U.S. National Library of Medicine
National Network of Libraries of Medicine
New England Region

Engaging Parents and Caregivers in Substance Use Disorder Prevention and Recovery

Presenter - Fred Muench, PhD
President of The Partnership for Drug-Free Kids and Center on Addiction





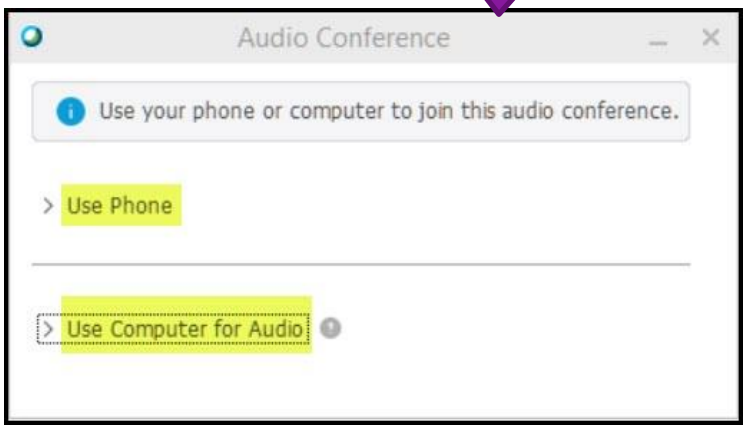
This Webinar is being recorded.
To view the captions for this event click on the URL in the chat box.

Center on Addiction | Partnership for Drug-Free Kids

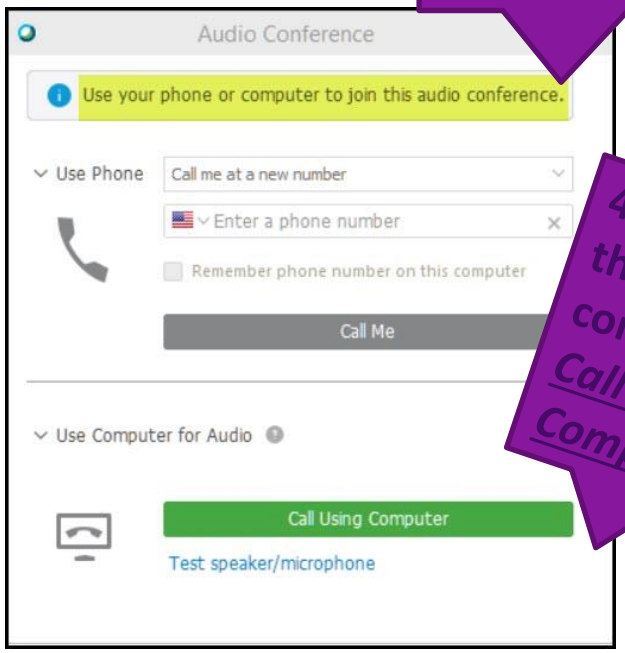
How To Connect to the Audio

1) Your audio box may look like this when you enter the WebEx session.

2) To connect to webinar audio you must either use your phone or your computer



3) To connect by phone, enter your phone number and the system will call you.



4) To connect through your computer click ***Call Using Computer.***

Center on Addiction | Partnership for Drug-Free Kids

About Today's Webinar

- **Closed captioning is available, click on the Captioning link in the Chat box**

- This webinar is being recorded. You will receive an email with a link to the webinar recording and materials in about a week.

- You will have an opportunity to ask questions during the last 10 minutes of the webinar.

- Medical librarians can receive 1 CE credit for attending this webinar. Completing an evaluation at the end of this webinar is required to receive CE credit. The webinar evaluation will appear automatically after you leave the Webex session.
  Use the enrollment code* Dis1920 *to receive CEs.

- Your feedback matters! Even if you are not receiving CE credit, please complete the evaluation.

Center on Addiction | Partnership for Drug-Free Kids

U.S. National Library of Medicine
National Network of Libraries of Medicine
New England Region

Your Webinar Host



Susan Halpin, M.Ed.
susan.halpin@umassmed.edu
NNLM NER, Education & Outreach Coordinator
University of Massachusetts Medical School
Worcester, Massachusetts

Center on Addiction | Partnership for Drug-Free Kids

Who is Joining Us Today?

Introduce Yourself Using the Chat Box (“chat” to “all participants”)

Name?

Where are you located?

What do you hope to learn today?

About National Library of Medicine (NLM)

https://www.nlm.nih.gov/



Physical library is Bethesda, MD part of the NIH campus.

Largest biomedical library in the world

One of the federal government's largest providers of digital content

The library is open to everyone

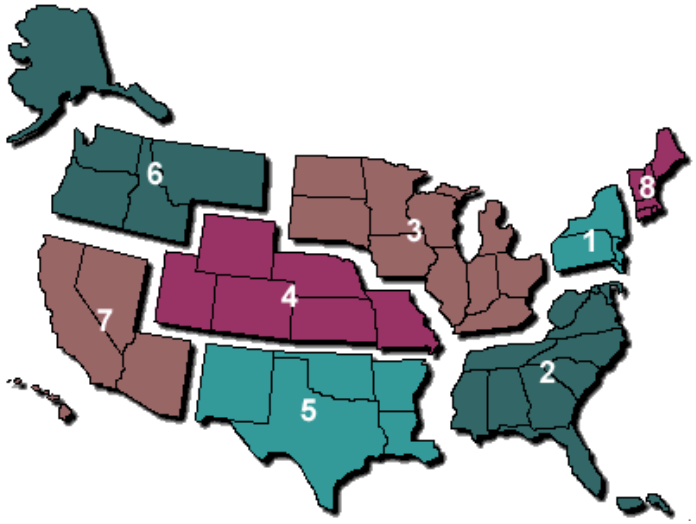
NLM's mission

Advance the progress of medicine and improve public health by making biomedical information accessible to everyone.

Center on Addiction | Partnership for Drug-Free Kids

NLM Outreach Program

NLM Carries Out its Mission
Through the National Network of Libraries of Medicine (NNLM)
https://nnlm.gov/

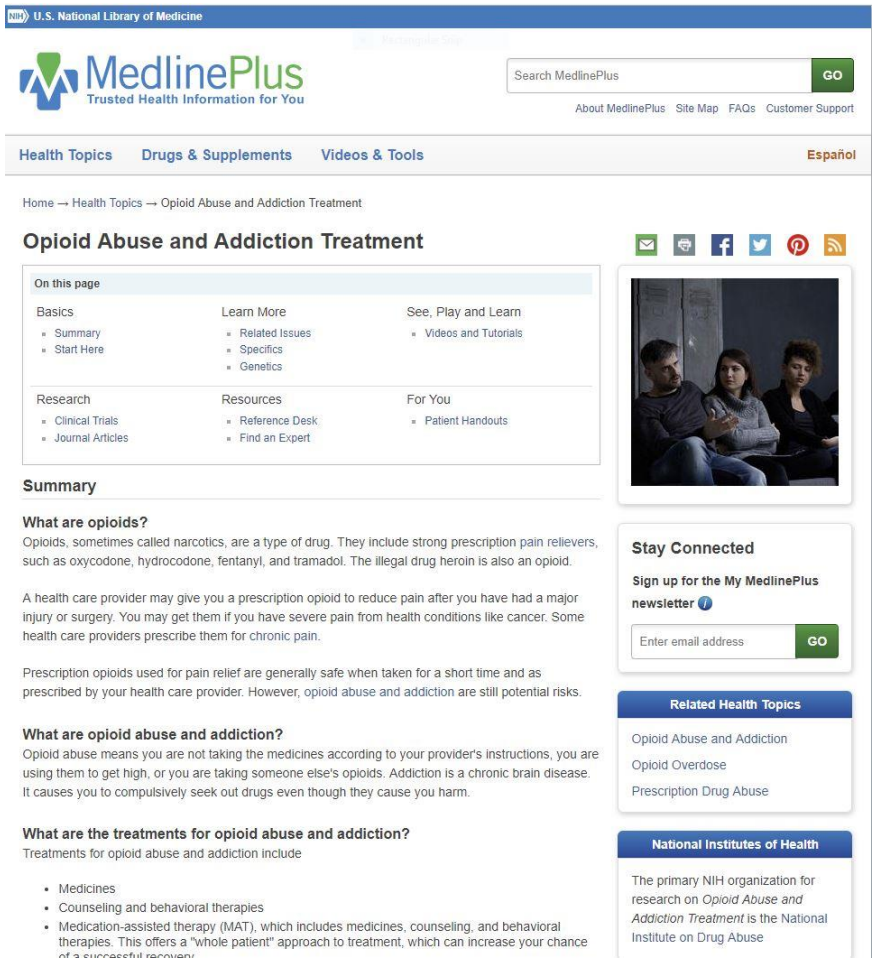


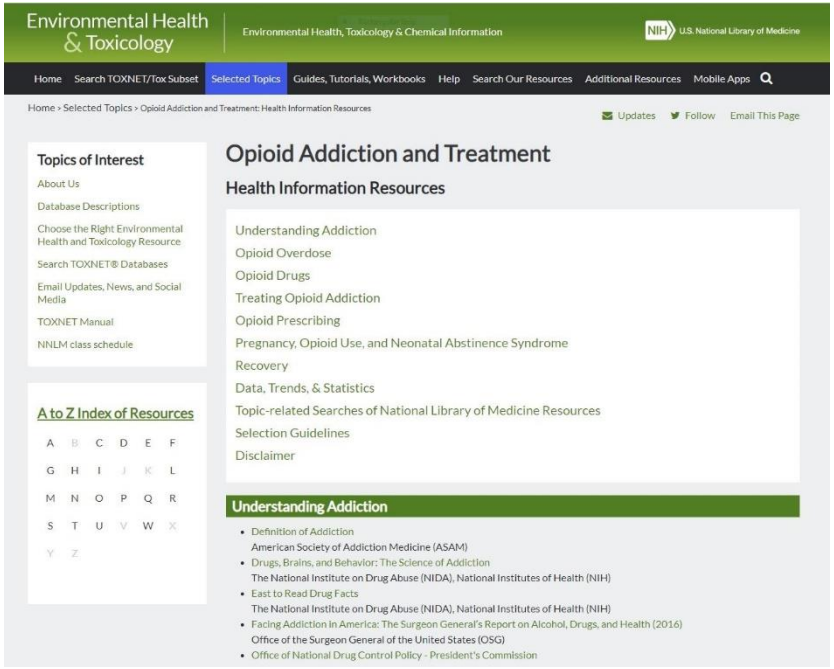
- Nationwide network of health sciences libraries, public libraries & information centers
- Each region has a partnership with a regional medical library
- Outreach provided through
  - Free access to online health & medical resources
  - Free Training & Professional Development
  - Grant funding opportunities for your community

77,000 people received training from NNLM last year!

Center on Addiction | Partnership for Drug-Free Kids

NLM Online Resources for Substance Use Disorder





https://envirotoxinfo.nlm.nih.gov/opiate-addiction-and-human-health.html

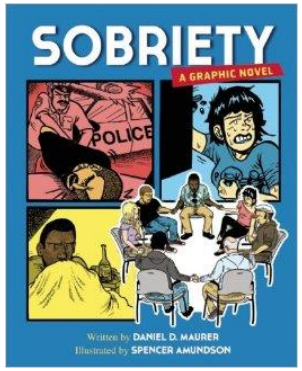
https://medlineplus.gov/opioidabuseandaddictiontreatment.html

Center on Addiction | Partnership for Drug-Free Kids

Looking for Programming Tools Related to Health and Wellness?

Consider borrowing one of our Graphic Medicine Book Club Kits featuring *Sobriety: A Graphic Novel*!





From the publisher…
"Through rich illustration and narrative, *Sobriety: A Graphic Novel* offers an inside look into recovery from the perspectives of five Twelve Step group members, each with a unique set of addictions, philosophies, struggles, and successes while working the Steps."

To Request a Kit: www.nnlm.gov/ner/kits

For Questions or Information
Sarah Levin-Lederer at
Sarah.LevinLederer@umassmed.edu

Fred Muench, PhD

President of the Partnership for Drug-Free Kids and Center on Addiction



Engaging Parents and Caregivers in Substance Use Disorder Prevention and Recovery

Frederick Muench, Ph.D.
President
Center on Addiction
Partnership for Drug-Free Kids



Agenda

- Why Families
- How We Serve
- Theoretical Underpinnings
- Programs
- Who is Seeking Help
- Preliminary Outcomes
- Resources
- Vaping
- What you can do

Collaborators and Contributors

Linda Richter
Pat Aussem
Rachel Chernick
Aaron Hogue
Charlie Neighbors
Molly Bobek
Carla Lisio
Emily Feinstein
Sarah Dauber
Marcus Daugherty
Douglas Leu
Kevin Collins

Tom Hedrick
Sean Clarkin
Elizabeth Mustacchio
Aradhana Srinagesh
Denise Mariano
Entire Team!

Jeff Foote & Ken Carpenter (CMC)

Sarah Bagley & Alicia Ventura (BMC)

Center on Addiction / Partnership for Drug-Free Kids

Center on Addiction is the merger of the Partnership for Drug-Free Kids and the National Center on Addiction and Substance Abuse. We are a national nonprofit dedicated to:

- Supporting Families to Prevent and Overcome Addiction Through a Suite of Digital and Human Support Tools
- Shaping Public Policy by Partnering with Families to Share Their Stories and Change the Conversation
- Improving Quality of Care By Involving Families In Treatment for Young People and Enhancing Treatment for All
- Changing Culture and Stigma Through Media and by Empowering Families to Prevent and Treat Addiction in their Communities

Center on Addiction | Partnership for Drug-Free Kids

Substance Use

- Substance use among adolescents and young adults.
- By the time they are seniors in high school in their lifetime:
  - 50-70% of teens have tried alcohol at least once (about 13% past month)
  - 45-50% of teens have taken an illicit substance (about 15% past month)
  - 40% of teens have smoked a cigarette / vaped (4% and 27% past month)
  - 20% of teens have used a prescription drug for a nonmedical reason (3-5% past month)
- Young adults (ages 18-25) have the highest rates of past year use of **alcohol**, cigarettes, smokeless tobacco, cocaine, heroin, hallucinogens, LSD, MDMA, **marijuana**, tranquilizers and non-therapeutic use of pain medication, sedatives and stimulants.

MTF, 2017; MTF 2018; Swendsen et al., 2012; Center for Behavioral Health Statistics and Quality, 2016

How Many Young People Vape?

Report vaping in past 30 days in 2019

- 27.5% of high school students (4.1 million) (CDC)
  - 32% increase from 2018
- 10.5% of middle school students (1.2 million) (CDC)
  - 114% increase from 2018

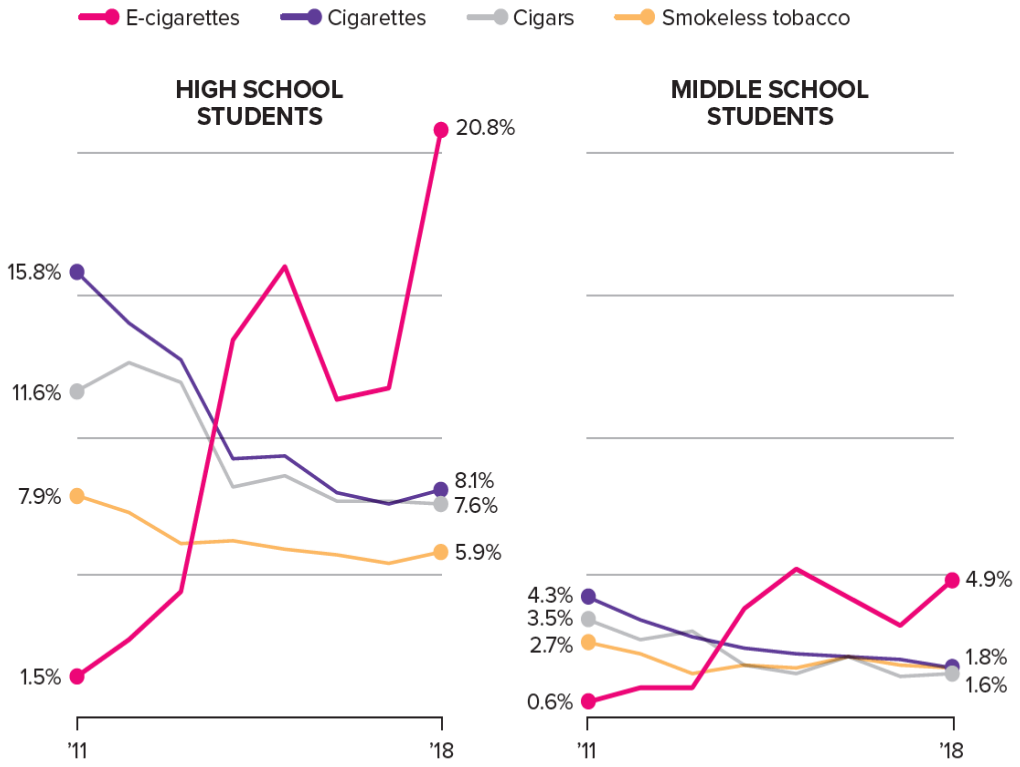
- 7.6% of young adults aged 18-24 (CDC)
  - 46% increase from 2017

- 3% of adults (the intended audience) in 2018
  (NHIS, ages 18 and older)
  - 14% increase from 2017

Center on Addiction | Partnership for Drug-Free Kids

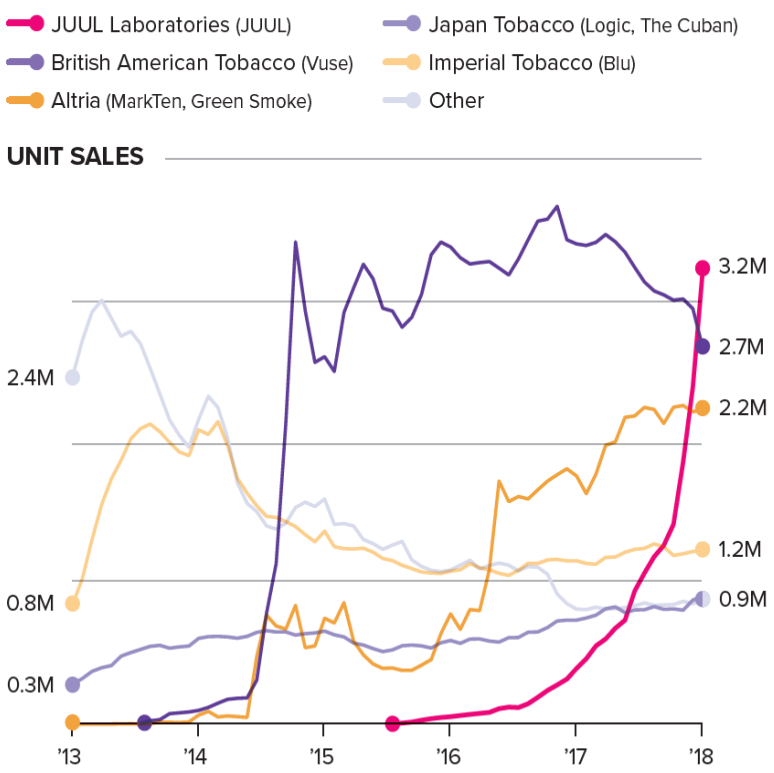
Prevalence among U.S. middle- and high-school students

Estimated percentage of students who currently use e-cigarettes and other tobacco products, based on CDC, FDA and National Cancer Institute analysis of data from 2011-2018 National Youth Tobacco Surveys.



Total e-cigarette sales in the U.S.

CDC analysis does not distinguish the age of the purchasers. Estimates may include products obtained by youth.



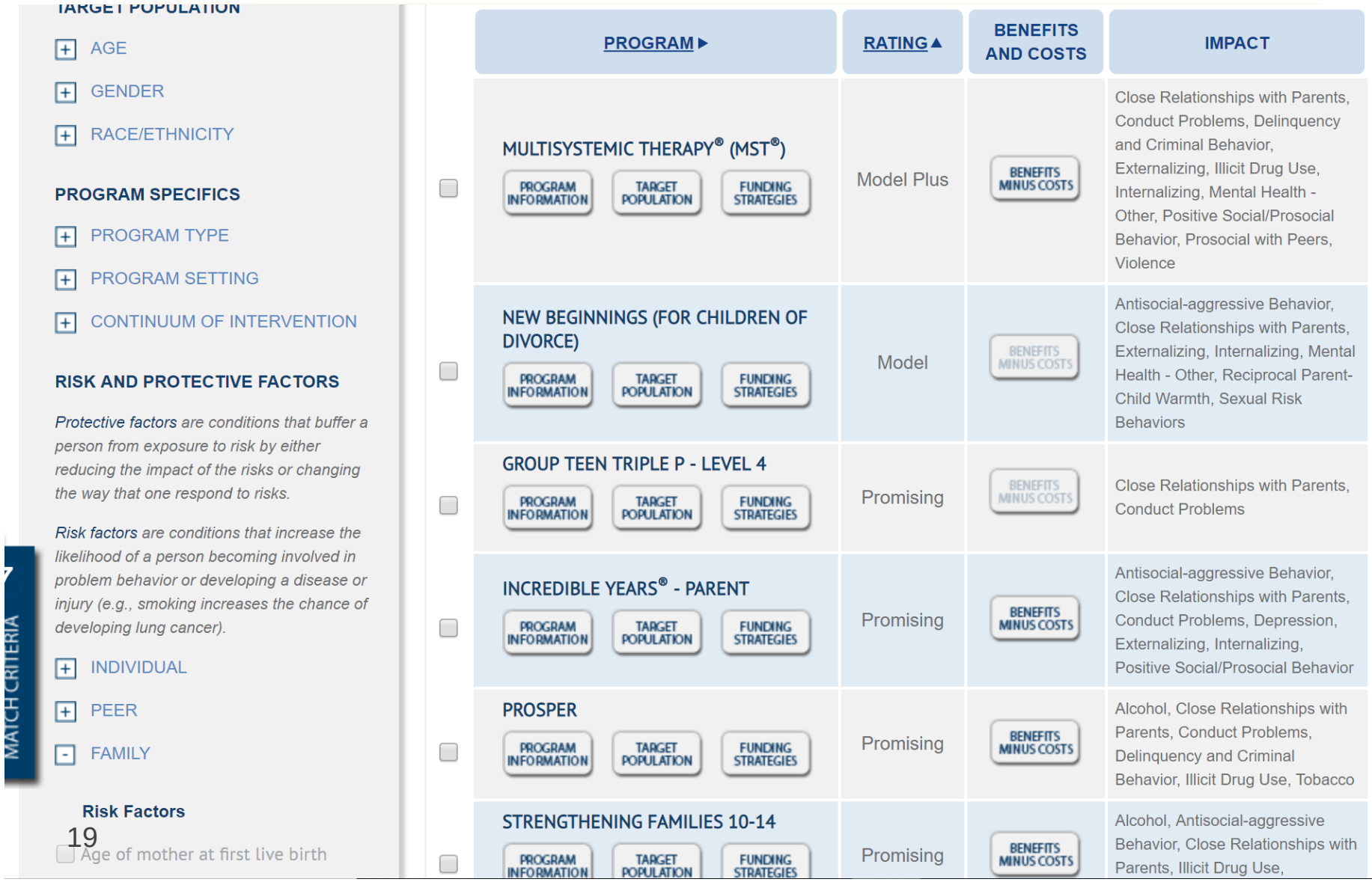
Note: Smokeless tobacco is defined as chewing tobacco, snuff, dip, snus and/or dissolvable tobacco products.

Center on Addiction | Partnership for Drug-Free Kids

A Critical Time for Intervention

- Adolescent and young adult brains are particularly vulnerable to substance exposure as they are not fully developed until the age of 25
- 90% of Americans who meet the medical criteria for addiction started smoking, drinking or using other substances before age 18
- 1 in 4 adult Americans who began using any substance before age 18 current meet criteria for an SUD, compared to 1 in 25 who started using at age 21 or older

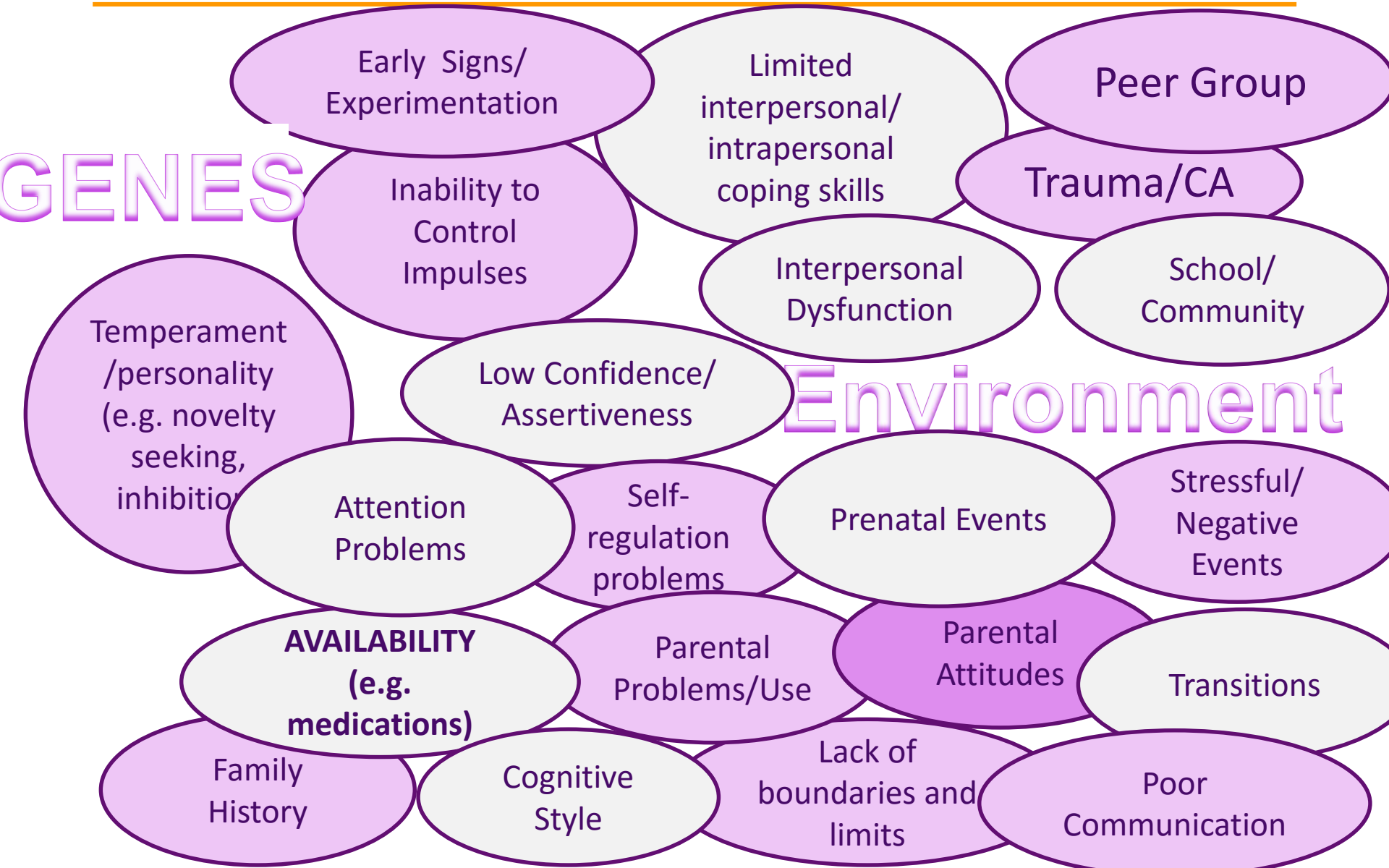
https://www.blueprintsprograms.org



What doesn't work in prevention and early intervention?

- Stand-alone events
- Strictly knowledge-based programs
- Lack of tailoring of a program to the specific group
- Delivery primarily through lecture
- Strictly one-off media-based approaches without accompanying support
- Fear tactics

Risk Factors for Problem Use



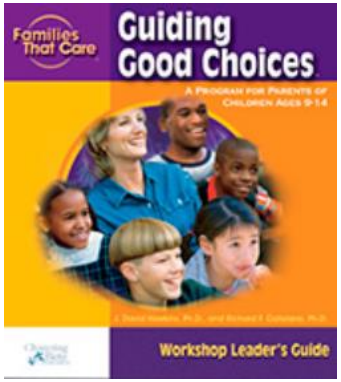
Parents/Caregivers Matter

- A parent or family member is going to be invested in the successful outcome of the young person in a way different from a school or treatment team.
- Parents or other family members have known the young person the longest and have a longitudinal perspective to inform decisions based on what has worked (or not worked in the past).
- Family members have the unique perspective on identifying risk factors and warning signs for use and relapse in a young person's natural environment and **can intervene early with proper training and support**.

Family-Focused Prevention Programs

Guiding Good Choices

This program uses a multimedia approach to support parents in communicating with their children lovingly and supportively, and therefore decrease their chances of using substances.



Operation Prevention

DEA and Discovery Education created this program to educate students about opioids, and it includes classroom and parent resources.

Strengthening Families Program

SFP provides family skills training to strengthen the relationships within the family through a curriculum for both parents and children.



Family and Caregiver Treatments for ASU

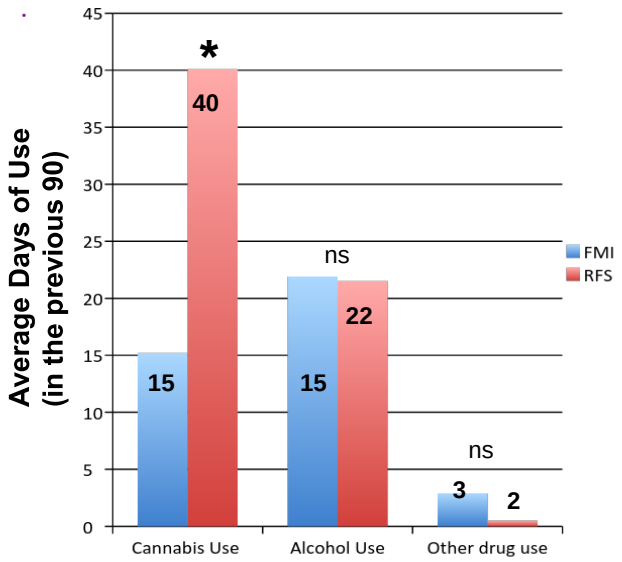
Family therapy is the most effective form of care for adolescent substance misuse.

- Functional family therapy
- Multidimensional family therapy
- Brief strategic family therapy
- Behavioral/Motivational Family Interventions
- Community Reinforcement and Family Training (CRAFT)*

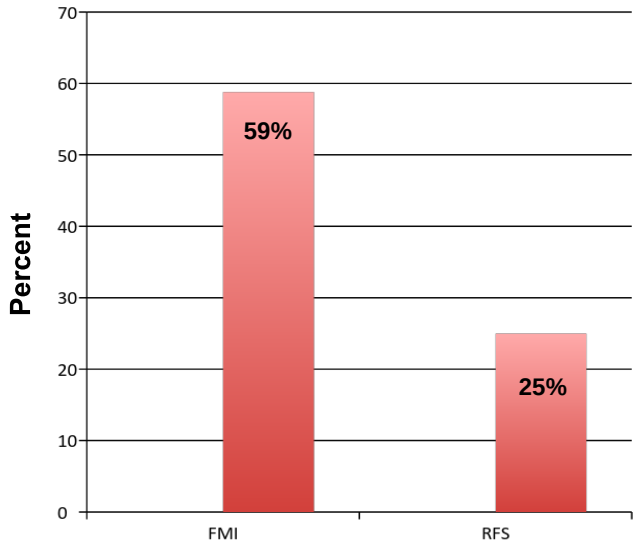
Family Motivational Intervention with Co-Occurring Disorders

(FMI; Smeerdjjk et al., 2012; Psychological Medicine)

Child's Substance Use



Complete abstinence from cannabis over 3-months

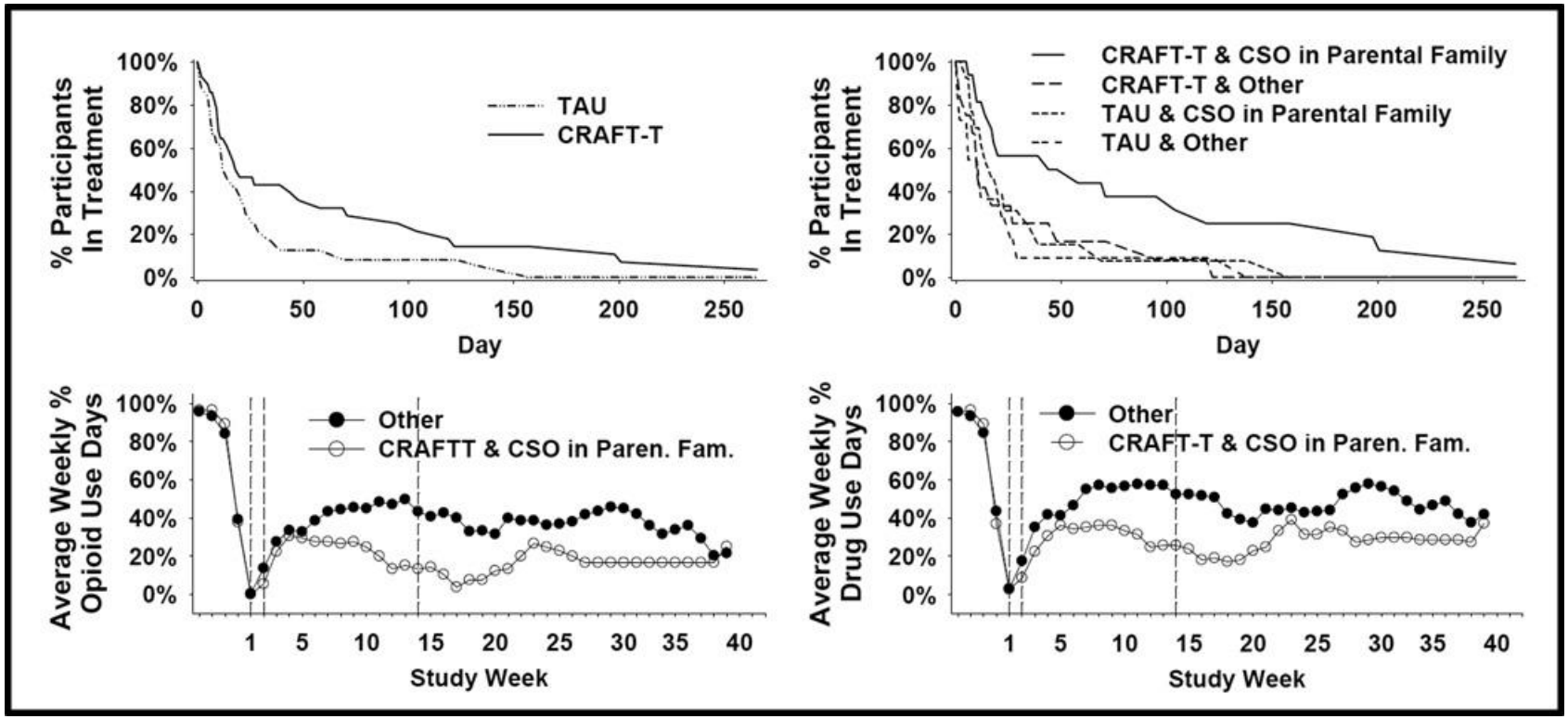


Trend: (X^2=3.07; p=.08)

Center on Addiction | Partnership for Drug-Free Kids

CRAFT-T: A component for the treatment of Opiate Use Disorders

(Bringham et al 2014)



Center on Addiction | Partnership for Drug-Free Kids

Caregivers Often Don't Engage in Help

- Stigma
  - The stigma against substance use causes many family members resist seeking help for their loved one out of fear of the discrimination and the judgment from others, against themselves as parents and against their children.
- Unaware of the resources / Cost
  - Not knowing about the resources available to them, effectiveness of resources, or the financial barriers to care
- Belief that it will get better (both young person and parent)
  - While parents might be aware of problems or potential problems, we often hope it will get better.
- Too Much Effort in Busy Lives
  - Too much effort and burden given overwhelming lives

Limited Options When They are Ready

- Family therapy and training/supporting parents, caregivers and influential others is not used by **most programs** due **to lack of financial incentives** for family training despite outcomes.
- Families are rarely engaged in care as systems not have the infrastructure despite the value add to **improving outcomes and cost reduction.**
- **Barriers to attending care** restrict implementation even with the best of intentions**.**
- **Remote digital family services and community and provider training can close these gaps by empowering the supporters of those in need.**

Center on Addiction | Partnership for Drug-Free Kids

How We Help

- We run a free, national **Parent and Caregiver Helpline** (via phone, SMS, Facebook Messenger, chat or email) to help parents and caregivers prevent and overcome addiction for their children and loved.
- We have a **National Parent Coaching** program with over 300 volunteers.
- We have an automated **Parent Assessment Triage and Messaging** system to hold caregivers hands on their journey
- We have a family targeted website for addiction with **over 5 million visitors a year.**
- We have a robust **technical assistance program** to train providers on family and caregiver interventions.

Center on Addiction | Partnership for Drug-Free Kids

Toolkits for Adolescent Substance Use: Core Elements of Family Therapy Training and Implementation System
(Hogue, Bobek, Dauber, et al.)

Measurement Training and Feedback System

Pragmatic web-based therapist training system that features therapist self-report, video modeling, observational coding, and measurement feedback on fidelity

Engaging Families in SUD Services: A TIP 39 Training

A Train the Trainer Curriculum for SUD providers including video modeling and experiential exercises, along with an ongoing Learning Collaborative and emergent quality assurance procedures

CRAFT Technical Assistance

- Funded today through multiple contracts with NYS OASAS (Office of Addiction Services and Supports) to train providers on empirically support care for families (*Neighbors, Lisio, Daugherty, and colleagues*). Select Programs Include:
- Medication Assisted Treatment Training (General)
- CRAFT (Community Reinforcement and Family Training) dissemination and implementation training certifying clinicians in assisting concerned significant others to engage treatment-refusing individuals struggling with substance use to enter treatment. Online training coming soon.



Center on Addiction | Partnership for Drug-Free Kids

Provider Prescribing Education and Tools



Center on Addiction | Partnership for Drug-Free Kids

Family Services



Center on Addiction | Partnership for Drug-Free Kids

Our Service Mission Statement

- To provide whatever support a CSO (Concerned Significant Other) needs to help themselves or their loved ones prevent or overcome addiction while enhancing their quality of life and life goals.
- Meet the help-seeker where they are on their journey when based on their needs, goals and readiness and adapt to those needs over time
- Allow a help-seeker to begin/sustain a conversation with us via their preferred medium of communication (eg. SMS, email, phone, chat, FB messenger)
- Allow a help-seeker to begin and sustain the conversation with us via their preferred method of communicating (eg. web/download, automated proactive, automated reactive, automated interactive, asynchronous, synchronous)
- Allow a help-seeker to adapt their program and join other programs in real time via user-based multi-medium assessments
- Deliver communications/interventions in the most effortless and salient - but impactful – manner.
- Tailor communications/interventions to the help-seeker's cognitive, behavioral and emotional capacity.

Theoretical Foundation

- Motivational Interviewing
- Transtheoretical Model of Change
- CRAFT: Community Reinforcement and Family Training
- Harm Reduction
- Acceptance and Commitment Therapy
- Invitation to Change
- Social-Cognitive Learning Theory
- User Experience Design and Implementation Frameworks

MAKE IT EASY AND SALIENT

Curating the Journey

Multi-channel Engagement



Engage (re-engage) via phone, email, chat, message

Assessment



Personalization Engine

Personalize to each parent and child's unique needs and goals

Adaptation

Adapt through ongoing assessment that changes the program with the changing needs of parents and loved ones.

Automated Digital, Specialist & Peer Support

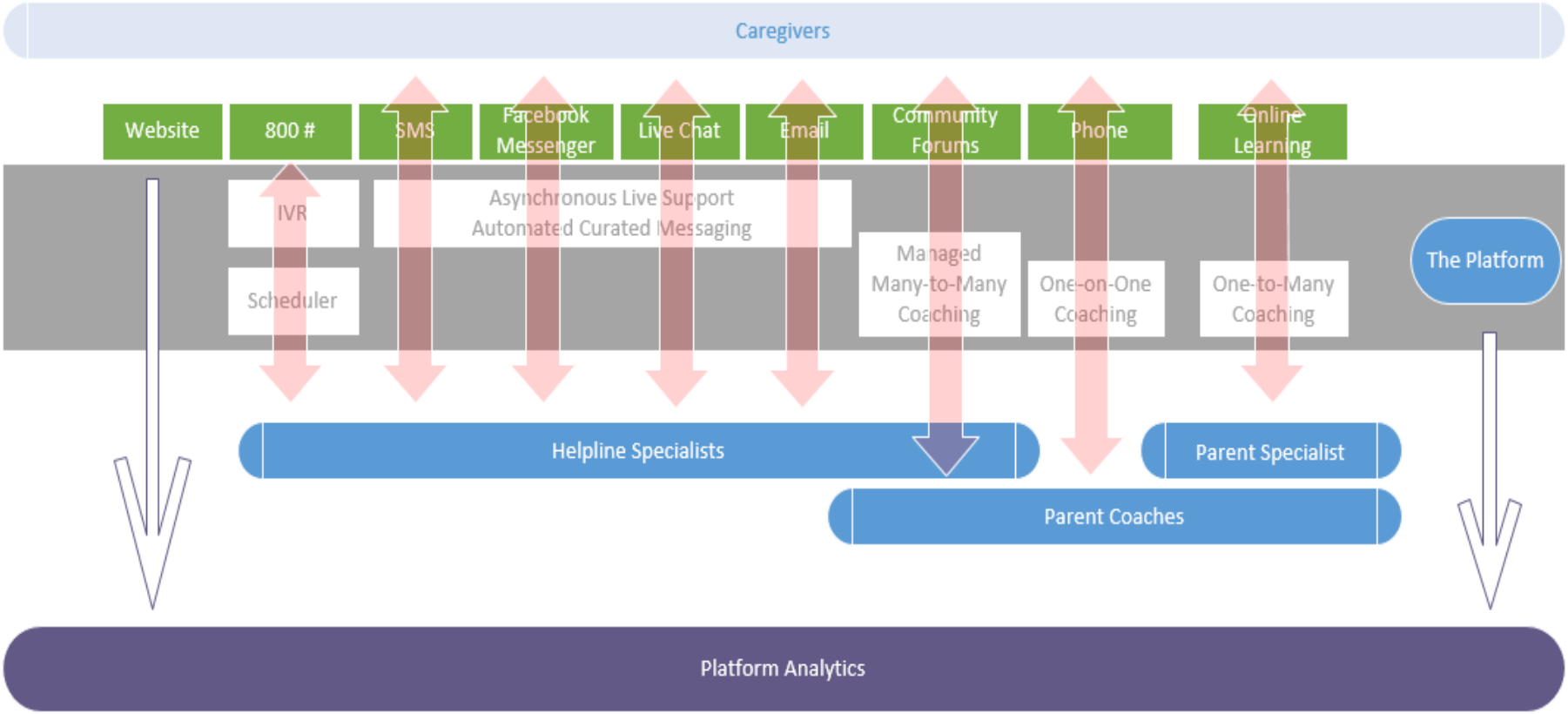


Center on Addiction | Partnership for Drug-Free Kids

Helpline: Digital and Phone Support

- Dedicated to responding to direct requests for information and support through phone, text, email, Facebook Messenger and live-chat (Beta).
- Will serve 10,000 families with one-on-one connections in 2019, many over multiple days/months.
- Staffed by 13 Helpline Specialists who are trained in substance use, family dynamics, mental health, and intervention.
- We are not a crisis line.
- 7 bilingual (Spanish/English) Specialists working in both English and Spanish
- Open M-F from 9:00am ET – 12:00am ET and Weekends from 12:00pm ET – 5:00pm

Open Engagement

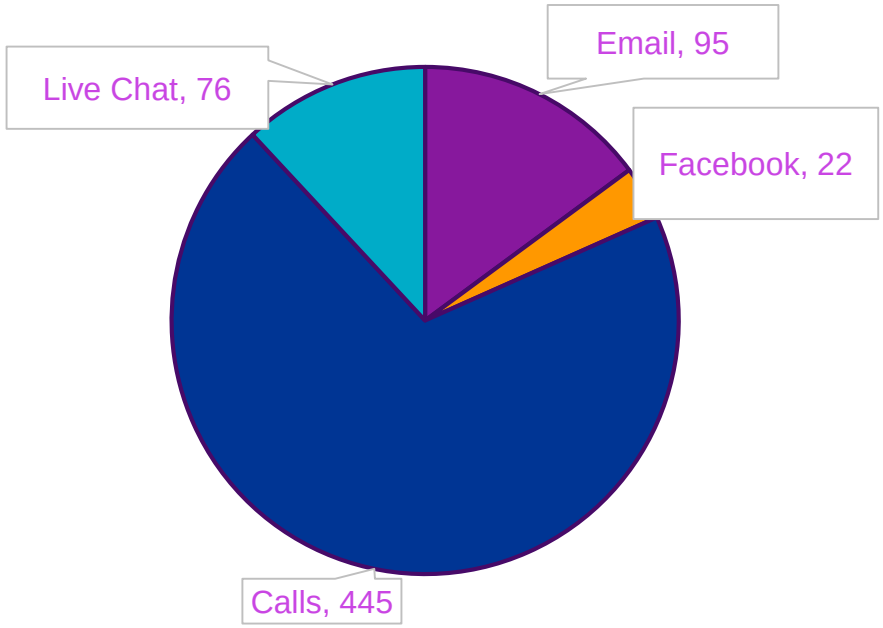


Center on Addiction | Partnership for Drug-Free Kids

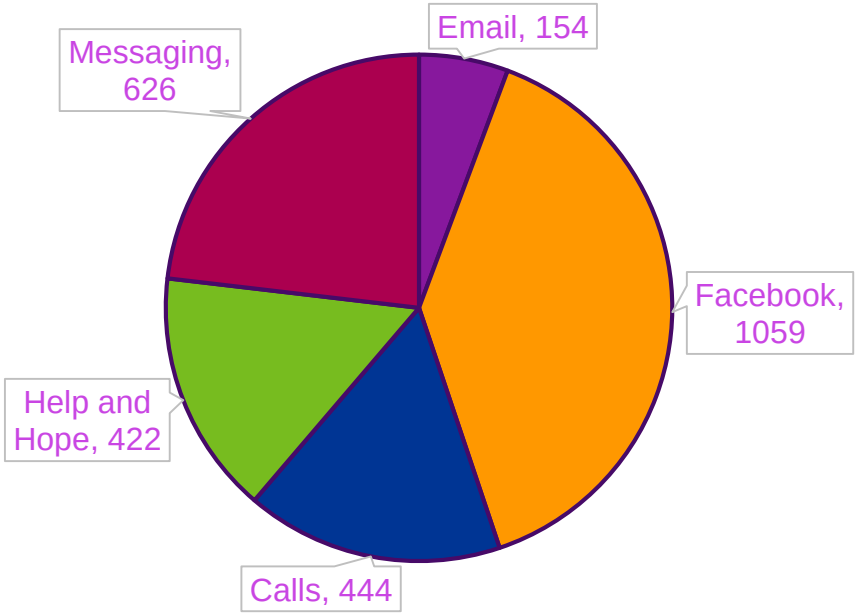
Why Omni-Channel Matters

115,000 messages sent in the last 6 months

Families Served Oct-Nov 2017:
638



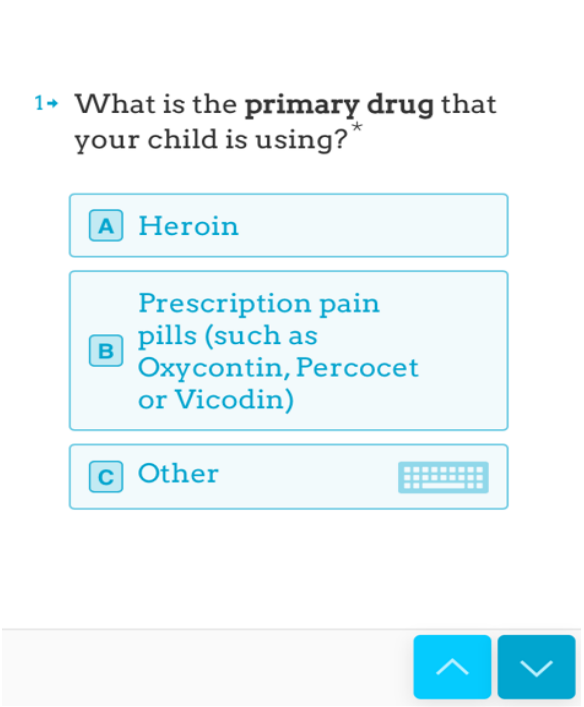
Families Served Oct-Nov 2018:
2283 (+422)

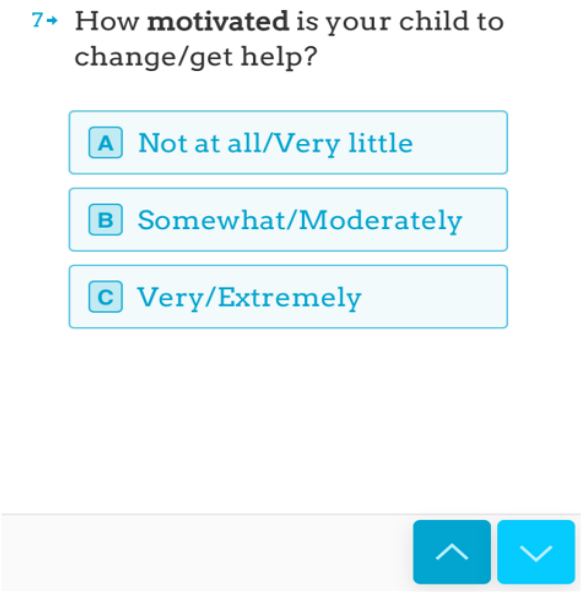


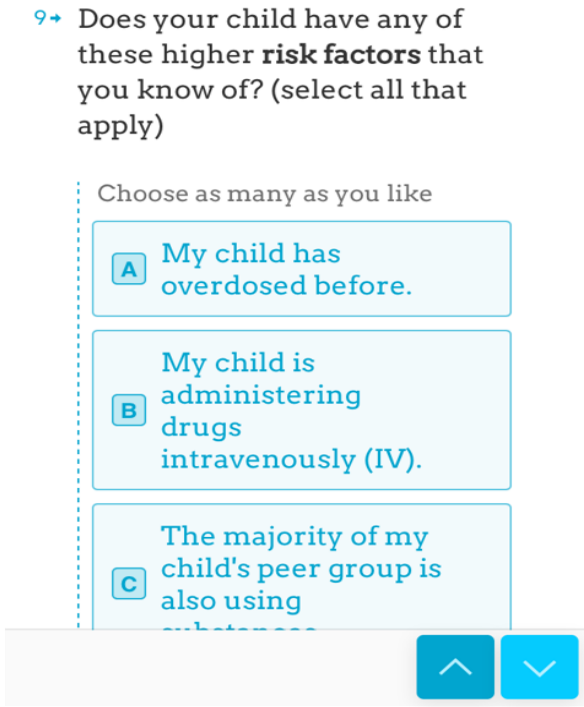
Center on Addiction | Partnership for Drug-Free Kids

Assessment/Evaluation & Personalization

Baseline, Real-time Interaction, Follow-up, Analytics



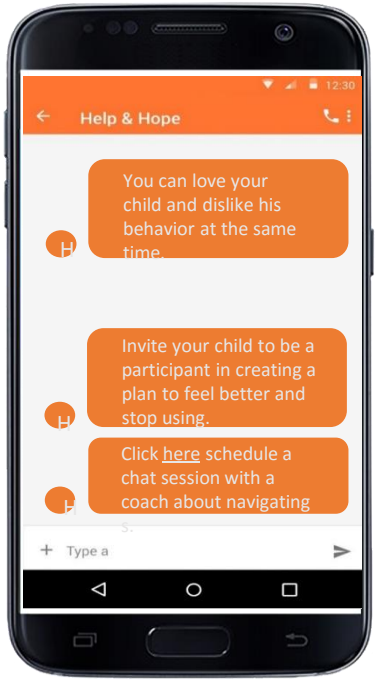




Center on Addiction | Partnership for Drug-Free Kids

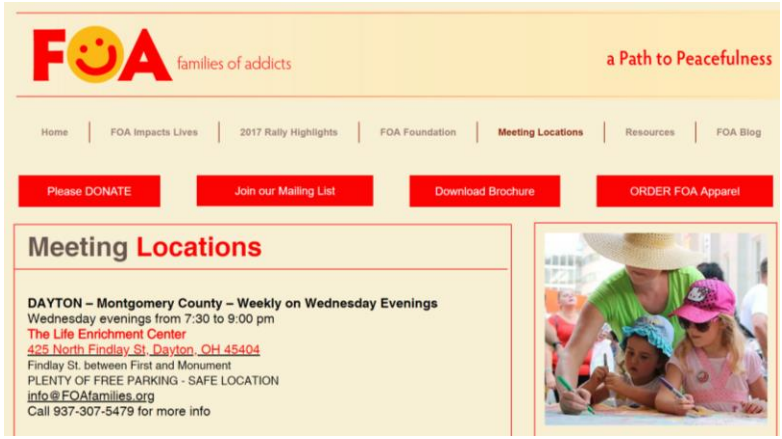
Personalized Feedback

- Provide immediate personalized feedback to take immediate action.
- Give resources and options for further reading.
- Begin the process of change while waiting for a specialist.



Center on Addiction | Partnership for Drug-Free Kids

Curating Credible Resources & Content









Most Common Intervention Targets

- Spotting Signs of Substance Use/Misuse/Relapse
- Understanding Substance Use and Risk
- Communication Skills & Motivational Strategies
- Setting Limits & Monitoring Behavior
- Natural Consequences
- Positive Behaviors
- Social Engineering
- Positive Reinforcement
- Self-Care
- Empowerment & Hope
- Risk/Harm Reduction
- Navigating Treatment
- Treatment Options
- Paying for Treatment
- Continuing Care/Sustained Growth
- Local Support/Peer Support
- MUCH MORE

Parent Coaching

Center on Addiction | Partnership for Drug-Free Kids

Parent Coach Support

The Partnership and our clinical training partners the **CMC Foundation for Change** has **trained over 300 parents** who have either lost a child due to addiction (30%) or have a child in recovery (70%).

- Training is a 3-day intensive workshop on evidence-based concepts such as community reinforcement and family training (CRAFT), acceptance and commitment training (ACT), and motivational interviewing(MI).
- Training includes ongoing support and supervision.
- Coaching takes place on the phone – over the course of about five calls – during approximately a six-week period providing:
  - Support and empathy, Parenting skills, Resources

Center on Addiction | Partnership for Drug-Free Kids

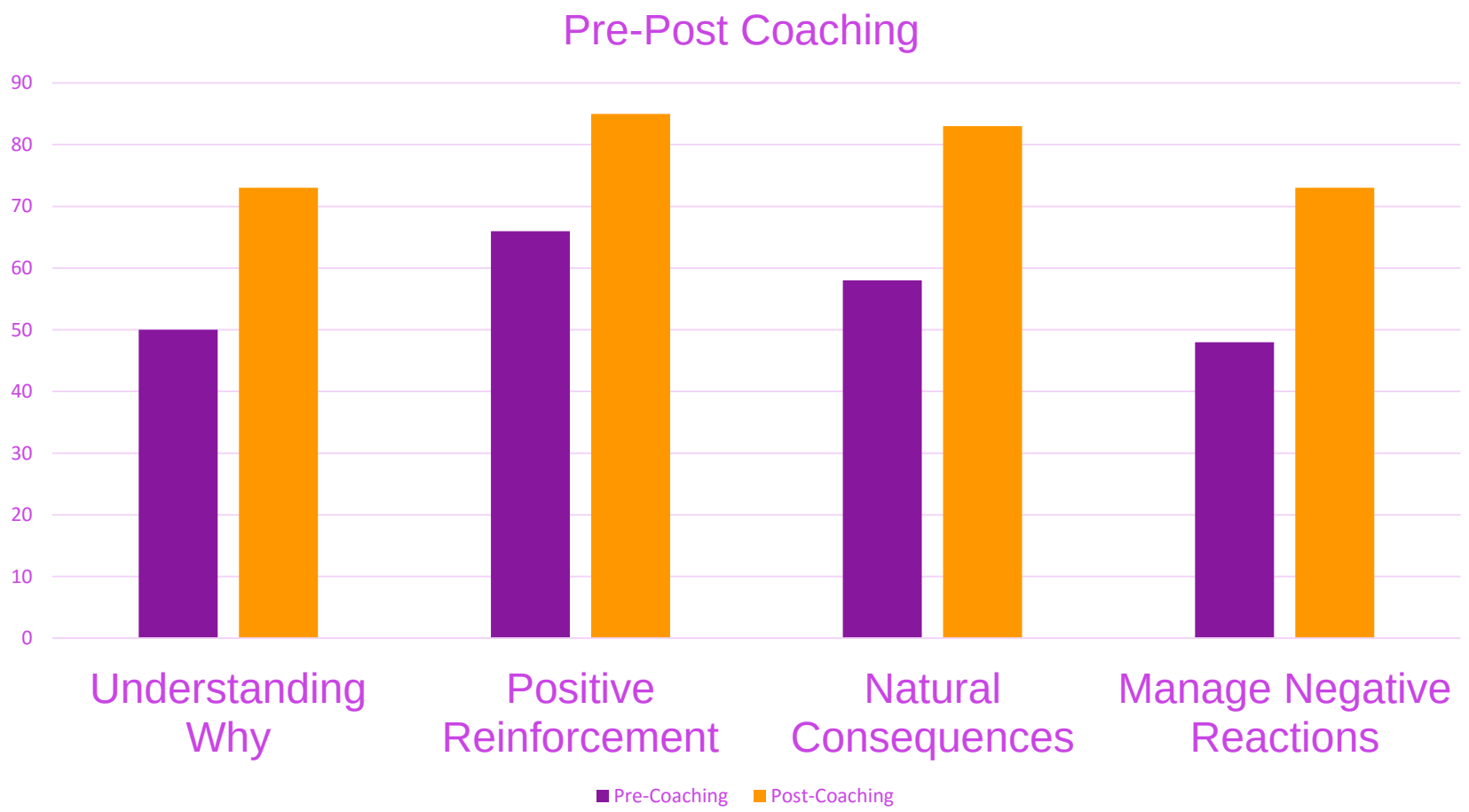
Coaching Outcomes

- Over 600 parents have been coached since 2015
- Carpenter and colleagues conducted a survey a sample of coached parents following specialist support
- Demographics:
  - 121 completed surveys before and following coaching
  - Over 90% of callers are female, nearly 90% were moms
  - 80% were calling about their sons
  - 23% called about teens (13-17) while 77% called about a young adults (18-30)
  - The majority (64%) had their loved one living at home
  - 50% marijuana, 30% opioids, 10% alcohol, 10% other
  - Following specialist support, callers asked to complete a pre- and post-survey on knowledge, confidence and hope.

Survey Process

- Callers asked to complete a pre- and post-survey regarding their experiences with their children (eg communication) and their own cognitions and behaviors (eg hope).
- Response categories included “none”, “a little”, “somewhat”, and “a lot”. For purposes of presenting results, responses were collapsed into two buckets: none/a little or somewhat / a lot
- **Note:** The pretest was AFTER helpline specialist contact so the baseline levels are high as individuals had already engaged in some change processes

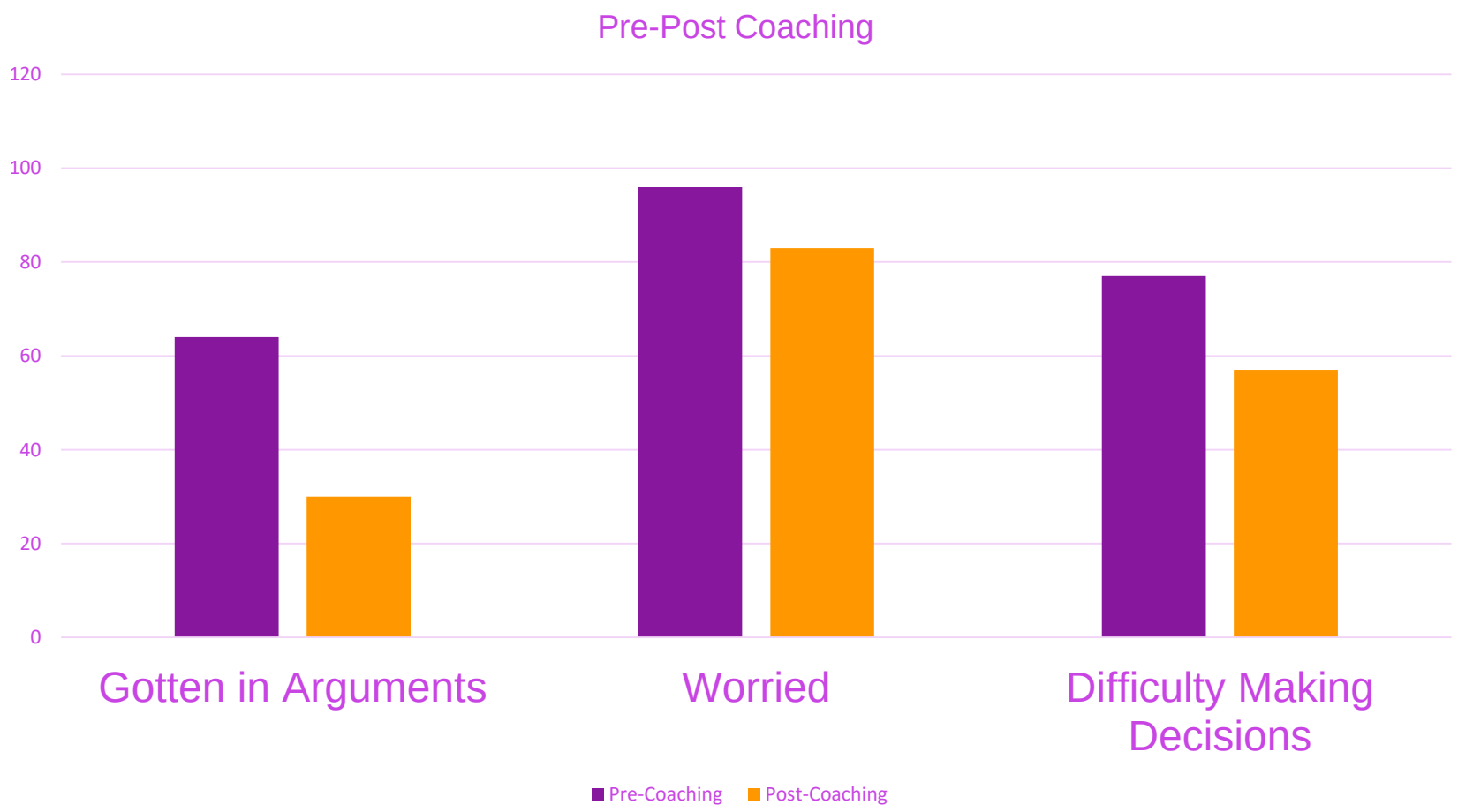
Parent Coaching



Carpenter et al., 2019

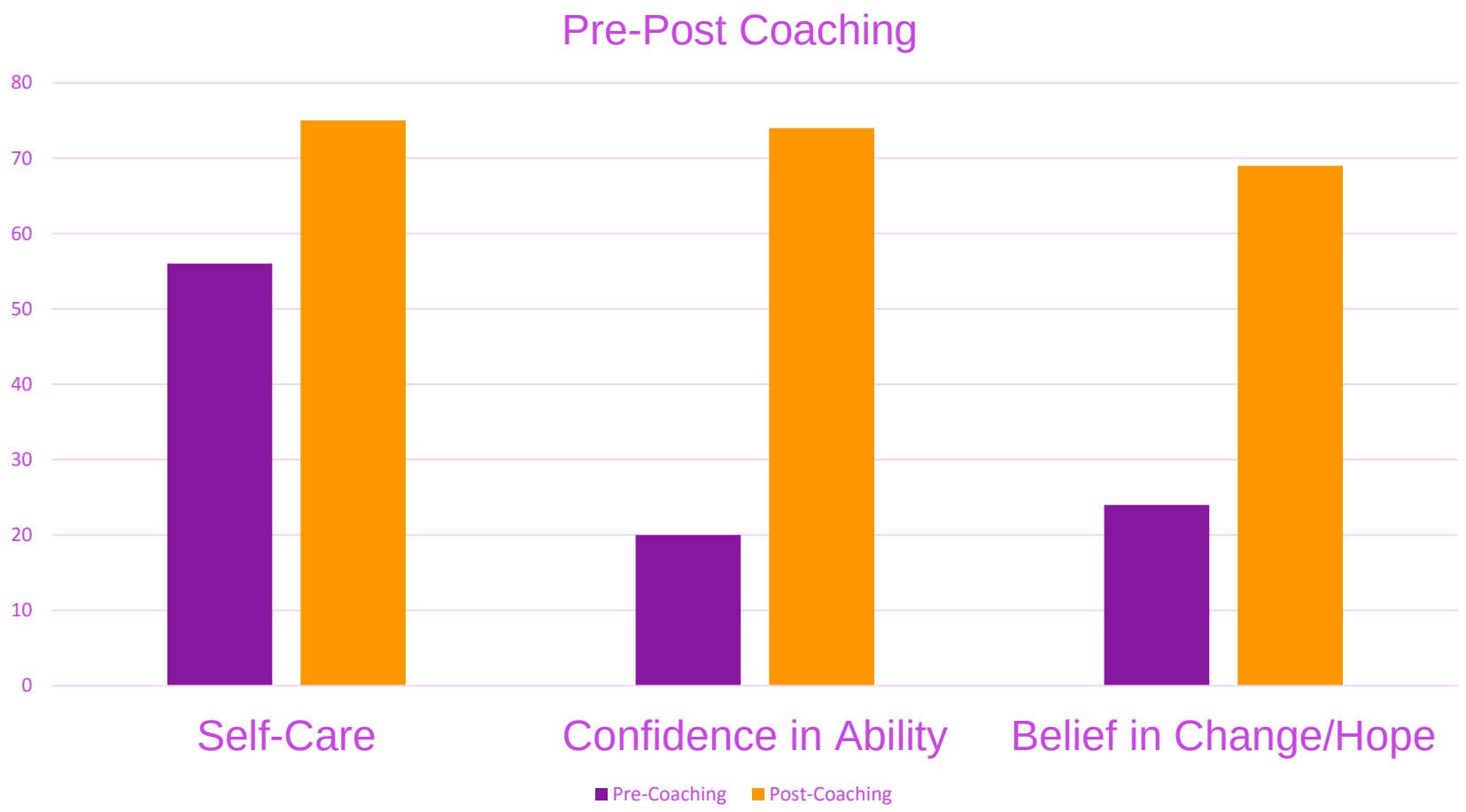
Center on Addiction | Partnership for Drug-Free Kids

Parent Coaching



Center on Addiction | Partnership for Drug-Free Kids

Parent Coaching

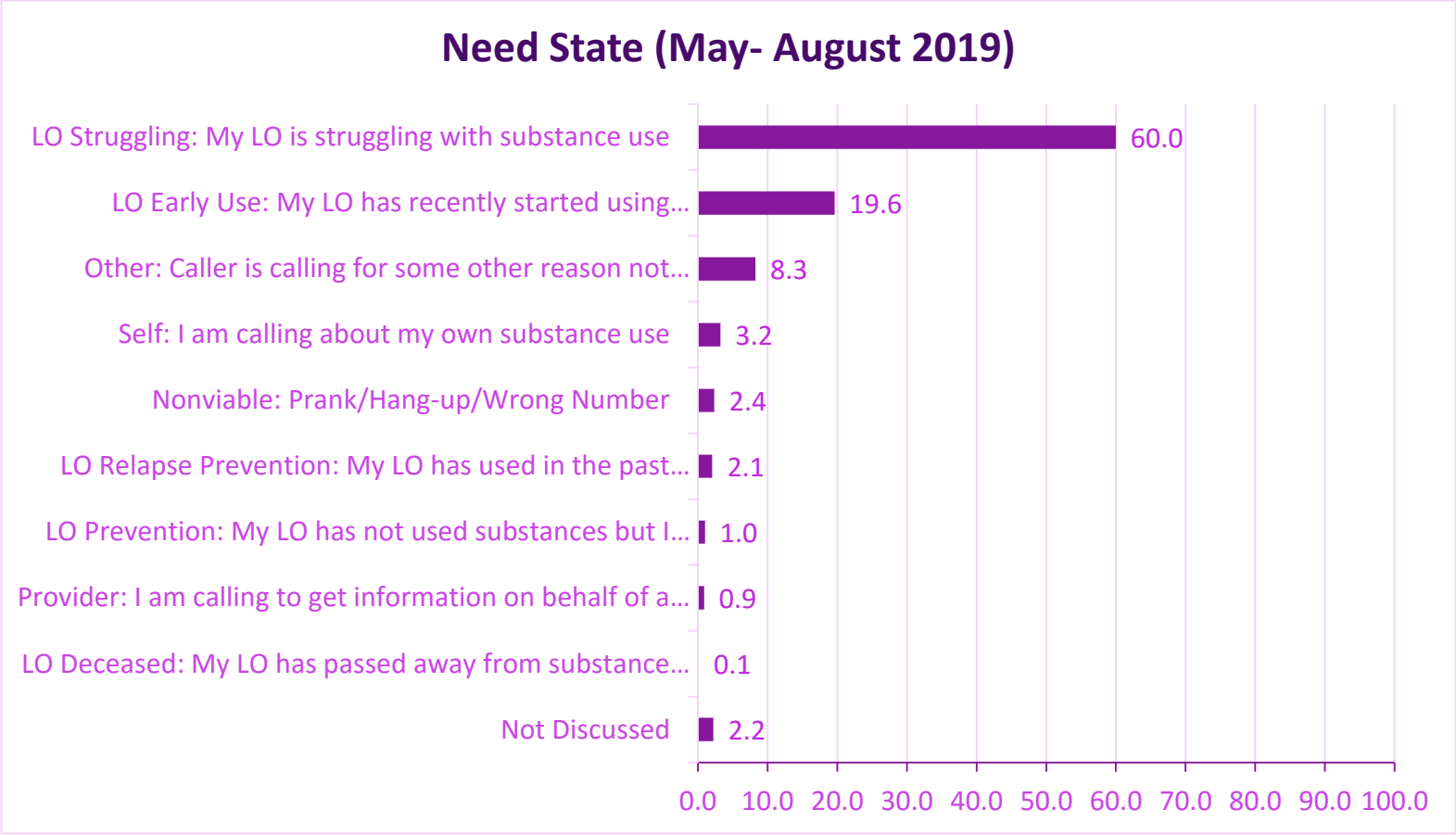


Center on Addiction | Partnership for Drug-Free Kids

Who is Coming to the Helpline?

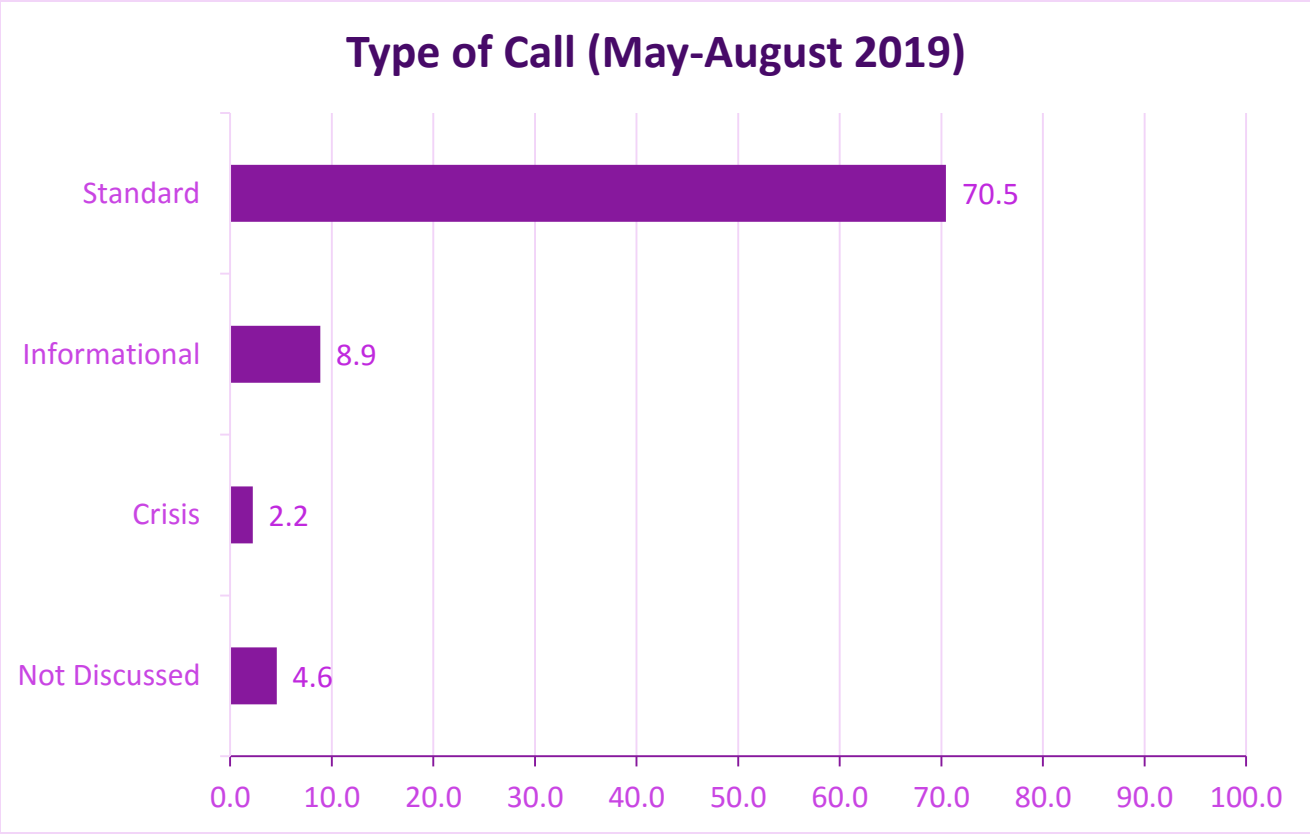
Center on Addiction | Partnership for Drug-Free Kids

Helpline Calls: Need State



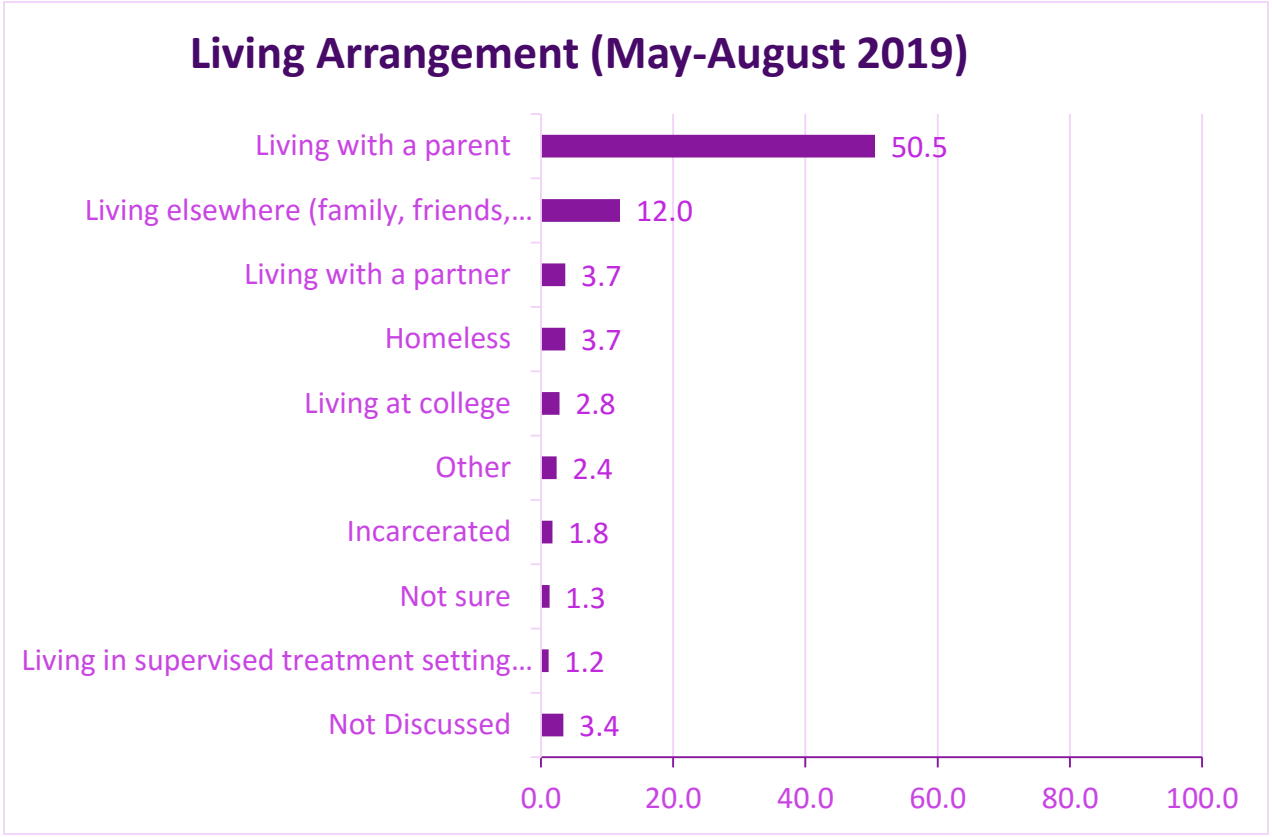
Center on Addiction | Partnership for Drug-Free Kids

Helpline Calls: Type of Call



Center on Addiction | Partnership for Drug-Free Kids

Helpline Call: Living Arrangement

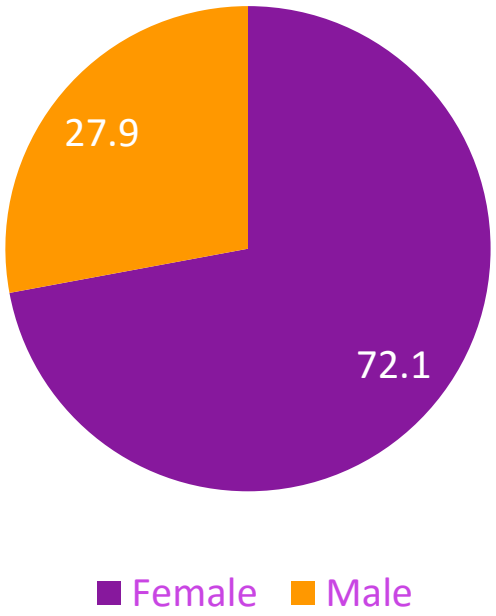


Center on Addiction | Partnership for Drug-Free Kids

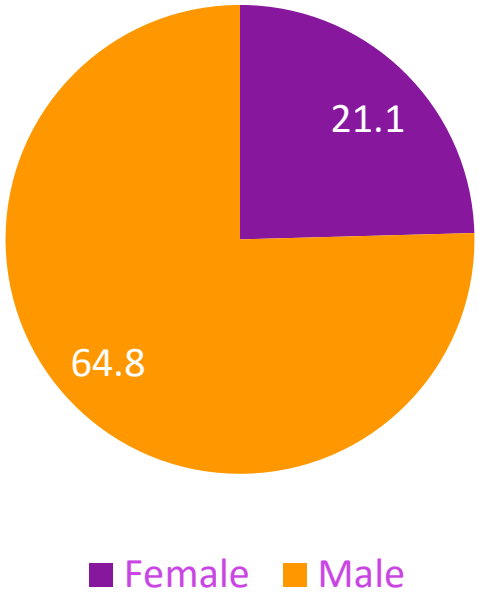
Helpline Calls: Gender

May-August 2019

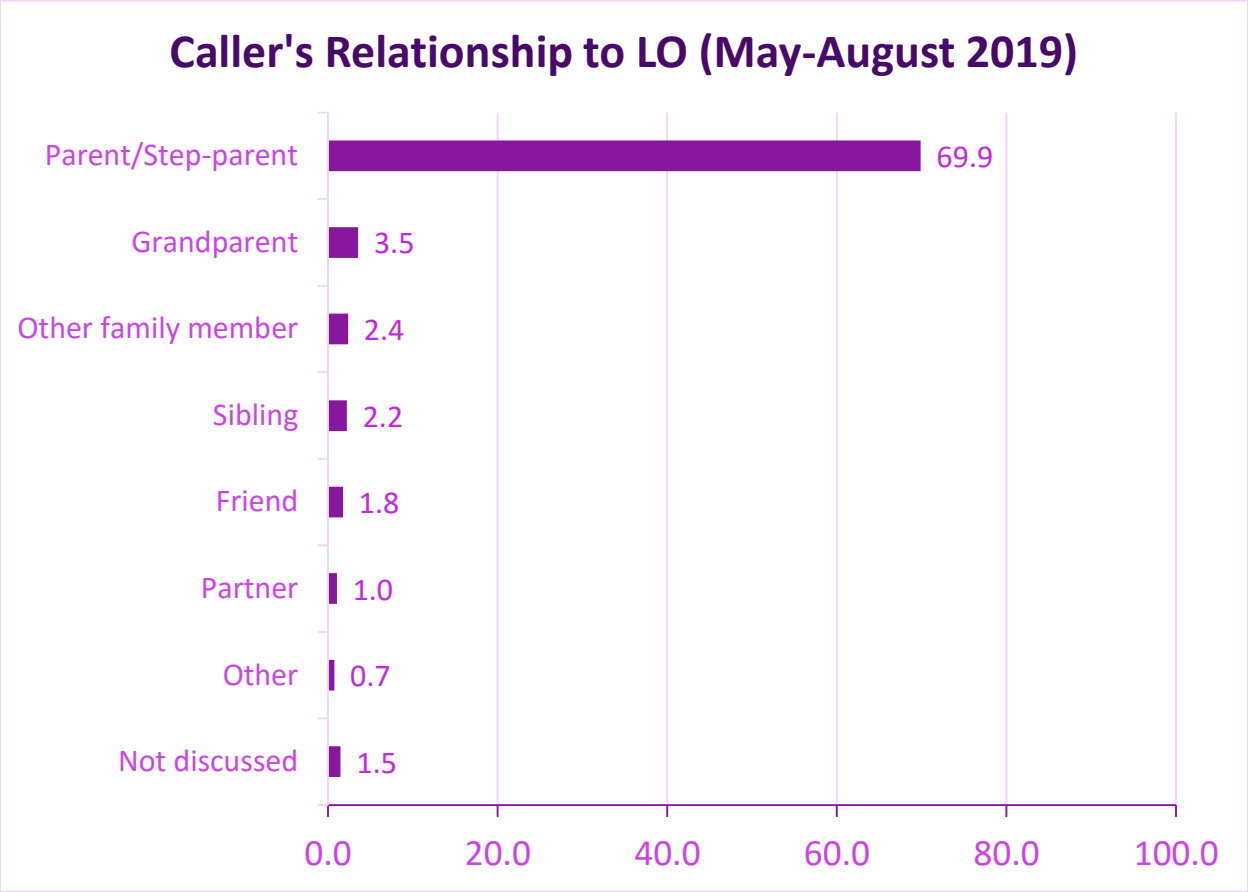
Caller Gender



Loved One Gender

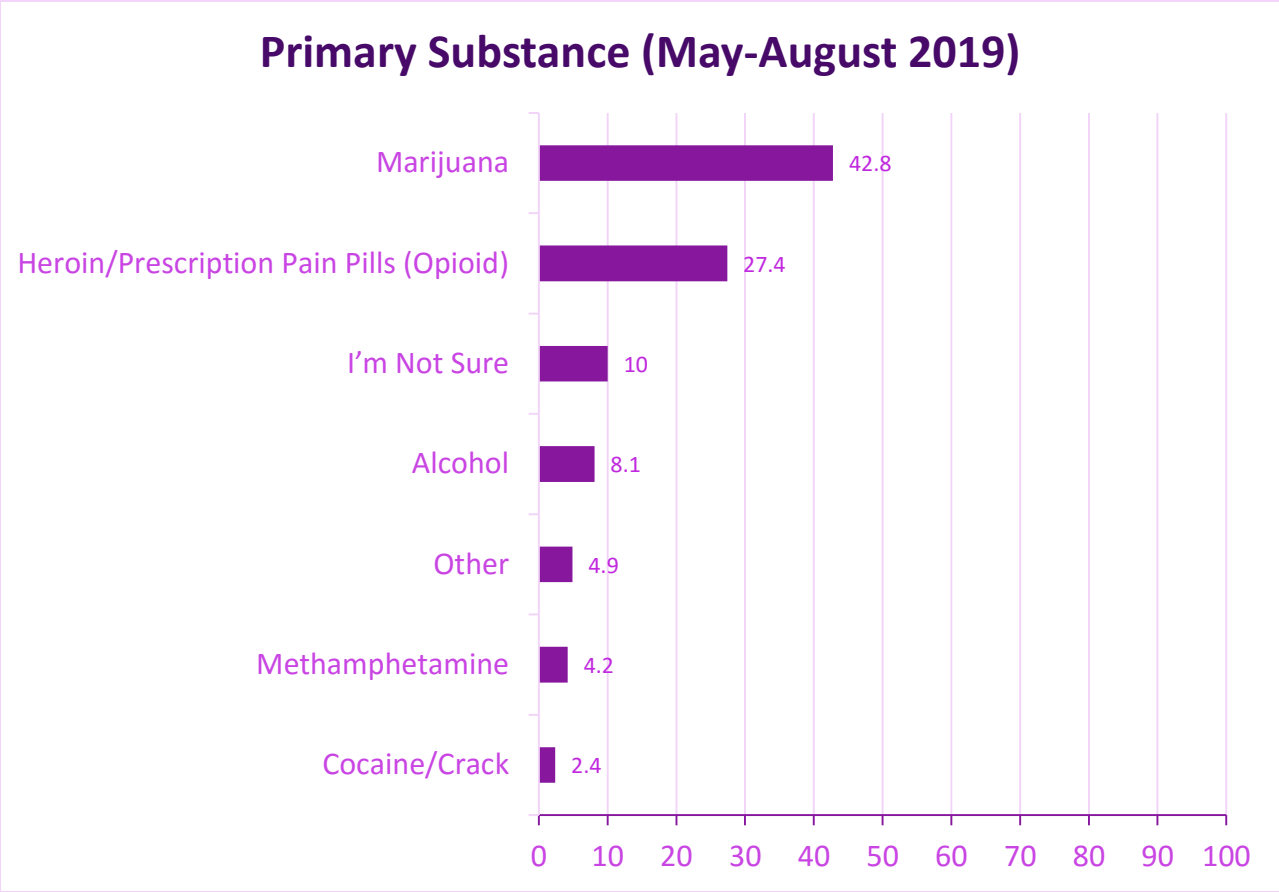


Helpline Calls:
Caller's Relationship to Loved One



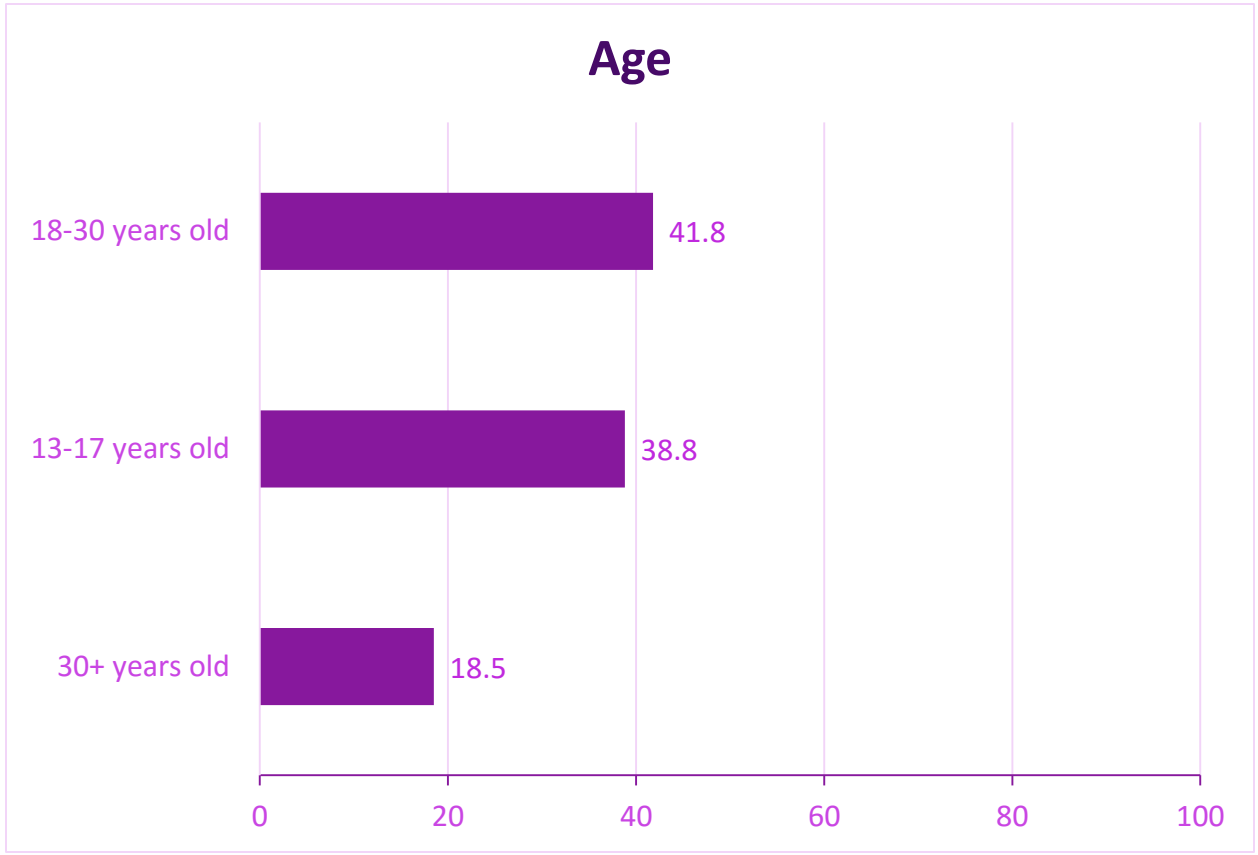
Center on Addiction | Partnership for Drug-Free Kids

Helpline Digital: Primary Substance



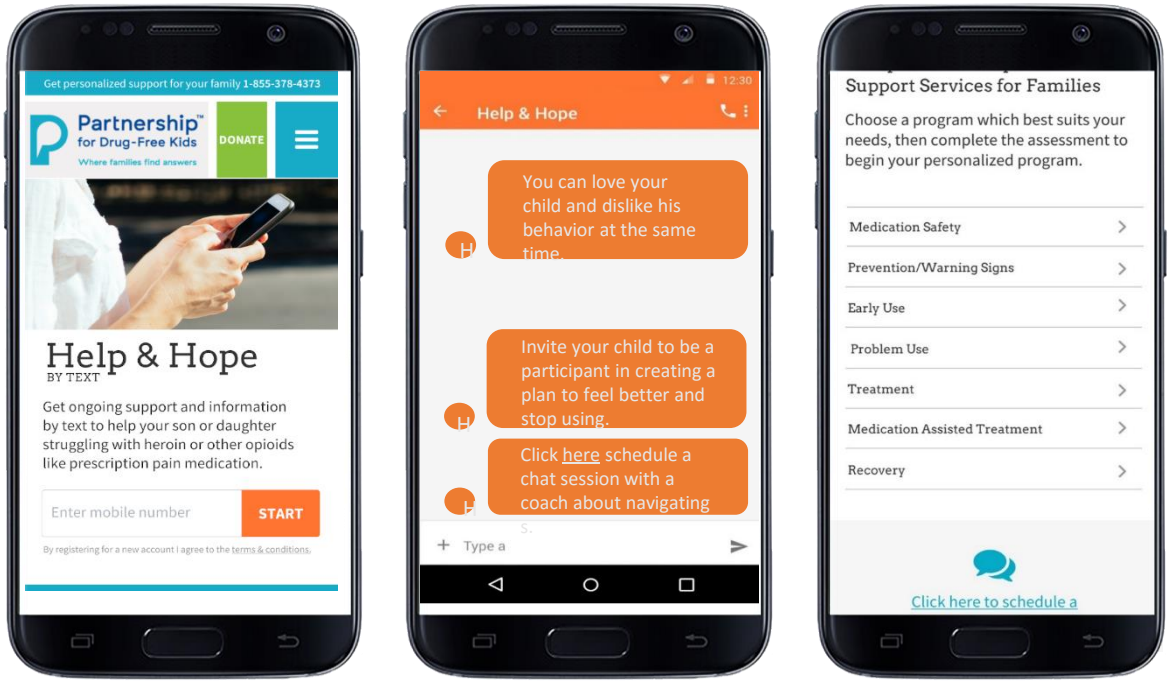
Center on Addiction | Partnership for Drug-Free Kids

Helpline Digital: Loved One's Age



Center on Addiction | Partnership for Drug-Free Kids

Help and Hope: Tailored Messaging



Text "JOIN" to 55753

Center on Addiction | Partnership for Drug-Free Kids

Who is Coming to the Help and Hope Opioid and What Do They Want?

Center on Addiction | Partnership for Drug-Free Kids

Help and Hope Opioid Program (N=722)

Concerned Carer

Male	23%
Female	77%

Concerned About

Male/Son	64%
Female/Daughter	36%

Heroin	50%
Prescription pills - opioids	26%
Other	25%

Living with me	47%
Living elsewhere (with family, friends, roommate(s), along, etc.)	30%
Living elsewhere in a supervised setting (tx center, recovery housing, jail/prison, etc.)	13%

Center on Addiction | Partnership for Drug-Free Kids

Help and Hope Opioid Program: Needs

Help motivating my child/loved one	91%
Speak with parents who have similar experience	87%
Understanding substance use disorders better	70%
Help with communication	86%
Help with stress and burn out	90%
Help with overdose risk	48%
Help communicating with partner	37%

Center on Addiction | Partnership for Drug-Free Kids

Help and Hope Opioid Program: Risks

Peer group is also using substances.	60%
Trauma or loss.	40%
Recent relapse.	37%
Overdosed before.	36%
IV use.	33%
Recently detoxed from drug use without tx.	26%
Recently incarcerated/released with no tx.	24%

Center on Addiction | Partnership for Drug-Free Kids

Help and Hope Opioid Program: Barriers

Do not have money or insurance	43%
Do not know right type of treatment	43%
Waitlists/no beds.	33%
Stigma going to treatment	16%
Other	10%

Center on Addiction | Partnership for Drug-Free Kids

Quick Overview: What is Vaping?

- The act of inhaling and exhaling the aerosol produced when using an electronic vapor product
- Not combustible and does not produce tobacco smoke, tar, or many of the other toxic ingredients associated with smoking
- BUT, the term ‘vaping’ is misleading – vaping doesn’t produce harmless water vapor
- Vaping produces an aerosol, which consists of many toxic chemicals and dangerous particles

Why Be Concerned?

- Nicotine itself is harmful
- The chemicals in the aerosol are harmful
- 4 times increased risk of cigarette smoking
- Dual use – both vaping and smoking – is common
- Highly addictive, hard to quit
- Link to other substance use and addiction
- Link to mental health disorders
- Recent spate of illnesses and deaths

How Do Youth Get Them?

- U.S. law prohibits e-cigarette sales to anyone under 18
- Some cities & states set a minimum legal sale age of 21

- Retail outlets – Age limits not well enforced by stores
  - 74% of teens who use JUUL get them from stores
- Family or friends – Older kids give or sell to younger kids
- Online – Age limits are easily bypassed
  - 94% of purchase attempts by 14-17 year olds were successful
- Students find them easy to access
  - 46% of 8th graders, 67% of 10th graders, 81% of 12th graders say they are “fairly or very easy to get”
  - One in four teens in a recent Center on Addiction survey said they can get them within one day or less, if they chose to do so

Center on Addiction | Partnership for Drug-Free Kids

Motives for Use Reported by Adolescents

- **Friend or family member vapes (39%)**
- **Flavors (31%)**
- **Less harmful than other forms of tobacco use (17%)**
- To try to quit other tobacco use (8%)
- Discreet, can be used anywhere (7%)
- **Easier to get than other tobacco products (5%)**
- Cost less than other tobacco products (3%)
- Famous people use them (2%)

(CDC, 2016)

Center on Addiction | Partnership for Drug-Free Kids

Helpful Messages for Teens

- Don’t fall for it
  - Don’t let big businesses take advantage of you, ruin your health, make you dependent
  - It’s not cool to be addicted to and dependent on a drug
- Don’t be fooled by celebrity and social media promotions
  - There’s money behind them, not your best interests
- Don’t contribute to environmental damage
- Make smart and healthy choices
  - Vaping really is dangerous
  - You only have one brain and body and they’re in pretty great condition right now – why mess up your health?

Center on Addiction | Partnership for Drug-Free Kids

Vaping Drugs

- 40% of students who used e-cigarettes in past 30 days vaped marijuana (CDC, 2016)
- Marijuana vaping products look like JUUL, come in youth-friendly flavors, are odorless and difficult to detect
- Enters bloodstream quickly
- Vaping one THC cartridge = 3-4 marijuana joints
- Highly potent levels of THC; high risk of overuse, addiction, psychiatric effects
- Earlier and more frequent use of high-THC marijuana puts adolescents at risk of poor school performance, substance use disorders, mental health issues
- **Other substances that are vaped:** Alcohol, Synthetic Marijuana, Bath Salts, Opioids, Psychedelics

Helpful Vaping Resources

- Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm
- Stanford's *Tobacco Prevention Toolkit:* https://med.stanford.edu/tobaccopreventiontoolkit/E-Cigs.html
- Truth Initiative's *quitting resources:* https://truthinitiative.org/thisisquitting
- Partnership for Drug-Free Kids' guide – *Vaping: What You Need to Know And How to Talk With Your Kids About Vaping:* https://drugfree.org/parent-blog/how-to-talk-with-your-kids-about-vaping-guide/
- Center on Addiction's *Expert Views on E-Cigarettes:* https://www.centeronaddiction.org/e-cigarettes

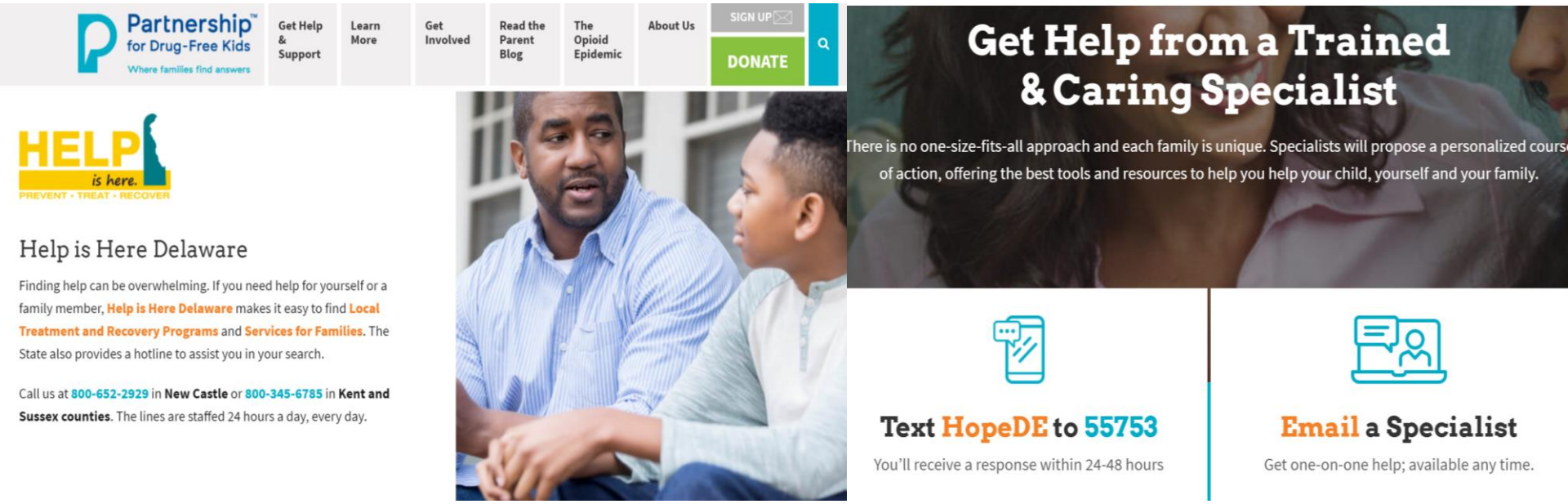
Center on Addiction | Partnership for Drug-Free Kids

Concluding Thoughts

- **Make it easy** for parents/families to engage in prevention and intervention programs.
- Focus on non-specific user experience factors like effortless salience of messages in ones life (emails, text messages, social media posts).
- After effortless salience, the most important intervention target for families regardless of prevention or intervention is honing communication skills.
- Focus on individual differences to personalize interventions.
- Use external resources (e.g. Partnership Vaping Guide/20 Minute Guide by CMC) but localize it to your community needs (e.g. drug use patterns, culture, etc.)
- **Make it easy**

Co-Branding & White Labeling to Localize

Pilot project with Delaware to provide family services to their constituents



Center on Addiction | Partnership for Drug-Free Kids

Some Family Prevention References

- Brody, G. H., Chen, Y., Kogan, S. M., Yu, T., Molgaard, V. K., DiClemente, R. J., & Wingood, G. M. (2012). Family-centered program deters substance use, conduct problems, and depressive symptoms in black adolescents. Pediatrics, 129, 108-115.
- Vermeulen-Smit E, Verdurmen JEE and Engels RCME (2015) The effectiveness of family interventions in preventing adolescent illicit drug use: A systematic review and meta-analysis of randomized controlled trials. Clinical Child and Family Psychology Review, 18, 218-239.
- Velleman R, Templeton L, Copello A. The role of the family in preventing and intervening with substance use and misuse: a comprehensive review of family interventions, with a focus on young people. Drug Alcohol Rev. 2005;24(2):93-109. doi:10.1080/09595230500167478
- Nash, S. G., McQueen, A., & Bray, J. H. (2005). Pathways to adolescent alcohol use: Family environment, peer influence, and parental expectations. Journal of Adolescent Health, 37, 19-28.
- Darling, N., & Tilton-Weaver, L. (2019). All in the family: Within-family differences in parental monitoring and adolescent information management. Developmental psychology, 55, 390.
- Forgatch, M. S., & DeGarmo, D. S. (1999). Parenting through change: An effective prevention program for single mothers. Journal of Consulting and Clinical Psychology, 67, 711-724.
- Haggerty, K. P., Skinner, M. L., Catalano, R. F., Abbott, R. D., & Crutchfield, R. D. (2015). Long-term effects of Staying Connected with Your Teen® on drug use frequency at age 20. Prevention Science, 16, 538-549.
- Kumpfer, K. L., Magalhães, C., & Greene, J. A. (2016). Strengthening Families Program. In J. J. Ponzetti, Jr. (Ed.), Textbooks in family studies series. Evidence-based parenting education: A global perspective (pp. 277-292). New York, NY, US: Routledge/Taylor & Francis Group.
- Kumpfer, K. L., Molgaard, V., & Spoth, R. (1996). The Strengthening Families Program for the prevention of delinquency and drug use. In R. DeV Peters and R. J. McMahon (Eds.), Preventing Childhood Disorders, Substance Abuse, and Delinquency (pp. 241-267). Thousand Oaks, CA: Sage.
- Al-Halabí D. S., & Pérez, J. M. E. (2009). Use of small incentives for increasing participation and reducing dropout in a family drug-use prevention program in a Spanish sample. Substance Use & Misuse, 44, 1990-2000. http://dx.doi.org/10.3109/10826080902844870

Some Family Intervention References

- Waldron, S. Kern-Jones, C. W. Turner, T. R. Peterson, and T. J. Ozechowski, “Engaging resistant adolescents in drug abuse treatment,” Journal of Substance Abuse Treatment, vol. 32, no. 2, pp. 133–142, 2007.
- Brigham, N. Slesnick, T. M. Winhusen, D. F. Lewis, X. Guo, and E. Somoza, “A randomized pilot clinical trial to evaluate the efficacy of Community Reinforcement and Family Training for Treatment Retention (CRAFT-T) for improving outcomes for patients completing opioid detoxification,” Drug and Alcohol Dependence, vol. 138, no. 1, pp. 240–243, 2014.
- Hunter, M. D. Godley, and S. H. Godley, “Feasibility of implementing the adolescent community reinforcement approach in school settings for adolescents with substance use disorders,” Advances in School Mental Health Promotion, vol. 7, no. 2, pp. 105–122, 2014.
- Godley, B. D. Hunter, S. Fernández-Artamendi, J. E. Smith, R. J. Meyers, and M. D. Godley, “A comparison of treatment outcomes for adolescent community reinforcement approach participants with and without co-occurring problems,” Journal of Substance Abuse Treatment, vol. 46, no. 4, pp. 463–471, 2014.
- Wilkens C, Foote J. “Bad Parents,” “Codependents,” and Other Stigmatizing Myths About Substance Use Disorder in the Family. In: Avery JD, Avery JJ, eds. The Stigma of Addiction. Cham: Springer International Publishing; 2019:33-53. doi:10.1007/978-3-030-02580-9_3
- Baldwin SA, Christian S, Berkeljon A, Shadish WR. The effects of family therapies for adolescent delinquency and substance abuse: a meta-analysis. J Marital Fam Ther. 2012;38(1):281-304. doi:10.1111/j.1752-0606.2011.00248.x
- Hogue A, Henderson CE, Ozechowski TJ, Robbins MS. Evidence base on outpatient behavioral treatments for adolescent substance use: updates and recommendations 2007-2013. J Clin Child Adolesc Psychol Off J Soc Clin Child Adolesc Psychol Am Psychol Assoc Div 53. 2014;43(5):695-720. doi:10.1080/15374416.2014.915550
- Henderson CE, Rowe CL, Dakof GA, Hawes SW, Liddle HA. Parenting Practices as Mediators of Treatment Effects in an Early-Intervention Trial of Multidimensional Family Therapy. Am J Drug Alcohol Abuse. 2009;35(4):220-226. doi:10.1080/00952990903005890
- Liddle HA, Rowe CL, Dakof GA, Henderson CE, Greenbaum PE. Multidimensional family therapy for young adolescent substance abuse: Twelve-month outcomes of a randomized controlled trial. J Consult Clin Psychol. 2009;77(1):12-25. doi:10.1037/a0014160
- Alexander JF, Waldron HB, Robbins MS, Neeb AA. Functional Family Therapy for Adolescent Behavior Problems. American Psychological Association; 2013.
- Liddle HA. Family-based therapies for adolescent alcohol and drug use: research contributions and future research needs. Addiction. 2004;99:76-92. doi:10.1111/j.1360-0443.2004.00856.x
- Bisetto Pons D, González Barrón R, Botella Guijarro Á. Family-Based Intervention Program for Parents of Substance-Abusing Youth and Adolescents. J Addict. 2016;2016:4320720. doi:10.1155/2016/4320720

Some Family Intervention References

- Allen ML, Garcia-Huidobro D, Porta C, et al. Effective parenting interventions to reduce youth substance use: a systematic review. Pediatrics. 2016:e20154425.
- Austin AM. Effective Family-Based Interventions for Adolescents With Substance Use Problems: A Systematic Review. Res Soc Work Pract. 2005;15(2):67-83
- Velleman R, Templeton L, Copello A. The role of the family in preventing and intervening with substance use and misuse: a comprehensive review of family interventions, with a focus on young people. Drug Alcohol Rev. 2005;24(2):93-109. doi:10.1080/09595230500167478
- Bischof G, Iwen J, Freyer-Adam J, Rumpf H-J. Efficacy of the Community Reinforcement and Family Training for concerned significant others of treatment-refusing individuals with alcohol dependence: A randomized controlled trial. Drug Alcohol Depend. 2016;163:179-185. doi:10.1016/j.drugalcdep.2016.04.015
- Meyers RJ, Miller WR, Hill DE, Tonigan JS. Community reinforcement and family training (CRAFT): Engaging unmotivated drug users in treatment. J Subst Abuse. 1998;10(3):291–308.
- Meyers RJ, Miller WR, Smith JE, Tonigan JS. A randomized trial of two methods for engaging treatment-refusing drug users through concerned significant others. J Consult Clin Psychol. 2002;70(5):1182.
- Richter L, Vuolo L, Salmassi MS. Stigma and Addiction Treatment. In: Avery JD, Avery JJ, eds. The Stigma of Addiction. Cham: Springer International Publishing; 2019:93-130. Song H, Shin H, Kim Y. Perceived stigma of alcohol dependency: Comparative influence on patients and family members. J Subst Use. 2015;20(3):155–161.
- Copello A, Templeton L, Orford J, et al. The relative efficacy of two levels of a primary care intervention for family members affected by the addiction problem of a close relative: a randomized trial. Addiction. 2009;104(1):49-58. doi:10.1111/j.1360-0443.2008.02417.x
- Ventura AS, Bagley SM. To Improve Substance Use Disorder Prevention, Treatment and Recovery: Engage the Family. J Addict Med. 2017;11(5):339-341.

Thank You

Questions

Fred_muench@drugfree.org

Thank you Fred!



For MLA continuing education credit, you must complete a webinar evaluation.

We value your feedback, please help us continue to improve by completing the evaluation.

Evaluation Link - http://bit.ly/2pdEkar
enrollment code: Dis1920

Center on Addiction | Partnership for Drug-Free Kids

Future NNLM NER Webinars

December 12, 2019 3-4PM
Substance Use Disorder and Heredity – It's a Family Disease
https://nnlm.gov/class/substance-use-disorder-and-heredity-its-family- disease/18392

January 30, 2020 Louie Diaz
from the Documentary film "Beyond the Wall"
Struggles and Strategies for Survival Beyond the Walls of Jail
https://nnlm.gov/classes/substance-use-disorder-celebrity-webinar-series

Center on Addiction | Partnership for Drug-Free Kids