Webinar Instructions

Remember to Turn on Your Computer Speakers to Hear the Presentation
Agenda

- Introductions and Logistics
- Welcome and Resource Center Overview
- Setting the Stage and Communicating to Stakeholders
- A Family-Centered Approach to Treatment
- Program Example: Shatterproof Family Program
- Discussion and Q&A
Presenters

• Robyn Cenizal, CFLE, Project Director, National Resource Center for Healthy Marriage and Families (facilitator)

• Christina Zurla, Christina Zurla, Partner, ICF and Public Health Communications Expert

• Theresa Lemus, Director, National Family Drug Court Training and Technical Assistance Program, Children and Family Futures, Inc., National Center on Substance Abuse and Child Welfare (NCSACW)

• Anne De Santis Lopez, Director of Family Programs and Leslie Litsky, Program Operations Manager, Shatterproof
Welcome and Resource Center Overview

Robyn Cenizal, CFLE
Project Director, National Resource Center for Healthy Marriage and Families
Director, Family Strengthening, ICF
Focus on Core Skills

Healthy marriage education skills are the core components of healthy relationship education and include:

- Interpersonal skills such as communication and conflict resolution;
- Along with critical skills like parenting and financial education.

These skills can be successfully integrated individually or collectively to reduce stress and improve communication.
National Resource Center for Healthy Marriage and Families

www.healthymarriageandfamilies.org

@MarriageResCtr

- Website features include:
  - Media Gallery
  - Webinar and E-Newsletter Archives
  - Calendar of Events
  - Resource Library
  - Virtual Training Center

- Monthly Newsletter
  - Highlight tips, resources, and upcoming events
- LinkedIn
  - Connect with professionals across the country
- Twitter
  - Share information and engage more dynamically
Stakeholder Specific and Culturally Responsive Resources

- Toolkits
- Fact Sheets
- Research to Practice Briefs
- Tip Sheets
- Guides

www.HealthyMarriageandFamilies.org
Special Collection

Healthy Dating Leads to Healthy Marriage

Search Relationship Resources

Visit: Healthymarriageandfamilies.org to see our new special collection
Setting the Stage and Communicating to Stakeholders
What We’ll Cover

• A bit about opioids and substance use.
• How to talk about your work and reach people in need.
• The words we use and why they’re important.
Different Types of Opioids

- **Prescription opioids**: Medications like oxycodone, hydrocodone, hydromorphone, and oxymorphone.
- **Heroin**, an illicit (illegally made) opioid synthesized from morphine that can be a white or brown powder, or a black sticky substance.
- **Synthetic opioids** other than methadone (drugs like tramadol and fentanyl)
- **Methadone**, a synthetic opioid used as medication to help people reduce or quit their use of heroin or other opiates.
How Did We Get Here?

RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

A Multi-Layered Problem in Three Distinct Waves

399,000 people died from an opioid overdose (1999–2017)

1990s mark a rise in prescription opioid overdose deaths

2010 marks a rise in heroin overdose deaths

2013 marks a rise in synthetic opioid overdose deaths

Rx OPIOIDS
Include natural, semi-synthetic, and methadone and can be prescribed by doctors

HEROIN
An illegal opioid

SYNTHETIC OPIOIDS
Such as fentanyl and tramadol are very powerful and can be illegally made

Learn more about the evolving opioid overdose crisis: www.cdc.gov/drugoverdose
The Epidemic, By the Numbers

- Rx opioids involved in more than 35% of all opioid overdose deaths.

- Half a million people reported using heroin in the past year (2017).
- Greatest heroin use increases among demos with historically low rates
  - Women
  - Privately insured
  - People with higher incomes
- Past misuse of Rx opioids is highest risk factor in heroin use.

- Synthetic opioids involved in more deaths than for any other type of opioid.
- Deaths from synthetic opioids significantly increased in nearly half the states from 2016 to 2017
Among those with a substance use disorder:
- 3 IN 8 (36.4%) struggled with illicit drugs
- 3 IN 4 (75.2%) struggled with alcohol use
- 1 IN 9 (11.5%) struggled with illicit drugs and alcohol

Among those with a mental illness:
- 1 IN 4 (24.0%) had a serious mental illness

7.6% (18.7 MILLION) People aged 18 or older had a substance use disorder

3.4% (8.5 million) 18+ HAD BOTH substance use disorder and a mental illness

18.9% (46.6 MILLION) People aged 18 or older had a mental illness

See figures 40, 41, and 54 in the 2017 NSDUH Report for additional information.
Communications: *To Inform or Persuade*
Normalizing Substance Use Disorders.

• A disease, not a moral failing.
• We can help reduce stigma.
• It starts with our words.
Use People-first Language*

- Substance Use Disorder/Opioid Use Disorder
  - Not “addict” or drug abuser, etc.

- Person in Recovery
  - Not “clean” or “dirty”
  - Rather: positive/negative toxicology screen

- Medically Assisted Treatment
  - Not “replacement” or “substitution”

*Source: ONDCP, Changing the Language of Addiction
## Cheat Sheet

<table>
<thead>
<tr>
<th>Words to Avoid</th>
<th>Instead, Use . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Painkillers</td>
<td>✓ Prescription opioids</td>
</tr>
<tr>
<td></td>
<td>✓ Prescription opioid pain medications</td>
</tr>
<tr>
<td>X Drug addiction</td>
<td>✓ Substance use disorder or opioid use disorder</td>
</tr>
<tr>
<td>X Drug Habit</td>
<td></td>
</tr>
<tr>
<td>X Abuser/user</td>
<td>✓ Person with a substance use disorder</td>
</tr>
<tr>
<td>X Addicts</td>
<td>✓ People who use drugs</td>
</tr>
<tr>
<td>X Junkies</td>
<td></td>
</tr>
<tr>
<td>X Perpetrators</td>
<td></td>
</tr>
<tr>
<td>X Criminals</td>
<td></td>
</tr>
<tr>
<td>X Recreational use</td>
<td>✓ Nonmedical use</td>
</tr>
</tbody>
</table>
And Help Reduce Stigma

- Scare tactics don’t work!
- Humanize the topic/issue. Show the people, not the “problem.”
- Avoid imagery of paraphernalia – could be triggering.
- Tone should be empathetic, supportive, informative.
- Include a call-to-action or link/resource for more information.
Why Do Our Communications Efforts Sometimes Fall Flat?
Who Are We Trying to Reach?

- Patients/clients
- Community
- Stakeholders
- Parents, families
- Leaders within your organization
- Partners
- Policymakers
- Others . . .
LISTEN UP!
Don’t Blame Audience

• Instead, consider:
  • What’s wrong with our offering?
  • What’s wrong with the way we’re delivering our message?
  • Can our audiences “hear” us?
  • Is this the best way to reach them?
When Trying to Reach People

- Consider their needs, beliefs, values, NOT yours.
- Meet them “where they are.”
- Make sure they can “hear” and understand your message.
- And that you’re delivering it in the right way.
- Remember: You are not your target audience!
- Don’t know what motivates them? Ask!
A Family-Centered Approach to Treatment

Theresa Lemus
Director of the Family Treatment Court Training and Technical Assistance Program, Children and Family Futures (CFF)
Our Mission

To improve safety, permanency, well-being, and recovery outcomes for children, parents, and families affected by trauma, substance use, and mental health disorders.
2012 was Lowest Census

Note: Estimates based on children in foster care as of September 30

Source: AFCARS Data, 2000-2017
Of all Children who Entered Out of Home Care, Percent who were Under Age One, 2000 to 2017

Children under age 1 are a growing percentage of children who enter out of home care each year.

Note: Estimates based on children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2000-2017
Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Removal in the United States, 2000 to 2017

Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2000-2017
These Children Experience Poor Outcomes

- Lower likelihood of successful reunification
- Behavior challenges and parentification
- Difficulty in school
- Developmental delays
- Lack of immunizations
- Children tend to stay in the foster care system longer than children of parents without substance use disorders (Gregoire & Schultz, 2001)
Substance Use Disorder - a Family Disease

The impact on child development is well known: substance use disorders weaken relationships – which are critical to healthy development.

Impact of substance use combined with added trauma

Child well-being is about relationships that ensure family well-being

Severe Family Disruption
The Need to Do Better for Families

Substance use disorders (SUDs) can negatively affect a parent’s ability to provide a stable, nurturing home and environment. **Most children** involved in the child welfare system and placed in out-of-home care **have a parent with a SUD** (Young, Boles & Otero, 2007).

Families affected by parental SUDs have a **lower likelihood of successful reunification** with their children, and their children tend to **stay in the foster care system longer** than children of parents without SUDs (Gregorie & Shultz, 2001).

The **lack of coordination and collaboration** across child welfare, substance use disorder treatment and family or dependency drug court systems has **hindered their ability to fully support these families** (US Depart. of Health and Human Services, 1999).
FTC Model as a Collaborative Solution

Judicial Oversight

Drug Court Hearings

Therapeutic Jurisprudence

Comprehensive Services

Access to Quality Treatment and Enhanced Recovery Support

Enhanced Family-Based Services
What We Know When Systems Work Together

**RECOVERY**
Parents accessed treatment more quickly

**REPEAT MALTREATMENT**
Fewer children experienced subsequent maltreatment

**REMAIN AT HOME**
More children remained at home throughout program participation

**RE-ENTRY**
Fewer children who reunified returned back to foster care

**REUNIFICATION**
Children stayed less days in foster care and reunified within 12 months at a higher rate
What is a Family Treatment Court?

Family treatment court is a juvenile or family court docket for cases of child abuse or neglect in which parental substance use is a contributing factor.

It is civil in nature.

Judges, court personnel, attorneys, child protective services, treatment professionals, and other community partners collaborate and coordinate services with the goal of ensuring children have safe, nurturing, and permanent homes and each family member receives the needed services and necessary supports that they need to achieve stable recovery within mandatory time frames.
Common Ingredients of FTCs

- System of identifying families
- Timely access to assessment and treatment services
- Increased management of recovery services and compliance with treatment
- Improved family-centered services and parent-child relationships
- Increased judicial oversight
- Systematic response for participants – contingency management
- Collaborative non-adversarial approach grounded in efficient communication across service systems and court

Sources: 2002 Process Evaluation and Findings from 2015 CAM Evaluation
The Matter of Time

Conflicting Clocks

Child Welfare – 12-month timetable for reunification

Child Development – early intervention and impact on bonding and attachment

Treatment and recovery – ongoing process that may take longer
No single agency can do this alone
Mothers who participated in the Celebrating Families! Program and received integrated case management showed significant improvements in recovery, including reduced mental health symptoms, reduction in risky behaviors, and longer program retention (Zweben et al., 2015).

Women who participated in programs that included a “high” level of family and children’s services were twice as likely to reunify with their children as those who participated in programs with a “low” level of these services (Grella, Hser & Yang, 2006).

Retention and completion of comprehensive substance use treatment have been found to be the strongest predictors of reunification with children for parents with substance use disorders (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010).
The Costs of Focusing Only on Parent Recovery

- Threaten parent’s ability to achieve and sustain recovery; increases risk of relapse
- Threatens parent’s ability to establish a healthy relationship with their children
- Additional exposure to trauma for child/family
- The parent will continue to struggle with unresolved guilt
- Prolonged and recurring impact on child safety and well-being
The Costs of Focusing on Parent Recovery Only - What Happens to Children?

- They are children who arrive at kindergarten not ready for school
- They are in special education caseloads
- They are disproportionately in foster care and are less likely to return home
- They are in juvenile justice caseloads
- They are in residential treatment programs
- They develop their own substance use disorders
Treatment that Supports Families

• Increases recovery from SUD
• Encourages retention in treatment
• Increases parenting skills and capacity
• Enhances child well-being
Program Example: Shatterproof Family Program

Anne De Santis Lopez
Director of Family Programs, Shatterproof
Program Pillars

**EVIDENCE BASED EDUCATION/INFORMATION**
- The chronic disease of addiction
- Treatment options
- Recovery
- Self-help and healing

**EMOTIONAL SUPPORT**
- Reduce isolation and stigma
- Foster a sense of understanding
- Create a safe space to freely express emotions
- Share similar experiences

**SOCIAL CONNECTEDNESS**
- Offer a space and opportunity to speak to others inside/outside of the group
- Engage with others at Shatterproof community events

The Result: **HOPE**
Program Session Topics

• **Session 1:** The Disease of Addiction
• **Session 2:** The Impact of Addiction
• **Session 3:** Treatment Options: National Principles of Care
• **Session 4:** Evidenced Based Approaches to Treatment - Behavioral and Pharmaco-therapies (MAT)
• **Session 5:** Overcoming Stigma, Talking to your employer
• **Session 6:** Communication, Language Do’s and Don’ts
• **Session 7:** What does Recovery Look Like: The 3 C’s to Self-Recovery
• **Session 8:** Building an Action Plan: Predatory Marketing Practices.
• **Session 9:** Action Plan Review
• **Session 10:** Non-Crisis and Crisis Responses/Narcan Training
• **Session 11:** Co-Occurring
• **Session 12:** On-Going Support and Wrap-up
Online Portal
SESSION 2: The Impact of Addiction

Addiction professionals have a term for those of us here, we are called “significant others” when a loved one is dealing with addiction. There is suffering and permanent damage brought about by the loved one’s substance use. Healing and recovery needs to happen in order to help them heal from being with addiction. This session will cover understanding the challenges and then looking at self-care tips.
Bring the Program to Your Area

Help families devastated by addiction. Bring the Shatterproof Family Program to your community.

The Shatterproof Family Program provides education and tools to families affected by substance use disorders in a supportive environment.

AS A FACILITATOR OR COMMUNITY HOSTING ORGANIZATION YOU WILL:

Help to overcome isolation and fear that friends and family members of loved ones with addiction feel.

Gain knowledge to help teach families and friends a renewed understanding providing comfort and hope.

Share evidence-based knowledge in a safe environment so program participants can freely express their challenges.

Follow the structured 12-session curriculum that guides individuals through some of their most pressing issues.

Join a community with thousands of individuals and families affected by substance use disorders.

GOALS & OBJECTIVES

- Educate families on topics such as understanding the disease of addiction, learning what questions to ask treatment facilities, the importance of self-care and how to change conversations with your loved ones, and preparing for treatment.
- Build resilience in families, loved ones and whole communities through knowledge and empowerment.
- Reduce the stigma that shames the hopes and lives of so many individuals across our country.

READY TO HELP MAKE A DIFFERENCE?

Take the first step by contacting us! Shatterproof will train and certify facilitators, providing guidance on how to bring and deliver this educational support program to your community.

Each program has two facilitators to co-lead: a clinician and a peer. Clinicians are trained in the field and would like to support families using this program. Peers are friends, family, or community members who have lived experience with substance use disorder and can positively help others.

Our carefully developed administrative guide will provide program facilitators with all the templates needed for marketing and understanding the framework of the program including cost and expenses.

TRAINING INCLUDES

- Program cost is $1,250 per facilitator (plus the cost for transportation and lodging). Discounts are available for organizations hosting the training or sending multiple facilitators.

The fee includes:

- 2-Year Shatterproof Facilitator Certification
- Training in 1-day webinar: days 2 & 3 live at a regional location
- Access to curriculum materials, both hardcopy & virtual versions
- Ongoing program support and technical assistance

LEARN MORE OR APPLY AT shatterproof.org/facilitator

@shatterproof12
@Shatterproof
D@ShatterproofHD
Facilitator Training Manual
https://www.shatterproof.org/family

Family Programs

Addiction is a chronic brain disease that shatters lives. Across the country, parents and family members of loved ones with substance use disorder are isolated and afraid. It’s time to change that.

When a loved one is dealing with a substance use disorder, it can make family members feel lost, full of blame, and alone.

But knowledge is power: The education provided in the Shatterproof Family Program gives families understanding and hope. Delivered in a community setting, it offers comfort to families who are suffering and shows them that even though they may feel alone in their struggle, there are many others who face the same challenges.

The Shatterproof Family Program

- Provides education on substance use disorder informed by the latest evidence-based research to help families overcome the myths, chaos, and confusion that surround the disease of addiction.
- Offers a safe and caring setting where families can share experiences, build new relationships, and strengthen their
https://www.shatterproof.org/family

You do not need to apply together; Shatterproof will match interested persons from each category.

The program is built on live group sessions that follow a 12-session curriculum. Families will be introduced to such topics as:

- Understanding Addiction as a Disease
- How to Find Quality Treatment
- Dealing with the Stigma and Shame Surrounding Addiction
- What Recovery Looks Like for your Loved One and Yourself

Trained facilitators will deliver the curriculum at a frequency that works for both them and the families. We encourage you to explore this program further if you are interested in either being trained as a facilitator or joining a local program.
Questions and Answers
Facilitated by Robyn Cenizal
Webinar Instructions

Family-Focused Strategies for Addressing Opioid Addiction and Recovery

Tuesday, March 19, 2019

Browse to relevant sites and information

Browse and download relevant resources here

Use this box to ask a question
Contact Us

National Resource Center for Healthy Marriage and Families

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EMAIL: info@HealthyMarriageandFamilies.org
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