Youth Substance Use Disorders

16th Statewide Conference
Integrating Substance Use, Mental Health, and Primary Care Services: Enhancing Foundations for Change

Rachel Gonzales-Castaneda, PhD, MPH
Oct 24, 2019
Session: 10:45-12:15
This goal of this session is to review the state of knowledge regarding substance use disorders (SUDs) among youth populations by way of the following learning objectives:

- Describe the continuum of care and adequate treatment response for SUDs among youth populations.
- Describe developmental considerations when working with youth with SUDs.
- Identify evidence-based treatment practices and strategies for addressing SUDs among youth who meet medical necessity criteria.
What are Major Trends in Substance Use among Youth you serve?
Developmental Considerations
Youth: Who are we talking about?

Adolescents (12-17)
Young Adults (18-24)
EPSDT: under 21

What’s going on during these developmental periods?
Significant Maturation in Human Systems

Developing (Growing) of various interacting systems:
1. The nervous system
2. The endocrine system
3. The cardiovascular system
4. The respiratory system
5. The muscular system
6. The digestive system
7. The immune system
8. The reproductive system

Billions of nerves run throughout the body communicating via electro-chemical messages, signals, impulses to control and regulate functions.
Young People’s Nervous Systems’ [Brains] are Immature

Prunes from Back to Front. Blue represents maturing.

Earlier:
- Motor and Sensation

Later:
- Motivation/Drive
- Emotion
- Judgment

The brain reaches complete maturation at what Age? 25

Motivational Deficits in Health Behaviors...
Motivational Deficits across “Health Behaviors”

**Health Enhancing Behaviors**: Actions that help promote good health and prevent illness/disease

**Health Damaging Behaviors**: Actions that contribute to injury, illness, and premature death

What are core health behaviors?
<table>
<thead>
<tr>
<th>Youth Activity: Core Health Behavioral Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep Behaviors?</td>
</tr>
<tr>
<td>Diet Behaviors?</td>
</tr>
<tr>
<td>Physical Activity Behaviors?</td>
</tr>
<tr>
<td>Screen time Behaviors?</td>
</tr>
<tr>
<td>Driving Behaviors - speeding, seat belt use, no texting?</td>
</tr>
<tr>
<td>Sexual Behaviors - abstinence?</td>
</tr>
<tr>
<td>Substance Use Experimentation Behavior?</td>
</tr>
<tr>
<td>-- underage drinking?</td>
</tr>
<tr>
<td>-- binge drinking (4+ females, 5+ males)?</td>
</tr>
<tr>
<td>-- tobacco use?</td>
</tr>
<tr>
<td>-- cannabis use?</td>
</tr>
<tr>
<td>-- RX misuse?</td>
</tr>
</tbody>
</table>
National Recommendations/Standards

- Sleep: 8-10 hours/day
- Physical activity: 60 min/day
- Screen time: 2 hours a day
- Driving behaviors: speed limit; no texting and driving
- Sexual behaviors: no sex; condom use
- Substance use experimentation:
  - 21 alcohol
  - 21 tobacco
  - 21 cannabis
  - Rx’s: medical regimen
# Health of the Nation: Leading Causes of Morbidity and Mortality in the U.S.

<table>
<thead>
<tr>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
</tr>
<tr>
<td>Stroke</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Obesity</td>
</tr>
<tr>
<td>Overdose &amp; Addictions</td>
</tr>
<tr>
<td>Communicable and Infectious Diseases (Hepatitis B &amp; C, HIV, STDs)</td>
</tr>
<tr>
<td>Accidents/Injury</td>
</tr>
</tbody>
</table>

## Linked to Health Damaging Behaviors
- Low-to-no **Physical Activity**
- Poor **Diet**
- Inadequate **Sleep**
- Unlimited **Screen time**
- Unhealthy **Relationships**
- Under-developed **Study Habits**
- Poor **Coping skills**
- Unsafe **Driving**
- Misuse of **Substances** – alcohol, tobacco, other

---

Motivational Deficits in Health Behaviors...
Motivational Deficits…

Seen before, during and after Treatment

**Ambivalence:** “I got into trouble, but I’m not that bad.”

**Denial:** “I don’t have a Problem.”

**Resistant to Change:** "I’m just here bc I have to be (legal, school, other systems, parents).”

Compared to non-Meth users: Meth using youth had:
- Higher motivational issues – mandated to services
- Poorer engagement issues
- Higher rates of drop out (in initial 30 days)
- Lower treatment retention/completion

*In both residential and outpatient settings

Compared to non-Cannabis using youth, Youth in SUD treatment with Cannabis Use Disorder reported:
- Lower motivation to quit – as referenced by “continued cannabis use” during treatment and during aftercare

*In both residential and outpatient settings
Think about a youth that you suspect is using substances.

- How does this youth look different from non-substance using youth?
- What challenges do substance using youth present to you in your setting?
- What are specific needs for substance using youth?
Dysregulation Pathways underlying SUD Risk Behaviors

**RISK FACTORS**

- **Childhood Adversity**
  - Loss
  - Abuse and neglect
  - Household dysfunction

- **Stress**
  - Adverse life events
  - Chronic stressors

- **SES**
  - Poverty
  - Neighborhood
  - Social support
  - Isolation

**Chronic Medical Disorders**

**Adverse Health Behaviors and Outcomes**
- Obesity
- Sedentary lifestyle
- Smoking
- Self care
- Symptom burden
- Disability
- Quality of life

**Mental Health & Substance Use**

**Common Co-Occurring Issues?**

- Trauma and Stress-Related Disorders

Diagram showing overlapping circles and categories such as Substance Use, ADHD/Disruptive Behavior, Affective, Anxiety, and None of the Listed Disorders.
Substance use is a complex health risk behavior

-Linked to the Interaction of Immature Developmental Systems

AND

Influenced by Diverse Bio-Psycho-Social-Cultural Reasons

- Exploration: curiosity, new experiences
- Social: fitting in, boredom
- Emotional interest: coping
- Medical Comfort: pain
- Cultural: normative, identity
What are patterns of use among youth you serve?

- Quantity
- Frequency
- Duration
Substance Use Falls along a Continuum

Intensive Purposive Experimentation

Individual Differences

<table>
<thead>
<tr>
<th>No Use</th>
<th>Exp/Rec Use</th>
<th>Social Use</th>
<th>Binge Use</th>
<th>Problem use/Misuse</th>
<th>Mild SUD</th>
<th>Moderate SUD</th>
<th>Severe SUD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**At Risk population:** Use and symptoms vary-ongoing risk of developing SUD

DSM 5 Clinical Criteria; Impaired Control, Social Impairment, Risky Use, Physiological Consequences
• How do you identify patterns—substance use RISK?
  
  – Most agencies—jump right into Assessment Protocols
SAMHSA, NIDA, NQF, NIMH all recognize the importance of “identification” of RISK through use of screeners before jumping to assessment.
Surgeon General: As a complex Health Issue, effective identification and response needs to occur across SYSTEMS of CARE.
Within Community Settings: SBIRT Practice

• What is SBIRT?

• The practice of SBIRT entails three evidence based strategies:
  – Screening for Alcohol and Drug use to Identify Risk Patterns
  – Triaging risk using a Brief Intervention - a conversation about substance use as a health risk behavior
  – When risk is high - using clinical judgement to use assessment protocols for pathology to then make necessary Referrals to Treatment
The CRAFFT Screening Interview

Begin: “I’m going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.”

Part A

During the PAST 12 MONTHS, did you:  

1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)  
2. Smoke any marijuana or hashish?  
3. Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you snort or "huff")

For clinic use only: Did the patient answer “yes” to any questions in Part A?  

No ☐ Yes ☐

Ask CAR question only, then stop Ask all 6 CRAFFT questions

Part B

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, or ALONE?  
4. Do you ever FORGET things you did while using alcohol 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?

Confidentiality Notice: The information recorded on this page may be protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by written consent. A general authorization for release of medical information is NOT sufficient for this purpose.

(Children’s Hospital Boston, 2009. All Rights Reserved.)

Screening to Brief Intervention (S2BI)

Developed at Boston Children’s Hospital with support from the National Institute on Drug Abuse.

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED?

Tobacco?
- Never
- Once or twice
- Monthly
- Weekly or more

Alcohol?
- Never
- Once or twice
- Monthly
- Weekly or more

Marijuana?
- Never
- Once or twice
- Monthly
- Weekly or more

Illegal drugs (such as cocaine or Ecstasy)?
- Never
- Once or twice
- Monthly
- Weekly or more

Inhalants (such as nitrous oxide)?
- Never
- Once or twice
- Monthly
- Weekly or more

Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?
- Never
- Once or twice
- Monthly
- Weekly or more

Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
- Never
- Once or twice
- Monthly
- Weekly or more

Validated for screening tools for Youth Populations
SAPC Screener adapted from Validated Screeners - CRAFFT and S2BI


<table>
<thead>
<tr>
<th>In the past year, how many times have you used [X]?</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tobacco Products</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Marijuana</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Illegal Drugs (i.e. cocaine or Ecstasy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Prescription drugs that were not prescribed for you (i.e. Pain Medication or Adderall)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Inhalants (i.e. nitrous oxide)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Herbs or synthetic drugs (i.e. salvia, K2, or bath salts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Within SUD Specialty Settings: Mental Health Screening

Shortened version of PTSD Checklist

**Patient Health Questionnaire: modified**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Clinician:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Instructions:** How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not At All</th>
<th>Several Days</th>
<th>More Than Half The Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling down, depressed, irritable, or hopeless?</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Little interest or pleasure in doing things?</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Trouble falling asleep, staying asleep, or sleeping too much?</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Poor appetite, weight loss, or overeating?</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Feeling tired, or having little energy?</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Feeling bad about yourself—or feeling that you are a failure, or that you have let yourself or your family down?</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Trouble concentrating on things like school work, reading, or watching TV?</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Moving or speaking so slowly that other people could have noticed?</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Or the opposite—being so fidgety or restless that you were moving around a lot more than usual?</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?  
"Yes" if ![ ]

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?  
[ ] Not difficult at all  [ ] Somewhat difficult  [ ] Very difficult  [ ] Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?  
"Yes" if ![ ]

Have you EVER in your WHOLE LIFE tried to kill yourself or made a suicide attempt?  
"Yes" if ![ ]

[More information and resources are available at:](https://www.integration.samhsa.gov/clinical-practice/screening-tools)
Having Procedures when Risk is Flagged

- Having a conversation about substance use and mental health risks identified in screeners
- Getting to know youth perceptions of issues and needs – for services
Precontemplation
Not yet considering change or unwilling or unable to change.

Contemplation
Understanding the need for change but uncertain.

Ambivalence (thinking)

Preparation
Ready to change, but considering what to do?

Planning
Taking steps toward change but unstable process.

Action

Maintenance
Has achieved the goals and is working to maintain change.

Support & Monitoring

Recurrence
Experienced a recurrence of the behaviors.

Screening helps with Motivational Deficits to change...
**SUD Diagnostics**

*Persistent & Ongoing in Past 12 months*

**DSM-V Criteria for a Substance Use Disorder**

The *Diagnostic and Statistical Manual* 5 defines a substance use disorder as the presence of at least 2 of 11 criteria, which are clustered in four groups:

<table>
<thead>
<tr>
<th>Impaired Control</th>
<th>Risky Use</th>
<th>Pharmacologic Dependence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Taking more or for longer than intended,</td>
<td>1. Recurrent use in hazardous situations,</td>
<td>1. Tolerance to effects of the substance,</td>
</tr>
<tr>
<td>2. Unsuccessful efforts to stop or cut down use,</td>
<td>2. Continued use despite physical or psychological problems that are caused or exacerbated by substance use.</td>
<td>2. Withdrawal symptoms when not using or using less.</td>
</tr>
<tr>
<td>3. Spending a great deal of time obtaining, using, or recovering from use,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Social Impairment:**

1. Failure to fulfill major obligations due to use,
2. Continued use despite problems caused or exacerbated by use,
3. Important activities given up or reduced because of substance use.

**Medical Necessity continuum**

- **Abstinence**
- **Experimental Use**
- **Social Use**
- **Misuse**
- **Hazardous Use**
- **Substance Use Disorder**

**SUD Risk**

- **Age of First Use:** <12
- **Consumption Patterns:** weekly; daily
- **Length of Use:** (1+years)
- **Substance:** Opiates
- **Route of Use:** IDU

**Risk Indicators...**
This overview of reviews synthesized and assessed reviews examining efficacy and/or implementation of psychosocial interventions for YP experiencing substance-related disorders in outpatient settings. Forty-three systematic reviews and meta-analyses conducted over 17 years focusing on interventions for YP’s substance use behaviors in outpatient settings met the inclusion criteria. No significant effects for any intervention type were found. The one high quality review that reported possible efficacy of an intervention, Filges et al. (2015b), found that MDFT had small positive effects on substance use compared to CBT, TAU, MEI and ACRA.

- Family Therapy
- Motivational Enhancement Therapy-MET
Evidence Based Treatments for Substance Use Disorders among Youth Populations
Research across systems of care indicate that **Effectiveness with youth is met when Family is included**

Short-term and long-term success with youth in different service settings – school, medical, mental, legal, and Tx in terms of engagement, adherence and “changing” is met when social/environmental BARRIERS are addressed:

- Need to increase Social Support
- Need to decrease Family Issues
## Predictors of Youth Outcomes

<table>
<thead>
<tr>
<th>Variable</th>
<th>3-month</th>
<th>6-month</th>
<th>9-month</th>
<th>12-month</th>
<th>Intraclass Correlations (with 95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family conflict</td>
<td>.56</td>
<td>.48</td>
<td>.47</td>
<td>.43</td>
<td>.58 (.53, .62)</td>
</tr>
<tr>
<td>Family cohesion</td>
<td>.56</td>
<td>.50</td>
<td>.46</td>
<td>.50</td>
<td>.54 (.50, .59)</td>
</tr>
<tr>
<td>Social support</td>
<td>.42</td>
<td>.38</td>
<td>.35</td>
<td>.34</td>
<td>.37 (.33, .42)</td>
</tr>
<tr>
<td>Recovery environment risk</td>
<td>.42</td>
<td>.42</td>
<td>.37</td>
<td>.24</td>
<td>.43 (.39, .48)</td>
</tr>
<tr>
<td>Social risk</td>
<td>.28</td>
<td>.34</td>
<td>.24</td>
<td>.21</td>
<td>.37 (.32, .42)</td>
</tr>
<tr>
<td>Substance use related problems (craving, stressors)</td>
<td>.43</td>
<td>.35</td>
<td>.31</td>
<td>.31</td>
<td>.46 (.42, .51)</td>
</tr>
</tbody>
</table>

MI/MET – Motivational Interviewing Motivational Enhancement Therapies

MI uses a Style of Communication that “meets people where they are at”

- Autonomy
- Acceptance/Non-Judgmental
- Compassion/Empathy
- Support/Non-authoritative

What are MI Skills?
- Awareness of problem
- Target Motivation
- Think about Behavior Change…Change

Understand Change is a Process

Express Empathy
Explore Discrepancy
Roll with Resistance
Support Self Efficacy

MI TECHNIQUES: OARS
01 Open-Ended Questions
02 Affirmations
03 Reflections
04 Summaries
• Research shows that using MI enhances a higher success rate in services:
  • Less resistant
  • More likely to stay in treatment
  • More likely to change

• Less likely to relapse

What are other “strategies” and “therapies” that have shown efficacy and effectiveness with youth who have SUDs?
Contingency Management

- Referred to as “CM.” It has been “endorsed” by NIDA (est 1999) as a best practice for youth
- Addresses the – what’s in it for me phenomenon…
- It appears on almost every list of evidence-based practices for treating substance use disorders (ADAI, 2005)
- It has been singled out, along with MI as being an effective behavioral approach to help youth engage (and reduce or stop use)

Research supports that CM offers youth an opportunity to “earn” low-cost incentives, such as prizes or cash vouchers (for movie passes, food items, other personal goods) in exchange for participating in services (session attendance, achieving important goals like doing HW, self-help involvement, not using/drinking).
FDA Approved Medications under MAT

- **Opioid Use Disorder**
  - Methadone
  - Buprenorphine (e.g. Suboxone)
  - Naltrexone (e.g. Vivitrol)

- **Alcohol Use Disorder**
  - Disulfiram (i.e. Antabuse)
  - Naltrexone (e.g. Vivitrol)
  - Acamprosate (i.e. Campral)

- **Nicotine Use Disorder**
  - Nicotine replacement (e.g. gum, patch)
  - Varenicline (i.e. Chantix)
  - Buproprion (i.e. Zyban)

- **Cocaine/ Amphetamine/ Marijuana**
  - No FDA Approved medications are available

MAT is currently only FDA-approved for youth 18 and over with the exception of methadone and buprenorphine, which can be used for youth 16 and over if they are under the treatment of a licensed prescriber.
The Role of Medication Assisted Treatment in the Care of Youth with Substance Use Disorders
Increase in youth opioid use (& overdose) makes MAT-preparedness critical for clinicians working with youth in systems

Studies show efficacy of MAT for youth:
– Youth with opioid dependence given **buprenorphine** have favorable outcomes (with withdraw and craving).

*However uptake of MAT for youth is limited among settings*
\textbf{MAT for Youth}

Camenga et al (2019) review the literature on the clinical benefits & potential risks of MAT for OUD among youth. We provided a commentary:

Issues to consider:
\begin{itemize}
  \item Increased opiate misuse/addiction, ER visits, overdose, & Tx admissions.
  \item Limited access to MAT among adolescents with OUD within systems of care.
  \item Growing challenges with youth treatment effectiveness (relapse) and need for considering alternative Tx options.
  \item The pharmacokinetic & pharmacodynamics properties of MAT on adolescent neurobiology (+ and -) not fully understood.
  \item According to DSM 5 assessment standards, individuals who meet at least 2 of 11 criteria during a 12-month period are diagnosed with a OUD. Severity is based on the number of clinical symptoms present; however evidence for MAT efficacy and mechanisms of action has largely centered on addressing unique clinical features of OUD, including withdrawal and craving. Given the complexities of neurodevelopment and SUDs among youth, it is important to expand beyond these specific clinical features as signs and symptoms of OUD withdrawal & other physical/psychological impairment may manifest differently.
  \item Questions remain: utility of MAT for youth with co-occurring OUD & other mental/physical health-related disorders (and associated neuro-cognitive brain dysregulation).
\end{itemize}
Using Evidence Based COD Models for Youth

- Anger Management
- Stress Management
- Emotional Regulation

TIP 57

Seeking SAFETY
A Treatment Manual for PTSD and Substance Abuse

Dialectical Behavior Therapy for At-Risk Adolescents
A Practitioner’s Guide to Treating Challenging Behavior Problems
Evidence-Based Treatments for Youth with CODs

- **Pharmacotherapies** [side note: *combined with psychosocial approaches*]

- **Psychosocial Therapies:**
  - **MET+CBT-12 plus Family Support Network** [*CYT Series – all effective among youth with COD issues (ADHD, CD, Mood, runaway, homeless, justice involved)*]
  - **ENCOMPASS**
  - **Seeking Safety**
  - **Trauma informed care**

- **Family Therapy:** Family engagement is critical element in COD Tx among youth. Efficacious models include:
  - **FFT** – Functional Family Therapy [Side note: *especially with justice involved and homeless youth*]
  - **MDFT and MST** [Side note: *Studies have found that using MST is more effective than youth receiving psychiatric hospitalizations*]

- **Case management:** given that the care needed by youth with CODs spans a broad range of service systems, CM services (*service coordination, assessment, planning, linkages, and advocacy*) has been supported for use with COD youth populations (Evans et al., 1992; US DHHS, 1999b).

- **Recovery Support -Aftercare:** Assertive Continuing Care (ACC) home visits; Telephone monitoring with MET-CBT 5 sessions (Kaminer)
# Specific Youth COD Models

| ENCOMPASS | Integrated 16-week Tx specifically developed for youth with CODs (MH and SUD; Riggs). It consists of:  
| --- | --- |
|  | • Adaptation and hybridization of individual CBT and **contingency management**  
|  | • Family services  
|  | • Drug testing  
|  | • Integrated Psychiatric medication as deemed appropriate |

## Comorbidity & Effective Tx

| ADHD | Stimulants [Ritalin, Adderall, Strattera]  
| Lower abuse pemoline*  
| Atomoxetine  
| Bupropion **Modafinil** | 1 RCT n=69 of pemoline [n=69 youth with SUD and co-occurring ADHD]  
| -Efficacy > Placebo  
| -Good safety profile  
| -No impact on SUD if SUD psychotherapy tx absent (Riggs et al 2004) |

| Depression | SSRIs*  
| Psychotherapy  
| CBT  
| Interpersonal Group therapy | 1 RCT of *fluoxetine + CBT for SUD [n=126 youth with SUD and co-occurring MDE]  
| -Efficacy > Placebo  
| -Good safety profile (Riggs et al Archives Pediatric Adol Med) |

| Bipolar | Mood stabilizers | 1 RCT lithium n=22 (youth with SUD and co-occurring bipolar issue)  
| -Good safety profile  
| -Treats bipolar Not SUD so need to include SUD psychotherapy |
Seeking Safety: 25 Treatment Topics

- Introduction to Treatment/Case Management*
- Safety*
- Cognitive Domains
- Behavioral Domains
- Interpersonal Domains
- The Life Choices Game
- Termination

*first two topics are recommended first for overview and explanations

<table>
<thead>
<tr>
<th>COGNITIVE</th>
<th>BEHAVIORAL</th>
<th>INTERPERSONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking Back Your Power</td>
<td>Detaching from Emotional Pain</td>
<td>Asking for Help</td>
</tr>
<tr>
<td></td>
<td>(Grounding)</td>
<td></td>
</tr>
<tr>
<td>When Substances Control You</td>
<td>Taking Good Care of Yourself</td>
<td>Honesty</td>
</tr>
<tr>
<td>Compassion</td>
<td>Red and Green Flags</td>
<td>Community Resources</td>
</tr>
<tr>
<td>Recovery Thinking</td>
<td>Commitment</td>
<td>Setting Boundaries in Relationships</td>
</tr>
<tr>
<td>Integrating the Split Self</td>
<td>Coping with Triggers</td>
<td>Getting Others to Support Your</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recovery</td>
</tr>
<tr>
<td>Creating Meaning</td>
<td>Respecting Your Time</td>
<td>Healing from Anger</td>
</tr>
<tr>
<td>Discovery</td>
<td>Self-Nurturing</td>
<td>Healthy Relationships</td>
</tr>
</tbody>
</table>
80 coping skills – can be infused in every topic

Very open-ended what is person willing to commit (can be 1 or multiple)

Pick skill – read out loud and then Give an example of how can use coping skills in life

Can adapt to be more culturally relevant and developmentally appropriate

Can add on others

Seeking Safety Coping Skills

1. Ask for help - Reach out to someone safe
2. Inspire yourself - Carry something positive (e.g., poem), or negative photo of friend who overcame
3. Leave a bad scene - When things go wrong, get out
4. Paralysis
5. Never, never, never, never, never, never, never, never, never, never, give up
6. Honesty - Secrets and lying are at the core of PTSD and substance abuse; honesty heals them
7. Cry - Let yourself cry; it will not last forever
8. Choose self-respect
9. Choose whatever will make you like yourself tomorrow
10. Take good care of your body - Eat right, exercise, sleep, sex
11. Make the most of available opportunities
12. Set a boundary
13. Compassion
14. When in doubt, do what's hardest
15. Talk yourself through it - Self-talk helps in different times
16. Imagine - Create a mental picture that helps you feel different (e.g., remember a safe place)
17. Notice the choice point - In slow motion, notice the moment when you choose a substance
18. Pace yourself
19. Stay safe - Do whatever you need to do to put your safety above all
20. Seek understanding
21. One way doesn't work, try another - As if in a maze, turn a corner and try a new path
22. Link PTSD and substance abuse - Recognize substances as an attempt to self-medicate
23. Blame is better than a bad relationship - If only others are safe for now, that's okay
24. Create a new story
25. Avoid avoidable suffering
26. Ask others
27. Get organized
28. Watch for danger signs
29. Healing above all
30. Try something, anything
31. Discovery
32. Attend treatment
33. Create a buffer
34. Say what you really think
35. Notice the cost
36. Structure your day
37. Replay the scene
38. Protect yourself
39. Soothing talk - Talk to yourself very gently (as if to a friend or small child)

With appreciation to the Nada Program (Bosoments, ON) for formatting the Safe Coping List.
Best Practice for CODs

Effective Response:
- Consultation with multiple agencies
- Collaboration with multiple agencies
- Integrate family

I
Low substance use severity and low mental health disorder(s) severity

II
Low substance use severity and high mental health disorder(s) severity

III
High substance use severity and low mental health disorder(s) severity

IV
High substance use severity and high mental health disorder(s) severity
Referral Guide for the Youth System of Care

How to Refer Youth to Treatment

Other Referral to Treatment Resources

<table>
<thead>
<tr>
<th>Resource Name</th>
<th>Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>211</td>
<td>Dial 211</td>
<td><a href="http://www.211.org/">http://www.211.org/</a></td>
</tr>
<tr>
<td>LA County Treatment Locator</td>
<td>N/A</td>
<td><a href="http://publichealth.lacounty.gov/sapc/">http://publichealth.lacounty.gov/sapc/</a></td>
</tr>
<tr>
<td>LAC Department of Mental Health</td>
<td>N/A</td>
<td><a href="https://dmh.lacounty.gov/">https://dmh.lacounty.gov/</a></td>
</tr>
<tr>
<td>LAC Department of Mental Health Access 24/7 Hotline</td>
<td>1-(800) 854-7771</td>
<td><a href="https://dmh.lacounty.gov/our-services/disaster-services/access-hotline/">https://dmh.lacounty.gov/our-services/disaster-services/access-hotline/</a></td>
</tr>
<tr>
<td>LA DCFS Child Abuse Hotline</td>
<td>1-(800) 540-4000</td>
<td>N/A</td>
</tr>
<tr>
<td>SAMHSA’s National Helpline</td>
<td>1-(800) 662-HELP (4357)</td>
<td>N/A</td>
</tr>
<tr>
<td>Service &amp; Bed Availability Tool (SBAT)</td>
<td>N/A</td>
<td><a href="https://saccls.ph.lacounty.gov/sbat/">https://saccls.ph.lacounty.gov/sbat/</a></td>
</tr>
</tbody>
</table>

Youth Resource Directory by SPA

Instructions for use: The table below shows youth services available by SPA and lists what type of treatment is available. Add links if there are any organization you feel are not represented. Resources are subject to change, if you would like to verify that the serve is still available visit: https://saccls.ph.lacounty.gov/sbat/

OP = Out Patient Treatment  \  IOP = Intensive Out Patient Treatment  \  RS = Residential Treatment

<table>
<thead>
<tr>
<th>SPA 1</th>
<th>Name of Agency</th>
<th>Service Type</th>
<th>Address</th>
<th>Contact</th>
<th>Email</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Penny Lane Centers</td>
<td>OP and IOP</td>
<td>5028 East souvenir, Commerce, CA 90040</td>
<td>N/A</td>
<td><a href="mailto:apaper12345@gmail.com">apaper12345@gmail.com</a></td>
<td>(323) 773-9950</td>
</tr>
<tr>
<td></td>
<td>Terraza Treatment Centers</td>
<td>OP and IOP</td>
<td>44441 North 10th Street West, Lancaster, CA 93534</td>
<td>Alycia Ping-Odellme</td>
<td><a href="mailto:apingodellme@terrasta.com">apingodellme@terrasta.com</a></td>
<td>(661) 726-2630 x 4110 or 4118</td>
</tr>
<tr>
<td></td>
<td>Terraza Treatment Centers</td>
<td>RS</td>
<td>44441 North 10th Street West, Lancaster, CA 93534</td>
<td>Alycia Ping-Odellme</td>
<td><a href="mailto:apingodellme@terrasta.com">apingodellme@terrasta.com</a></td>
<td>(661) 726-2630 x 4110 or 4118</td>
</tr>
</tbody>
</table>

| SPA 2                              | CODH & Family Center | OP and IOP   | 21545 Centre Point Parkway, Santa Clarita, CA 91350 | Charity Webuke | charity.webuke@childfamilycenter.org | (661) 755-6974 x 3228 or 661) 481-2801 |
|                                   | Penny Lane Centers   | RS            | 15102 Reayen Street, North Hills, CA 91343 | Rosanne La France, | rlafrance@pennylane.org | (818) 430-4445 (Main Line), (818) 460-577 2 (Intake Staff) |
|                                   | Penny Lane Centers   | OP and IOP   | 15306 Reayen Street, North Hills, CA 91343 | Carolyn Labbe | clabbe@pennylane.org | (818) 892-3423 |

MAIN ENTRYWAYS INTO THE SPECIALTY SUD SYSTEM

- Self-Referrals & County Stakeholders
- Substance Abuse Service Helpline (SASH)
  - Responsible for initial screening and referral to SUD provider
  - 1-844-804-7500

SUD Providers
- Responsible for delivery of SUD services
<table>
<thead>
<tr>
<th>Agency</th>
<th>Available Beds</th>
<th>Intake Appointment</th>
<th>Specific Service Type</th>
<th>Languages Spoken</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE</td>
<td></td>
<td>OP, IOP</td>
<td>Adult, Co-Occurring Mental Health Capabilities, Court Diversion, Probation/Parole, Re-entry, Criminal Justice, Homeless, LGBTQ, Older Adults, Parent/Guardian (Female) with Children, Sexually-Exploited, Veterans, Young Adults</td>
<td>English, Spanish</td>
</tr>
</tbody>
</table>

Distance: 0.42 miles

Business Hours: Sun: Closed; Mon - Thu: 7:30 am - 7:30 pm; Fri: 7:30 am - 4:30 am; Sat: 7:00 am - 3:30 am

Phone number: (213) 626-6411
Questions, Comments, Follow-Up

Rachel Gonzales-Castaneda

Email: rcastaneda@apu.edu