

NFSTAC PRESENTS

DIGITAL STRATEGIES TO FOSTER FAMILY ENGAGEMENT  
IN ADDICTION AND MENTAL HEALTH SUPPORT

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**Fred Muench PhD**

President  
*Partnership to End Addiction*

[fmuench@toendaddiction.org](mailto:fmuench@toendaddiction.org)

**Molly Bobek LCSW**

Associate Vice President  
*Partnership to End Addiction*

[mbobek@toendaddiction.org](mailto:mbobek@toendaddiction.org)

**Amit Baumel PhD**

Assistant Professor  
*University of Haifa*

[abaumel@univ.haifa.ac.il](mailto:abaumel@univ.haifa.ac.il)

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2pm

# DISCLAIMER

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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

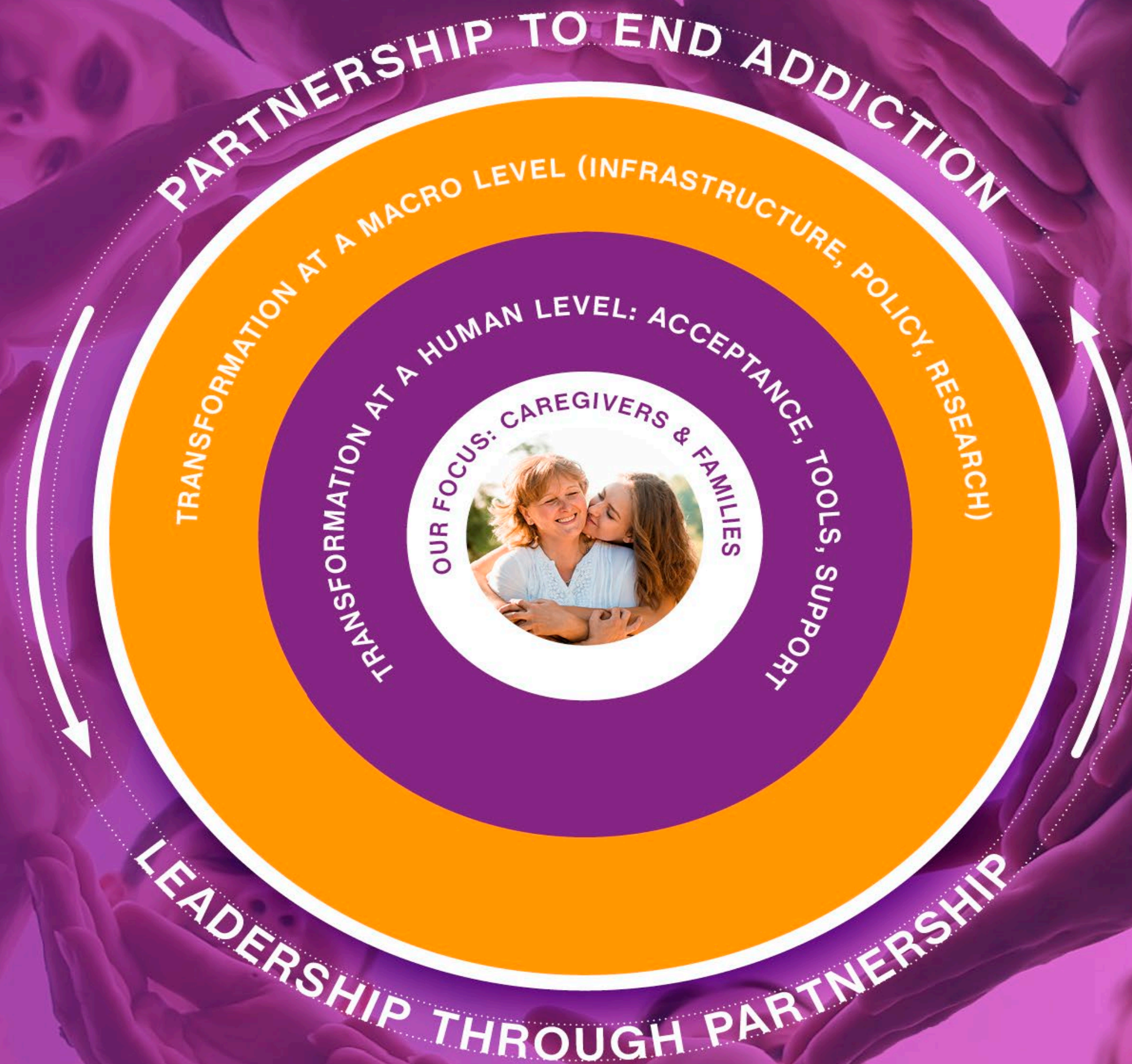
**We Support the Supporters**





# 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.





## 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***

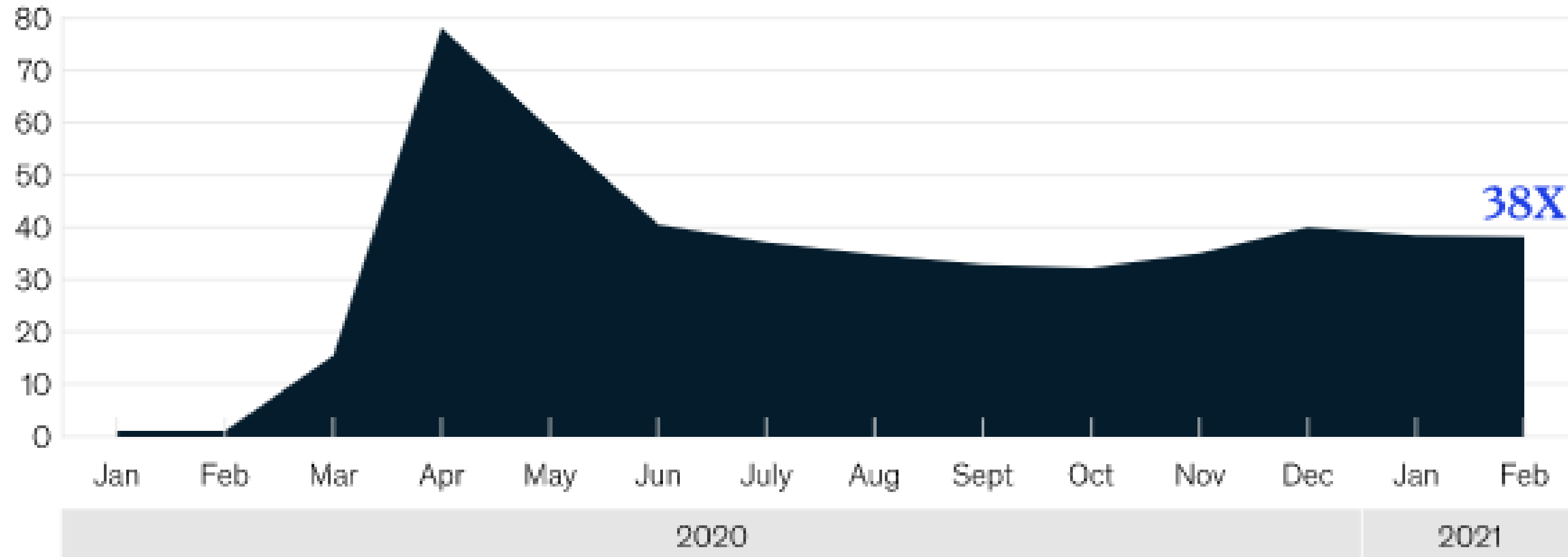




# TELEHEALTH USAGE DURING COVID AND BEYOND

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

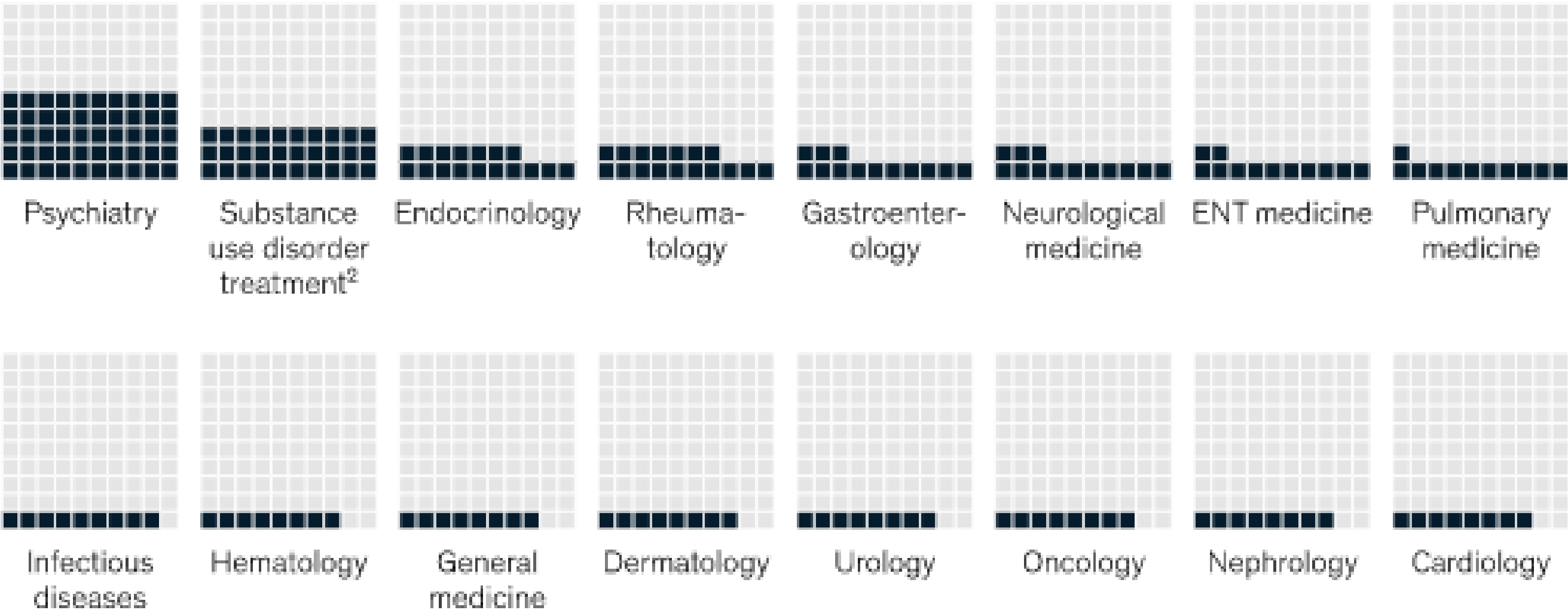
Telehealth claims volumes, compared to pre-Covid-19 levels (February 2020 = 1)<sup>1</sup>



# TELEHEALTH USE BY DISCIPLINE

Substantial variation exists in share of telehealth claims across specialities.

Share of telehealth of outpatient and office visit claims by specialty (February 2021), %



Source: McKinsey & Company; July 2021



<b>Good</b>
<b>Reach/Access</b>
<b>Disclosure/Stigma</b>
<b>Continuous/Salience of Care</b>
<b>Personalization/ Data Analytics-Predict</b>
<b>Environmental View</b>
<b>Time/Just-in-time</b>
<b>Location / Agnostic</b>

<b>Concerns</b>
<b>Dehumanization</b>
<b>Substitution</b>
<b>Information Overload</b>
<b>Messy/Unreliable</b>
<b>Privacy/Security</b>
<b>Staff Training/Opt-In</b>
<b>Maintenance</b>



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

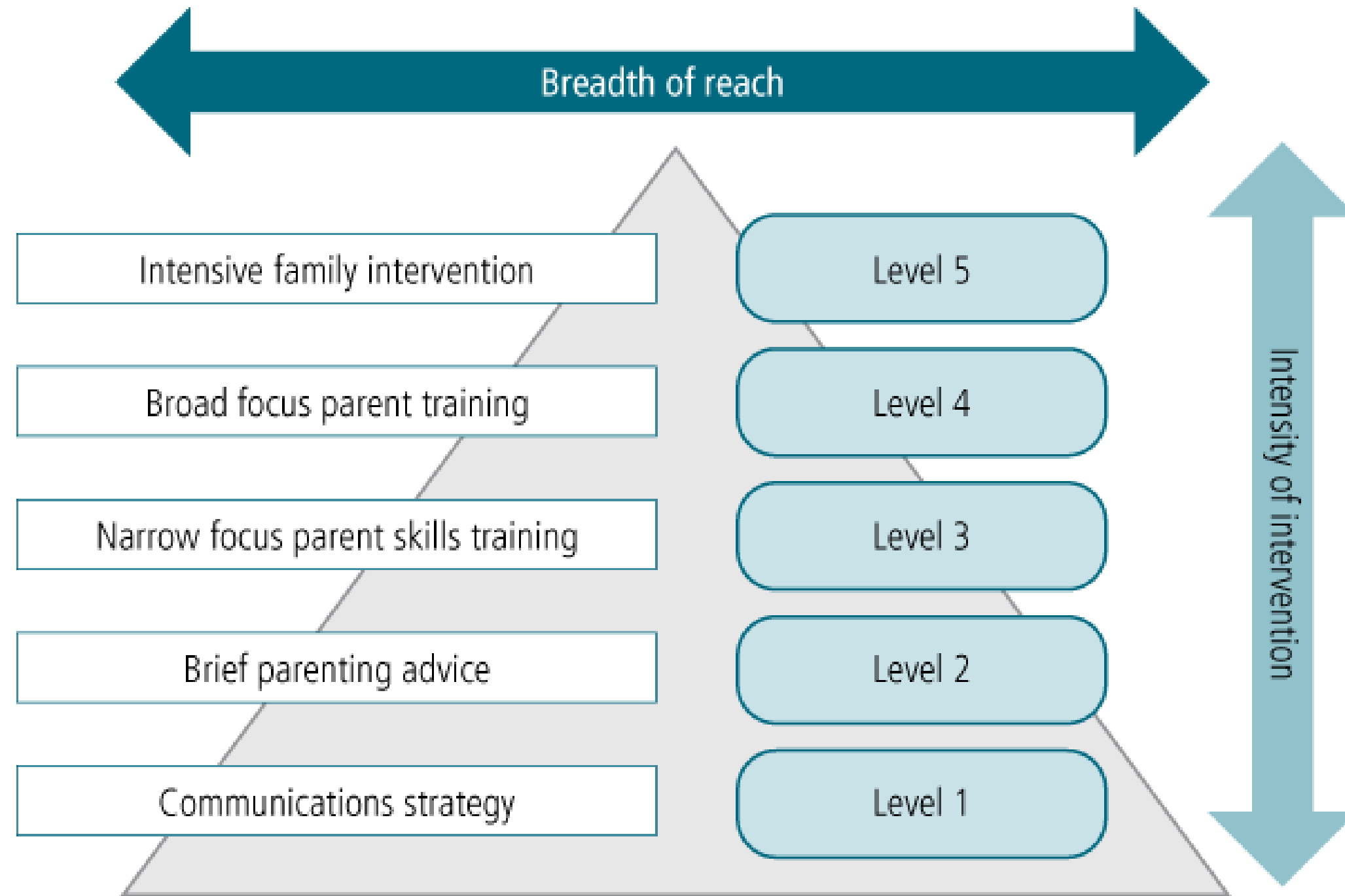
- Coordination of multiple schedules and costs associated with multiple people missing work or school.
  - Asynchronous communication
  - Family coordinated scheduling (Calendly)
- Reduced cost (including non-therapeutic costs)
  - Automated trainings
- Reduced stigma and increased disclosure\*\*
  - 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



•Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). Towards a public health approach to parenting: A systematic review and meta-analysis of the Triple P-Positive Parenting Program. *Clinical Psychology Review*, 32, 337-357. doi:10.1016/j.cpr.2014.04.003

# SELF DELIVERED DIGITAL PARENT TRAINING TARGETING DISRUPTIVE BEHAVIORS

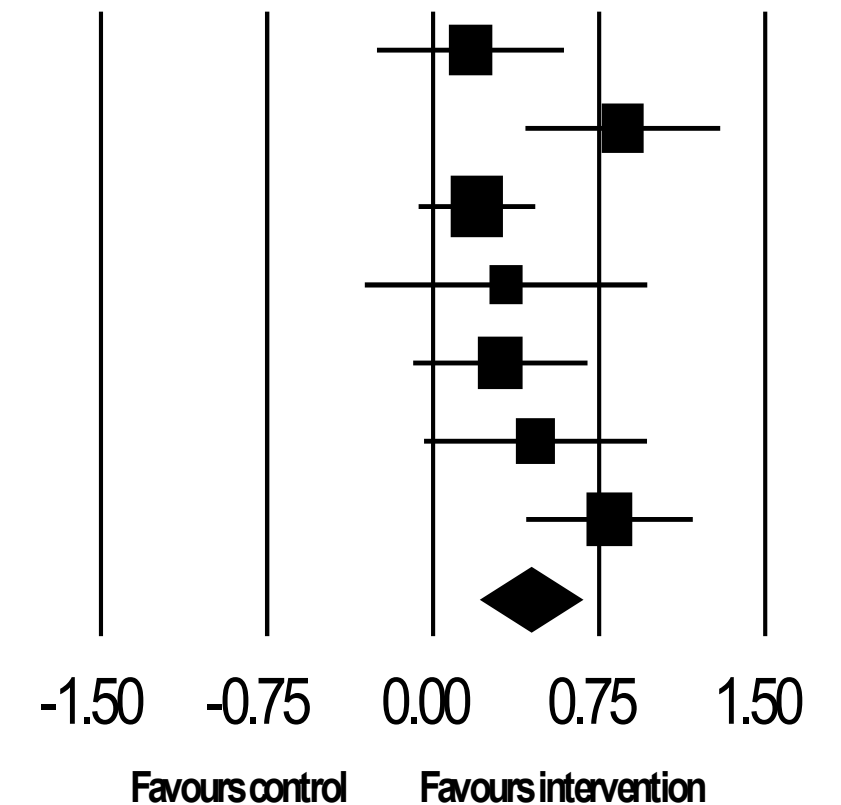
**Age <9 years (clinical range of symptoms):**

**ES =0.61, 95% CI=0.40-0.82, studies=4.**

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

**ES=0.21, 95% CI=-0.01to 0.42, studies=3.**

	Std diff in means	Lower limit	Upper limit	Z-Value	p-Value
Cefai 2010	0.169	-0.255	0.594	0.781	0.435
Enebrink 2012	0.857	0.414	1.300	3.794	0.000
Irvine 2015	0.198	-0.067	0.463	1.462	0.144
Kadir 2000	0.330	-0.310	0.970	1.010	0.312
Mbrowska 2014	0.304	-0.093	0.700	1.502	0.133
Porzig-D 2015	0.463	-0.043	0.968	1.794	0.073
Sanders 2012	0.797	0.418	1.175	4.127	0.000
	0.437	0.215	0.659	3.866	0.000



Baumel, A., Pawar, A., Kane, J. M., & Corell, C. U. (2016). Digital parent training for children with disruptive behaviors: a meta-analysis of randomized trials. *Journal of Child and Adolescent Psychopharmacology, 26(8)*, 740-749.

# THERE ARE NO SHORTAGE OF DIGITAL PARENT TRAINING COURSES AND APPS



**Strengthening Families Program** by Dr. Karol Kumpfer



## Parenting Skills to Raise Responsible, Mature Children

Positive Parenting Course--Learn Parenting Skills and Strategies to Create a Loving and Nurturing Home.

Roger Kay Allen, Ph.D.

4.6 ★★★★★ (2,002)

5.5 total hours · 62 lectures · All Levels

**\$19.99**

~~\$109.99~~



## How to get your kids to cooperate-even if they don't want to

Avoid the shouting, threats, and bribes with these Emotionally Intelligent skills and boundaries - (toddler to teen).

Robin Booth

4.8 ★★★★★ (512)

2 total hours · 30 lectures · All Levels

**\$17.99**

~~\$74.99~~





# FEDERATION AND PARTNERSHIP COURSES



Partnership to End Addiction

Instructor Dashboard Forums Enroll Kevin JC

## 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](#)

[Start Course](#)

Free

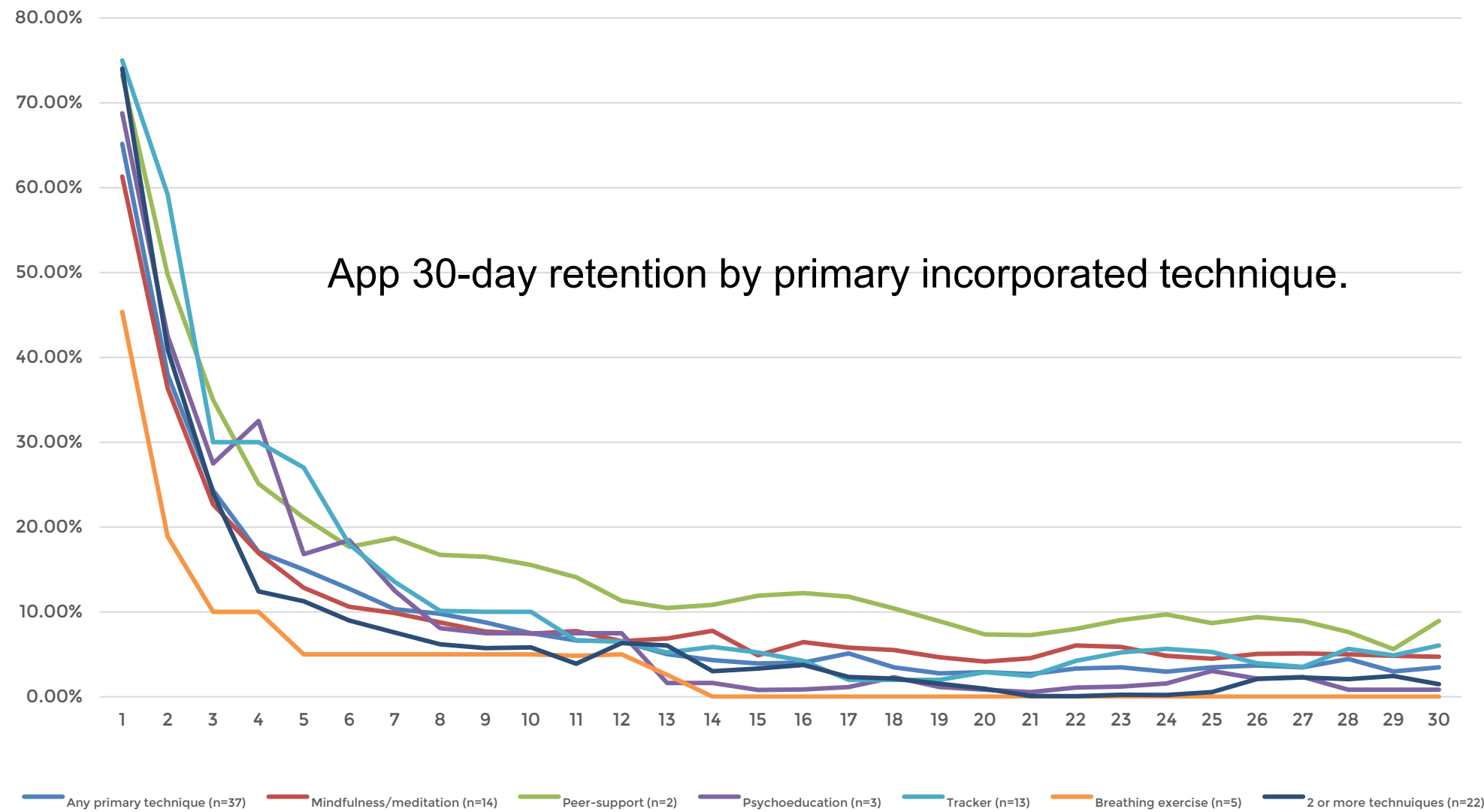
0% Complete  
0/12 Steps

### 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)

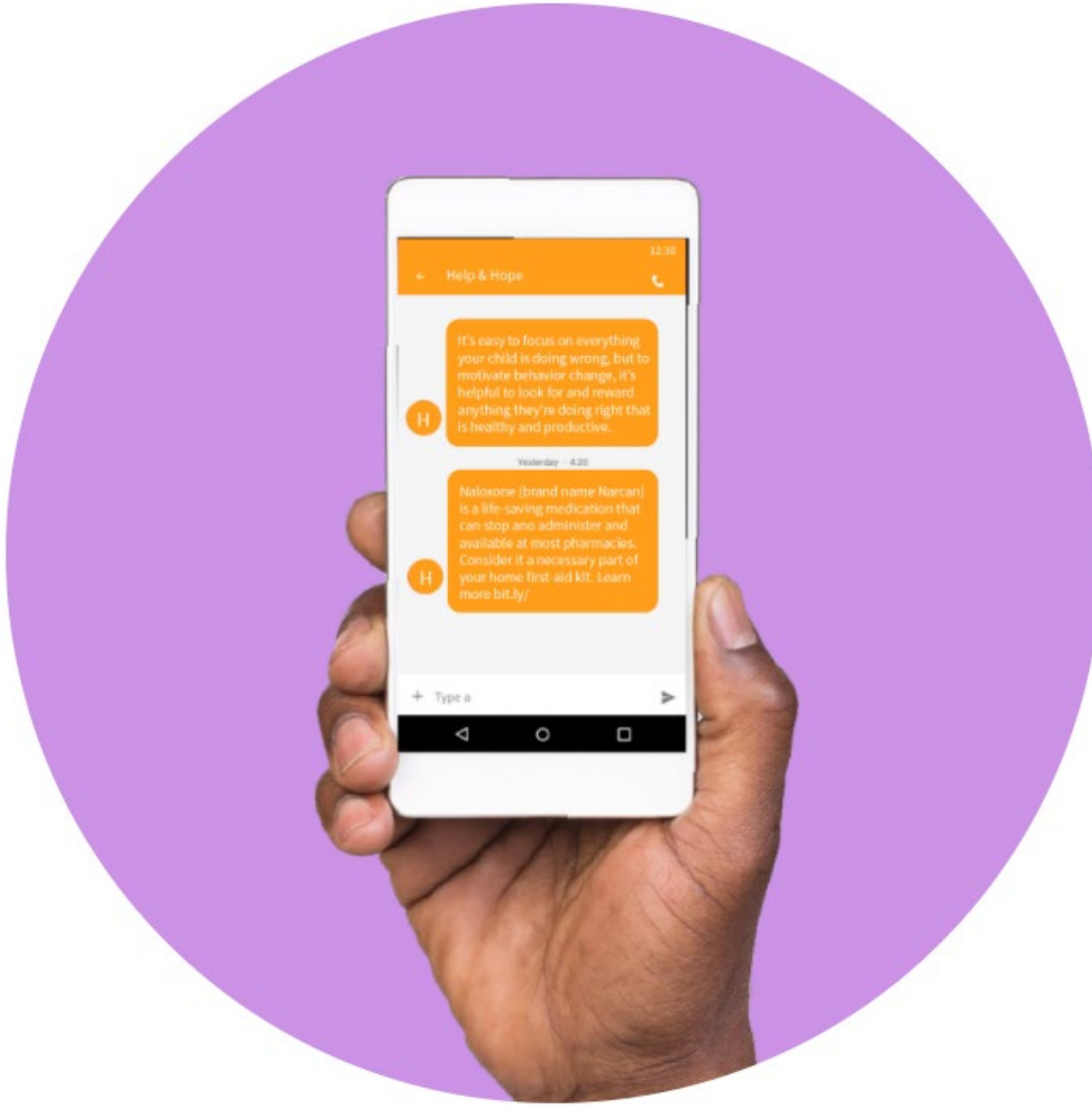


# SUSTAINED ENGAGEMENT IS A PROBLEM



**Significant  
Motivation is  
needed!**

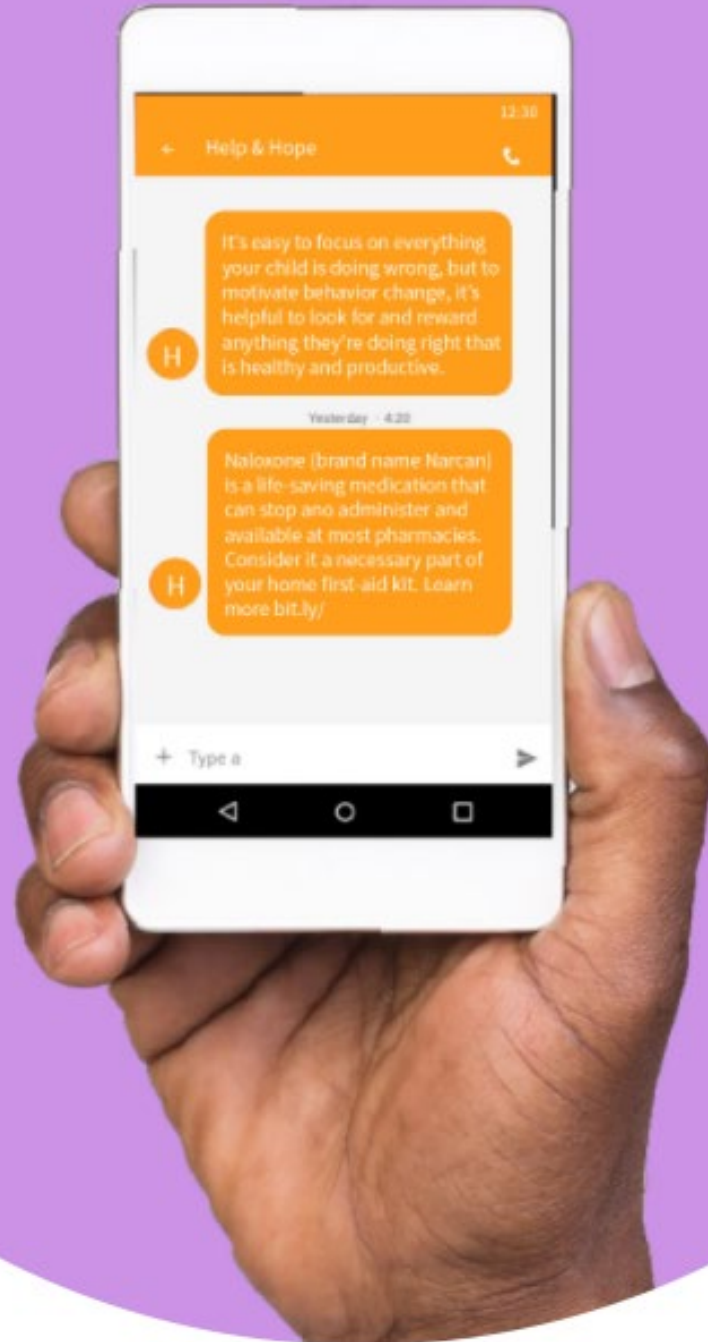
# PROACTIVE ENGAGEMENT





# 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 video-chat, phone and text based support services for CSOs and families
- Support driven
- Heavier relational components with skills so 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

*Disponible en español*



## Drugfree.org

Science-based information and resources to help you and your family

*Disponible en español*



## E-Learning

Self-paced course offering proven parenting skills

*Versión en español esta en desarrollo*



## 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

*Versión en español esta en desarrollo*



## Online Support Community

Live online education and support group meetings facilitated by Parent Coaches

*Versión en español en desarrollo*



## Supportive Texts

Personalized and supportive messages sent straight to your mobile device

*La versión en español es Ayuda y Esperanza*



## Risk Assessment

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

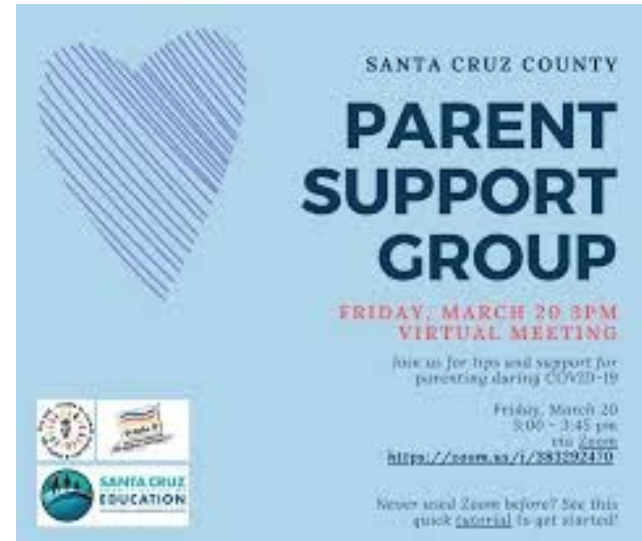


## Personalized Feedback

Personalized resources and information based upon your family's situation

*Versión en español esta en desarrollo*

# 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 you? Are you seeking an alternative to tough love? We provide effective support for you and your loved one. Our methods are based on SMART Recovery and CRAFT Therapy (Community Reinforcement & Family Training).

## Online Support Community for Parents & Caregivers

- On This Page
- 1 How to join
  - 2 What to expect

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

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

“

The opposite of addiction is not sobriety. The opposite of addiction is connection.

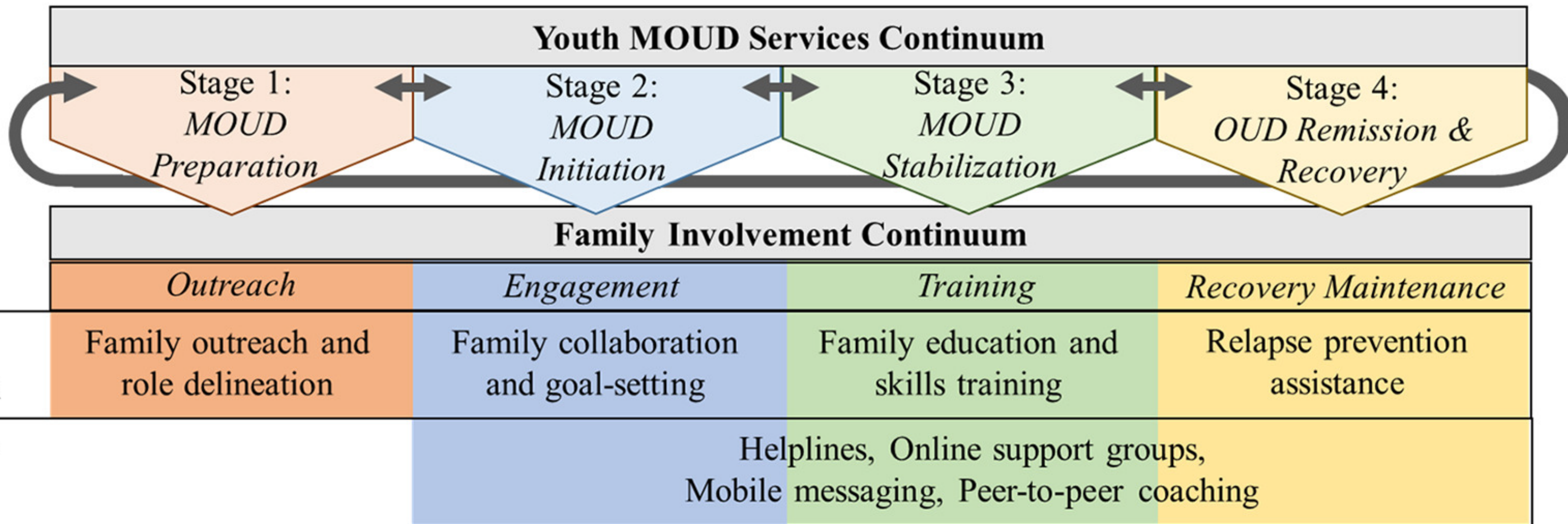
# CASE EXAMPLE OF ENGAGING A FAMILY ONLINE





# WHOLE FAMILY INVOLVEMENT IN TREATMENT CONTINUUM

- **Psychoeducation**
- **Update on Individual's Progress**
- **Family Skills Training**
- **Systemic Family Therapy**



# 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.

# REWARDS AND LIMITATIONS



- 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).

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# THANK YOU!

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**Fred Muench PhD**

**President**  
*Partnership to End Addiction*

[fmuench@toendaddiction.org](mailto:fmuench@toendaddiction.org)

**Molly Bobek LCSW**

**Associate Vice President**  
*Partnership to End Addiction*

[mbobek@toendaddiction.org](mailto:mbobek@toendaddiction.org)

**Amit Baumel PhD**

**Assistant Professor**  
*University of Haifa*

[abaumel@univ.haifa.ac.il](mailto: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](http://www.nfstac.org)



# FEEDBACK SURVEY



**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](mailto:fmuench@toendaddiction.org) | [www.partnership.org](http://www.partnership.org)

Gail Cormier, Project Director, NFSTAC

[info@nfstac.org](mailto:info@nfstac.org) | [www.nfstac.org](http://www.nfstac.org)

Lachelle Wade-Freeman, Project Manager, NFSTAC

[lwfreeman@ffcmh.org](mailto:lwfreeman@ffcmh.org) | [www.nfstac.org](http://www.nfstac.org)

Thank you for joining us!

