



It takes a village: A pragmatic trial of a group telehealth intervention for family members affected by opioid use disorder

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February 27, 2024

It really does takes a village

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Agenda

- Effects of substance use on the family
- Community Reinforcement and Family Training (CRAFT)
- eINSPIRE study
 - Reach and Exposure
 - Adoption and Feasibility
- Lessons Learned



Substance Use Stress on Family

- 40% know someone who died from overdose and one in eight say that death disrupted their lives
- Higher risk for chronic medical and psychiatric conditions
- High child displacement; higher family violence and aggression
- Financial and psychological costs
 - *“Everybody is just divided. I argue with them all the time...”*
 - *“I couldn’t help myself because all of my energy...were going into get him help”*
 - *“... you can’t trust anyone... you have to be very selective on who knows about this... extremely selective. Because people are judging.”*

- Athey, A., Kilmer, B., & Cerel, J. (2024). An Overlooked Emergency: More Than One in Eight US Adults Have Had Their Lives Disrupted by Drug Overdose Deaths. *American Journal of Public Health*, 114(3), 276-279.
- Ray, G. T., Mertens, J. R., & Weisner, C. (2009). Family members of people with alcohol or drug dependence: Health problems and medical cost compared to family members of people with diabetes and asthma. *Addiction*, 104(2), 203–214.
- Sampson D, Heinsch M, Geddes J, Velleman R, Velleman G, Teesson M, et al. 'I no longer know that person': Experiences of families living with someone using crystal methamphetamine (2023). *PLoS One*. 2023 Apr 12;18(4):e0284156.
- Weisner, C., Parthasarathy, S., Moore, C., & Mertens, J. R. (2010). Individuals receiving addiction treatment: Are medical costs of their family members reduced?: Medical costs of families of AOD patients. *Addiction*, 105(7), 1226–1234.



Rationale for working with family

- #1 motivator for seeking care
- Can be a first-line responder
- Play an active role in supporting
- Typically motivated to “help”
- Can also perpetuate stigma

- Family members also need help (isolation, victims of violence, verbal assaults, \$ problems, marital conflict, generational substance use, etc. etc. etc.)

- Stein, B. D., Kilmer, B., Taylor, J., & Vaiana, M. E. (2023). *America's Opioid Ecosystem: How Leveraging System Interactions Can Help Curb Addiction, Overdose, and Other Harms.*



Treatment Options for Family Members

Inclusive Approaches

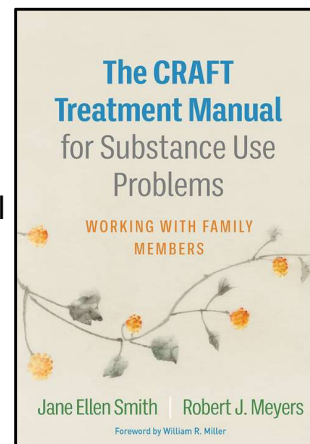
- Family Therapy
- Johnson Intervention
- Behavioral Couples Therapy

Unilateral Approaches

- Al-Anon, Nar-Anon
- SMART Family and Friends
- Community Reinforcement and Family Training (CRAFT)

Community Reinforcement and Family Training (CRAFT)

- Cognitive Behavioral Therapy
- Motivational Interviewing
- Developed as 1:1 therapy (12 50-minute sessions)
- Designed for family in **frequent** contact w individual
- Goals:
 - Decrease individual's (IP) substance use
 - **Influence IP to enter treatment**
 - Improve concerned significant other (CSO) functioning

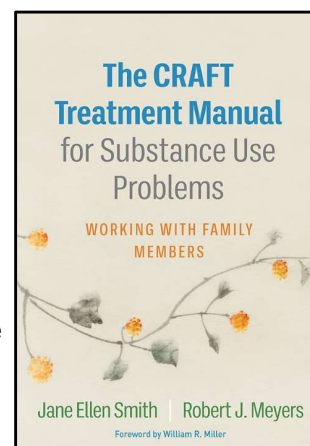


- Smith, J. E., & Meyers, R. J. (2023). *The CRAFT treatment manual for substance use problems: Working with family members*. Guilford Publications.



CRAFT Procedures

1. Informing and motivating the CSO
2. Functional analysis of IPs substance use
3. Improving CSO's communication skills
4. Rewarding non-using behavior
5. Withdrawing rewards for using behaviors
6. Allowing for natural, negative consequences of use
7. Problem Solving
8. Helping CSOs enrich their own lives
9. Inviting the IP to enter treatment





HEALTH REPORTING IN THE STATES

Families Choose Empathy Over 'Tough Love' To Rescue Loved Ones From Opioids

August 10, 2018 - 5:01 AM ET

By Martha Bebinger

FROM **wbur**



Bea and Doug Duncan outside their home in Natick, Mass. The coaching they got from the Community Reinforcement and Family Training program, they say, gave them tools to help their son Jeff stick to his recovery from drug use. He's 28 now and has been sober for nine years.

ALAN LUTZOW/WBUR

*"The concept of **letting their children hit bottom** is not the best strategy," says Nora Volkow... **because in hitting bottom they may die.**"*

*"I stopped feeling like I had to be a private investigator and controlling mom. I could ...**walk side-by-side with him on this journey**, instead of feeling like I had to take charge of it."*



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A Call for Kindness, Connection, and Science

Barbara Straus Lodge

ARTICLE INFO

Keywords: substance use disorder; treatment approaches; evidence-based treatment; science; kindness and compassion; personal narratives; loved ones; CRAFT

Family substance therapy

ABSTRACT

Introduction: This personal narrative describes our family's struggle with my adult son's substance use disorder (SUD). Years of traditional tough love treatment programs worsened his SUD and our relationship. When he experienced drug-induced psychosis and was hospitalized, I realized I needed to change my approach and implement his behaviors.

Methods: I reached out to the recovery community and spoke with many individuals who had walked in my son's shoes. They described feelings of loneliness, self-hatred, and hopelessness while being on the receiving end of tough love. They further described the contrast between those negative feelings, and the life-affirming hope associated with communication, empathy, and inclusion. I became inspired to research programs that are based on communication, science, and connection, rather than isolation, judgment, and punishment.

Results: Family and community are powerful tools and can matter change. An evidence-based program called CRAFT (Community Reinforcement and Family Training) encourages relationships and teaches families skills to connect with their loved ones by effectively communicating and reinforcing positive behaviors, even in the context of undesirable behaviors. Reinforcing praise for healthy behaviors, recognition for good work, or even a positive acknowledgment for taking baby steps toward self-care can activate the same dopamine-producing reward system as drugs. Individuals with SUD can learn how to feel good to want to do one another being substance. Traditional patient-focused treatment programs, which encourage separation, punishment, and distance should not be considered the only approach to treatment.

Conclusion: Loved ones are not powerless. While we can't make a person change, we can contribute to making them want to change. We have more influence than we once thought possible and need to proactively seek out empirically supported family-based programs that evidence these approaches.

"Ask not why the addiction, but why the pain?" (Mast, 2008)

Contributing to my son's drug use was never my intention. I thought my hard-lined boundaries and enforced isolation would help him, not fuel his substance use.

I was wrong.

A few months after completing rehab, he started losing weight, losing friends, losing jobs, and my trust. I was shocked and in denial that he was using again. Hadn't nine months of rehab "fixed" him? Drug tests suggested otherwise.

He refused to re-enter treatment and I was desperate for support. My therapist, a highly respected addiction psychologist with 30 years of sobriety behind her, recommended going to parent-focused Alanon groups. I found much comfort there, knowing I wasn't alone. Both my therapist and the parents in Alanon said she was more effective (the only way to get my son to stop using drugs was to withhold connections, shelter, and resources. He needed to experience abandonment and rejection.

to understand the consequences of his irresponsible "choices." While this deprivation-based approach felt antithetical to my maternal instincts, every person I consulted with—psychiatrists, therapists, parents, and interventionists—each more experienced than I, guaranteed that this "tough form of love" would bring him back to me, broken and ready to change.

I did what I was told.

I held my bottom line, not my son. "Don't contact me until you've ready for help."

My Alanon group applauded when I tearfully admitted changing the locks to our home.

Tenacious days and nights passed, not knowing if he was alive or dead. I walked around in circles, drenched in fear, constantly jumping to call or text and tell him I loved him, yet I was convinced that outreach would send a message of weakness.

He showed. "Tim alone and leave me alone. My own family doesn't care; you just want me away. You have no idea how much I hurt."

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*"Families live with the undeniable truth that **our loved ones could be taken from us at any moment...**"*

*If family members want to gain tools to support their loved one, why not educate and include them so that they complement and reinforce the treatment team's effort? **We are on the same team.** While we can't force a person to change, we can help motivate them to change."*

Lodge, B. S. (2022). *A Call for Kindness, Connection, and Science*. J Subst Use Addn Treat, 141, 108839. <https://doi.org/10.1016/j.jbst.2022.108839>



CRAFT Evidence

- Higher treatment initiation and engagement
- Improved CSO well-being
- Studies focus mostly on alcohol
- CSO relationship type (parents)
- 1:1, group, self-directed format (book)
- Telehealth*
- Persons experiencing early psychosis, PTSD, and gambling*

(Archer et al., 2019; Erbes et al., 2020; Hellum et al., 2022; Manuel et al., 2012; McCarthy et al., 2022; Nayoski et al., 2016; Roozen et al., 2010; Siljeholm et al., 2022)

*Preliminary evidence

Adapting CRAFT Pragmatically

Existing CRAFT studies

Target Behavior	Alcohol	
Setting	Community-based ads	
Recruitment	Spouses and parents	
Outcomes	Identified person (IP) treatment initiation	
Modality	Individual in-person	

*CSO (Concerned Significant Other); MOUD: Medications for Opioid Use Disorder

Osilla et al., 2020 *Addiction Science & Clinical Practice*

Adapting CRAFT Pragmatically

Existing CRAFT studies



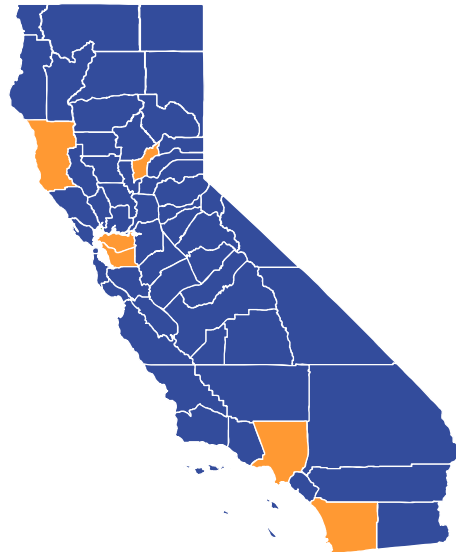
Target Behavior	Alcohol	OUD
Setting	Community-based ads	7 community health centers
Recruitment	Spouses and parents	Dyadic: Patient and support person
Outcomes	Identified person (IP) treatment initiation	Patient MOUD retention Support person well-being
Modality	Individual in-person	10 rolling group telehealth sessions

*CSO (Concerned Significant Other); MOUD: Medications for Opioid Use Disorder

Osilla et al., 2020 *Addiction Science & Clinical Practice*



Seven community health centers in California



Inclusion Criteria (N=323 dyads to date)

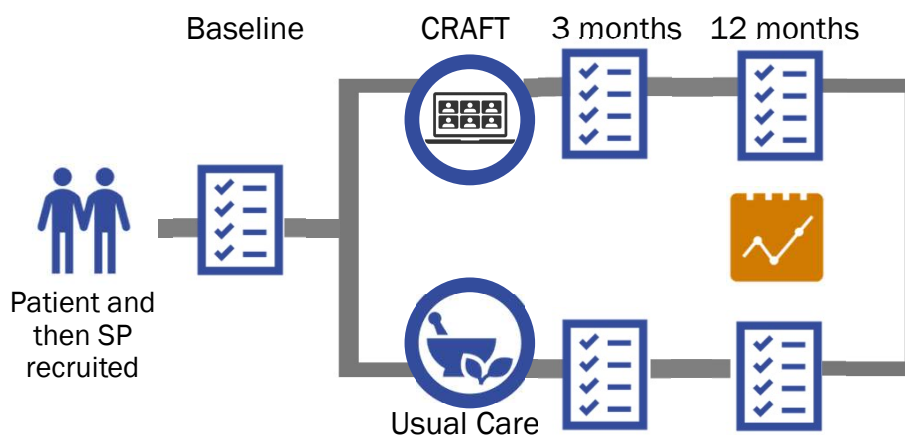
Patients:

- 18 and older
- **Taking buprenorphine** at the clinic
- Has an eligible SP that participates

Support Persons (SPs):

- 18 and older (family, partner, friend)
- Consents within one month of the patient
- Frequent contact (e.g., 3+ days in the past week)
- Not concerned they would be physically hurt by their loved one
- Willing and available to try CRAFT
- No expected change to their relationship in 90 days

Study Design





- Session 1:** Opioid Addiction and Natural Consequences.....
- Session 2:** Positive Rewards.....
- Session 3:** Communication: Timing and Understanding.....
- Session 4:** Increasing Social Support and Positive Activities
- Session 5:** Naloxone and Return to Use
- Session 6:** Buprenorphine Psychoeducation
- Session 7:** Responding to Problem Behaviors
- Session 8:** Roadmap of Opioid Use.....
- Session 9:** Communication: OAR
- Session 10:** Symptoms and Self-Care.....

Sample Characteristics

- 960 screened (40% unreachable), 323 dyads randomized
- Patients*
 - Age (M=40, SD=11); 59% Male; 60% White, 40% POC; 82% established bup
 - 60% Never Married, 46% Cohabiting with SP
 - 48% Extreme Impairment from SUD; 40% with mod/more severe depression
- Support Persons (SPs)*
 - Age (M=49, SD=16); 71% Female; 59% White, 41% POC
 - 22% Parent, 32% Significant Other/Spouse, 46% Other Family/Friend
 - 17% Extreme impairment from pt SUD; 20% with mod/more severe depression

*Based on N=285 dyads

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*Based on N=285 dyads



Pause and Reflect – What were our stuck points?

- **Reach and Exposure** – *Do SPs* attend the intervention and how many sessions do they attend if so?*
- **Adoption and Feasibility** – *Do staff use the intervention in their clinics, is the intervention feasible in community health clinics?*

*SPs=Support Person



Reach and Exposure

- 163 SPs randomly assigned to intervention
- **21%** completed at least one session
 - More likely cohabitating with patient
 - No other differences by attendance
 - Averaged 7 of 10 sessions

"...after doing the program, her mind opened...her ideas about medically assisted treatment have changed." (PT)

"Having the opportunity to be in a space where I could be candid and share my experience with others who were also having that experience was amazing ...everything is different." (SP)



Reasons for Low Attendance

- SPs are busy, competing demands
- Low intrinsic motivation (ready to leave, why *me*, pt already established on bup)
- They did not know about the group
- Technical issues
- Could not attend only group time

"I feel like the program assumed that the participants were in, living with the most extreme experience that we have when our partners are using, right. And I was not in that place."

"I mean, even with that convenience, it's hard to get everything to work out. A couple of times I was sick, a couple of times the internet just wasn't working."



Adoption and Feasibility

- Clinic staff are busy and often did not have the time to call SPs
 - “I only have time to contact them twice.”
 - Focus is on patients (crisis calls increased during COVID)

- At one health system, SP enrollment was challenging
 - Only 86 screened across 22 months
 - 31% of dyads screened ineligible (versus 6–22%)
 - 33% of eligible dyads refused participation (versus 13–23%)
 - 30% of patients reported not having a SP (versus 8–12%)
 - Low buy-in from frontline staff despite support from a champion (segmented team structure)



How we have been pivoting

- Spend a few minutes with patient on which SP to invite
- Remind, remind, remind (calendar invites, texts, postcards)
- Improve messaging about the group (free, helps all, check out one)
- Exploring joint patient-SP orientation session and in-person groups
- Open up more groups
- Try extrinsic motivation: Contingency management (\$15/session)
- Build intrinsic motivation: Recruitment video



Future Implementation Considerations

- SP-first recruitment is ideal
 - Narrow in on spouses/parents
 - Works best with more contact/investment in relationship
- Feasibility in community health clinics?
 - OUD is more complex than AUD
- In-person is preferred
- Group vs. Individual
- Billing for family services is complex (Dopp et al., 2021)

Dopp, A. R., Manuel, J. K., Breslau, J., Lodge, B., Hurley, B., Kase, C., & Osilla, K. C. (2022). Value of family involvement in substance use disorder treatment: Aligning clinical and financing priorities. *Journal of substance abuse treatment*, 132, 108652.



Mis-Implementation of an EBP

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SPECIAL ISSUE • Learning from failures in knowledge exchange

research article

Mis-implementation of evidence-based behavioural health practices in primary care: lessons from randomised trials in Federally Qualified Health Centers

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Dopp, A.R., Hindmarch, G., Osilla, K. C., Meredith, L., Manuel, K., Becker, K., Tarhuni, L., Schoenbaum M., Komaromy, M., Cassells, A., Watkins, K. (2023). Mis-Implementation of Evidence-Based Behavioral Health Practices in Primary Care Lessons from Randomized Trials in Federally Qualified Health Centers. *Evidence & Policy*.



There's more to come...



Contents lists available at ScienceDirect

Journal of Substance Use and Addiction Treatment

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It takes a village: A pilot study of a group telehealth intervention for support persons affected by opioid use disorder

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ARTICLE INFO ABSTRACT

Keywords:
 Opioid use disorders
 SMART
 Family
 Buprenorphine

Introduction: Opioid use disorder (OUD) has devastating effects on individuals, families, and communities. The Community Reinforcement and Family Training (CRAFT) is a Support Person (SP)-focused intervention that aims to increase SPs' communication strategies, positive reinforcement/networks, and social support. This pilot study, called eNSPIRE (eNtegrating Support Persons Into REcovery), adapted CRAFT for delivery via group telehealth. The aims were to evaluate the feasibility, acceptability, and preliminary effectiveness of this intervention on patient buprenorphine retention and SP mental health.

Methods: The study recruited patients receiving buprenorphine treatment in a primary care setting across five

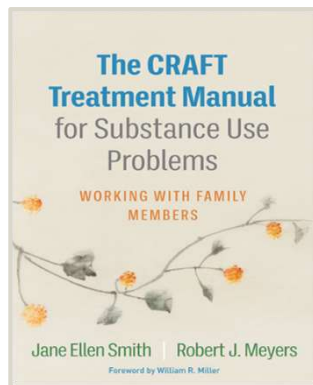
- *Group telehealth perceptions across opioid use disorder patients and their support persons*
- *How Conflict, Cohesion, and Social Support Affect Patients in Buprenorphine Treatment and their Families*
- *Does family support matter? The impact of support person attitudes toward MOUD on patient perceptions of support*
- *Perception Matters: How attitudes about medications for opioid use disorder affect patient treatment retention and support person mental health*

Osilla, K.C., Manuel, J.K., Becker, J., Nameth, K., Burgette, L., Ober, A., DeYoreo, M., Lodge, B.S., Hurley, B., & Watkins, K.E. (2024). It takes a village: A pilot study of a group telehealth intervention for support persons affected by opioid use disorder. *Journal of Substance Use and Addiction Treatment*, 161, 209290.



Resources

- [Partnership to End Addiction](#)
- [CMC: Foundation for Change](#)
- [NAMI Family Support](#)
- [SMART Family and Friends](#)
- SAMHSA
 - Help for [mil families](#) and [civilian families](#)



- Smith, J. E., & Meyers, R. J. (2023). *The CRAFT treatment manual for substance use problems: Working with family members*. The Guilford Press.
- Foote, J., Carpenter, K., Wilkens, C. (2023). *The Invitation to Change: A Short Guide*. Center for Motivation and Change.

