Family Talk Preventive Intervention Manual

Table of Contents

Introduction 1

Module 1 12

Module 2 25

Module 3 41

Module 4 50

Module 5 61

Module 6 69

Module 7 78

Skills Module 83

Shifting The Focus Module 97

References 103

Appendix A 106

Appendix B 116

Appendix C 166

Appendix D 168

Appendix E 186

Appendix F 189

Appendix G 190

Appendix H 191

Introduction to the Family Talk Preventive Intervention: A Program for Helping Families when A Parent Faces Substance Use

• Parental substance use affects families in substantial and different ways. The Family Talk preventive intervention is designed to help families identify the effects of parental substance use, share individual experiences with parental substance use, build on family strengths, improve family communication about substance use, and develop strategies to promote mental health in parents and their adolescent and young adult children.

WHAT IS PREVENTION?

• Prevention is defined as action taken to keep something from happening or existing, or to meet needs in advance. It implies taking advance measures against something possible or probable (Merriam-Webster online dictionary).

• Preventive interventions for youth focus on the future of the adolescent or young adult with the primary goal of preventing the onset of problems and building protective resources. These interventions aim to build resources and capacities in individuals, families, and social systems that will eventually become self-sustaining (Institute of Medicine, 1994). The Family Talk preventive intervention focuses on strengthening families through educating family members about substance use and improving family communication and functioning. Treatment interventions, on the

other hand, are focused on the present, with the primary goal of helping individuals eliminate or cope more effectively with current symptoms.

- Preventive interventions for youth must have a developmental perspective. They focus on the long-term future of youth and their families, and involve considering what each youth or family needs currently and in the future. By considering multiple systems of influence (e.g., family, peers, community), preventionists aim to put into place supports, and encourage capacities that will increase the likelihood of healthy development. By definition, prevention programs are designed to address the needs of individuals who are at risk for difficulties, but before symptoms appear. As a result, long-term follow-ups are required to evaluate prevention programs, as their benefits are expected to emerge over time. In contrast, treatment interventions are designed to help people who are acutely ill, and the expected outcome is recovery within a relatively short period of time.

OVERVIEW OF THE INTERVENTION

- The Family Talk preventive intervention is a strength-based, family-focused program targeting families in which one or both parents have a history of substance use disorder. Children of parents with substance use disorders are at increased risk of developing substance use disorders themselves, relative to children in families with no parental illness (Patnode et al., 2014). However, despite the associated risks, many youth of parents with SUD are resilient, and parental recovery paired with parent-youth communication are protective of such outcomes.

- One of the primary goals of the Family Talk prevention program is to improve family relationships, functioning and communication. These goals are important because adverse family environments (i.e., poor communication, parent withdrawal and irritability) are key risk factors for the development of youth substance use disorders and other related problems (Prevention Coalition, 2020). Family Talk involves a series of meetings in which parents learn more about substance use, discuss their experiences with parental substance use and how it has affected the family, and build coping skills. There is also a youth session and a Family Meeting.

- These discussions help to build a family narrative regarding substance use and help to break the silence about the illness and its effects. Another key goal of the intervention is to assist parents in recognizing and building on strengths in the family in order to enhance resilience in themselves and their adolescent or young adult children.

- Throughout this manual, we refer to adolescents and young adults collectively as "youth". We also sometimes refer to adolescents and young adults as the "children" in the family. Note that using the term "child" or "children" to an older teen or young adult might be infantilizing. Language that is less likely to offend a young person includes referring to them as the parent's "son" or "daughter", if appropriate.

ADAPTATION AND DISSEMINATION

- This program has been adapted for use in different cultural groups and has been widely disseminated all over the world. In addition, Family Talk has been used to address the needs of families with a range of mental health problems, such as depression and anxiety (see Appendix E and F).

DESCRIPTION OF THE PREVENTIVE INTERVENTION

- The roots of this intervention are in narrative and cognitive behavioral therapies. In Family Talk, the construction of a shared family narrative takes a central role. There is substantial evidence that writing down the experience of a traumatic event improves outcomes (DeMaso, Marcus, Kinnamon & Gonzalez-Heydrich, 2006; Gellaitry, Peters, Bloomfield & Horne, 2009; Smyth, Hockemeyer & Tulloch, 2008). In this intervention, parents and youth verbally share their experiences of parent substance use, first with the preventionist, and later together as a family. With the help of the preventionist, each family member's experience is woven into a coherent strength-focused family story of parental substance use. Additionally, the intervention utilizes psychoeducation and skills building (e.g., problem solving, communication) in order to improve families' understanding of substance use and its effects, and to give tools to better cope with the illness.

GOALS OF THE FAMILY TALK PREVENTIVE INTERVENTION

1. Educate parents and youth about substance use and resiliency
2. Instill hope in families struggling with substance use
3. Help family members talk about substance use and create a shared family substance use narrative
4. Maximize current family assets and build resiliency
5. Strengthen coping skills such as communication and problem-solving
6. Address any existing problems the youth is experiencing
7. Help families plan for the future and prevent the onset of difficulties in their adolescent and young adult children

DEVELOPMENT AND TESTING OF THE ORIGINAL PREVENTIVE INTERVENTION

- The Family Talk intervention was originally developed to prevent youth depression in families with parental history of depression. The development of the original preventive intervention followed a standard public health sequence through the following four stages: (1) identifying and defining the risks to children of parents with mood disorders;

(2) identifying protective factors in that same population; (3) devising and piloting a prevention program that focused on the development of protective factors and the reduction of risk factors; and (4) implementing a large-scale efficacy trial to further test the benefits of the prevention program (Institute of Medicine, 1994).

- Health care systems that focus solely on adults' individual needs have failed to enhance the natural strengths and resources of the family as a whole. The fundamental aim of the original program that addressed depression was to help mental health providers enhance parents' capacity to care for their children through increasing parental focus on the needs of their children, improving understanding of depression, and family problem-solving and communication. At the core of the program is the conviction that parents can effectively rear their children despite their own depression or other adversities. Thus, two standard depression preventive programs were developed that are compatible with public health prevention strategies, and that are designed to teach parents to enhance resilience factors and to modify family risk factors associated with mood disorders. The two formats were group lecture and clinician-facilitated.

- The lecture intervention for depression was presented in two group parent lectures and included information about mood disorders and their impact on the family, risk and protective factors in children, and strategies to enhance family communication. The clinician-facilitated format was a more in-depth family-based intervention that formed the basis of the current Family Talk preventive intervention.

- Both formats of the preventive intervention for depression were piloted with a small number of families and data were collected over a three year interval. The results indicated that parents enrolled in both formats showed improvements in their attitudes about mood disorders, greater understanding of depression and its effect on families, increased promotion of resilience in their children, awareness of how to address child risk factors, and improved family communication. However, parents in the clinician-facilitated program reported greater positive changes than did those in the lecture group condition. These group differences were sustained throughout three follow-up assessments (Beardslee, Wright, Rothberg, Salt & Versage, 1996).

- The two intervention formats were then compared in a large-scale trial involving 105 families. All families were followed across time, and detailed analyses occurred two and a half years after enrollment (Beardslee, Gladstone, Wright & Cooper, 2003) and four and a half years after enrollment (Beardslee, Wright, Gladstone & Forbes, 2008). Analyses indicated that both groups made positive changes in the areas of decreased marital discord, improved family communication and problem-solving, increased focus on children, and improved understanding. Thus, there was a significant increase in enhancing protective factors and decreasing risk factors in these families. Additionally, improvement in family problem solving, communication, and understanding, remained robust several years after the initial intervention.

- Again, parents in the clinician-facilitated group reported greater changes than did parents in the lecture group. Additionally, children in the clinician-facilitated group reported greater understanding of parental depression than those in the lecture-only

group. The results suggest that lecture interventions can be valuable when combined with systematic follow up assessment covering what has been learned, and providing for care when necessary. Group lectures are also more practical for reaching large numbers of families. However, the increased benefit of the clinician-facilitated version has led to our greater focus on this format, and the resultant revision of the original manual.

IS THE FAMILY TALK PREVENTIVE INTERVENTION A GOOD FIT FOR THE FAMILY?

- Family Talk can be delivered flexibly to suit the particular needs of many different types of families. As noted above, it has been adapted for use with different cultural groups and for heterogeneous types of families who encounter substance use (see Appendices D and E).

- All core family members must be committed to participating in the intervention. At least one youth in the family must be of an appropriate age and able to participate. Note that youth with mental health problems can typically take part in the Family Talk program, as long as their individual clinical needs are being addressed in concurrent treatment. It is recommended that extended family members that are actively involved with the family participate in Family Talk (e.g., grandparents). There are 7 core modules in the intervention, and more than one session is sometimes required to complete a module. Sessions typically take place weekly.

- The timing of the intervention is important. It is a prevention strategy and thus is not suitable for crisis intervention. Conversations during crises are essential, but the Family Talk approach is not designed to be used when the family is currently in acute crisis (e.g., active, worsening substance use or overdose). The preventive intervention should not begin until the acute crisis has subsided, so that the family, and especially the parent with substance use disorder, has the resources to be able to focus on the information presented and utilize the strategies.

- Exclusion criteria for Family Talk include acute family crisis, such as active, worsening substance use, overdose, recent or current incarceration, divorce (if marked by significant conflict), or traumatic events. The Family Talk intervention should be postponed until these issues are resolved, or until they are managed to the extent that it is possible for family members to successfully participate.

- Family Talk is fully compatible with having the focal parent, spouse or youth in other types of mental health treatment. As discussed more fully in Module 1, communication and collaboration with other involved providers is very important to the success of Family Talk.

IS FAMILY TALK A GOOD FIT FOR YOU?

- Family Talk is designed to be used by practitioners with a wide variety of backgrounds. Therefore, clinicians with different types of training (e.g., medical doctors, social workers, psychologists, etc.), and various theoretical orientations (e.g., cognitive-behavioral, family systems, psychodynamic, etc.) can use this intervention successfully.

- The preventionist must be committed to participating in Family Talk training. Recommended training elements include reading the manual, attendance at a formal training session, review of the web-based training program, seeing cases, engaging insupervision, and discussion with colleagues. It is also helpful to set aside time for self reflection at the completion of training, and after working with families in the program. Important knowledge gained from each family informs work to be done with future families. Families are unique and their situations challenging, and each family needs an individualized approach.

- The preventionist must be comfortable working with all configurations of the family because the intervention includes parent sessions, youth meetings, and a family meeting. For those preventionists with primarily one type of clinical experience (e.g., exclusively adults, pathology-focused), we recommend gaining additional training through workshops, courses or supervision in the aspects of Family Talk that are less familiar (e.g., working with youth or families).

SYSTEMS

- The Family Talk preventive intervention is best performed when it is part of the regular workload of a clinician or preventionist. For example, in a community mental health clinic, conducting the intervention would be billable and count towards staff productivity targets. In several of the overseas uses of the intervention, it was possible to integrate the intervention into the respective country-wide healthcare system. Understanding how Family Talk can fit into the spectrum of other treatment and prevention services is important for large-scale use.

GUIDE TO THE MANUAL

Components

- The manual includes guidelines on how to conduct each module, suggestions regarding assessment instruments, adaptation examples, resources and references.

- Along with the core manual, Preventionist Tracking Forms are included in Appendix A. These forms give a place to document important information about the family that will be useful throughout the intervention (e.g., important family details, strengths, concerns, goals, topics for the family meeting, family meeting plan, summary letter, etc.).

- The manual also includes parent worksheets and handouts that are found in Appendix B. The worksheets give parents a place to write down important

information and complete exercises in session and at home. Handouts document information covered in the session. The worksheets, handouts, and home exercises are voluntary. Using them is encouraged because there is strong evidence that being active in learning and completing homework can substantially improve the effectiveness of interventions (e.g., Hudson & Kendall, 2002; Rees, McEvoy & Nathan, 2005). Some parents, however, may be unwilling or unable to engage in the homework (e.g., resistant, over-scheduled, overwhelmed), and the intervention can be completed without the homework component.

Structure

- The manual is organized in modules instead of sessions. This format was chosen to emphasize flexibility given the varying needs of particular families. A given module is completed in the number of sessions that best suits the family. If the family learns quickly, modules might be completed in one session. If more time is needed, a number of sessions can be completed within a module.

- The modules outline the information that is presented to families, and includes exercises to reinforce learning. However, flexibility is encouraged and material can be left out or substitutions made if deemed to be clinically pertinent for a given family.

- Icons are used in the manual as an orientation device, and they are used to indicate the presence of: Handouts, Worksheets, Preventionist Tracking Forms, Preventionist Notes, In- session Exercises, and Optional Home Activities.

- Preventionist notes (PN) are located throughout each module. They highlight clinically significant points in the intervention, and include pointers for commonly occurring challenging situations. PNs are most helpful if they are read prior to conducting a module.

- The intervention concludes with a pre-scheduled follow-up module to provide a long-term connection with the preventionist. The follow-up module also allows parents to get assistance with new or continuing challenges, and to be reminded of the progress they have made. The follow-up module is typically scheduled approximately 6 months after the completion of the intervention. In scheduling this meeting, the preventionist should reassure the parents that they are available in the interim, should the need arise.

- The Family Talk program consists of 7 core modules, a Skills Module, and two modules that are relevant for In Home Therapy. The modules include:

Module 1: Substance Use and the Family
Module 2: Psychoeducation about Substance Use
Module 3: The Youth's Perspective on Parental Substance Use
Module 4: Preparation for the Family Meeting
Module 5: The Family Meeting

Module 6: Review and Planning for the Future
Module 7: Follow-up Meeting
Skills Module: Building a Tool-kit of Skills for Health Promotion and Prevention
Shifting the Focus Module
In Home Therapy Module

Role of Preventionist

● In this program, the key task of the preventionist is to partner with the parents, and to work together to improve family relationships and communication. Although the preventionist may be expert in some areas, it is important to remember that there is much to learn from the parents about their unique experiences and strengths. Goals of the preventionist include demonstrating respect for the parents, modeling good problem-solving and communication skills, and supporting each parent's natural leadership role within the family.

● The preventionist also has an important role as the family historian. Throughout the intervention, family members share their concerns, perspectives and goals with the preventionist. Because substance use can be associated with difficulty in concentration and memory, it may be difficult for parents with substance use disorder to remember the types of issues they were struggling with, and their initial goals. As the intervention progresses, the preventionist can help family members reflect on the progress they have made based on the knowledge they have gained from the family over time.

● Although this manual outlines specific steps to take in implementing the core elements of this program, it is important to remember that the role of the preventionist also includes being a supportive listener. Much of the important work of this program involves the family members sharing their experiences, and it is crucial to allow this process to unfold.

RELATED MANUALS AND RESOURCES

● A web-based training program is available for Family Talk at www.FAMpod.org under "Courses". For access to related resources, see www.FAMpod.org and within the Family Talk course, click on the Search for Resources box. This information is also listed in the Appendix B Worksheets and Handouts, and in Appendix G of this manual. For access to manuals that were adapted for work with other populations, please see Appendices E and F for a brief overview of major adaptation efforts and international and national collaborations. Full descriptions of the collaborations are also located at www.FAMpod.org under the Collaborations tab. For access to the original preventive intervention manual, or other questions, please email jacqueline.martin@childrens.harvard.edu, tracy.gladstone@childrens.harvard.edu, or william.beardslee@childrens.harvard.edu.

Sample First Contact

● Your first contact with the parents is important because it gives them a basic understanding of the Family Talk preventive intervention and helps to build their confidence. The first contact is typically brief and on the phone. The following is a sample conversation with the focal parent. In this example, the preventionist's conversation with the parent follows a brief phone call from intake personnel to schedule the first appointment. If an appointment date has not yet been set, be sure to schedule a first meeting during this conversation.

"Hi, this is Dr. Wilson, and I am looking forward to seeing you and your spouse for our first meeting on Tuesday.

I am calling now to talk briefly with you about the Family Talk Preventive Intervention Program, and to answer any questions you may have prior to our first meeting. I know you may have seen doctors before to help you to manage your substance use. But the Family Talk program has a very different focus. Unlike treatment programs that aim to treat substance use disorder, the Family Talk program aims to prevent the onset of problems in youth who have a parent with a substance use disorder but who may not be having any difficulties now. This aim is achieved by educating families about substance use, encouraging family communication and by building resilience in youth and families. Do you have any questions so far?

The way the Family Talk program works is through a series of meetings with parents alone, and then a meeting just with your adolescent or young adult child, and ultimately we will meet as a family. I will work with all of you to understand the effects of substance use on different family members, and to talk together about ways of building individual and family strengths.

Can I answer any questions? When we meet on Tuesday, I can tell you much more about this program, and we can get started. Does this sound okay?"

Managing Active Substance Use, Overdose and Other Major Crises

● The Family Talk preventive intervention is designed to be used with families that are coping with substance use and other related stresses, but not during times of acute crises (e.g., worsening substance use, overdose, suicidality, hospitalization, acrimonious divorce). A clinical assessment will guide your decision regarding whether or not the family is ready to begin Family Talk. Families in acute crisis should not start the intervention until their situation has stabilized.

● Likewise, crises may occur once Family Talk has begun and it is important for the preventionist to remain attuned to a parent's substance use and to watch for early signs of it intensifying. It is not uncommon for a parent who was stable at the start of the intervention to experience a worsening of symptoms during the program. A common crisis for people with substance use disorder is worsening substance use or overdose. If such a crisis arises during Family Talk, use best clinical practices to help the family manage, including ensuring that the family is safe (e.g., has access to the overdose reversal agent naloxone for a family member with opioid use disorder, and a physician or nurse is aware of the situation). This may include pausing Family Talk temporarily.

●Given that adults with substance use disorders may also experience suicidal feelings, it is very important that you be ready to handle suicidality, should it occur. Steps include:

- Assess symptoms
- Evaluate safety, and take necessary action to maintain safety
- Arrange an emergency evaluation if necessary
- Coordinate care with other providers, or initiate referrals if there is no current provider
- Pause preventive intervention until the person is stable
- Follow-up with family

Parent Module: Substance Use and the Family

OVERVIEW

• Welcome to the Family Talk Prevention Program! A major goal of the first module is to introduce parents to the program and to you, the preventionist. It is important to take the time to make the parents feel as comfortable as possible. Tell the parents about the purpose and structure of the intervention. This explanation is particularly important to reduce confusion, especially for families that are involved in different types of treatments or who have never been involved in a preventive intervention. A second major goal of Module 1 is to help the parents to outline their strengths, concerns and goals for the intervention. A third goal is to begin to learn about the focal parent's history of substance use and how substance use has affected all members of the family. Hearing the parents' stories provides important information that helps to build the family narrative, or story, about substance use. Finally, a fourth goal of Module 1 is to ask parents to tell you about their adolescent or young adult children.

• Preparation for a successful family meeting in Module 5 occurs throughout the first four modules. This task is accomplished by gathering information, constructing a family narrative, providing education, teaching skills and modeling positive and effective parenting behaviors. Each family is different, so take the time needed in the first four modules to be fully prepared for the family meeting.

• Throughout the intervention, it is important for you to model principles of successful parenting such as using good communication skills and showing empathy and support when working with the family. Take every opportunity to instill confidence and hope in the parents, and whenever possible, encourage them to take a leadership role during the intervention.

• Finally, formal assessment is a helpful addition to the Family Talk Preventive Intervention program. There are different options for collecting pre-intervention questionnaires from the parents. If possible, the assessment forms are sent to the family's home, completed, and mailed back to you ahead of the first meeting. If a secure on-line version of the measures exists, this is another great option. If measures are completed prior to beginning Module 1, then they can be summarized briefly for the parents at this time. The initial assessment helps to characterize the symptoms that the focal parent experiences, and helps jump-start the important discussion of how substance use has affected each member of the family. If it is not practical for the forms to be completed ahead of time, they can be filled out during the first session of Module 1, or they can be taken home, completed at home, and discussed at the next session. Please see Appendix D for suggested assessment measures.

MODULE 1 GOALS

- Introduce parents to yourself and to the Family Talk Preventive Intervention Program
- Identify family strengths, hear parent concerns, and help the parents to define intervention goals
- Begin to learn about the focal parent's substance use history and how substance use has affected all family members
- Ask parents about their adolescent or young adult children

MATERIALS

- Pens and paper
- Whiteboard
- Consents
- Handouts and worksheets: Description of the Family Talk Preventive Intervention Handout; Strengths, Concerns and Goals Worksheet; Optional Home Activities Worksheet: Family Fun
- Preventionist Tracking Forms: Important Family Details; Strengths, Concerns and Goals; Possible Family Meeting Topics (used in Modules 1-4)
- Assessment instruments (optional)

PRIMARY ELEMENTS OF MODULE 1

CHECK-IN

• What is Check-in? Check-in occurs at the beginning of every session. It is a time set aside to help parents and youth feel comfortable and oriented to the plan for the session. Importantly, Check-in also gives family members the opportunity to voice questions and concerns. Many times parents have problems (e.g., financial, safety) that go beyond substance use that must be addressed before progress can be made on Family Talk. It is essential to hear these concerns and provide guidance (see "Preventionist Notes" at the end of this module for tips on this topic). Finally, for families that elect to engage in Optional Home Activities, Check-in is also a time to hear about their experience with the home activities, give praise for their efforts, and help parents make improvements.

• The aim is for Check-in to be relatively brief (i.e., 5 to 10 minutes), but sometimes pressing parent concerns will necessarily lengthen the Check-in period.

• In the Module 1 Check-in, your priority is to begin building rapport with the parents. It can be very challenging for parents to talk with a preventionist for the first time. Here are some ways to help the parents feel more comfortable and to begin to build a treatment alliance. Thank the parents for prioritizing their family and congratulate them for being willing to come today. Show genuine interest in learning about the parents and their family (e.g., their children, where the family resides, hobbies, country of origin, etc.), listen attentively, and remember important family details that can be referred to in later sessions.

• As discussed above, it is important to inquire about parents' general concerns and their specific worries about coming to the meeting.

• Make sure that the parents are prepared for what is coming up by reviewing the session agenda at the end of each Check-in. You can ask parents if they feel o.k. with the agenda, or if they have concerns. In other words, are there special considerations that might alter the course of the session today (e.g., a parent is fatigued, the parents do not feel ready to discuss a certain agenda item)? Importantly, allow time for questions before beginning the session material.

Important Family Details:
In Appendix A, there is a sample Preventionist Tracking Form for documenting important family details.

Strengths, Concerns and Goals:
It is helpful to keep a written record of parent concerns so you can track how well each concern is addressed from week to week during the intervention. Appendix A includes a sample Preventionist Tracking Form to document family concerns.

INTRODUCE THE FAMILY TALK PREVENTIVE INTERVENTION PROGRAM

Goals

● What are the main goals of the Family Talk Preventive Intervention? Take some time to explain the following goals to the parents:

- Educate parents and youth about substance use and resiliency
- Instill hope in the family
- Help family members talk about substance use and create a shared family substance use story
- Build coping skills and resiliency
- Maximize family assets
- Address parent concerns about their adolescent or young adult children
- Help families plan for the future

Preventionist's Role

● It is important to always emphasize your respect for the parents and your partnership with them in helping strengthen their family. Point out to the parents that you may be an expert in some areas, but you have much to learn from them about their unique experiences with substance use and other related events, their children, and what will help the family. You might also mention that just as parents are the leaders in the family, the goal is for them to take a leadership role throughout the intervention whenever possible. Reassure the parents that you will be there to provide necessary support. The preventionist also takes the role of family historian by helping the family to recall strengths, concerns and goals throughout the intervention.

Intervention Details

● Present a brief description of the main topics to be covered in the modules:

- Understanding family members' experience with substance use
- Learning about substance use and resiliency
- Gaining the youth's perspectives
- Learning communication and problem solving skills
- Preparing for, conducting, and reviewing the family meeting
- Reviewing and consolidating progress
- Planning for the future

● You can also point out that there is a Skills Module available that focuses on teaching parents and youth skills to cope with substance use and related symptoms, as well as improving their ability to manage everyday problems. The timing of this Skills Module is flexible, but it is recommended that the Skills Module be conducted at some point following the family meeting.

Flexibility

● Family Talk involves flexibility in approach and process. The modules in the intervention involve a mixture of topics and activities. Sometimes you facilitate discussion through learning about the experiences of the parents and youth by asking questions and listening to their stories. Sometimes you provide education to the family, and sometimes you help the family to engage in exercises to practice skills. Reassure parents that each topic will be conducted at a comfortable pace for the family, and time is always available for questions.

● There is also flexibility in terms of location and scheduling of the intervention. If it is difficult for parents to come to your office, and you are able to travel elsewhere, this will be very helpful for some families. As mobile technology becomes more readily available in your practice, you might also consider scheduling some sessions electronically, recognizing, however, that meeting in person may be better for building rapport. Also, consider if flexibility in the scheduling of sessions is possible (e.g., in the evening or on weekends). Importantly, a commitment from the youth to participate in Family Talk is also necessary.

Organization

● How is the intervention organized? Inform parents that the intervention has a predictable format because each meeting has a similar structure. The intervention has seven core modules, and each module has a particular focus. How long it takes to cover a module is flexible – it can be completed in one session or a number of sessions, depending on the most appropriate pace for the family. Sessions will always begin with a time for Check-in, discussion of Optional Home Activities, review of the session agenda, and questions. This introduction is followed by discussion of the main content of the module and practice exercises. Finally, sessions end with suggestions regarding Optional Home Activities, and a Check-out/Q&A time. You can suggest to the parents that it is helpful for them to have a binder at home to store their Family Talk handouts and worksheets.

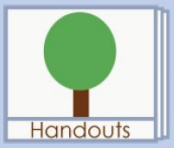
● Finally, clarify that Family Talk is a preventive intervention so it does not provide treatment for parental or youth substance use disorder or other problems. Reassure the parents that if treatment is indicated, guidance and appropriate referrals will be given.

Consents

● If appropriate, obtain relevant consents to speak with other medical, mental health, and school professionals that are also working with the family. Mental health care can be fragmented when clinicians do not communicate with each other. The Family Talk intervention is most effective if other providers are aware it is going on, and they understand and support it. As an initial step, it is important for the parents to inform their individual providers about their participation in the prevention program. With parents' permission, it is then often very helpful for you to communicate with other providers working with the family. Our goal is to minimize any confusion and allow the family to receive high quality, unified care.

Confidentiality

• The discussion of confidentiality in this program is similar to other clinical interventions. Inform the parents that what is discussed in sessions will not be shared with anyone else, unless safety concerns arise (i.e., suicidality, abuse, or neglect). Additionally, given that this intervention involves families, and separate parent and youth meetings are held, it is important to emphasize that discussions between the preventionist and youth are not shared with the parents without permission, unless safety issues arise. However, youth should be aware that parents are given general information about the session agenda and how they are doing. Likewise, discussions between the preventionist and the parents are not shared with youth without permission. Because of the possible benefits, the preventionist may ask permission to share information or questions that the youth would like to discuss in the family meeting ahead of time with the parents, and vice versa.



Description of the Preventive Intervention:
In Appendix B there is a handout for the parents that describes the Family Talk Preventive Intervention.

Explaining Family Talk:
It is important to explain the intervention clearly as many families are unfamiliar with preventive interventions. The idea of having an organized family meeting with the goal of promoting discussion of particular topics may also be new. Also, due to their disorder, individuals with prior substance use disorders can be forgetful, disorganized or distracted. Thus, your clarity in providing new information and the structure you provide can serve to model these skills and provide an organizing framework for the family.

ASSESSMENT (OPTIONAL)

• Having parents complete questionnaires can give additional valuable information about the focal parent's symptoms and previous substance use history, and can jump-start the following discussion of how substance use has affected each member of the family. Now is a good time to ask parents to complete assessment measures if this is a goal for Module 1, and if the forms have not been completed already. Measures can be filled out before the parents go home today and discussed next session, or they can be taken home, completed at home, and discussed at the next session. Please see Appendix D for suggested assessment measures.

IDENTIFY STRENGTHS, HEAR CONCERNS AND HELP THE PARENTS DEVELOP GOALS

Strengths and Concerns

• A very important goal of this module is to gain an in-depth understanding of the parents' strengths, concerns and goals. It is good to begin with a discussion of strengths, and strive to keep a balance between the discussion of concerns and strengths to help build optimism and hope. Some possible questions include: What are the strengths of the focal and non- focal parent? What activities does the family enjoy (or remember enjoying doing in the past)? What are the couple's strengths (e.g., how do they support each other in times of stress)? What are both parents' worries about the focal and non-focal parent? What other life stressors impact the family?

Strengths and Concerns Suggested Exercise:
As you discuss the family's strengths and parents' concerns, write them on the white board. Help parents to derive a list of strengths and concerns if they have trouble doing so on their own. Once the discussion is complete, ask that parents write the main concerns and strengths on their worksheet so that they can be referred back to at any point. Keep a record for yourself of the parents' initial goals to be referred to throughout the intervention and in the final module (see Appendix A for the Preventionist Tracking Form: Strengths, Concerns and Goals, and Appendix B for the Strengths, Concerns and Goals worksheet).

Dealing with Crises and Concerns:
Living with crises is common in families coping with parental substance use, and it is important to balance crisis management with continuing to work on the intervention. Some concerns, such as parent-youth relationship difficulties and parental conflict, will be directly relevant to the intervention agenda and goals and thus more easily addressed within the intervention. Hear the concern and provide empathy. If it is possible to wait to focus on the concern, inform the parent that this problem area is directly relevant to the intervention agenda and give examples of how and when assistance will be provided during the intervention. For example, if a parent is worried about frequent arguments between family members, you can inform the parent that in a later module, communication strategies are taught and practiced, and then utilized in the family meeting.

● For more severe or acute crises (e.g., the youth gets suspended from school, imminent eviction from apartment, health problem in a relative), you will need to immediately set aside time to help the parents with the problem by providing guidance through psychoeducation, problem solving, finding social support networks, and setting up referrals (e.g., school psychologist). For crises that go beyond the intervention agenda, such as parent separation and divorce, and youth psychopathology, hear the concern, provide direction if possible, relate coping with the current crisis to skills learned regarding coping with substance use, and provide referrals. Some situations such as return to substance use in a parent necessitate taking a break from the preventive intervention until the parent's symptoms have stabilized.

Development of Goals

● Help the parents define and develop their goals for the intervention. In other words, what would they most like to achieve through participating in the intervention? Developing appropriate goals can be a difficult task, so be prepared to provide assistance. Some example goals include: to learn how to have productive family conversations about difficult topics; to help youth stay healthy; to learn skills to cope better with substance use, mood problems, or anxiety; and to reduce anger and conflict in the family. If any goals are inappropriate for this type of intervention (e.g., parents are ready to divorce and need assistance), explain this to the parents and provide referrals (e.g., couples therapist). Keep a record yourself of the parents' initial goals to be referred to throughout the intervention and in the final module.

Goals Suggested Exercise:

As you discuss the parents' goals, write them on the white board. Encourage the parents to derive at least a couple of goals, and give assistance if they have difficulty. When the discussion is complete, ask that parents write the goals on their worksheet so that they can be referred back to at any point. You can also write the goals down and make a copy for the parents. (see Appendix A for the Preventionist Tracking Form: Strengths, Concerns and Goals, and Appendix B for the Strengths, Concerns and Goals worksheet).

● If a parent is experiencing active, worsening substance use or another mental health problem (such as severe depression), or is otherwise unable to engage in the discussion, it is recommended that you consider changing the focus to getting adequate treatment for the parent. Query whether the parent is currently in individual treatment and whether it seems adequate. If so, this treatment should be the focus until the parent's symptoms

How to Help Parents Identify Strengths:
It can sometimes be challenging for parents with prior substance use disorder to list their strengths and to come up with intervention goals. Asking for memories of positive times in the past before the parent had substance use disorder or during times that they were in recovery, or asking about the things they love or admire about the youth can help to get at strengths. If it is challenging for the parents to come up with goals at this early point in the intervention, reassure them that they can continue to add goals as they proceed through the modules.

remit to a more manageable level. If not, help the parent seek treatment by giving referrals and aiding the parent in getting started. Plan to call the parents within a week to follow-up on how they are coping, and continue to check-in with them over time. Family Talk can be re-started once symptoms subside.

UNDERSTANDING THE EXPERIENCE OF SUBSTANCE USE IN THE FAMILY

• Constructing a shared family narrative concerning substance use is a key component of the preventive intervention. Many times, the family has not discussed parental substance use previously, or discussed it very little. The process of telling the substance use story can be therapeutic in many ways. It enhances family members' perspective-taking and understanding, it builds confidence that difficult topics can be discussed without ill effects, and it lessens anxiety.

• Begin to gather a history of the illness, which includes building a timeline of the substance use experience from the beginning to the most recent episode. The latter should be prioritized because it is what the family is coping with currently. It is important to hear the substance use experience from the focal parent and from the spouse/partner. Typically it is best to begin with the focal parent. For each question, ask one parent and then get the other parent's perspective on the same situation or event. You will want to get an idea of the main symptoms experienced by the focal parent, the timing of the illness, and how the illness has impacted the focal parent's functioning in the family and at work. For example, "When was the first episode? What are the main symptoms you experience? How has substance use affected your ability to do your job?" It is important to ask about the influence of substance use on the spouse and youth, again, from both parents' perspectives. For example, how are your spouse/partner and adolescent or young adult children coping? Given the prevention focus of this intervention, it is not necessary to conduct a full psychiatric interview. Pay particular attention to what each of the parents went through, and similarities and differences in parent views.

• Throughout the construction of the family narrative, help the parents discuss strengths and positive features of family life, when appropriate. The capability to recall positive events and feelings is often significantly compromised in substance use disorder. For example,

what fond memories of couple or family time can the parent(s) remember?

• Strive to obtain as complete a story as possible from both individuals while bearing in mind that talking about substance use can be a challenging and upsetting task for the parents. Either or both parents might need your support, which can be given through empathy, understanding and encouragement. It is expected that the substance use story will continue to unfold throughout the intervention. For some parents it will be difficult to remember all the details in one sitting or to feel comfortable speaking freely about painful topics in early sessions.

Possible Family Meeting Topics:
This form can be used throughout the first four modules to help you keep track of topics that come up during sessions that might be appropriate to include in the family meeting. These topics can be discussed with the parents during the family meeting planning session(s) in Module 4.

FOCUS ON THE YOUTH

• Often a main reason that parents decide to begin the Family Talk preventive intervention is because of their concern about the negative impact of parental substance use on their adolescent or young adult children. Parents typically welcome the opportunity to discuss their children. Let the parents know that they will discuss the youth again in the second module when it is time to prepare for the youth meeting. In our experience, parents often talk about youth in a much more positive way (both in content and affect) than they are able to talk about themselves.

• Your interview will include asking the parents to describe their adolescent or young adult children to you, beginning with their strengths, and then any concerns they have about the youth, such as emotional or behavior problems. It is a good idea to review each youth's functioning in major life domains (e.g., home, peer relationships, school). For example, questions might include: What do you enjoy about your child? What makes you proud? How does your child do at school/work? What is your child good at doing? How are your child's friendships? What are some of your concerns about your child at home, school, or with their peers?

• Also, a key task is to get a good picture of how the parents think substance use has affected the youth. In so doing, the preventionist is modeling perspective-taking by asking the parents to imagine what it is like to be their children. Finally, it is important to query whether the parents have directly discussed substance use with the youth in the past, and if so, how this discussion has gone.

• It is important to recognize that the effect of substance use on the youth may be very painful for parents to discuss because they may fear they have hurt the youth or that they have not been good parents. Make sure to reassure the parents that the

majority of adolescent and young adult children of parents with substance use disorder do very well. Tell the parents that your plan is to help them with their fears and concerns about the youth throughout this preventive intervention. Congratulate the parents for coming to see you and being willing to tackle challenging issues.

• Depending on the parents' concerns about the youth, and the results of the pre-intervention assessment, it may now be necessary to make referrals for individual evaluation and treatment for the youth. Educating the family about when to seek treatment and what treatment involves is an important goal of the psychoeducation component of this intervention.

• At this point, it is also helpful to review the youth's involvement in the intervention with the parents. Tell the parents that you will meet with the youth individually in Module 3. Your plan will be to get to know them, learn about their experience with parental substance use, and ask about topics the youth would like to raise in the family meeting. Remind the parents that a major goal of the intervention is to help parents support and develop resiliency in youth.

OPTIONAL HOME ACTIVITIES

• Activities at home are helpful additions to the intervention because, like other homework, they consolidate, enhance, and help to generalize learning. Completing homework during therapy interventions has also been found to improve client outcomes (e.g., Hudson & Kendall, 2002; Rees et al., 2005). However, the assignments in Family Talk are optional. Parents in the intervention vary in terms of degree of illness, energy level, and available time. So, encourage parents to complete the home activities when it is possible, but remain realistic and accept that many parents are not able to do them for a variety of reasons. When Optional Home Activities are completed, be sure to review them in the next session, help with any problems, and congratulate the parents on their effort.

• In order to keep handouts and work sheets organized, you can either give the parents a binder for the handouts, or suggest that they buy one for this purpose. Additionally, at the end of the intervention, offer the parents a complete copy of the materials handed out during the intervention in case any were misplaced.

Module 1 Optional Home Activities Include:

- Ask the parents to read over the handout, "Description of the Family Talk Preventive Intervention"
- Do something simple and fun together as a family. Parents and youth come up with some ideas for simple, inexpensive, fun family activities and write them on the Module 1 worksheet, "Family Fun". Some ideas include: a movie night at home, a walk or picnic at a local park, or making cookies together. When lives are busy and stress takes away energy and positive feelings, it can be particularly challenging to make this a priority. However, positive

family time is very important because it improves everyone's mood and helps keep the family connected.

CHECK-OUT

• Check-out occurs at the end of every session. It is a brief period of time that allows you to step back, make sure that the session material was understood, and that the parents are doing o.k. Provide a quick summary of the session content, and allow time for questions and answers. Ideally, give answers today if time allows, and otherwise take note of the questions and follow-up with answers in the next session. It feels good for everyone involved in the session to end on a positive note, and the Check-out time gives a chance to do so. This could take the form of praise (e.g., for sharing a difficult story, being willing to come to session, etc.), a question about an upcoming family event (e.g., youth's birthday), or a comment on a shared topic of interest. It can be challenging to have time left at the end of a session for a formal and positive wrap-up, so each week plan ahead as best as you can.

Additional Preventionist Notes:

• Many parents have considerable anxiety related to coming to treatment due to concerns about stigma, exposing their parenting skills to scrutiny, fear of receiving criticism, and concern that they have harmed the youth. It is therefore a priority to normalize parents' struggles and provide a safe, supportive environment.

• Be mindful that when you intervene in a family system and suggest changes, even if the changes are viewed as positive, the system has been altered and can be put out of equilibrium. Consider warning parents that during the time it takes to integrate a change, the family's functioning may worsen slightly before it improves.

• There might be confusion regarding the differences between prevention and treatment. Be prepared to clarify the meaning of prevention for parents and youth (see Introduction).

• Who constitutes the family? Members of the extended family (e.g., grandparents, aunts and uncles) could play a crucial role in the family, and it is often beneficial for them to be included in this intervention. When addition of family members to Family Talk seems relevant, discuss this topic with the parents.

PREVENTIONIST HOMEWORK

Possible Family Meeting Topics:

Remember that a goal of each session is to be mindful of topics that could be discussed in the family meeting and to build skills and emotional readiness for this meeting. When it comes time to prepare for, and conduct, the family meeting in Modules 4 and 5, it is very helpful to refer back to notes from earlier modules that highlight important issues regarding the family's experience of substance use. So, take time to jot down some notes regarding possible family meeting topics while the information is fresh (see Appendix A for the Preventionist Tracking Form: "Possible Family Meeting Topics").

Important Family Details:

Use the Important Family Details Preventionist Tracking Form to write down important details about the family (e.g., activities the family enjoys, a sick grandparent) that can help you build rapport and work most effectively with the family throughout the intervention (see Appendix A).

Strengths, Concerns and Goals:

Use the Strengths, Concerns and Goals Preventionist Tracking Form to write down the items that the parents came up with during the session (see Appendix A).

Parent Module: Psychoeducation about Substance Use

OVERVIEW

• In the first module, you began to learn about the family's individual experiences with parental substance use. Throughout the program, you will continue to learn more about how substance use has affected the family, and this knowledge will help you to prepare for the family meeting. The process of openly discussing substance use helps family members increase their understanding of the illness and its effects. Communicating about substance use can also help the parents and youth cope more effectively with the illness.

• In the 2nd module, the primary focus is on broadening the parents' knowledge base concerning substance use. Important information about substance use is taught including major symptoms, risk factors, resiliency, and evidence-based treatments for substance use. The long- range goal of this education-focused module is to inform parents about their own illnesses so that they are to evaluate their own treatments and feel empowered to ask appropriate questions of their providers such as, "How will we know this treatment is working?"

• You will also help the parents to prepare their adolescent or young adult children for the upcoming youth meeting. Parents often begin this preventive intervention because they are concerned about how substance use has affected their children; thus, they are often particularly interested in understanding how youth can participate in this program.

MODULE 2 GOALS

- Learning about Substance Use
  - Symptoms
  - Risk Factors
  - Resiliency
  - Evidence-Based Treatments

- Preparation for the Youth Meeting

MATERIALS

- Pens and paper
- White board
- Handouts and worksheets: Symptoms of Substance Use Disorder, Risk Factors for Substance Use in Youth, Resiliency in Youth, Evidence-Based Treatments for Substance Use, Setting Limits with Youth, and Substance Use Websites and Reading List
- Preventionist Tracking Form: Possible Family Meeting Topics

PRIMARY ELEMENTS OF MODULE 2

CHECK-IN

- Take time to continue the important job of building rapport. Ask parents how they are feeling about participating in the intervention and if they have any concerns about the prior session. If problems were raised during Module 1, inquire if they are being adequately addressed. Review the Optional Home Activities (if attempted or completed), and provide assistance with challenges. Outline the session agenda for the day, and answer any questions.

PSYCHOEDUCATION TIPS AND TECHNIQUES

- Psychoeducation is introduced in this module, but it should also be discussed at relevant times during other modules. Some tips to keep parents engaged include:

  - Small doses of psychoeducation are often most helpful because it is challenging for parents to take in an extensive amount of information during a single session. Try not

to deliver a long, one-sided lecture; instead, be upbeat and engaging, and use a back-and-forth conversation with the parents (e.g., ask questions, have parents discuss what they know). It is helpful to ask the parents what they already know about a topic before teaching it.

- Whenever possible, link the psychoeducation material to specific family experiences that you have learned about from the parents, or ask the parents which psychoeducational issues are relevant to their particular life situation. This strategy will make the information as relevant as possible and aid in parents' understanding and acceptance. In other words, apply the abstract, general information to the family members' specific experiences. For example, a core symptom of substance use is being triggered by certain people, places or situations. When discussing triggers, you could point out a behavior or situation that a parent told you about in a previous meeting that relates to this symptom (e.g., dad has been having a difficult time going to family gatherings that have alcohol at them).

- It is also helpful to listen for the parents' language and use it whenever possible. In other words, if the parent says that substance use feels like a "dark cloud", it is helpful for you to refer to substance use in the same manner. For example, you might say, "When the dark cloud descends, how are you able to take care of your family?"

- Other strategies to help keep this session interesting for the parents include using appropriately-timed humor, and utilizing as many teaching modalities as possible (e.g., didactic, written, in vivo exercise).

LEARNING ABOUT SUBSTANCE USE

Substance Use Disorder is an Illness

● Educate parents that just like other medical illnesses, substance use disorder impacts how an individual functions, and necessitates assessment, treatment and a recovery period. The analogy of a heart attack is useful. It is not someone's fault or weakness that leads them to have a heart attack; rather biological variables in the body and how these variables interact with the environment lead to this outcome. Likewise, people are not to blame for having substance use disorder. When a person suffers a heart attack, people at work or at home do not expect that person to immediately return to their regular level of functioning. A recovery period is necessary. The same is true for substance use disorder, although the presence of more ambiguous, internal, emotional symptoms often makes this fact less obvious to others. It's also true that, whereas someone who has a heart attack will receive lots of positive attention, like visitors, flowers, and cards, someone who experiences a worsening of their substance use disorder typically experiences isolation and people may turn their back on them.

● It is noteworthy that the more external substance use disorder symptoms, such as anger, fear, irritability, distraction from day-to-day activities because of substance use,

or ongoing substance use despite the clear problems it causes, can be off-putting, and this can make it more challenging for others to accept and offer assistance to an individual with substance use disorder in comparison to other medical illnesses.

Symptoms of Substance Use Disorder

● It is common for people to use substances, including alcohol, marijuana, or nicotine. Substance use disorder is diagnosed when people experience loss of control over their substance use, ongoing use of substances despite negative consequences, and/or physiologic changes (like tolerance and withdrawal, which are discussed below). The World Health Organization defines substance use disorders as the "harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state."

● People, including youth, who are around someone with an active substance use disorder can often detect physical and psychological symptoms in that person:

- Physical symptoms include:
  - Bloodshot eyes and abnormally sized pupils
  - Sudden weight loss or weight gain
  - Deterioration of physical appearance
  - Unusual smells on breath, body, or clothing
  - Tremors, slurred speech, or impaired coordination

- Behavioral changes include:
  - Drop in attendance and performance at work or school
  - Frequently getting into trouble (fights, accidents, illegal activities)
  - Using substances in physically hazardous situations such as while driving or operating a machine
  - Engaging in secretive or suspicious behaviors
  - Changes in appetite or sleep patterns
  - Unexplained change in personality or attitude
  - Sudden mood swings, irritability, or angry outbursts
  - Periods of unusual hyperactivity, agitation, or giddiness
  - Lacking motivation
  - Appearing fearful, anxious, or paranoid, with no reason

● It is very important to remember that many people who live with substance use disorder can also experience overdose, which is life-threatening and may have been witnessed by family. Common substances that people can overdose on include

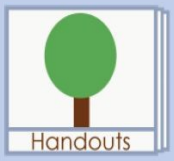
sedatives like opioids (e.g., heroin, fentanyl, or prescription painkillers) or benzodiazepines (e.g., Xanax, Klonopin, or Ativan, among others). These are especially dangerous when combined together, and mixed with other substances, like alcohol. When someone overdoses, they might be unconscious with shallow or absent breathing. In other cases, if the overdose is not as severe, they might appear sleepy or lethargic. If a parent involved in Family Talk has had a recent overdose, it is critical that that parent and their loved ones be aware of how to recognize and manage an overdose (see Appendix C).

● It is also important to remember that many people who live with substance use disorder can experience significant feelings of suicidality. These suicidal thoughts may include feelings of hopelessness, the belief that life is not worth living, and recurrent thoughts of death or suicide. As discussed in the introduction to this prevention program, if you recognize suicidal thoughts in a parent or youth, it is important to take immediate action to ensure safety. Do not be afraid to discuss this topic if you have any concerns about suicide. Please refer to the introduction, "Managing Suicidality and Other Crises," for more information on this topic. It is typically necessary to discontinue the Family Talk intervention until such suicidal thoughts and behaviors are addressed.

Interpersonal Symptoms of Substance Use Disorder

● It is critical to discuss the ways in which substance use disorders can adversely affect interpersonal relationships. Substance use disorders involve changes in the brain that make it likely that someone may begin to prioritize substance use over their interpersonal relationships. People may feel as though the person with the substance use disorder cares more about using than they do about their loved ones. When someone has a severe substance use disorder, they may become so preoccupied with substances that they may neglect their home and workplace duties and relationships. They may also spend excessive amounts of time or money obtaining substances. In other cases, they may have used substances in situations that could have resulted in harm, like when someone drinks and drives or uses substances when they are looking after a child. People with substance use disorders may have experienced enormous conflict with others as a result. Family members may find it helpful to understand that these are in fact the hallmarks of substance use disorder. That is, the very definition of a substance use disorder is continued use of substances despite negative consequences.

● Discussion of some of the outward symptoms of substance use disorders (like anger, fear or irritability) is also very important because these symptoms negatively affect interpersonal relations and can cause significant problems for family members. It is important throughout the program to acknowledge, discuss, and help the family to cope with these core substance use disorder symptoms. For example, family members, especially youth, might blame themselves because they feel responsible for the parent's negative mood. Reassure family members that these emotional displays are symptoms of the disorder (like coughing due to a cold), and do not arise because of the recipient's current or past behavior. It is very helpful for the parent with substance use disorder to learn to acknowledge his/her feelings and behaviors as a part of substance use disorder, and to tell family members that they are not at fault.



Symptoms of Substance Use Disorder:

The handout is found in Appendix B and can be given to the parents during the discussion of substance use disorder symptoms. If the handout was read as a home activity from the last module, you may be able to simply summarize the handout and answer questions.

Typical Concerns Raised by Parents Regarding Symptoms of Substance Use Disorder:

Concern 1: How substance use disorder affects youth
Response: Tell the parents that it is important that youth are educated about substance use disorder and are reassured that they are not to blame for the symptoms. This is one goal of the family meeting.

Concern 2: The youth will begin to use substances too
Response: Reassure the parents that even though adolescent and young adult children of parents with substance use disorder are at increased risk for substance use compared to those of parents without substance use disorder, the majority of youth will not develop a substance use disorder and will be healthy. This intervention helps to build resiliency. If an adolescent or young adult does begin using substances, there are effective interventions that can be of enormous help. Parents with substance use disorder can be terrific, supportive parents!

Concern 3: How will the parents be able to recognize substance use disorder in the youth?
Response: Provide some education about substance use disorders in adolescents and young adults. Many of the symptoms are the same as those outlined above for parents. Even when young people are able to hide their substance use, some simple skills can be helpful. Parents should know who the youth is spending time with, where they are, and what they are doing. They also can set curfews and place limits on the youth's use of cash, credit cards, personal or family car, and cell phone ("the C's"). Being on top of these details not only helps parents detect substance use early, but it also provides parents with leverage if they need to set limits for youth that have begun to use substances.

Risk Factors for Substance Use Disorder

Risk Factors Suggested Exercise:
Prior to teaching parents about risk factors, ask the parents to volunteer their ideas about general risk factors or ones that apply to their personal situation. Write them down on the white board.

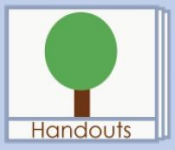
• The conversation about substance use disorder should include common risk factors for substance use disorder. Let the parents know that there are both specific and nonspecific risk factors for substance use disorder.

• Specific risk factors are linked directly to substance use disorder. Examples include:
  - Family history of substance use disorder
  - Personal or family history of depression, anxiety, or other mental health conditions
  - Peers that use substances

• Nonspecific risk factors are associated with a range of concerns. Examples include:
  - Poverty
  - Discrimination
  - Childhood trauma, including abuse or neglect
  - Poor social support

• Take some time to explain these risks and how each one relates to the onset of substance use disorder. Discussing these risk factors can help normalize the presence of substance use disorder in an at-risk individual. Keep in mind that it is most effective to focus on risk factors that are relevant to a particular family.

• Many times risk factors are not easily modified (e.g., poverty), but help parents to recognize which risk factors can be changed and discuss strategies to minimize their negative impact on the family. For example, there might be ways to increase social support in an isolated family through use of community groups, church affiliation, Big Brother/Sister organizations, etc. It is important to follow-up with parents regarding the success of the strategies, and whether they need assistance.



Risks for Substance Use in Youth:
This handout is found in Appendix B and is available for review at this time or as a part of the Risk Factors exercise above.

RESILIENCY IN YOUNG ADULT CHILDREN

• Resiliency is an important and inspiring topic. What makes some individuals able to withstand adverse circumstances and remain healthy and optimistic? Parents have abundant worries about their adolescent and young adult children, and this section of the program can help to ease some of their concerns.

• Begin the discussion of resiliency by asking the parents some questions about resiliency, such as the following:

Q: What does resiliency mean to you?

_____

A: It means continuing to do well in spite of difficult circumstances.

Q: Have you ever been resilient? Tell me about it!

_____

A: That's a good example! Or, here is an example of a person who was resilient. When Joelle was first married she moved to a new town, and she had to leave her current position and find a new job. Joelle also did not have any friends there. She loves to dance and so she did some research and joined a dance studio. The dance lessons were enjoyable and allowed Joelle to meet some interesting women with similar interests. One woman was in her field, and recommended a college that was hiring part-time professors. The connection with the dance studio gave Joelle a great start in her job search and made the new town a lot less lonely.

Q: What are some characteristics of resilient youth?

_____

A: From a study of high-risk youth (i.e., children of parents with a severe disorder or high marital discord or divorce), we know a few important characteristics of resilient youth (e.g., Beardslee & Podorefsky, 1988):

1. They are active and motivated. Resilient youth have independent activities outside the home and out of the sphere of parental substance use (e.g., school activities, church groups, sports teams, etc.).

2. They have close, confiding relationships. These relationships can be with a parent without substance use disorder, a parent with substance use disorder, a grandparent, a teacher, an older sibling, or a friend.

3. They exhibit self-understanding. Self-understanding involves making meaning out of problems that have been experienced and choosing the best path going forward. In regard to children of parents with substance use disorder, there are three components of self-understanding: 1) a realistic awareness of the stresses to be dealt with, e.g., hospitalization, taking care of chores at home, etc.; 2) an accurate assessment of what is possible for the youth to do for the parent with substance use disorder, without blame for limitations; and 3) the ability to act when needed. Self-reflection, a process used to make sense of complexity and keep track of good strategies, is a component of self-understanding.

• As an example from the study data, resilient youth frequently thought about their parent's illness and were concerned about it. Resilient youth saw their parents as suffering and struggling, and attempted to provide help in ways that they could. However, their strength in self-understanding allowed them to know that they were not the cause of their parents' illnesses. They saw themselves as separate from the illness, not captured by it.

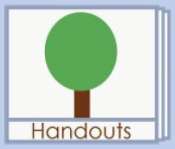
• You can also give parents the following tips to enhance the youth's self-understanding regarding substance use disorder. Highlight for the parents that it is important that the youth understand that substance use disorder is a biological illness with troubling symptoms and that they are not to blame for problems this illness may have caused. Youth should be encouraged to go on with their own lives and activities, and understand what they can and cannot do to help their parent and the family situation.

• More recent resiliency research that focused on low income youths indicates the relation between self-regulation skills and a number of areas of adaptive functioning (i.e., social competence, academic achievement, coping with stress). The authors define self-regulation as a set of skills that draw on both emotional and cognitive systems to achieve goals in the present or in the future (Buckner, Mezzacappa and Beardslee, 2009). Anne Masten (2007) adds that "regulator capacities" built into our social and cultural systems are also associated with resiliency (e.g., religious systems that teach self-regulation through prayer or meditation, cultural rituals for major life passages).

• When youth are resilient, parents also have been found to exhibit features of resiliency themselves. Such parents show a commitment to parenting, and a commitment to relationships that support the family. Suggestions for building resiliency in adults can be found in the handout, "10 Ways to Build Resilience" (see Appendix B).

Resiliency Suggested Exercise:
Ask parents to discuss ways in which they see the youth as being resilient. Remind parents to think about the characteristics of resilient youth discussed above. Write the youth's resiliency characteristics on their Resiliency in Youth worksheet (see Appendix B). It is also a helpful exercise to have the parents discuss ways in which they see themselves as being resilient. Each parent can discuss resiliency features in themselves and their spouse. Whenever possible, help the parents to relate the resiliency examples that they attributed to the youth or themselves to the general characteristics noted above (e.g., being active, having social support, exhibiting self-understanding).

Benefits of Discussing Resiliency:
It is important to have parents write down ways in which the youth is resilient, or actively participate in the discussion of resiliency features in the youth because it helps to reassure parents who are worried.



10 Ways to Build Resilience Handout and Resiliency in Youth Worksheet:
These forms can be given to the parents and reviewed at this time or in conjunction with the suggested exercise above.

LEARNING ABOUT EVIDENCE-BASED TREATMENTS FOR SUBSTANCE USE

• Unless you already have this information, first ask the parents to explain what type of individual treatment the focal parent is currently receiving. Next, ask the parents what they already know about substance use disorder treatment and then fill in the gaps using the information below, as well as the handout, Evidence-based Treatments for Substance Use Disorder (available in Appendix B).

● Tell the parents that there are a number of available interventions available that have substantial support for their effectiveness in reducing symptoms of substance use disorder.

Pharmacological Therapy

● Based on research about receptors in the brain that substances act on:
  - Several medications have been found to be effective in treating addiction to opioids, alcohol, or nicotine.
  - Medications are often central to the treatment of substance use disorders, and in some cases, like for buprenorphine and methadone for opioid use disorder, can be lifesaving.
  - Effective medications for opioid use disorder include:
    - ***Buprenorphine*** (Suboxone®) reduces or eliminates opioid withdrawal symptoms, including drug cravings, without producing the "high" or dangerous side effects of heroin and other opioids.
    - ***Methadone*** also prevents withdrawal symptoms and reduces craving in opioid-addicted individuals by activating opioid receptors in the brain (i.e., a full opioid agonist).
    - ***Naltrexone*** (Vivitrol®) is approved for the prevention of relapse in adult patients following complete detoxification from opioids.
  - Effective medications for alcohol use disorder include:
    - ***Acamprosate*** (Campral®) reduces withdrawal symptoms by normalizing brain systems disrupted by chronic alcohol consumption in adults.
    - ***Disulfiram*** (Antabuse®) inhibits an enzyme involved in the metabolism of alcohol, causing an unpleasant reaction if alcohol is consumed after taking the medication.[71]
    - ***Naltrexone*** (Vivitrol®) decreases alcohol-induced euphoria and is available in both oral tablets and long-acting injectable preparations (as in its use for the treatment of opioid addiction, above).
  - Effective medications for nicotine use disorder include:
    - ***Bupropion***, commonly prescribed for depression, also reduces nicotine cravings and withdrawal symptoms in adult smokers.
    - ***Nicotine Replacement Therapies (NRTs)*** help smokers wean off cigarettes by activating nicotine receptors in the brain. They are available in the form of a patch, gum, lozenge, nasal spray, or inhaler.
    - ***Varenicline*** (Chantix®) reduces nicotine cravings and withdrawal in adult smokers by mildly stimulating nicotine receptors in the brain.

Cognitive Behavior Therapy (CBT)

● Brief, structured treatment that teaches and illustrates the relation between mood, thoughts and behaviors
● Identifies maladaptive cognitive styles and teaches more realistic and adaptive thinking
● Encourages behavioral change, such as engagement in mood elevating activities
● Relaxation, problem solving skills and appropriate goal setting are also important components
● Therapist-as-coach model

Mindfulness-Based Interventions

- Derived from a mindfulness-based stress reduction program with the primary goal of preventing depression relapse
- Mindfulness techniques include; focusing on the breath, detaching from negative thoughts, accepting difficulties and cultivating self-compassion
- Combines mindfulness techniques with aspects of CBT:
  - Participants use mindfulness techniques to bring their attention to the present experience when they notice it has strayed to negative thoughts, worries, or a general lack of awareness.
  - Participants develop plans for strategies to use when relapse is suspected (Kuyken et al., 2008; Williams et al., 2000).

Interpersonal Therapy (IPT)

- Brief, structured treatment that focuses on interpersonal problems commonly experienced by individuals living with substance use
- Improving interpersonal interactions and communication skills are central to IPT
- Core symptoms of substance use such as irritability, withdrawal and fatigue negatively impact interpersonal relationships and the ability to make new social connections
- Treatment helps decrease psychosocial problems through education and practicing adaptive and positive interpersonal behaviors

Other Recovery Supports

- Mutual help recovery support in the community, including programs like Alcoholics Anonymous or Narcotics Anonymous, can be very helpful for some people
- Parents may have other recovery supports that have been very helpful for them

Evidence-Based Treatments for Substance Use Disorder and Substance Use Disorder Websites and Reading List Handouts:
A review of this information is available on the Evidence-Based Treatments for Substance Use Disorder handout. For more information, please see the Substance Use Disorder Websites and Reading List Handout (see Appendix B).

ACCESSING TREATMENT

- Because of the complexity of negotiating our health care system, and the many treatment options available, parents who are not in their own treatment often need guidance about how to get started. Also, parents may need help finding the right

treatment for a youth that has mental health problems or has begun to use substances. Help the parent to think about which treatment would likely be the best fit for a particular individual. Tell parents that there are also different types of providers available, and review these options. For example, a psychiatrist would be the right choice if the parent suspects she may need medication to manage her symptoms. Or, psychologists and social workers with the appropriate training would be good options for cognitive-behavioral approaches.

• Parents often need assistance finding appropriate referrals. Encourage them to call their primary care provider, who likely will have a list of mental health and substance use treatment professionals with whom they have worked previously. Also, the parents may want to call their insurance company to learn about the nature of their coverage for such visits, and also to obtain names of providers that are covered under their insurance plan.

• It is very important to follow-up with parents about their experience with seeking treatment! Parents will benefit from knowing that you are concerned about them, and that you are available to help them negotiate challenges related to beginning treatment.

BUILDING SKILLS

• Learning generalizable skills to build resiliency and combat symptoms of substance use disorder, as well as other clinical or daily life problems, is a valuable part of a prevention program. Problem solving and communication skills are integrated into the Family Talk prevention program. In clinically appropriate cases (e.g., if the focal parent is not currently involved in a skills-based therapy), you can offer the parents the opportunity to learn more about these and other coping skills in a Skills Module. The skills included are problem solving, relaxation, cognitive restructuring, and getting active. The timing of this module is flexible, but it preferably occurs after Module 6 so that the work of preparing for and conducting the family meeting is not interrupted.

• When is the Skills Module a good fit for a family? Parents might choose for their family to complete this module in order to gain skills that assist the focal parent and other family members in coping with symptoms of substance use disorder and general struggles that they are facing now or might face in the future. Parents might also elect to participate in this module so they can make an informed decision about whether they, or one of their adolescent or young adult children, will embark on a full course of CBT (or related) treatment.

• If appropriate, be sure to discuss with the parents the option of pursuing a full skills-based therapy program and the best timing of such a referral.

DISCUSSION OF THE YOUTH MEETING

• Theyouth meeting is the focus of the next module, so it is important to thoroughly

discuss this upcoming meeting with the parents. Give a brief overview of the agenda of the youth session. Let the parents know that you plan to get to know the youth, give the youth an orientation to the intervention, conduct a brief, strength-focused evaluation, learn about the youth's experience of parental substance use disorder, and help prepare the youth for the family meeting. Remind the parents of the rules of confidentiality and how they apply to the youth meeting.

• Ask the parents how many adolescents or young adults will be attending the youth meeting. It is best if all the adolescent and young adult children who are participating in the family meeting also have an individual youth meeting. It is very important to also ask parents if there are any additional family members who play a key role in the family that would be helpful to have in attendance at the family meeting (e.g., grandparents). Individual meetings with a similar agenda to the Module 3 youth meeting should be scheduled with each additional family member before the family meeting.

Reassuring Parents:
It is possible that the parents may have strong feelings about the youth youth meeting. For example, it is common for parents to worry that they will be found to be "bad" or inadequate parents, or that their fear that they have somehow hurt the youth will be confirmed. Reassure the parents that the youth sessions are a typical and important part of the intervention, and the main goals are to get to know the youth and to gain an understanding of their experience of parental substance use disorder, not to incriminate the parents. If parents are not ready for you to see the youth, then additional time and steps should be taken until the parents are comfortable.

• Formal psychoeducation about substance use disorder and resiliency occurs in the family meeting when the parents are present. However, if the youth asks questions, some psychoeducation may occur in the youth meeting. Thus, it is important to ask the parents' permission to answer the youth's questions, should they arise.

• Additionally, it is very helpful to encourage the parents to take a leadership role in helping the preventionist make the youth comfortable and get the most out of the youth meeting. For example, how does the parent think the youth will react to coming to the session? Do parents have suggestions regarding ways for you to connect with the youth and make the youth feel more comfortable? Are there certain topics that would serve as good "ice-breakers"?

• Other key topics to discuss with the parents include: what it means to the parent that the preventionist is seeing the youth, questions regarding how things are going with the youth, and what the parents think the youth already knows about substance use disorder. If the youth uses a different term for substance use disorder (e.g., "addiction" or "drug use"), this is also important to find out so you can use the youth's language. If

appropriate, be sure to refer back to youth-related goals that parents initially set for the intervention, using the parents' wording.

• It is important to ask parents if there are topics that they would not like discussed with the youth. Remember that many parents with substance use disorder feel inadequate regarding their parenting skills. Be careful to enlist parents' support and to reassure them that parents with substance use disorder can still be excellent parents.

• Parents may appreciate advice on how to explain or introduce the youth meeting to their adolescent or young adult children. Let the parents know that they should emphasize to the youth that the main goal of the meeting is for the preventionist to have the opportunity to meet the youth, hear their input, and learn about their experiences at home. Parents should reassure the youth that it is always up to them to decide how much or how little they will talk with the preventionist. They will not be forced to do or say anything that they feel uncomfortable sharing. It is also helpful for the parents to tell the youth that they have the parents' permission to answer questions and talk about life in their home (i.e., "family business").

• If snacks will be provided for the youth session, ask parents for permission to give a snack. Youth or parents might opt to bring a snack, but it is a good idea to have a backup available. Provide a good model by letting parents know you will offer healthy snacks (e.g., whole grain crackers, granola bars, fresh fruit).

How to Handle Youth Reluctance:
If parents know, or suspect, that one of their adolescent or young adult children will not want to come to the youth meeting, you can provide the parents with some assistance. Parents should emphasize that the youth will decide how much to talk and share in the meeting. Explain that a main point of the program is to help the family and make things easier for the youth. An idea is to suggest that the youth can bring a comforting object to the session (e.g., stress ball). Offer to the parents that you can also call the youth on the phone, or send a letter ahead of the youth meeting to reassure the youth and encourage attendance.

OPTIONAL HOME ACTIVITIES

1. Suggest parents review the Module 2 handouts if they have not done so already, and bring any questions that they have about the information to the next session. Point out the Substance Use Disorder Websites and Reading List handout (Appendix B) to the parents in case they are interested in extra reading.

2. Plan to do something simple and fun together as a family (see Module 1 Family Fun

Handout in Appendix B)

CHECK-OUT

- Summarize the session content, invite questions, and be sure to leave on a positive note (e.g., give praise such as, "You did a great job today").
- Satisfaction questionnaire (Optional)

PREVENTIONIST HOMEWORK

Possible Family Meeting Topics:
Remember to add relevant topics to the Possible Family Meeting Topics Preventionist Tracking Form (see Appendix A).

Module 3

Youth Module: The Youth's Perspective on Parental Substance Use

OVERVIEW

• In this module it is time to meet the other important members of the family - the youth. Gaining each youth's perspective is essential to the effectiveness of the intervention because parents, often despite their best efforts, may lack knowledge regarding the ways in which their children (old or young) have and have not been affected by parental substance use. Parents want the best for their children, and typically they are pleased that their adolescent and young adult children have the opportunity to participate in the intervention and share their stories.

• How you conduct Module 3 depends on the number of youth in the family who will be participating, as well as each youth's developmental level and attitude about being involved. Ideally, each youth in the family has their own individual meeting. Some youth will come willingly and talk openly. Other youth may be resistant to coming to the session and speak only a few words. Different youth in the same family often have varying levels of information and understanding of their parent's struggles with substance use. These differences may be related to developmental level, but may also reflect a particular youth's perceptual and empathic capacities. Thus, it is important to carefully consider developmental and temperamental differences when planning the youth meetings. This module has a full agenda, but it is most important to tailor the amount of material covered and the method of its delivery to the individual needs of the youth. It is fine to take more than one session so that you are not rushed.

• After spending some time in the session making the youth feels comfortable with you,

the four main goals of Module 3 are to: Provide an orientation to the intervention; conduct a brief, strength-focused youth assessment; learn about the youth's experience of parental substance use; and prepare the youth for the family meeting. Psychoeducation about substance use is best discussed in the family meeting when the parents are in attendance and able to help review with the youth. However, if a youth asks questions about substance use, it is appropriate to answer them as long as permission was gained from the parents in the prior module.

• As noted in Module 2, at times additional family members, such as grandparents, are very involved in the family and will be attending the family meeting. To prepare them for the family meeting, these additional family members should be invited to attend a session with similar content to the youth meeting.

• Although most youth are happy to meet with you, some may need a little encouragement. Here are four strategies to consider for engaging reluctant youth:

- Suggest meeting at a more comfortable location than your office, if possible
- Send the youth a letter ahead of time
- Give the youth a call to begin to get to know them, and answer any questions
- Offer to include a parent, sibling, or friend in the session

MODULE 3 GOALS

• Orientation to the Intervention
• Brief Strength-Focused Youth Evaluation
• Learn about the Youth's Experience of Parental Substance Use
• Discuss the Family Meeting

MATERIALS

• Pencil and paper
• White board
• Preventionist Tracking Form: Possible Family Meeting Topics
• Healthy snacks and water

PRIMARY ELEMENTS OF MODULE 3

CHECK-IN

• Youth are likely to feel apprehensive about the session. For many youth, this will be their first meeting with a preventionist or or other similar professional, and it is very important to take the time to build rapport and make them feel comfortable. How can you do this? It helps to make your office inviting and youth-friendly. For example, have a stress ball available since this can be helpful for many youth when talking about difficult things. Having a deck of cards available offers a game that you and the youth can play together. Thank the youth for being willing to come today. Showing genuine interest in learning about the youth (e.g., hobbies, friends, favorite school subjects, etc), and sharing details about yourself (perhaps allowing the youth to ask you a question or two), are helpful ways to build rapport. Making a personal connection through discussion of a common interest between you and the youth can also be helpful (e.g., baseball).

• With younger adolescents (and even some older adolescents or young adults) it is appropriate and often helpful to include parents in the first 10 minutes or so of the session to help put them at ease.

• Make sure that the youth is prepared for what is to follow by reviewing the session agenda at the end of the Check-in. Allow time for questions before the next section.

What Do You Do When a Youth is Reluctant to Talk?

If you have set aside time to build rapport, and the youth is still reluctant to talk and seems uncomfortable, here are some ideas:

- Try to normalize the situation by telling the youth that many people feel unsure about what to say to someone they do not know.
- Ask the youth if they would like to play a card game or draw a picture, and during the activity you can gently inquire about the youth's interests and concerns, daily life, etc.
- Ask the youth if they would feel more comfortable with a parent or sibling present.
- If the youth continues to be uncomfortable, you can tell the youth you are going to touch base with the parent briefly outside the office. Ask the parent whether there is anything that might be making the youth uncomfortable, and whether the parent has ideas regarding topics or activities that might make the youth

What Do You Do When a Youth is Reluctant to Talk? Cont'd:

more comfortable and willing to talk with you (e.g., a topic the youth enjoys, like a favorite television show or video game).

- Sometimes youth will not contribute, and you can remind them that even if they do not feel like talking today, you will help them to be ready for the family meeting. They might have something to say then, or they might not, but they still are helping the family and can get something out of the intervention just by being present.

ORIENTATION TO THE INTERVENTION

• Youth may have many different ideas about why they are meeting with you and what is going to happen today. Some parents provide a full explanation to the youth, and some parents say very little. So first, take some time to ask the youth why they are meeting with you today. You can then fill in the gaps if necessary. It is also important to make sure that the youth understands why the family is participating in the Family Talk intervention (e.g., to help the family talk with each other in a way that feels good, cope better with problems).

• It is very helpful to use the youth's descriptive language as much as possible. How do you do that? Listen carefully to how the youth describes important concepts. For example, the youth might accept that the parent has substance use disorder but use a different word or phrase to describe it (e.g., "when my dad is tired"). Then adopt this phrase in your work with the youth. If the youth does not recognize or believe that the parent has substance use disorder, accept this, and emphasize coping with problems more generally. It is not necessary to push the youth to acknowledge substance use disorder as an entity in order to make progress.

• Give the youth a brief orientation to Family Talk. Include an overview of Modules 1 and 2, and what sessions are coming up. It is important to explain how the youth is involved in the intervention (i.e., meeting today, participating in a family meeting, optional practice at home with parents). Explain to the youth that typical ways that youth participate in the family meeting include: asking questions, sharing feelings, stating opinions and making suggestions. Let the youth know that a positive outcome of today's meeting is that they feel confident and able to speak in the meeting. Be sure to emphasize the importance of the youth's involvement, and how it contributes to the success of the intervention. In other words, the youth's presence really makes a positive difference and helps the family!

• Just as with the parents, an explanation of confidentiality and its limits is necessary. Tell the youth that you will keep everything that is discussed private (e.g., "between you and me"), except if they say something that makes you concerned about their safety or the safety of others (e.g., that the youth is in danger of getting hurt). Also, let the youth know that you will ask permission to share certain things they say to you with the parents, if

you feel that it would help the parents understand the youth's experience better. Emphasize that you will not do such a thing without asking the youth's permission first. Likewise, if the parents have given you permission to share an important part of one of their sessions with the youth, let the youth know this, and then share the information.

BRIEF YOUTH FUNCTIONAL EVALUATION

• This is a good time in the module to conduct a brief strength-focused assessment of the youth's general functioning in important life domains (e.g., home, school, peers). The assessment can be brief here, because you have already spoken to the parents about the youth in prior modules, and most youth with significant difficulties would either already be involved in individual therapy or referrals would have been made after speaking to the parents. The assessment includes gathering information about strengths, neutral topics, and concerns.

• It is best to start with positive topics and the youth's strengths. Try to personalize your discussion as much as possible. If the parent told you about a youth's strength, this is a good place to start. For example, "Your mother said that you are a very good baseball player, what position do you play?" In order to get at other positive topics and strengths, you might ask the youth questions such as: What are your favorite things to do? Do you have a pet? What sports do you like to play? What are your favorite school subjects? What do you consider yourself to be good at? Can you tell me about a time when you were really happy? Next, ask about more neutral areas for the youth, such as questions about school, work or friends. Finally, end with a discussion of concerns: Are there things that are not going so well for you? Is there something that you would like to change or is causing you trouble? Does anything make you feel sad? Questions regarding specific symptoms might also be necessary in individual cases (e.g., anxiety, behavior problems).

• Although it is not common, the preventionist might discover that the youth has difficulties that they have not shared with their parents. In this situation, the preventionist should discuss with the youth the importance of telling the parents, and how the preventionist and youth will go about doing so.

LEARNING ABOUT THE YOUTH'S EXPERIENCE OF PARENTAL SUBSTANCE USE

• Your main goals are to help the youth to articulate their own experience with parental substance use, and to try to understand how substance use affects the youth's life. Listen for things that have changed due to parental substance use, such as decreased involvement in enjoyable activities or relationships that have suffered. These are topics that are often important to discuss with everyone present in the family meeting. Inquire

about the youth's concerns or worries, and help to reassure and normalize the youth's experience. Work to reinforce the idea that the youth need not be limited by the parent's impairment. It can also be helpful to ask youth how they believe that substance use impacts each of their siblings. Look for congruence across the accounts of different family members, because it helps to find a common ground.

• It can be challenging for youth to discuss their experience of parental substance use. It is helpful to normalize the situation by telling them that it is difficult for most youth to discuss parental substance use. The youth might fear that they are not supposed to talk about "family business", so reassure the youth that the parents gave their permission for the youth to talk with you about this topic. Also, sometimes it helps to give the youth suggestions based on what others in their situation have said. For example, "these are some questions other youth have had" or "these are some things youth say about having a parent with substance use disorder". Emphasize to the youth how helpful their input is to the success of the family meeting, and helping the family make improvements.

Dealing with Challenging Youth Remarks:

Below are some sample challenging statements and suggested responses:

Q. Will my parents be mad at me?
A. Your parents have asked for you to share your experiences and feelings about problems in your family so we can all work together to make things better.

Q. I'm afraid I'll get in trouble if I tell you.
A. What are you afraid will happen? Remember that your parents have given you permission to talk about problems in your family. I will be there in the family meeting to support all of you in talking about your feelings and concerns.

Q. I don't know how this has anything to do with me.
A. Often, when a parent has substance use disorder, they act differently. I know it can feel very hard to talk about what this is like for you and your family.

Q. So what? Why should I care?
A. A goal of this meeting is to figure out together whether there are things in your family that you would like to see changed or improved.

• Importantly, remember to discuss parental strengths with the youth. For example, include conversation about things that the youth likes about both parents, activities they enjoy doing together, and positive parent behaviors and fun activities that have

endured despite the substance use episode. Remind the youth that the parent has acted on behalf of the family in getting help for substance use disorder and working to improve things in the family by participating in the preventive intervention. Also reassure the youth that most adolescents and young adults do very well despite parental substance use.

PREPARATION FOR THE FAMILY MEETING

• An important topic for this module is to prepare the youth for the family meeting. Explain the format of the family meeting, and give a sense of what generally happens. For example, let the youth know that on the day of the family meeting, the parents, all the youth that are old enough, and if relevant, other important family members (e.g., a grandparent that lives with the family) will come to the session. The parents will be in charge of running the meeting, but reassure the youth that you will be there to help the parents and support the youth. You will help the youth to discuss any topics that they would like you to help with. The family meeting will take about an hour, and everyone will be given the chance to talk.

• Discuss the topics that the youth wants to talk about in the family meeting. Importantly, also ask if there are topics the youth does not want to discuss in the family meeting. If the youth needs assistance, make suggestions based on topics you have discussed in this session or things you have learned from previous modules that might be relevant. Younger adolescents will likely need considerable help to derive topics to discuss. You can use drawings, or exercises, such as asking the youth their "3 Wishes" for the family, or what would happen in the family if you could wave a magic wand over their house. As you and the youth work on this task, write the topics on the white board.

Role Play Suggested Exercise:
Because of the enormous benefits of prior practice, ask the youth to role play with you. Role play helps build confidence and increases the likelihood that the youth will be successful in sharing ideas in the family meeting. Encourage the youth to practice what they want to say in the family meeting, or just one tricky topic. You take the role of parent for the practice run-through. The main point is to get the youth to really think about what they are going to say, not to make it challenging with tricky responses! In other words, for the most part, the role of the preventionist is to be a supportive parent, but if problematic topics are expected, they can be practiced as well.

• Finally, as much as possible, troubleshoot for problems that could arise in the family meeting, and ask if the youth has any concerns or questions. In particular, does the youth have any concerns about raising certain topics in the meeting? Are they concerned about

what a parent might do or say in response? If yes, help the youth to prepare what to say and how to respond to the parents and then role play together. Also, ask the youth how you can provide assistance during the meeting. Ask for the youth's permission to mention his agenda items for the family meeting to the parents in your next session in order to aid the parents' preparation. If the youth prefers to be present for the discussion of this topic, then reassure the youth that you will not bring it up with the parents before the family meeting (unless there are safety concerns). Lastly and importantly, discuss the strengths of the youth and family.

CHECK-OUT

• Summarize the session content, invite questions, and be sure to leave on a positive note (e.g., give praise such as, "It's hard to talk with someone you don't know about hard topics, and you did a great job today").

Additional Preventionist Notes:

● One unique challenge presented by this module is how to accommodate multiple siblings that are within the appropriate age range to participate in this intervention. We recommend scheduling one session for each youth. Remember that sessions may vary widely in length, and that interviews with a reticent adolescent or young adult may be quite brief. When parents have arranged to bring multiple siblings in on the same day for logistical reasons, youth can be seen consecutively, perhaps for a shorter length of time. It is possible, but not recommended, to see the youth together. Depending on the sibling dynamic, you might have youth that feel uncomfortable speaking in front of a sibling, or a sibling that dominates the session. Typically, better quality information is gained in individual sessions, and the youth usually enjoy this opportunity. If parents are willing and able, sibling sessions can be held on separate days.

● Another challenge of this module is to adjust the delivery of the material to the age of the youth involved. Be careful to use terms and language that can be easily comprehended by youth of varying ages and developmental levels. Adolescents will find it easier to stay focused if material is presented both verbally and visually. Involve the youth as much as possible in the session so they are active (e.g., write ideas on the white board etc.). Breaks can be helpful, as are snacks, especially when sessions run late in the afternoon. Finding developmentally appropriate methods to deliver session material is challenging, and particularly for a preventionist who has a predominantly older adult-focused background. For those clinicians, it might be helpful and necessary to seek supervision from a clinician with adolescent or young adult experience.

PREVENTIONIST HOMEWORK

Possible Family Meeting Topics:
From the list on the white board, write down the youth's family meeting topics on the Possible Family Meeting Topics Preventionist Tracking Form (see Appendix A)

Parent Module: Preparation for the Family Meeting

OVERVIEW

• In this module we welcome the parents back to session. This is an exciting time because we have now reached the last step before the Family Meeting, which can be considered the heart of the intervention. The Family Meeting may raise a range of feelings, including anxiety, curiosity, concern and excitement. Parents want the meeting to go well. They will be aware that sensitive topics may be discussed between family members, sometimes for the first time, and reactions can be unpredictable. Thus, it is important in this module to take all the time needed to make sure the parents are adequately prepared and feel confident. This process may take more than one or two sessions.

• This module includes reviewing the youth meeting and answering parents' questions about it. Next, you will help the parents to develop a Family Meeting Plan, which includes thinking about the main topics for the meeting, discussing psychoeducational material about substance use and resilience that will be introduced to the youth, and role-playing parts of the Family Meeting. The importance of the last step cannot be emphasized enough. A trial run helps to achieve clarity and reveal trouble spots. It is also a great way to build confidence. You will also help the parents to plan how to prepare the youth for the Family Meeting at home. It is important to help the parents to anticipate issues that the youth may raise. Finally, the parents will practice problem solving and communication skills that are useful to know in general, and that can be very helpful during the Family Meeting.

MODULE 4GOALS

- Review of the Youth Meeting
- Prepare Parents for the Family Meeting
- Help Parents Decide on a Plan for the Family Meeting
- Help Parents Prepare the Youth for the Family Meeting
- Building Communication and Problem Solving Skills

MATERIALS

- White board
- Pens and paper
- Handouts and worksheets: Family Meeting Plan Worksheet I or II, Communication Skills Handout, Problem Solving Skills Handout
- Preventionist Tracking Forms: Possible Family Meeting Topics (for Modules 1 to 4), Family Meeting Plan I or II (created at the completion of Module 4)

PRIMARY ELEMENTS OF MODULE 4

CHECK-IN

- Check-in may be particularly important today because there was a greater gap between parent sessions due to the recent youth meeting. Allow time for questions and concerns, and be sure to attend to any concerns raised in a previous session. Review the session agenda for today. Reassure the parents that there will be time to discuss the youth meeting, which will likely be on their minds. If applicable, review home activities that were attempted or completed, and provide guidance regarding any problems that were encountered.

REVIEW OF THE YOUTH MEETING

- Typically, parents are eager to discuss the youth meeting with the preventionist. Parents may or may not have already discussed this meeting at home. Let the parents know that you will give an overview of your impression of the youth's functioning as well as any concerns mentioned that the youth gave you permission to discuss today. Remind the parents of the confidentiality rules, emphasizing that the specific details of what the youth said can only be shared if they have given permission, unless safety issues are present.

• Begin with a summary of the youth's functioning, always with an emphasis on strengths. Parents are often concerned about the youth. They commonly worry that they might develop substance use disorder, or another mental health problem, in the future. Reassure parents that many youth are resilient in the face of parental substance use disorder and do not develop the same problems as their parents. In the rare case that the preventionist's interview reveals youth that were not discussed previously, this issue should now be covered with the parents. If appropriate, give the parents referrals for youth assessment and treatment, and answer any questions. It is helpful to reassure the parents that early recognition and treatment are beneficial to the youth and may prevent future difficulties.

• Next, present the general topics that were discussed in the youth meeting to the parents. For example, explain that you reviewed with the youth how the upcoming Family Meeting will proceed, helped the youth list topics to bring up in the Family Meeting, role-played how the youth would present a topic during the Family Meeting, and answered the youth's questions. Discuss specific details about youth concerns only if they gave you permission to do so. Youth topics for the Family Meeting might include sibling conflict, concerns about siblings' functioning or health, concerns about parents' functioning or health, feelings associated with changes in the family, problems at school or work, and problems with friends. Take time to fully process these issues with the parents, and answer their questions. Lastly, remind parents that the discussion today and conversations during the Family Meeting are ideally just the beginning of an ongoing dialogue concerning the youth's experiences and needs.

PREPARATION FOR THE FAMILY MEETING

Evaluating Readiness

• Our goal is to have a successful and safe Family Meeting that helps families prepare to have more positive family conversations and interactions in the future. Consider whether or not the family is ready to begin the process of preparing for the Family Meeting. Most families will be, but it is important to consider if the focal parent, and perhaps other family members, are functioning well enough to have a positive, productive experience in the Family Meeting. This often means asking parents directly, "Do you feel ready to do this?" As noted, the preparation phase might be concluded in one session, or take several sessions – it is important to set aside the time needed so everyone involved feels ready and comfortable.

Logistics

• The Family Meeting varies in length for a variety of reasons. Sometimes it runs longer than a typical session, and sometimes it runs shorter. If it is realistic for you to run a longer session, ask parents to set aside an extra hour just in case more time is needed to complete the Family Meeting. If it is not possible for you or the family to stay longer, the Family Meeting should be conducted in the time available, and remaining issues dealt with in following sessions.

Preparing the Youth

● Try to have the parents imagine what it is like to be in the youth's position, and ask the parents how they believe the youth will react to the Family Meeting. Then provide the parents with ideas about how to best prepare the youth for the Family Meeting. T he parents should plan to have this conversation when there is enough time to have a full discussion with minimal distractions (e.g., television is off). How to do this will depend on the individual youth involved, but in general, the parents should include the following topics:

- **Reassurance:** The parents can explain that they believe it is good for the family to have this meeting together, and that they feel it will be helpful for the youth.

- **Format of the Meeting:** The parents can tell the youths who will be attending the meeting, the location, and the length of the meeting. The parents should tell the youth that all the family members will have an opportunity to talk during the meeting, and that it is a safe place to discuss any issue. The youth will be supported no matter what they have to say.

- **Goals of the Meeting:** It is important for the parents to tell the youth the major goals of the Family Meeting. One goal is for all the family members to share their experience of substance use so everyone understands what others have gone through. Parents can tell the youth that if they have questions about substance use disorder or want to learn more about it, then this can be a part of the meeting. Another goal is oriented toward a hopeful future for the family, and it will include problem solving about how to improve troublesome situations going forward.

- **Preventionist Support:** The parents should also explain that the parents are in charge of running the meeting, but the preventionist will be there to help. For example, the preventionist can help everyone to talk about their experience regarding parental substance use disorder, solve problems, and clarify any misunderstandings.

- **Questions:** Finally, encourage the parents to ask if the youth has any questions or concerns about the upcoming meeting. If there are any, the parents should attempt to address them. Reassure the parents that if the youth has significant concerns that the parents are uncomfortable handling on their own, they can give you a call or meet with you to discuss the best strategy.

Dealing with Youth Resistance or Fears Regarding the Family Meeting:

Q: What if the youth is afraid to come to the family meeting?

A: Parents should try to find out why they are worried. There are many possibilities, but a common worry is that a family member might react negatively to something that the youth says during the meeting. The parents can provide reassurance that the youth can choose what to say and will not be pushed to discuss anything that feels uncomfortable. The parents can also remind the youth that they give permission to discuss sensitive topics and they will not get angry. Also, the youth can be reassured that the preventionist will monitor and talk about how everyone is feeling and help each family member understand why it is important to discuss sensitive topics together in a supportive manner.

Q: What if a youth refuses to come to the family meeting?

A: It is uncommon for youth to refuse to attend the family meeting. However, if it happens, parents should try to find out the reason. If the youth does not want to miss an important activity to attend this meeting, suggest that the parents reassure the youth that the meeting will be scheduled so it does not interfere with family priorities. If the youth does not see the point in attending, the parents can remind the youth that a major goal of the family meeting is to help family members to understand each other's perspectives, and to problem solve how to make things easier and better for the youth. Suggest to the parents that it might be helpful to consider providing a reward to the youth for attending the family meeting (e.g., fun activity out with family or friends). You can also offer to speak to the youth on the phone ahead of the family meeting to answer questions, and to provide reassurance and encouragement.

Developing a Family Meeting Plan

• It is important to keep in mind that all families are different, and the Family Meeting Plan varies based on the needs of the individual family. For all families, the Family Meeting will include the sharing of individual family members' experiences with parental substance use disorder. Sharing and acknowledging feelings is also a core aspect of the meeting. The preventionist provides encouragement and support. For some families, the Family Meeting will be devoted to this type of discussion (use Family Meeting Plan Worksheet I). For other families, in addition to sharing individual experiences, the Family Meeting Plan will also include problem solving and a review of relevant skills (use Family Meeting Plan Worksheet II). In both types of Family Meetings, a brief psychoeducation review that is connected to the family's unique illness experience may be a helpful starting point.

Family Meeting Plan I or II:

Now is the time to discuss with parents what topics they would like to talk about with their adolescent or young adult in the family meeting and what topics they do NOT want to discuss. It is much more important for the parents to agree and be comfortable with the plan than to discuss all possible topics. As much as possible, encourage the parents to take the lead in creating the plan. If parents struggle with this task, provide whatever help is needed, but continue to challenge the parents to take a leadership role whenever possible. Deriving the plan is hard work and very important so give the parents the time that they need.

Suggestions Regarding Building the Family Meeting Plan:

1. A limited number of topics typically works the best. Time is limited in the Family Meeting, and it is best to discuss a few topics well versus many topics too quickly

2. Some topic areas are challenging to discuss. Generally, it is recommended that things witnessed by the youth (e.g., parents' arguments) are included, and things that the youth likely does not know about (e.g., parents' separation the youth was an infant, distant history of overdose or abuse) are typically not discussed. Also, events that have happened recently that the parents know the youth experienced usually need to be discussed, whereas those events that are more remote, even if the youth experienced them, may not be as high a priority.

Reassuring Youth:

If the youth is aware that a parent has struggled with overdose, it is important to reassure the youth that the parent is not currently at high risk and would get help immediately should such concerns re-emerge.

3. Plan to discuss the perspectives and major concerns of all family members. Typically core symptoms such as irritability, withdrawal, and fatigue cause problems for the family. Thus, it is a good idea to ask the parents if these symptoms are problematic and whether they should be included in the Family Meeting Plan. Include topics that the youth requested to be discussed in the Family Meeting (if permission was given by the youth to bring it up ahead of time).

4. For families that would like to work together to problem-solve family concerns, include potential solutions in the plan so that they can be discussed during the Family Meeting.

5. The plan should include the order that the topics will be discussed, and by whom. It should also include who will take the lead in beginning the Family Meeting after the

preventionist's introduction. The preventionist's introduction should include showing appreciation to all the family members for being at the meeting today, and for all of the hard work that allowed them to be at this point in the intervention.

6. Leave time for questions and wrap-up.

Family Meeting Plan Suggested Exercise:
As you work with the parents to construct a plan for the family meeting, you can write it down on the whiteboard. Encourage parents to take the lead in proposing items, and make the outline of the family meeting as detailed as possible. They should include what information will be discussed, in what order, and by whom. The parents can write the plan down on the Family Meeting Plan Worksheet I or II. Discuss any new concerns and questions that arise from completing this exercise. If the parents are not interested in writing the plan down, you can let them know that you will write it up based on ideas discussed today and bring it to the family meeting.

• Although making the plan is helpful and important, tell the parents that it is hard to predict exactly how the Family Meeting will go, and it is very possible and O.K. if the Family Meeting goes differently than planned. The plan is just a guideline and should not feel restrictive. There is no right or wrong way to conduct the meeting, as long as it is a positive and productive experience for the family. Reassure parents that there will be time to thoroughly discuss the Family Meeting in the follow-up module.

Psychoeducation Component

• In some cases, parents might find it helpful to review the details they learned about substance use and resiliency in Module 2 as a way of preparing for what will be discussed in the Family Meeting. Ask parents if they would like a brief summary, or have questions about the material.

• Including psychoeducation in the Family Meeting is optional. Some parents find it helpful to start the meeting with psychoeducation before discussing more personal and emotional topics. It is best if psychoeducation is integrated with the family's own experience to make it more relevant and interesting. If the parents decide to include psychoeducation, encourage them to take the lead in presenting the psychoeducational information during the Family Meeting. If parents feel uncomfortable presenting the material, you may provide necessary support. Help the parents decide what teaching to the youth will be done. Typically, key points covered include:

1. Substance use disorder is a biological illness.
2. The parent is in treatment (i.e., getting help to feel better). Briefly outline different treatments and the type(s) the parent is utilizing.
3. Symptoms and their effects on the family.
4. What is resiliency and how can it be strengthened?

A Trial Run

Role Play of the Family Meeting Suggested Exercise:
Our goal for the family meeting is to have a productive conversation that helps the family, and practicing ahead of time is a great way to help to achieve this goal. Ask the parents to role play the presentation of one or two of the major topics they plan to discuss during the family meeting. This role play can be done in many different ways (e.g., parent to parent who acts as the youth, parent to preventionist who acts as the youth). It is helpful to role play when the topic goes smoothly and when problems arise so you can help the parents to prepare for challenges. If psychoeducation is on the agenda for the family meeting, you can also have the parents practice "teaching" about substance use and resiliency.

Role Play Assistance:
Research indicates the benefits of role play in new skill development, but it can be stressful. Support the parents who find the exercise uncomfortable. If parents resist engaging in role play, take extra time to prepare for the family meeting in other ways. Role play can be uncomfortable for the preventionist, too! If needed, practice ahead of time with a colleague or other appropriate person. Seek assistance or supervision if problems persist.

BUILDING COMMUNICATION SKILLS

- Discuss with the parents that being a good communicator is an important life skill because it helps other people to know how you are feeling and what you need. Explain that good communication allows you to speak what is on your mind in a way that others will understand and accept. Being able to communicate well is important both inside and outside the family (e.g., at work, with friends). Communication involves both verbal (spoken words) and nonverbal components (e.g., facial expression, tone of voice). Tell the parents that people with substance use disorder often have difficulty communicating effectively, and that family and other relationships often suffer as a result. Ask the parents if this is true in their family. It is helpful for most families to learn and practice communication skills, and the Family Meeting is a great opportunity to do so. When parents and youth are communicating well, they will speak openly in a manner that is easily understood, and they will prioritize listening to others.

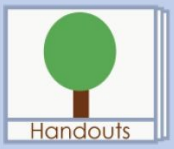
V Present the following communication tips to the parents:

When you are the listener:

- Be respectful and wait to talk or ask questions until the speaker is finished.
- Try to put yourself in the speaker's shoes. Work to really see and understand what it would be like to be the speaker. You do not need to agree with what is being said in order to listen supportively and attentively.
- Show understanding and support by looking at the speaker and showing appropriate facial expressions (e.g., smile for a happy topic). It is supportive to also nod when you agree with what the speaker says.

When you are the speaker:

- Make eye contact with your listeners.
- Speak assertively, clearly and slowly.
- Use I-statements for sensitive topics (e.g., I feel sad when you yell) so you get your point across, but at the same time minimize the chance of blaming others and hurting the listener's feelings.



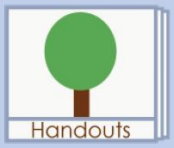
Communication Skills Handout:
A review of this information is available on the Communication Skills handout in Appendix B.

BUILDING PROBLEM SOLVING SKILLS

● As with communication skills, problem solving skills are useful in everyday life and in the Family Meeting. Help the parents use the following problem solving steps to work through challenging situations that might arise during the Family Meeting. Let's use the example of 8-year-old Johnny, who is refusing to come to the Family Meeting, to review these problem-solving steps:

1. Define the problem. Sometimes the problem is too broad and needs to be narrowed. Sometimes the problem is not the core issue so you need to dig deeper to find it.
2. Brainstorm possible solutions – both preferred and not - by making suggestions and asking the parents to give ideas (e.g., let Johnny stay home and not participate, have him write his ideas down for another person of his choice to present, tell him that he is an important family member and you cannot have a Family Meeting without him, remind him that the point of the Family Meeting is to make things better for him and his siblings at home, offer him a reward after the meeting if he comes).
3. Help the parents examine the pros and cons of their favorite options (e.g., if we convince Johnny to come then we will have all of our family there, but he might be very uncomfortable, etc.).
4. Choose an option to try, and evaluate its outcome.

Preventionist Modeling:
Particularly in this module, it is helpful for the preventionist to model good communication and problem solving skills.



Problem Solving Skills Handout:
A review of this information is available on the Problem Solving Skills handout in Appendix B.

OPTIONAL HOME ACTIVITIES

• Encourage the parents to practice problem solving and communication skills at home.

Teaching Skills to Youth:
If parents are interested in teaching youth the communication and problem solving skills learned in this module, and you believe this would be helpful and positive for the youth, you can encourage the parents to do so and give necessary guidance. You can also remind the parents about the Skills Module.

• Parents should rehearse on their own what they would like to say during the Family Meeting. It is also very helpful for the parents to role play key topics on the Family Meeting Plan together or with another willing partner.

CHECK-OUT

• Summarize the session content, invite questions, and be sure to leave on a positive note (e.g., give praise such as, "You did a great job today").

• Remind parents that the Family Meeting varies in length, depending on how it goes. If it is possible for the preventionist and the family, it is helpful to ask the family to plan to stay longer for the next meeting, just in case the extra time is needed.

• If it has not happened already, you can also remind parents that they can elect to participate in a Skills Module. They can think/talk over whether this is something they

would like to do as a family. The timing of this module is flexible.

- Satisfaction questionnaire (optional)

More Information about the Family Meeting:
For more information on how to prepare for and conduct the Family Meeting, see the videos, originally developed for depression, that are in the Family Talk training program at www.fampod.org. In addition, there are tools to assist parents in providing psychoeducation in Appendix B.

PREVENTIONIST'S HOMEWORK

Finalizing the Family Meeting Plan:
Read over the rough draft of the Family Meeting Plan created today as preparation for the Family Meeting. Create a final Family Meeting Plan to use at the Family Meeting, and make copies for all participants. Highlight topics that might be trouble spots, and think ahead about how you will help the family if problems are encountered.

Family Module: The Family Meeting

OVERVIEW

• You and the family have worked hard to get to this point in the program – congratulations! The time you have spent with the family, and the information you have gathered in the preceding modules, will help you to be prepared for the Family Meeting.

• The main objective of the Family Meeting is to help families conduct a positive, productive meeting in which all family members are able to discuss their substance use experiences. The discussion includes how substance use has affected the family, how the family has coped with substance use, and how to build resiliency in the youth. Another goal is for the family to gain confidence from the family meeting and to feel prepared to continue to meet together on a regular basis at home.

• The Family Meeting may include discussion of a number of topics: family strengths and available resources, a review of pertinent psychoeducational information about substance use and resiliency, a family member's experience of substance use, major concerns related to the impact of substance use on the family, plans for how to address these concerns, and future family meetings. Due to wide variability in families, successful family meetings vary greatly in content, manner and outcome. For example, one family might devote the entire session to discussing one challenging topic, while another family might talk about many ideas regarding a variety of topics. The preventionist should maintain an open, flexible stance and take the role that best suits the needs of each particular family. Some families will need much more guidance and support than others.

- Additional key points for the Family Meeting:
  - Provide reassurance that the focal parent will be okay and that the family can cope with the illness.
  - Emphasize that no one is to blame for the illness and its effects.
  - Highlight the strengths that exist in the family, and plan for how they will be utilized.
  - Help the family to remember to use effective communication and problem solving skills during the Family Meeting.

MODULE 5 GOALS

- Conduct Family Meeting
  - How substance use has affected the family
  - How the family copes with substance use
  - Future plans to build resiliency
- Discuss Future Family Meetings

MATERIALS

- White board
- Pens and Paper
- Handouts and Worksheets: The Family Meeting Plan Handout (drafted by the preventionist after Module 4), Family Meeting Impressions Worksheet
- Preventionist Tracking Form: Summary Letter (drafted by the preventionist after Module 5 to be used in Module 6)

PRIMARY ELEMENTS OF MODULE 5

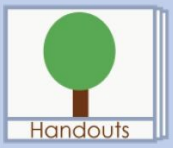
CHECK-IN

- Likely for the first time in the intervention, you will be meeting with the entire family together. Thank each person for coming, and emphasize that it is an enormous accomplishment for the family to gather for a meeting about parental substance use disorder. Inquire how the family is doing, and ask if there are any questions or concerns about the Family Meeting. These issues should be addressed before proceeding.

- If the parents agreed in Module 4 to extend the length of the session, remind them now that extra time is available today, if necessary, to finish the Family Meeting.

THE FAMILY MEETING

The Introduction



Family Meeting Plan Handout:
If a written Family Meeting Plan will be used, it can be handed out to family members now. Remember that the Family Meeting Plan is only a guide, and it is O.K. if the families stray from it, as long as the overall goals of the meeting are met. For some families, the Plan will include just one or two key points that the family wishes to discuss together, sometimes for the first time. For other families that have already discussed substance use and the family, the Plan may include specific areas for problem-solving and some possible solutions.

• Typically the preventionist formally marks the beginning of the Family Meeting and reminds the family of the preventionist's role, which is to facilitate the meeting and provide support. In Module 4, the first speaker and topic were chosen and written in the Family Meeting Plan. Now the preventionist helps the family get started by introducing the first speaker and topic. It is helpful for the first speaker to give a summary of the Family Meeting Plan before beginning the first topic.

• It is important to begin the meeting on a positive note, and one good way to accomplish this task is for parents to discuss the family's strengths and available resources. Discussing this topic also helps to remind the preventionist and the family of strengths to draw upon if challenging situations arise during the Family Meeting.

Sharing Individual Perspectives

• Sharing individual perspectives is the heart of the Family Meeting. Ask the parents and youth to share their individual experiences of substance use and how they are affected by it. As much as possible, encourage parents to take the lead in sharing their experiences and gaining the perspectives of the youth. However, you should provide as much assistance as needed by reminding family members of topics they had planned to raise, making supportive comments, giving prompts when a person loses a train of thought, and helping to explain a concept when the speaker gets stuck. Keep in mind that sometimes silence is helpful because it allows time for family members to gather their thoughts and express their feelings in their own words.

• Be mindful of each person's experience during the Family Meeting, and try your best to support everyone. Remember that this can be hard work for the family. Strive to give all family members the time that they need to speak. Each person is different, and some family members might need encouragement to talk, while others might need to be held back.

• As experiences are shared, help family members to clarify differences, ask questions, raise concerns, and work towards developing a shared family narrative of their separate

experiences. The latter is accomplished when each family member's perspective is heard and tied in with the other family members' experiences. For example, the parent with substance use disorder might say that she experiences triggers for substance use when at family events that involve alcohol, and the youth at some point may say he is frustrated that the family doesn't go to certain gathering that he would like to be at. These two experiences are inter-connected, and you could summarize both perspectives and point out the connection. For example, you could say something like, "Mom has a difficult time being in places where alcohol is being served because it triggers old cravings for substance use. Johnny is having a difficult time because he would like to get together with family every time they gather."

Problem Solving Suggested Exercise:

If the family has planned to include problem-solving in the Family Meeting, encourage them to work together to problem-solve possible solutions to a troubling issue and choose a solution that they want to try. Some parents will have outlined a specific problem on the Family Meeting Plan that they want to work on, or a problem can be chosen during the meeting. Throughout this exercise, make sure to include and summarize each family member's ideas so all perspectives are heard. The family will likely need your help to bring the perspectives together and figure out the best way to proceed with a plan. Be sure to document the possible solutions the family comes up with on the white board and also on the Family Meeting Plan.

For example, 16-year-old Steve is getting in trouble for not doing his algebra homework. His father never graduated from high school because he started struggling with substances at a young age. Steve explains that he feels overwhelmed because he isn't able to turn to his father for help with his homework like other kids at school can. One solution is to hire a tutor, but this is expensive. Another solution is to have grandpa come over after school to help with homework. This is a good idea, but transportation is tricky. Another solution is to have Steve stay for the after-school homework club and then walk home with a friend. The latter solution does not seem to have a downside, so it is selected.

Psychoeducation Review

● If desired, a review of pertinent psychoeducation information can be integrated into the Family Meeting. The benefits of psychoeducation include:

- Helps the family feel comfortable beginning to share their substance use experiences
- Helps youth to understand substance use
- Helps family members connect their unique experiences to facts about substance use

● In Module 4, the parents decided who would take the lead in presenting the psychoeducation information in the Family Meeting. Your role is to support the conversation. However, if the parents request your help or ask you to present the material, this is fine. The psychoeducation review typically covers points such as the following:

1. Substance use disorder is a biological illness. It can be compared to heart disease or diabetes. It is not someone's fault when it occurs. The main components of substance use disorder include illness, treatment, and a recovery period.

2. Common substance use disorder symptoms may include irritability, fear, and distraction, among others. These symptoms typically have had a negative impact on the family and other social relationships.

3. The parent is in treatment and getting help to feel better. Most common substance use disorder treatments include medication and psychotherapy (i.e., talking treatment like cognitive behavior therapy, interpersonal therapy).

4. Many youth of parents with substance use disorder are resilient. One goal for this intervention is to encourage resilience in youth, parents and families. Working together in the Family Meeting is one important way to build resilience through strengthening communication and understanding. Youth resiliency is enhanced through re-establishing youth's social connections, activities and routines. It is also important to help youth see themselves as separate from their parent's illness.

The Family Meeting: Positive Experiences and Challenges

● In the majority of cases, you and the family have put the necessary work in ahead of time, and the Family Meeting goes very well. All family members participate and share their substance use experiences. The family achieves their major goals, whether they include discussing substance use disorder and its effects for the first time, or problem-solving solutions to specific family issues that have arisen as a result of parental substance use disorder.

● However, sometimes challenges arise. Listed below are some ideas regarding how to proceed if difficult situations arise during the Family Meeting.

Challenging Situation: A family member's distracting comments are preventing key topics from being discussed.
Try: Thank the person for the input. Remind the family of the goals and agenda of the Family Meeting. Acknowledge that it can be hard to stay on track because there are many things that different family members would like to discuss, but the short time period of the meeting makes it necessary to stick with the planned agenda. Suggest a more appropriate topic based on the Family Meeting Plan.

Challenging Situation: Someone becomes upset or angry.
Try: Acknowledge the emotion that you see, and provide support and empathy. Normalize the expression of the emotion, and ask the person what triggered the upset

feelings. Once the emotion subsides, continue. If the emotion does not subside, ask the person's permission to continue with the Family Meeting. Moving on to a different topic area might help the person to feel better. Alternatively, if the person cannot calm down, the Family Meeting might need to be rescheduled.

Challenging Situation: Someone will not talk.
Try: Acknowledge he silence. Normalize that the Family Meeting might feel awkward, making the person feel uncomfortable and not in the mood to speak. State that the person's input is valuable, and encourage the person to participate when ready. It might help in the beginning to suggest that the person discuss an enjoyable, safe topic unrelated to substance use to break the ice (i.e., favorite sport, recent vacation, etc.).

Challenging Situation: Conflict erupts.
Try: Ask that everyone stay calm and give you a chance to understand what is going on. Repeat what was said preceding the conflict, and ask the family members if you got it right. Attempt to find out what was said that made the people involved become upset. Empathize with the difficulty of the situation, and explain that conflict is common when a family is under stress. If the family members have calmed down, continue with the topic. If the family members cannot discuss this topic without getting upset, switch to a different agenda item. Consider returning to the hot topic in a later, parent-only session.

FUTURE FAMILY MEETINGS

● Given that the Family Meeting is brief, family members will probably have more to say to each other about substance use and its effect on the family. New ideas, feelings, and challenges also are likely to emerge over time. Tell the family members that you encourage them to view the Family Meeting as the beginning of a longer discussion that can be continued at home during the weeks ahead. Also, introduce the idea that our goal is for families to hold family meetings about various topics on a regular basis at home. Inform the parents that you will assist them in planning for future family meetings when you meet with them next.

WRAP-UP

● It is important to save some time at the end of the Family Meeting for wrap-up. Share some words of congratulations and encouragement! Summarize the accomplishments of the Family Meeting, and make sure all family members have the opportunity to make comments and ask questions before the meeting ends. Be sure to mention any plans the family has made to cope with substance use and build resilience. Remind the parents that they will be meeting with you again soon to plan for the future. Also, because you likely will not see the youth and other family members again, take the time to thank them and say good-bye.

OPTIONAL HOME ACTIVITIES

Family Meeting Impressions Worksheet:
Encourage the parents to jot down their immediate feelings and impressions regarding the Family Meeting on the Family Meeting Impressions Worksheet. Ask the parents to bring the worksheet to the Module 6 follow-up session to discuss with you.

• Also, if the family attempts any of the ideas or solutions discussed in the Family Meeting, suggest that these experiences be documented so they can be discussed in Module 6.
• Encourage the family to do something simple and fun together, like playing a board game or taking a family hike. This activity might be particularly important if the Family Meeting was stressful.

CHECK-OUT

• If necessary after the wrap-up, provide a quick summary of the Family Meeting. Allow time for questions and answers. Because the Family Meeting can be hard work and emotionally taxing, it is particularly important to save time today to end on a positive note (e.g., give praise such as, "You did a great job today", discuss an enjoyable topic).

• Satisfaction questionnaire (optional)

Managing Preventionist Emotions:
It is understandable to feel anxious about conducting a family meeting. It can be challenging, and despite your preparation, unanticipated situations can occur. It is also an emotional experience for families, which may trigger emotions in you that can be challenging to manage during the Family Meeting. Seeking supervision or consultation before and after the Family Meeting is often very helpful. Such consultation can assist you in managing the current Family Meeting, and lead to insights that can improve how you conduct family meetings in the future.

PREVENTIONIST HOMEWORK

Summary Letter Preventionist Tracking Form:
Before Module 6, read over your notes from the Family Meeting and write a Summary Letter for the parents. You can use the Preventionist Tracking Form Summary Letter Template as a guideline (see Appendix A). This letter should be individualized to suit the particular needs of the parents and include the following items:

1. The initial goals the family listed at the beginning of the intervention
2. The family's strengths
3. The major concerns discussed during the Family Meeting and, if appropriate, the plans the family came up with to address each concern.
4. Your praise and recommendations
5. Your contact information

- Make copies of the Summary Letter to give to the parents during Module 6.

- Also, it is a good idea to make a copy of all the handouts given to the parents over the course of the Family Talk preventive intervention. You can offer them to the parents in Module 6, just in case any documents have been misplaced.

Parent Module: Review and Planning for the Future

OVERVIEW

• In Module 6, the primary goal is for you and the parents to review and discuss the family meeting together. Many things can happen in the family meeting, some expected and some not. This module allows you to help the parents consolidate the information that was discussed and make sense out of their experiences. The review of the family meeting often includes: hearing the parents' impressions of the family meeting; answering questions and clarifying puzzling interactions; helping with remaining or new problems; and reviewing the initial goals of the intervention in the context of the family's ongoing experiences. Going over the content of the family meeting helps the parents to understand and integrate new information into the family depression narrative.

• Encourage the parents to view the intervention as the beginning of an ongoing process. It is not expected that all concerns and issues can be adequately addressed in this short term preventive intervention, but it is likely that parents and youth have gained an enriched understanding of substance use disorder, developed improved communication skills, and learned new approaches to solving problems. This new knowledge and expertise will help the family continue to make progress and be prepared to handle new challenges once the intervention ends.

• Another important goal of this module is to help parents prepare for the future by focusing on how to build resiliency, discussing the importance of treatment for substance use disorder, and planning for future challenges. Also take time in Module 6 to help the parents develop a plan for holding family meetings at home in the future.

MODULE 6GOALS

- Review the Family Meeting
- Recap Family Goals and Accomplishments
- Planning for the Future
  - Build Resiliency
  - Understand Importance of Treatment
  - Prepare for Challenges
- Plan Future Family Meetings
- Post Assessment (optional)

MATERIALS

- Handouts and Worksheets: Summary Letter (written by the preventionist after Module 5), Building Resiliency Worksheet, 10 Ways to Build Resilience Handout, Future Family Meetings Handout
- Extra copy of the complete set of intervention handouts
- Questionnaires
- White board
- Pens and paper

PRIMARY ELEMENTS OF MODULE 6

CHECK-IN

- As in the previous modules, welcome the parents back to session. Take the time needed to answer questions, and help with any concerns. Discuss optional home activities that were completed or attempted, and review the session agenda for today.

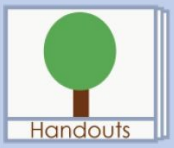
Building Parent Confidence:
As the intervention is nearing the end, it is a good idea to help build the parents' confidence at appropriate times throughout this module. This can be done by praising the parents for their accomplishments and reinforcing the parents' leadership role in the family (e.g., asking their opinion or what they would suggest first, deferring to their expertise when appropriate).

REVIEW OF THE FAMILY MEETING

Parents' Impressions

• Begin by hearing both parents' experiences of the Family Meeting. The views of the parents can be quite different in some situations. Encourage parents to speak freely about their overall impressions of the meeting - their thoughts, feelings and concerns that came up during the meeting and upon reflection afterward, and any specifics that stood out for them. It is helpful to ask parents if they feel there was something important left out of the Family Meeting. Also, inquire how the youth and other family members responded to the family meeting.

Preventionist Feedback



Summary Letter Handout:
Give an overview of your impressions of the Family Meeting using the relevant section of the Summary Letter. It is important to be positive and highlight successes. It is likely that a lot was accomplished, even if the exact Family Meeting Plan was not followed. Give praise to the parents for engaging in the Family Meeting, for areas of strengths that were shown by the family members during the meeting, and for attempts that were made to tackle challenging topics. When discussing strengths and resilient behaviors in the family, it is a good idea to first ask parents if they can identify these behaviors themselves.

• Some families engaged in problem-solving during the Family Meeting and came up with possible solutions. For these families, review attempts to implement solutions derived in the Family Meeting. You can use the Family Meeting section of the Summary Letter to help guide this discussion. For example, perhaps the family decided to distribute household chores differently to free up some parent time for a family outing on Saturdays. Inquire how the new chore plan worked and whether or not the parents would like to make any changes.

• Address parents' questions and concerns. It is important to clarify misunderstandings that might have arisen during the Family Meeting. You can also help make connections between problem areas that were discussed during the Family Meeting and substance use disorder symptoms. For example, explain the connection between a youth missing help with homework and a parent's fatigue due to substance use disorder.

REVIEW INITIAL GOALS AND ACCOMPLISHMENTS

• It is important to review the goals developed by the parents at the beginning of the intervention. You can use the Initial Goals section of the Summary Letter to guide this discussion. Be sure to list all of the goals, both the ones that have been met and the ones that have not yet been attained. Emphasize the positive gains, and take the opportunity to give

praise to the parents.

• Also, reassure the parents that it is expected that some goals will remain unmet and that there will still be unresolved challenges. This is to be expected given that severe stressors often accompany substance use disorder, and that the Family Talk preventive intervention is relatively brief. Sometimes parental expectations are very high, so it is important to acknowledge disappointments, normalize the desire to fix all problems, and ask the parents to accept the limitations of the intervention. If unresolved goals remain, problem-solving can occur regarding how the family can work towards achieving them. Encourage the parents to use the skills that they have learned to hold productive family meetings to work on these goals.

PLANNING FOR THE FUTURE

• Help the parents with the important task of planning for the future. In Module 6, this is done through building resiliency, reinforcing the importance of treatment, and preparing for future challenges. Be careful not to overwhelm the parents or have expectations that are too high, especially for the person recovering from substance use disorder. Most parents will only take in an idea or two. Tell the parents that this is an excellent starting point and represents significant progress.

10 Ways to Build Resilience Handout Building Resiliency Worksheet:
This is a good time to review the characteristics of resilient youth, with the focus on specific strategies parents can use at home to build strengths and aid in coping with future challenges. Since we know that youth have these characteristics, efforts to promote them should be encouraged. Parents who exhibit these characteristics will model healthy behaviors for youth and may also personally benefit.

1. Resilient youth are active and motivated. It is a good idea for parents and youth to try to be as active as possible to help promote resiliency. For example, family members can try getting involved in sports, neighborhood groups, clubs, leadership opportunities, dance, music, spending time with animals - anything that gets the parents and youth out of the house and doing things that they enjoy. These activities can be done individually or as a family. It is particularly helpful to get out and be active when feeling stressed. But, this is also the hardest time to get motivated to engage in activities! So, it helps to be prepared with ideas and encouragement from family members.

Getting Active Suggested Exercise:
Ask parents what simple, readily available, and inexpensive activities they and/or the youth enjoy, like reading a favorite magazine, walking the dog, listening to music, playing a family board game, etc. Ask parents to think about how to integrate such activities into their family routine, both as a way to increase positive mood and model the use of resiliency behaviors for the youth. It is ideal if these activities can also be done when a family member is feeling down. Write the activities on the white board, and encourage the parents to jot down the list on the Building Resiliency Worksheet so they have a copy to reference at home.

2. Resilient youth have close, confiding relationships. Social support is very important for well-being. Thus, encourage the parents to work on utilizing strong relationships that already exist, and building new social supports for themselves and the youth. It is important to remember to spend time with supportive family members and friends. One way to build new relationships is to look for places in the community to connect with like-minded people who enjoy doing similar things (e.g., join a local garden or hiking club, encourage youth to sign up for sports teams).

Building Social Support Suggested Exercise:
Ask the parents to think about any sources of social support that might be available to the family. Pay particular attention to re establishing strong relationships that were disrupted by the parental illness. Also think with the parents about new relationships that they and their youth are interested in establishing, or groups they would like to join (e.g., dance club). Make note of the social supports that the parents would like to re-build or establish for themselves and the youth on the white board, and encourage the parents to write the ideas down on their worksheet.

3. Another feature of resilient youth is their competence in self-understanding. Youths' self-understanding means that they recognize problematic areas in their lives, the causes of these problems, and any role they may play in maintaining these difficulties. Often youth do not have the ability to eliminate these difficulties, but they may be able to find ways of being helpful. For example, self-understanding in a youth of a parent with substance use disorder is shown by acceptance that the parent has an illness, understanding that the youth did not cause the illness, and support of the family while maintaining the youth's own relationships and activities. Some ways of improving self-understanding include talking with family or friends, engaging in therapy, reading and problem-solving.

VAnother way to build resiliency is to engage in additional skills-building. If the family has not already expressed interest or completed the Skills Module, now is a good time to offer it

to them. Ideally, parents and youth of an appropriate age will complete the skills-building sessions together. However, you can conduct the module with any assortment of family members, depending on particular family needs, as long as it makes clinical sense.

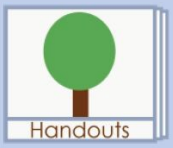
Inform the parents about the content of the module. Specifically, four key skill areas will be reviewed including problem-solving, cognitive restructuring, relaxation and getting active. These skills have been found to be effective in reducing symptoms of substance use disorder when used in cognitive behavior therapy protocols. Also, these skills are helpful for other clinical problems, like anxiety, and they help people to cope with everyday life challenges. Some of these skills will be new to family members; other skills have been touched on throughout the intervention, but they are covered in more depth in this module. If the parents express interest, you can schedule this meeting now. If the parents are not interested in the Skills Module now but expect they might have interest in the future, let them know they can contact you for more information or for a referral at a later time.

Importance of Treatment

● Remind the parents that being in treatment is an important component of recovery from substance use disorder or other problems. Some parents might still be in treatment, and they should be congratulated and encouraged to continue. Others might be in stable recovery, and should be congratulated. Remind parents that maintaining recovery for their substance use disorder or other concerns is one of the best ways to care for youth, and that early treatment for youth concerns is associated with better prognosis. Educate parents about different treatment options, such as, individual therapy, couples therapy, family therapy, medication management and parent training. Provide assistance with referrals as necessary.

Prepare for Future Challenges

● Ask parents if they know of any challenging situations that are coming up in the future, and discuss strategies with them for managing these concerns. For example, parents could be anticipating an elderly grandparent moving into the family home, and may be concerned about space as well as care-giving demands. Encourage the parents to use the problem-solving skills they have learned to develop plans to address these issues. The process of problem-solving together will give parents the confidence that they have the necessary strategies to manage future concerns. Try to have parents take a leadership role in these discussions, to highlight their ability to manage these concerns independently. As always, provide necessary assistance.



Future Family Meetings:
Tell parents that we hope the family meeting they just had can serve as a model for future, regularly scheduled, meetings

Future Family Meetings Cont'd:
At home. Review and discuss the Future Family Meetings Handout in order to give the parents some guidance regarding holding family meetings at home.

PLANNING FUTURE FAMILY MEETINGs

• There are several steps involved in planning for future family meetings. First, encourage the parents to decide together on a topic for their upcoming family meeting, and to find a meeting time that is convenient for all family members. This means that the family meeting should not be held at a time when an important activity for the youth is going on (e.g., a favorite TV show or sports practice). Second, it is important that all family members be present for the family meeting. Third, it is helpful if parents make a plan for the meeting that includes who will begin the meeting, and rehearse ahead of time what the parents want to say. If relevant, it is recommended that the parents tell their therapist that they are going to hold a family meeting.

• It is helpful to discuss with parents the key objectives of future family meetings on the topic of parental substance use disorder. Similar to the one completed with the preventionist, subsequent family meetings aim to reassure the youth that the family can function well despite parental substance use disorder, and that the parents are united in their focus on the youth's well-being. Remind parents that it is an ongoing process to make sense of parental substance use disorder within the family, and to continue to problem-solve ways to manage the effects of parental substance use disorder over time. Finally, successful family meetings allow all family members to talk in a safe, supportive environment. Encourage the parents to use the communication and problem-solving skills that they learned previously.

• Suggest to the parents that keeping a diary of family meetings can be very helpful, especially so plans can be documented in case they are forgotten. The diary also makes it easier to discuss family meetings that were held at home with the preventionist in the follow-up meeting.

Building Social Support in Family Meetings:
How to re-build and utilize sources of social support for family members is an excellent topic to suggest to parents for future family meetings.

Common Parent Concerns about Future Family Meetings

Youth will not be interested in participating

Suggest that the parents plan a conversation with the youth to discuss the importance of continued family meetings. The parents can ask the youth how they feel about continuing the family meetings at home. If the youth are reluctant, remind them that the goal of

the family meetings is to make things better for the youth at home. Parents can ask the children for topics that they would like to discuss, and try to use their suggestions for the first meeting.

The meeting will be too difficult to schedule
Ask the parents if they know of any time that the family is currently all together at home. Encourage the parents to be flexible about possibilities, and remind the parents that the family meeting does not need to be long. If the parents cannot think of a good existing time, help them to consider adjustments that they can make that would allow for a short gathering.

The meeting will be too stressful without preventionist support
Remind the parents to pick a single, manageable topic for the first family meeting, and to choose a topic that is important and relevant to the youth. Make sure that both parents agree on the topic, and the steps that they would like to take to address it. Parents can use the Summary Letter and the Future Family Meetings Handout to help them feel more confident. Remind parents that using praise and good communication skills will help family members to be more at ease.

PREVENTIONIST AVAILABILITY

● An important aspect of this intervention is the preventionist's availability to the parents for support and consultation in the future. Let parents know that they can call with a question, and that you are available to help in case of a crisis. We know from parents who have previously participated in this intervention that long-term preventionist availability has been extremely valuable to them, regardless of whether or not they choose to contact the preventionist.

● Remind parents that there will be a follow up meeting in approximately six months. The follow-up meeting gives the preventionist a chance to touch base and help the family with illness related concerns, review the information presented in the intervention, remind the family of their strengths and accomplishments, and reinforce their goals. It is a good idea to schedule this meeting now and plan to make a reminder call about the appointment. A face-to-face meeting is ideal, but a phone call might be a good alternative, depending on the circumstances.

POST INTERVENTION ASSESSMENT (Optional)

● It is an option to have parents complete post intervention questionnaires at the end of Module 6. In Appendix D, there is an example of a Parent Satisfaction Evaluation that is suitable for the end of the intervention. If symptom or functioning measures were completed at the beginning of the intervention, they can also be completed now to compare pre- and post-functioning. In addition, questionnaires can also be completed at the end of the follow-up in Module 7.

OPTIONAL HOME ACTIVITIES

• Offer the parents a full copy of all the worksheets and handouts from the intervention, in case they have been misplaced. Ask the parents to read the handouts and review the worksheets at home, especially during challenging times, to remind the parents of the things they learned during the intervention.

• Give the parents a copy of the Summary Letter that you prepared for them. This letter summarizes the family's initial goals, strengths, plans made in the Family Meeting, and your contact information.

• Encourage the parents to schedule, plan, and hold a family meeting that you can discuss with them at the follow-up session.

CHECK-OUT

• Provide a quick summary of the session content, and allow time for questions and answers. As always, try to end on a positive note, and thank the parents for their participation.

• Satisfaction questionnaire and post intervention parent questionnaires (optional)

PREVENTIONIST NOTES

• Be prepared that it can be hard to let the family go at the conclusion of the Family Talk preventive intervention. Trust that the family can use the skills they have learned to continue the process they have started and to manage difficulties that arise. Consider seeking supervision if it is a challenge for you to let the family go. Supervision in this situation can clarify whether your concerns are mostly due to your own worry, or reflect fragility in the family. In the latter case, you can consider a variety of possibilities including a referral to ongoing family or individual treatment.

• A very important part of this intervention is setting aside time now, and at the end of Module 7, to reflect on what was learned from working with each family and how this knowledge can inform your future practice.

Parent Module: Follow-up Meeting

OVERVIEW

• Welcome back! Most likely about 6 months have passed since you last saw the family, unless the parents requested your assistance to handle a problem that came up in the interim, or if they elected to participate in the Skills Module between Modules 6 and 7. The main objectives of this Follow-up Module are to reconnect with the parents and hear how the family has been doing, help with any problems they have encountered since the completion of Module 6, discuss family meetings, and review efforts to build resilience. In the Family Talk preventive intervention the Follow-up Module is a core part of the program. The gap between Module 6 and Module 7 allows the family time to work on things independently, but then in Module 7, the parents have the opportunity to meet with the preventionist and get assistance if necessary. The Follow-up Meeting helps to reinforce the family's positive, ongoing relationship with the preventionist.

• There are many benefits to the Follow-up Module. It gives parents the opportunity to continue the process of constructing a coherent family narrative that includes their experiences with substance use disorder. Parents are often better able to reflect on how substance use disorder has shaped their lives after they have some time to consolidate what they learned in the intervention. Other benefits of the Follow-up Meeting include reconnection with the preventionist, consolidation of learning, and gaining a sense of pride from completing the intervention and reflecting on family accomplishments.

• Like the family session, the Follow-up Meeting can take many forms. Some families will be doing very well, while others will have encountered problems and challenges (e.g., relapse, marital problems, a young person who has begun using

substances). Remember that this session provides an important opportunity for you to encourage hope and decrease parents' guilt and shame regarding the symptoms of substance use disorder.

MODULE 7 GOALS

- Review of Current Family Functioning
- Discuss Family Meetings
- Review Efforts to Build Resilience
- Evaluation of the Intervention

MATERIALS

- Questionnaires
- Pens and paper

PRIMARY ELEMENTS OF MODULE 7

CHECK-IN

- Welcome the parents back to the intervention, and take a bit of time to re-establish rapport, since you likely have not seen the parents for a number of months. Answer questions, help with any concerns, and review the session agenda for today.

REVIEW OF CURRENT FAMILY FUNCTIONING

- When reviewing current family functioning, it is important to take the role of a family historian. Help the parents to recap how the family was doing at the beginning of the intervention and the types of issues they were struggling with at that time. Also discuss their current functioning in light of the progress they have made over time. Emphasize what the family has accomplished over the course of the intervention, regardless of what has happened in the interval. Be mindful to take every opportunity to emphasize and articulate family strengths. It is helpful to also ask parents to tell you about strengths and resilient behaviors that they have noticed in family members.

• In responding to problems that the parents mention, empathize with their concerns and reassure them that it is normal for families to experience such challenges over time. Help the parents to put these problems in the context of new life circumstances and the developmental stages of the adolescent or young adult. For example, a parent experiencing a change of employment or a child leaving for college is expected to have significant effects on the entire family. It is often helpful to remind the parents to stay attuned to the youth's needs.

• There are a few common challenging situations that may arise in the Follow-up Meeting. These include relapse of a parent's substance use disorder, emergence of substance use disorder symptoms in the youth, and family communication and relationship challenges. An important role for you is to help families accept and cope with these problems. Below are suggestions regarding steps to take for each situation.

Relapse of a Parent's Substance Use Disorder

- Review the core symptoms that are present
- Help the parents accept disappointment, and remind them of their progress
- Review strategies that have worked in the past
- Reassure parents that they can still promote resilience in the youth
- Provide referrals or help parents reconnect with former providers
- Refer to Appendix C for information about Preventing and Opioid Overdose

Emergence or Progression of Substance Use in the Youth

- Praise the parents for recognizing the youth's symptoms
- Ask parents to describe the symptoms
- Inquire about environmental changes/stresses
- Recommend the parents seek evaluation
- Provide referrals
- Reassure the parents
- Refer to Appendix B for Symptoms of Substance Use Disorder, Risks for Substance Use in Youth, Setting Limits with Youth, and Evidence Based Treatments for Substance Use Disorder

Family Communication and Relationship Challenges

- Remember strategies that have helped in the past
- Help parents brainstorm new strategies
- Encourage the parents to pick a strategy, use it, and evaluate its' effectiveness

DISCUSS FAMILY MEETINGS

• Ask the parents if they were able to hold any family meetings since the last time that you met. If the parents did not hold any family meetings at home, offer them support and encouragement. If they did, inquire about how the meetings went, what topics were discussed, and how family members responded. Praise the parents for their efforts to hold family meetings at home. Answer any questions, help the parents if they had problems with a family meeting, and discuss ways to improve future family meetings. For example,

the parents may have tried to schedule a family meeting but found that the youth were unwilling to participate. In this situation, you could help the parents figure out why the youth were resistant and problem-solve how to make participation in the family meeting more appealing. Help the parents pick an easy, neutral topic for the first family meeting (e.g., how to exercise more as a family), and have the family meeting involve a fun event (e.g., going out for ice cream afterwards). Finally, if a family meeting diary was used by the parents, be sure to look at it during the session, and praise the parents for using the diary.

REVIEW EFFORTS TO BUILD RESILIENCE

• Ask parents if they had the opportunity to implement any resilience-building activities for the family that were discussed in Module 6. What have they tried? For example, have they tried to strengthen the parents' or the youth's social supports? Have they tried to get involved in more fun activities as individuals or as a family? If so, ask the parents how these efforts have gone. If the parents have implemented resilience-building activities, be sure to praise them for their efforts, and encourage them to continue. If the parents report that they have not, or have encountered obstacles, provide assistance.

• This is an appropriate time to offer a review of skills previously learned to improve family functioning, such as problem-solving and communication. For some parents who completed the Skills Module, you can also offer a quick recap of the additional skills learned to combat substance use disorder and other symptoms, such as thought restructuring and relaxation. If the parents have not completed the Skills Module, ask if they have interest at this point in time, or in the future. Proceed with scheduling if appropriate, or provide instructions on how to contact you in the future if they decide they would like to complete the module.

EVALUATION OF THE INTERVENTION

• As time has passed since the intervention, the parents have had the opportunity to consolidate new skills, integrate new information and reflect on the benefits and possible pitfalls of the preventive intervention. Thus, this is a good time to ask the parents' impressions of the intervention. Inquire about what they liked, ways that they and the youth found the intervention to be helpful, and also about aspects that were less helpful, or that were not helpful at all. It is a good idea to also ask parents how they feel the intervention could be improved. Reflecting on the intervention can highlight the family's progress in addressing the effects of substance use disorder, and may enable them to recognize positive growth in promoting strong family relationships and resilience. Asking parents their impressions of the intervention and how it can be improved is also helpful for the preventionist, as such feedback informs the preventionist's work with other families. These questions can be asked verbally or in questionnaire form.

CHECK-OUT

• Provide a quick summary of the session agenda, and answer any questions. Although the formal intervention has now been completed, remind the parents that you are available as a resource for future challenges. Make sure that the parents have your contact information. It helps the family to know that you are available and willing to be consulted should problems re-occur or new challenges develop. Remember to leave on a positive note!

• Satisfaction questionnaire (optional)

PREVENTIONIST NOTES

• If you take a new position or move, be sure to give your new contact information to the families that you have worked with through the Family Talk preventive intervention.

PREVENTIONIST HOMEWORK

• An important part of this preventive intervention involves setting aside time at the end of each intervention to reflect on what was learned from working with the family and how this knowledge can inform your future practice. Additionally, it is very helpful if each preventionist can take the time to complete a short evaluation of the intervention so the program can continue to be improved.

Many thanks!

Family Module: Building a Tool-kit of Skills for Health Promotion and Prevention

OVERVIEW

• In this module, we offer interested families an introduction to four types of skills that appear in evidence-based cognitive behavior therapy (CBT) interventions for substance use. Parents and youth are taught the skills together. When the parents feel ready, they are encouraged to take the lead in teaching and guiding the youth, with necessary support from the preventionist. Taking a leadership role allows parents to gain the skills and confidence to help the youth at home. The skills learned in this module are applicable to substance use and general life challenges.

• For which families is the Skills Module best suited? Parents might choose to participate in the Skills Module if they want family members to learn skills to cope with substance use or other challenges. They might also be motivated to learn skills to help prevent the onset or progression of such problems. Parents might elect to participate in the module so they can make an informed decision about pursuing skills-based treatment for themselves or for the youth. Also, the Skills Module can be a good fit if the focal parent wishes to complement an ongoing treatment with a different set of skills. As with all the modules, if a parent or youth is in treatment, the preventionist or parent should gain the treating therapist's support before proceeding with the Skills Module.

• For continuity in the Family Talk program, it is often best to conduct the Skills Module after Module 6 has been completed. However, it can be conducted at any point following Module 2, after parents have been introduced to the program, have learned basic information about substance use disorder, and have begun to share their experiences with substance use disorder. We encourage you to have an open dialogue with parents throughout the intervention, and if the parents are interested in the Skills Module, together you can choose

the most appropriate time to begin with the family.

• It is recommended that the Skills Module be delivered to the whole family so that parents and youth can learn the same skills, practice together and support each other. However, given the individual needs of families and the variety of challenges that they face, we encourage you to conduct this module in the manner that works best for the particular family, as long as it is clinically appropriate. Thus, the module might be conducted with only the parents, the parents and the youth, only the youth, or another type of grouping involving extended family.

• In this module we introduce the following skills: Relaxation, Getting Active, Problem Solving, and Cognitive Restructuring. It is important to take the time needed to learn each skill and allow for practice without overwhelming the family. Each family is unique in how quickly they learn the skills, depending on characteristics such as prior experience, learning styles, and the ages of the youth. If time constraints make it unrealistic to cover all of the skills in the module, it is fine to choose one or two skills to cover in-depth. The skills do not build on one another; they can be learned effectively in isolation.

SKILLS MODULE GOALS

- Understand Why Learning Skills is Important
- Learn and Practice Skills for Coping with Substance Use Disorder and Other Problems
  1. Relaxation
  2. Getting Active
  3. Problem Solving
  4. Cognitive Restructuring

MATERIALS

- Workbook
- Pens and Paper
- White board
- Handouts/Worksheets: Mood Thermometer Handouts (Blank and Pre-Labeled), Learning How to Relax: Deep Breathing Worksheet, Learning How to Relax: Progressive Muscle Relaxation Worksheet, Learning How to Relax: Imagery Worksheet, Getting Active Worksheet, Problem Solving Skills Worksheet, Cognitive Restructuring Handout
- Sample pictures of relaxing images
- Props for the Getting Active exercise (e.g., hula hoop, music, etc.)
- Mats or blankets

PRIMARY ELEMENTS OF THE SKILLS MODULE

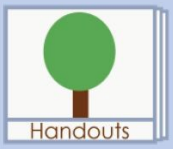
CHECK-IN

• The manner in which this Check-in is conducted will depend on the stage of the intervention that this module occurs, how long it has been since the family was last seen, and whether or not you have already met the youth. You might need to take a bit of time to continue building rapport, review previous session material, get caught up with the family after a break, or introduce yourself to the youth. Inquire if any previously raised concerns are being adequately addressed. If relevant at this point in the intervention, review home activities that were attempted or completed and provide assistance with challenges. Outline the session agenda for today, and answer any questions.

WHY LEARN SKILLS?

• The first task is to explain to the family the purpose of engaging in this module. Substance use disorder can disrupt a person's emotional self-regulation and interfere with skills to self-regulate. Learning skills to self-regulate is traditionally associated with treatment interventions because these techniques can help family members combat current problems. Specifically, in this module, the skills can help the focal parent cope with substance use disorder and related symptoms. However, learning skills is also relevant to prevention, as these skills can help family members to think and behave in ways that prevent problems from occurring in the future. Skills-building may be particularly important in families with parental substance use disorder , because these families are likely to experience higher levels of stress, and family members may be at increased risk for developing substance use disorder and related difficulties.

MOOD RATINGS



Mood Thermometer Handout – Blank or Pre-Labeled:
Before learning new skills it is important to introduce a strategy for evaluating their effectiveness. Introduce the Mood Thermometer as a way of quantifying the benefits of each skill. The Mood Thermometer provides a visual representation of increases and decreases in positive mood, just as a regular thermometer would show fluctuations in

Mood Thermometer Handout – Blank or Pre-Labeled Cont'd:
temperature. The idea of a Mood Thermometer also encourages family members to be aware of their internal states and to recognize when they might use skills to address decreases in mood. In this module, taking Mood Thermometer ratings before and after practicing new skills may be helpful in evaluating their effectiveness.

Acceptance of Mood Fluctuations:
It is a good idea to remind family members that it is natural and expected to experience fluctuations in mood, and it is important to accept negative moods if they occur, without being self-critical.

Suggested Mood Thermometer Exercise:
Take some time to go over the Mood Thermometer Handout, and be sure the family understands how to use it. A Mood Thermometer is read the same way as an old-fashioned mercury thermometer. For example, "10" represents a fantastic, happy mood, "0" represents a deep down, blue mood, and "5" represents a medium mood, or feeling pretty good. Next, have the family members practice using the Mood Thermometer. Ask each person to rate their current mood using the pre-labeled Mood Thermometer, rating it from fantastic (10) to deep down (1). If the labels do not feel appropriate, family members can use the blank Mood Thermometer and fill in more appropriate labels. For example, the labels could read super relaxed (0) to terrified (10), or calm (0) to furious (10). For more practice, you can also ask the family members to rate their moods at different points in time over the past few days, such as when they woke up or when they got home from school.

Helping Youth Use the Mood Thermometer:
Some youth may have difficulty grasping the idea that they can use the full range of the scale to rate their moods. For example, a youth may report that her current mood is a "10". This may be true, but it is a good idea to suggest that she compare her current mood here in the office to her mood last week at her friend's birthday party or another fun event when she was probably having a really fun time. This type of exercise can help youth to increase their emotional self-awareness and understand how to use the full range of the scale.

THE SKILLS: RELAXATION

● Begin by asking the family if they know what relaxation is. You can tell the family that being relaxed is when you have a cozy feeling, and your mind is free from worries. Your body feels loose and comfortable–not tense. You could give examples such as how you feel when you are lying on a couch in front of a fireplace on a quiet winter afternoon, or sitting by a lake at sunset on a summer evening. Relaxing images and settings vary from person to person, so it is a good idea to ask the family members what they find to be relaxing.

● There are many ways to help people to relax, and the most beneficial techniques vary from person to person. It is important to test out a variety of methods and find the best one for each individual. In this module, the family is introduced to three different Relaxation methods: Deep Breathing, Progressive Muscle Relaxation, and Imagery.

Deep Breathing

● On a daily basis, it is common for people to breathe shallowly and use only a fraction of their lung capacity. Although this is ok, relaxation in the body is enhanced through taking deep breaths that engage the diaphragm (a muscle under the lungs). Explain the following deep breathing steps to the parents and youth, and then practice together.

Deep Breathing Steps

1. Sit in a comfortable, quiet location free from as many distractions as possible. Some people find it helpful to dim the lights.
2. Begin breathing, thinking of making your belly rise as your lungs fill with air, like a balloon. When you exhale, the belly shrinks. It can help to actually feel your belly rise and fall by placing your hand on your abdomen during the exercise.
3. Pause after you inhale, then exhale. Lengthening inhale and exhale breaths is helpful to relaxation, and ideally, the "out" breaths take longer than the "in" breaths. Counting the seconds of inhale and exhale can help towards this goal. Encourage family members to pause between inhale and exhale stages of the breath. In other words, inhale (fill the belly with air), pause briefly while holding the breath, and then breathe out with a long exhale.
4. Repeat for approximately 10 deep breathing cycles

● It is a good idea for you to demonstrate the deep breathing steps, and then answer any questions.

Watch For Perfectionism:
Sometimes closely monitoring breathing can create tension or an overly perfectionistic approach. If you notice either of these things happening, help family members to just let the breathing happen without making a big effort. Remind them that there is no perfect way to engage in deep breathing. The goal is for the breathing to create positive, relaxed feelings, and this can take time and practice.

Suggested Deep Breathing Exercise:

Begin the exercise by having family members take a mood rating. Next, ask if the family would like the lights in the room to be dimmed. Have the individual lie on their back on a comfortable mat or blanket. You can lie down too and provide a model. Otherwise, look down or away, and not directly at the participants.

Instructions to the family: Breathe normally for a few breaths and then begin the deep breathing exercise. Put a hand on your belly so that you can feel it rise and fall with your breath. Inhale slowly, and feel your belly rise…2,3,4. Now your lungs are filled with air. Hold in your breath…and now exhale slowly…2,3,4,5,6. Make an effort to exhale for a longer time than you inhale. Now, again inhale slowly…feel your belly rise…2,3,4. Pause, hold it, now exhale slowly and feel your belly fall…2, 3, 4, 5, 6. Repeat these deep breaths 10 times.

Afterwards, take mood ratings for each family member and discuss their experience with the exercise. Answer any questions.

Relaxation Takes Practice:

Reassure the parents and youth that most relaxation techniques tend to feel strange at first, and it takes practice for them to actually help a person to feel relaxed. Let the family know that it is helpful to practice relaxation techniques during times of relatively low stress so that these skills can be applied effectively during stressful times.

Progressive Muscle Relaxation

• Another widely used relaxation method is Progressive Muscle Relaxation. Explain to the family that in this method, they will learn how to induce relaxation in the body, and highlight how different muscles feel when they are tense, or tight and hard, versus relaxed, or warm and tingly.

Progressive Muscle Relaxation Steps

1. Each major muscle group in the body is targeted one at a time, progressing through the body in any order, for example, from the legs to the buttocks to the belly to the neck and shoulders, and so on.
2. First the muscle group is tensed for 5 to 10 seconds, and then it is slowly relaxed. For example, the arms are tensed by making a tight fist and holding it; the tension is then released by letting the hand fall open.
3. Pair progressive muscle relaxation with deep, relaxed breathing.

Suggested Progressive Muscle Relaxation Exercise:

For this exercise, the family will follow along as you read the progressive muscle relaxation script. Take a mood rating from each of the family members. Dim the lights in the room to a level that is comfortable for the family. Ask family members to either lie on their back on a comfortable mat or blanket or sit comfortably in a chair. It is a good idea to participate and provide a model for the family. Afterwards, take a follow-up mood rating, and discuss how the family experienced the exercise.

• At the completion of the exercise, give the family the scripts so they can practice at home. There are also Progressive Muscle Relaxation exercises available online, so you can provide the family with appropriate websites that they can explore.

Imagery

• Imagery is another common relaxation technique. It involves developing a mental picture of something that you find relaxing, using multiple senses to make the image as rich and realistic as possible. It is important to personalize the image, as different people find different images to be relaxing.

• The image can be a person, place, an animal or a particular situation – anything that the person finds relaxing. Additionally, family members should attempt to develop a full mental picture of the image by utilizing all their senses, as this enhances the effectiveness of the image as a distraction and relaxation device. For example, if the image is a summer beach scene, in addition to the elements that are seen, such as ocean waves, sand, and colorful umbrellas, the person might also smell the salty ocean spray, feel the warm sand on their fingers, and hear the sea gulls calling.

Imagery Steps

1. Brainstorm relaxing images. Develop a list for each person in the family.
2. Choose the favorite images and write them down on the Imagery Worksheet. Ask each family member to choose an image that will be used initially for the imagery practice exercise. If the family develops a common relaxing image, such as a scene from a recent vacation, they can work together to develop this image.
3. Develop a full mental picture of this relaxing image, using all the senses (sight, sound, smell, touch, taste).

4. Pair imagery with deep breathing.

Suggested Imagery Exercise:
Begin by taking mood ratings from the family members to help evaluate the effectiveness of the imagery exercise. Next, dim the lights in the room to a level that is comfortable for the family. Ask the individual to either lie on their back on a comfortable mat or blanket or sit comfortably in a chair. Ask the family members to think about their relaxing image and remind them to engage all their senses. It is helpful for the preventionist to either participate in the exercise or look away from the participants to increase their comfort during the exercise. Afterwards, take another mood rating and discuss how they experienced the exercise

Other Relaxation Methods

● Discuss with the family that there are other methods to help with relaxation, and some examples include:

- Mindfulness training
- Meditation
- Yoga
- Exercise

● If time permits, you can brainstorm with the family and think about other ways to relax individually or as a family, and write them on a worksheet.

THE SKILLS: GETTING ACTIVE

● Physical activity can be a great way to emotionally self-regulate and support a family as they navigate substance use problems. Many people in recovery find being active very helpful, and youth who are active may be less likely to use substances that affect their breathing and ability to be active (e.g., using vaping, or smoking cigarettes or marijuana). Begin with an explanation of Getting Active, which means integrating more mood-elevating activities into daily life. Engaging in activities we enjoy improves our mood–and very simple and short activities can do the trick! These activities can be: 1) physical, like taking walks or shooting baskets; 2) social, like meeting up with friends; 3) artistic, like listening to music or painting; or 4) simple, pleasurable activities, like reading or baking. Having someone to encourage you to get active, or join you in the activity, is very helpful.

● Next, introduce the family members to a brief exercise that may help to show some of the benefits of being active. Typically, mood is elevated through engaging in short, energetic, fun activities. Ask the parents and youth to engage in a brief, activating task such as dancing to a favorite song, jumping rope, or doing jumping jacks as a way to illustrate how doing such behaviors, even very briefly, can improve mood. It is a good idea to model the activity

before asking the parents and youth to do it.

Suggested Getting Active Exercise:

First, ask the individual to rate their mood on the Mood Thermometer. Next, ask them to choose a brief, energetic activity that they will do for a minute or two, such as dancing, using a hula hoop, or blowing and catching bubbles. Have family members re-rate their mood at the end of the exercise. If moods improved, point out that this exercise illustrates that mood can be made more positive through being active, even for a very short time. Encourage the parents and youth to try this at home, especially if they are feeling down.

Activity Scheduling

● The Getting Active exercise hopefully illustrated that doing fun, short exercises can increase mood. However, engaging in enjoyable activities (e.g., taking a walk, playing with the dog, dance class) is often neglected in busy lives, and is especially difficult when some is experiencing depression or anxiety. Having a list of options available will make it easier to get started.

Suggested Activity Scheduling Exercise:

Using the whiteboard, help the parents and youth develop lists of desirable activities that are simple, readily available, and inexpensive or free. It is good to have a mix of activities - some active, some quiet, some social - so a range of options is available depending on what is desired on a given day. Family members can use the Getting Active Worksheet to document the lists. Some ideas include walking the dog, riding a bike, taking a warm bubble bath, calling a friend, playing cards with your spouse, taking a family hike, singing a song, or dancing with the family. Finally, engage the family in a discussion of ways to engage in these activities regularly, because it can be challenging to find time in families' busy lives. Discuss the challenges thoroughly. For example, if playing a family board game is an activity the family would like to do, then it is important to discuss times a busy family could play a game. Be creative - perhaps the family had not considered playing a boardgame during a weekend breakfast when everyone is home.

THE SKILLS: PROBLEM SOLVING

Explanation of Problem Solving:
Note that if parents have already completed Module 4, they will have a basic understanding of problem solving and will need less explanation in this module.

• Begin by describing what problem solving is and why it is important to improve this skill. Explain that problem solving is a structured and productive way to approach life problems that helps to generate realistic and desirable solutions. It is a valuable life skill that can be useful on a daily basis to address a variety of different problems. When you are faced with a problem and you feel stuck, you might feel frustrated and out of control, and this can lead to emotional and practical hardships. Being able to figure out a solution is an enormous relief. There are numerous ways to improve problem solving skills, and one method will be described below.

Problem Solving Steps

1. Define the problem: Identify and define the problem of focus. Be as specific and concrete as possible, and try to get to the heart of the problem. Often large problems or ones that are too general, can be broken down into smaller parts in order to find a problem that is within your control and solvable. For example, the problem "my parents do not care about me" is very general and could be changed to, "my parents don't help me with homework anymore." It is important for family members to agree on the exact definition of the problem.
2. Brainstorm possible solutions: Brainstorming is a free flow of ideas, including both reasonable and unreasonable options. It is helpful to include what first comes to mind, whether or not it seems like a good idea. Write down all the possible solutions and do not edit the possibilities. If you have difficulty coming up with ideas, you may ask yourself "What are some of the WORST things we could do?" Then ask yourself, "What are some of the BEST things we could do?"
3. Consider pros and cons of each option: Consider the expected good features and bad features of each possible solution if it was put into practice.
4. Choose an option to try, evaluate, and try again if necessary: Finally, based on the analysis of pros and cons, choose the solution that seems best, give it a try, and evaluate the outcome. If it works well, great! You're done! If it is not working well, try an alternative option from the brainstorming list.

Suggested Problem Solving Exercise:
Practice problem solving skills using the Problem Solving Worksheet. Help the family choose a problem that is relevant and brainstorm possible solutions. In the beginning, encourage the family to choose

Suggested Problem Solving Exercise Cont'd:
problems that are mild in severity and have ready solutions so it is easier to learn the steps. As noted above, be mindful that some problems will need to be carefully defined, either because they are too general or not solvable as stated. A common family problem that is very relevant to this intervention concerns how to improve family communication. For example, a problem could be "In our family people do not share their concerns, and all of a sudden someone gets upset and explodes." Support the family in using the steps until everyone understands them.

Parents as Leaders:
As much as possible, coach the parents in how to help the youth learn the problem solving steps instead of intervening yourself so the parents gain confidence that they can help the youth with the steps at home.

THE SKILLS: COGNITIVE RESTRUCTURING

• Begin with an explanation of cognitive restructuring and why it is an important skill to learn. First ask the youth if they know what cognitions, or thoughts, are, and if they understand the difference between positive thoughts and negative ones. Cognitive restructuring means changing the way you think, and this is helpful when you have negative thoughts that you would like to change. Explain that how we think has a significant effect on how we feel, and how we feel has a significant effect on how we behave. So, if we can change the way that we think about ourselves and situations in our lives, we can help ourselves feel better and behave in positive ways .

• The first step in changing negative thoughts is to pay attention to when they occur and label them as such. Negative thoughts come automatically, and we can get so used to having them that we do not always recognize them. Unfortunately, those negative thoughts can still have a negative effect on our moods, anxiety level, and behaviors, including use of substances.

• You can tell the family that there are things that can be done to lessen the impact of negative thoughts. They can be challenged with realistic countering evidence. For example, the negative thought that "I'm going to fail the test tomorrow!" could be countered with, "No, actually I studied hard, and I know at least some of the material very well". They can be re-worked into a more positive thought by noticing something good in the situation. For example, the negative thought "I'm so mad and upset that my mom won't take me to my friend's house" could be re-worked into, "But I guess that means that I have time to work on my big project that is due next week". Negative thoughts can also be imagined as floating away like a fluffy, white cloud on a windy summer day.

• There are a number of automatic negative thoughts that are especially common in people who have depression, anxiety and substance use disorder. Explain each of the negative thoughts below and how to change them into more positive and realistic thoughts.

Blaming yourself

• Sometimes people blame themselves for negative outcomes instead of making a realistic assessment of blame. For example, blaming yourself would involve thinking, "The argument was totally my fault," instead of thinking, "My friend really pushed my buttons earlier, so we both had a role in the argument."

Neglecting to examine the evidence

• Neglecting to examine the evidence occurs when people think about a situation and forget to look at the evidence for positive or realistic facts. For example, neglecting to examine the evidence would involve thinking, "I'm going to fail the test tomorrow," instead of realizing, "No, actually I studied hard, and I know at least some of the material very well."

Forgetting about the good parts

• Forgetting about the good parts involves seeing only the negatives instead of the positives in situations that have already occurred. For example, seeing just the negatives would involve thinking, "I met my friend at a movie last night who I really wanted to see. Stupidly I forgot my credit card, and my friend had to cover for me again. That wasn't very smart, and it ruined the whole night." Remembering the positives would involve thinking, "I'm happy that my friend and I had a chance to go together to see a movie that we were really excited about.

Expecting a negative outcome

• Sometimes people expect a negative outcome in the future despite the fact that the outcome is not certain. Expecting a negative outcome would involve thinking, "I have a big presentation coming up at work and it is going to be terrible. My boss will be embarrassed. I don't want to do it. Maybe I will call in sick." Instead you could think something neutral or positive, such as "It's going to be stressful, but I've been practicing and I might just do ok."

Catastrophizing

• Catastrophizing means blowing a situation out of proportion instead of accepting that, even if everything did not go as planned, the outcome was not disastrous. An example of catastrophizing is thinking, "That dinner was horrible! Everything went wrong from the beginning! When the guests arrived my dog scared my boss' wife, dinner was late, and I forgot the bread. My husband says it was great, but he had to be lying to make me feel better." Instead you could think, "Well, that dinner did not go as I had planned, but the guests seemed happy and my husband gave me a complement so it really was not so bad."

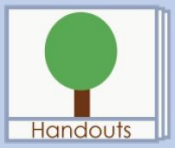
Black and white thinking

• Black and white negative thinking means thinking that things are all bad instead of seeing that most situations or people have good and bad in them. An example of black and white thinking is, "I hate my teacher, and I will never be able to get along with her. There is nothing

good about her." This thought could be replaced with, "My teacher is strict and grades very hard, but on the other hand, she is knowledgeable and teaches me a lot of interesting things."

Ruminating

• Ruminating involves replaying negative thoughts in the mind in a non-productive manner. For example, ruminating involves thinking over and over, "I'm going to make a fool out of myself at the party. I'm going to be standing alone, and I won't have anyone to talk to. I'm going to feel terrible. I'm just going to want to leave." Instead you could think, "Okay, these negative thoughts are not helping me at all, and they are just making me feel bad. I need to focus on active steps that I can take to make this evening enjoyable, like bringing along a friend so I won't feel lonely."



Suggested Cognitive Restructuring Exercise:
As a way to get the parents and youth involved in more discussion about negative thoughts and cognitive restructuring, ask them to suggest some negative thoughts that they experience themselves or notice in their family members, and write them on the white board. Next, ask the parents and youth to label the type of negative thought and then help them come up with alternate thoughts that are more realistic and positive. For example, a negative thought such as "I always mess up on tests, I am such a failure" (Catastrophizing), could more realistically be changed to, "I do get nervous and have trouble with some tests, but I have to remember that last month I got an A on my math test, which shows I'm a pretty good student."

SKILLS SUMMARY

• At this point, discuss with family members the skills learned in this module, and ask the parents and youth which skills they found to be the most helpful. This provides a good learning check and opportunity for review. Help the family members fill in any gaps, and answer any questions.

• For some individuals, a full course of CBT or other evidence-based treatment for substance use disorder (or associated depression or anxiety) might be helpful now, or in the future. This is a good time to discuss this possibility with the parents, and provide referrals if the parents are interested in treatment for themselves or the youth.

OPTIONAL HOME ACTIVITIES

1. Suggest that the parents and youth practice the relaxation methods individually, or

as a family. Remind the family that these methods can be tricky to learn, and it may take awhile to feel comfortable with them and to find them helpful in creating relaxation. Let the family know that if a method is given a good chance and it still doesn't feel helpful, it's time to try a different relaxation approach.

2. Remind the parents and youth to review their list of pleasant activities and try to engage in one a day, even if only for a short time. Family members should work together and help each other do the activities when appropriate. For example, everyone could take a family walk after dinner.

3. Suggest that family members remember and use the problem solving steps when confronted with difficult situations. Remind the parents and youth to refer to the Problem Solving Skills worksheet if they need help remembering the steps.

4. Encourage family members to notice and restructure negative thoughts. One idea is for individual family members to keep a cognitive restructuring journal in which they can jot down thoughts and feelings as they experience them. They can label their thoughts as positive or negative, and work at modifying the negative thoughts into more positive and realistic ones.

CHECK-OUT

● Provide a quick summary of the session content, and allow time for questions and answers. Emphasize that this module has provided an overview of many techniques that promote mental health, that are included in many different treatment and prevention approaches for depression, anxiety or substance use disorder, and that many people have found helpful. Remind families that they can learn more about any of these skills in the future, with the support of a therapist. Congratulate the family, and end on a positive note.

● Satisfaction questionnaire (for parents, optional)

Shifting the Focus Module

INTRODUCTION

• The primary purpose of this module is to help prepare families to use the Family Talk intervention when families are presenting for assistance for issues other than parental substance use disorder. Family Talk was originally developed for families in which one or more parents have depression, and it has also been used successfully with families in which a parent suffers from a different type of psychological or medical problem, such as substance use or breast cancer. A core feature of these families is their awareness that parental illness is affecting the family. Thus, the Family Talk approach in its original version was written for families that chose to participate in this intervention, because the parents understood that their illness was affecting the family. It often took these families a long time to decide to engage in Family Talk.

• This module focuses on families that seek mental health or primary care services for reasons other than parental mental illness, although this and other difficulties may play a key role. It is often necessary to spend some time preparing families for Family Talk, which involves explaining how parental symptoms, illness, or other difficulties affect families in general, as well as their family specifically. It is also important to shift the focus from the youth as exclusively the identified problem to introducing other important factors in the health of the family, particularly parental illness. In addition to the guidelines presented below, clinicians may profit from background or training in working with families. As with the use of Family Talk or any other family-focused intervention, experience in working with families is helpful and training in one particular intervention strategy is not a substitute for comprehensive training in how to understand and work with families.

• As is the case for Family Talk as it was originally developed, it is important to keep in mind that Family Talk does not provide treatment for the parents or directly for the youth; rather it addresses the youth's needs by helping the parents to be more effective in their parenting role and enhancing family understanding and communication. In fact, in Family

Talk treatment for individually identified members of the family (either parents or youth or both) is often a part of the overall approach.

In What Clinical Situations would this Preparatory Work be Useful?

● A typical situation when it would be important to prepare for Family Talk occurs when families seek individual treatment for a youth with a psychological or medical issue and it becomes evident that a parent is in distress. In such situations, a parent's symptoms or illness could be playing a role in how the youth is functioning, and in fact may inhibit the youth's response to individual therapy due to a lack of parental monitoring or increased stress at home. Additionally, primary care doctors or pediatricians who are caring for a youth or family member's medical illness may become aware that the family is struggling due to the additional burden of parental illness. This is particularly true when management of the youth's medical illness is challenging (e.g., diabetes), or influenced by stress (e.g., Irritable Bowel Syndrome, or IBS). For example, diabetes management involves organization and frequent monitoring, and this can be challenging when a parent's functioning is reduced due to their own symptoms (e.g. fatigue, poor concentration). In the case of IBS, the symptoms of this illness are exacerbated by stress, and parent's symptoms are likely to increase the chaos and expression of negative affect in the family.

● In all of the above situations, parents may not be aware of the effects of their illness on their adolescent or young adult children, or may feel overwhelmed by this possibility. It is thus important to help parents recognize that addressing the effects of parental illness on the youth and family may ultimately promote better family functioning.

Why Can it be Difficult to Shift the Focus?

● There are a number of reasons why this shift of focus can be difficult for parents. Some parents may never have considered that their symptoms affect the youth and other family members. This can be particularly true when parents struggle with internalizing symptoms, as they may think that problems such as excessive fatigue or withdrawal do not harm anyone. However, the interpersonal nature of internalizing symptoms actually can have significant effects on youth in the home.

● Also, while parents may feel ready for their adolescent or young adult children to be the focus of treatment, they may feel overwhelmed by the suggestion that they think about and address the effect of their own symptoms on family members. This may be particularly challenging when parents have not been in individual treatment before. Parents may not know what to expect when considering the possibility of talking to the youth about their symptoms, causing anxiety and other related emotions. Parents may feel defensive, or that their authority is being questioned, in response to the suggestion that they address the effect of their symptoms on the youth.

What Does Preparation for Family Talk Involve?

• **Take time to prepare the family:** First, it is important to give the family the time they need to adequately prepare for Family Talk. This intervention is arranged in modules, not sessions, to emphasize that all families are different, and it can take varying amounts of time to work through the material presented in the modules. Likewise, it will take varying amounts of time to prepare different types of families to engage in the Family Talk intervention. It will likely take less time to prepare families that already have acceptance and insight regarding the role of parental illness on the youth and families' functioning. One major risk of rushing the preparation phase is overwhelming the family so that they are unable to attend to the intervention. Family members might become overwhelmed because they have too many other concerns to manage (including care for the youth), because of extraordinary stresses on the family (unemployment, homelessness, family breakup), because they do not fully understand the tasks involved in Family Talk, or because they might be frightened to commit. It is critically important to take the time needed to fully explain what is involved in Family Talk, reassure family members about their concerns, and build their confidence. Family Talk only works when the families voluntarily agree to do it, and it works best when the families are motivated. It is almost always necessary to introduce Family Talk and its potential benefits over several sessions before the parents and family are ready to commit and engage.

• **Not during crisis:** As with the original Family Talk intervention, this approach should not be used during a time of crisis. During such times, the primary treatment team or therapist must help the family work through the crisis and reach stabilization. Once stabilized, Family Talk preparation can begin. It is important to note that both the parents and clinician need to be in agreement regarding how "crisis" is defined, and what kind of crisis warrants putting the start of Family Talk on hold. Given the stressful life situations of many families who would profit from Family Talk, daily crises are common but do not always need to impede treatment progression.

• As an example from pediatric primary care, for the Saez family, Family Talk seems like the perfect fit. Eduardo is 14-years old and suffers from severe asthma, requiring frequent emergency room visits and occasional hospital stays. His parents, Ricardo and Maria, are very concerned about Eduardo's health, but Ricardo works security on the night shift, and Maria struggles to juggle her work in retail with caring for Eduardo and his two younger sisters. Maria also is in recovery from severe alcohol use disorder and has struggled with mild depression in recent years. She is sometimes unable to get out of bed, causing her to miss work shifts and requiring Ricardo to tend to the youth during the day, rather than sleeping before his next night shift. With all the stress in this family, Eduardo's asthma remains uncontrolled and he is now afraid to be away from the house. Eduardo's pediatrician suggests Family Talk to the Saez family, hoping that this intervention will help Ricardo and Maria to better address Eduardo's need for proper medication management. On the day that Ricardo and Maria are first scheduled to meet with the Family Talk team, Ricardo arrives 20 minutes late, with his young daughters in tow, and reports that, only three weeks after his last hospital stay, Eduardo is again in the hospital on oxygen, and Maria is with him. Maria has not been sleeping or eating well for the past two weeks, and

Ricardo is feeling entirely overwhelmed. The Family Talk team listens to Ricardo's story and suggests that, before beginning the Family Talk intervention, some crisis intervention is required. The clinician first asks Ricardo who is treating Maria's mental health concerns, and then sits with Ricardo as he places a call to the community health center that manages her medical care. The clinician then encourages Ricardo to contact a neighbor, who agrees to watch the little girls so that Ricardo can return to the hospital. Ricardo agrees to contact the Family Talk team once Eduardo is discharged from the hospital and Maria's mental health problems are better managed. The clinician takes Ricardo's cell phone number and says he will call him the next day to see how the family is doing. Later, after the family stabilizes, they are able to participate in Family Talk.

- **Explaining the connections:** An important part of preparation for Family Talk is providing general education about how family members influence each other and the different ways in which parental illness can affect youth. For example, parents who are struggling with their own illness are less able to attend to their youth's behavior, adequately monitor youth, and help youth with therapy homework and goals. Also, families with parental illness are likely to have poorer communication and higher levels of stress, both of which can intensify youth's stress and negative emotions. Family Talk aims to help parents understand the effects of their illness on their adolescent and young adult children, and to learn strategies to support resilience in youth despite their personal struggles, so that they are able to parent more effectively. Let the parents know that the unique effects of parental illness on an individual family will be explored in detail in Module 1 of Family Talk.

Difficulties with Engagement

- Sometimes, it can be challenging to prepare families for Family Talk, and each family member's readiness must be assessed. It is often necessary to spend some extra time helping parents to accept the role of parental illness in a youth's functioning. It is important to consider ways of engaging parents when they may have difficulty shifting the focus from the youth's individual concerns to broader family concerns associated with parental symptoms.

- Consider, for example, the Brown family that presents for therapy services because of 16-year-old Peter's aggressive behavior toward his younger brother, Phil, and peers. After three months of individual youth and family sessions, including intensive anger management sessions for Peter (e.g., interpretation of emotions and behavior, building empathy and emotion regulation skills), the therapist suggests to Jenna, Peter's mom, that the family may benefit from participating in the Family Talk intervention. This recommendation is based on information gathered while taking a family history; Jenna's moderate depression and history of substance use disorder could be inhibiting the success of the therapy services. Naturally, Jenna, who initially sought intervention to manage her child's aggression, may feel defensive and wary of turning the focus of the intervention from the youth's behavioral difficulties to her own mental health concerns.

Motivational Interviewing

• One approach to supporting parents' motivation to change is to borrow concepts from motivational interviewing. Motivational interviewing techniques are consistent with good clinical practice and have been used widely to help move people through the stages of behavior change. Motivational interviewing is a person-centered, directive method of communication that aims to enhance one's intrinsic motivation to change by exploring and resolving ambivalence. Through a collaborative conversation, such techniques help people to recognize that there is a gap between their current situation and their goal, or ideal situation. When people recognize that the benefits of behavior change outweigh the stresses of making that change, in terms of reaching their goals, then they can begin to accept the need for change.

• There are several key principles of motivational interviewing that may be helpful in supporting parents as they consider the effects of their own mental health concerns on their adolescent and young adult children:

1. Express empathy: Through reflective listening, communicate an understanding of the parents' thoughts and feelings.
2. Note a discrepancy between the current situation and the ideal situation: Help parents recognize that their current symptoms are impeding their ability to achieve their goals/ideals.
3. Avoid argumentation: Refrain from directly challenging parents about their beliefs.
4. Encourage self-efficacy: Support parents' belief that they have the ability to change and work toward their goals.

• In the case of parents who are resistant to shifting the focus from the youth's symptoms to considering the effects of their own symptoms on the youth, motivational interviewing techniques can be quite helpful. If parents can be helped to articulate their own goal (e.g., "have less fighting in our house"), and can begin to see that their own symptoms get in the way of achieving that goal (e.g., "when I'm irritable I am more likely to argue with my spouse and other family members"), then they can be coached to accept the benefits of the Family Talk intervention in helping them to achieve their goal.

• Several strategies may be helpful in engaging parents who are reluctant to shift the focus from the youth's concerns to considering the effects of their own symptoms on the youth and family. A few of these strategies are listed below:

1. **Ask open-ended questions**: Avoid yes/no questions (e.g., do you think your child knows about your drinking?) and instead use open-ended questions (e.g., how do you think your child views your difficulty waking up in the morning?).
2. **Use active, reflective listening:** Encourage parents to share their thoughts/feelings with you by maintaining eye contact, nodding, smiling, and leaning forward when listening. Summarize what you hear from parents, and affirm their feelings.
3. **Elicit self-motivational statements:** Help parents to identify and state their goals, and their motivation for achieving those goals.
4. **Balancing the positives/negatives:** Support parents in weighing the pluses

and minuses of shifting their focus to look at the role of their own symptoms in supporting the youth's difficult behaviors.

• In talking with Jenna Brown about the Family Talk intervention, a clinician might meet alone with her and inquire gently about the nature of any conversations she might have had with her adolescent or young adult children about her own struggle with substance use. What does she think they have noticed about her behavior? How does she think they interpret her inability to get out of bed when depressed? Does she think they are affected by her history of substance use disorder? A clinician should allow Jenna the time she needs to think through these issues, and should provide support and encouragement to her as she begins to understand that, although Peter has his own struggles, parental issues may make it more difficult for him to make positive behavioral changes. Importantly, parental issues may also impede her ability to effectively achieve her own parenting goals. In addition, Peter's behaviors, combined with parental issues, may create an environment that is especially challenging for Phil. With patience and reassurance, a clinician can support Jenna in stating her goals ("I want my children to feel safe in our home; I want them to understand that, when I'm sleeping too much, it's not because I don't love them but because I have an illness; when I seem like I am overreacting when I ask about whether they have ever drunk alcohol, it's because I worry they will have the same struggles that I did"). They can also help her to accept that adding the Family Talk intervention to Peter's therapy services may ultimately help their entire family to function more effectively.

• There are several additional strategies that may be helpful in working with parents to overcome resistance when confronted with the idea of addressing the effects of parental mental illness on youth in the home. A few of these strategies are listed below:

1. **Simple reflection:** Simply acknowledging the parents' disagreement, emotion or perception
2. **Clarification:** Verifying that your understanding matches the parents' perceptions
3. **Shifting focus:** Shifting the parents' focus away from a stumbling block
4. **Emphasizing personal choice and control**: Assuring the parents that, in the end, they decide what happens in family sessions, and they determine whether or not Family Talk is appropriate for their family

Please see the online resource: http://www.motivationalinterview.org/

LESSON SUMMARY

In the Shifting the Focus module, we discussed clinical situations when it is important to shift the focus from a youth-related medical or psychological problem to a more parent and family-focused concern. This shift in focus can be challenging for families. We discuss important clinical elements to consider when making this shift, such as taking adequate time to prepare the family and avoiding times of crisis. For some families, more intensive strategies may be needed, such as those associated with motivational interviewing.

REFERENCES

Beardslee WR, Gladstone TRG, O'Connor EE. Transmission and Prevention of Mood Disorders Among Children of Affectively Ill Parents: A Review. *Journal of the American Academy of Child and Adolescent Psychiatry, 2011;50:1098-1109.*

Beardslee WR, Gladstone TRG, Wright EJ, Cooper AB. A family-based approach to the prevention of depressive symptoms in children at risk: Evidence of parental and child change. *Pediatrics*. 2003;112(2):119-131.

Beardslee WR & Podorefsky D. Resilient adolescents whose parents have serious affective and other psychiatric disorders: The importance of self-understanding and relationships. *American Journal of Psychiatry.* 1988;145:63-69.

Beardslee WR, Wright EJ, Gladstone TRG, Forbes P. Long-term effects from a randomized trial of two public health preventive interventions for parental depression. *Journal of Family Psychology.* 2008;21:703-713.

Beardslee WR, Wright E, Rothberg PC, Salt P, Versage E. Response of families to two preventive strategies: Long-term differences in behavior and attitude change. *Journal of the American Academy of Child and Adolescent Psychiatry.* 1996; 35: 774 782.

Buckner JC, Mezzacappa E, Beardslee WR. Self-regulation and its relations to adaptive functioning in low income youths. *American Journal of Orthopsychiatry.* 2009; 79(1):19-30.

Demaso DR, Marcus NE, Kinnamon C, Gonzalez-Heydrich J. Depression experience journal: a computer-based intervention for families facing childhood depression. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2006;45(2): 158-65.

England, M.J, & Sim, L.J. 2009. *Depression in parents, parenting, and children: Opportunities to improve identification, treatment, and prevention*. Washington, DC: National Academies Press.

Gellaitry G, Peters K, Bloomfield D, Horne R. Narrowing the gap: the effects of an expressive writing intervention on perceptions of actual and ideal emotional support in women who have completed treatment for early stage breast cancer. *Psycho-Oncology*. 2010; 19(1): 77-84.

Hoffmann JP, Cerbone FG. Parental substance use disorder and the risk of adolescent drug abuse: an event history analysis. Drug Alcohol Depend. 2002;66(3):255-64.

Hudson JL, Kendall PC. Showing you can do it: Homework in therapy for children and adolescents with anxiety disorders. *Journal of Clinical Psychology.* 2002; 58(5): 525 534.

Institute of Medicine. (2004). Risk and protective factors for the onset of mental disorders: Depressive disorders. In *Reducing risks for mental disorders: Frontiers for preventive intervention research* (pp. 163-171). Washington, D.C.: National Academy Press.

Mars B, Collishaw S, Smith D, Thapar A, Potter R, Sellers R, Harold GT, Craddock N, Rice F, Thapar A. Offspring of parents with recurrent depression: Which features of parent depression index risk for offspring psychopathology? *Journal of Affective Disorders*. 2012; 136(1-2):44-53

Masten AS. Resilience in developing systems: progress and promise as the fourth wave rises *Developmental Psychopathology*. 2007; 19(3):921-30.

"Mental Health and Substance Use Disorders | MentalHealth.Gov," March 2019. https://www.mentalhealth.gov/what-to-look-for/mental-health-substance-use-disorders.

Nargiso JE, Ballard EL, Skeer MR. A systematic review of risk and protective factors associated with nonmedical use of prescription drugs among youth in the United States: a social ecological perspective. J Stud Alcohol Drugs. 2015;76(1):5-20.

National Institute on Drug Abuse. "Addiction Medications." Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide, January 2014. https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/evidence-based-approaches-to-treating-adolescent-substance-use-disorders/addiction-medications.

National Alliance on Mental Illness. "Anxiety Disorders | NAMI: National Alliance on Mental Illness," December 2017. https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Anxiety-Disorders.

———. "Depression | NAMI: National Alliance on Mental Illness," August 2017. https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Depression.
Mayberry ML, Espelage DL, Koenig B. Multilevel modeling of direct effects and interactions of peers, parents, school, and community influences on adolescent substance use. J Youth Adolesc. 2009;38(8):1038-49. Epub 2009/06/12. doi: 10.1007/s10964-009-9425-9. PubMed PMID: 19636769.

National Center on Substance Abuse and Child Welfare. "Handout: Factors Influencing Potential for Substance Use." Substance Abuse and Mental Health Services Administration, n.d. https://ncsacw.samhsa.gov/files/TrainingPackage/MOD2/FactorsInfluencingPotential.pdf.

National Institute on Drug Abuse. "Treatment Approaches for Drug Addiction," January 2019. https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction.

Patnode CD, O'Connor E, Rowland M, Burda BU, Perdue LA, Whitlock EP. Primary care behavioral interventions to prevent or reduce illicit drug use and nonmedical pharmaceutical use in

children and adolescents: a systematic evidence review for the U.S. Preventive Services

Prevention Coalition, The. "Risk Factors for Drug Abuse | The Prevention Coalition." Accessed April 30, 2020. http://thepreventioncoalition.org/drug-use-the-bare-facts/risk-factors-for-drug-abuse/.

Rees CS, McEvoy P, Nathan PR. Relationship between homework completion and outcome in cognitive behaviour therapy. *Cognitive Behaviour Therapy*. 2005;34(4): 242-247

Smyth JM, Hockemeyer JR, Tulloch H. Expressive writing and post-traumatic stress disorder: effects on trauma symptoms, mood states, and cortisol reactivity. *British Journal of Health Psychology*. 2008; 13(1):85-93.

Shorey RC, Fite PJ, Elkins SR, Frissell KC, Tortolero SR, Stuart GL, Temple JR. The association between problematic parental substance use and adolescent substance use in an ethnically diverse sample of 9th and 10th graders. J Prim Prev. 2013;34(6):381-93. doi: 10.1007/s10935-013-0326-z.

Trow, Heidi. "Warning Signs of Substance Misuse and Substance Use Disorder." Text. National Association of Addiction Treatment Providers, April 5, 2019. https://www.naatp.org/consumer-resources/signs-of-substance-abuse.

United States Preventive Services Task Force. Primary Care Behavioral Interventions to Prevent or Reduce Illicit Drug Use and Nonmedical Pharmaceutical Use in Children and Adolescents: A Systematic Evidence Review for the U.S. Preventive Services Task Force. Ann Intern Med. 2014;160(9):612-20.

Weissman MM, Wickramaratne P, Nomura Y, Warner V, Verdeli H, Pilowsky DJ, Grillon C, Bruder G. Families at high and low risk for depression: A 3-generation study. *Archives of General Psychiatry*, 2005; 62(1): 29-36.

APPENDIX A

Preventionist Tracking Forms

Modules 1-4

Possible Family Meeting Topics Tracking Form. 107

Module 1

Important Family Details Tracking Form. 109
Strengths, Concerns and Goals Tracking Form. 110

Module 4

Family Meeting Plan I Tracking Form. 111
Family Meeting Plan II Tracking Form (includes problem solving). 113

Module 5

Summary Letter Template. 115

Preventionist Tracking Form: Possible Family Meeting Topics

● An important goal of modules 1 to 4 is to be mindful when topics come up concerning the family's experience with substance use (or other mental health-related concerns) that could be discussed in the family meeting. It is a good idea to keep a list of these topics, as well as issues to keep in mind that are related to different topics. When it comes time to prepare for, and conduct the Family Meeting in Modules 4 and 5, it is very helpful to refer back to your notes from earlier modules that highlight relevant issues. From this list, with the help of the parents and youth, you can choose one or more topics for the Family Meeting.

Possible Family Meeting Topics and Notes

1.

Raised by:
Issues to consider regarding this topic and other notes:

2.

Raised by:
Issues to consider regarding this topic and other notes:

3.

Raised by:
Issues to consider regarding this topic and other notes:

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Preventionist Tracking Form: Possible Family Meeting Topics Cont'd

4.

Raised by:
Issues to consider regarding this topic and other notes:

5.

Raised by:
Issues to consider regarding this topic and other notes:

6.

Raised by:
Issues to consider regarding this topic and other notes:

7.

Raised by:
Issues to consider regarding this topic and other notes:

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Important Family Details

● Building rapport with the family is an essential component of the intervention, and remembering important family details is one way to help build rapport. It shows that you listen, understand, and care about the family. You can jot down details such as ages, occupations, school grades, interests and countries of origin for the parents and youth. Refer back to this list, particularly at the beginning of the intervention, to jog your memory about important family details. You can also add to the list at any point during the intervention if you learn new facts about the family.

Important Family Details:

1.

2.

3.

4.

5.

6.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Module 1 Preventionist Tracking Form: Strengths, Concerns and Goals

● In Module 1, you help the parents develop a list of strengths, concerns and goals, and it is important for you to keep track of them to help you have a successful intervention with the family. Throughout the modules, it is a good idea to remind parents of family member's strengths, ask if concerns are being adequately addressed, and re-visit goals. Strengths, concerns and goals will also be included in the summary letter you give to the family at the end of the intervention.

Strengths

1.

2.

3.

Concerns

1.

2.

3.

Goals

1.

2.

3.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Preventionist Tracking Form: Family Meeting Plan I

This form is drafted by the preventionist at the conclusion of Module 4, and it is used during the Family Meeting in Module 5. This version is appropriate for families that plan to discuss the effects of substance use and other related mental health concerns on all family members but that do not plan to focus on problem solving.

Family Meeting Attendees: (list)

Family Meeting Leader or Co-Leaders (i.e., usually the parent who takes the lead in running the meeting with the support of the preventionist):

Introduction and Greeting: Preventionist

Psychoeducation Review (Optional):
Discussed by:
Learning points include:

KEY DISCUSSION POINTS

Topic/Concern #1:

Discussed by:

Topic/Concern #2:

Discussed by:

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Family Meeting Plan I Cont'd:

Possible Additional Topics:

Wrap-up (Preventionist):

Preventionist Reminders:

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Preventionist Tracking Form: Family Meeting Plan II

This form is drafted by the preventionist at the conclusion of Module 4, and it is used during the Family Meeting in Module 5. This version is appropriate for families that plan to discuss the effects of substance use and other related mental health concerns on all family members but that do not plan to focus on problem solving.

Family Meeting Attendees: (list)

Family Meeting Leader or Co-Leaders (i.e., usually the parent who takes the lead in running the meeting with the support of the preventionist):

Introduction and Greeting: Preventionist

Psychoeducation Review (Optional):
Discussed by:
Learning points include:

MAIN TOPICS AND POSSIBLE SOLUTIONS:

Topic/Concern #1:

Discussed by:

Possible Solution:

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Family Meeting Plan II Cont'd:

Topic/Concern #2:

Discussed by:

Possible Solution:

Possible Additional Topics and Solutions:

Wrap-up (Preventionist):

Preventionist Reminders:

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Summary Letter Template

The summary letter is drafted by the preventionist at the end of Module 5 to be given to the parents in Module 6.

This letter should be individualized to suit the particular family's needs and include the following items:

1. The initial goals the family listed at the beginning of the intervention
2. The family's strengths at the beginning of the intervention
3. The major concerns discussed during the family meeting and the plans the family came up with to address each concern
4. Your praise and recommendations
5. A statement that you will remain available to the family and your contact information

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

APPENDIX B

Worksheets and Handouts

Module 1

Description of the Family Talk Preventive Intervention Handout 117
Strengths, Concerns and Goals Worksheet..... 118
Optional Home Activities Worksheet: Family Fun. 120

Module 2

Symptoms of Substance Use Disorder Handout 121
Risk Factors for Substance Use in Youth Handout 122
Setting Limits with Youth Handout 124
Resiliency in Youth Worksheet 127
Evidence-Based Treatments for Substance Use Disorder Handout..... 128
Substance Use Disorder Websites and Reading List Handout 130

Module 4

Family Meeting Plan Worksheet I. 132
Family Meeting Plan Worksheet II (includes problem solving). 134
Communication Skills Handout 136
Problem Solving Skills Handout 137

Module 5

Family Meeting Impressions Worksheet..... 138

Module 6

10 Ways to Build Resilience Handout..... 139
Building Resiliency Worksheet 140
Future Family Meetings Handout 141

Skills Module

Pre-Labeled Mood Thermometer Handout..... 142
Blank Mood Thermometer Handout 143
Learning How to Relax: Deep Breathing Worksheet 144
Learning How to Relax: Progressive Muscle Relaxation Worksheet..... 145
Learning How to Relax: Imagery Worksheet..... 150
Getting Active Worksheet..... 151
Problem Solving Skills Worksheet 152
Cognitive Restructuring Handout 154

Additional Handouts

Family Talk Handout..... 156
Bipolar Disorder Handout 157
Trauma Handout..... 159
Anxiety Disorders Handout 161
Depression Handout..... 163

Description of the Family Talk Preventive Intervention

• The Family Talk Prevention Intervention is a strength-based family-centered program for families in which one or both parents have a substance use disorder or are in recovery from one. At least one adolescent or young adult child in the family needs to be of an appropriate age to participate.

• There is an increased risk of addiction in youth who have a parent with a substance use disorder when they reach mid-adolescence. However, youth are often resilient, and there is a great deal parents can do for their children even when they have a substance use disorder or are in recovery from one.

• A primary aim of the intervention is to strengthen families and prevent the development of substance use and related problems in children.

• Additional goals include helping families have increased understanding about substance use disorder and to be able to openly talk about it with family members for the purpose of improving the family environment, reducing risk and encouraging resilience in youth.

• Helping youth involves understanding their needs and strengths, and the needs and strengths of the family, caregivers and community.

Key Aspects of the Intervention

• The Family Talk program involves a series of meetings including parent meetings, a youth meeting for each adolescent or young adult child in the family, and a family meeting. Family members learn about substance use and discuss their experiences with parental substance use disorder and how it has affected the family. These discussions aid in building a family substance use narrative and help to break the silence about the illness and its effects.

Other important aspects of the intervention include:

1. Includes learning about substance use disorder, resiliency and skills-building
2. Youth, family, and future-focused
3. Parents as leaders, preventionist as partner
4. Strengths-based, positive focus
5. Time-limited intervention and includes long-term follow-up

Strengths, Concerns and Goals

Strengths

● You, your spouse/partner, and your adolescent and young adult child have a number of strengths. Unfortunately, they can sometimes be easy to forget. If you have trouble coming up with current strengths, think about strengths you have noticed in the past. We encourage both parents to make a list of strengths, and read them over frequently.

- What are your strengths? Think about interpersonal strengths, character strengths, emotional strengths, physical capabilities, education/training, etc.

- What are the strengths of your spouse/partner?

- What are your strengths as a couple? Think about how your support each other, encourage each other, etc.

- List the strengths of your adolescent or young adult children:

- What activities does your family enjoy doing together?

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Concerns

● It is very important to have a good understanding of your concerns and your goals for the intervention. Please take some time during the session and at home to develop a list of concerns and goals and write them down.

- What are your concerns about yourself?

- What are your concerns about your spouse?

- What life stresses impact the family's functioning?

- What are your concerns about your adolescent or young adult children?

Goals

● List your goals for the Family Talk preventive intervention. In other words, what would you most like to achieve through participating in the intervention? For example, you might want to learn how to have family conversations about difficult topics, to help your adolescent or young adult child stay healthy, or to reduce anger and conflict. You might have just one goal, or many goals – please list them below.

1.
2.
3.
4.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Optional Home Activities Worksheet: Family Fun

● When lives are busy and substance use disorder symptoms (and other mental health concerns) take away energy and positive feelings, it can be particularly challenging to have fun together as a family. Positive family time is an important priority because it improves everyone's well-being and helps re-connect family members. It shows everyone in the family that they are important and loved. Fun family activities do not need to be expensive or long, they just need to be something that everyone can enjoy together. Some ideas include: a movie night at home, a picnic at a local park, a hike in the woods, going sledding, etc. Please remember to ask your adolescent and young adult children for ideas too.

Ideas for fun family activities:

Ideas when activities can be scheduled (a weekly activity is great!):

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Symptoms of Substance Use Disorder

● **What are the symptoms of a substance use disorder in adolescents, young adults, and older adults?**

- **Using drugs despite harm.** Compulsively seeking and using drugs, despite the harmful consequences it causes. Putting yourself or others in direct danger in order to obtain and use a substance of choice.
- **Spending excessive amounts of time seeking, taking or recovering from drug use.** Expending lots of time and money on substances.
- **Giving up life activities.** Giving up the social, recreational or occupational activities that were once important. In young people, this can include sports and other extracurricular activities that they once enjoyed.
- **Neglect of family, work or relationships.** An inability to follow-through with necessary home and work tasks; a lack of attentiveness to healthy life-activities. People with SUD may stop going to work, neglect personal hygiene or withdraw completely from family life and friendships. In young people this sometimes manifests as worsening grades in school or loss of a job due to poor performance.
- **Physical or psychological consequences of use.** Continuing drug misuse, even when it leads to or exacerbates health problems or mental disorders.
- **Hazardous misuse.** Using a legal drug for something other than what it is meant for, for longer than you should take it, or in large quantities. Using illegal drugs in a way that is dangerous to yourself or someone else.
- **Lack of control.** An inability to slow or stop substance use, despite repeated attempts to quit using.
- **Cravings.** Compulsive, unmanageable urges to use the substance. This may lead to stealing money to purchase drugs, lying to cover drug use or feeling justified doing whatever it takes to obtain a drug.
- **Physical tolerance.** Needing more of a drug or trying different drugs to get the same effect you wish to achieve. Building a physical resistance to the substance over time.
- **Withdrawal symptoms.** Painful physical or psychological symptoms that occur when a drug wears off. These symptoms may be physically or psychologically tormenting, but they are not enough to discourage future substance use.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Risks for Substance Use in Youth

Domain	Factors Influencing Potential for Substance Use	
	Risk Factors	**Protective Factors**
Youth Factors	• Poor conflict management skills • Poor social skills • Impulsivity • Favorable attitudes toward substance use • Early initiation of oppositional • behavior • Low school readiness • Language delays and learning • disabilities • Attention deficit disorder • Difficult temperament, easily frustrated, difficulty in self-soothing	• Social competence (responsiveness, cultural flexibility, empathy, caring, communication skills, and a sense of humor) • Autonomy (sense of identity, self-efficacy, self-awareness, taskmastery, and adaptive distancing from negative messages and conditions) • Sense of purpose and belief in a bright future (goal direction, educational aspirations, optimism, faith, and spiritual connectedness) • Problem-solving (planning, teamwork, and critical and creative thinking)
School and Peer Factors	• Ineffective teacher responses • Use of substances among peers • Classroom aggression • Peer rejection • Academic failure beginning in late elementary school • Truancy	• Clear classroom management • Norm of positive behavior among peers • Positive social opportunities • Social bonding • Social skills competency • Academic achievement • Regular school attendance
Parenting Factors	• Harsh and ineffective parenting skills • Favorable parental attitudes towards substance use and own use • Poor monitoring • Poor parent and youth attachment Low cognitive stimulation	• Consistency in rule enforcement • Reinforcement of positive social involvement • Careful and appropriate parental monitoring • Strong parental bonding
Contextual and Family Factors	• Marital discord • Family management problems • (e.g., creating and following family • rules and rituals) • Family conflict/abuse • Parent criminal activity • Parent substance abuse/history of substance use	• Supportive family bonding • Reinforcement for positive social involvement • Positive family dynamics • No tobacco and other substance use/abuse in family • Extended family networks

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

	• Older siblings who are using substances • Life stressors • Parent mental illness	
Community Factors	• Low neighborhood attachment and community disorganization • Community norms (favorable toward drug use) • Transitional communities (e.g., frequent changes in neighborhood members resulting in low cohesion) • Availability of drugs • Extreme economic deprivation • Poverty	• Community connection and supports • Healthy beliefs and clear standards • Community-supported substance abuse prevention efforts and programs • Availability of constructive recreation • Careful and appropriate monitoring of youth's activities
Adapted from the **Partners for Substance Abuse Prevention Website** available at http://preventionpartners.samhsa.gov/		

(https://ncsacw.samhsa.gov/files/TrainingPackage/MOD2/FactorsInfluencingPotential.pdf)

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Setting Limits with Youth

Adolescence is a time of growth and experimentation, and given the risks and challenges adolescents face, they need parents to consistently provide age-appropriate rules and structure. Younger adolescents especially rely on parents to help them make positive choices and teach them how to behave safely and responsibly.

Parents who set clear limits and provide explanations tend to have less conflict with their adolescents. Parents who take extreme positions—either setting inflexible rules and demanding total obedience or creating few rules and allowing for excessive freedom—tend to struggle more with their children. Here are some ways parents can set limits in a way that fosters a healthy parent-adolescent relationship:

Set clear and consistent limits. Rules should be clear, reasonable, and have specific consequences. When you set an expectation, explain the reasoning behind it. Listen to your adolescent's concerns or objections, but be firm in creating and enforcing limits that have their best interests at heart. If your adolescent breaks a rule, enforce the consequences consistently.

Monitor your child's activities. Keep track of where your adolescent is, who they're with, and what they're doing. Check in with your teen by phone, and get to know their friends and their friends' parents. Parental monitoring is important throughout adolescence and is associated with lower levels of risk-taking behavior, such as having sex at an early age, using alcohol and tobacco, and skipping school. If you're worried about your adolescent's friendships, share your concerns and talk with them about peer pressure.

The Six C's of Limit-Setting

If you are concerned about or suspect that your teen is using substances, the six C's can be a useful tool for monitoring their behavior and preventing possible avenues for accessing drugs.

CASH: If you give your teenn cash, provide only enough for necessities or ask for documentation of how the money is spent.

CAR: If you let your teen have access to a car, know where they are going and how long they will be away. Hold them to these timelines.

CURFEW: Set a time that you expect your teen to be home every night.

COMPUTER: Some computer-use may be necessary for schoolwork, but you can limit social screen time and social media.

CELL PHONE: Parents often pay for their teens' cell phone bill and can ask the teen to communicate who they are interacting with.

CREDIT CARD: If your teen has a credit card or you let them borrow yours, check the statement each month and let your teen know you do this.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Be open to negotiation. As adolescents get older, rules may become more flexible and open to negotiation. Listen to your adolescent's concerns when discussing chores, curfews, access to the car, and other rules and privileges. By discussing guidelines with your children, you can foster your adolescent's ability to think independently, compromise, and negotiate agreements—all important life skills.

Gradually allow more independence. As your child matures, allow them more independence in stages. Perhaps you transition from shopping with your adolescent to giving them a clothing allowance, with the opportunity to earn extra cash by performing additional chores or taking on a part-time job.

Offer choices. Find ways to allow your adolescent independence and agency within your rules. You might tell them that they need to do their homework or clean their room, for example, but consider allowing them to choose when they complete their tasks if they consistently accomplish them.

Guide without being too controlling. Resist the temptation to control every aspect of your adolescent's life. While you may not share your child's taste in clothes or music, they will benefit from the opportunity to explore different roles and styles as they navigate the process of forming their identity. Take an interest in your child's choices and talk with them about their preferences, offering guidance as appropriate.

Guidelines on balancing closeness and independence when setting limits:

Be clear. Most young teens respond best to specific instructions, which are repeated regularly. As middle school teacher Sharon Sikora notes, "Don't just say, 'I want your room clean,' because they don't know what that means. Say, in a non-argumentative way, 'This is how I perceive a clean room.' They may say, 'I don't really want the lamp over here, I want it over there.' Give them the freedom to express themselves."

Let kids make mistakes. We want our children to grow into adults who can solve problems and make good choices. These abilities are a critical part of being independent. To develop these abilities, however, young teens on occasion may need to fail, provided the stakes aren't too high and no one's health or safety is at risk. Making mistakes also allows young teens to learn one critical skill—how to bounce back. It's hard for a child to learn how to pick himself up and start over if his parents always rescue him from difficulties.

Health and safety come first. Your most important responsibility as a parent is to protect your child's health and safety. Your child needs to know that your love for her requires you to veto activities and choices that threaten either of these.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Say no to choices that cut off future options. Young teens lack the experiences required to fully understand how a decision they make today can affect them tomorrow. They may have heard that smoking is unhealthy, but they do not fully understand what it means to die of lung cancer at the age of 45. Talk to your children about the lifelong consequences of choices they make. Help them understand there are good and bad decisions and that knowing one from the other can make all the difference in their lives. Let your child know that you are "the keeper of options" until he is old enough and responsible enough to assume this responsibility.

Handout Modified from:
Boyd, J. Wesley, and Eric Metcalf. *Almost Addicted: Is My (or My Loved One's) Drug Use a Problem?* The Almost Effect Series. Center City, Minn: Hazelden, 2012.
Health, Office of Adolescent. "Setting Limits," March 25, 2019. https://www.hhs.gov/ash/oah/adolescent-development/healthy-relationships/parents-child/setting-limits/index.html.
"Independence – Helping Your Child Through Early Adolescence," September 11, 2003. https://www2.ed.gov/parents/academic/help/adolescence/part7.html.
U.S. Department of Education. (2003). *Being an effective parent: Helping your children through early adolescence*. Retrieved from https://www2.ed.gov/parents/academic/help/adolescence/part5.html

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Resiliency in Youth

Q: Do you know what resiliency means?

Q: Have you ever been resilient? Give an example here:

Characteristics of Resilient Youth

From Beardslee & Podorefsky (1988)

1. They are active and motivated
   - Youth have independent activities outside the home
2. They have close, confiding relationships
   - Youth have social support (e.g., family, peers, teachers)
3. They are aware of their parent's illness and exhibit self- understanding

Self-understanding involves:

1. Realistic awareness of the stresses to be dealt with, e.g., hospitalization, chores at home, etc.
2. Realistic assessment of what is possible to do for the parent with a substance use disorder, without blame for limitations
3. The ability to act when needed

● Recent research also indicates that the ability to stay calm, and keep emotional reactions to a minimum is a key feature of resilient youth. Cultural and religious rituals in society that promote self-regulation are also associated with resiliency. Research also suggests that the resilience of youth is boosted when parents get treatment for their own mental health problems. Treatment for parental substance use and other mental health concerns can help parents to prioritize youths' needs and focus on parenting effectively.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Evidence-Based Treatments for Substance Use Disorder

There are a number of available interventions available that have substantial support for their effectiveness in reducing symptoms of substance use disorder.

Pharmacological Therapy

- Based on research about receptors in the brain that substances act on:
  - Several medications have been found to be effective in treating addiction to opioids, alcohol, or nicotine.
  - Medications are often central to the treatment of substance use disorders, and in some cases, like for buprenorphine and methadone for opioid use disorder, can be lifesaving.
  - Effective medications for opioid use disorder include:
    - ***Buprenorphine*** (Suboxone®) reduces or eliminates opioid withdrawal symptoms, including drug cravings, without producing the "high" or dangerous side effects of heroin and other opioids.
    - ***Methadone*** also prevents withdrawal symptoms and reduces craving in opioid-addicted individuals by activating opioid receptors in the brain (i.e., a full opioid agonist).
    - ***Naltrexone*** (Vivitrol®) is approved for the prevention of relapse in adult patients following complete detoxification from opioids.
  - Effective medications for alcohol use disorder include:
    - ***Acamprosate*** (Campral®) reduces withdrawal symptoms by normalizing brain systems disrupted by chronic alcohol consumption in adults.
    - ***Disulfiram*** (Antabuse®) inhibits an enzyme involved in the metabolism of alcohol, causing an unpleasant reaction if alcohol is consumed after taking the medication.[71]
    - ***Naltrexone*** (Vivitrol®) decreases alcohol-induced euphoria and is available in both oral tablets and long-acting injectable preparations (as in its use for the treatment of opioid addiction, above).
  - Effective medications for nicotine use disorder include:
    - ***Bupropion***, commonly prescribed for depression, also reduces nicotine cravings and withdrawal symptoms in adult smokers.
    - ***Nicotine Replacement Therapies (NRTs)*** help smokers wean off cigarettes by activating nicotine receptors in the brain. They are available in the form of a patch, gum, lozenge, nasal spray, or inhaler.
    - ***Varenicline*** (Chantix®) reduces nicotine cravings and withdrawal in adult smokers by mildly stimulating nicotine receptors in the brain.

Cognitive Behavior Therapy (CBT)

- Brief, structured treatment that teaches and illustrates the relation between mood, thoughts and behaviors
- Identifies maladaptive cognitive styles and teaches more realistic and adaptive thinking
- Encourages behavioral change, such as engagement in mood elevating activities
- Relaxation, problem solving skills and appropriate goal setting are also important components

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

- Therapist-as-coach model

Mindfulness-Based Interventions

- Derived from a mindfulness-based stress reduction program with the primary goal of preventing depression relapse
- Mindfulness techniques include; focusing on the breath, detaching from negative thoughts, accepting difficulties and cultivating self-compassion
- Combines mindfulness techniques with aspects of CBT:
  - Participants use mindfulness techniques to bring their attention to the present experience when they notice it has strayed to negative thoughts, worries, or a general lack of awareness.
  - Participants develop plans for strategies to use when relapse is suspected (Kuyken et al., 2008; Williams et al., 2000).

Interpersonal Therapy (IPT)

- Brief, structured treatment that focuses on interpersonal problems commonly experienced by individuals living with substance use
- Improving interpersonal interactions and communication skills are central to IPT
- Core symptoms of substance use such as irritability, withdrawal and fatigue negatively impact interpersonal relationships and the ability to make new social connections
- Treatment helps decrease psychosocial problems through education and practicing adaptive and positive interpersonal behaviors

Other Recovery Supports

- Mutual help recovery support in the community, including programs like Alcoholics Anonymous or Narcotics Anonymous, can be very helpful for some people
- Parents may have other recovery supports that have been very helpful for them

Additional Information

- National Institute on Alcohol Abuse and Alcoholism: http://www.niaaa.nih.gov
- National Institute on Drug Abuse: www.drugabuse.gov

Need Help?

Call 1-800-662-HELP (4357) to find a treatment center near you or ask your Family Talk practitioner about your options.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Substance Use Disorder Websites and Reading List

Websites

American Academy of Child and Adolescent Psychiatry
www.aacap.org – click on Facts for Families

American Psychiatric Association
www.psych.org

American Psychological Association (APA)
www.apa.org

Division 53 of APA – Child Clinical Psychology
www.clinicalchildpsychology.org

Harm Reduction Coalition
harmreduction.org

Institute of Medicine
www.iom.edu

National Association of Social Workers
www.naswdc.org

National Institute for Mental Health
www.nimh.nih.gov

National Mental Health Association
www.nmha.org

Partnership for Drug-Free Kids
https://drugfree.org

Books

Alcohol and Drug Addiction Happens in the Best of Families (2012)
Describes how alcohol and drug addiction affect the whole family. Explains how substance abuse treatment works, how family interventions can be a first step to recovery, and how to help children in families affected by alcohol abuse and drug abuse.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Substance Use Reading List Cont'd.

Jamison, L. (2019). *The Recovering: Intoxication and Its Aftermath.* New York: Back Bay Books/ Little, Brown and Company.

Najavits, LM. (2001). *Seeking Safety: A treatment Manual for PTSD and Substance Abuse.* Guilford Publications, Inc.

Sinor, B. (2010). *Tales of Addiction and Inspiration for Recovery: Twenty True Stories from the Soul (Reflections of America).* Ann Arbor: Modern History Press.

What Is Substance Abuse Treatment? A Booklet for Families (2014)

Created for family members of people with alcohol abuse or drug abuse problems. Answers questions about substance abuse, its symptoms, different types of treatment, and recovery. Addresses concerns of children of parents with substance use/abuse problems.

Family Meeting Plan I

● It is a good idea to be as prepared as possible for the Family Meeting, and completing the worksheet below is one way to help with the organization and planning. It's also o.k. if things do not go as planned as long as a positive, productive meeting still occurs.

● Two important pointers regarding the Family Meeting are to include only topics that both parents think are important and feel comfortable discussing. Also, it is usually preferable to discuss fewer topics completely rather than many topics briefly or incompletely.

● Version I of this form is for families who do not plan to include problem solving in the Family Meeting.

Family Meeting: Key Objectives

1. To reassure the youth that the focal parent will be okay and that the illness will not overwhelm the family
2. To emphasize that no one is guilty or to blame for the illness and its effects
3. To share individual perspectives concerning the experience of substance use in the family
4. To highlight the strengths that exist in the family and plan for how they will be enhanced
5. To present knowledge about substance use and treatment

Family Meeting Attendees: (list)

Family Meeting Leader or Co-Leaders (i.e., usually the parent who takes the lead in running the meeting with the support of the preventionist):

Introduction and Greeting: Preventionist

Psychoeducation Review (Optional):
Discussed by:
Learning points include:

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Family Meeting Plan I Cont'd.

KEY DISCUSSION POINTS:
Topic/Concern #1:

Discussed by:

Topic/Concern #2:

Discussed by:

Possible Additional Topics:

Wrap-up (Preventionist):

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Family Meeting Plan II

● It is a good idea to be as prepared as possible for the Family Meeting, and completing the worksheet below is one way to help with the organization and planning. It's also o.k. if things do not go as planned as long as a positive, productive meeting still occurs.

● Two important pointers regarding the Family Meeting are to include only topics that both parents think are important and feel comfortable discussing. Also, it is usually preferable to discuss a couple of topics fully rather than many topics briefly or incompletely.

● Version II of this form is for families who plan to include problem solving in the Family Meeting.

Family Meeting: Key Objectives

1. To reassure the youth that the focal parent will be okay and that the illness will not overwhelm the family
2. To emphasize that no one is guilty or to blame for the illness and its effects
3. To share individual perspectives concerning the experience of substance use in the family
4. To highlight the strengths that exist in the family and plan for how they will be enhanced
5. To present knowledge about substance use and treatment

Family Meeting Attendees: (list)

Family Meeting Leader or Co-Leaders (i.e., usually the parent who takes the lead in running the meeting with the support of the preventionist):

Introduction and Greeting: Preventionist

Psychoeducation Review (Optional):
Discussed by:

Learning points include:

MAIN TOPICS AND POSSIBLE SOLUTIONS:

Topic/Concern #1:

Discussed by:

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Family Meeting Plan II Cont'd.

Possible Solution:

Topic/Concern #2:

Discussed by:

Possible Solution:

Possible Additional Topics:

Wrap-up (Preventionist)

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Communication Skills

What is communication?

● It is the transmission or exchange of thoughts, opinions, or information.
● Interpersonal communication involves both verbal (e.g., spoken word, tone of voice) and nonverbal aspects (e.g., your facial expression, body movements).

Why is communication important?

● Being a good communicator is important so other people know how you are feeling and what you need.
● Being a good communicator allows you to speak what is on your mind in a manner that others will understand.
● Good communication is important for relationships inside and outside the family (e.g., at work). The skills are also very useful during the Family Meeting. Family members often find it hard to communicate effectively, especially when a parent is using substances or struggling with mental health problems.

When you are the listener:

- Be respectful and wait to talk or ask questions until the speaker is finished.
- Try to understand what it would be like to be the speaker. In other words, try to put yourself in the speaker's shoes. You do not need to agree with what is being said in order to listen supportively and attentively.
- Show understanding and support by looking/smiling at the speaker. You can also nod when you agree with what the speaker says.

When you are the speaker:

- Make eye contact with your listeners.
- Speak confidently, clearly and slowly.
- Use I-statements for sensitive topics (e.g., "I feel sad when you yell" instead of "You yell too much!").

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Problem-Solving Skills

Good problem-solving skills help adults and youth cope with many challenging every-day life situations, and they may also be helpful during the Family Meeting. Listed below are steps to follow to help you find good solutions to various problems.

Define the problem: First, carefully identify and define the problem of focus. Be as specific and concrete as possible, and try to get to the heart of the problem. Often large problems can be broken down into smaller parts in order to find a problem that is within your control and solvable. It is important to come to an agreement with whoever is involved in solving the problem about the definition of the problem.

Brainstorm possible solutions: Brainstorming is a free flow of ideas and it includes both reasonable and unreasonable ideas. It is helpful to include what first comes to mind, whether it seems like a good idea or not. Write down all the possible solutions and make sure not to discourage or edit the possibilities. If you have difficulty coming up with ideas, you may ask yourself "What are some of the WORST things I/we could do?" Then ask yourself, "What are some of the BEST things I/we could do?"

Consider pros and cons of each option: Next, consider the pros and cons of each possible solution to the problem. In other words, what are the expected good features and bad features of each possible solution if it was put into practice?

Choose an option to try, evaluate, and try again, if necessary: Finally, based on the analysis of pros and cons, choose the solution that seems best, give it a try, and evaluate the outcome. If it works well, great! You're done! If it is not working well, try an alternative option from the brainstorming list.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Family Meeting Impressions

Congratulations on completing your Family Meeting! Now, while it is still fresh in your mind, please write down your impressions of the Family Meeting. For example, what strengths did you notice in family members during the meeting? What problems and solutions were discussed?

Strengths shown by family members:

Problem 1:

Solution 1:

Problem 2:

Solution 2:

Would you do anything differently the next time?

What worked well that you would like to see happen the next time?

Other thoughts:

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

10 Ways to Build Resilience

1. Make connections. Good relationships with close family members, friends, or others are important. Accepting help and support from those who care about you and will listen to you strengthens resilience.

2. Avoid seeing crises as insurmountable problems. You cannot change the fact that highly stressful events happen, but you can change how you interpret and respond to these events.

3. Accept that change is a part of living. Certain goals may no longer be attainable as a result of adverse situations. Accepting circumstances that cannot be changed can help you focus on circumstances that you can alter.

4. Move toward your goals. Develop some realistic goals. Do something regularly – even if it seems like a small accomplishment – that enables you to move toward your goals.

5. Take decisive actions. Take decisive actions, rather than detaching completely from problems and stresses and wishing they would just go away.

6. Look for opportunities for self-discovery. People often learn something about themselves and may find that they have grown in some respect as a result of a struggle with loss or experiencing tragedy or hardship.

7. Nurture a positive view of yourself. Developing confidence in your ability to solve problems and trusting your instincts helps build resilience.

8. Keep things in perspective. Even when facing very painful events, try to consider the stressful situation in a broader context and keep a long-term perspective. Avoid blowing the event out of proportion.

9. Maintain a hopeful outlook. An optimistic outlook enables you to expect that good things will happen in your life. Try visualizing what you want, rather than worrying about what you fear.

10. Take care of yourself. Engage in activities that you enjoy and find relaxing. Exercise regularly. Taking care of yourself helps to keep your mind and body primed to deal with situations that require resilience.

Can a Depressed Parent be a Good Parent? A Project of Boston Children's Hospital and National Depression Screening Day, a program of Screening for Mental Health. Adapted from The Road to Resilience brochure produced by the American Psychological Association and the Discovery Health Channel. Copyright © APA 2002.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Building Resiliency

1. Be active and motivated

List activities that are easy, inexpensive and brief that you enjoy doing, and that you could imagine including in your life (e.g., read a favorite magazine, take a walk, dance to music, join a garden club):

2. Build a strong social support network

List new relationships that you would like to develop and former relationships that you would like to rejuvenate (e.g., new neighbor, former high-school classmate):

3. Build competence in self-understanding

Work on building greater understanding of problematic areas in your life and what role you play in these areas (e.g., understand what the problem is about, what causes or contributes to the problem and your role in the problem). Take time to simply think about the problem, talk with family or friends, engage in therapy, or read about/research the problem. List your ideas below:

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Future Family Meetings

We encourage you to continue to hold family meetings at home on a regular basis. Family meetings can be on the topic of substance use or on any other issue that the family wants to discuss together. The tips below may help to plan and conduct a successful meeting. Remember that just getting together to talk as a family is a positive first step.

Planning Ahead

1. Before the family meeting, parents should decide together what to talk about, and what not to discuss. One major topic per meeting is often best. When first beginning independent family meetings, a positive topic that is unlikely to raise negative emotions can be a good choice.
2. Find a meeting time that is convenient for all family members and meet in a place that is free from major distractions (e.g., TV is off, no cell phones).
3. Plan to include everyone in the family who is old enough to be able to sit, listen and talk in the meeting.
4. It is a good idea for parents to rehearse ahead of time which parent is going to begin the meeting, and what both parents plan to say.
5. If relevant, parents may find it helpful to inform their therapist that they are going to hold a family meeting.
6. Plan to meet and talk as a family more than once.

Key Objectives

1. To reassure the youth that the family can function well despite parental substance use disorder
2. To show the youth that the parents are united in their focus on them
3. To highlight the strengths that exist in the family and plan for how they can be maintained and enhanced
4. To problem solve over time how problematic effects of the illness on family life can be reduced
5. To build family resiliency

Principles for Successful Future Family Meetings

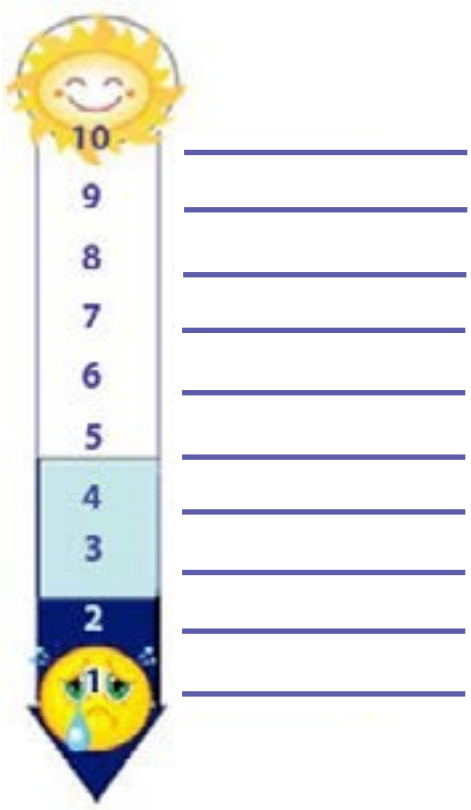
1. All family members are able to talk in a safe, supportive environment.
2. Parents use the communication and problem-solving skills that they were taught previously.
3. Some parents may find it helpful to keep a diary of family meetings. Jot down the topic, how the meeting went, and any solutions that were found. A diary can be helpful for your family to use as a reference as time passes. A diary also may help you to have a productive discussion with the preventionist during the Follow-up Meeting.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Pre-Labeled Mood Thermometer

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Blank Mood Thermometer



Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Learning How to Relax: Deep Breathing

Deep breathing is a helpful way to increase relaxation. Below are steps to follow that can help you learn this skill:

1. Sit in a comfortable, quiet location, free from as many distractions as possible. Some people find it helpful to dim the lights.

2. Begin breathing, thinking of making your belly rise as your lungs fill with air, like a balloon. When you exhale, the belly shrinks. It can help to actually feel your belly rise and fall by placing your hand on it during the exercise.

3. Lengthening the inhale and exhale is helpful to relaxation, and ideally, the "out" breaths take longer than the "in" breaths. Counting the seconds of inhale and exhale can help towards this goal. It is also helpful to pause between the inhale and exhale stages of the breath. In other words, inhale, filling the belly with air, pause briefly while holding the breath, and then breathe out with a long exhale.

4. Repeat these breathing steps for approximately 10 cycles.

5. Remember that it takes practice to learn how to breathe deeply so try to be patient! It is normal for deep breathing to feel strange at first. Also, remember there is no "perfect" or "correct" way, just what feels good and relaxing.

Practice Exercise:

Try to pick a time when you are unlikely to be disturbed. Sit in a quiet, dimly lit, comfortable place that has minimal distractions. It is o.k. to lie down, as long as you don't fall asleep! Follow the steps above, and engage in about 10 breaths. It is helpful to pay attention to how you feel before and after the exercise. You can use a mood thermometer rating to help quantify your self-observation.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Learning How to Relax: Progressive Muscle Relaxation
Script for Adults

In this exercise you will tense and release various muscles. If you have a special problem with any of the muscle groups, you can either skip that part of the exercise or do it very gently. During the exercise you can keep your eyes open or closed, whichever is more comfortable for you. Take a moment to get comfortable in your resting place. If you are in a chair, you may wish to uncross your arms and legs and make sure your back and neck are comfortable.

Feet & Legs
Begin by lifting your feet slightly off the floor. Point your feet and curl your toes inward until they are scrunched into a little ball. Curl as far as you need to feel the tension without strain. Concentrate on holding your toes and count to 5. Now uncurl your toes and gently drop your feet to the floor. Feel the blood rushing into your feet, thighs and calves. Can you feel the difference between the tension and relaxation?

Buttocks/Low Back
Next slowly, draw your knees together and imagine placing a penny between them. Imagine the sensation of your knees pressing into the coin. Can you feel the edges of the coin? How about the smooth flatness of its face? While you press and hold, breathe in and out, slowly and evenly. Now hold for a count of 5. And release. Study the difference between the tension and the relaxation in your buttocks, low back, and pelvis.

Stomach
Take your mind's eye to your navel. Take a deep breath in and watch your navel push outwards. Exhale evenly and pull your navel towards yourspine until you have squeezed all the air from your lungs. Now hold for a count of 5. Release and let the navel settle back to its normal resting place. Now let your breathing go back to its natural rhythm and allow your stomach to totally relax. Relax deeply into the heaviness of your relaxed stomach.

Shoulders
Move to your shoulders. Shrug both shoulders up to the sky as high as they will go without straining. While you hold, listen to the tension in your shoulders. What is it saying to you? Now hold for a count of 5. Drop your shoulders back to their normal resting place and enjoy the calming breath. Allow the warmth and heaviness of the relaxation to fill this area.

Arms/Hands
Move to your arms and hands. Clench both your fists and bend your elbows, bringing your fists towards your chest. While you hold be aware of the tension in your hands, forearms and biceps. Continue to breathe in and out while you hold for a count of 5. Now, open your hands slowly and feel the blood racing back into each finger. Study the warmth created by the fresh surge of blood or any other sensations you experience.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Facial Muscles

Now move to the muscles of your face. Playfully make a big frown. Feel the corners of your mouth pull down till you look like a sad clown. At the same time, you may squint your eyes, clench your jaw and wrinkle up your nose. Do whichever feels right for you. Enjoy imagining what you look like at this moment as you hold for a count of 5. Let go and return to a relaxed expression. Enjoy the feeling of softness in your face.

Conclusion

You are now finished relaxing the muscles of your body. You are now feeling relaxed and at peace. Let all remaining tension leave your body slowly. If you find that there are places of tension, just note them. Then if you wish, breathe into those areas and let the breath help you loosen the tension.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Learning How to Relax: Progressive Muscle Relaxation
Script for Youth

Taken from: Koeppen, A.S. (1974). Relaxation training for children. *Elementary School Guidance and Counseling*, 9,14-21.

Introduction
Today we're going to practice some special kinds of exercises called relaxation exercises. These exercises help you to learn how to relax when you're feeling up-tight and help you get rid of those butterflies-in-your-stomach kinds of feelings. They're also kind of neat because you can learn how to do some of them without anyone really noticing. In order for you to get the best feelings from these exercises, there are a couple of rules I want to tell you about. First, try your best to do what I say, even if it seems kind of silly. Second, pay attention to your body. Throughout these exercises, pay attention to how your muscles feel when they are tight and when they are loose and relaxed. And third, you must practice. The more you practice, the more relaxed you can get. Do you have any questions? Are you ready to begin? Okay, first, get as comfortable as you can in your chair. Sit back, get both feet on the floor, and just let your arms hang loose. That's fine. Now close your eyes and don't open them until I say to. Remember to follow my instructions very carefully, try hard, and pay attention to your body. Here we go.

Hands and Arms
Pretend you have a whole lemon in your left hand. Now squeeze it hard. Try to squeeze all the juice out. Feel the tightness in your hand and arm as you squeeze. Now drop the lemon. Notice how your muscles feel when they are relaxed. Take another lemon and squeeze. Try to squeeze this one harder than you did the first one. That's right. Real hard. Now drop the lemon and relax. See how much better your hand and arm feel when they are relaxed. Once again, take a lemon in your left hand and squeeze all the juice out. Don't leave a single drop. Squeeze hard. Good. Now relax and let the lemon fall from your hand. (Repeat the process for the right hand and arm.)

Arms and Shoulders
Pretend you are a furry, lazy cat. You want to stretch. Stretch your arms out in front of you. Raise them up high over your head. Way back. Feel the pull in your shoulders. Stretch higher. Now just let your arms drop back to your side. Okay, kitten, let's stretch again. Stretch your arms out in front of you. Raise them over your head. Pull them back, way back. Pull hard. Now let them drop quickly. Good. Notice how your shoulders feel more relaxed. This time let's have a great big stretch. Try to touch the ceiling. Stretch your arms way out in front of you. Raise them way up high over your head. Push them way, way back. Notice the tension and pull in your arms and shoulders. Hold tight, now. Great. Let them drop very quickly and feel how good it is to be relaxed. It feels good and warm and lazy.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Jaw

You have a giant jawbreaker bubble gum in your mouth. It's very hard to chew. Bite down on it. Hard! Let your neck muscles help you. Now relax. Just let your jaw hang loose. Notice how good it feels just to let your jaw drop. Okay, let's tackle that jawbreaker again now. Bite down. Hard! Try to squeeze it out between your teeth. That's good. You're really tearing that gum up. Now relax again. Just let your jaw drop off your face. It feels good just to let go and not have to fight that bubble gum. Okay, one more time. We're really going to tear it up this time. Bite down. Hard as you can. Harder. Oh, you're really working hard. Good. Now relax. Try to relax your whole body. You've beaten that bubble gum. Let yourself go as loose as you can.

Face and Nose

Here comes a pesky old fly. He has landed on your nose. Try to get him off without using your hands. That's right, wrinkle up your nose. Make as many wrinkles in your nose as you can. Scrunch your nose up real hard. Good. You've chased him away. Now you can relax your nose. Oops, here he comes back again. Right back in the middle of your nose. Wrinkle up your nose again. Shoo him off. Wrinkle it up hard. Hold it just as tight as you can. Okay, he flew away. You can relax your face. Notice that when you scrunch up your nose your cheeks and your mouth and your forehead and your eyes all help you, and they get tight too. So when you relax your nose, your whole body relaxes too, and that feels good. Oh-oh. This time that old fly has come back, but this time he's on your forehead. Make lots of wrinkles. Try to catch him between all those wrinkles. Hold it tight, now. Okay, you can let go. He's gone for good. Now you can just relax. Let your face go smooth, no wrinkles anywhere. Your face feels nice and smooth and relaxed.

Stomach

Hey! Here comes a cute baby elephant. But he's not watching where he's going. He doesn't see you lying in the grass, and he's about to step on your stomach. Don't move. You don't have time to get out of the way. Just get ready for him. Make your stomach very hard. Tighten up your stomach muscles real tight. Hold it. It looks like he is going the other way. You can relax now. Let your stomach go soft. Let it be as relaxed as you can. That feels so much better. Oops, he's coming this way again. Get Ready. Tighten up your stomach. Real hard. If he steps on you when your stomach is hard, it won't hurt. Make your stomach into a rock. Okay, he's moving away again. You can relax now. Kind of settle down, get comfortable, and relax. Notice the difference between a tight stomach and a relaxed one. That's how we want to feel---nice and loose and relaxed. You won't believe this, but this time he's coming your way and no turning around. He's headed straight for you. Tighten up. Tighten hard. Here he comes. This is really it. You've got to hold on tight. He's stepping on you. He's stepped over you. Now he's gone for good. You can relax completely. You're safe. Everything is okay, and you can feel nice and relaxed.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

This time imagine that you want to squeeze through a narrow fence and the boards have splinters on them. You'll have to make yourself very skinny if you're going to make it through. Suck your stomach in. Try to squeeze it up against your backbone. Try to be as skinny as you can. You've got to be skinny now. Just relax and feel your stomach being warm and loose. Okay, let's try to get through that fence now. Squeeze up your stomach. Make it touch your backbone. Get it real small and tight. Get it as skinny as you can. Hold tight, now. You've got to squeeze through. You got through that narrow little fence and no splinters! You can relax now. Settle back and let your stomach come back out where it belongs. You can feel really good now. You've done fine.

Legs and Feet

Now pretend that you are standing barefoot in a big, fat mud puddle. Squish your toes down deep into the mud. Try to get your feet down to the bottom of the mud puddle. You'll probably need your legs to help you push. Push down, spread your toes apart, feel the mud squish up between your toes. Now step out of the mud puddle. Relax your feet. Let your toes go loose and feel how nice that it feels to be relaxed. Back into the mud puddle. Squish your toes down. Let your leg muscles help push your feet down. Push your feet. Hard. Try to squeeze that puddle dry. Okay. Come back out now. Relax your feet, relax your legs, relax your toes. It feels so good to be relaxed. No tenseness anywhere. You feel kind of warm and tingly.

Conclusion

Stay as relaxed as you can. Let your whole body go limp and feel all your muscles relaxed. In a few minutes I will ask you to open your eyes, and that will be the end of this practice session. As you go through the day, remember how good it feels to be relaxed. Sometimes you have to make yourself tighter before you can be relaxed, just as we did in these exercises. Practice these exercises every day to get more and more relaxed. A good time to practice is at night, after you have gone to bed and the lights are out and you won't be disturbed. It will help you get to sleep. Then, when you are really a good relaxer, you can help yourself relax at school. Just remember the elephant, or the jaw breaker, or the mud puddle, and you can do our exercises and nobody will know. Today is a good day, and you are ready to feel very relaxed. You've worked hard and it feels good to work hard. Very slowly, now, open your eyes and wiggle your muscles around a little. Very good. You've done a good job. You're going to be a super relaxer.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Learning How to Relax: Imagery

● Imagery is a relaxation technique that involves thinking about a calm or pleasant image.

● The first step is to take the time to develop a detailed mental picture of something that you find relaxing. It is important to utilize all your senses when developing the mental picture because this strengthens the relaxing effect of the image. For example, if your image is a summer beach scene, in addition to the elements you **see** (e.g., ocean waves, sand, colorful umbrellas, etc.), you might also **smell** the salty ocean spray, **feel** the warm sand on your fingers, and **hear** the sea gulls calling.

● You can also draw the image, or have a picture of it handy to make the image more vivid and effective during the early stages of learning this technique.

Description of Relaxing Images:

1.

2.

Practice Exercise:

● Pick a time to practice when you are unlikely to be disturbed. It is a good idea to take a mood rating before beginning the exercise. Sit or lie in a quiet, comfortable place that has minimal distractions. Think about your relaxing image, and remember to engage all your senses (e.g., include what you see, hear, feel, taste, and smell). It can be helpful to engage in deep breathing during the imagery exercise. Take a mood thermometer rating after completing the imagery exercise and compare it to the pre-rating to see if the imagery exercise helped you to become more relaxed.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Getting Active!

Write down a list of mood elevating activities and alternatives to substance use. Try to choose activities that are brief, easy, inexpensive and can be done at any time. For example, activities might include: walking the dog, reading a book, going for a jog, taking a warm bubble bath, calling a friend, playing cards with your spouse, listening to music, singing a song, dancing to a favorite song, etc. It is good to have a mix of activities – some active, some social, some sedentary so all options are available depending on what you desire on a given day.

MY LIST OF MOOD ELEVATING ACTIVITIES/ALTERNATIVES TO SUBSTANCE USE:

Physical Activities

1.

2.

3.

4.

5.

Social Activities

1.

2.

3.

Sedentary Activities

1.

2.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Problem-Solving Skills

Good problem-solving skills help adults and youth cope with many challenging every-day life situations, and they may also be helpful during family meetings. Listed below are steps to follow to help you find good solutions to various problems.

Define the problem: Identify and define the problem of focus. Be as specific and concrete as possible, and try to get to the heart of the problem. Often large problems can be broken down into smaller parts in order to find a problem that is within your control and solvable. It is important to come to an agreement with whoever is involved in solving the problem about the definition of the problem.

Brainstorm possible solutions: Brainstorming is a free flow of ideas, and it includes both reasonable and unreasonable ideas. It is helpful to include what first comes to mind, whether or not it seems like a good idea. Write down all the possible solutions, and make sure not to squelch or edit the possibilities. If you have difficulty coming up with ideas, you may ask yourself "What are some of the WORST things we could do?" Then ask yourself, "What are some of the BEST things we could do?"

Consider pros and cons of each option: Consider the pros and cons of each possible solution to the problem. In other words, what are the expected good features and bad features of each possible solution if it was put into practice?

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Problem-Solving Skills Worksheet Cont'd.

Choose an option to try, evaluate, and try again, if necessary: Finally, based on the analysis of pros and cons, choose the solution that seems best, give it a try, and evaluate the outcome. If it works well, great! You're done! If it is not working well, try an alternative option from the brainstorming list.

Practice Exercise:
Choose one or two problems to use to practice using the above steps to find a solution. At first, choose problems that are relatively easy to solve, and if possible, save the very difficult ones until you are comfortable with the steps.

1. DEFINE THE PROBLEM:

Brainstorm possible solutions:

Consider pros and cons of each option:

Choose an option to try, evaluate, and try again, if necessary:

2. DEFINE THE PROBLEM:

Brainstorm possible solutions:

Consider pros and cons of each option:

Choose an option to try, evaluate, and try again, if necessary:

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Cognitive Restructuring

● There are a number of automatic negative thoughts that are especially common in people with substance use disorder and related problems. Negative thoughts tend to make you feel bad, and these thoughts can also influence how you behave. In order to work on reducing the frequency of their occurrence, first try to notice when negative thoughts occur, next label them as negative and/or unrealistic, and finally work on changing them into more realistic and positive thoughts. Some examples of common negative thoughts and how to reframe them are listed below.

COMMON NEGATIVE THOUGHTS:

Blaming yourself

● Sometimes people blame themselves for negative outcomes instead of making a realistic assessment of blame. For example, blaming yourself would involve thinking, "The argument was totally my fault," instead of thinking, "My friend really pushed my buttons earlier, so we both had a role in the argument."

Neglecting to examine the evidence

● Neglecting to examine the evidence occurs when people think about a situation and forget to look at the evidence for positive or realistic facts. For example, neglecting to examine the evidence would involve thinking, "I'm going to fail the test tomorrow," instead of realizing, "No, actually I studied hard, and I know at least some of the material very well."

Forgetting about the good parts

● Forgetting about the good parts involves seeing only the negatives instead of the positives in situations that have already occurred. For example, seeing just the negatives would involve thinking, "I met my friend at a movie last night who I really wanted to see. Stupidly I forgot my credit card, and my friend had to cover for me again. That wasn't very smart, and it ruined the whole night." Remembering the positives would involve thinking, "I'm happy that my friend and I had a chance to go together to see a movie that we were really excited about."

Expecting a negative outcome

● Sometimes people expect a negative outcome in the future despite the fact that the outcome is not certain. Expecting a negative outcome would involve thinking, "I have a big presentation coming up at work and it is going to be terrible. My boss will be embarrassed. I don't want to do it. Maybe I will call in sick." Instead you could think something neutral or positive, such as "It's going to be stressful, but I've been practicing and I might just do ok."

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Cognitive Restructuring Cont'd.

Catastrophizing

● Catastrophizing means blowing a situation out of proportion instead of accepting that, even if everything did not go as planned, the outcome was not disastrous. An example of catastrophizing is thinking, "That dinner was horrible! Everything went wrong from the beginning! When the guests arrived my dog scared my boss' wife, dinner was late, and I forgot the bread. My husband says it was great, but he had to be lying to make me feel better." Instead you could think, "Well, that dinner did not go as I had planned, but the guests seemed happy and my husband gave me a compliment so it really was not so bad."

Black and white thinking

● Black and white negative thinking means thinking that things are all bad instead of seeing that most situations or people have good and bad in them. An example of black and white thinking is, "I hate my teacher, and I will never be able to get along with her. There is nothing good about her." This thought could be replaced with, "My teacher is strict and grades very hard, but on the other hand, she is knowledgeable and teaches me a lot of interesting things."

Ruminating

● Ruminating involves replaying negative thoughts in the mind in a non-productive manner. For example, ruminating involves thinking over and over, "I'm going to make a fool out of myself at the party. I'm going to be standing alone, and I won't have anyone to talk to. I'm going to feel terrible. I'm just going to want to leave." Instead you could think, "Okay, these negative thoughts are not helping me at all, and they are just making me feel bad. I need to focus on active steps that I can take to make this evening enjoyable, like bringing along a friend so I won't feel lonely."

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Family Talk: Description of the Family Talk Preventive Intervention

● The Family Talk Preventive Intervention is a strength-based, family-centered program for families in which one or both parents struggle with mental illness.

● Often, when youth struggle with emotional or behavioral problems, their parents do, too. Parental mental illness can present significant difficulties in families that are already challenged by youth-related troubles.

● A primary aim of the intervention is to strengthen families by supporting them in managing the effects of mental illness in all family members. Ultimately, understanding the effects of parental illness can help families to better address the needs of youth.

● Additional goals include helping the family better understand mental illness and its effects, and openly talk about it with each other for the purpose of improving the family environment, reducing risk and encouraging youths' resilience.

● Helping youth involves understanding their needs and strengths, and the needs and strengths of the family, caregivers and community.

KEY ASPECTS OF THE INTERVENTION

● The Family Talk program involves a series of meetings including parent meetings, a youth meeting for each youth in the family, and a family meeting. Family members learn about parental mental illness, and discuss their experiences with it and how it has affected the family. These discussions help to build a family illness narrative and help to break the silence about the illness and its effects.

Other important aspects of the intervention include:

- Learning about mental illness, resiliency and building skills
- Youth, family, and future-focused
- Parents as leaders, clinicians as partners
- Positive, strengths-based focus
- Time-limited intervention and long-term follow-up

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Bipolar Disorder

What is Bipolar Disorder?

Bipolar disorder is an illness with recurring episodes of mania or hypomania and depression.

Mania is when an individual feels extreme irritability and/or euphoria (which can occur with other symptoms- see box below).

Hypomania is when an individual feels symptoms of mania, such as irritability, surges in energy, and racing thoughts, but these symptoms are less intense than with mania.

Depression is when an individual feels extreme sadness, hopelessness, and lack of energy.

• Individuals with bipolar disorder cycle between experiencing manic/ hypomanic episodes and depressive episodes, sometimes experiencing neither state or experiencing both states at the same time (called a mixed state). An individual episode can last anywhere from a day to months.

SYMPTOMS

Symptoms of Mania/Hypomania:

- Intensely elevated mood
- High irritability
- Exaggerated self-confidence
- Racing thoughts or speech
- Decreased sleep
- Engaging in impulsive, pleasuring-seeking, or risky behaviors
- Easily distractible
- Feeling agitated or jumpy
- In the most severe cases, delusions or hallucinations

Symptoms of Depression:

- Prolonged sadness
- Irritability, agitation, or anxiety
- Loss of pleasure in former interests
- Social withdrawal
- Lack of energy
- Feelings of guilt, worthlessness
- Unexplained changes in appetite or sleep patterns
- Difficulty concentrating/making decisions
- Thoughts of death or suicide

IMPORTANT FACTS AND INFORMATION

• Nearly 6 million American adults are affected by bipolar disorder, and it tends to run in families.

• Like diabetes, bipolar disorder is a chronic illness that requires ongoing treatment and management by a professional.

• Effective treatment for bipolar disorder includes medication (i.e. mood-stabilizers, antidepressants, and/or atypical antipsychotics) and psychotherapy .

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Bipolar Disorder Cont'd.

• Bipolar disorder is not the same thing as having mood swings, and it also does not mean someone is "crazy." Bipolar disorder is a real medical illness.

• Bipolar disorder can severely impact the functioning and well-being of individuals. With treatment, however, many individuals with bipolar disorder lead satisfying and productive lives.

TREATMENT

Medications

Mood stabilizing medications are sometimes used to help control moods. Examples include: Lithium (also known as Eskalith or Lithobid); Depakote (valproic acid or divalproex sodium); Lamictal (lamotrigine); Neurontin (gabapentine); Topamax (topiramate); Trileptal (oxcarbazepine)

Atypical antipsychotic medications are sometimes used to treat manic or mixed episodes. Examples include: Zyprexa (olanzapine); Abilify (aripiprazole); Seroquel (quetiapine); Risperdal (risperidone); Geodon (ziprasidone)

Antidepressant medications are sometimes used to treat symptoms of depression. Examples include: Prozac (fluoxentine); Paxil (paroxetine); Zoloft (sertraline); Wellbutrin (bupropion)

Psychotherapy

In addition to medication, talk therapy can be useful in the treatment of bipolar disorder, providing support, education, and guidance to people with the disorder and their families. Examples include: Cognitive Behavioral Therapy (CBT); Family Focused Therapy; Interpersonal and social rhythm therapy

Additional Information

- The Depression and Bipolar Support Alliance: http://www.dbsalliance.org
- The National Institute of Mental Health: http://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml
- The National Alliance on Mental Illness: http://www.nami.org
- The Balanced Mind Foundation: http://www.thebalancedmind.org
- BP Magazine: http://www.bphope.com

Need Help?

If you or someone you know has thoughts of death or suicide, call 800-273-TALK (800-273-8255) or 9-1-1 immediately.
For more information about how to receive treatment for bipolar disorder, ask your Family Talk practitioner.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Trauma

What is Trauma?

● Trauma is an emotional response to a very distressing event, such as child abuse or other crimes, combat experience, an accident, and natural disasters. Long after the event, individuals can still be deeply affected and can experience a number of different symptoms, including unpredictable emotions, flashbacks, difficult relationships, and physical pain such as headaches or nausea.

SYMPTOMS

- Excessive alertness, easily startled
- Exhaustion, difficulty sleeping, aches and pains
- Intrusive thoughts, flashbacks, or nightmares about the trauma
- Poor concentrating and memory, disorientation, confusion
- Avoidance of thoughts, feelings, or external reminders of the trauma
- Social withdrawal and isolation
- Loss of interest in normal activities
- Fear, anger, guilt, shame, irritability, panic
- Numbness, detachment
- Negative beliefs about self or the world, distorted blame of self or others for trauma

● Most people experience these symptoms after the event as part of a normal trauma reaction, but for some people, these symptoms will persist and interfere with their life, and may manifest as post-traumatic stress disorder (PTSD), depression, anxiety disorders, or substance abuse.

When to seek professional help

● If symptoms of trauma have lasted more than a few weeks and are getting in the way of your emotional, interpersonal, physical (including increased use of substances) or functional well-being, you should seek professional help.

● Trauma-focused psychological interventions can help individuals with persistent trauma symptoms. Therapies, such a Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy, and Prolonged Exposure Therapy, can help individuals manage stress, change their attitudes and behaviors related to the trauma, and confront distressing situations and
memories so they can be overcome. Medication also may be used, along with trauma-focused therapy.

● It is the mind's natural response to avoid thoughts and situations related to trauma, and therefore many with trauma find the idea of talking about their experience incredibly distressing. However, confronting the trauma is how individuals are able to process their

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

emotions surrounding the event, learn skills to manage the impact of trauma on one's life, and move on successfully.

Additional Information

- National Center for PTSD: http://www.ptsd.va.gov/index.asp
- National Institute of Mental Health: http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml
- International Society for Traumatic Stress Studies: http://www.istss.org/
- Australian Centre for Posttraumatic Mental Health: http://www.acpmh.unimelb.edu.au/

Need Help?

Talk to your Family Talk practitioner about your options.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Anxiety Disorders

Everyone experiences anxiety. However, when feelings of intense fear and distress are overwhelming and prevent us from doing everyday things, an anxiety disorder may be the cause. Anxiety disorders are the most common mental health concern in the United States. An estimated 40 million adults in the U.S., or 18%, have an anxiety disorder. Approximately 8% of children and teenagers experience the negative impact of an anxiety disorder at school and at home.

Symptoms

Just like with any mental illness, people with anxiety disorders experience symptoms differently. But for most people, anxiety changes how they function day-to-day. People can experience one or more of the following symptoms:

Emotional symptoms:

- Feelings of apprehension or dread
- Feeling tense and jumpy
- Restlessness or irritability
- Anticipating the worst and being watchful for signs of danger

Physical symptoms:

- Pounding or racing heart and shortness of breath
- Upset stomach
- Sweating, tremors and twitches
- Headaches, fatigue and insomnia
- Upset stomach, frequent urination or diarrhea

Types of Anxiety Disorders

Different anxiety disorders have various symptoms. This also means that each type of anxiety disorder has its own treatment plan. The most common anxiety disorders include:

- **Panic Disorder.** Characterized by panic attacks—sudden feelings of terror—sometimes striking repeatedly and without warning. Often mistaken for a heart attack, a panic attack causes powerful, physical symptoms including chest pain, heart palpitations, dizziness, shortness of breath and stomach upset.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

- **Phobias.** Most people with specific phobias have several triggers. To avoid panicking, someone with specific phobias will work hard to avoid their triggers. Depending on the type and number of triggers, this fear and the attempt to control it can seem to take over a person's life.
- **Generalized Anxiety Disorder (GAD).** GAD produces chronic, exaggerated worrying about everyday life. This can consume hours each day, making it hard to concentrate or finish routine daily tasks. A person with GAD may become exhausted by worry and experience headaches, tension or nausea.
- **Social Anxiety Disorder.** Unlike shyness, this disorder causes intense fear, often driven by irrational worries about social humiliation–"saying something stupid," or "not knowing what to say." Someone with social anxiety disorder may not participate in conversations, contribute to class discussions, or offer their ideas, and may become isolated. Panic attack symptoms are a common reaction.

Causes

Scientists believe that many factors combine to cause anxiety disorders:

- **Genetics.** Some families will have a higher than average numbers of members experiencing anxiety issues, and studies support the evidence that anxiety disorders run in families. This can be a factor in someone developing an anxiety disorder.
- **Stress.** A stressful or traumatic situation such as abuse, death of a loved one, violence or prolonged illness is often linked to the development of an anxiety disorder.

Diagnosis

The physical symptoms of an anxiety disorder can be easily confused with other medical conditions like heart disease or hyperthyroidism. Therefore, a doctor will likely perform a carefully evaluate involving a physical examination, an interview and ordering lab tests. After ruling out a medical illness, the doctor may recommend a person see a mental health professional to make a diagnosis.

Treatment

As each anxiety disorder has a different set of symptoms, the types of treatment that a mental health professional may suggest also can vary. But there are common types of treatment that are used:

- Psychotherapy, including cognitive behavioral therapy (CBT)
- Medications, including anti-anxiety medications and antidepressants
- Complementary health approaches, including stress and relaxation techniques.

See more at: http://www.nami.org/Learn-More/Mental-Health-Conditions/AnxietyDisorders

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

National Alliance on Mental Illness

Depression

Depression is more than just feeling sad or going through a rough patch. It's a serious mental health condition that requires understanding and medical care. Left untreated, depression can be devastating for the people who have it and for their families. Fortunately, with early detection, diagnosis and a treatment plan consisting of medication, psychotherapy and lifestyle choices, many people do get better.

Some people have only one episode in a lifetime, but for most people depression recurs. Without treatment, episodes may last a few months to several years.

An estimated 16 million American adults—almost 7% of the population—had at least one major depressive episode in the past year. People of all ages and all racial, ethnic and socioeconomic backgrounds experience depression, but it does affect some groups of people more than others. Women are 70% more likely than men to experience depression, and young adults aged 18–25 are 60% more likely to have depression than people aged 50 or older.

Symptoms

Just like with any mental illness, people with depression experience symptoms differently. But for most people, depression changes how they function day-to-day. Common symptoms of depression include:

- Changes in sleep
- Changes in appetite
- Lack of concentration
- Loss of energy
- Lack of interest
- Low self esteem
- Hopelessness
- Changes in movement
- Physical aches and pains

FAMtalk

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Causes

Depression does not have a single cause. It can be triggered, or it may occur spontaneously without being associated with a life crisis, physical illness or other risk. Scientists believe several factors contribute to cause depression:

- **Trauma.** When people experience trauma at an early age, it can cause long-term changes in how their brains respond to fear and stress. These brain changes may explain why people who have a history of childhood trauma are more likely to experience depression.
- **Genetics**. Mood disorders and risk of suicide tend to run in families, but genetic inheritance is only one factor.
- **Life circumstances.** Marital status, financial standing and where a person lives have an effect on whether a person develops depression, but it can be a case of "the chicken or the egg."
- **Brain structure.** Imaging studies have shown that the frontal lobe of the brain becomes less active when a person is depressed. Depression is also associated with changes in how the pituitary gland and hypothalamus respond to hormone stimulation.
- **Other medical conditions.** People who have a history of sleep disturbances, medical illness, chronic pain, anxiety, and attention-deficit hyperactivity disorder (ADHD) are more likely to develop depression.
- **Drug and alcohol use.** Approximately 30% of people with substance use problems also have depression.

Diagnosis

To be diagnosed with depression, a person must have experienced a major depressive episode that has lasted longer than two weeks. The symptoms of a major depressive episode include:

- Loss of interest or loss of pleasure in all activities
- Change in appetite or weight
- Sleep disturbances
- Feeling agitated or feeling slowed down
- Fatigue
- Feelings of low self-worth, guilt or shortcomings
- Difficulty concentrating or making decisions
- Suicidal thoughts or intentions

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Treatments

Although depression can be a devastating illness, it often responds to treatment. The key is to get a specific evaluation and a treatment plan. Treatment can include any one or combination of:

- Medications including antidepressants, mood stabilizers and antipsychotic medications
- Psychotherapy including cognitive behavioral therapy, family-focused therapy and interpersonal therapy
- Brain stimulation therapies including electroconvulsive therapy (ECT) or repetitive transcranial magnetic stimulation (rTMS)
- Light therapy, which uses a light box to expose a person to full spectrum light and regulate the hormone melatonin
- Exercise
- Alternative therapies including acupuncture, meditation, and nutrition
- Self-management strategies and education
- Mind/body/spirit approaches such as meditation, faith, and prayer

See more at: http://www.nami.org/Learn-More/Mental-Health-Conditions/Depression

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

APPENDIX C

Preventing an Opioid Overdose

Know the Signs. Save a Life.

● Opioid Overdose Basics

Prescription opioids (like hydrocodone, oxycodone, and morphine) and illicit opioids (like heroin and illegally made fentanyl) are powerful drugs that have a risk of a potentially fatal overdose.

Anyone who uses opioids can experience an overdose, but certain factors may increase risk including but not limited to:

- Combining opioids with alcohol or certain other drugs
- Taking high daily dosages of prescription opioids
- Taking more opioids than prescribed
- Taking illicit or illegal opioids, like heroin or illicitly-manufactured fentanyl, that could could possibly contain unknown or harmful substances
- Certain medical conditions, such as sleep apnea, or reduced kidney or liver function
- Age greater than 65 years old

Death from an opioid overdose happens when too much of the drug overwhelms the brain and interrupts the body's natural drive to breathe. Learn more about opioids to protect yourself and your loved ones from opioid abuse, addiction, and overdose: www.cdc.gov/drugoverdose If symptoms of trauma have lasted more than a few weeks and are getting in the way of your emotional, interpersonal, physical (including increased use of substances) or functional well-being, you should seek professional help.

Signs and Symptoms of an Opioid Overdose

During an overdose, breathing can be dangerously slowed or stopped, causing brain damage or death. It's important to recognize the signs and act fast. Signs include:

- Small, constricted "pinpoint pupils"
- Falling asleep or loss of consciousness
- Slow, shallow breathing
- Choking or gurgling sounds
- Limp body
- Pale, blue, or cold ski

What To Do If You Think Someone Is Overdosing

It may be hard to tell if a person is high or experiencing an overdose. If you aren't sure, it's best to treat it like an overdose— you could save a life.

- Call 911 immediately.
- Administer naloxone, if available.
- Try to keep the person awake and breathing.
- Lay the person on their side to prevent choking.
- Stay with him or her until emergency workers arrive.

Ask your doctor about naloxone – a safe medication that can quickly stop an opioid overdose. It can be injected into the muscle or sprayed into the nose to rapidly block the effects of the opioid on the body.

Adapted from the Center for Disease Control and available at:
https://www.cdc.gov/drugoverdose/pdf/patients/preventing-an-opioid-overdose-tip-card-a.pdf

APPENDIX D

Suggested Assessment Instruments

Parent Questionnaires

Pre-Intervention Evaluation. 177
Satisfaction Evaluation: Post Session - *How Satisfied are You?* 181
Post-Intervention Evaluation..... 182

Preventionist Questionnaires

Preventionist Pre-Training Demographics 186
Preventionist Post-Training Evaluation Form. 188
Preventionist Post-Implementation Evaluation Form. 191

Pre-Intervention Parent Evaluation

Before we begin the Family Talk preventive intervention, we would like to know about your experiences with substance use disorder in your family. When answering, please read all options and circle the best choice.

Date: _____

1. The person who fills in this form is

1	2	3
mother or stepmother	father or stepfather	both parents

2. The parent with substance use disorder is

1	2	3
mother or stepmother	father or stepfather	both parents

3. To what degree have you and your spouse discussed substance use with each other?

1	2	3	4	5
Not at all	A little	Some	Frequently	Very Frequently

☐ I do not have a spouse

4. To what degree has substance use affected your relationship with your spouse?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

☐ I do not have a spouse

5. To what degree have you discussed substance use with your child(ren)?

1	2	3	4	5
Not at all	A little	Some	Frequently	Very Frequently

6. To what degree has substance use affected your relationships with your child(ren)?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

7. To what degree has substance use affected family life?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

8. How much do you feel you accept yourself?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

9. How much do you feel you understand your spouse?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

☐ I do not have a spouse

10. How much do you feel you understand your child(ren)?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

11. How would you rate the quality of your relationship with your spouse?

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

☐ I do not have a spouse

12. How would you rate the quality of your relationship with your child(ren)?

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

13. How would you rate the quality of your children's relationship with each other?

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

☐ I have only one child

14. How would you rate your views of your parenting?

a) My confidence in my parenting:

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

b) My sense of adequacy as a parent:

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

15. Despite the fact that more is known about substance use disorder than before, there can still be feelings of shame, even within the family. Do you currently experience such feelings of shame about substance use in your family?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

16. To what degree do you have feelings of guilt concerning your child(ren) or family?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

17. Please rate your sense of personal well-being:

1	2	3	4	5
Very Positive	Somewhat Positive	Neutral	Somewhat Negative	Very Negative

18. Please rate:

a) Your confidence in your own future:

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

b) Your confidence in your child(ren)'s future:

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

c) Your confidence in your family's future:

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

19. To what degree do you know about:

a) Substance use disorder and related mental health problems in yourself:

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

b) Substance use and related mental health problems in your child(ren):

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

c) Substance use disorder and related mental health problems in your spouse:

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

☐ I do not have a spouse

d) Resiliency:

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

e) Communication and problem-solving skills:

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

20. To what degree do you have worries concerning your child(ren)?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

Please share any comments _____

_____

_____

THANK YOU FOR YOUR ANSWERS!

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Parent Satisfaction Evaluation: Post-Session

How Satisfied are You?

1) How much do you feel that the preventionist understood your problems/needs/concerns today?

1 = Not at all 2 = A little 3 = Somewhat 4 = Quite a bit 5 = Very much

2) To what extent did anything bother or upset you in today's meeting?

1 = Not at all 2 = A little 3 = Somewhat 4 = Quite a bit 5 = Very much

If you answered 2 ("a little") or above, what part of the session/meeting bothered you or upset you?

_____

_____

3) To what extent was today's session helpful?

1 = Not at all 2 = A little 3 = Somewhat 4 = Quite a bit 5 = Very much

If you answered 2 ("a little") or above, what part of the session/meeting was helpful?

_____

_____

4) How satisfied are you with today's session?

1 = Not at all 2 = A little 3 = Somewhat 4 = Quite a bit 5 = Very much

FamilyTalk Preventive Intervention This program was written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include the Department of Psychiatry, Children's Hospital Boston and the Judge Baker Children's Center.

Post-Intervention Parent Evaluation of Family Talk

Now that you have completed the Family Talk Preventive Intervention, we would like to know about your experiences with the program. When answering, please read all options and circle the best choice.

Date: _____

1. The person who fills in this form is

1	2	3
mother or stepmother	father or stepfather	both parents

2. The parent with substance use disorder is

1	2	3
mother or stepmother	father or stepfather	both parents

3. To what degree have you and your spouse discussed substance use with each other?

1	2	3	4	5
Not at all	A little	Some	Frequently	Very Frequently

☐ I do not have a spouse

4. To what degree has substance use affected your relationship with your spouse?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

☐ I do not have a spouse

5. To what degree have you discussed substance use with your child(ren)?

1	2	3	4	5
Not at all	A little	Some	Frequently	Very Frequently

6. To what degree has substance use affected your relationships with your child(ren)?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

7. To what degree has substance use affected family life?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

Family Talk Preventive Intervention This program was written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include the Department of Psychiatry, Children's Hospital Boston and the Judge Baker Children's Center.

8. How much do you feel you accept yourself?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

9. How much do you feel you understand your spouse?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

☐ I do not have a spouse

10. How much do you feel you understand your child(ren)?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

11. How would you rate the quality of your relationship with your spouse?

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

☐ I do not have a spouse

12. How would you rate the quality of your relationship with your child(ren)?

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

13. How would you rate the quality of your children's relationship with each other?

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

☐ I have only one child

14. How would you rate your views of your parenting?

a) My confidence in my parenting:

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

b) My sense of adequacy as a parent:

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

FamilyTalk Preventive Intervention This program was written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include the Department of Psychiatry, Children's Hospital Boston and the Judge Baker Children's Center.

15. Despite the fact that more is known about substance use disorder than before, there can still be feelings of shame, even within the family. Do you currently experience such feelings of shame about substance use in your family?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

16. To what degree do you have feelings of guilt concerning your child(ren) or family?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

17. Please rate your sense of personal well-being:

1	2	3	4	5
Very Positive	Somewhat Positive	Neutral	Somewhat Negative	Very Negative

18. Please rate:

a) Your confidence in your own future:

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

b) Your confidence in your child(ren)'s future:

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

c) Your confidence in your family's future:

1	2	3	4	5
Very Poor	Poor	Ok	Good	Very Good

19. To what degree do you know about:

a) Substance use disorder and related mental health problems in yourself:

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

b) Substance use and related mental health problems in your child(ren):

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

c) Substance use disorder and related mental health problems in your spouse:

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

☐ I do not have a spouse

d) Resiliency:

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

e) Communication and problem-solving skills:

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

20. To what degree do you have worries concerning your child(ren)?

1	2	3	4	5
Not at all	A little	Some	Quite a lot	Very Much

Please share any comments _____

_____

_____

THANK YOU FOR YOUR ANSWERS!

Preventionist Pre-Training Demographic Form

1) Name or ID _____

***2)* Gender** *(circle one):* Male Female

***3)* Age Range** *(circle one):*

18-24 25-35 36-45 46-55 56-65 66+

4) Your Location:

City:_____

State/Province:_____

Country:_____

5) Your highest degree *(circle one):* BA/BSc MA PhD/PsyD/MD PostDoc

***6)* Are you doing this training primarily for** *(circle one):*

Yourself An organization (volunteer) An employer

***7)* Your primary professional affiliation** *(circle one):*

Social Work Psychology Psychiatry Medical Doctor Nurse

Educator Other _____

8) Number of years of work, post training, in your primary profession:_____years

9) Do you have previous experience with evidence-based practices (or manualized interventions)?_____Yes_____No

a) If yes, please list which interventions you have been trained on:

b) If yes, please list which interventions you have experience using:

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

10) How did you hear about this training program?

11) Do you have previous training with Family Talk?_____Yes_____No

If yes, please describe: _____In-person _____Web-based modules
_____ Combination of in-person and web-based

If in-person, where? _____

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Preventionist Post-Training Evaluation Form

1) How were you trained (circle one)? In-person Web-based modules
Combination of in-person and web-based

If in-person, where? _____

2) To what extent did you enjoy the training?

1	2	3	4	5	6	7
Not at all			Moderately			Very Much

3) To what extent did you find the training useful?

1	2	3	4	5	6	7
Not at all			Moderately			Very Much

4) How difficult was it for you to learn Family Talk from this training?

1	2	3	4	5	6	7
Very Difficult			Moderately Difficult			Not at all Difficult

5) To what extent did you feel this course was appropriate for your level of education, experience, and licensure?

1	2	3	4	5	6	7
Not at all			Moderately			Very Much

6) To what extent was this course relevant to your professional practice?

1	2	3	4	5	6	7
Not at all			Moderately			Very Much

7) Please rate the following components of the Family Talk intervention:

	How much did you like/dislike? (1=disliked, 5=liked)	How useful? (1=not at all, 5=very useful)	How hard/ easy to learn? (1=difficult, 5=easy)
a. Gathering Family Depression Story	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
b. Parent Psychoeducation	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
c. Youth Meeting	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
d. Family Meeting Preparation	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

	How much did you like/dislike? (1=disliked, 5=liked)	How useful? (1=not at all, 5=very useful)	How hard/ easy to learn ? (1=difficult, 5=easy)
e. Family Meeting	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
f. Follow-up and Planning for Future	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
g. Long-term Follow-up	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
h. Skills Module	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

8. Please rate the following modes of training:

	How much did you like/dislike? (1=disliked, 5=liked)	How useful? (1=not at all, 5=very useful)	How hard/ easy to learn? (1=difficult, 5=easy)	NA
a. Powerpoint Presentation	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	___
b. Web Modules	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	___
c. Video Clips	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	___
d. Role Plays	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	___
e. Handouts/Worksheets	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	___

9. To what extent did this course address the following learning objectives?

a) To learn important psychoeducational facts about substance use disorder in parents and resiliency in children:

1 2 3 4 5 6 7
Not at all Moderately Very Much

b) To learn about the structure and sequence of the Family Talk Preventive Intervention (e.g., modules, timing, type of meetings, order of participant involvement):

1 2 3 4 5 6 7
Not at all Moderately Very Much

c) To learn about the important content and principles of the Family Talk Preventive Intervention (e.g., gathering and sharing family substance use stories, skills-building, holding a family meeting, planning for the future):

1 2 3 4 5 6 7
Not at all Moderately Very Much

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

d) To learn how to implement Family Talk with different families, and troubleshoot common challenges:

1	2	3	4	5	6	7
Not at all			Moderately			Very Much

10. To what extent did you perceive the developers of this program to have knowledge of the subject matter?

1	2	3	4	5	6	7
Not at all			Moderately			Very Much

11. What did you most like about the training?

12. Do you have any suggestions for changes to the training?

13. Would you recommend this Family Talk training course to others?

☐ Yes ☐ No

If yes, please describe:

14. How likely are you to integrate the Family Talk preventive intervention, as it was learned in the training, into your usual clinical practice?

1	2	3	4	5	6	7
Not at all likely			Moderately likely			Very Likely

Why or why not? _____

15. How likely are you to integrate some form of this intervention into your usual clinical practice following this training?

1	2	3	4	5	6	7
Not at all likely			Moderately likely			Very Likely

Why or why not? _____

16. If you used www.FAMpod.org, or FAMtalk (web-based training modules), what other trainings or resources would you like made available on the FAMpod website?

Additional comments (optional – on back please)

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Preventionist Post-Implementation Evaluation Form

1) Please briefly describe your clinical practice (e.g., outpatient general clinic, specialty practice, adult-focused etc.):

_____

_____

2) Have you used Family Talk? *(please circle)* Yes No

If yes, how many times?_____If no, please answer only Questions 6, 7 and 11.

3) After using the Family Talk preventive intervention, how useful do you consider it to be?

1	2	3	4	5
Not useful at all		Neutral		Very Useful

4) Does Family Talk help you with the following practices?

	not at all	a little	some	much	very much
a) Discuss parenting matters with the parents	1	2	3	4	5
b) Discuss youth-related matters with the parents	1	2	3	4	5
c) Work on youth -related issues with the parents	1	2	3	4	5
d) Work with youth	1	2	3	4	5
e) Assess youth functioning	1	2	3	4	5
f) Work together with the whole family	1	2	3	4	5
g) Teach skills to family members	1	2	3	4	5

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

5) Has using the Family Talk preventive intervention changed your working practices?

1 no
2 a little
3 a lot

If your working practices have changed, please describe how: _____

_____

_____

6) If you have co-workers, do they use Family Talk?

1 never
2 rarely
3 often

7) Do you have enough resources (e.g., time, appropriate families) to use Family Talk in your work?

1 yes
2 no

If no, what is missing and why?

_____

_____

8) If you have an employer/supervisor, does this person support you in using Family Talk?

1 yes
2 no

9) Do your colleagues support you in using Family Talk?

1 yes
2 no

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

10) It is common to experience new feelings when working in a new area. Please rate how using Family Talk has affected the following issues in your work experience:

	decreased a lot	decreased a little	neutral	increased a little	increased a lot
a) Stress at work	1	2	3	4	5
b) Joy at work	1	2	3	4	5
c) Motivation to work	1	2	3	4	5
d) Ability to cope with workload	1	2	3	4	5
e) Desire to gain new information	1	2	3	4	5

11) Do you have any further thoughts or suggestions about the Family Talk preventive intervention?

_____

_____

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Appendix E

Dissemination and Adaptation Examples

Family Talk started as an intervention for families dealing with depression, and it has been adapted for use with different populations. More information is available in the Resources section of our website: www.fampod.org.

Community-wide Adaptation in Chicago

The Family Talk preventive intervention program in Chicago is a pilot project between the Chicago Department of Public Health, Community Mental Health Council's Institute for Managerial & Clinical Consultation (IMACC), and Children's Hospital Boston/Judge Baker Children's Center. More than twelve local agencies, organizations, and systems of care in the Chicago area were recruited to learn the Family Talk preventive intervention and integrate it into their continuum of care in order to strengthen children, families, and communities at greatest risk. The pilot agencies represent multiple treatment settings across diverse communities including community mental health centers, medical facilities, alcohol and substance abuse treatment facilities, child welfare agencies and public health agencies. The Chicago pilot implementation began in May 2010 and will continue through December 2011. IMACC consultants completed a readiness assessment with all partner agencies prior to implementation to determine its capacity to support the intervention at the service delivery and administrative levels. Following training on Family Talk, IMACC consultants provide bi-weekly supervision for preventionists as needed and quarterly administrator conference calls to support overall implementation. Additionally, a core group of agencies received enhanced training to support the delivery of the Family Talk Community Presentation, developed by the Chicago implementation team. This curriculum was developed to assist partner agencies in increasing their capacity to provide community education and expand service delivery. Final steps for each partner agency include the evaluation of the intervention delivery methods, assessment of applicability with its core consumers and agency settings, and provision of feedback to the Chicago Department of Public Health about greater service expansion within the Chicago area.

African-American Adaptation with Randomized Trial

The Family Talk preventive intervention was adapted for use with inner-city single-parent minority families in the Boston area. Both the clinician-facilitated and lecture forms of the intervention were used. The interventions proved safe and feasible, and although greater positive change was found in the clinician-facilitated approach, both groups showed evidence of significant gains.

Dissemination and Adaptation Examples Cont'd.

- Podorefsky DL, McDonald-Dowdell M, & Beardslee WR. Adaptation of preventive interventions for a low-income, culturally diverse community. *J American Academy of Child and Adolescent Psychiatry*, 2001, 40:8: 879-886.

Latino Adaptation with Open Trial

The Family Talk interventions were adapted for use with Latino families. An open trial indicated the interventions were safe and feasible. Significant gains occurred for parents and children, with greater positive gains found in the parents.

- D'Angelo EJ, Llerena-Quinn R, Shapiro R, Colon F, Gallagher K, and Beardslee WR. Adaptation of the preventive intervention program for depression for use with Latino families. *Fam Process,* 2009, 48(2), 269-291.

Family Connections – an Innovation Demonstration Grant in Head Start and Early Head Start

Dr. Beardslee and colleagues adapted the principles of Family Talk for use in Head Start and Early Head Start. Given the high rates of depression and depressive symptomatology in the parents of Head Start children, they took a public health approach by developing a teacher training and empowerment program to help teachers deal with parents who are difficult to engage and also to emphasize the importance of self-reflection and self-care. This program consists of 12 trainings for teachers and a number of short papers for both teachers and parents.

In a second phase of the project, the materials on socioemotional development and parental adversity were linked to a specific focus on reading and the use of language in the Tell Me A Story project. The program now consists of 9 trainings, 3 focused on reading to children about emotional topics in Head Start, 3 on how to engage parents, and 3 developed in collaboration with Dr. Catherine Snow's language/literacy team at the Harvard Graduate School of Education on ways of engaging families for whom English is a second language.

- Beardslee WR, Ayoub C, Avery MW, Watts CI, and O'Carroll KL. Family Connections: An approach for strengthening early care systems in facing depression and adversity. *Am J Orthopsychiatry*. 2010, 80(4), 482-95

- Beardslee WR, Avery MW, Ayoub C, and Watts CL. Family Connections: Helping Early Head Start/Head Start staff and parents make sense of mental health challenges. *Zero to Three*, 29(6), 2009, 34-42.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Dissemination and Adaptation Examples Cont'd.

Inflammatory Bowel Disease

• Szigethy E, Carpenter J, Baun E, Kenney E, Baptista-Neto B, Beardslee WR, and DeMaso DR. Longitudinal treatment of adolescents with depression and inflammatory bowel disease. *J Am Acad Child Adolesc Psychiatry*, 2006, 45(4):1-5.

• Szigethy E, Noll R, DeMaso D, Beardslee W, Weisz J, Fairclough D, Bousvaros A, Keljo D, Hardy DM, Kenney E, and Carpenter H. Cognitive behavioral therapy for adolescents with inflammatory bowel disease and subsyndromal depression. *J Am Acad Child Adolesc Psychiatry*, October 2007, 46(1):1290-1298.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Appendix F

International and National Collaborations

A number of impressive family-based depression prevention programs in a variety of national and international locations have a connection to the Family Talk preventive intervention. Some of these programs have been implemented country-wide with government support and involve the training of many practitioners in their use. In some cases, the programs have expanded the focus population to include other psychiatric and medical problems. Additionally, Family Talk has been implemented in different formats such as parent groups. Examples of countries that have implemented programs that were influenced by Family Talk include Finland, Norway, Holland, Sweden, Iceland, Costa Rica, Columbia, Australia and Canada. Collaborators in the United States include Families OverComing Under Stress (FOCUS) for military families facing deployment, and Family Connections, a parent program for Head Start families. We encourage you to visit our website, www.FAMpod.org, and click on the Collaborations tab on the header to learn the most current information about these programs. Contact information for our collaborators, as well as references to relevant literature, also are included. Contact information for our collaborators, as well as references to relevant literature, are also included.

Appendix G

Family Talk Resource List

Prevention

- Mental Health and Substance Use Disorders https://www.mentalhealth.gov/what-to-look-for/mental-health-substance-use-disorders

- National Association of Addiction and Treatment Providers: Warning Signs of Substance Misuse and Substance Use Disorder https://www.naatp.org/consumer-resources/signs-of-substance-abuse

- NIDA: Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/evidence-based-approaches-to-treating-adolescent-substance-use-disorders/addiction-medications

- NIDA: Treatment Approaches for Drug Addiction https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction

- preventioncoalition: Risk Factors for Drug Abuse http://thepreventioncoalition.org/drug-use-the-bare-facts/risk-factors-for-drug-abuse/

- SAMHSA: Handout: Factors Influencing Potential for Substance Use https://ncsacw.samhsa.gov/files/TrainingPackage/MOD2/FactorsInfluencingPotential.pdf

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Appendix H

THE BRYANT FAMILY

Family Description

Annalisa Bryant lives in Boston, a single mother of Latino ethnicity. She is 31 years of age. Annalisa has an 11-year-old boy named Jimmy. Leroy Bryant is Jimmy's father, and he is African American. Leroy and Annalisa separated when Jimmy was 3 years of age, and Leroy now lives in North Carolina. Jimmy rarely gets to visit his father; he last saw him two years ago when Leroy was in the area. Annalisa and Leroy struggled during their relationship. Annalisa endured domestic violence, some of which Jimmy likely witnessed. The couple was often short on money, and once they were evicted from their apartment because they could not come up with the rent. Annalisa now suffers from post-traumatic stress disorder (PTSD) as a result of the abuse. She also has depression and substance use disorder. Annalisa says that Jimmy looks just like his father, and at times he triggers difficult memories for his mother.

Annalisa had a second child with a Latino man when Jimmy was 5 years of age. Annalisa's daughter is now 6-years old, and her name is Rosa. Rosa's father is named José, and he is much younger than Annalisa. Annalisa and José never lived together, and they have an amicable relationship. José lives in a neighboring city and works at a gas station. He keeps in touch with Annalisa and the children and often visits when he has a weekend day off of work.

Jimmy is the identified child in the family. Jimmy's schoolteacher referred the family for additional support because she was very concerned about Jimmy's behavior at school. He vacillated between seeming very sad and withdrawn and engaging in violent rages on the playground. In one episode, he got into a physical fight with another boy and was suspended. At home, Jimmy's presentation is similar. He is very moody and often isolates himself in his room. At other times, he has severe anger outbursts when things do not go his way. Rosa does quite well, but she is anxious. She has worn her hair thin on one side of her head from pulling, and she bites her nails. Rosa prefers to be with her mother and sometimes asks to stay home from school because she feels sick. Rosa refuses to sleep alone at night, and her mother lies with her until she falls asleep. If Rosa wakes up alone, she crawls into her mother's bed.

Annalisa's mother, Maria Lopez, helps her daughter with taking care of the children after school until Annalisa comes home from work. She is an outspoken woman and openly states her hatred of Leroy. She blames him for much of Annalisa's current struggles. Although Maria loves her daughter, she is critical of Annalisa's parenting, and feels that she is too

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

easy on her children. She states that Annalisa babies Rosa, and has no control over Jimmy. Annalisa's father is physically disabled and dysthymic. He is not very connected with Annalisa and her children. Annalisa's brother, Juan, on the other hand, is close with his sister, but he lives a couple of hours away, and is often too busy with work to visit.

Early Work

During initial therapy sessions with the Bryant family, while conducting a full evaluation of Jimmy, the clinician and therapist work with Jimmy's school to identify the extent of Jimmy's behavioral difficulties. They introduce Jimmy to a Therapeutic Mentor (TM) who helps him with anger management and relaxation strategies. During an early family session, the clinician becomes aware of Annalisa's struggles with depression and PTSD and refers her for individual psychotherapy. Annalisa is initially resistant, but the clinician assures her that the best way she can care for her children is to address her own mental health issues. In the clinical sessions, goals for Jimmy are established, a safety plan is drafted, and over two months, Jimmy's outbursts begin to diminish, and his teacher reports that he is not quite as isolated from his peers at school.

As the sessions continue, the team realizes that Annalisa's anger at Leroy is influencing her ability to connect with Jimmy. They observe during family sessions that Annalisa will not make eye contact with Jimmy, and, while she cuddles and comforts Rosa, she will not demonstrate any affection toward her son. During an individual meeting with his TM, Jimmy reports that Annalisa refused to come out of her room when he came home from school, and that she would not help him with homework. Because it seems that Annalisa's mental health issues are interfering with her ability to parent Jimmy effectively, after consultation with all partners in the treatment of the Bryant family, the team decides to recommend Family Talk. After discussion during a supervision session with their team manager, they decide to recommend Pathway 1, a full course of the Family Talk intervention. They introduce the idea of Family Talk to Annalisa during a family meeting.

Preparation Meeting

Because Annalisa is resistant to the idea of focusing on her issues when she feels Jimmy is the one with a problem, the clinical team decides to use some strategies from motivational interviewing. They use active, reflective listening by affirming her feelings and summarizing her concerns. Next, they ask Annalisa to remind them of a goal or two she has for Jimmy. She says that she really wants Jimmy to stop being so aggressive in school. The lead clinician then points out that, maybe if Jimmy felt that he could communicate better with his mom at home, he might feel less frustrated and also less unsettled about his interactions at school.

The lead clinician asks Annalisa to list the positives and negatives about adding a focus on the effects of her symptoms on Jimmy. She opens up with her fear that, again, she'll be the one to blame for all of Jimmy's problems. The team assures her that they realize there are many factors that contribute to Jimmy's issues. Annalisa agrees to

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

give Family Talk a try.

Family Talk Module 1

During an initial meeting with Annalisa, the team explains that while they will now focus on Family Talk, they will continue to hold regular clinical meetings as needed. They ask Annalisa to talk about her history of PTSD, substance use, and depression, and how she feels it influences her children and her parenting. Annalisa notes that she has trouble sleeping because she has so many nightmares, she is afraid to be in crowded places, and sometimes when she looks at Jimmy she thinks about Leroy. Together, Annalisa and the clinicians agree on some goals for this intervention, including: (1) talking to her children about her illness; and (2) strengthening her relationship with Jimmy.

Family Talk Module 2

Annalisa is scheduled for a Family Talk meeting but misses her appointment. The clinicians call to check in, and Maria Lopez answers the phone. She reports that she is staying with Jimmy while Annalisa and José are at the hospital with Rosa, who was in a car accident when she was out with her father for the day. Rosa remains hospitalized with a severe concussion and will need rehabilitation services. Annalisa has had to take off time from work, and Jimmy has started to act out in school again. The clinicians realize that they need to take a break now from Family Talk to focus on this crisis in the family. Once the crisis has stabilized sufficiently they can resume Family Talk.

Three weeks later, Rosa recovers, Annalisa is back at work, Jimmy is doing better at school, and a Family Talk session is scheduled. The focus of this meeting is on explaining to Annalisa the common symptoms and treatments for PTSD, substance use, and depression. They begin by asking her what she knows about PTSD, and they learn that, while she knows she has that diagnosis, she actually does not understand the range of symptoms associated with this disorder, and the many possibilities for treatment.

After talking about PTSD, substance use, and depression, the clinicians tell Annalisa that, next time, they'd like to meet separately with Jimmy and Rosa. During these meetings, they will ask the children's perspectives on their mom's symptoms, and how these symptoms may be affecting them individually and as a family. They ask Annalisa to mention these meetings to her children. She does not think that the kids will be concerned or uncomfortable, because they are used to meeting with clinicians as part of family therapy.

Family Talk Module 3

When the clinicians arrive at the house to meet with the children, they ask Maria to take Rosa to the park so that they can have private time talking to Jimmy. Jimmy is eager to talk about how mean his mom is to him. He says he feels she hates him, and that she only pays attention to Rosa.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

After a half-hour meeting, Maria returns with Rosa and sits down in the kitchen to do homework with Jimmy. Although Rosa is not the identified child in other clinical meetings, she has participated in family sessions. But she has not been fully evaluated, so the clinicians take some time to learn more about her symptoms of anxiety (e.g., nail biting). They also ask her about her mom's symptoms. Rosa is afraid to talk about her mom because she wants to protect her. The clinicians reassure Rosa that her mother wants her to share her feelings and experiences. Rosa is able to talk a little about how she worries about her mother when she is sad or scared.

Family Talk Module 4

When the clinicians return to meet with Annalisa, Rosa is clingy and does not want to be separated from her mom. Maria is at the grocery store and so cannot occupy Rosa. Annalisa convinces Rosa to do artwork in the kitchen while she meets with the Family Talk team to review the child meetings, and to begin to prepare for the Family Meeting.

The clinicians and Annalisa then plan the Family Meeting. Annalisa says that she recognizes the importance of telling her children about her struggles with PTSD, substance use, and depression. The clinicians support this plan and encourage Annalisa to begin a dialogue with her children about her symptoms to show them that it is ok to talk about such things. The clinicians mention including Maria in the Family Meeting. Annalisa says that she doesn't think her mother would attend but agrees to invite her. Finally, the clinicians note that Jimmy has some concerns he will want to bring up during the Family Meeting.

Family Talk Module 5

The clinical team introduces the Family Meeting and emphasizes ways that this Family Meeting differs from other family sessions as part of clinical treatment. Attendees include Annalisa, Jimmy and Rosa, as Maria said she did not want to attend since she wants to reinforce Annalisa's parenting role. The clinicians support Annalisa as she begins to discuss with her children her struggles with depression, with substance use, and with PTSD.

As Annalisa begins to discuss her symptoms of PTSD, including her fear and her nightmares, Jimmy slams a book he is holding onto the floor, stands tall, and begins shouting. "You're always blaming my dad for everything! Why don't you just stop blaming him and start blaming yourself! I know you hate me, just like Grandma does, and I hate you, too! I wish I could live with Dad and never see you again!" Annalisa and Rosa freeze.

The Family Talk clinicians step in immediately to help calm Jimmy down. They thank him for sharing his feelings but also request that he settle down and stay away from accusations and blaming in the family meeting. The Family Talk clinicians work to reframe some of

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

Jimmy's statements so they are less hurtful and help Annalisa to know how to talk about her situation so it is less likely to trigger Jimmy. For example, Annalisa can talk about her strong feelings that came from a bad experience without mentioning Jimmy's father specifically. Annalisa also points out to Jimmy that one of her goals for Family Talk was to get closer to him, which shows that she loves him. Rosa is able to share some of her fears and Annalisa reassures her.

Family Talk Module 6

During this meeting, the clinicians ask Annalisa to discuss her opinion of the Family Meeting. They recall the challenge of the initial attempt to hold a Family Meeting, and then they note how, when they finally were able to calm down, Annalisa was able to share her struggles with Jimmy, and he was able to listen to his mom explain that she has an illness, and that she cannot always control her strong feelings.

Family Talk Module 7

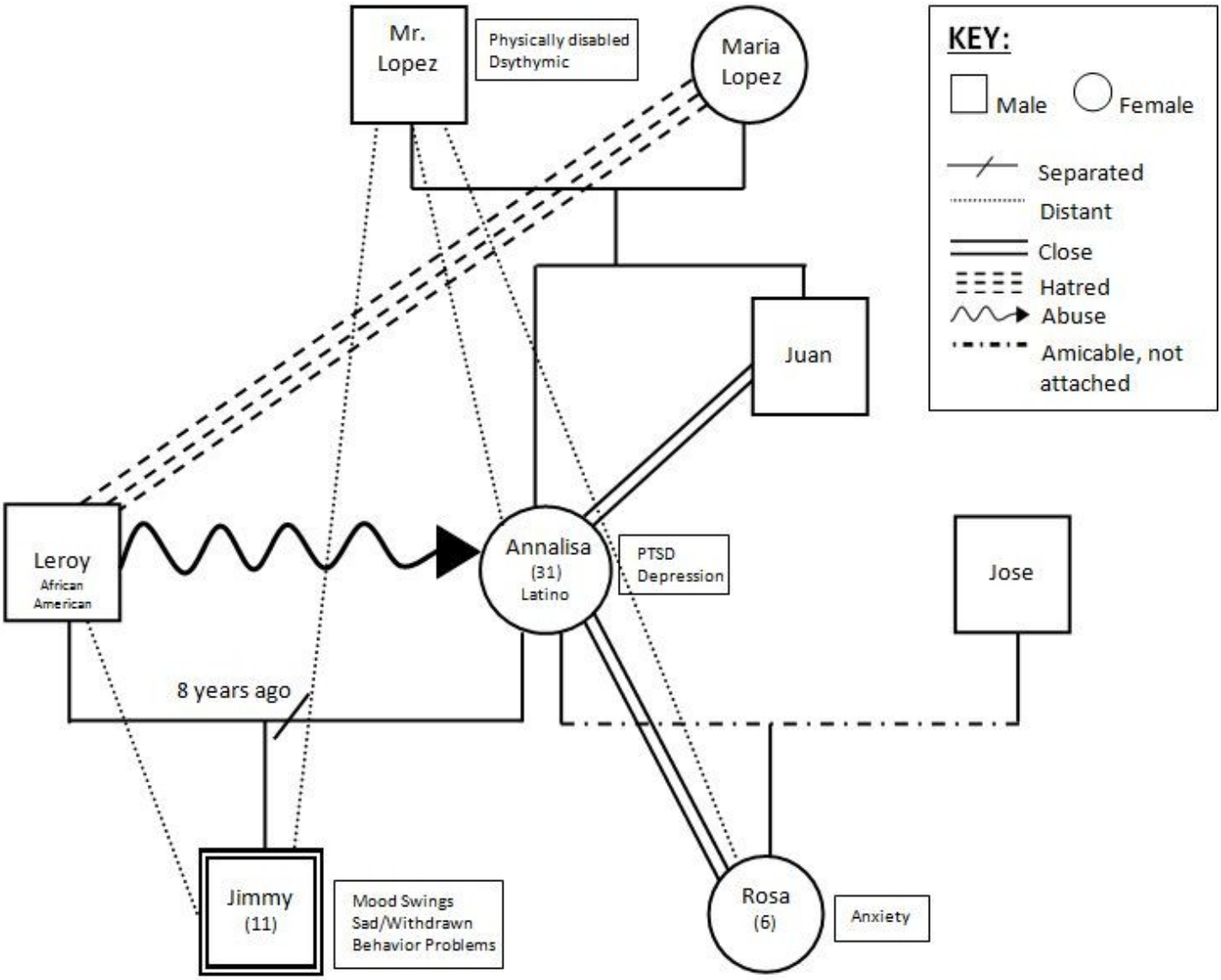
About 3 months after they ended Module 6 of the Family Talk intervention, the clinical team plans a meeting with Annalisa to revisit the Family Talk goals and work they accomplished. Annalisa was proud to report that she and Jimmy were doing better in their relationship and carving out short periods of one to one positive time together. She also noted that the family was able to spend more quality time together and go on some outings. There were still many difficult times, especially when Jimmy was angry or moody because these moods triggered negative memories for Annalisa.

Skills Module

About one month after the Module 7 Follow-up meeting, Annalisa requests to complete the Skills Module to help manage some of her remaining symptoms. She is able to convince her children to participate with her so Rosa can learn more anxiety management techniques, and Jimmy can learn strategies to help control his outbursts.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

The Bryant Family Genogram



Clinical Notes:

Jimmy's teacher referred the Bryant family to additional support because of concerns about **J**immy's behavior at school (e.g. Jimmy was suspended for fighting).
Although Maria loves her daughter, she is critical of her parenting skills – as she feels Annalisa babies Rosa and has no control over Jimmy.
Jimmy likely witnessed the domestic violence between his parents.
Jimmy looks like his father, which is a major trigger for Annalisa's symptoms, bringing back difficult memories.
Leroy lives in North Carolina and has not seen Jimmy in 2 years.
Rosa pulls her hair out and bites her fingernails. She also does not like to sleep alone and requests to stay home from school to be with Annalisa.

Family Talk Preventive Intervention. This program was originally written by Beardslee WR, Martin JL, and Gladstone TR (copyright 2012). This work was funded by the National Institute on Drug Abuse, the National Institute of Mental Health, the Sidney J. Baer, Jr. Foundation, and the William T. Grant Foundation. Supporting institutions include Boston Children's Hospital and Boston Medical Center.

FAMpod

Families Preventing & Overcoming Depression

www.FAMpod.org

Boston Children's Hospital

Boston Medical Center, Boston, MA, 02115