

# Improving patient outcomes by integrating families in substance use treatment

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# The case of Aaron Schuster

Aaron, a 34 year old male, is being referred to your clinic by his mother for opioid use disorder.

He is currently in the ICU from an overdose and is expected to make a full recovery. This is not his first overdose. Aaron has been estranged from his family on and off over the past 5 years due to his addiction, but his mother was the name he gave the RN to call.

She is requesting an appointment for the patient...

# The case of Aaron Schuster: meeting Aaron

Aaron presents to the appointment with his mother three days after being discharged from the hospital.

He would like to discuss buprenorphine/naloxone for treatment, reporting that he has used it before for a few months, and that during that time he was not using any substances. His mother interjects, “yes but you were just addicted to that, and taking more than you were prescribed...”

# The case of Aaron Schuster: the history

While heroin and fentanyl have been his substances of choice, he discloses problematic patterns of methamphetamine, cannabis, nicotine, and alcohol use at different periods of his life.

Aaron discloses that he is most recently using opioids again for the past two years.

He shares that his parents previously tried to become a single car household to afford residential treatment, but he doesn't want to do that to them.

# Family dynamics influencing treatment

## Unhelpful

Stigma and lack of education

Generational substance use and trauma

Mental health concerns

Enabling behaviors

Boundaries and enmeshment

- Rigid and porous

## Helpful

Support

- Emotional, safety/health, financial, transportation

Accountability

Encouragement

Healthy boundaries and attachments

# The case of Aaron Schuster

Concerns for:

Cut-off family relationships

Enabling behaviors

Lack of education on MAT and addiction

Poor communication and boundaries

Possible resentments

Guilt and shame concerns

# Priorities in the initial appointment

ROI/permissions to share/collateral

Assessing

- Home environment, family dynamics and supports

Provide psychoeducation for the patient and family

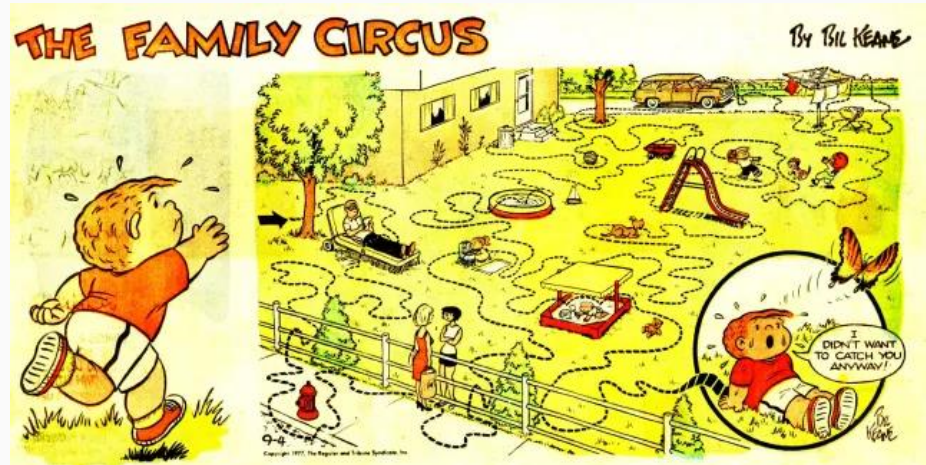
- Medications, diagnoses, addiction and post-acute withdrawal
- Normalizing the trajectory and discussing expectations

# Don't lose the opportunity

It takes constant effort to help a person with addiction to recover, but they aren't the only ones working toward that goal. Those who care most about a person with addiction need just as much help as the person with the addiction.

In an appointment that is intensified by emotions of multiple parties:

- Help both parties to see and stick to their shared vision
- Err on the side of curiosity and affirmation
- Always ask permission of the patient before involving family members





# The case of Aaron Schuster: initial appointment

## Risk factors going in

- High risk substance use over the span of multiple years
- IV use?
- Polysubstance use
- Recent overdose, multiple overdoses

## Make sure that you obtain

- Permissions to share or Releases of information
- “Who would I reach out to if I don’t see you as we have discussed...”
- Narcan

## Provide

- Education for Aaron and mom; MAT, addiction, narcan etc
- Empower Aaron to be the decision maker
- Provide resources for Aaron and mom

# On the next appointment

Aaron presents at the next appointment and shares that he has experienced a relapse since our last appointment. Because of his mother's advocacy to family he was encouraged to come back and re-evaluate his dose of buprenorphine/naloxone.

Trigger for use was a family member coming to town who had previously abused him as a child that the family doesn't know about. This individual will be living with the family going forward. PTSD is confirmed during appointment.

# The case of Aaron Schuster: what to do when the living environment isn't safe for recovery

Talk to mom? Mom has shown to be more supportive recently

Explore alternative living situations

- Sober living or inpatient treatment

Referral to therapeutic services to treat PTSD sx's

# Early interventions to improve family dynamics and treatment outcomes

## Psychoeducation

Discussions on helpful support versus enabling with patient and family members

Skills for boundary setting and autonomy for patients

Connection with supports and the larger community

# Resources for family members

## **Al Anon**

[https://findrecovery.com/alanon\\_meetings/co/grand-junction/](https://findrecovery.com/alanon_meetings/co/grand-junction/)

## **NAMI National Alliance on Mental Illness**

PALS groups-Parents with an addicted child, family support groups, and creating connections groups for those with loss by suicide

<https://namiws.org/calendar/> \*970-462-3989

## **Hazelden Betty Ford**

A children's program that provides support, education and care to kids who grow up in a family with alcohol or other drug addiction

<https://www.hazeldenbettyford.org/treatment/family-children/childrens-program>

# Resources for patients

## Peer 180

<https://www.facebook.com/Peer180RCO/>

## NA/AA

<https://aa-westerncolorado.com/meetings/>

## Refuge Recovery

## RU

<https://www.facebook.com/groups/ReformersUnanimousGJ/>

## Smart Recovery

<https://www.smartrecovery.org/community/>

# Contact

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