

Adolescent Substance Use Disorder Treatment

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Disclosure Statement

I have no conflicts to disclose.



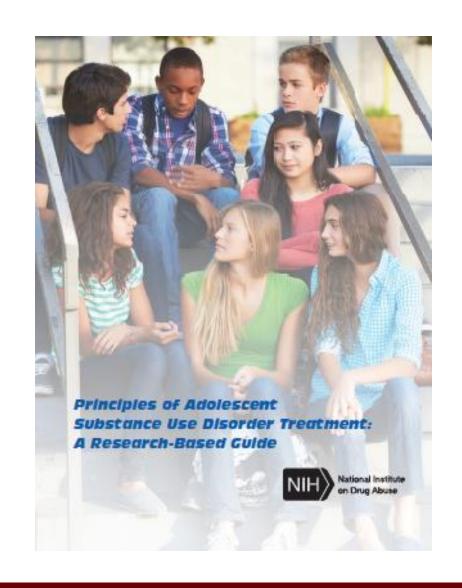
Evidence-Based Adolescent SUD Treatments

Level of Support	Treatments
1: Works well, Well- established	 Group CBT Individual CBT Family-based treatment (ecological; MDFT, FFT, EBFT) Combined MET/CBT Combined MET/CBT/Family-based treatment (behavioral)
2: Works, Probably efficacious	 Family-based treatment (behavioral) Motivational interviewing/MET Combined family-based treatment (ecological)/Contingency Management Combined MET/CBT/Family-based treatment (behavioral)/Contingency management
3: Might work, Possibly efficacious	Drug counseling/12-step*



NIDA Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide

www.drugabuse.gov



NIDA Adolescent SUD Treatment Principles

- Adolescent substance use needs to be identified and addressed as soon as possible.
- 2. Adolescents can benefit from a drug intervention even if they are not addicted to a drug.
- 3. Routine annual medical visits are an opportunity to ask adolescents about drug use.
- 4. Legal interventions and sanctions or family pressure may play an important role in getting adolescents to enter, stay in, and complete treatment.

NIDA Adolescent SUD Treatment Principles

- 5. Substance use disorder treatment should be tailored to the unique needs of the adolescent.
- 6. Treatment should address the needs of the whole person, rather than just focusing on his or her drug use.
- 7. Behavioral therapies are effective in addressing adolescent drug use.
- 8. Families and the community are important aspects of treatment.
- Effectively treating SUDs in adolescents requires also identifying and treating any other mental health conditions they may have.

NIDA Adolescent SUD Treatment Principles

- 10. Sensitive issues such as violence and child abuse or risk of suicide should be identified and addressed.
- 11. It is important to monitor drug use during treatment.
- 12. Staying in treatment for an adequate period of time and continuity of care afterward are important.
- 13. Testing adolescents for sexually transmitted diseases like HIV, as well as hepatitis B and C, is an important part of drug treatment.

Motivational Interviewing

- 1. Relational and Strategic
- 2. Autonomy, Collaboration, Evocation
- 3. Strengthen personal motivation for and commitment to specific goals
- 4. OARS: Open-ended questions, Affirmations, Reflections, Summary statements
- 5. Roll with resistance, dance with discord, use accurate empathy



Cognitive Behavioral Therapy

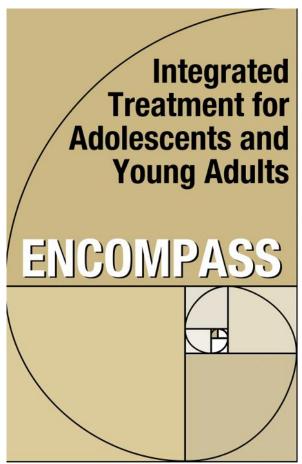
- Functional Analysis understand antecedents (internal and external) and consequences (positive, negative, short-term, long-term) of substance use
- Cognitive components-- decision making, problem solving, planning ahead
- Behavioral skills training— coping strategies, role plays, assertiveness, refusal skills, positive activity scheduling
- Contingency Management reinforce behaviors consistent with abstinence and recovery, incompatible with substance use

Functional analysis of substance use

External triggers	Internal triggers	SU behavior	Positive consequences	Negative consequences
WhoWhereWhenWhat's around	ThoughtsEmotionsPhysical sensations	 What How How much How long 	 What do you like about using substances who/where/when Pleasant thoughts emotions physical sensations 	 Family Friends Physical feelings Emotions Legal School Job Finances Sexual health Violence Other

Riley Adolescent Dual Diagnosis* Program Encompass Therapy Model

- Diagnostic evaluation and baseline measures
- Weekly, individual CBT + MI (12-16 weeks)
- Medication management, when indicated
- Motivational incentives
- Caregiver sessions
- Ongoing progress monitoring and evaluation



Why Dual Diagnosis?

- The <u>BEST TREATMENT</u> for co-occurring disorders is an integrated approach, where <u>both the substance abuse problem and the mental</u> <u>disorder are treated simultaneously.</u>
- <u>RECOVERY</u> depends on treating both (types of) disorders.
- <u>COMBINED TREATMENT IS BEST</u> -- ideally, combined mental health and addiction treatment from the same treatment provider or team.

Recommendations from SAMHSA & National Institute on Drug Abuse (NIDA)

Encompass Model (MET+CBT+CM+Fam+Med)

PHASE 1 / CORE Modules

Module 1: Motivation and Engagement

Personal rulers (ready/willing/able), Supportive People, FA of Pro-Social Activities

Module 2: Personal Feedback and Goal Setting

Use in Context of Norms, Diagnostic Assessment Feedback, SU Goal Setting, Happiness Scale, Summarize change talk

Module 3: Functional Analysis of Drug Use Behavior

Antecedents, Patterns of Use Expectation of Effects, Consequences of Use

[Module 4: Coping with Cravings]

Defining cravings, managing triggers, urge surfing



ENCOMPASS

PHASE 2 / Skills Training Modules

- Communication
- Managing anger
- Negative moods
- Problem solving
- Realistic refusal skills
- Support systems
- School & employment

- Coping with a slip
- Seemingly irrelevant decisions
- HIV prevention
- Saying goodbye
- Bringing in the family (3 sessions)
- Motivational incentives (contingency management; substance use, prosocials)
- Ongoing, repeated progress monitoring
- Medication management





https://archives.drugabuse.gov/publications/family-checkup

AAA / RISE Program

SAMHSA H79TI083595



Free provider-to-provider helpline for Indiana providers caring for youth (aged 18 or younger) with substance use disorders (SUD)

Timely, convenient access to evidence-based patient care services, including telehealth services delivered by our team

Referral support with up-to-date community-based SUD resources and supports









Effective Child Therapy Database

http://effectivechildtherapy.org/content/substance-abuse