AND ADDICTION SUPPORT?

• Families can be the most motivated to support their loved ones.
• Families can be trained to be first responders if given the opportunities on the journey.
• Family members have significant influence early (prevention/early intervention) and later when other options have may have been exhausted.
• Families can be engaged, but it is not on their radar / have barriers.
FAMILY INTERVENTION TARGETS

- Entire Family
- Subset of Family
- Couples
- Concerned Significant Other
BARRIERS TO FAMILY ENGAGEMENT IN BEHAVIORAL HEALTH

FAMILY BARRIERS
• Trouble with location/travel
• Coordinating schedules - insufficient time
• Lack of resources
• Stigma, Stigma, Stigma
• Vulnerability/Disclosure to family
• Family blaming
• Unengaged family members that influence others
• Family discord
• Unhelpful prior experiences in therapy
• Unknowing of the power of relational therapies
• Hoping things work themselves out
• Unknowing of the power of concerned significant others
BARRIERS TO FAMILY ENGAGEMENT IN BEHAVIORAL HEALTH

SYSTEM BARRIERS

- Organizational expertise
- Clinician scheduling
- Billing that does not reward family engagement – especially for concerned significant others
- Ignoring treating the family as the unit of intervention vs. individual
- Ignoring relevance of concerned other in care

Prioritizing family engagement means thinking and working systemically- if we focus too much on family barriers, we are holding individuals rather than systems responsible
TELEHEALTH USAGE DURING COVID AND BEYOND

Growth in telehealth usage peaked during April 2020 but has since stabilized.

Source: McKinsey & Company; July 2021
Substantial variation exists in share of telehealth claims across specialities.

Source: McKinsey & Company; July 2021
<table>
<thead>
<tr>
<th>Good</th>
<th>Concerns</th>
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</thead>
<tbody>
<tr>
<td>Reach/Access</td>
<td>Dehumanization</td>
</tr>
<tr>
<td>Disclosure/Stigma</td>
<td>Substitution</td>
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<tr>
<td>Continuous/Salience of Care</td>
<td>Information Overload</td>
</tr>
<tr>
<td>Personalization/Data Analytics-Predict</td>
<td>Messy/Unreliable</td>
</tr>
<tr>
<td>Environmental View</td>
<td>Privacy/Security</td>
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<tr>
<td>Time/Just-in-time</td>
<td>Staff Training/Opt-In</td>
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<tr>
<td>Location / Agnostic</td>
<td>Maintenance</td>
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</tbody>
</table>
Technology mediums / modes have evolved to offer new opportunities that build off one-another.

**TV**
- Reach/Dissemination/Scale
- Standardization

**CD ROM**
- Interactivity
- Personalization/Tailoring
- Adaptability

**Web**
- Data capture/Analytics
- Social interaction
- Stigma reduction
- Disclosure

**Mobile Phone**
- Salience/Triggers
- Effort
- Just-in-time adaptability

**Sensors**
- Precision
- Objectivity (relative)

**Smartwatches**
- Continuous sensing
- Salient passive and active intervention

**Implants**
- Passive assessment/intervention
Technology mediums / modes offer enhanced opportunities to connect and intervene based on how people live.

Episodic and continuous
Synchronous and asynchronous
Automated and human **
Passive and active
Captured and ephemeral
Individual and group

**Effortless and Salient**

*Supportive Accountability (Mohr et al. 2012)/Hybrid Models
FAMILY AND CSO OPPORTUNITIES

THERAPIST / RELATIONAL OPPORTUNITIES

• Coordination of multiple schedules and costs associated with multiple people missing work or school.
  – Asynchronous communication
  – Family coordinated scheduling (Calendly)

• Reduced cost (including non-therapeutic costs)
  – Automated trainings

• Reduced stigma and increased disclosure**
  Reduced perceived judgment

• Treating in a natural setting of the home (both comfort for family and understanding of environment by therapist)
  – Video-chat welcoming into ones home

• Multiple opportunities for connection
  – Effort optimized mediums (eg group chat videochat, courses).
AUTOMATED/SELF GUIDED PARENTING PROGRAMS

• Mostly Parent / CSO focused by age of child and behavioral target
• Learning driven (e.g courses)
• Heavily skills acquisition based
  – Communication skills/scripts
  – Boundaries, responsibility, efficacy, modeling, rewards, independence, etc.
• Some for whole family (different modules) that keep families on the same page (much harder to implement).
• Automated messaging (e.g. email & sms) options

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Intensive family intervention
Level 5

Broad focus parent training
Level 4

Narrow focus parent skills training
Level 3

Brief parenting advice
Level 2

Communications strategy
Level 1

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SELF DELIVERED DIGITAL PARENT TRAINING
TARGETING DISRUPTIVE BEHAVIORS

**Age <9 years (clinical range of symptoms):**

*ES = 0.61, 95% CI = 0.40 - 0.82,*

- Cefai 2010: Std diff = 0.169
- Enebrink 2012: Std diff = 0.857
- Irvine 2015: Std diff = 0.198
- Kaier 2000: Std diff = 0.330

**Age >11 years (non-clinical range of symptoms):**

*ES = 0.21, 95% CI = -0.01 to 0.42,*

- Morawska 2014: Std diff = 0.304
- Porzig-D 2015: Std diff = 0.463
- Sanders 2012: Std diff = 0.797

There are no shortage of digital parent training courses and apps.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Price</th>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parenting Skills to Raise Responsible, Mature Children</strong></td>
<td>$19.99</td>
<td>4.6</td>
<td>Positive Parenting Course---Learn Parenting Skills and Strategies to Create a Loving and Nurturing Home. Roger Kay Allen, Ph.D.</td>
</tr>
<tr>
<td><strong>How to get your kids to cooperate—even if they don’t want to</strong></td>
<td>$17.99</td>
<td>4.8</td>
<td>Avoid the shouting, threats, and bribes with these Emotionally Intelligent skills and boundaries - (toddler to teen). Robin Booth</td>
</tr>
</tbody>
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www.nfstac.org
www.ffcmh.org
FEDERATION AND PARTNERSHIP COURSES

SELF-CARE ACTION PLAN

Skill Building Course to Address Teen Substance Use

This course is designed to help you understand why your teen may be using substances and what you can do to help them make better choices. Among other skills you’ll learn how to have better conversations with your child and use behavior management techniques that can make a big difference.

View Course details

COURSE CONTENT

- Pre-lesson survey
- Introduction
- Lesson 1: What do I do when my child pushes my buttons?
- Lesson 2: How do I talk so my child will listen? (Open-ended Questions)
- Lesson 3: How do I talk so my child will listen? (Reflections)
- Lesson 4: How do I talk so my child will listen? (Information Sandwich)
SUSTAINED ENGAGEMENT IS A PROBLEM

App 30-day retention by primary incorporated technique.

PROACTIVE ENGAGEMENT
Personalized Proactive Mobile Programs for Families

Text **Join** to **55753**

- Precision Prevention
- Resilience
- Prevention
- Medication Safety & Alternatives
- Intervention
- Early Use
- Struggling (Not Motivated)
- Struggling (Motivated)
- Treatment
- Finding Treatment
- MAT
- Recovery
- Supporting family recovery
- Grief Support

*Spanish Language version - Ayuda y Esperanza -- in pilot phase*
CLINICIAN AND PEER SUPPORTED PARENTING AND FAMILY PROGRAMS

- Significant increase in video-chat, phone, and text-based support services for CSOs and families
- Support driven
- Heavier relational components with skills so the whole family can be engaged
- Traditional family therapy delivered remotely to reduce logistical barriers
- Individual and groups
Helpline
Bilingual specialists provide support, guidance and resources & create a personalized plan for your family

Drugfree.org
Science-based information and resources to help you and your family

E-Learning
Self-paced course offering proven parenting skills

Peer Parent Coaching
Work one-on-one with a peer parent coach who has "been there" and can relate to your family's experience with substance use

Online Support Community
Live online education and support group meetings facilitated by Parent Coaches

Supportive Texts
Personalized and supportive messages sent straight to your mobile device

Risk Assessment
Help to better understand risks your child may face related to mental health, well-being, personality, family history, and their environment.

Personalized Feedback
Personalized resources and information based upon your family's situation
CSO/FAMILY SUPPORT GROUPS

SMART Recovery Family & Friends
Help For You and Your Loved Ones

Are you looking for resources to help you support someone with addiction? Is someone else’s addiction negatively affecting your life? We provide effective support both you and your loved one. Our methods are based on CRAFT Therapy (Community Reinforcement & Family Training).

Online Support Community for Parents & Caregivers

Join our free online support community for parents and caregivers who may have children experiencing with, or dependent on, substances.

Specially trained parent coaches, with support from health specialists, host regular online gatherings to share guidance on addressing substance use and related issues with teen and adult children. Parents and care givers will also find support and connections among other parents and caregivers facing similar issues.

“The opposite of addiction is not sobriety. The opposite of addiction is connection.”
CASE EXAMPLE OF ENGAGING A FAMILY ONLINE
WHOLE FAMILY INVOLVEMENT IN TREATMENT CONTINUUM

- Psychoeducation
- Update on Individual's Progress
- Family Skills Training
- Systemic Family Therapy
### Youth MOUD Services Continuum

<table>
<thead>
<tr>
<th>Stage 1: MOUD Preparation</th>
<th>Stage 2: MOUD Initiation</th>
<th>Stage 3: MOUD Stabilization</th>
<th>Stage 4: OUD Remission &amp; Recovery</th>
</tr>
</thead>
</table>

### Family Involvement Continuum

<table>
<thead>
<tr>
<th>Outreach</th>
<th>Engagement</th>
<th>Training</th>
<th>Recovery Maintenance</th>
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</thead>
<tbody>
<tr>
<td>Provider Tele-Intervention</td>
<td>Family outreach and role delineation</td>
<td>Family collaboration and goal-setting</td>
<td>Family education and skills training</td>
</tr>
<tr>
<td>Direct-to-Family Tele-Supports</td>
<td></td>
<td>Helplines, Online support groups, Mobile messaging, Peer-to-peer coaching</td>
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</table>
INVITING FAMILY MEMBERS TO TELETHERAPY

• Maintain Unconditional Positive Family Regard
• When we struggle to engage families treatment, it is important to retain unconditional positive regard for both the target client and family members, regardless of life choices or challenges
• Stage 1: Assess
• When outreach becomes challenging, success hinges on understanding family-specific barriers to engagement. Common barriers for families we struggle to engage include hopelessness due to past family difficulties or perceived failures, lack of understanding of treatment processes, and cultural differences between providers, treatment systems, and families
• **Stage 2: Ally**

• Attempt to ally yourself with the family by soliciting additional details about the referring problem(s) and gaining greater understanding of relevant family experiences, including barriers to treatment attendance.

• Moderate level: Inquire about the depth and breadth of identified problems; focus on how the target adolescent’s behavior impacts the family as a whole and how family may impact teen’s behavior; gently encourage the contact to involve other family members in treatment.

• More Persistent level: Inquire about family interactions; inquire about the problems, values, and interests of various members; and establish a working collaboration with the contact person over multiple contact occasions.
• **Stage 3: Activate**

• Attempt to alter family interaction patterns that appear to be preventing members from working together effectively to enter treatment. To accomplish this, problem-solve with family members regarding barriers to treatment and assign specific tasks to members aimed at decreasing barriers. Successful outreach activation often requires that you (1) identify who can act as a reliable family messenger and who has power to influence other family members to attend; and (2) provide compelling rationale for therapy that account for the specific concerns of key members.

• Advise the contact on how to negotiate attendance with reluctant members; track multiple members (via the contact or personally via phone/text) to ensure appointments are kept.
• Respecting status and power differences during outreach efforts is critical. Therapists can be an agent of change but also, inadvertently, a reinforcer of negative or maladaptive beliefs. Families view therapists as professionals and experts, sometimes as agents of social control, and often as gatekeepers to key information and services that they require or are mandated to attend, or as persons they are entrusting to help their child in crisis.

• Friendliness is fundamental to outreach. Experts who initiate contact by telling parents what is best, rather than listening to and authentically learning from them, are not as successful.

• Outreach for substance use services can be especially challenging due to the culture of blame and shame faced by families with a person who uses substances.
• If we move the needle, we can create healing that interrupts generations of shame and blame and create powerful connections.
• Dual paradigm shift: from solely in-office care to combined in-office and telehealth care that is thoughtfully and intentionally utilized AND from individual-focused to family-focused interventions
• Risks for family involvement are often discussed- we need to also be curious about the risks involved with not engaging family members in treatment
• Safety planning and crisis management for child-maltreatment and neglect is needed prior to sessions.
• Using videoconferencing to provide remote care in unsupervised settings may be inappropriate for certain high-risk client populations (e.g., families at risk for maltreatment, suicidal clients).

Sanci L. (2020). The Integration of Innovative Technologies to Support Improving Adolescent and Young Adult Health. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 67(2S), S1–S2


THANK YOU!

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President  
Partnership to End Addiction  
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Assistant Professor  
University of Haifa  
abaumel@univ.haifa.ac.il
FOLLOW UP AND NEXT STEPS

In our follow up email, within 3-5 business days, look for:

• A link to the recording of today’s presentation
• Today’s presentation slides
• Invitations to upcoming events
• Additional resources
• Ways to stay connected with us
• A letter of participation emailed to you

www.nfstac.org
Thank you for joining us!

Please complete the SAMHSA-required Feedback Survey you will be directed to when the webinar ends.
CONTACT INFORMATION

Fred Muench
fmuench@toendaddiction.org | www.partnership.org

Gail Cormier, Project Director, NFSTAC
info@nfstac.org | www.nfstac.org

Lachelle Wade-Freeman, Project Manager, NFSTAC
lwfreeman@ffcmh.org | www.nfstac.org

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