



JOHNS HOPKINS
M E D I C I N E

Barriers and Opportunities to Widespread Scale-Up of Family-Focused Interventions in Health Care Settings

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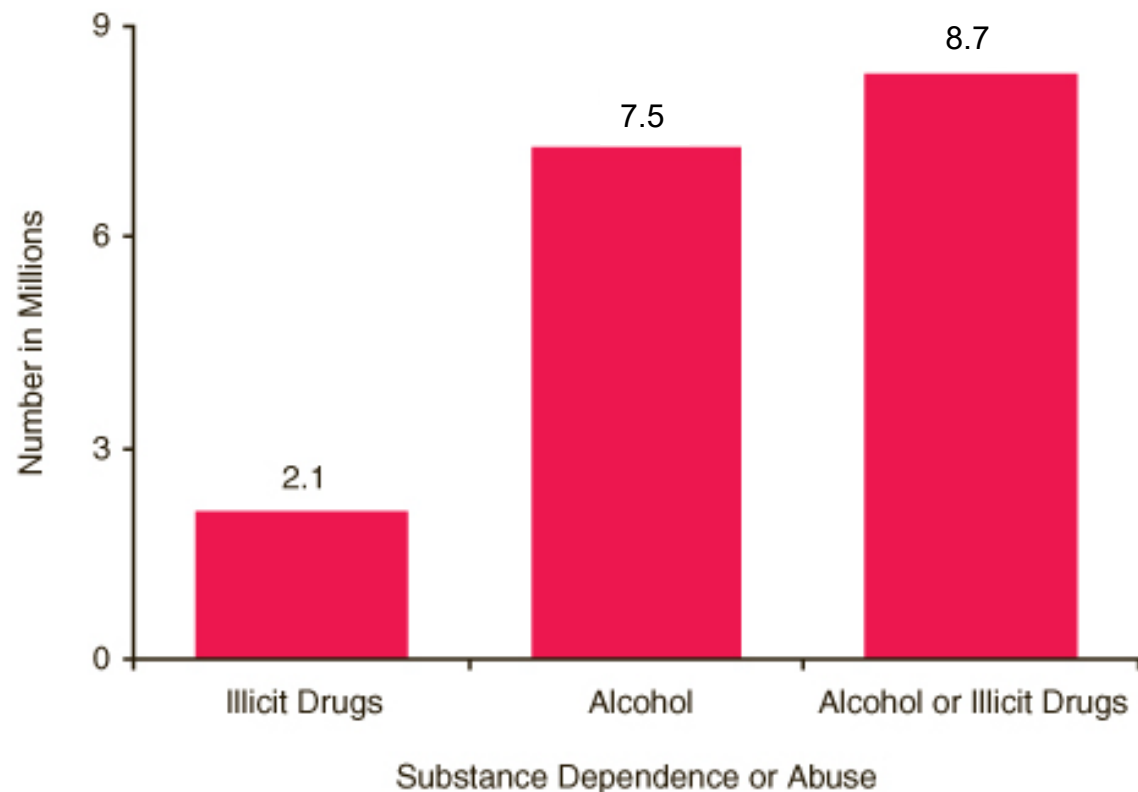
Division of Adolescent and Young Adult Medicine

Family ecosystem

- The family ecosystem both influences and is influenced by substance use / substance use disorders
- Parent/caregiver functioning and behaviors can represent risk or protective factors for development of substance use in children
- Promoting health of the parent is health promotion for the child and family



Estimated Number of Children Living with One or More Parents with Past Year Substance Use Disorder: 2009-2014



* Includes biological, step-, adoptive, or foster children. Children under 18 years of age who were not living with one or more parents were excluded from this analysis. Approximately 4.0 percent of children under age 18 were not living with one or more parents.

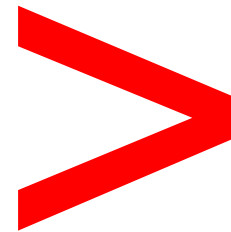
Source: 2002 to 2007 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

- Children who are from families where there are SUD, are at risk for *biological, developmental, psychological, behavioral, health and social* consequences
 - Household substance use is an ACE
 - 28% Behavioral Risk Factor Surveillance System ¹
- Access to alcohol and other drugs, increasing risk of use for adolescents
- Young children of parents with alcohol use disorders have higher health care utilization rates

Medical conditions of children family members of individuals with AUD

(all differences significant)

| Medical Conditions | Children family members of patients w/ AUD | Children comparison family members |
|---------------------------|---|---|
| Trauma | 17.4 | 13.9 |
| Otitis media | 16.9 | 14.7 |
| Asthma | 9.2 | 7.2 |
| Pneumonia | 4.7 | 4.3 |
| ADD | 3.7 | 1.9 |
| Headache | 2.6 | 1.9 |
| Depression | 1.8 | 0.7 |
| Acid related disorders | 1.2 | 1.0 |
| Alcohol/Drug | 1.2 | 0.5 |



Most children of parents with SUD are not identified and assisted

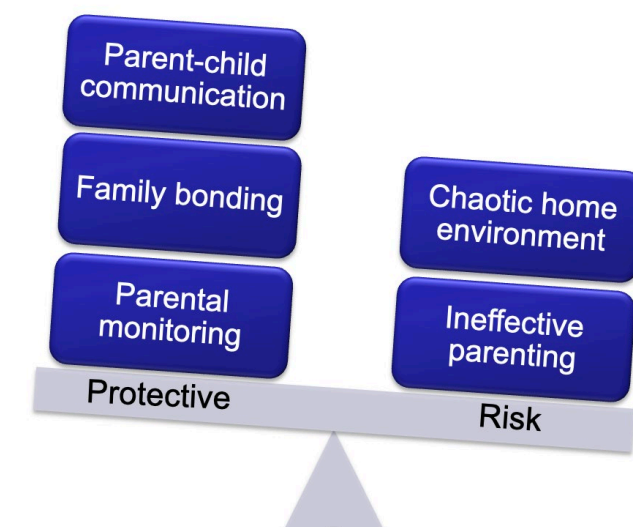
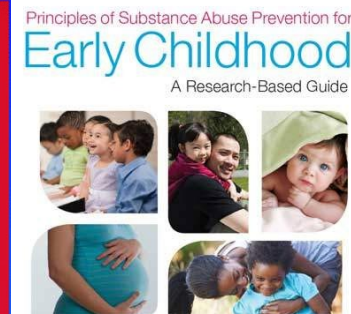
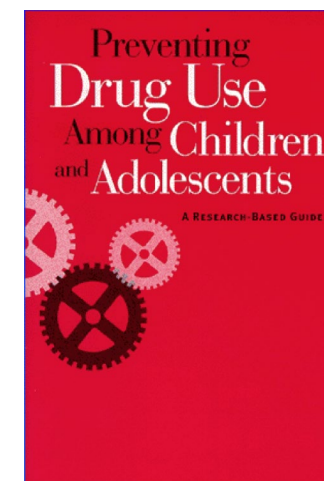


americanaddictioncenters.org/alcoholism-treatment/children

- Pediatric primary care providers have the opportunity to recognize this vulnerability
- Most pediatricians do not ask about family substance use during well-child visits

Opportunity for Prevention

- From the earliest engagement with a family, primary care providers can assess history of parental/caregiver SU/SUD
- Intervening early in childhood can alter life course trajectory in a positive direction
 - Target and improve the child's proximal social environment
- Reduce risk factors and increase protective factors

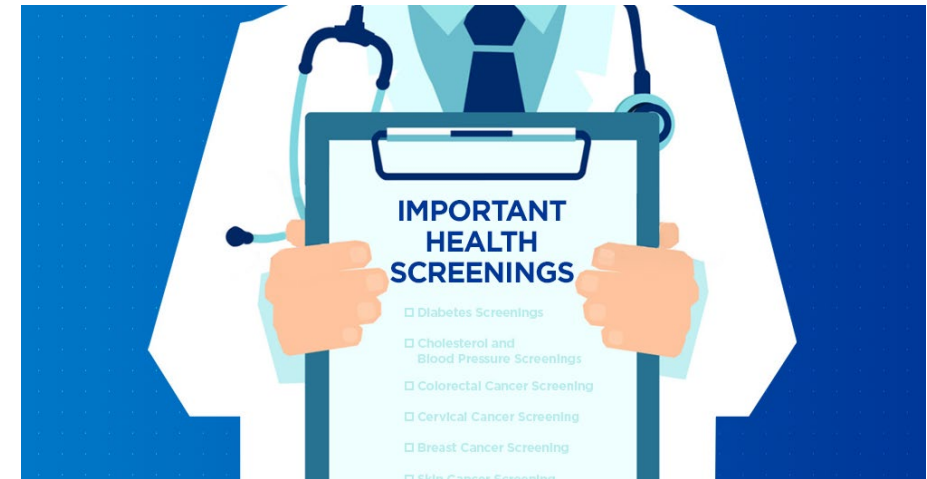


Universal Screening

- American Academy of Pediatrics recommends screening parents/caregivers for substance use at annual well child visits
- Pediatric providers are experts at respectful communication with parents for the benefit of child
- Analogous to other heritable conditions and environments

Families Affected by Parental Substance Use

Vincent C. Smith, MD, MPH, FAAP, Celeste R. Wilson, MD, FAAP, COMMITTEE ON SUBSTANCE USE AND PREVENTION



Primary Care Providers Cite Multiple Barriers to Screening

- Insufficient Time
- Unfamiliarity with screening tools
- Feeling ill-equipped to handle a positive screen
- Lack of knowledge of or access to appropriate referrals
- Worry about the issue of confidentiality
- Worry about offending parents

Family Acceptability

Table 3. Caregivers acceptability of substance use screening in the family/household stratified by substance use in family/household group status.

| | <i>n</i> (%) | Substance use (<i>n</i> = 133) | No substance use (<i>n</i> = 129) | <i>p</i> |
|---|--------------|------------------------------------|---------------------------------------|----------|
| Should identify things in a child's environment that put them at risk for health problems | 248 (91.9) | 124 (94) | 117 (91) | 0.33 |
| Should ask about health information of family/household members which could put child at risk for health problems | 241 (89.3) | 120 (91) | 112 (87) | 0.29 |
| It is appropriate for pediatricians to ask all caregivers about the alcohol and drug use in my family/household during regular checkups | 235 (86.7) | 115 (86) | 113 (88) | 0.79 |
| It is appropriate for my child's pediatrician to ask about the alcohol and drug use of family/household members during regular checkups | 222 (82.2) | 109 (82) | 108 (84) | 0.60 |
| Should ask about alcohol and drug use in my family/household | 225 (83.3) | 112 (85) | 107 (83) | 0.68 |
| Should ask if anyone in family has a history of addiction just like they ask about history of diabetes and heart disease | 228 (84.4) | 114 (86) | 107 (83) | 0.44 |

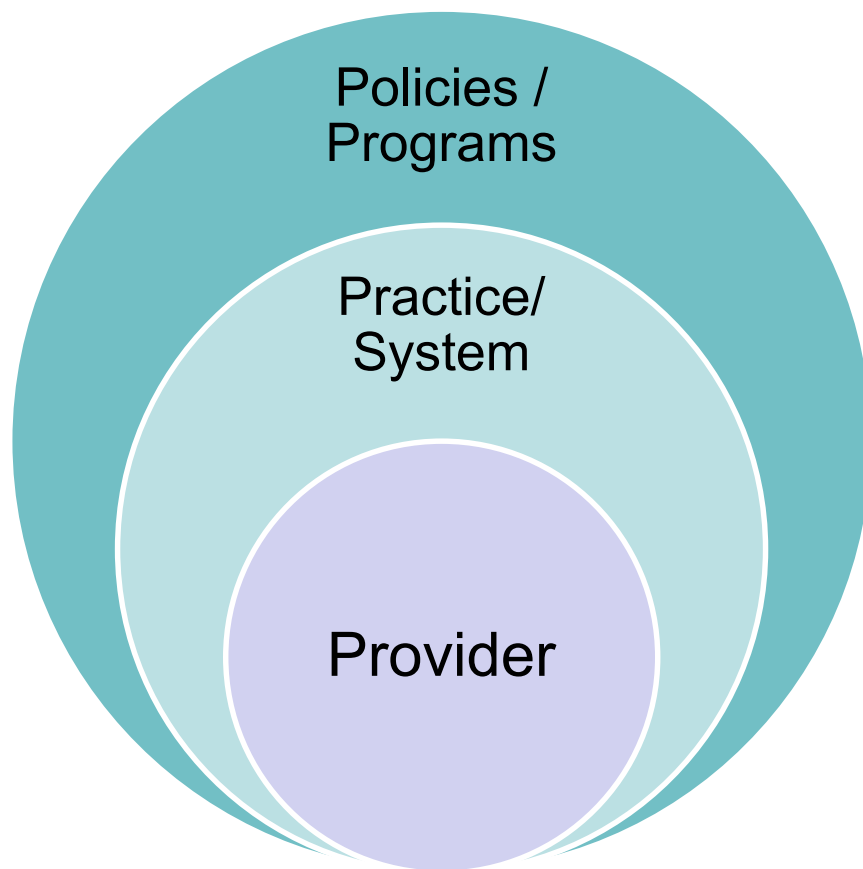
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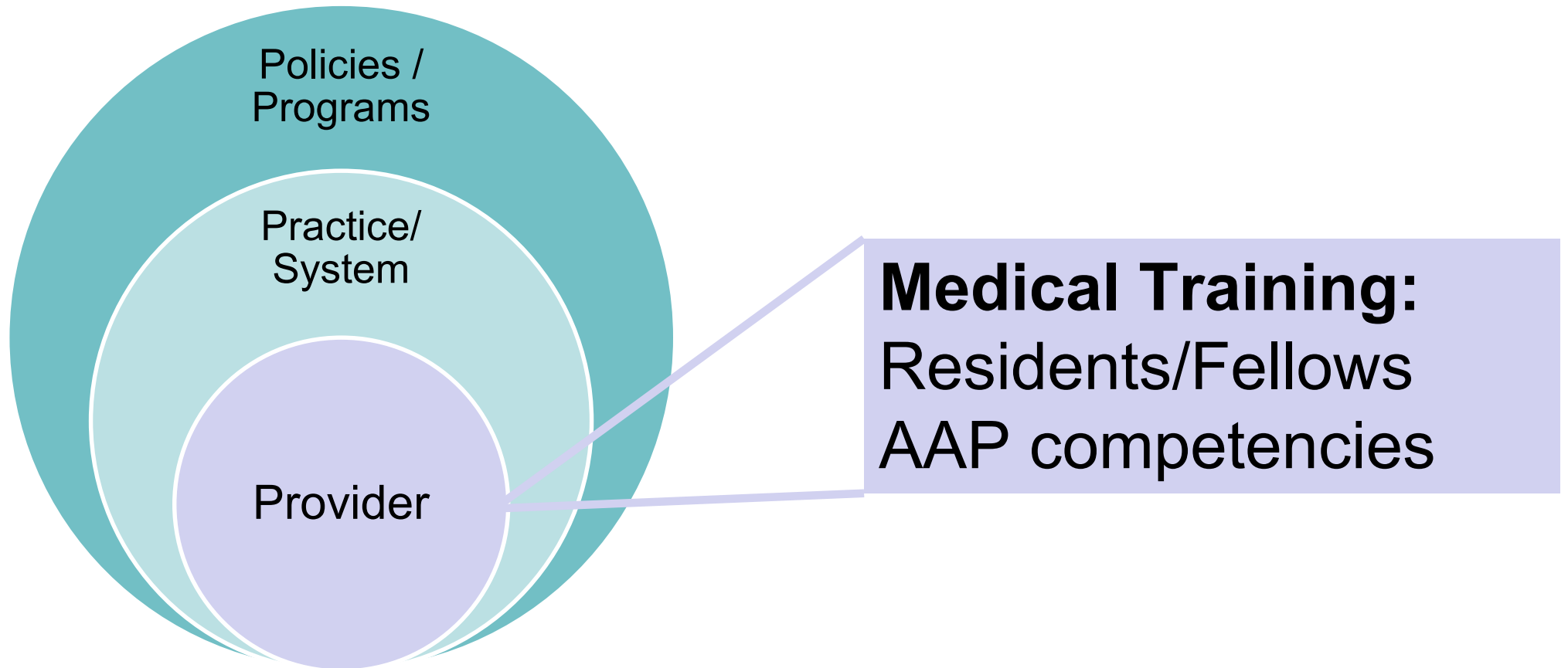
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Parents/Caregivers want to be asked about substance use in the family/household

Multilevel Approach



Multilevel Approach



Training on AAP Competencies

1. Be aware of **child symptoms of household substance use** and of the potential **benefit of early intervention** for both child and family
2. **Screen for family history and current use** of alcohol & other drugs as part of general health assessment
3. **Be familiar with and able to direct families** to community, regional, state resources for children & families with substance use
4. **Use motivational interviewing** to help families identify problems resulting from substance use and desire to cut back or quit
5. **Support parents who screen positive** and identify treatment options
6. **Offer support, information, follow-up** for parents
7. **Understand state laws** about child abuse reporting laws

Training on AAP Competencies

1. Be aware of **child symptoms of household substance use** and of the potential benefit of early intervention for both child and family
2. **Screen for** general health and substance use disorders as part of
3. **Be familiar** with local, state, and national resources for substance use disorders
4. **Use motivational interviewing** techniques to address substance use issues resulting from
5. **Support parents who screen positive** and identify treatment options
6. **Offer support, information, follow-up** for parents
7. **Understand state laws** about child abuse reporting laws

Not expected to diagnose, solve, manage, or treat substance use disorder in parents/caregivers

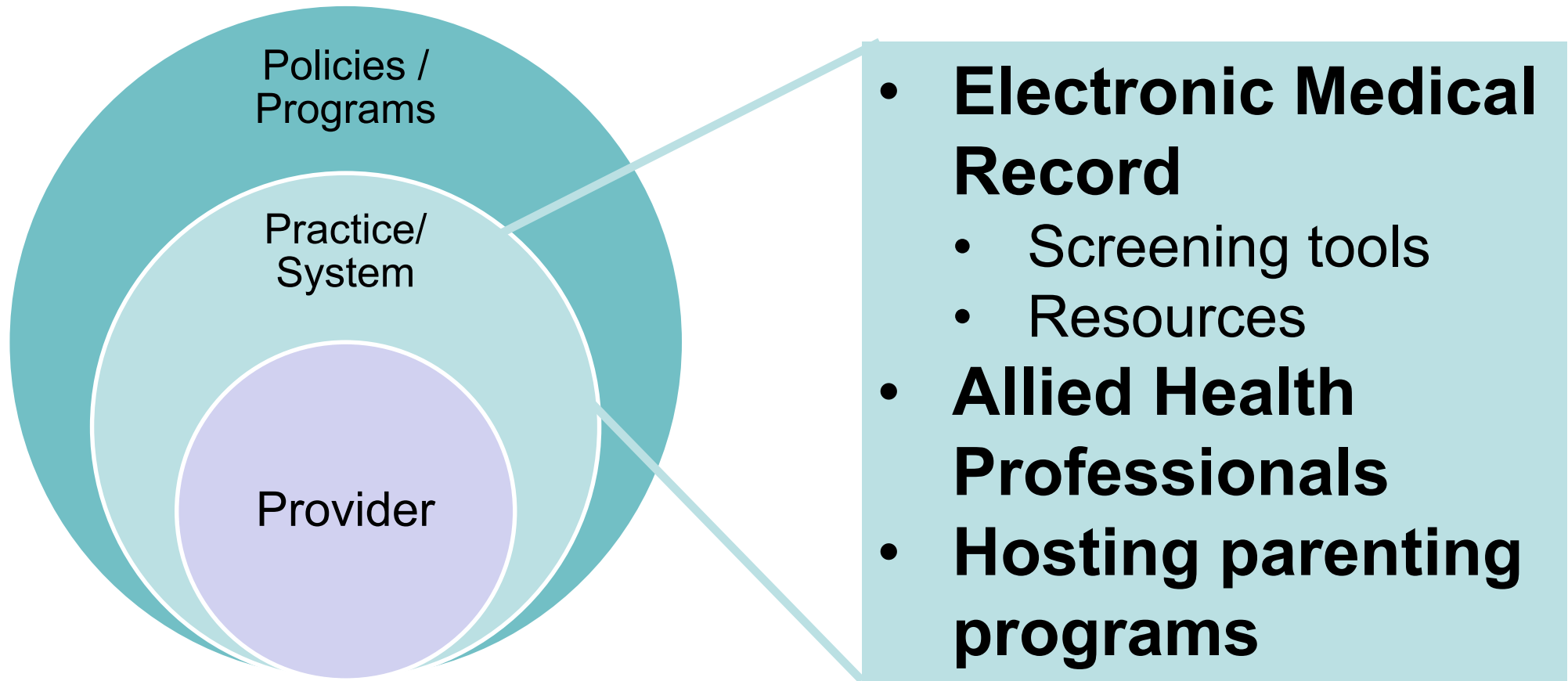
Pediatric Residency Training

- Increase pediatric resident comfort with and use of a standardized question to screen for household substance use during all routine ambulatory preventive visits
 - Skills training and experiences
- Develop and implement protocols to guide provider response to positive screens
 - Consultation with Addiction Medicine Specialists
- Develop competencies in universal prevention programs (e.g. Strengthening Families)

F-SBIRT

- Broaden the SBIRT approach beyond the adolescent to include a family-focused approach
- *Screening* – a healthcare professional assesses a caregiver for substance use behaviors in the family/household
 - Provides a critical opportunity for selective or targeted prevention programs
 - Referral to parent education & support programs

Multilevel Approach



Overcoming Time Constraints

- Optimize screening into workflow of primary care settings
- Incorporate standardized screening instruments into the electronic medical record system
 - Computer/tablet facilitated screening



Visit Info Vital Signs Pain Screening Pt Clin Rev Allergies Med Review History
 Vaccine Screen **Add'l SocHx Peds** Patient Intake Verify Rx Benefits Chaperone
 Specimen Collection Peds Tools

Pediatrics Social History



Safety and Environmental Exposures

✓ Mark as Reviewed

1/11/2021

Exposure to Tobacco
Smoke

Yes

No



Smoke exposure -
location

Inside

Outside



Both inside & outside

Guns in the house

Yes

No



Who smokes

Concern about
someone in
household who is
drinking alcohol or
using drugs

Yes

No



Pets

Yes

No



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Accompanied by a protocol that provides recommendations on:

- how to respond to positive and negative screens
- evaluate safety
- discuss referrals to treatment or family support organizations

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AVS dot
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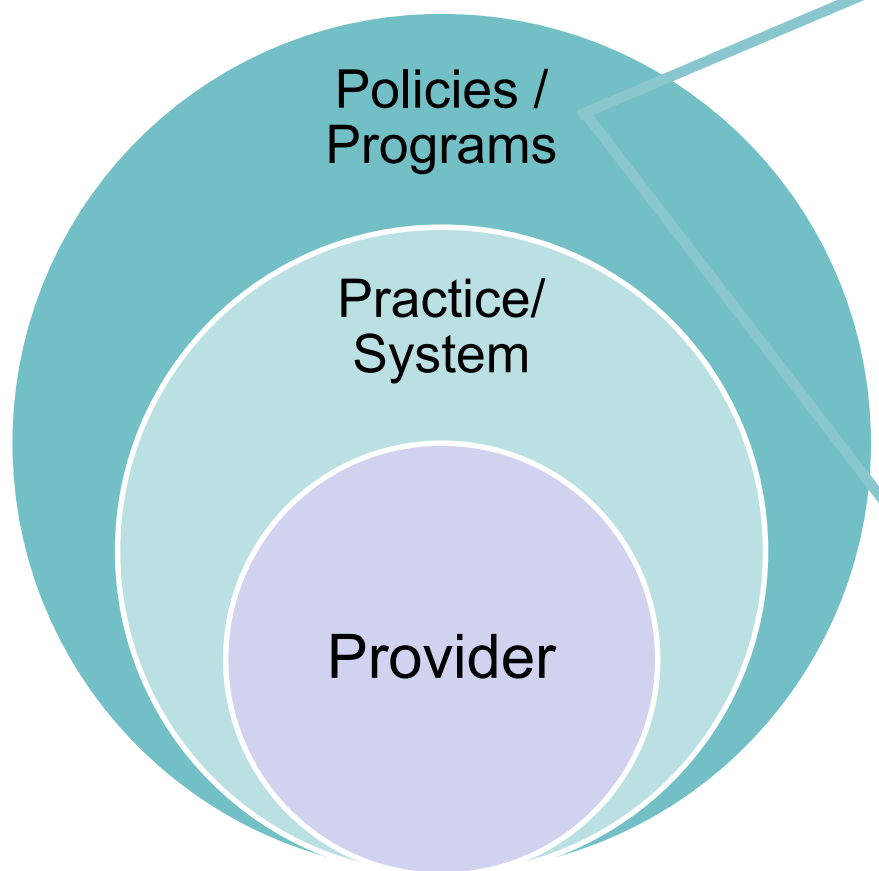
Table 1 Type of prevention and continuum of prevention activities for pediatric primary care settings

| | Level I: Least demanding or resource intensive activities | Level II: Moderately demanding or resource intensive activities | Level III: Most demanding or resource intensive activities |
|-----------|---|--|---|
| Universal | <ul style="list-style-type: none"> • Screening for substance misuse and substance use exposure • Provide anticipatory guidance on substance misuse and substance use exposure • Provide information (i.e., brochures/ handouts) • Share with parents and adolescents the helpline and links to the information made available via Parents for Drug Free Kids and NIDA • Referring parents to online parenting programs | <ul style="list-style-type: none"> • Designate an office champion to implement comprehensive screening • Familiarize with talking tools and messaging (e.g., marijuana tool kit) • Screen for liability of substance misuse or abuse before it occurs • Providing an online parenting program and supporting parent engagement | <ul style="list-style-type: none"> • Host on-site evidence based, family-focused education programs • Link to community resources |
| Selective | <ul style="list-style-type: none"> • Monitor for needed prevention • Make sub-specialty referral | <ul style="list-style-type: none"> • Refer for selective prevention based on screening • Refer parent to recovery support programs • Refer parent to treatment | <ul style="list-style-type: none"> • Have psychologist, behavioral health specialist and/or social worker on staff • Providing targeted consultation on specific parenting concerns |
| Indicated | <ul style="list-style-type: none"> • Make sub-specialty referral • Refer for indicated prevention or treatment based on screening | <ul style="list-style-type: none"> • Conduct more formal evaluation/assessment • Conduct motivational interviewing to promote behavior change • Develop a management plan • Make a subspecialty referral and follow-up on completing the referral | <ul style="list-style-type: none"> • Provide treatment (e.g., medication-assisted, cognitive behavior) |

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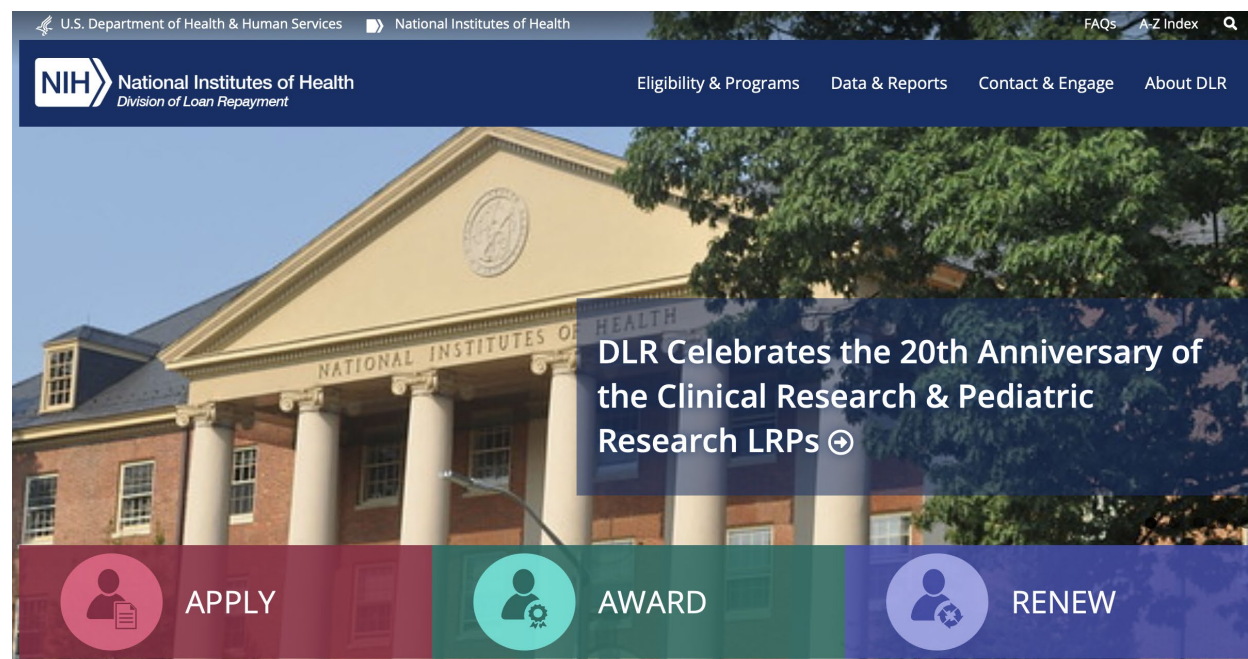
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Multilevel Approach



- **Workforce Development**
 - Loan repayment
- **USPTF**
 - Research funding
- ***Reliable funding & reimbursement***
 - *Parent programs in Pediatric Settings*

Loan Repayment



- Greater workforce needed to support prevention
- NIH Loan Repayment model
 - Clinical, Pediatric, and Health Disparities research
 - Eligibility criteria (extramural):
Must possess an M.D., Ph.D., Pharm.D., Psy.D., D.O., D.D.S., D.M.D., D.P.M., D.C., N.D., O.D., D.V.M., or equivalent doctoral degree

➔ Allied health professions

USPTF Unhealthy Drug Use: Screening

Recommendation Summary

| Population | Recommendation | Grade |
|------------------------------|---|----------|
| Adults age 18 years or older | The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.) | B |
| Adolescents | The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for unhealthy drug use in adolescents. See the "Practice Considerations" section for suggestions for practice regarding the I statement. | I |

- A larger evidence base is needed to support screening adolescents
- No recommendations on screening parents/caregivers

USPTF Illicit Drug Use in Children, Adolescents, and Young Adults: Primary Care-Based Interventions

Recommendation Summary

| Population | Recommendation | Grade |
|---|--|----------|
| Children, adolescents, and young adults | <p>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of primary care--based behavioral counseling interventions to prevent illicit drug use, including nonmedical use of prescription drugs, in children, adolescents, and young adults.</p> <p>See the Practice Considerations section for suggestions for practice regarding the I statement.</p> | I |

- A larger evidence base is needed to support primary care-based interventions
- No recommendations on universal interventions for parents/caregivers

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