

Caregiver Involvement in Adolescent Substance Use Treatment: Core Principles and Applied Techniques

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Working with communities.

- ✦ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, tribes, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ✦ Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.



Working with communities.

- ✧ The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- ✧ *ORN* accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Contact the Opioid Response Network

- ✦ To ask questions or submit a technical assistance request:
 - Visit www.OpioidResponseNetwork.org
 - Email orn@aaap.org



Substance Abuse and Mental Health Services Administration (SAMHSA)

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Approach: To build on existing efforts, enhance, refine and fill in gaps when needed while avoiding duplication and not “recreating the wheel.”

Overall Mission

To provide training and technical assistance via local experts to enhance **prevention, treatment** (especially medications like buprenorphine, naltrexone and methadone) and **recovery** efforts across the country addressing state and local - specific needs.



Coming Soon!

Dr. Sarah Bagley of Boston Medical Center will present on July 8, 2026.

Integrating Overdose Prevention and Opioid Use Disorder Treatment in Pediatric Primary Care

Registration coming soon – will be emailed out to today's attendees



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Presentation Overview

1. Adolescent development and substance use
2. Caregiver behaviors and adolescent substance use
3. Strategies for increasing adolescent motivation and engaging caregivers



Adolescent Development and Substance Use



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The Tightrope of Adolescence



Adolescent Substance Use Prevalence Rates

- ✦ As of 2024, in the **past month**
 - 6.6% (1.7 million) drank alcohol
 - 6% (1.5 million) used cannabis
 - 6.6% (1.7 million) used tobacco products or vaped nicotine
- ✦ As of 2024, in the **past year**
 - 1.5% (250,000) misused opioids
- ✦ As of 2024, 7.8% (2 million) met criteria for a substance use disorder



Consequences of Use



- Altered brain maturation
- Increased SUD risk
- Increased risk of worsening mental health



- Increased risk for early mortality



- Lower quality relationships with friends and family members
- Increased amount of time spent with peer who use substances



- Increased family conflict



Caregiver Behaviors and Adolescent Substance Use



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The Impact of Caregivers

Although teens may not want to admit it... caregivers are extremely powerful socializing agents during adolescence.

- Caregivers can reduce the impact of genetic risk, peers, personality, and neighborhoods on adolescent substance use
- The most effective treatments for adolescent mental health and substance use involve caregivers



Caregiving Behaviors that Increase Risk for Adolescent Substance Use

Risk Factors	Definition
Conflict	The amount of hostility, criticism, conflict and relational tension within the family environment
Substance Use	The frequency and/or intensity of parents' substance use behaviors, which can potentially be observed and learned by their adolescent child
Favorable Substance Use Attitudes	The degree to which parents hold a favorable attitude towards or approve of adolescent substance use, including underage drinking/using in general and the drinking/using behaviors of their own adolescent child
Provisions of Substance Use	The degree to which parents make alcohol accessible or allow their adolescent child to drink alcohol at home

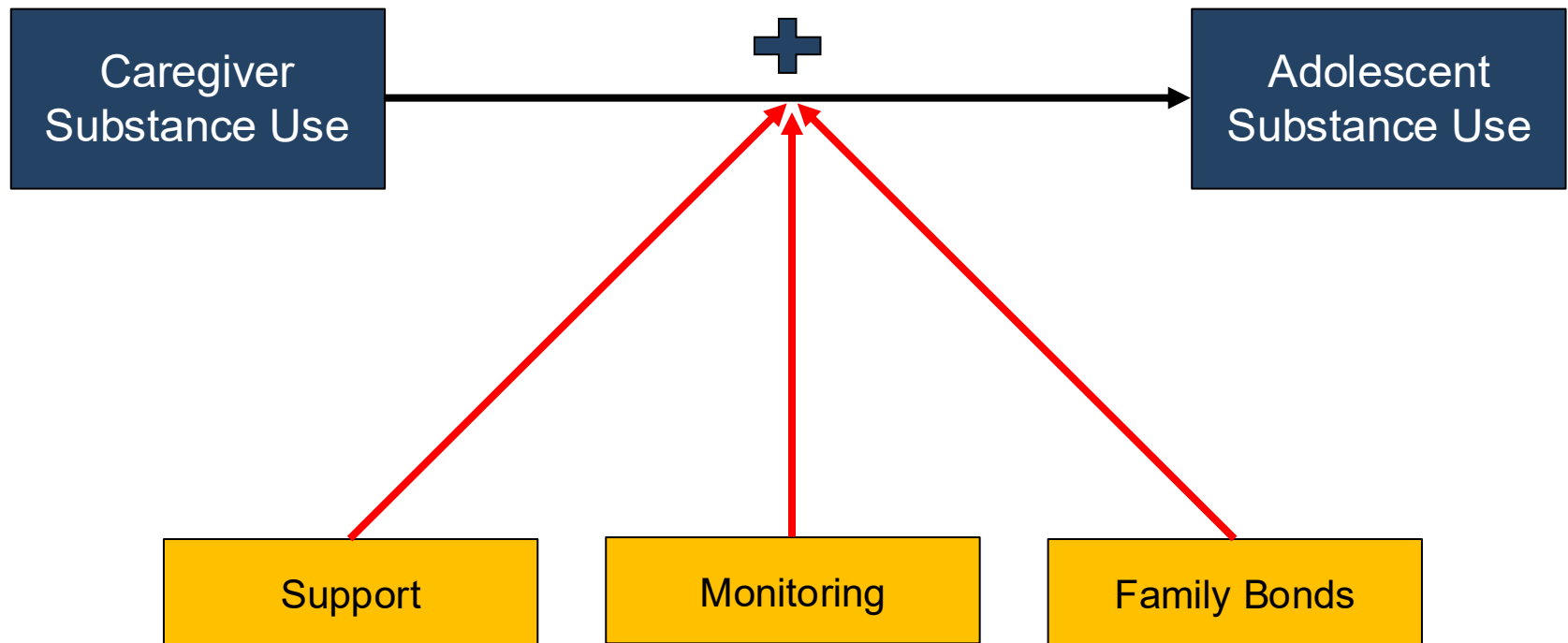


Caregiving Behaviors that Decrease Risk for Adolescent Substance Use

Protective Factors	Definition
Caregiver-Child Relationship Quality	The closeness, mutual attachment and positive interactions perceived by parents and/or their adolescent child
Consistent Monitoring	The extent to which parents know about their child's activities, whereabouts and friends
Consistent Discipline	The degree to which parents are capable of regulating their child's behaviors in an adequate and/or consistent manner, such as reasonably restricting their child's activities and establishing strict but consistent rules
Support	The extent to which parents provide emotional and/or instrumental support to their adolescent child, such as warmth, love, acceptance, encouragement, praise, practical help and guidance
Involvement	The frequency that parents and their adolescent child engage in shared activities, such as playing games, watching television, shopping and having dinner together
Rules About Substance Use	Explicit rules to prevent unsupervised substance use and/or limit the amount of substance use of their adolescent child



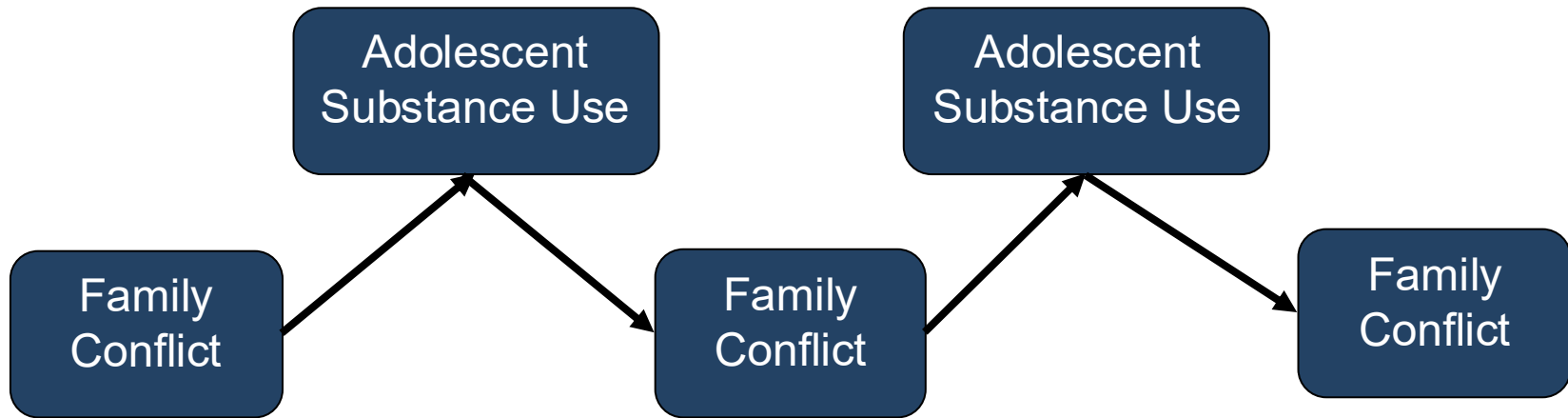
These Associations are NOT Deterministic



Henry et al., 2018; Rothenberg et al., 2019



Caregiving Occurs in a Relational System



- ✧ Family conflict increases risk for adolescent substance use **AND** substance use increases risk for family conflict

Skeer et al, 2009, 2011; Yap et al., 2017



Caregiver Involvement in Adolescent Substance Use Treatment



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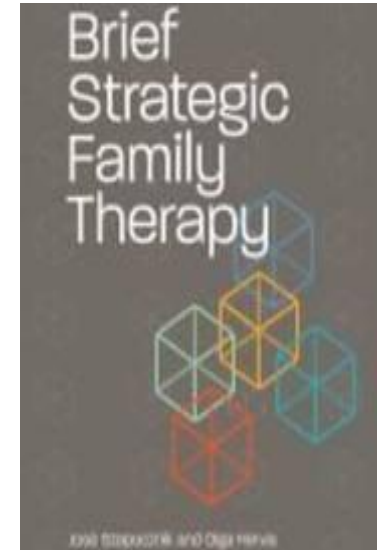
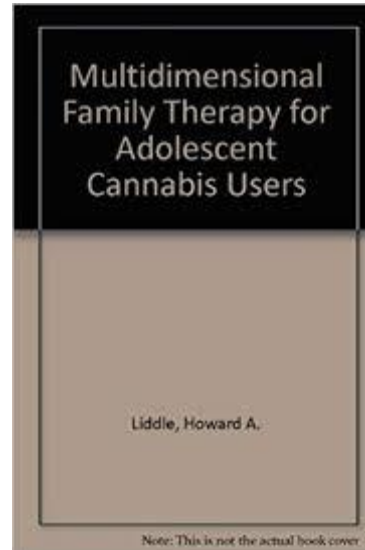
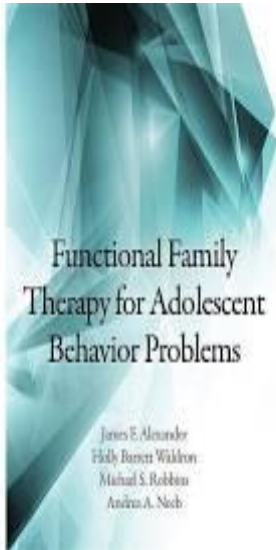
Caregiver Involvement in Treatment

- ✧ Meta-analytic reviews suggest family-based interventions have the best outcomes
- ✧ Caregiver involvement is associated with improved treatment outcomes for all adolescent mental health conditions
- ✧ But.....
 - Caregiver involved interventions are rarely administered in real world clinical settings

Hogue et al., 2021; Pine et al., 2024; Tanner-Smith et al., 2013, 2016



Core Elements Approach



What is similar across these family therapy programs?



Core Elements of Family Therapy

1. **Relational Reframing:** viewing problems as relational processes
2. **Adolescent Engagement:** support adolescent autonomy and frame family therapy as a solution to their issues
3. **Interactional Change:** observing family dynamics and direct interactions to promote more effective ways of relating
4. **Relational Emphasis:** whole family based interventions to improve functioning



Clinical Case Example

- ✧ Rick is a 17-year-old, biracial, cisgender male
- ✧ Presenting to treatment for depression and cannabis use
- ✧ Important background information:
 - Caregiver divorced when he was 5, and biological father has an SUD history
 - Was bullied by peers throughout schooling
 - Currently struggling with hygiene and overall self-care
 - Experiencing a lot of family conflict around his anger, hygiene, and cannabis use



Family Engagement

- ✧ Can be very difficult, and there are some practices shown to help
- ✧ Starts with first outreach to family
 - Flexible scheduling to accommodate caregivers (or concerned significant others)
 - Call caregivers and provide a rationale for their involvement
 - Scheduling home visits

Santisteban et al., 1996; Szapocznik et a., 1998



Whose to Blame?

RICK?



RICK'S MOM?



~~Whose to Blame?~~

RICK?



**FAMILY
RELATIONSHIPS ARE
THE SOLUTION**



RICK'S MOM?



GOAL: Family ends session agreeing to work on their relationship to help Rick get better



Enhancing Adolescent Motivation and Family Engagement

1. Take a strengths-based approach.

- Explore strengths of the youth and caregivers
 - Rick: athletic, kind towards his siblings, strong relationship with mom when younger, cares strongly about his friends
 - Mom: dedicated, will do anything for her kids, hard working
- Explore the context of the family's life (family structure, work, culture, religion, values, experiences of racism/discrimination)
 - Strong cultural identity but not religious
 - Mom worked 80-90 hour weeks and got limited sleep to support her family



Enhancing Adolescent Motivation and Family Engagement

2. Amplify the family's frustration with the current situation

✧ Topics you can touch on:

- Symptoms: Rick's family and Rick were upset by his poor hygiene and the impact of his cannabis use on his schoolwork
- Impact on relationships: Everyone was unhappy with their relationships in the family
- Past treatment: Rick and his family acknowledged that therapy was helpful in the past
- Experiences of racism/discrimination/injustice: Rick and his family recognized that he was the target of bullying and harassment at school and that this has a significant negative impact on him



Enhancing Adolescent Motivation and Family Engagement

3. Ask a version of the following question.
 - ✧ Rick: Why did you return to smoking weed instead of going to your parents?
 - ✧ Rick's Mom: When they felt strong feelings growing up, were they able to turn to their parents?



Enhancing Adolescent Motivation and Family Engagement

1. Strengths
2. Family Frustrations
3. Attachment Issues

The Pitch

- See Rick's strengths and potential
- No one is happy with how Rick is doing
- You all want to turn to each other for help but are unsure how. Mom never really learned how to do this growing up. Can we work on better ways of communicating with each other to end this intergenerational pattern?



Structuring Family Discussions in Session



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Structuring Family Conversations

- ✧ Effective conversations that (1) avoid conflict, (2) helps skill use, and (3) improves relationship dynamics require **high** levels of structure early in treatment.
- ✧ Minimal structure will most often lead to unhealthy relationship dynamics which can damage the therapeutic relationship with the teen and caregiver.



Structuring Family Conversations

- ✦ **Step 1:** One interaction partner has the floor to speak.
 - Topic should be selected by the teen or caregiver (ideal, but not necessary) for them to agree on what to talk about.

I was mad when you came into my room, unannounced, and accused me of smoking last night.



Structuring Family Conversations

✦ **Step 2:** The other interaction partner must repeat back what was said.

- The other person should be able to add any personal opinions, feelings, or information.

You were mad when I came into your room yesterday and said I thought you were smoking earlier yesterday.



Structuring Family Conversations

- ✦ **Step 3:** The other interaction partner asks “did I get that right” before the original speaker can continue.

- The other person asks for clarification of any personal opinions, feelings, or information.

Did I get that right?



Structuring Family Conversations

- ✦ **Step 4:** The original speaker continues speaking (in segments their interaction partner can remember).

Yeah, I feel like you don't respect me or my space when you attack me like that.



Structuring Family Conversations

- ✦ **Step 5:** The other interaction partner repeats back what was said.

You feel attacked and disrespected when I come in your room like yesterday. Did I get that right?



Structuring Family Conversations

- ✧ This pattern continues until one person has said everything they need to say.
- ✧ Then, the other person has the floor to speak using the same structure.
- ✧ This continues until the conversation or session time is over.



Structuring Family Conversations

- ✧ The goal of this activity is to
 - Alter interpersonal dynamics
 - Promote turn-taking
 - Promote active listening
 - Begin to foster emotional understanding
 - Serve as a method of families talking about difficult topics outside of session

- ✧ The goal of this activity is not to
 - Problem-solving (although it may happen)



Concluding Thoughts

- ✧ We need to think broadly about caregiver engagement
 - Session attendance
 - Time in session
 - Reasons for attending/not attending (e.g., not asked to attend session, feeling blamed by provider, therapy not in caregiver's primary language)
 - Caregiver alliance with provider
 - Caregiver-provider goal agreement
 - Out of session caregiver support



Concluding Thoughts

- ✧ We need to understand why caregiver-involvement improves adolescent substance use treatment outcomes



Concluding Thoughts

- ✧ We have to continue to make it easier to include caregivers in adolescent substance use treatment



Questions?

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SUMMIT Lab Instagram: busummitlab



ORN Evaluation Survey Link

The grant that provided funding for this training requires that we request you to complete the brief survey linked below. Your feedback is important and provides support for this type of work to continue. Scan the QR Code to access the SAMHSA feedback survey.



Link to Survey: <https://lanitek.com/P?s=625270>

The survey will ask about your satisfaction with the training program you just completed as well as some basic demographic information. Your responses will help the Opioid Response Network improve the services they provide.



Thank you in advance for completing this survey!