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This menu allows you to **control**:

- React ("Raise Hand" is under this option)
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Camera options are not available for participants. Participants can be unmuted by raising their hand and being recognized by the presenter.





Housekeeping









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Pose questions in the chat to all participants.

Please complete the post-session **evaluation**.





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In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **1.25 hours is approved for this course**.

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Mutual Agreement

- Everyone on every Program Evaluation and Research Unit (PERU) webinar is valued.
 Everyone has an expectation of mutual, positive regard for everyone else that respects the diversity of everyone on the webinar.
- We operate from a **strength-based**, **empathetic**, **and supportive** framework with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.





Mutual Agreement (continued)

- We strive to listen to each person, avoid interrupting others, and seek to understand each
 other through the Learning Network as we work toward the highest quality services for
 Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is not conducive to debate. If something happens that
 concerns you, please send a chat during the session to the panelists and we will attempt
 to make room to address it either during the session or by scheduling time outside of the
 session to process and understand it. Alternatively, you can reach out offline to your PERU
 point of contact.





Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.









Family Involvement in COE Services



Learning Objectives

By the end of this training, trainees will be able to:

- Outline the effects of an individual's SUD and the SUD system on the family.
- Identify how to assess for family involvement in COE services.
- Describe what should be considered when involving family members.
- Outline the benefits of family involvement in care management.
- Describe the way families can be included in the recovery process for individuals with OUD.

University of

Poll Question

When do you identify a client's family and/or supports?

- a. During COE Enrollment
- b. During Care Plan Development
- c. During Ongoing Care Management/ CRS Visits
- d. During Discharge
- e. Not at All





Why are we Discussing Family Involvement in COEs?





Truths about Individuals and Services

- SUD services are typically focused on the individual¹
- People with SUD stay in touch with loved ones²
- Care managers play a pivotal role in recognizing the roles family and social supports play in an individual's recovery³
- COEs can help to build support systems







Tangible Benefits of Involving Families

- Transportation
- Housing
- Food
- Financial resources
- Childcare
- Attending sessions
- Person to discuss recovery
- Identify warning signs







Intangible Benefits of Involving Families

- **Positive** reinforcement
- Person who listens
- Reward of repairing relationship
- Connection
- Encouragement
- Reduced social isolation
- Decreased feelings of hopelessness











Where Can Family Involvement be Beneficial?

Initial Identification

Outreach

Engagement

Assessment of SUD

Ongoing Recovery
Support





Better Outcomes

- Client **engagement** in care
- Client completion of care
- Reduced substance use
- Improved family functioning







Impact of Family Perceptions on Client

- Family members may not be familiar with or approving of MOUD
- Lack of familial support may bias clients away from MOUD







Pitfalls of Not Serving Families

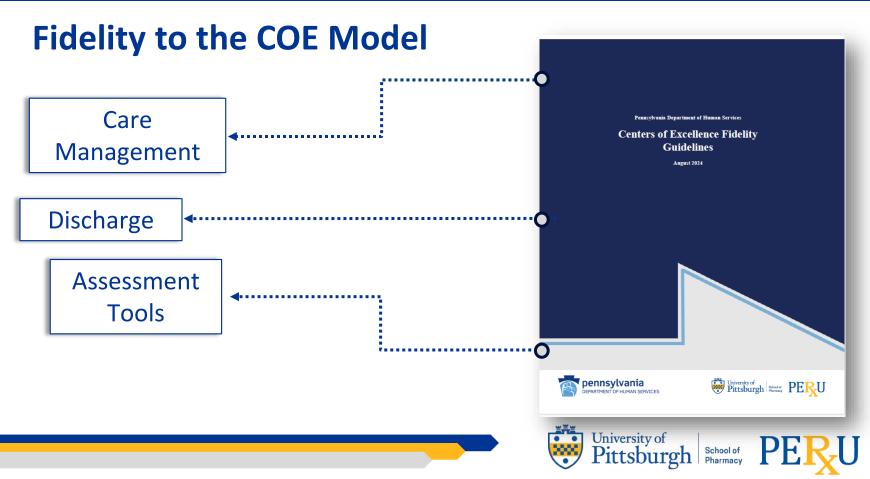
Families may rely on **informal** sources which may not be **helpful**

- **Support Groups**
- oInternet









Definition of Family and Impacts of Substance Use Disorder (SUD)





Definitions of Family

- Lack of consensus^{1,3}
- Complex²
- Beyond those that are genetically related²
- Change over **time**^{1,3}
- Impacted by cultures and beliefs³
- May be chosen4
- Consider recovery supports³













Effects of SUD on Families

- Emotional burden1
- Relationship distress or dissatisfaction¹
- Family cohesion²
- Economic burden¹
- Risk of developing health conditions³







Individualized Factors that Impact Effects on Families

- Severity of disorder
- Presence of other issues
- Behaviors of the individual
- Support available
- Coping mechanisms







What Can Interventions for Families Accomplish?

- Influence on client
- Address impact of SUD
- Help family support client
- Help family address their issues
- Reduce emotional burden







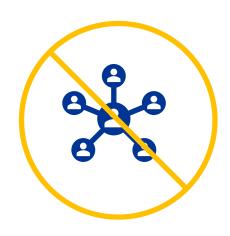
Experience of Families in the SUD System





Stigma Against Families

- Not asking families for input
- Limited visiting hours
- Prohibiting phone calls
- Trivializing attitudes of staff
- Not allowing families to make referrals
- Not screening, recognizing, and treating needs of family







Blaming of Families

- Reporting SUD is genetic¹
- Labeled as codependent²
- **Enabling** the individual²







Involving Family in COEs





Discussion Question

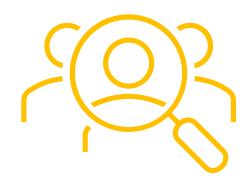
How do you determine whether to involve family in the client's care?





Identifying Family

- Individuals with SUD maintain contact with family¹
- Beneficial to recognize early in work with client²
- Ask open-ended questions³
- Client's choice²







Determining How to Involve Family Members

- Ask the client
- Discuss **early** in care







Potential Questions for Identifying Family

"Who can support you while you are in services and what type of support do you need?"







Potential Questions for Identifying Family

"Who in the past has been the most helpful to you and what did they do?"







Potential Questions for Identifying Family

"Who in your family would you like involved in your care?"







Discussion Question What questions do you ask to assess a client's family?





Considerations for Including Family

- Client may not agree
- Abuse/violence/neglect within the family
- Psychosis
- Cognitive impairments

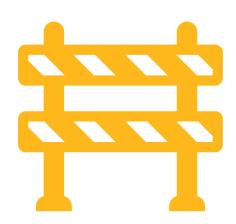






Challenges to Involving Family

- Location
- Person's understanding of SUD
- Stigma associated with opioid use
- Shaming of client
- Family dysfunction
- Concerns about confidentiality
- Extensive needs of family members
- Refusing to participate







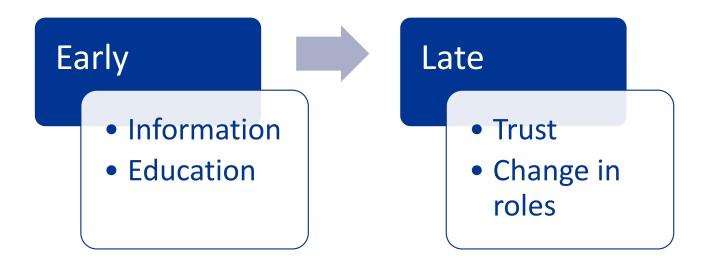
Discussion Question

Are there strategies you've found effective when engaging families in services?





Needs of Family Vary Over Course of Services







Interventions for Family from COE





Poll Question

What interventions are most helpful for families?

- a. Inclusion in care planning
- b. Participation in care management visits
- c. Providing information/education
- d. Offering or referring to groups
- e. Referring for therapy





Inclusion of Family in Care Planning

- Substance use in the family
- Family strengths
- Consider family goals
- Ongoing basis







Family Participation in Care Management

- Support/Encourage client
- Share insight
- Outline confidentiality
- Ground rules







Information for Families

- Care management services
- Appropriate levels of treatment available
- Benefits of services
- Client rights







Education for Families

- SUD and recovery¹
- Relapse prevention²
- Return to use and overdoses¹
- MOUD treatment options^{2,3}
- Communication and problem-solving skills²







Existing Resources/Referrals for Families

- Mutual-aid support groups¹
- Community-based organizations²







Family Peer Recovery Specialists

- Offer understanding
- Provide education and support
- Link to services







Overdose Education and Naloxone Rescue Kits

Benefits of providing to families

- Security
- Confidence
- Understanding







Offering Care Management Services to Families

Address systematic care issues and access

- Healthcare
- Education
- Legal
- Childcare







Discussion Question

What specific resources have clients' families found most hopeful?





Referrals Outside of the COE





Treatment/Support Referrals for Families

- Groups¹
- Therapy Options²
 - Couples
 - **o**Family
 - Community ReinforcementApproach







Benefits of Significant Other Involved Therapy for Clients

- Improved **engagement**^{1,2}
- Increased reduction in substance use³
- Treatment cost
 effectiveness²







Benefits of Significant Other Involved Therapy for Families

- Reduce emotional burden¹
- Improve coping¹
- Improve family **functionin**g²
- Foster healing³







Key Takeaways

- Engaging families in COE care is beneficial
- Family is **identified** by the client
- SUD effects not only the clients but the family
- There are different methods of engaging families in care
- Services for families can be done within and external to the COE







Questions?





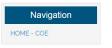


Wrap up and Next Session



HOME - LOGOUT









- To request CEs, complete the session evaluation.
- Slides and recording available on <u>Tomorrow's Healthcare</u>
- Next Session: 150th session: Stepped Care Approach—August 27th at 12pm





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