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Funded by Substance Abuse and Mental Health Services Administration



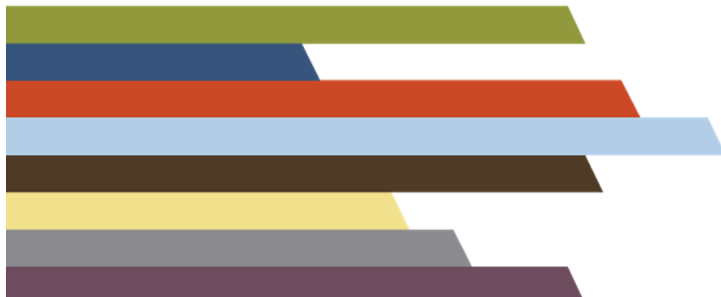
South Southwest (HHS Region 6)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Family Support Listening Sessions: Drawing on Community Wisdom

African American Behavioral Health Center of Excellence
National Hispanic and Latino Addiction Technology Transfer Center
South Southwest Addiction Technology Transfer Center



South Southwest Addiction Technology Transfer Center
Austin, Texas



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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D. served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA). The opinions expressed herein are the view of the African American Behavioral Health Center of Excellence; the National Hispanic and Latino Addiction Technology Transfer Center; and the South Southwest Addiction Technology Transfer Center, and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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"In those moments, I just wanted to know if he was alive, if he was dirty, if he was high, if he hadn't eaten. I just wanted to know if he was alive. . . . I'm sorry. The only thing that mattered to me was to know if he was alive."

"It's the most difficult thing I've ever done in my entire life. . . . I just don't know what to do. I don't know what to think. I don't know if they're being honest. I don't know if I'm being crazy. I don't know anything anymore. I don't even know who I am anymore because I'm having a hard time."

"Recently, he called me crying and he was done. I supported him. I took him out of the situation. Took him out of his drug dealer's house. I hid him. Put him in a hotel and kept trying to find him help. He wants to really go to the [treatment center]. They don't call him back. . . . Now, at the end of all this, knowing he can't get into a treatment center, he's going to go back to his drug dealer's house, because that's where he felt safe and wanted."

"You can talk to them until you're black and blue and it won't work until the person is ready, but it has a lot to do also with how you approach the person. You have to do it with empathy and with love and kindness and understanding. And I did all of that, but she just was not ready for it."

"I'd always say, I expect two phone calls one's from jail or one that is, that he's dead. That they found him dead somewhere. And I mean . . . you just get to that point."



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I. Introduction

Background

Substance use disorder in the United States long ago reached epidemic proportions, but people struggling with substance use challenges most often do not access treatment and recovery services. In 2020, an estimated 15.4% of adults in the United States lived with a substance use disorder¹, but 95.6% of those age 18 to 25, and 93% of those 26 and older received no treatment in the past year². This vast unmet need affects communities nationwide and, as with any other medical condition, it does not just affect the individual with the condition. Alongside the person struggling with substance use are family members, partners, friends, and others who pour their energy into trying to help the person they love. Given the fragmented and inequitable system of treatment programs and recovery services, and the pervasive stigma surrounding addiction, loved ones seeking help for someone need clear, accessible information, concrete resources, and social support.

* * *

In October of 2021, in response to a request from the Oklahoma Department of Mental Health and Substance Abuse Services, representatives from the following organizations launched a collaborative effort to develop responsive and culturally appropriate resources for family members of people struggling with stimulants and other substances:

- The National Hispanic and Latino Addiction Technology Transfer Center, located at the National Latino Behavioral Health Association, which provides training and technical assistance to support effective provision of behavioral health services to Hispanic and Latino people throughout the United States.
- The African American Behavioral Health Center of Excellence, located at Morehouse School of Medicine, which provides training, technical assistance, and other resources to strengthen behavioral health and related services for African Americans.
- The South Southwest Addiction Technology Transfer Center (ATTC), located in the Addiction Research Institute at the University of Texas at Austin, which provides training and technical assistance to support effective provision of substance use services in Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.

See Appendix A for a list of workgroup members.

This emergent workgroup also included three subject matter experts: an experienced peer recovery support specialist, a mental health professional from Texas, and a

¹ Delphin-Rittmon, M. (2022, July). The National Survey on Drug Use and Health: 2020 [PowerPoint slides].

SAMHSA. <https://www.samhsa.gov/data/sites/default/files/reports/rpt37924/2020NSDUHNationalSlides072522.pdf>

² Substance Abuse & Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 national survey on drug use and health*. U.S. Department of Health and Human Services.

<https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFR1PDFW102121.pdf>

consultant from Oklahoma specializing in American Indian and tribal communities. The group later expanded to include a Recovery Support Services Training Specialist from Oklahoma.

The collaborative workgroup began with a survey of existing resources for family members. South Southwest ATTC staff searched the ATTC and Opioid Response Network repositories; the SAMHSA website; the HealthE Knowledge website; and conducted a general web search (see *Appendix B*). The review indicated a lack of resources specifically tailored to family members.

With confirmation of the need for additional resources, the workgroup launched a resource development process grounded in prioritizing and engaging community members with loved ones with substance use challenges. The group committed to building cultural considerations into the entire process.

To begin, the workgroup embarked on a process of consultation with family members and loved ones of people who use substances about their experiences and needs. Members recognized that, due to historical and ongoing negative experiences with inequitable systems, building trust would be a slow and delicate process in many communities. They also recognized that any resulting products or processes would need to be adaptable to local communities, responsive to cultural nuances, and would require a built-in process for ongoing input from community members.

This report describes the process and findings of the first phase of this consultation process: listening sessions with family members and loved ones of people who use substances.

Purpose

The purpose of the listening sessions was to gather information from family members and loved ones of people with substance use challenges to better understand:

- Family members' experiences supporting and seeking support for their loved one who is using substances
- What questions family members have about supporting their loved one who is using substances
- Who or what is providing support for family members
- Unmet needs for support for family members

Process

Planning and preparation

For this first round of listening sessions, the workgroup decided to focus on communities in three states in Region 6: Texas, Oklahoma, and New Mexico, because workgroup members had established relationships with community organizations serving families of people seeking or in recovery from substance use challenges. In February through June of 2022, workgroup members and South Southwest ATTC staff collaborated to plan and prepare for the listening sessions, which entailed a variety of activities.

Creation of the facilitation protocol

South Southwest ATTC staff created a listening session facilitation protocol, which included facilitation directions for the beginning and end of the session and eight questions to pose to participants during the main part of the session. The protocol was translated into Spanish for use in Spanish-language listening sessions.

Facilitation Questions

1. What three words would you use to describe what it's like to care for and support a loved one who is using substances?
2. What do you think are the most important and powerful things you do to support your loved one?
3. Describe a time when you were able to help your loved one get support or treatment from a program or person other than you.
4. Describe a time when you tried to help your loved one get support or treatment and it didn't work.
5. What questions do you have about supporting your loved one who is struggling with substance use?
6. In your community, what or who supports you?
7. If you woke up tomorrow and you had all of the support you need, what would that look like?
8. Is there anything else you'd like to share?

Recruitment of facilitators

In planning the listening sessions, the workgroup understood that hiring community members to facilitate the sessions would likely increase the comfort of session participants. As such, workgroup members recruited peer recovery support specialists and community health workers (also known as *promotores/promotoras*) with deep community connections. A total of five facilitators were recruited, including English-speaking and English-Spanish bilingual individuals.

Facilitator home state	# of English-speaking facilitators	# of bilingual facilitators
New Mexico		2
Oklahoma	1	1
Texas	1	

Facilitator orientation

In June of 2022, each facilitator attended a 90-minute orientation session. In the orientation, South Southwest ATTC staff and the facilitators reviewed the listening



session facilitation protocol and discussed some basic facilitation strategies (see Appendix C).

Scheduling the listening sessions

In collaboration with the facilitators, South Southwest ATTC staff scheduled 18 online listening sessions for July 2022. To maximize community member participation, the listening sessions were scheduled for various days of the week and times of day. With the understanding of the unique context of each state, each session was limited to participants residing in one state.

Listening Sessions with Family Members			
State	Total # of scheduled listening sessions	# of sessions to be facilitated in English	# of sessions to be facilitated in Spanish
New Mexico	6	4	2
Oklahoma	6	4	2
Texas	6	4	2

Many family members who also work in the substance use disorder treatment and recovery services field expressed an interest in participating in a listening session. To ensure the comfort of family members who do not work in the field, South Southwest ATTC staff scheduled two additional listening sessions specifically for participants with this dual role. The sessions were open to family members or loved ones employed in the substance use field in New Mexico, Oklahoma, or Texas. A South Southwest ATTC staff member was scheduled to facilitate.

Listening Sessions with Family Members Employed in the Substance Use Disorder Treatment and Recovery Services Field (Dual Role)			
States	Total # of scheduled listening sessions	# of sessions to be facilitated in English	# of sessions to be facilitated in Spanish*
New Mexico Oklahoma Texas	2	2	0

Compensation

In recognition of participants’ contributions of expertise, time, and energy, the workgroup planned to provide a \$20 gift card to each participant.

Publicity

South Southwest ATTC staff created flyers, in both English and Spanish, and disseminated the flyers through multiple channels, including the professional networks

* The addition of the two dual-role listening sessions did not include targeted publicity, so people were registered as they expressed interest based on the publicity for the original listening sessions. Because nobody inquired about a Spanish-language session, only English-language sessions were provided.



of workgroup members and facilitators; through the recovery support services network in Texas; and through the professional networks of other colleagues.

Does someone you love use substances?
Is this person an adult (18+)?
We want to hear from you.

Interested?
Choose an online session and register today!
July 15, 10:00 a.m. to 11:30 a.m. Central Time [Register here](#)
July 20, 3:00 p.m. to 4:30 p.m. Central Time [Register here](#)
July 22, 10:00 a.m. to 11:30 a.m. Central Time [Register here](#)
July 28, 5:00 p.m. to 6:30 p.m. Central Time [Register here](#)
*** Participants must be at least 18 years old. ***
To ask questions, or to register by phone, contact Jessica.
512-232-0600
jessica.jarvis@austin.utexas.edu

¿Algún miembro de su familia o un ser querido (adulto, mayor de 18 años) usa sustancias?
Quisiéramos escucharle.

¿Le interesa?
Elija una fecha y una hora:
El 5 de julio de 2022 de 2:00 a 3:30 por la tarde (Hora Central) [Regístrese aquí](#)
El 14 de julio de 2022 de 6:30 a 8:00 por la noche (Hora Central) [Regístrese aquí](#)
*** Los participantes deben tener al menos 18 años de edad. ***
Regístrese aquí o envíe un correo electrónico a Jessica en jessica.jarvis@austin.utexas.edu

Beneficios para usted:
Una oportunidad para compartir sus opiniones
Conocer a otras personas que tienen familiares que usan sustancias
Una tarjeta regalo de 20 dólares

Brought to you by the South Southwest Addiction Technology Transfer Center (ATTC) at the University of Texas at Austin, Morehouse School of Medicine, the National Hispanic and Latino ATTC, and the Southeast ATTC

¿Quién dirige este proyecto? El Centro de Capacitación y Asistencia Técnica en Adicción del Sur-Suroeste (ATTC) de la Universidad de Texas en Austin con la Escuela de Medicina Morehouse, el Centro Nacional Hispano y Latino ATTC, y el ATTC del Suroeste.

Examples of flyers

Registration

South Southwest ATTC staff created a registration form in a confidential database (see *Appendix D*). The form described the purpose and process of the listening sessions, gathered basic participant information, and requested their consent to participate. Registration was limited to eight people per session.

Informed consent

To ensure meaningful informed consent to participate, South Southwest ATTC staff crafted an intelligible and concise informed consent document and had it translated into Spanish (see *Appendix E*). While the registration form included the content of the informed consent document, the document was also emailed to each registrant, and South Southwest ATTC staff verified informed consent in pre-session conversations with participants.

Before each listening session, South Southwest ATTC staff contacted each registrant for a brief phone conversation (and, when that was not possible, an email exchange) to:

- Ensure they were still available to participate
- Ask if, in addition to being a family member, they also work in the substance use field
- Review the information in the informed consent document
- Answer questions

- Verify they had access to the appropriate technology to participate
- Assist, as needed, with technology questions or concerns
- Verify they had a private place in which to participate
- Ask if they knew the facilitator and, if so, if they were comfortable participating in a session facilitated by this person

A bilingual member of the workgroup spoke with the sole registrant for a Spanish-language listening session to ensure she was informed and prepared for the session.

Facilitation of the listening sessions

In addition to the facilitator, a South Southwest ATTC staff member attended each listening session to manage the virtual meeting platform, assist as needed with facilitation and participant support, assist with answering participant questions, and take notes.

At each session, before asking the eight key questions, the facilitator and the South Southwest ATTC staff member introduced themselves. The facilitator reviewed the purpose and process of the listening sessions, participants introduced themselves, and the facilitator invited questions about the listening session. After the facilitator led the group through discussion of the eight questions, she ended the session by thanking participants and informing them of what would happen next, including outreach from South Southwest ATTC staff and the provision of a gift card.

Each session was recorded so that the session content could be transcribed and analyzed.

Listening sessions follow-up

Participant feedback

After each listening session, South Southwest ATTC staff sent an email to participants with a link to a brief follow-up survey. In most cases, staff also connected with each participant via phone to express gratitude and request feedback.

Follow-up Survey Questions

1. Would you want to do a listening session like this again?
2. What was it like for you to participate in the listening session?
3. What could we do to make this a better experience for people who participate in listening sessions? (Think about registering, phone calls and emails before the listening session, and the listening session itself.)
4. Please share anything here that you didn't have a chance to share during the session.
5. If possible, would you be interested in talking regularly with other people who are family members of people who use substances?
6. Do you have any other questions or comments? If so, please share here.

Resources for families

Recognizing that many participants needed immediate support, staff created a resource list and emailed the list to all participants (see *Appendix F*). The list included resources, such as Nar-Anon, that participants had recommended to each other during the listening sessions, as well as potential sources of guidance and support recommended by South Southwest ATTC staff.

Participant compensation

In the email containing the resource list, South Southwest ATTC staff included a note about the forthcoming gift card vouchers. Once the vouchers were ready, staff emailed participants to notify them of an incoming email containing the relevant information.

Facilitator feedback

In August and September, the South Southwest ATTC hosted sessions to get feedback from the facilitators. Staff asked what went well for the facilitators and what improvements could be made to the process of planning and preparation and the listening session experience. They also asked for the facilitators' impressions of participant comments and for their advice on participant recruitment strategies.

Transcription and translation

Each listening session was transcribed and, as needed, translated into English, by the University of Texas Captioning and Transcription Service.

Data analysis

South Southwest ATTC staff used the following process to analyze participant comments:

- Reviewed each transcript while creating a companion document containing paraphrased responses to each question.
- Reviewed notes taken by South Southwest ATTC staff at each listening session to enhance understanding of comments.
- Created a document for each of the eight facilitation questions and input paraphrased responses from all listening sessions for each question.
- For the responses to each question, identified themes and grouped responses under themes, noting how many participants touched on that theme in their responses to each question.
- Highlighted quotations in the transcripts that would bring the voices of participants into the report and illustrate the themes.

Results

Listening Sessions

A total of 38 people registered* for the listening sessions and 23 people attended.

New Mexico						
Session	Date	Language	Max # registrants	# actual registrants	# participants	Notes
New Mexico 1	July 5	Spanish	8	0	0	<i>Canceled</i>
New Mexico 2	July 14	English	8	5	5	
New Mexico 3	July 18	Spanish	8	0	0	<i>Canceled</i>
New Mexico 4	July 21	English	8	0	0	<i>Canceled</i>
New Mexico 5	July 25	English	8	0	0	<i>Canceled</i>
New Mexico 6	July 26	English	8	3	2	
Totals			48	8	7	

Oklahoma						
Session	Date	Language	Max # registrants	# actual registrants	# participants	Notes
Oklahoma 1	July 13	English	8	0	0	<i>Canceled</i>
Oklahoma 2	July 15	English	8	0	0	<i>Canceled</i>
Oklahoma 3	July 19	Spanish	8	0	0	<i>Canceled</i>
Oklahoma 4	July 21	English	8	0	0	<i>Canceled</i>
Oklahoma 5	July 27	English	8	0	0	<i>Canceled</i>
Oklahoma 6	July 28	Spanish	8	1	1	
Totals			48	1	1	

* Registration was considered complete after submission of the online form and completion of the pre-session conversation with a South Southwest ATTC staff member.

Texas						
Session	Date	Language	Max # registrants	# actual registrants	# participants	Notes
Texas 1	July 5	Spanish	8	0	0	<i>Canceled</i>
Texas 2	July 14	Spanish	8	0	0	<i>Canceled</i>
Texas 3	July 15	English	8	7	2	
Texas 4	July 20	English	8	2	2	
Texas 5	July 22	English	8	3	3	
Texas 6	July 28	English	8	5	4	
Totals			48	17	11	

Family Members Employed in the Substance Use Disorder Treatment and Recovery Services Field (Dual Role)						
Session	Date	Language	Max # registrants	# actual registrants	# participants	Notes
Dual Role 1	August 2	English	n/a	7	2	
Dual Role 2	August 4	English	n/a	5	2	
Totals			n/a	12	4	

Participant Feedback

A total of 18 participant feedback surveys were submitted, and one participant responded to some of the survey questions via phone.

Facilitator Feedback

Four of the five facilitators participated in a feedback session.

Participant Compensation

In compliance with the University of Texas at Austin policy, South Southwest ATTC staff secured gift card vouchers through Tango, an online platform for dispensing vouchers that can be redeemed for gift cards to a variety of stores. Through Tango, staff sent each of the 23 participants a \$20 voucher.

II. Findings

In this section, findings are organized in seven segments:

1. *Overall impressions*: themes of responses to Listening Session Question 1
2. *Supporting a loved one: What's working?*: themes of responses to Listening Session Questions 2 & 3

3. *Supporting a loved one: What's not working?:* themes of responses to Listening Session Question 4
4. *Supporting a loved one: Participant questions:* themes of responses to Listening Session Question 5
5. *Support for family members: Who or what supports you?:* themes of responses to Listening Session Question 6
6. *Support for family members: What is missing?:* themes of responses to Listening Session Question 7
7. *Miscellaneous responses:* themes of miscellaneous responses to all questions

In each segment, themes are listed in descending order of the number of individuals who commented on that theme in their responses to the question(s).

Quotations of participant comments are included to exemplify a specific theme.

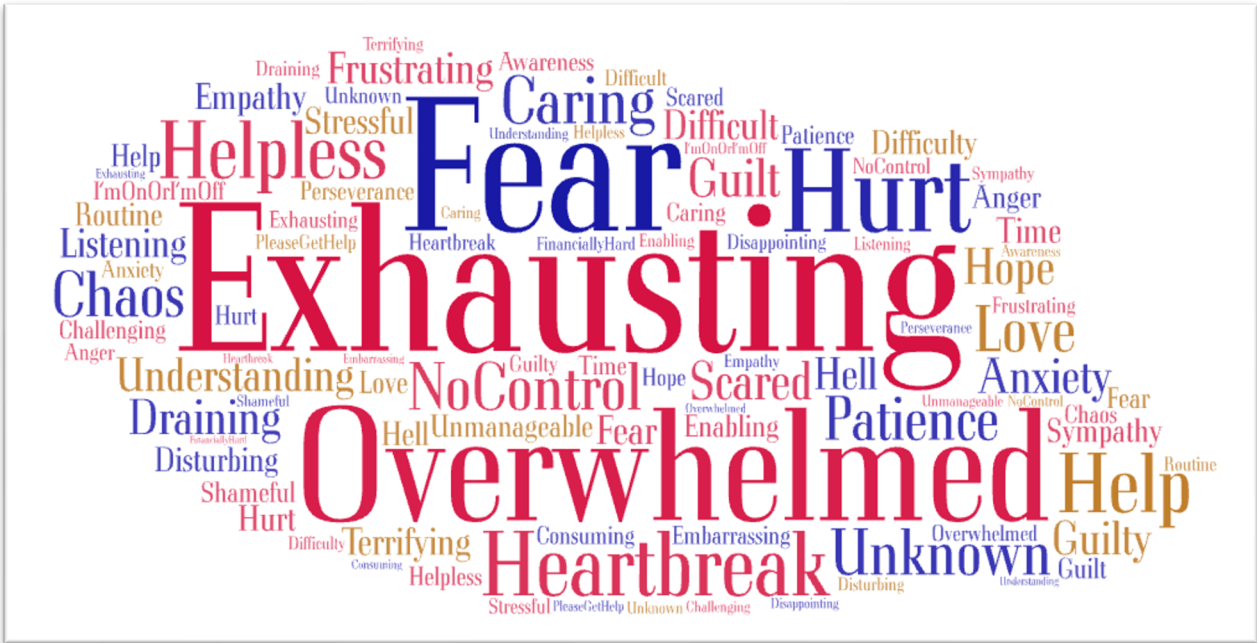
While most responses are represented in the themes described below, this is not an exhaustive accounting of participant comments.

Overall impressions

When asked, *What three words would you use to describe what it's like to care for and support a loved one who is using substances?*, participants described a range of impressions. Themes of **fear, lack of control, and caring** were most common.

Common themes:

- *Fear (n = 6)*
- *No control / helpless (n = 6)*
- *Caring (n = 6)*
- *Pain (n = 5)*
- *Exhausting (n = 4)*
- *Overwhelming (n = 4)*
- *Difficult (n = 4)*
- *The unknown (n = 2)*
- *Guilt (n = 2)*
- *I've lost myself (n = 2)*
- *Desire to help loved one (n = 2)*



A visual depiction of most responses

Supporting a loved one: What’s working?

Questions 2 and 3 explored what was going well or had been effective in the participants’ experiences supporting their loved one.

Question 2 asked, *What do you think are the most important and powerful things you do to support your loved one?* **Being consistently available and loving** was the most common theme.

Consistent availability and love (n = 10)

“I don’t abandon them with their addiction.”

“Love unconditionally. Make sure that, honestly, to almost over-communicate, ‘I’m here for you, and I’m here with you.’”

“For me, it’s believing in his recovery and believing that he is a good person, despite some of the things that he’s done in his past. That’s been, I feel, the most important thing, not only for our relationship, but for his self-esteem as well. Because, nobody else has ever given him that, ever in his life. I mean not his family or anything, just me. That’s really important to him, but it’s a lot of pressure on me.”

“So it’s important to support by letting your loved ones know, ‘I know this isn’t you. It’s the addiction, it’s not you. And I understand that and I want to help you the best way I know how. . . . You do matter and I love you and we do care. You do matter regardless of what’s going on.’ . . . And even though you hate the behavior, you love the person, right? And you let them know that they matter, they are important and you do care.”

Encouragement (n = 6)

“. . . Just giving her the positive words . . . ‘Hey, this is your reason to stop. This is your reason to keep going.’”

Boundaries and expectations (n = 6)

“So I think probably the most important and powerful things that I do is I’m very consistent and I know where my values are when it comes to helping and support.”

Listen (n = 5)

“Be willing to listen without offering advice. That’s huge, unless it’s asked for.”

Connect with resources / find resources (n = 4)

“Well, I’ve taken my son to all the programs they offer in [our city] for him to know where, if it gets to the point that we might have to kick him out of the house, where there’s shelters, where there’s free programs, where there’s free food, where there’s help, where there’s detox centers, where there’s counseling for him. I’ve done everything with him so that way he knows where to go in case something happens.”

Acknowledging they’re in charge of their recovery (n = 3)

“And that’s the thing is that we go around thinking that we can make people go to rehab or to go seek help when we want them to, but it doesn’t work that way. The person has to be ready, they have to be sick and tired of being sick and tired, of being down and out.”

Educate them about it being a disease/medical issue (n = 2)

“And for my sister, I have read the doctor’s opinion to her. And I just say, ‘Come on, let’s go to the doctor.’ Because that’s [where] we get some diagnoses at. . . . You have an illness . . . no, you ain’t weak.”

Keep them safe (n = 2)

“I’m always the designated driver. So, I know in that sense, I’m supportive.”

Self-care/education (n = 2)

“I have to work on myself and take time to myself and not avoid my addicted loved one but still take care, have self-care. My meetings that I go to are my godsend. If I didn’t have them, I wouldn’t get through it.”



A visual depiction of themes of responses to Question 2

Question 3 asked, *Describe a time when you were able to help your loved one get support or treatment from a program or person other than you.* Participants most commonly described **connecting their loved one to a substance use treatment program**, though several participants also mentioned that they had encouraged their loved one to get treatment, but they were not ready.

Got them into a treatment program (n = 8)

“It’s a weird program, but he did go to a program. . . . It’s just like a . . . like a peer-based AA model. It’s not a real rehab or anything like that. But, that was a good compromise because it’s completely voluntary for everybody that’s there. . . . He actually really, really liked it. . . . I think that it helped him more than a legit rehab would have. Just because of the type of person he is and his background. He didn’t want something with the corrections model, that kind of thing.”

Encouraged them to get help but they’re not ready (n = 5)

“And I had heard about this program for mothers and their newborn babies, this program that helps them, it’s a live-in program and they get to keep the baby with them. And so I looked into that, I got the information and I sent it along to her and I told her about the program and how I felt that it would be a good program for her. And what she told me is that she would look into it and what ended up happening with that is I believe she wasn’t ready.”

Helped them in other ways (n = 3)

“I would [use] motivational interviewing. Instead of wanting him to think like I was thinking, getting him to think what he’s thinking or let me know what he’s thinking. Stuff like that or showing him what I’ve learned in my experience and through school and through my job [as a peer recovery support specialist] and getting him to get out of himself. . . . I’m learning, and he’s starting to get some teaching as I’m learning, like a big cycle.”

They got help in prison (n = 2)

“She went to a couple of rehab programs, but the one that I found the most helpful is the last one that she was in, and she got that through the jail. Through Texas Prison, they had a program. . . . [The program] has been a blessing to my daughter, and I don’t know where she would be if that didn’t happen . . . where she got support from was the Texas State Prison. That steered her in the direction of getting the recovery she needed. I believe it started at her on her road.”

Connected them with non-treatment assistance (n = 2)

“Because I think I learned that it just gets harder, like, when you don’t even have the basic necessities, like shelter, food, safety, and security. . . . So, I was trying to connect him with resources. So they weren’t all directly drug treatment, but it kind of all goes together. I’ve sort of noticed that if things are stable, like you have a place to eat, you have a place to stay, it’s a way easier place to begin from than trying to survive where you don’t have a job because you don’t have an ID and then you’re boosting for money and that’s the priority of the day. And I mean, you have to have kind of a foundation to work off of and from.”

Supporting a loved one: What’s *not* working?

In response to Question 4, *Describe a time when you tried to help your loved one get support or treatment and it didn’t work*, participants described **unsuccessful attempts to help** their loved one. A majority (14) of participants described situations in which their loved one was **not ready for treatment**.

Loved one not ready (n = 14)

“So I’ve suggested quite a few [resources] that don’t land, but in some way, it’s more like just planting the seed, it’s back there. So if you wanted to go for it, it’s there.”

“[Many times], as we’re driving, he decide that, “No, I don’t want it,” opens the door, and leaves. . . . So, with me slamming on the brake, actually, and he takes off on me.”

Insurance problems (n = 4)

No openings (n = 3)

“Most people have Medicaid these days and a lot of the good places don’t accept Medicaid. The ones that do accept Medicaid, their waiting lists are ridiculously long, to the point where . . . when it’s your time, they don’t want to go anymore. You’re lucky that they want to go to begin with. But then, when they want to go, you can’t find them a bed.”

Methadone myths (n = 3)

Several participant comments echoed common misconceptions about methadone.

“The research that I have done with the methadone, it’s worse. It’s more addicting.”

“It was more addicting and more harmful to their bodies. . . . It just keeps them in that same mindset because it’s still another drug.”

Did not meet eligibility requirements (n = 2)

"They said they wouldn't accept violent offenders, even though that was 12 years ago. That's another barrier right there."

"So, when it was time for him to go, they told him, 'Oh, well, you have to need detox.' And, he said, 'Well, I haven't used in . . .' I don't know, however many days it had been. And, they said, 'Oh, well then you don't need detox.' And they said, 'Well, we'll get you into the rehab if you go to the detox first.' And, he said, 'What do you want me to do? You want me to go use so that way I need detox? I need to get in. I want help.' They told him, 'No, no, no. We don't want you to use. But, you don't meet criteria.'"

Supporting a loved one: Participant questions

Question 5 asked, *What questions do you have about supporting your loved one who is struggling with substance use?* Participants overwhelmingly **sought guidance for helping their loved one** struggling with substance use.

How can I help my loved one? (n = 8)

"Do I back off? . . . Do I let it unfold? I don't know. I don't know how much pushing to do. How much is the right amount of encouragement? How much is the right amount of tough love? I don't know. I've been doing this for almost five years and I still . . . I feel more lost than I've ever felt."

How do I get them into treatment/recovery? (n = 6)

"We've called so many places. I've reached out to friends who are social workers. They would say, 'Oh, you could call this place or call this place.' They have the resources, but we call them and it's still . . . We've gotten nowhere. Just in this last week, trying to help him out of his situation, we've gotten nowhere trying to get him in anywhere."

How do I avoid doing something wrong? (n = 5)

"But, how do you know . . . how to support them, but not enable. How do you hold people accountable. Or, not really hold them accountable, but teach them to hold themselves accountable without making them feel like . . . I don't know, I want him to take some responsibility and make better choices. But, I don't want to continue making him feel like shit about himself. I don't want him to feel like shit. I don't. I want him to be empowered to make good choices and live a happy life and be the best version of himself that he can possibly be. But, it's easy for me to say that. . . . It's easy for him to say that. But, to do it, how do I support that?"

"What am I doing wrong, what can I say or what can I do that would penetrate into his consciousness of I'm only sad and I just want to help?"

Family and community education (n = 4)

"What more can I learn? What more can I read? What more can I learn about it?"

Balance loved one's needs with others' needs (n = 3)

"I just feel like, when is enough, enough, and when does it come to a point where I start loving myself? Because I just feel like, the longer I'm staying here, the longer I'm staying with him, it's just draining me like a parasite. It's become infectious. I'm not happy. I'm grouchy all the time."

No questions (n = 3)

Support for family members: What or who supports you?

Question 6 asked, *In your community, what or who supports you?* Participants most commonly cited support from **family and friends**, though a wide variety of other supports were described.

Other family members (n = 7)

"The only support I have is my daughter."

Friends (n = 7)

"Friends that have been through this as well."

Therapy/counseling (n = 5)

Coworkers (n = 5)

Support groups (n = 5)

"My biggest support is Nar-Anon. . . . That has been a big, big help for me."

Partner/spouse (n = 4)

Church/spirituality (n = 4)

Inspiration and hope (n = 4)

"I found some Instagram accounts where it shows people in their recovery, and that's just encouraging to me that there is a community of people."

Wider recovery community and specific recovery programs (n = 4)

"My support comes from getting so involved in the community back years ago . . . from other people that are dealing with the same thing. . . . We all support each other."

Other helpers (e.g., sponsors, yoga teachers) (n = 3)

I feel judged (n = 3)

"Somebody said they felt like they don't want to be judged. . . . I feel like that's what I deal with regularly. Because, if I'm honest with people about what my partner does, even if they're super small things, it's symbolic of the bigger picture. I feel like they're like, 'Well, why are you still with him? Why do you deal with that?'"

Isolation (n = 2)

"I don't like to talk to too many people because everybody's, they are, they get tired of hearing you talk about what should I do, what . . . And, them thinking that you're not doing anything. That you're just enabling them."

Partner does not support (n = 2)

"All I ever hear from [my husband] is, 'He's just a piece of shit. He's not going to recover. He's not going to do this. Why do you continue helping him? He's going to put you in a situation where he's going to end up killing you.' I don't need to hear that. I don't need to be judged by that. He's my son. I have to do whatever I have to do to try to get him that help he needs."

Supporting others gives me strength (n = 2)

My peer recovery support specialist (n = 2)

Support for family members: What is missing?

Question 7 asked, *If you woke up tomorrow and you had all of the support you need, what would that look like?* While eight participants indicated they **did not need additional support**, prominent themes also included the **need for social support and guidance for family members**.

I have all of the support I need (n = 8)

"Actually, I have all the support I need. When I wake up, I wake up grateful."

Social support and understanding for family members (n = 6)

"I would go to AA or NA groups that are specifically for family members if they had that in our area."

Guidance for how to help my loved one (n = 6)

"I wish there was a handbook that told us exactly how much support to give them and how much to hold back and how much to tell them we love them. There's not, but I wish there was."

Timely, accessible, high-quality treatment and resources for my loved one (n = 6)

"A place to get him in when he wants, when he's ready and wants to go in. Because, as somebody said, he wants to go in now, but he can't get in now. And then, if he has to wait three months, then he might not want it anymore."

Resources to facilitate access to care for loved one / family members (n = 4)

"My recovery would be him being in a rehabilitation center, him being able to follow through with that. My parents getting the help that they need. My family, my siblings getting the help that they need. It all comes back to financial capabilities. Do we have insurance and so forth? That would be my reality of having a place where we can all go to get ourselves fixed, make ourselves better."

Wider context of recovery support (n = 3)

“It would look like a world where everybody that he interacts with . . . say for example his boss, maybe his boss would be in on the whole recovery thing too, and I don’t know, maybe wouldn’t buy him an 18-pack at the end of the week to get him going, or to get him started for the weekend. . . . Just more people aware so that that way, no matter where he went and what he did, it was just like everybody knew that they were a part of maybe reminding him of the importance of maybe finding an alternative way of living or something.”

No substance use disorder (n = 2)

“Maybe what I really would like to see, which I know it’s not in reality, is for this whole disease to go away. But I know that’s not going to happen.”

Assistance with the labor of caregiving (n = 2)

“If I had all the support, I would feel like it was a shared load [instead of] always like I was the only one carrying the team. I feel like I’ve taken on a lot and I can’t escape it, I can’t just drop you off at the corner and be like, ‘I need a break for a week,’ because that defeats all the support that person needs.”

Criminal justice system support for recovery (n = 2)

“That reminded me of the whole situation with the parole officer. I felt like if they were doing their job and checking on people and drug testing them regularly, he would’ve never overdosed to begin with. But, you know how many times they did a home visit in the two years prior to that? None. Not a single time.”

Divine assistance (n = 2)

“A blessing in the sky . . . I would be just overjoyed if all the programs that—if they would have so many programs over here.”

Miscellaneous responses (Question 8)

Question 8 invited participants to share any additional thoughts. Responses were diverse, and included participants sharing information about resources for family members and their loved ones.

Information about resources (n = 3)

Participants shared information about support resources, such as online Nar-Anon meetings, with other listening session participants.

Grateful for opportunity (n = 2)

Participants expressed gratitude for the opportunity to participate in the listening session.

Encouragement for others (n = 2)

Participants encouraged other participants.

Cultural considerations (n = 2)

"I think the clash of cultures played a significant role in all of this. . . . He was one of the first students who participated in that program. There weren't many Hispanics enrolled in that [college] program. He started saying things like, 'Why are my friends allowed to do things, and I'm not?'"

Resources for kids (n = 2)

"More schools actually allowing them to come in and talk . . . have the peers there to be able to talk and tell their story and save a life."

Importance of hearing others' stories (n = 2)

"I believe that the best way to inform yourself, to identify yourself with others, and to break these stigmas is by listening to testimonies, and knowing that you're not the only one who's going through it; there are a lot of people like you, and they make themselves heard."

Miscellaneous responses (Questions 1 – 7)

For each question, some participants' responses did not fall alongside others' responses into themes. When miscellaneous responses to Questions 1 – 7 were combined, some themes arose.

Families need more support (n = 6)

"It's something very tough on families. It's exhausting having to go through that situation. It's not a short period where you go like, 'Well, it's a matter of one or two years.' There isn't a specific time period, but generally, it's a long period that you have to endure, and it's very exhausting. I can understand that sometimes families go like, 'Nothing can be done. Let's forget about it,' and that's it, they carry on with their lives. I find that very sad. I believe they think like that because they can't find the support that they need."

Not giving up (n = 4)

"The only thing that I really do know about a family member in caring for them, you don't have to like them. You can even be angry or mad at them, but you must stand by your love . . . because that's the only thing that I've seen it worked. I've got friends . . . they came out of it [at] the other end all the better and the one consistent thing was there was somebody that loved them and cared for them as a human being and that love was strong enough. . . . They knew, no matter what, this is consistent. It will stand."

Embarrassment and shame (n = 3)

"Another way is I just try to look out for him whenever he does get to that point, because sometimes, he'll just . . . I don't know. He'll just act sometimes foolish, maybe, or he'll maybe talk too much, or he just becomes a different person. So, I'll try to, I don't know, save face. . . . I'll try to be like, 'Okay, come on. Let's go now.'"

Frustration (n = 3)



Concern about “enabling”(n = 2)

“It is hard to distinguish between, ‘Am I enabling or am I helping?’”

Incarceration (n = 2)

One respondent described a family member getting help while incarcerated, while another noted how much better a treatment facility would be.

“I wanted to say that it, you guys are or anyone it’s so fortunate, so fortunate to be able to go to rehab. I wish it had been like that for me. I would say that I guess many other people, like how it was for me. Our rehab is time in jail or in prison.”

Financial difficulty (n = 2)

“It’s hard. It’s hard for sure to see someone you love so much go through that, and then one thing leads to another. It’s not just the substance abuse, but then they’re financially struggling and then their kids get affected.”

Importance of the participant’s own learning (n = 2)

“That was my first step towards gathering information, let’s put it that way. Knocking on Alcoholics Anonymous’ door was the start of many things to come for me, it was the beginning of understanding.”

Participant feedback

Post-session survey responses

Below is a description of responses in the 18 submitted participant surveys. Themes are listed in descending order of the number of individuals who commented on that theme in their responses to the question.

Question 1: Would you want to do a listening session like this again?

Answer options	# of times selected
Definitely yes	15
Probably yes	2
Maybe	0
Probably no	0
Definitely no	1*

Question 2: What was it like for you to participate in the listening session?

- *I gained information and insight. (n = 5)*

* This respondent indicated a positive experience in subsequent answers, suggesting this response may have been in error.

- *It felt supportive and comfortable. (n = 5)*
- *I felt validated and belonging. (n = 5)*
- *I liked hearing from others in similar situations. (n = 4)*
- *I liked sharing. (n = 3)*
- *It was hard/sad. (n = 2)*

Question 3: What could we do to make this a better experience for people who participate in listening sessions? (Think about registering, phone calls and emails before the listening session, and the listening session itself.)

- *Nothing (n = 8)*
- *Logistics (n = 2)*
One respondent hoped for fewer pre-session processes, while another suggested adding more questions to the listening session protocol.
- *Facilitation (n = 2)*
One respondent suggested allowing more time for participants to reflect on each question. Another wished for clearer guidelines for how long each participant should talk in response to each question.

Question 4: Please share anything here that you didn't have a chance to share during the session.

- *Nothing / n/a (n = 10)*
- *Underlying mental health issues are relevant, and services are needed. (n = 2)*
- *Training and services for families (n = 2)*

Question 5: If possible, would you be interested in talking regularly with other people who are family members of people who use substances?

Answer options	# of times selected
Yes	14
No	0
Not sure	3

Question 6: Do you have any other questions or comments? If so, please share here.

- *Thank you (n = 5)*
- *Interested in further participation (n = 3)*
- *Interested in resources for family members and loved one (n = 3)*
- *No / n/a (n = 3)*

Phone responses

One participant answered some of the survey questions via phone, answering “Definitely yes” to Question #1 (*Would you want to do a listening session like this again?*) and “Yes” to Question #5 (*If possible, would you be interested in talking regularly with other people who are family members of people who use substances?*). This respondent also expressed appreciation for the listening session questions; the time during the session to process emotions; and the availability of a breakout room in the Zoom platform for any participant who wanted to take a break.

Facilitator feedback

Four of five facilitators participated in a feedback session and offered an array of reflections and suggestions.

Appreciation

Facilitators expressed appreciation for the support provided by South Southwest ATTC staff, including the facilitator orientation; pre-session communication; and facilitation support during the listening sessions.

Facilitation challenges

A couple of facilitators noted some challenges in the facilitation experience, such as wanting to share information with participants during the session, but knowing that was not appropriate to the facilitator role.

Benefits to facilitators

Facilitators noted that they benefited from the experience, including one who noted that she learned something from the perspective of each participant, and was using these insights to enhance her day-to-day work in the community.

Participant comments

In reflecting on listening session participant comments, facilitators noted that family members often felt isolated and did not know where to turn for help.

Suggestions for building trust

The facilitators suggested some improvements to the process of gathering information from family members, such as providing more time for the listening sessions, to ensure everyone builds trust with each other. One facilitator also noted that a group environment can cause concern about stigma, and recalled that, in the past, she had successfully connected with Latino parents by engaging with them one-on-one during home visits.

Stigma

Several comments highlighted the role of stigma in isolating family members from others in their community.

Outreach suggestions

Facilitators offered ideas for more effective outreach to family members, including cultural considerations, such as:

- In tribal communities, consider that cousins can be just as close and important to each other as brothers and sisters, and sessions should be open to all family

members. (This series of listening sessions was open to all family members and loved ones of people using substances.)

- In Latino communities, rather than use digital tools, prioritize community-based, in-person, and older technology, including hard-copy flyers, word-of-mouth approaches, local and Spanish-language TV and radio, and direct outreach at places like laundromats, grocery stores, and churches.

Ideas for how to help family members

Facilitators offered suggestions for how to help family members, such as public awareness campaigns consisting of videos with messages like, “I hear you,” “I see you,” and “I’ve been there.”

Ideas for next steps

Facilitators suggested some next steps for this project, such as creating a hotline or website for family members to access support and guidance.

III. Discussion

Family member experiences and needs

Though often experiencing fear and a sense of powerlessness, family members made themselves consistently available and provided steadfast love to their loved ones struggling with substance use. In many cases, having tried many times and in many ways to help their loved one access substance use treatment and recovery services, family members fervently sought information about available resources. They looked for guidance for connecting their loved one to resources and supporting them in daily conversations and actions. While some listening session participants were well-connected to networks of support, others felt isolated, in need of social support for themselves and guidance for helping their loved one.

Lessons learned

Reflecting on the listening sessions process yields some important lessons.

To maximize and diversify participation, allow time for iterative outreach.

The Southwest region is home to large populations of Spanish-speaking residents, while in Oklahoma alone, 9.7% of residents identified as American Indian and Alaska Native in the most recent census¹. Participation from a diverse array of populations elicits important cultural insights and is necessary to draw relevant conclusions. For example, one participant in a Spanish-language listening session spoke of the taboo within her community surrounding substance use problems:

“Unfortunately, within our culture, this is a taboo topic. It happens a lot within our families, but sweep those things under the rug like they don’t exist, and we’d rather not talk about them. It happened to me, if I have to be honest because it’s not something you can talk to your neighbor like, ‘You know what? My son used to do drugs.’ It’s a cultural stigma that we’ve been carrying for many generations. It’s a delicate topic, it’s a taboo within our community.”

¹ United State Census Bureau. (n.d.) *QuickFacts: Oklahoma*. United States Census Bureau. <https://www.census.gov/quickfacts/OK>

Another Latina participant described the cultural reasons for why she could not convince her partner's sisters to help her intervene in her partner's substance use:

"They're not going to jump in and tell him what to do because again, a lot of it is, I think, the Hispanic culture, where we don't question what the man does, and especially because he's from Mexico, he's just, it's a sense of entitlement type of thing, where, 'Nobody pays my bills, so nobody better tell me how to run my life. It's none of their business.' That's how it stays. They see it as a form of respect, and they're not going to disrespect him by meddling with his personal life."

More than any other factor, the timeline for the listening sessions process affected the level and type of participation. A more generous timeline would allow for repeated rounds of publicity and outreach, giving staff opportunities to learn from mistakes and act on recommendations for more effective outreach in general and to reach specific populations.

Increase time and staff capacity for more accessible registration.

Due to time constraints, South Southwest ATTC staff exclusively used an online registration form. Planning for more time and staff capacity would facilitate phone registration as an option for people with limited literacy and/or access to technology.

Provide in-person options.

Conducting sessions online facilitated participation across a wide geographical area. Facilitating additional, in-person listening sessions would facilitate access for people without devices and access to the internet.

Closely monitor online registration.

Some Texas listening sessions spots were filled during registration by individuals who were later revealed to be fake registrants, products of "phishing." This reduced the number of listening session participants.

IV. Conclusion and Next Steps

During this initial inquiry phase, participants described common challenges and needs experienced by family members, and those needs are immediate and ongoing. Due to the urgency of family members' needs for support and guidance, the next phase of this project may include both ongoing inquiry and concurrent creation of one or more resources to provide assistance as soon as possible. This will entail special consideration of pacing, in order to build trust with community members and ensure that any resource is adaptable and culturally responsive.

Immediate next steps will include reconvening the workgroup to review the process, results, and findings of the listening sessions, followed by reflection and generation of ideas for how best to proceed. Future activities will include ongoing connection with family members to expand and deepen understanding of their experiences and needs. Activities may include additional rounds of listening sessions and/or consultation with individual family members to ensure the value of "nothing about us without us" remains central to the ongoing work.

V. Appendices

Appendix A: Workgroup Members

African American Behavioral Health Center of Excellence	Dawn Tyus, PhD, LPC
National Hispanic and Latino Addiction Technology Transfer Center	Maxine Henry, MSW, MBA Susie Villalobos, Ed.D, M.Ed., CCTS-I
South Southwest Addiction Technology Transfer Center	Beth Hutton, MS, LPC Jessica R. Jarvis, MSSW Raynon McGee, MASM Maureen Nichols, BA
Subject-matter experts	Johnna James LaNisha Jiles, PSS, RSPS, TOC, PRSS Shuniqua Ortiz, MA, LPC Timothie Smith, C-PRSS-Y,S Ruth Yáñez, MSW, LMSW

Appendix B: Existing Resources

Resource Review:

Focused on resources that mention families of individuals experiencing stimulant use.

Summary:

There is not currently a resource dedicated to families of individuals experiencing stimulant use. Moreover, a training that is also culturally infused for families of individuals experiencing stimulant use was not found. The closest resource that may be of assistance in developing this training is SAMHSA's "Tip 39: Substance Use Disorder Treatment and Family Therapy" (resource attached in folder) and a webinar by the Northwest ATTC in November 2021, "Family Programming for Substance Use Disorder: What Works?" The webinar provides a broad overview of the evidence of incorporating families in SUD treatment and provides a summary of strategies available. However, both of these are focused on educating and training the clinician and not the family itself. Family support is touched on in a number of the other below resources, but it is typically not the sole purpose of the resource.

ATTC Repository

- "Family Programming for Substance Use Disorder: What Works?" (Northwest ATTC, November 2021)
 - Description: 60-minute webinar presented by Paul Hunziker, MA, LMFT, SUDP - including families in SUD treatment can create a powerful long lasting positive impact on outcomes while at the same time including families can create many additional complexities to providing treatment. Creating and maintaining a strong family program can be an elusive goal or may feel like a daunting task. This webinar examined what components of family programming we know to be most effective and discussed different ways to effectively incorporate families into SUD treatment.
 - Explores assessment strategies for clinicians (CRAFT, genogram, narrative assessment); treatment intervention strategies; and preparing families for discharge
 - Includes summary of evidence of what works to engage families:
 - Parent Partners
 - Youth Partners
 - Services happening outside of office (e.g. Zoom)
 - Session reminders
 - Training intake staff
 - Better training for clinical staff
 - Learning Objectives:
 - Review research on the benefits of including families in SUD treatment.
 - Examine the spectrum of family programming configurations.
 - Discuss simple ways to increase family involvement
 - Resource: <https://www.youtube.com/watch?v=SzrTk4Vgjyo>
 - Slides: <https://adai.uw.edu/nwattc/pdfs/webinar-202111.pdf>

- “Stimulants and their Impact on Brain and Behavior: Best Practices and Approaches for Effective Treatment and Recovery” Webinar Series (Mountain Plains ATTC, March 2021)
 - Description: Day-long curriculum divided in 3 parts.
 - Part 1: Stimulants: What are They and Who Uses them?
 - Part 2: Impact of Stimulant Use on the Brain and Body
 - Part 3: Effective Treatment Approaches and Recovery Supports
 - Note: In Part 3, mentions that family support improves recovery outcomes, but no concrete recommendations on how to incorporate, but the focus of the series was on overview of different areas of stimulant use. Presenter for Part 3: Beth Rutkowski, M.P.H.
 - Resource: <https://attcnetwork.org/centers/mountain-plains-attc/product/stimulants-and-their-impact-brain-and-behavior-best-practices>
- “Stimulant Use Disorder” Webinar Series (Great Lakes ATTC, September 2019)
 - Description: 3-part webinar series provides an overview of stimulant (cocaine and methamphetamine) use in the U.S.
 - Part 3 included a presentation “Implementing the Matrix Model” (Denna Vandersloot, M. Ed.), with that particular curriculum involving the family members in conjoint sessions.
 - Resource: <https://attcnetwork.org/centers/great-lakes-attc/product/stimulant-use-disorder-webinar-series-part-3-powerpoint-slides>
- “Provider Perspectives on Effective Strategies for Treating People with Stimulant Use Disorders” Webinar (Northwest ATTC, August 2019)
 - Included a presentation on the Matrix Model in a FQHC by Regina Fox, BS, CSAC– family education as a part of that included education on community style; education about substance; families coping with the addict; peer panel; and sober meetings.
 - Resource: <https://attcnetwork.org/centers/northwest-attc/product/provider-perspectives-effective-strategies-treating-people-stimulant>
- “Digital Health Services to Address Addiction in Families and Patients: Allies in Recovery” Webinar (Northwest ATTC, June 2020)
 - Description: introduced participants to Allies in Recovery, a digital health tool to address addiction in families. Allies in Recovery teaches “allies” the Community Reinforcement and Family Training (CRAFT) method, which brings multiple solutions to the complex problem of addiction. Presented by Dominique Simon-Levine, PhD, MPH.
 - Covers answers to questions: “how do I stay safe?” “how do I know what’s really going on?” “how do I talked to my loved one (LO)?” “my LO is not using right now, now what?” “my LO is using right now, now what?” “what do I do when negative feelings get in the way?” “how do I get my LO to go into treatment?”
 - Resource: <https://attcnetwork.org/centers/northwest-attc/product/digital-health-services-address-addiction-families-and-patients>

HealthE Knowledge

*Currently no course for families of individuals experiencing stimulant use – there is a course for supporting recovery with MAT, which includes education and awareness building for friends and family. There is a “Family-based Prevention Interventions, Managers and Supervisors Series” in a pilot phase that cannot be accessed – a description was unavailable.

ORN Repository

- Multiple Pathways of Recovery: A Guide for Individuals and Families (Facing Addiction with NCADD)
 - Description: A resource guide for individuals, families, and treatment professionals seeking information by outlining and describing different pathways to recovery, sharing personal experiences of individuals who have found recovery in different ways, and demonstrating the diversity of recovery.
 - Resource attached in folder.
- “SUD Recovery Resources: Peer Support, Supportive Living Environments, and Family Interactions” PPT (Erin Helms & Jennifer Riha)
 - Description: Discusses family peer support and role of a family peer; includes recommendations for helping families in recovery (broad recommendations, though); provides recommendations for parenting a youth in recovery and the challenges/risks for parents in recovery.
 - Learning Objectives:
 - Attendees will be able to identify components of quality recovery housing and how to make referrals.
 - Attendees will be able to describe what peer supporters do and how they can be helpful to clients.
 - Attendees will be able to describe the various way families are impacted by and in recovery and how to support families.
 - Resource attached in folder
- “Substance Use and Addiction Resources and Support for Parents and Families” Guide (National Federation of Families for Children’s Mental Health)
 - Description: A list of tools and resources selected for parents and families who are facing a substance use issue with their child or a family member or who are seeking education and skills to prevent a substance use problem. The second section of this guide provides information about supports and treatments for children, adolescents, parents and families.
 - Includes the “Families in Recovery” video series by SAMHSA (8, 5 minute videos on each stage of recovery, as well as explaining addiction)
 - Includes treatment service locators; insurance information; links to peer support; and self-care
 - Older resource - some links are outdated
 - Link to their website: <https://www.ffcmh.org/substance-use>

SAMHSA

- Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders: Counselor's Family Education Manual w/CD
 - Description
 - For 16 weeks, clients attend several intensive outpatient treatment sessions per week. This intensive phase of treatment incorporates various counseling and support sessions:
 - Individual/Conjoint family sessions (3 sessions)
 - Early Recovery Skills group sessions (8 sessions)
 - Relapse Prevention group sessions (32 sessions)
 - Family Education group sessions (12 sessions)
 - Social Support group sessions (36 sessions)
 - Session 8 – “Families in Recovery” - Participants learn about the process of recovery and how they can work together to avoid relapse (PPT slides attached in folder).
 - Resource: https://store.samhsa.gov/product/matrix-intensive-outpatient-treatment-for-people-with-stimulant-use-disorders-counselor-s-family-education-manual-w-cd/SMA15-4153?referer=from_search_result
 - Other accompanying Matrix manuals:
<https://store.samhsa.gov/?f%5B0%5D=series%3A5556>
- Family, Parent, Caregiver Support in Behavioral Health Brochure
 - Description: answers “what is peer support for parents and other caregivers?” “what do parent support providers do?” and “what are the benefits of parent support services”
 - Resource in English & Spanish attached in folder
- “Tip 33: Treatment for Stimulant Use Disorders”
 - Description: Manual covering the treatment improvement protocol for stimulant use disorders. In regard to family, it advises clinicians to involve family where appropriate and with patient permission. It advises giving education on the treatment and recovery process. The “ideal format is a group psychoeducational sessions consisting of a brief instruction session and group discussion” (p. 111). CRAFT is called out as a beneficial approach.
 - Resource attached in folder.
- “What is Substance Abuse Treatment”
 - Description: Manual for families covering the definitions of substance abuse; treatment forms; glossary of terms; and support recommendations for families. Last revised in 2014, so the language is outdated and stigmatizing.
 - Resource available in Spanish -both attached in folder.
- “Tip 39: Substance Use Disorder Treatment and Family Therapy” (Updated 2020)
 - Description: Divided into six chapters that cover ways in which families are touched by SUDs and how providers can offer treatment and services to help meet their needs. Emphasis on the patient decided who in the family should participate in treatment and the diversity of families and thus

families' needs. It does call out that treatment should be culturally responsive and a clinician should adopt "cultural humility." It covers short recommendations for African-American families, LGBTQ+ families, Asian-American, Latino, American Indian/Alaska Native, and military families.

- "Chapter 5: Race/Ethnicity, Sexual Orientation, and Military Status" provides the best overview and recommendation for further resources on culturally responsive training to substance use disorders. This resource does cover SUD treatment as a whole, though, and does not focus solely on stimulants.
- Resource attached in folder.

Other

- Partnership to End Addiction Website
 - Includes "treatment and recovery" section for parents of children or adolescents experiencing addiction. Includes how to find treatment and get help. Resources available in Spanish. There is a toll-free helpline to utilize, as well.
 - Website: <https://drugfree.org/treatment-and-recovery/>

Appendix C: Facilitation Reminders

Facilitation Reminders

- The facilitator IS:
 - Neutral
 - Curious
 - Empathetic
- The facilitator does NOT:
 - Give advice
 - Give reassurance
 - Answer questions (unless it's about the listening session process or purpose)
- If participants don't seem to understand the question, feel free to ask it in a slightly different way, as long as it *doesn't change the meaning*.
- Helpful probes when you want to help people say more:
 - "Tell me more."
 - "Can you say more about that?"
 - "What would that look like?"
 - "What does that look like?"
- Helpful prompts to ensure everyone has a chance to participate:
 - "What do others think?"
 - "[Name], we haven't heard much from you. Any thoughts you'd like to share?"
- Remember to pause after asking a question or after someone talks, and let the silence encourage people to talk.
- Please plan to be in a private, quiet location that is free from distractions.
- [South Southwest ATTC staff] role
 - Take notes
 - Keep time
 - Assist as needed with technology
 - Be available to any participant who might need assistance or a break
 - Ready to jump in to facilitate if facilitator runs into tech issues

Appendix D: Registration Form Examples

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Online Listening Session Registration (Texas #3)

Please complete this form to sign up for the online listening session on July 15, 2022 from 10:00 a.m. to 11:30 a.m. Central Time.

Are you a family member or loved one of an adult (18+) who uses substances? <small>* must provide value</small>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<small>reset</small>
Are you at least 18 years old? <small>* must provide value</small>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<small>reset</small>
First Name <small>* must provide value</small>	<input type="text"/>		
Last Name <small>* must provide value</small>	<input type="text"/>		
Preferred name or nickname:	<input type="text"/>		
Pronouns (he, she, they, etc.)	<input type="text"/>		
Email <small>* must provide value</small>	<input type="text"/>		
Phone Number <small>* must provide value</small>	<input type="text"/>		
City of Residence <small>* must provide value</small>	<input type="text"/>		
Zip Code of Residence <small>* must provide value</small>	<input type="text"/>		



Do you need a sign language interpreter or any other assistance to be able to participate?

Yes

No

reset

Have you used Zoom?

* must provide value

Yes

No

I don't know

reset

Do you have access to a computer or tablet with internet in a private area?

* must provide value

Yes

No

reset

How did you learn about this opportunity?

Expand

About your participation in this project

Who is leading this project?

The South Southwest Addiction Technology Transfer Center (ATTC) at the University of Texas at Austin with Morehouse School of Medicine, the National Hispanic and Latino ATTC, and the Southeast ATTC.

What is the purpose of this project?

We want to hear from family members and loved ones of people who use substances, especially stimulants (including meth, cocaine, and other "uppers"). We want to understand:

- 1) What it's like for you to support your loved one
- 2) What questions you have about supporting a loved one who uses substances
- 3) What is helping and what is getting in the way of you getting the support you need
- 4) Your needs and ideas

What will happen?

We will ask you questions in listening sessions (group conversations) and we plan to use what we learn to help support families in some way (like a list of resources or a training, for example).

How long will it take?

Probably no more than 90 minutes.

Will I know what to say?

There are no right or wrong answers for this listening session, so please feel free to be honest and open so we can understand your experiences and your ideas about what would be helpful.

Do I have to participate?

You can choose to be part of the listening session or not; it is totally voluntary.

Can I stop if I want to?

You can stop at any time and do not have to answer any questions that you are not comfortable with.

How will you protect my privacy?

What you say won't be shared with your name attached to it. We will record the listening sessions so that we can take notes afterward. If at any time you want to talk without being recorded, just tell us and we will pause the recording and stop taking notes. We will destroy the recordings after we take notes and write a report (without your name in it).

Is there any risk to me if I participate?

We believe that participation in these sessions puts you at no risk in any way.

What do I get out of this?

- A chance to share your experience, needs, questions, and ideas so that we can work to make more support available to families and loved ones of people who use substances.
- A chance to talk with others who may have similar experiences.
- A \$20 gift card

I have read the "About your participation in this project" description (above).

* must provide value

Yes

No

reset

I understand the project description and agree to participate.

* must provide value

Yes

No

I'm not sure

reset

My questions and/or comments about this project:

Expand

Submit



La sesión de escucha (Texas #1)

AAA
+ -

Por favor, complete este formulario para inscribirse en la sesión de escucha programada para el 5 de julio de 2022 de 2:00 a 3:30 por la tarde (Hora Central).

¿Es usted un miembro de la familia o un ser querido de un adulto (mayor de 18 años) que usa sustancias?

* must provide value

Si

No

reset

¿Tiene usted por lo menos 18 años de edad?

* must provide value

Si

No

reset

Nombre

* must provide value

Apellido

* must provide value

Nombre o apodo preferido

Pronombres

Correo electrónico

* must provide value

Número de teléfono

* must provide value

Ciudad de residencia

* must provide value

Código postal de residencia

* must provide value

¿Necesita un intérprete del lengua de signos o cualquier otro tipo de ayuda para poder participar?

Si

No

reset

¿Ha utilizado Zoom?

* must provide value

Si

No

No sé

reset

¿Tiene acceso a un ordenador o tableta con Internet en un área privada?

* must provide value

Si

No

reset

¿Cómo se enteró de esta oportunidad?

Expand

Sobre su participación en este proyecto

¿Quién dirige este proyecto?

El Centro de Capacitación y Asistencia Técnica en Adicción del Sur Suroeste (ATTC) de la Universidad de Texas en Austin con la Escuela de Medicina Morehouse, el Centro Nacional Hispano y Latino ATTC y el ATTC del Sureste.

¿Cuál es el propósito de este proyecto?

Queremos escuchar a los miembros de la familia y a los seres queridos de las personas que usan sustancias, especialmente estimulantes (incluyendo la metanfetamina, la cocaína y otras sustancias que "elevan"). Queremos entender:

- 1) Lo que significa para usted apoyar a su ser querido
- 2) Que preguntas tiene sobre el cómo apoyar a un ser querido que usa sustancias

3) Que le ayuda y qué le impide obtener el apoyo que necesita

4) Sus necesidades e ideas

¿Qué ocurrirá?

Le haremos preguntas en sesiones de escucha (conversaciones de grupo) y tenemos previsto utilizar lo que aprendamos para ayudar a las familias de alguna manera, (como por ejemplo, una lista de recursos o una capacitación).

¿Cuánto tiempo tardará?

Probablemente no más de 90 minutos.

¿Voy a saber qué decir?

No hay respuestas correctas o incorrectas para esta sesión, así que siéntase en libertad de hablar con sinceridad y franqueza para que podamos entender sus experiencias y sus ideas sobre lo que sería provechoso.

¿Tengo que participar?

Puede elegir participar o no en la sesión; es totalmente voluntaria.

¿Puedo interrumpirla si lo deseo?

Puede suspenderla en cualquier momento y no tiene que responder a ninguna pregunta con la que no se sienta cómodo.

¿Cómo protegerán mi privacidad?

Lo que usted diga no se compartirá con su nombre.

Grabaremos las conversaciones para poder tomar notas después. Si en algún momento quiere hablar sin ser grabado, sólo tiene que decirnoslo y pondremos en pausa la grabación y dejaremos de tomar notas. Destruiremos las grabaciones después de tomar notas y redactar un informe (sin su nombre).

¿Hay algún riesgo para mí si participo?

Creemos que la participación en estas sesiones no supone ningún riesgo para usted.

¿Qué obtengo con esto?

- Una oportunidad para compartir su experiencia, necesidades, preguntas e ideas para que podamos trabajar con el fin de ofrecer un mayor apoyo a las familias y a los seres queridos de las personas que usan sustancias.
- Una oportunidad para hablar con otras personas que pueden tener experiencias similares.
- Una tarjeta de regalo de 20 dólares

He leído la descripción "Sobre su participación en este proyecto" (arriba).

* must provide value

Yes

No

reset

Entiendo el alcance del proyecto y estoy de acuerdo a participar en él.

* must provide value

Si

No

No sé

reset

Mis interrogantes o comentarios sobre este proyecto:

Expand

Submit

Appendix E: Informed Consent Document



South Southwest (HHS Region 6)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

About your participation in this project

Who is leading this project?

The South Southwest Addiction Technology Transfer Center (ATTC) at the University of Texas at Austin with Morehouse School of Medicine, the National Hispanic and Latino ATTC, and the Southeast ATTC.

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- 3) What is helping and what is getting in the way of you getting the support you need
- 4) Your needs and ideas

What will happen?

We will ask you questions in listening sessions (group conversations) and we plan to use what we learn to help support families in some way (like a list of resources or a training, for example).

How long will it take?

Probably no more than 90 minutes.

Will I know what to say?

There are no right or wrong answers for this listening session, so please feel free to be honest and open so we can understand your experiences and your ideas about what would be helpful.

Do I have to participate?

You can choose to be part of the listening session or not; it is totally voluntary.

Can I stop if I want to?

You can stop at any time and do not have to answer any questions that you are not comfortable with.

How will you protect my privacy?

What you say won’t be shared with your name attached to it.

We will record the listening sessions so that we can take notes afterward. If at any time you want to talk without being recorded, just tell us and we will pause the recording and stop taking notes. We will destroy the recordings after we take notes and write a report (without your name in it).



South Southwest (HHS Region 6)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Is there any risk to me if I participate?

We believe that participation in these sessions puts you at no risk in any way.

What do I get out of this?

- A chance to share your experience, needs, questions, and ideas so that we can work to make more support available to families and loved ones of people who use substances.
- A chance to talk with others who may have similar experiences.
- A \$20 gift card

If you have questions before or after the listening session, contact:

Jessica Jarvis
jessica.jarvis@austin.utexas.edu
512-232-0600





South Southwest (HHS Region 6)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Español

Sobre su participación en este proyecto

¿Quién dirige este proyecto?

El Centro de Capacitación y Asistencia Técnica en Adicción del Sur Suroeste (ATTC) de la Universidad de Texas en Austin con la Escuela de Medicina Morehouse, el Centro Nacional Hispano y Latino ATTC y el ATTC del Sureste.

¿Cuál es el propósito de este proyecto?

Queremos escuchar a los miembros de la familia y a los seres queridos de las personas que usan sustancias, especialmente los estimulantes (incluyendo la metanfetamina, la cocaína y otras sustancias "elevadoras"). Queremos comprender:

- 1) Lo que significa para usted apoyar a su ser querido
- 2) Que preguntas tiene acerca del apoyo a un ser querido que usa sustancias
- 3) Que le ayuda y que le impide obtener el apoyo que necesita
- 4) Sus necesidades e ideas

¿Cómo se hará?

Le haremos preguntas en sesiones de escucha (conversaciones en grupo) y tenemos previsto utilizar lo que aprendamos para ayudar a las familias de alguna manera (como por ejemplo, una lista de recursos o una capacitación).

¿Cuánto tiempo tardará?

Probablemente no más de 90 minutos.

¿Voy a saber qué decir?

No hay respuestas correctas o incorrectas para esta conversación en grupo, así que siéntase en libertad de hablar con sinceridad y franqueza para que podamos entender sus experiencias y sus ideas sobre lo que sería provechoso.

¿Tengo que participar?

Puede elegir participar o no en la sesión de conversación en grupo; es totalmente voluntaria.

¿Puedo interrumpirla si lo deseo?

Puede suspenderla en cualquier momento y no tiene que responder a ninguna pregunta con la que no se sienta cómodo.

¿Cómo se protege mi privacidad?



South Southwest (HHS Region 6)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Lo que usted diga no se compartirá con su nombre.

Grabaremos las sesiones para poder tomar notas después. Si en algún momento desea hablar sin ser grabado, sólo tiene que decírnoslo y pondremos en pausa la grabación y dejaremos de tomar notas. Destruiremos las grabaciones después de tomar notas y redactar un informe (sin su nombre).

¿Hay algún riesgo para mí si participo?

Creemos que la participación en estas sesiones no supone riesgo alguno para usted.

¿Qué obtengo con esto?

- Una oportunidad de compartir su experiencia, necesidades, preguntas e ideas a fin de que podamos trabajar para ofrecer más apoyo a las familias y a los seres queridos de las personas que usan sustancias.
- Una oportunidad de hablar con otras personas que pueden tener experiencias similares.
- Una tarjeta de regalo de 20 dólares

Si tiene preguntas antes o después de la sesión de escucha, póngase en contacto con:

Jessica Jarvis
jessica.jarvis@austin.utexas.edu
512-232-0600

Appendix F: Resource List for Participants

RESOURCES FOR FAMILY MEMBERS

Support for you:

- SMART Recovery
https://www.smartrecovery.org/family/?_ga=2.267550798.1923289735.1658505558-1714735941.1657557695
- Nar-Anon
<https://www.nar-anon.org/virtual-meetings>
- Al-Anon
<https://al-anon.org/al-anon-meetings/electronic-meetings/>
- Center for Motivation & Change

Book: <https://motivationandchange.com/family-services/resources-for-families/>

Services: <https://motivationandchange.com/family-services/#initial-assessment>
- Taking Care of YOU: Self-Care for Family Caregivers
<https://www.caregiver.org/resource/taking-care-you-self-care-family-caregivers/>

Information about substance use disorders, treatment, and supporting your loved one:

- *Navigating Addiction and Treatment: A Guide for Families*
https://opioidresponsenetwork.org/ResourceMaterials/54817a_Addiction%20and%20Treatment%20-%20Kathleen%20Whalen.pdf
- *Multiple Pathways of Recovery: A Guide for Individuals and Families*
<https://www.chestnut.org/Resources/e6852f76-6f22-4ca1-964d-c125f0a8dd22/Multiple-Pathways-of-Recovery-Guide-2018.pdf>
- *Resources for Families Coping with Mental and Substance Use Disorders*
<https://www.samhsa.gov/families>
- *Supporting Someone with Opioid Addiction*
<https://opioidresponsenetwork.org/ResourceMaterials/Supporting-Someone-with-Opioid-Addiction.pdf>
- *How can families prevent opioid related deaths?*
<https://youtu.be/5ceJhH9Apxw>
- *What Is Substance Abuse Treatment? A Booklet for Families*
<https://store.samhsa.gov/product/What-Is-Substance-Abuse-Treatment-A-Booklet-for-Families/SMA14-4126>

- *¿Qué es el Tratamiento para el Abuso de Sustancias? Un Folleto para las Familias*
<https://store.samhsa.gov/sites/default/files/d7/priv/sma08-4098.pdf>

SAMHSA Families in Recovery video series	
<i>Part 1: Explaining Addiction</i> https://www.youtube.com/watch?v=sdt2U_avc40	<i>Part 6: Third Stage of Recovery - Protracted Abstinence</i> https://www.youtube.com/watch?v=7gxVI3dQHEM
<i>Part 2: Phase 1 - Introduction, Phase 2 - Maintenance</i> https://www.youtube.com/watch?v=MI9P0JGY5Qw	<i>Part 7: Providing Additional Support</i> https://www.youtube.com/watch?v=3P0D1KryL3A
<i>Part 3: Phase 3 - Disenchantment, Phase 4 - Disaster</i> https://www.youtube.com/watch?v=DOUKJBdouSA	<i>Part 8: Final Stage of Recovery - Adjustment and Resolution</i> https://www.youtube.com/watch?v=8AxqcRZQ6ZM
<i>Part 4: First Stage of Recovery - Withdrawal</i> https://www.youtube.com/watch?v=f0ZyRDN91nU	<i>Part 9: Supporting Long-Term Recovery</i> https://www.youtube.com/watch?v=6kaQdjrKsoM
<i>Part 5: Second Stage of Recovery - Honeymoon</i> https://www.youtube.com/watch?v=OASZOvmdiGs	

- **Outreach, Screening, Assessment & Referral (Texas)**

“Outreach, screening, assessment and referral (OSAR) is a service available to all individuals interested in information about substance use services. OSAR can be the starting point for individuals who want help accessing substance use services but are unsure where to begin.”

<https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/outreach-screening-assessment-referral>

- **Certified Community Behavioral Health Clinic (CCBHC) (Oklahoma)**

“CCBHCs are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals.”

<https://oklahoma.gov/odmhsas/treatment/ccbhc.html>

- **New Mexico Crisis and Access Line**

“A variety of over 180 professional mental and behavioral health staff are always here to hear you 24 hours a day, 7 days a week, 365/6 days a year.”

1-855-662-7474

<https://nmcrisisline.com/>

- **New Mexico Peer-to-Peer Warm Line**

“Call or text to connect with a peer.”

1-855-466-7100

<https://nmcrisisline.com/>

- **New Mexico 5-Actions Program™**

“The New Mexico 5-Actions Program™ teaches you how to intervene on all addictions as a package of behavior, and address the underlying drivers that keep you stuck.”

<https://nm5actions.com/>

- **SAMHSA Behavioral Health Treatment Services Locator**

“... a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance use/addiction and/or mental health problems.”

“Una fuente de información confidencial y anónima para las personas que buscan centros de tratamiento en los Estados Unidos o en los territorios de los Estados Unidos por uso/adicción de sustancias y/o problemas de salud mental.”

<https://findtreatment.samhsa.gov/>

1-800-662-4357

- **SAMHSA’s National Helpline: 1-800-662-4357**

“SAMHSA’s National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.”

“La Línea Nacional de Ayuda de SAMHSA es un servicio gratuito, confidencial, disponible las 24 horas, los 7 días de la semana, los 365 días del año. Esta línea telefónica es un servicio de información (en inglés y español) para personas y familias que enfrentan trastornos mentales o de uso de sustancias.”

