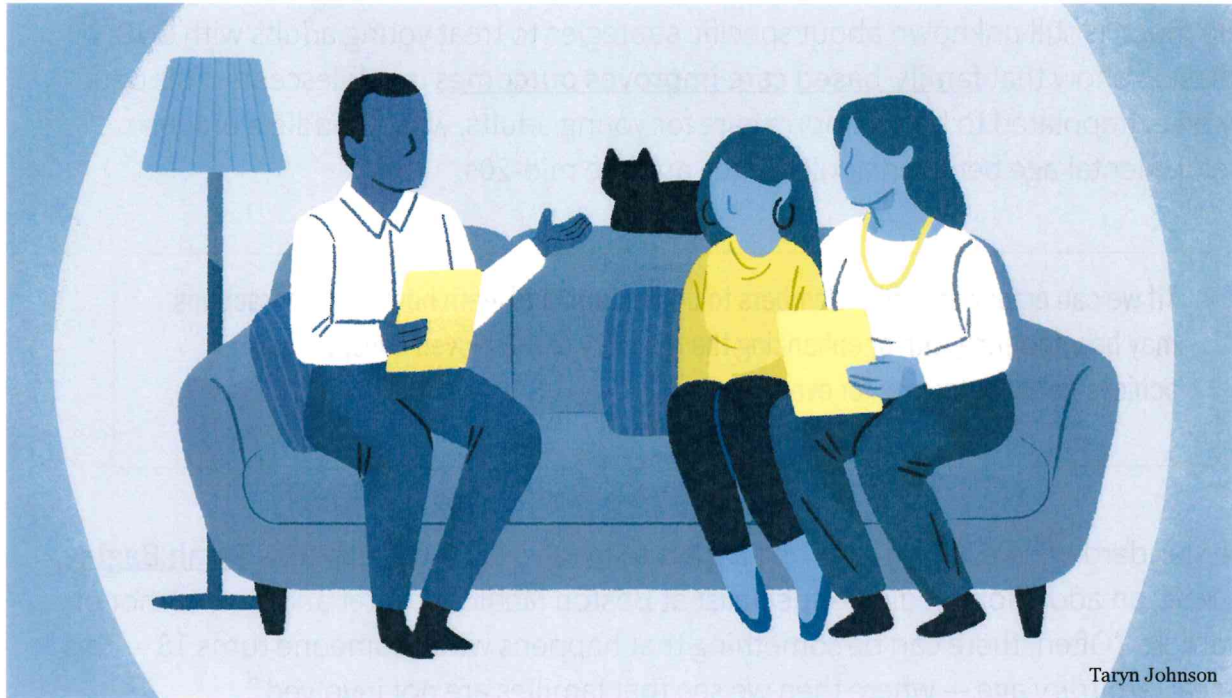


## Principles of Family Engagement in Treatment for Young Adults with Substance Use Disorder

Better health outcomes hinge on positive social support for young adults with SUD, but uninformed family members can unintentionally cause harm.



By Meryl Bailey January 27, 2021

As a young adult recovering from an opioid use disorder, Fred Muench, PhD, remembers his father offering him a beer on a visit home for the holidays. It was an innocent gesture — Muench had never had a problem with alcohol — but a drink could have caused an opioid relapse. Now president of the nonprofit [Partnership to End Addiction](#), Muench says his experience is common. Uninformed families, with the best of intentions, often unintentionally harm loved ones working to recover from addiction.

“If we can empower family members to understand and learn how their interactions may be interfering with or enhancing the recovery of their loved ones, we can achieve better outcomes for everyone,” says Muench, who recently coauthored the article “[Engaging the Family in the Care of Young Adults](#),” featured in a special supplement in January's *Pediatrics*.

A healthy dynamic between family and loved ones with substance use disorder (SUD) is vital to sustained recovery. However, involving family in care is too often overlooked or underprioritized for young adult patients, defined as ages 18 to 25. The article points to data that supports families' integral role in recovery and outlines three principles of including family in young adult SUD care to guide clinicians.

## **1. When possible, addiction treatment should involve family members.**

While much is still unknown about specific strategies to treat young adults with SUD, studies do show that family-based care improves outcomes in adolescents. This data may be extrapolated to better inform care for young adults, who straddle a unique developmental age between adolescence and the mid-20s.

**"If we can empower family members to understand and learn how their interactions may be interfering with or enhancing the recovery of their loved ones, we can achieve better outcomes for everyone."**

"The standard of care for patients under 18 is to involve families," explains Sarah Bagley, MD, MSc, an addiction medicine specialist at Boston Medical Center and lead author of the article. "Often, there can be something that happens when someone turns 18 — this magical, arbitrary age — where then we see that families are not involved."

Federal health privacy regulations aimed at protecting young adults further hinder family participation in care. This means clinicians need to take an active role in encouraging their patients to include family, when possible, and be open to revisiting the topic if a patient initially refuses.

Acknowledging that family relationships are often fragmented for young adults with SUD, Muench underlines that family does not need to be biological. Partners and friends can serve in this role. "Elected family is very powerful. As long as you are getting positive social support, it doesn't matter who it is," he emphasizes.

## **2. Family members should be counseled on evidence-based approaches that can enhance their loved one's engagement in care.**

Families remain an underutilized resource in SUD treatment. Studies show that providing families with data-supported education and resources can help their loved ones further engage in treatment. The authors specifically cite the Community Reinforcement and Family Training (CRAFT) and Invitation to Change (ITC) models to teach families effective communication skills that may promote behavior change.

“Because we [as treatment providers] are often interacting with family, there needs to be family training. Really learning to make those interactions between families and their children, when they have the opportunity, as positive as possible,” says Muench.

The authors acknowledge when young adults refuse treatment, ensuring families get this education and training becomes more difficult. In these situations, families can obtain resources from some nonprofits and support groups, but they should not replace professional support.

## **3. Family members should be counseled on resources that can improve their own health.**

Family members with loved ones struggling with SUD can suffer from physical and mental health disorders at a higher rate than people with loved ones with other chronic conditions.

“I’ve had parents say that it’s harder on them than it is on their child. Even in recovery, relapse is always a possibility. There is a hypervigilance for it,” says Bagley, underlining the toll of chronic stress on parents.

With the health of the family system dependent on the health of the individual, family members need to prioritize their care. Clinicians can support families by improving mental health screening for at-risk family members and providing education on coping skills, including the 5-Step Method, created explicitly for primary care settings.

More studies need to be conducted on family-based care specifically for young adults to guide evidence-based approaches in the future.

“Addiction requires a comprehensive solution that requires the family as an integral part,” Muench says. “We know positive social supports and positive reinforcement and just overall support improves outcomes. Bottom line.”

Read the entire series: "*Establishing Principles of Care for Young Adults with Substance Use Disorders.*"

Read more related to: Substance Use Disorder | Pediatrics



## **Meryl Bailey**

Meryl is a freelance writer passionate about public health, social justice, and medical innovation. As part of her writing career, she worked as a communications specialist in both the healthcare and nonprofit sectors. She holds a bachelor's degree in English literature from Georgetown University.