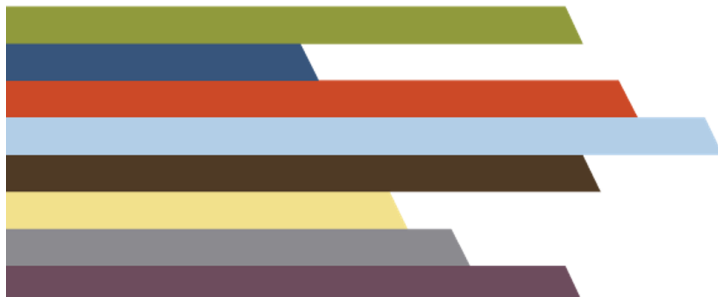




# Family Support Listening Sessions: Drawing on Community Wisdom 2023, Version 2

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Austin, Texas



Published in 2023 by the South Southwest Addiction Technology Transfer Center  
The University of Texas at Austin  
3001 Lake Austin Blvd., Suite #1.204, Austin, TX 78703

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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.

This work is supported by Grant 13011539 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.



*"I didn't tell my friends that lived in Katy that were married with 2.5 kids and the white picket fence and the dog. I didn't tell them, because first, I didn't want their pity. And second, I didn't want to have to tell them the whole story. Then as I was becoming more emotionally available to deal with what I was going through, then I found the friends that, 'Hey, you know what? I went through that,' or 'This is what I did.' I want to hear what somebody did. It may not work for me, but I want to know that what you had to walk through. I want to know how it made y'all argue to stay together, to walk through all that. Because doing it by myself was really hard."*

*"My big thing is I can't give in and make it easier for her. So, I can support her and encouraging her to figure it out. I'm already watching the children, you have to do...Basically, you have to do it on your own. Yeah, you have to do it on your own."*

*"But again, if you have insurance or you have money, it's easy. It's real easy. Yeah."*

*"But I still feel sometimes at a loss if people ask, where's the help? I don't know. Is there a website to go to? Is there some papers to give? Is there, but you got to know somebody to know somebody to get all that out."*

*"Once we get over ourselves and figure out how to help them, then the doors open. But I think I was so busy covering it up for me that I wasn't thinking about what she was doing. I've told her, 'You've embarrassed me.'"*

*"But not everything is the right thing to do. I wish we had the right answers. I wish we had the right answers. I wish we knew what the right answers were, but we just don't."*

*"I know what they're going to do with that money, but it makes me feel better because they're going to be happy with me at that time. And I'm more based upon my feelings instead of how they feel. I feel like it's good for me. It's good for me. And then after all of that happens, I'm back down in the dumps again because what I did was not the right thing to do."*

*"And I guess that the other thing that I hold on to is that love, that love of who he is."*



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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 disorder<sup>1</sup>, but 95.6% of those age 18 to 25, and 93% of those 26 and older received no treatment in the past year<sup>2</sup>. 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.*

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<sup>1</sup> 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>

<sup>2</sup> 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/NSDUHFRPDFWHTMLFiles2020/2020NSDUHFR1PDFW102121.pdf>

This emergent workgroup also included three subject matter experts: an experienced peer recovery support specialist, a mental health professional from Texas, and a 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. The initial round of listening sessions with family members, conducted in partnership with local community peer recovery organizations and peer recovery support specialists, took place in New Mexico, Oklahoma and Texas in July 2022. A total of twenty six (26) family members participated. Additionally, a separate listening session was conducted with peers in the workforce with family members who use substances. Twelve (12) peers participated in that session.

Workgroup 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.

[Version 1 of this report](#) was released in February 2023 and described the process and findings from the initial round of listening session in 2022. Recommendations from the report included conducting a second round of follow up interviews to obtain additional and more diverse perspectives from family members.

Version 2 of this report describes the process and findings of additional follow up community outreach in 2023 to enhance the first phase of this consultation process: including a new round of listening sessions with family members and loved ones of people who use substances.

## Purpose

The purpose of both sets of 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: Second Round of Listening Sessions (January – July 2023)

### Planning and preparation

South Southwest Addiction Technology Transfer Center staff reviewed lessons learned from the first round of listening sessions as planning began for the second round of sessions. Because of limited numbers of registered participants in the first round, and guided by feedback from previous participants, the workgroup planned a less formal approach, focusing on two specific areas within Region 6. These two areas relied heavily on previously established relationships and were positioned in familiar places for potential participants within the community.

In Albuquerque, New Mexico listening sessions for the second round were hosted in non-traditional settings and during non-traditional hours (such as churches and grocery stores) and encourage structured, but more casual conversations offered in both Spanish and English.

Sessions in Houston were hosted at the Mabee WholeLife® Service Center, with the support of the Santa Maria Hostel Peer Recovery Support coaches connecting participants to the sessions. Again, this location relied on existing relationships within a familiar setting in the community to further establish trust with potential participants.

In January through July of 2023, 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*

For consistency in data collection, the South Southwest ATTC staff relied on much of the existing listening session facilitation protocol from the first round of listening sessions. This protocol included facilitation directions for the beginning and end of the session, ensuring the informed consent was shared and understood and agreed upon prior to sessions, 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, for New Mexico, workgroup members recruited Recovery Support Peer Specialists (RSPS) and Community Health Workers (CHWs, also known as *promotores/promotoras*) with deep community connections. In Texas, RSPS enlisted participants for the Houston sessions and identified a location familiar to participants. The Houston listening sessions were then conducted by a South Southwest Addiction Technology Transfer Center staff member.

Facilitator home state	# of English facilitators	# of Bilingual facilitators
New Mexico		2
Texas	1	

### *Facilitator orientation*

In the course of preparing for the listening sessions, each facilitator met with the workgroup to prepare for the sessions. In these orientation meetings, 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 two in-person listening sessions in Houston, Texas in July 2023 and planned a series of individualized one-on-one interviews in English and Spanish in Albuquerque, New Mexico in July, and August 2023.

### *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 for the two Houston sessions and the RSPS disseminated the flyers to potential participant within their organization. Recruitment for the Albuquerque participants occurred in the moment of engagement as potential participants were given information regarding the interviews.



**Does someone you love use substances?**

Is this person an adult (18+)?

**Join us for a family member listening session!**

In a small, private group, we'll talk about what it's like to support your loved one and what kind of support you're getting for yourself.

Choose one session and register today!

**Morning Session**

Thursday, July 13  
9:45 to noon

Register online: [Click Here](#)  
OR  
Call 512-232-0600

**Afternoon Session**

Thursday, July 13  
2:45 to 5:00 p.m.

Register online: [Click Here](#)  
OR  
Call 512-232-0600

Light refreshments will be provided, and each participant will receive a \$20 HEB gift card.

\*\*\* Participants must be at least 18 years old.\*\*\*

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

*Example of flyer for Houston sessions*

### *Registration*

For the Houston listening sessions, the 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. Pre-registration was not necessary for the Albuquerque as the sessions were designed in non-traditional settings and to occur in the moment the participant agreed to participate in the interview.

### *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 for the Houston sessions 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. For the Albuquerque sessions, the facilitators reviewed and verified the informed consent during the recruitment process prior to the interview session.

Before each Houston 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

## Facilitation of the listening sessions

At each session, before asking the eight key questions, the facilitator 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 or individual through discussion of the eight questions, she ended the session by thanking participants and providing the gift card in addition to a listing of local resources.

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

### *Resources for families*

Recognizing that many participants needed immediate support, staff created a resource list and provided the list at the end of each session 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*

Participants received compensation immediately following the listening session. Each participant received a gift card in the amount of \$20.00.

## 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 12 people registered\* for the Houston listening sessions and 7 people attended. Facilitators in Albuquerque completed 16 individual interview sessions in English and 3 individual interviews in Spanish.

### New Mexico Individual Listening Sessions

Date	English # Participated	Spanish # Participated	# Total Participated
7/31/23	2		2
8/1/23	3		3
8/2/23	7		7
8/3/23	5		5
8/3/23		2	2
8/4/23		1	1
8/6/23	1		1
8/7/23	2		2
<b>Total</b>	20	3	23

### Texas Group Listening Sessions

Session	Date	Language	# Registered	# Total Participated
Texas 1	7/13/23 morning	English	6	5
Texas 2	7/13/23 afternoon	English	6	2
<b>Total</b>			12	7

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

### Participant Compensation

In compliance with the University of Texas at Austin policy, South Southwest ATTC staff secured gift cards from Walmart. Each participant received a \$20 gift card upon completion of their session.



## 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 **acceptance, negative emotions and steadfast love** were most common.

Common themes:

- *Accepting loved one's agency (n = 6)*
- *Negative emotions (anger, resentment, heartbreak, worry, frustration) (n = 5)*
- *Steadfast love (n = 4)*
- *Effects on family members (n = 4)*
- *Fear of loss / Dealing with the loss of loved one (n = 4)*
- *Hope (n = 3)*
- *Understanding (or not) addiction (n = 3)*
- *Disruption (n = 2)*
- *Denial / Acceptance (n = 2)*

- Not knowing what to do (n = 2)
- Peer support (n = 2)
- Missed potential (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?* **Steadfast love and setting healthy boundaries** were the most common themes.

#### *Steadfast love and encouragement (n = 6)*

*"I listen to her, constantly say positive things to her."*

*"That personal touch, because they put you through hell. Then when you can come back and give them a big hug, it says a lot to them, a lot."*

*"I just constantly say, 'I'm with you. I support you. I believe in you.'"*

*"Because she would tell me, 'You haven't hugged me'. Well, I don't want to hug you right now. So then, I'm like, 'Let me hug you.' Even when she came this last time, she's like, 'Do you want a hug?' And I am an affectionate person and all that, but I go back to 'You didn't want to hug me when I was trying to help you.' So, I had to get that thought process out, and even changing my routine when I had something to do, and she said, 'Hey, do you want to go eat wings?' I don't like wings, but I'm going to go with you."*

*"No matter what they do, I mean, show them that...I mean, not show them that everything's okay what they do, but show them that no matter what mistakes they make, you'll be there."*

Healthy boundaries and expectations (n = 3)

*"I can't do anything. I can't get sober for someone else and stay sober, but it just is...oh. And I also can't be a mom because he has a mom. And I can't be somebody who tells the mom and the dad this is the best thing, because what I've learned in sobriety is we all have our own path."*

*"Like you said, even if it's not receptive, I'll invite, but then I don't put my emotions back on the table. And I learned about healthy boundaries. I think when people think boundaries, we think walls have to be put up, but there is healthy boundaries. So, I can invite now, and if she doesn't... And then, what'll happen is she'll say, 'Yes, I'm going to go to church with you. What time we're going to go? We're going to go to late service.' And then, she backs down, then I get upset or I'm mad or whatever. My emotions are all over the place. I learned to not do those things because someone told me...And it was super powerful, and it was from a recovering addict that had been to prison three times. She said, 'You cannot want it for her more than she wants it for herself.' And I was like, 'Well, gosh darn.'"*

*"I would support them by a nice note in the mail, handwritten. I'm a...like a nice phone call or a nice text or something that I could do that I would not normally do."*

Prayer (n = 2)

*"I pray to see that light in his eyes."*

*"...And the other thing...And I know I'm talking but this is...I pray. I pray for him too."*



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 **Church based services, and the benefits of having insurance.**

*Church program, ongoing church involvement, and Jesus (n = 3)*

*"...Then whatever triggers or whatever, you come back. And then, I believe that addiction is a spiritual battle. So, I got her to go to a four-day ACTS re—it's called and ACTS retreat at our church. And I think that changed her some. I know it did. And so, I encourage her to continue to go to church and with us or by herself. And I think that ultimately that will...We'll see."*

*"It wasn't because that's how they grew up. We grew up going to church. We grew up with all of that, and be kind and do this, and do the right thing. And then, she knew the difference between right and wrong. And we're a good example. We're still married. We have our faults, certainly. But basically, she lived..."*

*"I think on your paper, too, if you write notes, we all need Jesus. Because I'm telling you, if we didn't..."*

*Insurance covered treatment (n = 2)*

*"I think, for me, obviously, insurance for me was a big deal."*

*"...And the insurance is great because they want your money. They want you to put them in there and do all that. I did."*

*"We did rehab...And it was in the insurance. It was paid for. So that helps some."*

*Helped them get on their feet (n = 1)*

*"So, just letting them know that we're there for them, not knowing they was doing drugs. We was all clean all the time. So just giving them a place to stay and helping them back and forth to work and getting them on their feet. So, that's all."*

### 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.

*Not applicable (n = 3)*

*"I think when we tried, we tried and tried. We got support, we got the treatment. We never had that. That question's not applicable to us."*

*"We're...don't want to say we're proud of that. I think we were financially able to do that. But really, until you do what it said. You got to want to...You got to want it more than not meet, make it happen. And sometimes you got, I think you have to hit, sometimes you have to hit bottom before..."*

*"I never personally had, that's not a parent. I never personally was directly involved in getting someone to treatment."*



*You need financial resources (insurance/money) (n = 2)*

*“Not having the insurance really, really was a deal breaker for us, because that was when I would call places, I was like, where do, no, we only take insurance. Well, does she have Medicaid? Well, no, she doesn’t have Medicaid. Well, is she on disability because she’s clinically depressed or whatever?”*

*“So, I think what I did is, I was calling the facilities that I knew of before and I said, ‘look, she’s aged out. She’s not on my insurance.’ And those were the barriers right there.”*

*I tried, but they don’t want recovery (n = 1)*

*“All the time.”*

*“She’s clean, and she’s letting them stay with her, and we tried so many times to get them help. They didn’t want to stop.”*

*It’s overwhelming and disappointing (n = 1)*

*“I think there were a couple of times the kids went to jail, and I put money in and then they would promise something and then it would never come back, and it just went on and on.”*

## **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 **emphasized their need to set strong boundaries and sought guidance for helping their loved one** struggling with substance use.

*Tough talk and boundaries (n = 4)*

*“Your friends will have to go, and that’s it.’ Can she leave them alone? I guess that’s another thing.”*

*“...And you don’t know when to quit helping. Is what we’re doing helping, or is it actually enabling?”*

*“But when she gets out, it’s not going to be no more. I already told her it’s not going to be anymore. So, she going to have to think about it this time, that’s for sure.”*

*“...That, and she knows how to run...She ran over me and manipulates me. I’m stronger now and getting stronger more every day with it. But I got to the point where I wouldn’t even talk to her unless he was with me. But now, I’m not letting her back in. And she said that hurts her feelings. I bet it does hurt her feelings, but you’ve got to do it on your own.”*

How do we help? (n = 3)

*“How do we get the help that she needs?”*

*“But when you’re asking the questions it’s still about, you feel like you’ve done all that you can. How do you help them further their selves or help them stay that way without getting frustrated yourself, or feel like you disappointed them?”*

*“So, I want to help somebody else, but again, I don’t...”*

Learning and inspired by others in Listening Session (n = 2)

*“I guess my question is, it is a process. You’re getting to the point of saying, ‘You’re not going to be living with us.’ Was that hard for you to get up to there?”*

*“She just gave us some really great stuff that if we wouldn’t have been here, if you would’ve been at the hospital and I would’ve been at work, we wouldn’t have all of this. I wish more people would’ve been here. I’m kind of glad it’s just us.”*

### 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 recovery or 12-step programs followed by friends and family**, though a wide variety of other supports were described.

Recovery / 12-Step Support (n = 7)

*“Mostly I think the structured support I get is really from, honestly, it comes from Al-Anon and Nar-Anon.”*

*“Well, I’m fortunate enough to have community, to have the 12-step community. So that’s where I get my support.”*

*“My 12-step community, my chosen family.”*

Friends (n = 5)

*“My work friends. The people that I work with. For a long time, I never talked about it. I didn’t deny anything, so I wasn’t lying about anything. But I never brought it up or talked about it. But then it got to the point where it got bad, and they would see me after nights and not sleeping, thinking ‘What is wrong? Something’s happened.’ They eventually pulled it out of me, and now I can talk about it freely. I never wanted to hide it, but sometimes you get tired of talking about it. And so, when you go to work, you don’t want to talk about that. But now I have those friends that, they help a lot. Even if they don’t have answers, they just listen. They check up on you, and that helps.”*

*“Yeah. I mean, my friends. They ask because they’ve been there. They’ve been there and done that.”*

No one (n = 5)

*“But in the community, there’s no resources that I could go after and get my daughter the help that she needs because I’ve tried through the court system because she socked me in the mouth, and I called the police on her. And when I told her, ‘I’m going to get you some help,’ she says, ‘I don’t need it like that. I’ll go on my own.’ That was two years ago. She’s even worse now. So really, there’s no support.”*

*“And I feel that if the police, the courts would give a parent the authority or to get them committed and get them the help before it’s too late.”*

Family/Kids (n = 4)

*“We support each other, and that’s a big one.”*

*“I mean, she’s on me just like I’m on her. I mean, there’s a lot of things. But still, no matter what. I always say, she just don’t like me sometimes. She loves me, but she don’t like me. And that’s the truth.”*

Church / Prayer (n = 2)

*“And of course, ever since I’ve had my pacemaker, I pray a whole lot more. And I mean, it’s not being that it is just that because He has some reason for me to be there.”*

I used to hide it, and it limited available support (n = 2)

*“I think that for the first few years, I didn’t have any support because nobody knew what I was going through.”*

*“I don’t know. But I don’t think I got the support I needed at first, but it was because of me, not anybody else.”*

### 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 three participants indicated they **did not need additional support**, prominent themes also included the **need for treatment for their loved one and support and guidance for family members**.

I have all of the support I need (n = 3)

*“I think I have the support from friends or family as far as who to talk to and do those things and pray for you and that.”*

*Treatment / Support for my loved one (n = 3)*

*“Somewhere that they could recover.”*

*“Somebody to talk to who’s a professional and can really work them through their problems.”*

*“There would be more resources, more people out there willing to help and reach out to those who are struggling.”*

*Family support (n = 2)*

*“Family being more supportive and being there to help me out or to help out the person who’s struggling.”*

*Education about SUD (n = 2)*

*“Just workshops, education around how to handle these things would’ve been great.”*

### **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.

*Treatment / Support for my loved one (n = 5)*

Participants echoed the need for more community support and treatment options for their loved ones.

*Reduce stigma and increase open conversation (n = 3)*

Participants expressed gratitude for the opportunity to participate in the listening session, and the desire to promote open conversations in the community to reduce feelings of isolation.

*Loved one’s agency (n = 3)*

Participants acknowledged that as difficult as it is to understand, often the person won’t seek help until they are ready.

*How to help my loved one (n = 2)*

Participants stated that there is an ongoing need to know available resources and how to best help their loved one.

### **Facilitation challenges**

As experienced in the first round of listening sessions, 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 from these sessions again noted that they benefited from the experience of hearing the realities families are faced with every day.

### **Participant comments**

A theme that reoccurred in both the previous set of listening sessions and this set is that family members often felt isolated and did not know where to turn for help.

### **Suggestions for building trust**

Guidance from the facilitators from the first set of listening sessions led to improvements to the process of gathering information from family members. One facilitator from the last sessions 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. That suggestion led to the individualized one-on-one sessions hosted in New Mexico for this report.

### **Stigma**

Participants noted again the role of stigma in isolating family members from others in their community. At least two participants further noted that self-stigma had prevented them from seeking their own support as a caregiver.

### **Outreach changes**

With guidance from the facilitators in the first round of listening sessions, the workgroup incorporated suggestions for more effective outreach to family members, including cultural considerations, such as:

- 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**

The workgroup is currently reviewing the data from both sets of the family listening sessions and strategically planning the development of community-based resources.

### 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 census<sup>3</sup>. 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 described her experience with seeking support:

*“Oftentimes I’m the only brown person in the room and it’s okay. And so now that feels like a sense of community for me. And now I don’t feel isolated anymore. But I think there were a lot of missed opportunities for me to try to get help.”*

Another Latina participant described the cultural barriers that reduced her ability to seek support for herself to better cope with her father’s substance use:

*“And then also there was just a lot of shame. There was a lot of shame within the family. I remember when I would go back home, I tried to talk about it with other relatives and my mom got upset at me. ... We’re Mexican American, fourth generation, but there was no gossip about that. My mom didn’t want me to talk about that because I think she felt responsible. She felt like she failed as a wife. She, who knows what. So, it was very isolating. It’s a very isolating disease. And I also realized that there could have been steps, like I mentioned, there could have been steps during orientation in undergrad. There probably could have been steps in graduate school about mental health. Again, we were raised Catholic, but that never came up in our religious education about mental health.”*

Although the workgroup increased the timeline for outreach with this round of listening sessions, participant numbers remained low. Through the outreach process and two rounds of listening sessions, the workgroup has come to understand that while trust is a factor in engaging participants, the reoccurring theme that has emerged is self-stigma. Family members are constantly struggling to find resources and answers for their loved ones, while silently suffering with their own internal battle with stigma

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<sup>3</sup> United State Census Bureau. (n.d.) *QuickFacts: Oklahoma*. United States Census Bureau. <https://www.census.gov/quickfacts/OK>

and the fear of criticism if they openly seek support for themselves.

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 for the first round of listening sessions facilitated participation across a wide geographical area. To improve access for people without devices and access to the internet, in-person listening sessions were hosted for the second round. Selection for locations for sessions in the second round were designed to meet participants in their community. *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 will 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, along with planning a development of family support resources.

## 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 McKee, 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 Liliana Spurgeon, CPSW

### 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 talk 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](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 session 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.

## **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

## 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?**

\* must provide value

Yes

No

reset

**Are you at least 18 years old?**

\* must provide value

Yes

No

reset

**First Name**

\* must provide value

**Last Name**

\* must provide value

**Preferred name or nickname:**

**Pronouns (he, she, they, etc.)**

**Email**

\* must provide value

**Phone Number**

\* must provide value

**City of Residence**

\* must provide value

**Zip Code of Residence**

\* must provide value

**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)

A A A



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

*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](mailto: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?*



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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](mailto: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](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/>
- CMC Foundation for Change: Family Mondays  
<https://cmcffc.org/family-mondays>

#### 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](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>

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

- **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.”*

**SAMHSA**

Substance Abuse and Mental Health  
Services Administration