Agenda

- Review importance of epidemiological data – understand adolescent substance issues.

- Review standardized screening & assessment infrastructure to support the move to improve treatment effectiveness

- Review clinical strategies deemed EB as brief treatments/interventions
Research shows that 90% of all adults with dependence started using under the age of 18, half of which were under the age of 15.

Substance Use Disorders are Adolescent Onset Disorders

Dennis, 2002
Where have we been?

- Past decade, adolescent substance use field has gained growing attention
  - Moving away from adult paradigm

- Since 1997 research has grown tremendously
  - Supported the field as an “emerging science”
## Adolescent Substance Abuse Research

<table>
<thead>
<tr>
<th>Feature</th>
<th>1930-1997</th>
<th>1997-2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Studies</td>
<td>16</td>
<td>500+</td>
</tr>
<tr>
<td>Random/Quasi</td>
<td>9</td>
<td>48+</td>
</tr>
<tr>
<td>Tx Manuals</td>
<td>0</td>
<td>50+</td>
</tr>
<tr>
<td>QA/Adherence</td>
<td>Rare</td>
<td>Common Practice</td>
</tr>
<tr>
<td>Epidemiology Studies</td>
<td>Slow</td>
<td>Common Tracking</td>
</tr>
<tr>
<td>Evaluations</td>
<td>Descriptive/Simple</td>
<td>More Advanced</td>
</tr>
<tr>
<td>Economic</td>
<td>Some Cost</td>
<td>Cost, CEA, BCA</td>
</tr>
</tbody>
</table>

Growth has helped shape service improvement agendas
What does Epidemiology Research Tell Us about Adolescent Substance Use Problems?
National Survey Data: Substance Abuse/Dependence among Youth (12-17)
Clinical Concern: Whose Presenting for Treatment?
National Treatment Data: Adolescent Admissions by Primary Substance of Abuse/Dependence
Common Use Trends...

Mainstay Substances
• Tobacco
• Alcohol
• Marijuana

Hot Issues at the National front
• Prescription & over-counter medications
• Inhalants
• Club Drugs (MDMA – “x”)

Where are adolescents at with harder drugs?
• Harder Drugs – meth, cocaine, heroin
Every Generation of Teens Looks for New Ways to Get “High”
Substance Use Disorders Onset in Adolescents

Source: Dennis et al 2008
Clinical Situation is Complicated
Clinical Risk Differs

"Live for the moment" is my motto.

You never know how long you've got. You could step into the road tomorrow and - WHAM - you get hit by a cement truck! Then you'd be sorry you put off your pleasures!

That's why I say "Live for the moment." What's your motto?

"Look down the road."
<table>
<thead>
<tr>
<th>Continuum of Adolescent Substance Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>↑</strong></td>
</tr>
<tr>
<td>Zero Use:</td>
</tr>
<tr>
<td>MANY youth do not use.</td>
</tr>
<tr>
<td><strong>↑</strong></td>
</tr>
<tr>
<td>Experimentation:</td>
</tr>
<tr>
<td>Some youth experiment with drugs and alcohol, which is common among adolescent. They try it but don’t continue.</td>
</tr>
<tr>
<td><strong>↑</strong></td>
</tr>
<tr>
<td>Social/Recreational Use:</td>
</tr>
<tr>
<td>Youth who use at a party, on occasion, not in excess, no pattern or misuse, responsible (not drinking/driving, not “wasted”).</td>
</tr>
<tr>
<td><strong>↑</strong></td>
</tr>
<tr>
<td>Misuse:</td>
</tr>
<tr>
<td>Beginning to use to manage negative thoughts and/or feelings, using to replace boredom, stress, fears, trying to fit in...</td>
</tr>
<tr>
<td><strong>↑</strong></td>
</tr>
<tr>
<td>Abuse:</td>
</tr>
<tr>
<td>A pattern emerges that leads to impairment or distress as seen in the past 12 months by at least 1 of the following:</td>
</tr>
<tr>
<td>- <em>Recurrent</em> failure to meet important obligations such as school or work, starts getting suspended or doesn’t do homework;</td>
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<tr>
<td>- <em>Recurrent</em> use in situations that are hazardous such as chugging games, passing out, driving under influence;</td>
</tr>
<tr>
<td>- <em>Recurrent</em> legal problems –tickets, arrests, fights when drinking/using, drinking and driving, put on probation...</td>
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<tr>
<td>- Continues to use in spite of social or personal problems related to use (e.g. frequent fights with family, friends, teachers)</td>
</tr>
<tr>
<td><strong>↑</strong></td>
</tr>
<tr>
<td>Dependence:</td>
</tr>
<tr>
<td>Leads to impairment or distress as seen within the past 12 months, unless in recovery, by at least 3 of the following:</td>
</tr>
<tr>
<td>- Tolerance (need more of the substance to get the same effect);</td>
</tr>
<tr>
<td>- Withdrawal (symptoms when one doesn’t have the substance);</td>
</tr>
<tr>
<td>- Substance is taken over longer periods of time or in larger amounts than intended;</td>
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<tr>
<td>- Individual has had unsuccessful attempts to quit or cut down;</td>
</tr>
<tr>
<td>- He/she spends a great deal of time getting the substance, using the substance, and recovering from it</td>
</tr>
<tr>
<td>- Important social, occupation, or recreational activities are given up because of the use</td>
</tr>
<tr>
<td>- The substance is used despite knowledge that the use causes or makes worse physical or psychological problems</td>
</tr>
</tbody>
</table>

(May go back and forth between infrequent use and abuse) (Disease, compulsion, loss of control)
Clinical Risk & System Response

Clinical Trajectory

Primary Prevention Services
- Pre Use
- Abstinence
- 15% of the Population

Secondary Prevention
- Experimental Use
- Social/Recreational Use
- 70% of the Population

Brief Intervention
- Misuse

Brief Treatment
- Substance Abuse

Traditional Treatment
- Substance Dependence

Source: SBIRT Project 2007, Stephen O'Neil
Understanding Problem Severity

Screening is essential

To determine RISK - the actual problem severity—where are they along the clinical risk continuum of use?

Standardized Screeners – handout

CRAFFT: Eng/Span

Knight et al. 2002
Client Screening Activity
CRAFFT

1. Have you ever ridden in a Car driven by someone (including yourself) who was high or had been using alcohol or drugs?

2. Do you ever use alcohol or drugs to Relax, feel better about yourself, or fit in?

3. Do you ever use alcohol or drugs while you are by yourself Alone?

4. Do you ever Forget things you did while you were high or drugs?

5. Do your Family or Friends ever tell you that you should cut down on your drinking or drug use?

6. Have you ever gotten into Trouble while you were using alcohol or drugs?

Responsibility element

Coping element – use moves beyond pleasure

Isolation/Social Withdraw element

Impairment element

Problem Use recognized by others

Consequences of use*

Scoring: 2 or more positive items indicate the need for further assessment.

The CRAFFT is intended specifically for adolescents. It draws upon adult screening instruments, covers alcohol and other drugs, and calls upon situations that are suited to adolescents.
Assessing beyond Problem Severity

Assessment & Diagnosis

This process helps determine the specific issues of the individual - beyond substance use (& to guide tx planning/placement)

- Global Appraisal of Individual Needs (GAIN)
- Addiction Severity Index 4 Teens (T-ASI)
- Adolescent Problem Severity Index (APSI)
**MET Brainstorming:** Review reasons for quitting... ask which they think is most important

- What is typically the client’s main problem (reasons for quitting) from their perspective?

- From your perspective is this the case? What is typically your clinical impression of the client’s main problem?

- What are some characteristics of your most difficult clients?
Complexities for Clinical Tx

- Majority of adolescents presenting for tx with more than just substance use problems…
  - **Psychological co-occurring** (trauma, depression, anxiety, etc.) histories
  - **Delinquent/legal** court/probation issues
  - **School** drop-out/academic failure issues
  - **Family** dysfunction
Turn Our Attention to:
Treatment Effectiveness Studies

- Tell us about the effectiveness of different treatment models for adolescents with substance use disorders
- Includes studies with programs deemed “evidence-based”
  - Proven to be successful through research methodology and have produced a consistent pattern of positive results.
EBP Treatment Series

1. Motivational Enhance Treatment/Cognitive Behavior Therapy (MET/CBT5)
2. Cognitive Behavior Therapy 7 (CBT7)
3. Family Support Network (FSN)
4. Adolescent Community Reinforcement Approach (ACRA)
5. Multidimensional Family Therapy (MDFT)
Peer Sadness

SUD

Physical Problem

Negative Emotions

Family

Mental Health
Difficult Clients are Categorized as...

- Main problem: AOD/SUD
- The client perception of the issue: XXX
- B/C Disconnect & Mismatch

Resistance
Distrust
Poor Insight/Awareness
Low motivation
Motivational Enhanced Treatment/ Cognitive Behavior Therapy 5 (MET/CBT5)

Sampl, S., & Kadden, R. (2001)
University of Connecticut Health Center
Farmington, CT USA
1. Assessment Feedback (Review PFR), Rapport-Building, Orientation to Treatment
   - Peer reference norming
   - Tell me about... (endorsed symptoms of abuse and dependence)
   - Review reasons for quitting... ask which they think is most important

2. Review of Progress, Functional Analysis, Personalized Goal Setting, and Orientation to the Group Sessions
Group CBT Sessions 1-3
(50-75 Min)

2. Increasing Social Support and Pleasant Activities
3. Coping with Emergencies and Relapse
   1. Drug/ETOH Refusal Skills

Client Preparedness

Plus 2 Random Urines over six weeks
How you talk to the adolescent matters
You are singing off key if you find yourself...

• Challenging
  • Warning
• Finger-wagging
• Moralizing
• Giving unwanted advice

• Shaming
  • Labeling
• Confronting
• Being Sarcastic
• Playing expert
Five Strategies of MET

1. Express Empathy
2. Develop Discrepancy
3. Avoid Argumentation
4. Roll with Resistance
5. Support Self-Efficacy
How can you express empathy?
Reflective Listening

- Open Ended questions...
  - “Tell me about the problem you mentioned with xxx...?”

- Demonstrate understanding of what the client is communicating
  - “It sounds like you...”
  - “So you...”
  - “It seems to you that...”
  - “It sounds like you’re feeling...”

- Avoid interjecting clinical AOD perception
  - Adolescents view it as: lecturing, preaching, warning, arguing
Facilitating the Risk/Reward Analysis

- What to focus on: Decisional balance scale
  - Elicit pros and cons of use and change
  - Emphasize client choice and responsibility

- Elicit self-motivational statements, and **summarize them** (they are hearing what they just said)
How do you avoid argumentation with a teenager?

- **Resistance** should be a CUE to modify your approach

- Treat ambivalence (mixed feelings) as normal

- Bring the focus back on their concerns:
  - Elicit the client’s perceptions of the problem and providing feedback
Video Demo:

Goal Setting (MET) &
Increasing Social Support/Pleasant Activities (CBT)
Cognitive Behavior Therapy 7 Supplement (CBT-7)

University of Connecticut Health Center
Farmington, CT USA
7 Supplemental CBT Sessions:

6. Problem-Solving Skills
7. Anger Awareness
8. Anger Management
9. Communication Skills: Assertiveness and Criticism
10. Coping with Cravings
11. Managing Negative Moods
12. Managing Thoughts about Using
Family Support Network (FSN)

St. Petersburg, FL USA
## Importance of the Family!

<table>
<thead>
<tr>
<th></th>
<th>Substance Use Correlations</th>
<th>Intraclass Correlations w 95% C.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3-month</td>
<td>6-month</td>
</tr>
<tr>
<td>Family conflict</td>
<td>.56</td>
<td>.48</td>
</tr>
<tr>
<td>Family cohesion</td>
<td>.56</td>
<td>.50</td>
</tr>
<tr>
<td>Social support</td>
<td>.42</td>
<td>.38</td>
</tr>
<tr>
<td>Recovery environment risk</td>
<td>.42</td>
<td>.42</td>
</tr>
<tr>
<td>Social risk</td>
<td>.28</td>
<td>.34</td>
</tr>
<tr>
<td>Substance use</td>
<td>.36</td>
<td>.30</td>
</tr>
<tr>
<td>Substance-related problems</td>
<td>.43</td>
<td>.35</td>
</tr>
</tbody>
</table>
A Closer Look at the Family Issue...

- **Family Support**: less family conflict and greater family cohesion corresponded to reduced risk for poor treatment outcomes.

- Although families play a pivotal role, they vary in their ability and willingness to help...
How do you facilitate Parental Attendance?
Adolescent Community Reinforcement Approach (ACRA)

2010 Meta-Analysis

- Study of studies conducted to identify treatment effectiveness of various EBP treatment approaches that maximize treatment outcomes (JMATE presentation)

  - 48 studies that included 79 treatment approaches for adolescents
Treatment Approaches

- Family therapy \((k = 25, n = 88)\)
- Individual counseling
- Generic GROUP counseling programs
- Cognitive behavioral therapy (CBT)
- Motivational interviewing/enhancement therapy (MET)
- MET + CBT (MET/CBT)
  - MET/CBT-5
  - MET/CBT-12 (this includes the 7 additional components)
Treatment Approaches, Cont.

- Psychoeducational therapy (PET)
  - Generic psychoeducational curriculum

- Other treatments
  - contingency management; vocational counseling; Pharmacological; drug court

- No treatment (No Tx)
  - No treatment, assessment only, and delayed treatment control groups
Effect sizes were close and not statistically meaningful to make definitive statements about superiority…BUT

- **Family therapy & CBT/MET combo** had stronger effects (on abstinence outcomes) than all compared treatment conditions
- **Individual counseling** was less effective than all other treatment conditions with which it was compared
Clinical Adherence to EBPs?
What do Counselor’s Say?

- Like the structure and consistency
- Easy to use
- They help focus a session

---------------------------------------------

- Can be restrictive
- Need to incorporate personal style and creativity
- Need to provide flexibility

The Post-Treatment Period

In-Tx Factors

Recovery
Treatment Effectiveness Studies

Important to note: studies have NOT established a superior treatment approach

They all have equally effective results in terms of producing positive outcomes…
- Reducing use
- Improving mental health/wellbeing, and
- Repairing social relations

Happy Ending?
Although treatment is working...

Less than half of adolescents leave treatment with a positive discharge (still using)

Relapse continues to be fairly common: ~65% relapse during first three months after tx completion (Brown et al., 1989) and longer-term (12 mos; Dennis et al., 2000)
The Case for Continuity of Care

- Lack of continuity of care: less than 10% participate in aftercare after formal tx
Been called many things...

- Aftercare
- Continuing care
- Stepped-down care

- Extended interventions
- Disease management

McKay (2008)
Continuing Care Service Barriers

- Limited funding for services in the addiction field
  - Limited availability of services
  - Hence, not a standard “clinical” practice

- Why pay when we have – 12 step model?
  - Been referred to as “the perfect aftercare” (White, 2007)
Empirical Support for CC

- Evidence suggests clients who get continuing care have better outcomes than clients who do not receive CC services (McKay, 2009).

  - Evidence mainly established for adults; less clear for adolescents

    - Very few continuing care studies of adolescents in the scientific literature
      - Godley et al. 2002 – home visits with youth after residential tx (Assertive Continuing Care)
NIDA and SAMHSA Resources

TIP 31: Screening & Assessing Adolescents for Substance Use Disorders

TIP 32: Treatment of Adolescents With Substance Use Disorders

For parents offer:

“NIDA Red Book”
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