

Opioid Response Network

Washington State Association of Drug Court
Professionals:
The Brain Science Of Addiction and Its Impact on
Family Engagement in Services

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**Opioid
Response
Network**

Working with communities.

- ✧ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, tribes, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ✧ Technical assistance is available to support the evidence-based prevention, treatment, recovery and harm reduction of opioid use disorders and stimulant use disorders.

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Working with communities.

- ✦ The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment, recovery and harm reduction to communities and organizations to help address this opioid crisis and stimulant use.
- ✦ *ORN* accepts requests for education and training.
- ✦ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Contact the Opioid Response Network

✦ To ask questions or submit a technical assistance request:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900



Substance Abuse and Mental Health Services Administration (SAMHSA)

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Approach: Build on existing efforts, enhance, refine and fill in gaps when needed while avoiding duplication and not “re-creating the wheel.”

Overall Mission

To provide training and technical assistance via local experts to enhance **prevention**, **treatment** (especially medications like buprenorphine, naltrexone and methadone), **recovery** and **harm reduction** efforts across the country addressing state and local - specific needs.

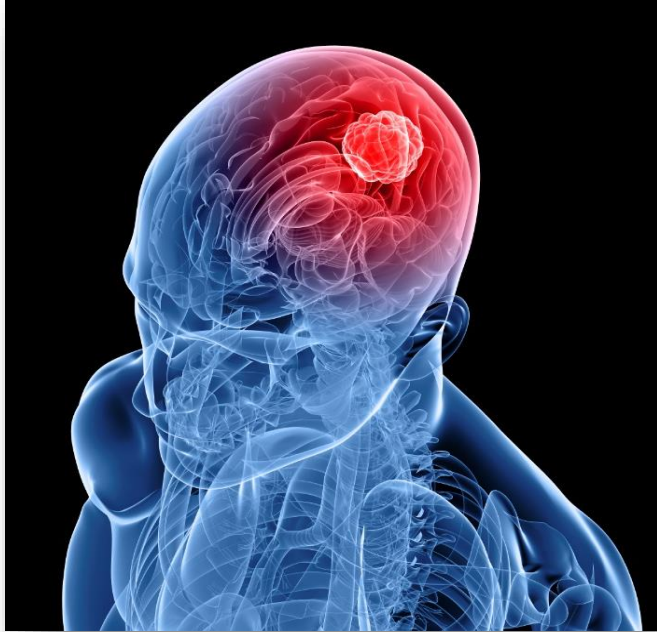


Objectives

1. Review the brain science of substance use disorder
2. Look at ways SUD can impact decision making of individuals and their families
3. Discuss ways to help families be more supportive of treatment goals



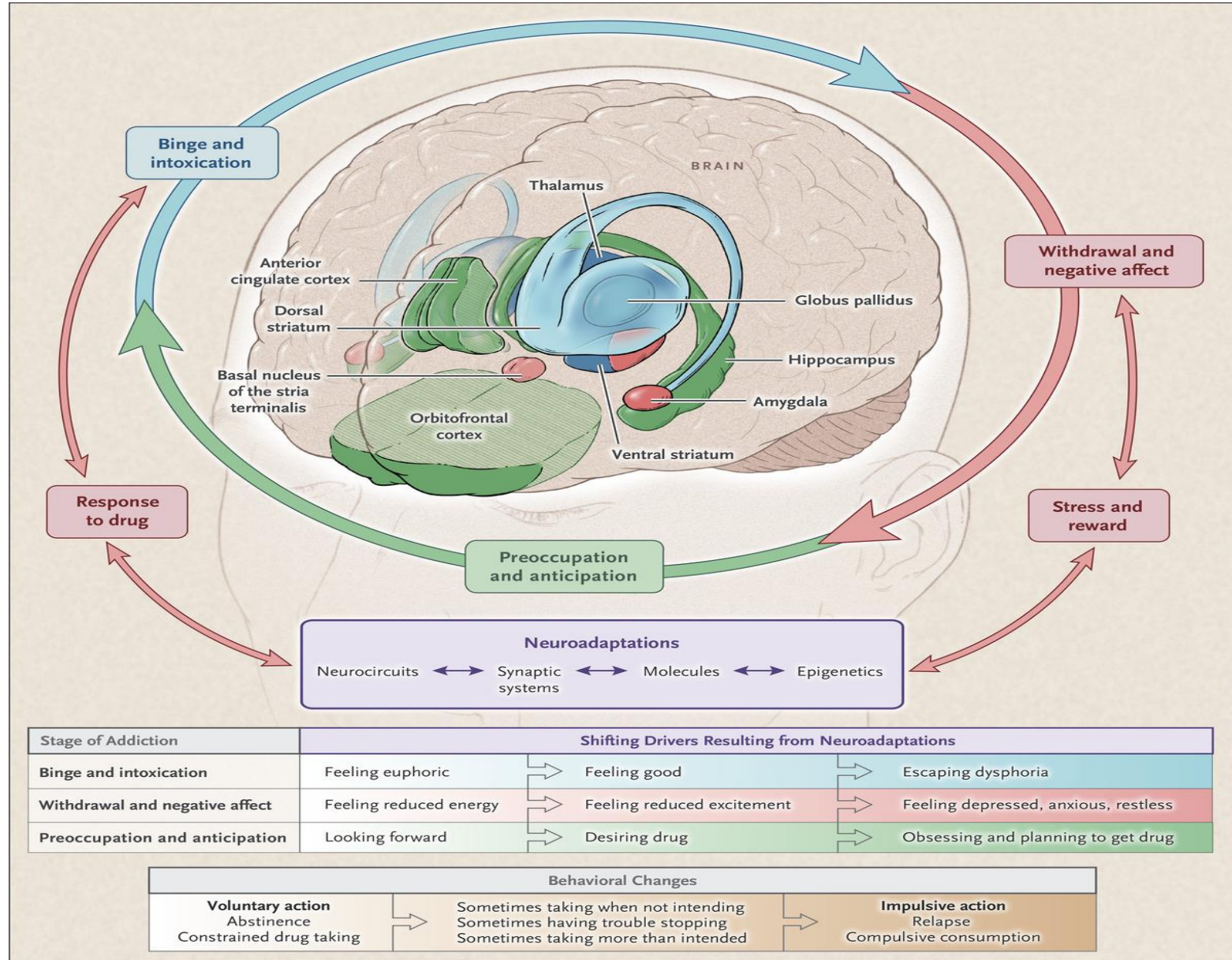
American Society of Addiction Medicine (ASAM)



“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”



Stages of the Addiction Cycle.



Dependence

Pharmacological Criteria

- ✧ Tolerance: Need for markedly increased dose to achieve the desired effect
- ✧ Withdrawal: Syndrome that occurs when blood or tissue concentrations of a substance decline in an individual who had maintained prolonged heavy use



Impaired Control

Social Impairment

- ✧ Larger amounts or over a longer time than originally intended
- ✧ Persistent desire to cut down
- ✧ A great deal of time spent obtaining the substance
- ✧ Intense craving

- ✧ Failure to fulfill work or school obligations
- ✧ Recurrent social or interpersonal problems
- ✧ Withdraw from social or recreational activities



Risky Use

- ✦ Recurrent use in situations in physically hazardous conditions
- ✦ Continued use despite persistent physical or psychological problem that is likely to have been caused by or exacerbated by use



Diagnosing Substance Use Disorders: DSM-5 Criteria - 2 or more in a 12-month period

1. Impaired Control

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2. Social Impairment

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4. Pharmacological Criteria

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**What comes up when you think of
working with families?**



Common Characteristics of Families With SUDs

No two families are exactly alike, but families in which substance misuse occurs often share common features. They typically:

- ❖ Show a lack of flexibility, rather than an excess.
- ❖ Have high levels of distress and dysfunction.
- ❖ Have low levels of family expressiveness, cohesion, and agreement.
- ❖ Experience what has been termed the “reciprocal causality” of maladjustment. This means the substance misuse leads to family dysfunction, but that family dysfunction and conflict also affect substance misuse and relapse. Thus, the two are interconnected.



Homeostasis

- ✧ In nearly all families affected by substance misuse, there is a tendency to try to maintain homeostasis. This means that family members will behave in ways to try and keep the family functioning as it always has, even if that means supporting the family member's substance misuse to prevent change or imbalance. Unhealthy family relationships, roles, rituals, and functions often develop in part because families are attempting to maintain homeostasis. The following case is just one example of an attempt to keep the balance in a family dealing with an SUD.



Consequences of a Partner's Substance Misuse

Consequences of a partner's substance misuse may go beyond issues of trauma and physical safety; there also can be financial effects (e.g., money spent on drugs rather than rent, medical costs related to treating SUDs or related physical problems) and psychological consequences, which may include:

- ✧ Protection of the partner
- ✧ Anger
- ✧ Stress, Anxiety
- ✧ Hopelessness
- ✧ Neglected health
- ✧ Shame
- ✧ Stigma
- ✧ Isolation



Enabling

- ✧ In working with families impacted by SUD you should understand that enabling is a common, normal reaction among family members of people with SUDs. Do not shame, blame, or lecture family members who are enabling substance use-related behaviors.



Recovery Puts Stress on Relationships

- ❖ Even when people are in recovery and seeking to improve their lives, relationships can suffer. For instance, during early stages of recovery, partners may (Ast, 2018):
- ❖ Have difficulty adjusting to and expressing feelings about their partner's recovery.
- ❖ Experience loneliness/separation (e.g., physically, upon the person entering residential treatment).
- ❖ Struggle with changes in intimacy and communication with their partner.
- ❖ Feel threatened by their partner forming new and emotionally intimate bonds with others in recovery (e.g., 12-Step sponsors and attendees)



Recovery Puts Stress on Relationships

- ✧ Feel threatened by their partner spending much of their time participating in recovery activities that do not involve the partner (e.g., attending “90 meetings in 90 days”).
- ✧ Struggle with no longer being the person’s only source of support.
- ✧ Feel that their partner has made recovery, not the relationship, the primary focus and top priority.
- ✧ Feel left out of the recovery process (especially if not invited to participate in services).



Why I don't talk about "Codependency"

"An abnormal reaction to abnormal behavior is a normal reaction"

Victor Frankl, Austrian Psychiatrist and Holocaust survivor



Where Did The Field Go So Wrong With Supporting Families?

- ✧ There is a grain of truth in looking at families of addicted individuals as sick
 - There is a significant amount of distress that family is under
 - Increased Anxiety
 - Increased Depression
 - Increased somatic complaints
 - Also, there is a small group where families do get worse when someone enters recovery.



What to use instead of Codependency

- ✧ Normalize their behavior “It is a normal response to an abnormal situation”
- ✧ Ask for clarity on what makes them think they are codependent
- ✧ Develop plans for the specific items that they describe.



Influence Vs. Control



Why Don't Family Members Come in?

Clients might be reluctant to have family come into treatment.

- Are afraid that family will try to control therapy.
- Worry that we might see them differently after meeting family.

Family members might be reluctant to come into treatment.

- Can be afraid that we will “diagnose” them or see them as the problem.
- Are too exhausted and want treatment to take over.



Relapse Prevention for Families

- ✧ Just as people with SUDs are at risk for a return to substance misuse after initiating recovery, family members can also experience a “relapse” or return to old behaviors and strategies for trying to manage the stress of living with a relative’s active substance use



Appropriateness of Family Based Interventions

Only in rare situations are family-based interventions and counseling inadvisable, inappropriate, or counterproductive. Some factors to consider:

- ✧ History of Family Violence
- ✧ Substance Withdrawal
- ✧ Serious Mental Illness



Engagement Strategies

What the Evidence Says Works:

- Parent Partners
- Youth Partners
- Services Happening Outside the Office
- Phone Session Reminders
- Training Intake Staff
- Better Training for Clinical Staff

Family Therapy in SUD

What we know.....

- ✧ Full integration is still relatively rare
- ✧ Family Therapy training is extensive and expensive
- ✧ Scope of practice limits qualified providers
- ✧ More family therapists trained in SUD treatment are needed

What we know....

- ✧ Some providers believe that codependency gets in the way of successful treatment
- ✧ When the family is involved, the focus is generally on psychoeducation
- ✧ Historically, SUD providers have avoided outside referral

The background of the slide is a dark blue, textured surface that resembles marbled paper or a similar material. The texture consists of irregular, vein-like patterns in various shades of blue, from deep navy to a slightly lighter, tealish-blue. The overall effect is a rich, layered, and somewhat organic-looking background.

Community Reinforcement and Family Training (CRAFT) A Very Structured Approach

How CRAFT Works

CRAFT engages substance users by working through their loved ones

Significant others can use their own influence to help their loved ones.

Help SO's find middle ground between control and detachment.

A Less Structured Approach:

No blaming or shaming



Focus on their concern



Expressing hope



Offering affirmations

ORN Evaluation Survey Link

Please scan the below QR code or use the link below to access a very brief survey.



The survey will ask about your satisfaction with the training program you just completed as well as some basic demographic information. Your responses will help the Opioid Response Network improve the services they provide.

Thank you in advance for completing this survey!



References

- ✧ Bagley, S (2023) Addiction 101, PowerPoint Presentation Pulled from the ORN repository 5/9/2024
- ✧ William Miller, Alyssa A. Forcehimes & Allen Zweben (2019) Treating Addiction 2nd Edition: A Guide for Professionals
- ✧ SAMHSA (2020) Treatment Improvement Protocol (TIP) 39: Substance Use Disorder Treatment and Family Therapy.

