Archives of Psychiatric Nursing 33 (2019) 3–8

Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

Working with families impacted by the opioid crisis: Education, best practices, and providing hope

Aida J. Sapp[a,b,*], Phyllis Hooten[b]

[a] University of Mary Hardin-Baylor, Belton, TX, United States of America
[b] Baylor Scott & White Health, Temple, TX, United States of America

The opioid crisis is well documented by a number of respected organizations and groups. Results of the 2017 National Survey on Drug Use and Health by the Substance Abuse and Mental Health Service Administration (2018) indicate the misuse of prescription pain relievers was the second highest rank category for reported illicit drug use and was ranked third among new users. This same survey reported that of the 7.5 million people having an illicit drug use disorder, 2.1 million specifically had an opioid use disorder. When considering the families of those having an opioid use disorder, there are millions more who are directly impacted by this crisis.

Epidemiology of the impact on the family

Not only does the opioid crisis result in devastating effects on the millions struggling with abuse and dependence issues, it presents major challenges for their family members and significant others as well. One national study reports between the years of 1999 through 2014, rates of opioid use disorder quadrupled among pregnant women hospitalized for delivery (Haight, Ko, Tong, Bohm, & Callaghan, 2018). Between 2015 and 2016, Hedegaard, Warner, and Miniño (2017) report the age adjusted rate of drug overdose deaths involving synthetic opioids other than methadone doubled. Findings from this same study indicated in 2016, the highest rate of drug overdose deaths were adults in the following age categories: 25–34, 35–44, and 45–54. Findings from these studies suggest opioid misuse occurs frequently during the timeframe developmentally when individuals are typically within the workforce, establishing and maintaining independent households, and having and raising children.

Financial

One source reports an estimated annual cost related to prescription opioid misuse is $78.5 billion in the United States alone (Florence, Zhou, Luo, & Xu, 2016). This could translate to a huge financial burden for families impacted by the opioid crisis. Further indications of the financial burden are findings from a study of pregnant women with opiate abuse issues (Buckley, Razaghi, & Haber, 2013) in which the majority of the subjects reported governmental assistance as their primary source of income. Another study found that among patients in long-term opioid maintenance treatment, 78.7% who were unemployed at baseline remained so a year later (Zippel-Schultz et al., 2016).

Family unit

The family as a functional and healthy unit can be greatly threatened due to opioid misuse. Smith and Wilson (2016) report that children at any age are likely to face instability and lack of structure when a parent is misusing opioids. Children remaining in the home with a parent abusing opioids may be at greater risk for maltreatment and abuse (Ghertner, Waters, Radel, & Crouse, 2018; Wolf, Ponicki, Kepple, & Gaidus, 2016). Five studies have linked the opioid crisis to increases in activation of the child welfare system and/or foster care placement (Ghertner et al., 2018; Hedegaard et al., 2017; Lloyd, Akin, & Brook, 2017; Lynch, Sherman, Snyder, & Mattson, 2018; Quast, Storch, & Yampolskaya, 2018). A conclusion of a literature review by Peisch et al. (2018) was that opioid abusing mothers may be less sensitive and warm, as well as harsher and more disapproving toward their children than parents without these challenges. Children whose parent(s) abuse opioids may have issues with insecure attachments which can lead to struggles with forming healthy relationships with others throughout their life (Mirick & Steenrod, 2016).

Family addiction globally

Addiction in the family is a major, yet neglected contributor to the global burden of adult ill-health. Evidence suggests that globally, addiction is sufficiently stressful to cause pain and suffering to a large but uncounted number of family members, possibly in the region of 100 million worldwide (Orford, Velleman, Natera, Templeton, & Copello, 2012). Therefore, in light of the continuing opioid crisis and the impact it can have on the individual and their family, best practices for advanced practice nurses to consider when working with this population

* Corresponding author at: Mayborn College of Health Sciences, Scott & White School of Nursing, University of Mary Hardin-Baylor, UMHB Box 8015, 900 College Street, Belton, TX 76513-2578, United States of America.
E-mail address: asapp@umhb.edu (A.J. Sapp).

https://doi.org/10.1016/j.apnu.2019.08.013
Received 1 December 2018; Received in revised form 18 August 2019; Accepted 20 August 2019

will be discussed in the following paragraphs.

Inclusion strategies and interventions to use with families

The family in contemporary society can be viewed as a unique relational system with patterns that are determined by many variables. Such variables include parents' values and beliefs, the personalities of its members, and the influence of the extended family and society at large (Knight, 2014). “Families are united by blood or bond, have a shared history and future, and consist of diverse configurations” (p. 432). Examples of such configurations may include the traditional nuclear family, single-parent, blended, extended, alternative, and/or institutional families.

Working with the individual

Since the family is the very foundation on which societies are built, working with the individual within the family context is critical. Assessments of the family interactions are the “raw material” for “problem solving by the family and the nurse” (Wilson, 2011, p. 123). Nursing assessments that include the family seek to alter the interactions between and/or among family members with improvement of functioning in mind as a goal. The most important aspect of working with the family in nursing assessments and interviewing of families experiencing the disruption is to listen to all members. It is always key to listen while refraining from judgment until all parties have been heard. The nurse, along with other members of the healthcare team, must avoid placing blame either directly or implicitly on an individual family member.

Family assessment

Often missed are assessments of a family strengths along with the family needs or weaknesses. Posing such questions as, “What do you think is a strength of your family?” along with, “What is something you would like to change about your family?” can both serve to accentuate the positive aspects of the familial unit. Additionally, Wilson (2011) proffers questions related to family coping such as, “Describe a problem that your family has dealt with successfully,” and “What helped you to deal with this problem successfully?” as options for possible questions to ask.

Problem identification

Family problem identification may be of benefit by asking such questions as, “What is your perception of the current family problem?”, and “How do you think the current problem should be resolved?” Additionally, the family's use of resources in the past and requests for help from the team are important aspects of an assessment (Wilson, 2011). Lastly, it would be important to assess the relational goals of the family. Presence of relational difficulties, often an issue within the family unit, offer opportunities to heal the rift between the patient and the family (Sadock, Sadock, & Ruiz, 2015). For therapists who are willing and motivated to do so, “all clinical problems involve salient interactional components; thus some kind of family/significant other's involvement in therapy is always called for, even in treatment that emphasizes individual problems” (p. 863).

Nursing interventions

In the demonstration of caring, empathy, support, patience, and hope, advanced practice nurses facilitate care and provide a spiritual dimension to treatment; thus enriching interventions that have been implemented (Sperry, 2000). Because of the “close and frequent contact with patients and families, nurses are adept at providing spiritual care by partnering with the patient and family, sharing pain and joy, and respecting the values and beliefs of both” (Wilson, 2011, p. 125). According to Wilson the nurse must possess several important skills and characteristics to effectively work with patients and their families. Self-knowledge, spirituality, assessment skills, and therapeutic communication are key. Therefore, it is important for nurses working with those impacted by the opioid crisis to consider and reflect upon their own values, beliefs, and biases related to the importance of these areas to families.

Facilitating the articulation of family members' strength, hope, and faith are critically important in treatment recovery

Families certainly may fluctuate between enabling behaviors and actions such as making excuses, lying for, and/or doing things for, along with blaming the patient. A point worthy of consideration made by Keltner and Pugh (2011) is the realization that some families are better at coping with a member who abuses opioids rather than dealing with one who is in recovery. “Awareness of this issue and attempting to think through these dynamics might serve as a preventive mechanism in some situations” (p. 385).

Perhaps one of the most significant aspects of working with families in advanced practice nursing is a spirit of collaboration. “Warmth, empathy, and joining with each family member are important in relationship building, from the beginning contact with the family and throughout” the therapeutic relationship (Knight, 2014, p. 450). Biological and intrapsychic/interpersonal dynamics play a significant part in working with families, along with causes arising from dysfunctional family patterns. Using a multidimensional approach when working with patients and their significant others is an important component of advanced practice nursing. The advanced practice nurse needs to be able to determine how much of the symptomatology and dysfunction have their origin in the family system and how much have their causation from other factors (Knight, 2014).

An individual's opioid use disorder can affect their family's physical, emotional and spiritual wellbeing. This can result in various family members having an assortment of pathological symptoms. Family therapy is a viable solution when dysfunction occurs in families and when symptoms are present in one or more family members. “The family … will greatly benefit when dysfunctional patterns are changed during family therapy. It is common for one family member, usually the healthier member of the adult dyad, to recognize there is a problem and seek psychotherapy” (Knight, 2014, p. 433).

Establishing relationships with the family and maintaining therapeutic rapport

One of the strongest aspects of establishing relationships and maintaining therapeutic rapport with the family is to learn to be consistent, accepting, communicative, and available to address questions, comments, and receive feedback. This is no small task. An advanced practice nurse who strives to be open, neutral, objective, and value-free is miles ahead. Collaboration, referrals, and support for the family facilitate empathy and adherence in the treatment dynamic.

Language

“Language matters. The language we use to describe social and health issues reflects our assumptions, attitudes, and approaches toward those issues” (Buchman, Leece, & Orkin, 2017, p. 616). In a recent study from the University of Pennsylvania (Ashford, Brown, & Curtis, 2018), researchers focused from a linguistic standpoint on the explicit negative bias inherent toward substance use and individuals experiencing a substance use disorder. In the study, the general public, treatment professionals, and healthcare professionals were called upon to re-evaluate language used in thinking and speaking about persons who use substances.

For example, the outcomes reflected use of the terms “substance abuser” or “relapse”, were negative in comparison to the use of “person who uses substances” or “recurrence of use” respectively. Interestingly, use of the word “pharmacotherapy” or the term “medication-assisted recovery” were found to be more positive than “medication-assisted treatment”. Additionally, avoidance of the terms “addict”, “alcoholic”, or “opioid addict” were noted. Proffered instead was the use of “person with a substance use disorder” (Ashford et al., 2018). Sharing the findings of this study, as well as role-modeling the active use of said terms with family members and individuals impacted by the opioid crisis would be helpful and de-stigmatizing in treatment and moving forward in the context of recovery.

Multidisciplinary approach

A final consideration in establishing relationships with the family and maintaining therapeutic rapport when working with those directly impacted by the opioid crisis involves a multidisciplinary treatment approach. Findings of a study of pregnant women having opioid misuse issues support the need for a multidisciplinary treatment approach for successful outcomes (Buckley et al., 2013). For example, meeting the needs of the family as a whole unit can be unsuccessful if substance use treatment providers' care efforts target only the parent while the child welfare authorities only focus on the child (Huebner, Young, Hall, Posze, & Willauer, 2017). Therefore, different disciplines, in addition to having knowledge of other professionals who are involved in the care dynamic, must think beyond their own areas of expertise in caring both for the patient and the family. An intentional effort by all is key to success with effective communication among the multidisciplinary team. A multidisciplinary team may consist of an assortment of professionals including those from acute care, public health, addiction treatment, pain management, social work, mental health, pharmacology, and case management (Sortedahl, Krsnak, Crook, & Scotton, 2018).

Family education and therapeutic support interventions

Perhaps the most challenging aspect of family education and therapeutic support interventions for the advanced practice nurses are the inclusion and welcoming of the family members and significant others impacted by an individual who is using substances. Collectively this group of stakeholders is often left without or provided minimal support, encouragement, and interventions. The recent U.S. Surgeon General's report (U.S. Department of Health and Human Services, 2016a) outlines important aspects involving addiction and an easily readable section on the many available treatment options available. Specific guidance and outlines in the detailed Report (U.S. Department of Health and Human Services, 2016b) include “calls on a range of stakeholder groups to do their part to change the culture, attitudes, and practices around substance use and to keep the conversation going until this goal is met” (p. 7–7). Bias, prejudice, and discrimination create many challenges that vex the substance use disorder treatment professional, and certainly the stakeholders of the individual are not immune.

For the individual to be open about opioid use concerns and to seek or access treatment services, friends, family, and coworkers must be prepared to be approached. Questions for them may include the following: What are the treatment and recovery needs of the individual? How may the individual be best served from the treatment options available? What are the preferences of the individual in treatment? How may I be of support to the individual? According to Kidorf, Latkin, and Brooner (2016), from a study of people receiving treatment for opioid use disorder, most patients reported a willingness to invite at least one drug-free individual into treatment to support recovery efforts. “Mobilizing drug-free network family and friends may provide a pathway to help individuals with substance use disorders access and benefit from community support” (p. 87).

Culture change

Changing our culture, as further asserted in the U.S. Surgeon General's report (U.S. Department of Health and Human Services, 2016a), is an essential piece of lasting reform and contributes to a society where:

- people who need help feel comfortable seeking such assistance;
- there is “no wrong door” for accessing health services;
- communities are willing to make the investment in primary health promotion and disease/illness prevention and feel comfortable and confident in this investment paying great dividends over the long-term and reaps wide-ranging benefits for everyone;
- health care professionals treat substance use disorders with the same level of compassion and care as any chronic disease process such as diabetes or heart disease;
- people are celebrated for efforts to get well and for taking steps in recovery; and
- everyone involved in working with the individual know that their care and support can make a meaningful difference in….recovery (pp. 7–7, 7–8).

According to Erickson (2018), “clinicians and scientists must guard *against* the ideas that (a) medications will be the total answer, and (b) that psychotherapy and counseling will no longer be needed” (p. 186). Likely the family of the individual will also need provision of this guidance, and along with support, will respond in a favorable manner. Often, the family and other stakeholders, with the individual's permission, can be included in treatment with diverse, individualized strategies. One local treatment example, with positive outcomes, has included a family evening each week within the context of an intensive outpatient treatment program. Particularly with couples in mind, the *Five Love Languages* (Chapman, 2018), along with other family-strengthening interventions are utilized for the individuals and families in treatment.

Family resources

An annotated resource guide for the opioid crisis-influenced individual and family may be of benefit (Table 1). With treatment of individuals and stakeholders across the lifespan as the centerpiece, it is critical that all are embraced and welcomed into the treatment milieu. Use of the various materials and links provided is done with this treatment goal in mind. Accentuation of these items clearly sends the message that no one is alone, acknowledges and seeks to decrease stigma, and facilitates families to be open to the various opportunities and relational supports available.

In addition to Narcotic Anonymous and Al-Anon and other support groups associated with 12 Step traditions and faith-based community groups, (i.e. Celebrate Recovery, https://www.celebraterecovery.com/), other printed materials and narratives are noted within the popular literature. These resources can likely reach a broad audience and are germane to the support and care of the family affected by the opioid crisis. One example noted is *Guideposts*(https://www.guideposts.org/better-living/health-and- wellness/addiction-and-recovery) and a continuing series on “Overcoming Addiction” via stories of hope and inspiration. Topics addressed have included first-person accounts of the challenges and struggles of substance use, family concerns, holiday times, and setting boundaries. Individuals along with family members of all ages can benefit from the stories and accounts of the writers.

Therapeutic support intervention considerations

From a narrative literature review, there is published research from 1937 to 2014 which captures an historical perspective of addiction and the family (Smith & Estefan, 2014). It is hoped that the empathy

Table 1
Annotated resource guide for the opioid crisis-influenced individual and family.

American Society of Addiction Medicine. (2018). *Opioid addiction treatment: A guide for patients, families, and friends.* Retrieved from http://eguideline.guidelinecentral.com/i/706017-asam-opioid-patient-piece/0?
This patient guide includes information on assessment, treatment overview, and the medications available for opioid use and overdose. It also provides links to find a provider and support groups for patients and families.

Erickson, C. K. (2018). *The science of addiction: From neurobiology to treatment* (2nd ed.). New York: W. W. Norton & Company.
An updated scientific reference to support addiction as a medical brain disease, using the current literature and scientific evidence. This book uses easy-to-read along with understandable language. The science is comprehensive, yet appropriate for lay readers who need and want this information.

Hazelden Betty Ford Foundation. (April 20, 2018). Raising your addicted child's children: The rise of grandfamilies in response to substance use disorder. Retrieved from https://www.hazeldenbettyford.org/articles/grandfamilies-and-substance-use
Millions of children around the world are currently being raised by their grandparents. While these *grandfamilies* are often formed in crisis situations, they can also be built and strengthened over time. This article outlines how that can occur and provides words, actions, and recovery in this context.

Hazelden Betty Ford Foundation. (August 24, 2018). *Boundaries in addiction recovery: Learn how to create health relationships in addiction recovery.* Retrieved from https://www.hazeldenbettyford.org/articles/boundaries-in-addiction-recovery
Healing relationships in recovery takes a concerted effort on everyone's part. A first step is for everyone – the recovering addict or alcoholic, family members and loved ones – to focus on establishing and maintaining health boundaries in interactions and communications with one another.

Mooney, A. J., Dold, C., & Eisenberg, H. (2014). *The recovery book: Answers to all your questions about addiction and alcoholism and finding health and happiness in sobriety.* New York: Workman Publishing.
The Recovery Book is a powerful guide in restoring sanity and living the rest of one's life as a sober person. It showcases information in terms of both the individual and the family. Easy to read and practical, there are many answers to hundreds of common and unique questions and concerns.

Sirko, Q., Russell, C., & Dioguardi, A. (2018). *What the heck is opioid addiction?* Western, PA: Lulu - Grow a Generation.
https://www.asam.org/resources/patient-resources/'what-the-heck-is-opioid-addiction-'
A group of 5th Graders at Baden Academy in Western Pennsylvania wrote and published this book to help teach their classmates about addiction. Their elementary school, sadly, is filled with kids affected by the opioid crisis. They wanted a tool for them to learn about the problem, discuss it with friends and adults, and look to a future of hope where addiction science and medicine can help intervene in this tragedy. They hope that you and your loved ones find good information in the book.

Smith, F. (2017). The addicted brain: We're learning more about the craving that fuels self-defeating habits and how science could help fight it. *National Geographic, 232*(3), 30–55.
With words and photographs, this article explains how the brain's neural pathways are hijacked. Scientists are challenging the view that being hijacked in the experience of addiction is not a moral failing. Current treatments and ongoing research that may offer an exit from the cycle of desire, bingeing, and withdrawal is presented.

Swenson, S. (July 7, 2018). *Parenting a child with addiction: Where love and addiction meet.* Retrieved from https://www.hazeldenbettyford.org/articles/swenson/parenting-child-addiction
This article addresses, in first-person narrative, the experiences of the author. "As mothers of children suffering with addiction, we do battle with a disease that oozes misunderstanding and shame. Alone and afraid, we try to do the right thing—even when we're not sure what that right thing is."

Wolfram, J. (August 13, 2018). *Don't call people 'addicts,' Penn researchers say.* Retrieved from https://whyy.org/articles/dont-call-people-addicts-penn-researchers-say/
Addiction researchers at the University of Pennsylvania say it is time to stop using "addict" and "alcoholic" when talking about people with substance use disorders. This recommendation comes from a new study that found the terms are associated with a strong negative bias.

employed in this exploration may support the advanced practice nurse's understanding of individual, familial, and social complexities of parenting an addicted child.

In a recent focus related to families affected by substance use, Laura Thunell (2018), a recovery coach at Hazelden Betty Ford Foundation states:

> Remember that you didn't cause your loved one's addiction, you can't control it, and you can't cure it. What you can do is detach from the illness while still loving the person who is sick. Set healthy boundaries and encourage any efforts to get help, but let go of the process and the outcomes. Most important – take care of yourself (p. 41).

Her message is one of hope, realistic expectations, and resiliency, particularly with the emphasis on self-care patterns and endurance. This is most important and will require much encouragement and reiteration throughout the process of recovery.

Family education considerations

At times, approaching the basics of what opioids (narcotics) actually are is a critical piece of the education equation. As appropriate, teaching about opioids is important, such as illustrating the various opioids in terms of the different agents such as opium, morphine, codeine, heroin, hydromorphone (Dilaudid), meperidine (Demerol), methadone (Dolophine), hydrocodone (Vicodin), and oxycodone (Oxycontin). Additionally, explaining the basics of the blood brain barrier and the ease at which opioids cross that barrier contributes in part to the relaxation and euphoria experienced is helpful. This aids with understanding and de-mystifying of the physiological processes.

Educating patients and their stakeholders regarding the neurobiology of addiction should be positive and recognize the battle in realizing addiction as a disease process. The National Institute on Drug Abuse (NIDA) asserts and supports the change needed in the public's perception of addiction as one of moral failure. "But to really get across that addiction is not merely a disease of the brain but specifically a condition in which fundamental motivational and self-control systems are damaged and cannot function properly may require challenging our culture's most core beliefs about personhood and the self" (Levounis, Zerbo, & Aggarwal, 2016, p. 5).

Rita Z. Goldstein, a professor of psychiatry and neuroscience at the Icahn School of Medicine at Mount Sinai in Manhattan explains, "Reward is important in the beginning of the addiction cycle, but the response to reward is reduced as the disorder continues" (as cited in Smith, 2017, p. 44). Therefore, it is critical to educate patients and their stakeholders that those experiencing addiction often persist in using drugs to relieve the misery they feel when they stop. She further asserts, from one of her studies involving subjects with substance use disorder (cocaine), that there is evidence of frontal brain region healing when people stop using drugs. Although there is much to learn and likewise to educate stakeholders regarding the opioid crisis and the associated aspects of this experience, a teaching/learning plan is always useful in this context. Realizing numerous individualized, unique needs, a plan for four opportunities to teach families and/or groups of stakeholders is noted (Table 2).

EnglandKennedy and Horton (2011) describe the family help provision as a part of a larger, long-term study. It was discovered that family members' actions and communications often supported recovery through resource provision and other, intangible forms of help. However, "family misunderstandings of and lack of knowledge about [client] experiences could also impede recovery" (p. 1222).

An additional consideration is the gap noted in the research literature regarding how adults experience recovery from opioid addiction in the absence of family support. In a phenomenological study of the lived experience of recovery from opioid addiction, Coltea's (2017) findings demonstrated that the participants attributed the experience of successful opioid addiction recovery without family support to four aspects. These included professional help, support from others in recovery which substituted for lack of family support, a Higher Power, and a new life style.

Additional recommendations for preparing advanced practice nurses to best meet the interventional and educational needs of the

Table 2
Sample teaching plan for families (four parts).

Part One Topic Outline: Getting acquainted, welcoming strategies, and inclusion
Opioids/Narcotics – What are they? **Principles of substance use disorder**
Physical effects along with actions to take in accidental drug poisoning
Getting help/receiving support/resources
Questions, answers, and comments
Messages of affirmation, validation, hope, and support
Part Two Topic Outline: Welcoming strategies and inclusion (continued)
Review of **Part One**/assessments and individualization of needs
Treatment options, education, risk/**benefits of treatment options**
Relationships, dynamics, self-care, boundaries, endurance, and resiliency
Questions, answers, and comments
Messages of affirmation, validation, hope, and support **(ongoing)**
Part Three Topic Outline: Welcoming strategies and inclusion (continued)
Review of **Parts One and Two**/assessments and individualization of needs
Health promotion for self to include physiological, psychological, social, and spiritual aspects
Setting boundaries for self; **setting goals, making changes, getting support**
Questions, answers, and comments
Messages of affirmation, validation, hope, and support **(ongoing)**
Part Four Topic Outline: Welcoming strategies and inclusion (concluding/setting the stage for next steps)
Review of **Parts One, Two and Three**/wrap-up/referrals/resources/individualized needs re-visited
Repetition and reiteration for the participants**; lessons learned; epiphanies**
Questions, answers, and comments
Evaluation by the group and planning for the future; **planning for follow up**
Messages of affirmation, validation, hope, and support

individual struggling with opiate use disorder and their families is to engage in brief, yet thorough reviews of the existing literature. This may need to be conducted at least every six months when considering that determining best practices for education and interventions for opioid use disorder can continually change when new study findings are disseminated. By doing this the advanced practice nurse can participate in promoting efficacious treatment methods, along with improving clinical competency in the case of working with (all) families with initial and ongoing assessments of substance use disorders as a normal, predictable, routine aspect of treatment and the ongoing therapeutic relationships forged (Cox, Ketner, & Blow, 2013).

Best practices

Five published journal articles were located and reviewed in the search for documented best practices in the treatment of individuals with a particular focus on the inclusion of family members in the context of opioid use disorder treatment. The first included in this review was a showcase of the Dwight D. Eisenhower Army Medical Center Inpatient Residential Treatment Facility established in 2009. It is the largest and most well-established inpatient substance use disorder treatment facility in the United States of America's Department of Defense. This 28-day inpatient treatment program employs, “evidence-based practices and is based on Alcoholics/Narcotics Anonymous principles that are incorporated with a hybrid of military daily structure regime including early morning physical training. Family involvement is encouraged” (Mooney, Dold, and Eisenberg, 2014; Mooney, Horton, Trakowski, Lenard, Barron, Nave, and Lott, 2014, p. 674).

The second literature finding is a small retrospective study based on the 2015 initiation of a shelter-based opioid treatment as an option to treat opioid use disorder on-site at a family motel-shelter at the Boston Health Care for the Homeless Program. (Chatterjee et al., 2017). Study findings suggest that a sheltered based opioid multidisciplinary treatment program can be successful. It can help those with very limited options to avoid overdose, decrease illicit drug use and even obtain employment.

The third was a systematic review of psychosocial interventions for addiction affected family members in low and middle income countries (Rane et al., 2017). Several interventions including education on addiction, teaching coping skills, and providing family support were associated with lowering of psychological and physical distress and increased understanding of addictive behavior. This resulted in improvements in self-esteem, assertive behaviors and better coping among family members.

A fourth study, shared results from a survey of 509 family members of addicted individuals who are part of Learn to Cope (LTC), a community support organization, (Kelly, Fallah-Sohy, Cristello, & Bergman, 2017). The purpose of the survey was to identify potential benefits of LTC. Results suggest that family members of addicted individuals find involvement in a community support group very helpful. Benefits include increasing in understanding and coping with addiction, improved communication skills with the addicted individual, and release from feelings of self-blame and stress. Additionally, 86% of the survey respondents reported in receiving training at LTC meetings on Narcan administration with a resultant 44 overdose reversals.

And the fifth and final study reviewed involved an evaluation of a family member-oriented treatment program in helping concerned family members of individuals with substance use and concurrent disorders (Denomme & Benhanoh, 2017). There were several benefits reported in the group of family members who participated in a treatment program in comparison to a control group. Those in the treatment program reported lower stress, had increased understanding of addictive disorders, and improved relationships with the addicted individual. Additionally, those in the treatment program reported better coping mechanisms, had increase feelings of support from family and friends, and engaged in more leisure time activities.

These five articles support that best practices for the treatment of opioid addiction include family interventions. They have a common theme that having an addicted family member is very stressful and the family needs help with coping mechanisms. Two of the articles, (Chatterjee et al., 2017; Rane et al., 2017) indicate even if there are limited resources for interventions, family centered support can have a positive impact. Even simple interventions such as equipping the family with information about the basic concepts of addiction can make a difference in the lives of family members as well as in the individual struggling with opioid use disorder. The finding by Denomme and Benhanoh (2017) that families who received treatment had more time for leisure activities suggest that family focused interventions can help them live richer fuller lives.

Recommendations for future practice and research

A review of literature identifies many studies that have been conducted to establish the continuing threat of the opioid crisis. Study findings suggest this threat has increased the burden on extended family members or the child welfare system tasked to care for minor children displaced due to parental opioid misuse. Additional empirical evidence is needed to provide best practices for helping those with opioid misuse issues to improve their parenting skills while also working on their own recovery. Another need is to conduct studies identifying appropriate and effective interventions and resources for extended family members to feel more supported and prepared to serve as primary caregivers to minor children when opioid misuse renders the parent unable to fulfill this role.

A multidisciplinary healthcare team approach is warranted considering the complexity of meeting the needs of family members effected by the opioid crisis. Future studies are recommended to identify best practices for assembling this team. This is so that the optimal blend of specialties and expertise are combined to provide the family specialized needed care and support. Huebner et al. (2017) believe that currently family- centered practice knowledge is incomplete and recommends examining profiles of families who succeed plus those who fail in programs. Findings from such investigations can help build programs that better match families to appropriate programs and increases the chances of improved outcomes for all involved.

Buchman et al. (2017) present compelling arguments with their belief that it is "misguided to conceptualize stigma as a parallel social process alongside the epidemiologically and physiologically defined harms of the [opioid] overdose epidemic. Rather, the stigmatized modern history of opioids and their use defines the current epidemic" (p. 617). Further, these authors identify the ethical and population health imperatives, an assert the necessity of health policy and clinical practice to address both the burdens of stigma and opioids in a "concurrent fashion to disrupt the historical and contemporary features of the symbiotic relationship" (p. 617). Therefore, advanced practice nurses when working with individuals struggling with opioid addiction can maximize their impact by recognizing both the individual and their families are in need of education, interventions, and support.

Funding

This research did not receive any specific grant from funding agencies.

Declaration of competing interest

None.

References

American Society of Addiction Medicine. (2018). Opioid addiction treatment: A guide for patients, families, and friends. Retrieved from http://eguideline.guidelinecentral.com/i/706017-asam-opioid-patient-piece/0?

Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. Drug and Alcohol Dependence, 189, 131–138.

Buchman, D. Z., Leece, P., & Orkin, A. (2017). The epidemic as stigma: The bioethics of opioids. The Journal of Law, Medicine, and Ethics, *45,* 607–620.

Buckley, V., Razaghi, A., & Haber, P. (2013). Predictors of neonatal outcomes amongst a methadone- and/or heroin-dependent population referred to a multidisciplinary perinatal and family drug service. Australian and New Zealand Journal of Obstetrics and Gyneacology, 53, 464–470.

Chapman, G. (2018). Understanding the five love languages. Retrieved from https://www.focusonthefamily.com/marriage/communication-and-conflict/learn-to-speak-your-spouses-love-language/understanding-the-five-love-languages

Chatterjee, A., Obando, A., Strickland, E., Nestler, A., Harrington-Levey, R., … & LaCoursiere-Zucchero, T. (2017). Shelter-based opioid treatment: Increasing access to addiction treatment in a family shelter. American Journal of Public Health, *107*(7), 1092–1094. doi:https://doi.org/10.2105/AJPH.2017.303786

Coltea, F. (2017). The lived experience of recovery from opioid addiction for adults without family support: A phenomenological study. Dissertation Abstracts International, *78.* ProQuest® Number: 10248875.

Cox, R. B., Ketner, J. S., & Blow, A. J. (2013). Working with couples and substance abuse: Recommendations for clinical practice. The American Journal of Family Therapy, 41, 160–172.

Denomme, W. J., & Benhanoh, O. (2017). Helping concerned family members of individuals with substance use and concurrent disorders: An evaluation of a family member- oriented treatment program. Journal of Substance Abuse Treatment, 79, 34–45.

EnglandKennedy, E. S., & Horton, S. (2011). Everything that I thought that they would be, they weren't: Family systems as support and impediment to recovery. Social Science & Medicine, 73, 1222–1229.

Erickson, C. K. (2018). The science of addiction: From neurobiology to treatment (2nd ed.). New York: W. W. Norton & Company.

Florence, C. S., Zhou, C., Luo, F., & Xu, L. (2016). The economic burden of prescription opioid overdose, abuse, and dependence in the United States, Medical Care, *54*(10), 901–906.

Ghertner, R., Waters, A., Radel, L, & Crouse, G., (2018). The role of substance use in child welfare caseloads. Children and Youth Service Review, 90, 83–93.

Haight, S. C., Ko, J. Y., Tong, V. T., Bohm, M. K., & Callaghan, W. M. (2018). Opioid use disorder documented at delivery hospitalization — United States, 1999–2014. Morbidity and Mortality Weekly Report, 67(31), 845–849.

Hazelden Betty Ford Foundation. (April 20, 2018a). Raising your addicted child's children: The rise of grandfamilies in response to substance use disorder. Retrieved from https://www.hazeldenbettyford.org/articles/grandfamilies-and-substance-use

Hazelden Betty Ford Foundation. (August 24, 2018b). Boundaries in addiction recovery: Learn how to create health relationships in addiction recovery. Retrieved fromhttps://www.hazeldenbettyford.org/articles/boundaries-in-addiction-recovery

Hedegaard, H., Warner, M., & Miniño, A. M. (2017). Drug overdose death in the United States, 1999–2016. NCHS Data Brief, no. 294. Hyattsville, MD: National Center for Health Statistics.

Huebner, R. A., Young, N. K., Hall, M. T., Posze, L., & Willauer, T. (2017) Serving families with child maltreatment and substance use disorders: A decade of learning. Journal of Family Social Work, 20(4), 288–305, DOI: https://doi.org/10.1080/10522158.2017.1348110

Kelly, J. F., Fallah-Sohy, N., Cristello, J., & Bergman, B. (2017). Coping with the enduring unpredictability of opioid addiction: An investigation of a novel family-focused peer-support organization. Journal of Substance Abuse Treatment, 77, 193–200.

Keltner, N. L., & Pugh, G. I. G. (2011). Chapter 34: Substance-related disorders in N. L. Keltner, C. E. Bostrom, & McGuinness, T. M. Psychiatric nursing (6th ed., pp. 361–390). St. Louis, MO: Elsevier Mosby.

Kidorf, M., Latkin, C., & Brooner, R. K. (2016). Presence of drug-free family and friends in the personal social networks of people receiving treatment for opioid use disorder. Journal of Substance Abuse Treatment, 70, 87–92.

Knight, C. (2014). Chapter 12: Family therapy. In K. Wheeler, Psychotherapy for the advanced practice psychiatric nurse: A how-to guide for evidence-based practice (2nd ed., pp. 429–466). New York, NY: Springer Publishing Company.

Levounis, P., Zerbo, E., & Aggarwal, R. (2016). Pocket guide to addiction assessment and treatment. Arlington, VA: American Psychiatric Association Publishing.

Lloyd, M. H., Akin, B. A., & Brook, J. (2017). Parental drug use and permanency for young children in foster care: A competing risks analysis of reunification, guardianship, and adoption. Children and Youth Services Review, 77(C), 177–187.

Lynch, S., Sherman, L., Snyder, S., & Mattson, M. (2018). Trends in infants reported to child welfare with neonatal abstinence syndrome. Children and Youth Services Review, 38, 135–141.

Mirick, R. G., & Steenrod, A. S. (2016). Opioid use disorder, attachment and parenting: Key concerns for practitioners. Child Adolescent Social Work Journal, 33, 547–557.

Mooney, A. J., Dold, C., & Eisenberg, H. (2014). The recovery book: Answers to all your Questions about addiction and alcoholism and finding health and happiness in sobriety. New York: Workman Publishing.

Mooney, S. R., Horton, P. A., Trakowski, J. H., Lenard, J. H., Barron, M. R., Nave, P. V., … Lott, H. D. (2014). Military inpatient residential treatment of substance abuse disorders: The Eisenhower Army Medical Center experience. Military Medicine, 179(6), 674–678.

Orford, J., Velleman, R., Natera, G., Templeton, L., & Copello, A. (2012). Addiction in the family is a major but neglected contributor to the global burden of adult ill-health. Social Science & Medicine, 78, 70–77.

Peisch, V., Sullivan, A. D., Breslend, N. L., Benoit, R., Sigmon, S. C., Forehand, G. L., Strolin-Goltzman, J., & Forehand, R. (2018). Parental opioid abuse: A review of child outcomes, parenting, and parenting interventions. Journal of Child and Family Studies, 27, 2082–2099. https://doi.org/10.1007/s10826-018-1061-0.

Quast, T., Storch, E. A., & Yampolskaya, S. (2018). Opioid prescription rates and child removals: Evidence from Florida. Health Affairs, 37(1), 134–139. https://doi.org/10.1377/hlthaff.2017.1023.

Rane, A., Church, S., Bhatia, U., Orford, J., Velleman, R., & Nadkarni, A. (2017). Psychosocial interventions for addiction-affected families in Low and Middle Income Countries: A systematic review. *Addictive Behaviors, 74*, 1–8. https://doi.org/10.1016/j.addbeh.2017.05.015.

Sadock, B. J., Sadock V. A., & Ruiz, P. (2015). Kaplan & Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry (11th ed.). Philadelphia, PA: Wolters Kluwer.

Sirko, Q., Russell, C., & Dioguardi, A. (2018). What the heck is opioid addiction? Western, PA: Lulu - Grow a Generation. https://www.asam.org/resources/patient-resources/'what-the-heck-is-opioid-addiction-'.

Smith, F. (2017). The addicted brain: We're learning more about the craving that fuels self-defeating habits and how science could help fight it. National Geographic, 232(3), 30–55.

Smith, J. M., & Estefan, A. (2014). Families parenting adolescents with substance abuse – recovering the mother's voice: A narrative literature review. Journal of Family Nursing 20(4), 415–441.

Smith, V. C., & Wilson, C. R. (2016). Families affected by parental substance use. Pediatrics, 138(2), e1-e13.

Sortedahl, C., Krsnak, J., Crook, M. M., & Scotton, L. (2018) Case managers on the front line of opioid epidemic responses: Advocacy, education and empowerment for users of medical and nonmedical opioids. Professional Case Management, 23(5), 256–263.

Sperry, L. (2000). Spirituality and psychiatry: Incorporating the spiritual dimension into clinical practice. Psychiatric Annals, 3, 518.

Substance Abuse and Mental Health Services Administration. (2018*).* Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

Swenson, S. (July 7, 2018). Parenting a child with addiction: Where love and addiction meet. Retrieved from https://www.hazeldenbettyford.org/articles/swenson/parenting-child-addiction

Thunell, L. (November, 2018). Setting limits at Christmas. Guideposts 73(9), 41. Retrieved from https://www.guideposts.org/better-living/health-and-wellness/addiction-and- recovery/setting-limits-for-a-sober-christmas.

U.S. Department of Health & Human Services. (2016a). Facing addiction in America: The Surgeon General's spotlight on opioids. Retrieved from https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf

U.S. Department of Health & Human Services. (2016b). Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health. Retrieved from https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf

Wilson, D. (2011). Chapter 13: Working with the family in N. L. Keltner, C. E. Bostrom, & McGuinness, T. M. Psychiatric nursing (6th ed., pp. 361–390). St. Louis, MO: Elsevier Mosby.

Wolf, J. P., Ponicki, W. R., Kepple, N. J., & Gaidus, A. (2016). Are community level prescription opioid overdoses associated with child harm? A spatial analysis of California zip codes, 2001–2011. Drug and Alcohol Dependence, 166, 202–208.

Wolfram, J. (August 13, 2018). Don't call people 'addicts,' Penn researchers say. Retrieved from https://whyy.org/articles/dont-call-people-addicts-penn-researchers-say/

Zippel-Schultz, B., Specka, M., Cimander, K., Eschenhagen, T., Gölz, J., Maryschok, M., Nowak, M., Poehlke, T., Stöver, H., Helms, T. M., & Scherbaum, N. (2016). Outcomes of patients in long-term opioid maintenance treatment. Substance Use & Misuse, 51(11), 1493–1503.