

Psychotherapies for Substance Use Disorder in Adolescents

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Disclosure Statement

- I have no conflicts to disclose.



Evidence-Based Treatment Models (Outpatient)

Level of Support	Treatments
1: Works well, Well-established	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Drug counseling/12-step*

Hogue, Henderson, Ozechowski, & Robbins, 2014, *JCCAP*

Common Goals

- Reduce substance use (behavior)
- Enhance motivation and efficacy in reducing use
- Identify drivers of substance use problems and implement evidence-based interventions to address the drivers
- Bolster protective factors against substance abuse
- Teach realistic refusal skills
- Replace needs met by substance use with more adaptive strategies
 - Activating the reward system in other ways!
 - Encourage and link to prosocial activities
- Monitor use with random screening





Protective



Risk



- Strong family relationships
- Consistent parental monitoring
- Clear rules and contingencies
- Social support
- Pro-social activities
- School success
- Non-using peers
- Healthy coping skills
- Good problem-solving skills

- Chaotic home environment
- Parental use, sibling use
- Intrauterine exposure
- Inconsistent parenting
- Poor parent-child relationship
- Poor coping
- School failure
- Delinquent peers
- Easy access to substances
- Impulsivity
- Psychopathology (externalizing & internalizing)
- Trauma and adversity



NIDA Adolescent SUD Treatment Principles

1. 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.
5. Substance use disorder treatment should be tailored to the unique needs of the adolescent.



NIDA Adolescent SUD Treatment Principles

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.
9. Effectively treating SUDs in adolescents requires also identifying and treating any other mental health conditions they may have.
10. Sensitive issues such as violence and child abuse or risk of suicide should be identified and addressed.



NIDA Adolescent SUD Treatment Principles

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.



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(MET+CBT+CM+Fam+Med)

- Diagnostic evaluation and baseline measures
- Weekly, individual CBT + MI + 3 family sessions

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



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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 Interviewing

- **Relational** and **Strategic**
- Autonomy, Collaboration, Evocation
- Strengthen personal motivation for and commitment to specific goals
- **OARS**: Open ended questions, Affirmations, Reflections, Summary statements
- Roll with resistance, accurate empathy

Miller & Rollnick



Personal Ruler Questions

- **Importance** (reasons to make change)
- **Confidence** (self-efficacy)
- **Readiness** (timing, conditions)

Follow-up Questions (goal: elicit change talk!)

- Why are you a <rating> and not a <lower number>?
- What would it take to get you from a <rating> to a <higher score>?



CBT / CM

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



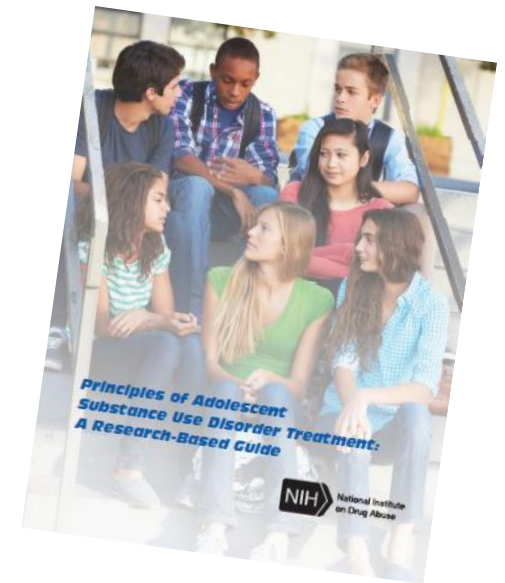
FUNCTIONAL ANALYSIS FOR SUBSTANCE-USING BEHAVIOR

EXTERNAL TRIGGERS	INTERNAL TRIGGERS	SUBSTANCE-USING BEHAVIOR	POSITIVE CONSEQUENCES	NEGATIVE CONSEQUENCES
<p>1. Who are you usually with when you use drugs or alcohol?</p> <p>2. Where do you usually use substances?</p> <p>3. When do you usually use drugs or alcohol (times of day, days of the week)?</p> <p>4. What things are usually around when you use substances (music, paraphernalia)?</p>	<p>1. What are you usually thinking about right before you use substances?</p> <p>2. What are you usually feeling physically right before you use drugs or alcohol?</p> <p>3. What are you usually feeling emotionally right before you use substances?</p>	<p>1. What substances do you usually use?</p> <p>2. How much do you usually use?</p> <p>3. Over how long a period of time do you usually use substances (hours, days, weeks, etc.)?</p>	<p>1. What do you like about using substances with _____? (who)</p> <p>2. What do you like about using substances _____? (where)</p> <p>3. What do you like about using substances _____? (when)</p> <p>5. What are some of the <u>pleasant thoughts</u> you have while you are using drugs or alcohol?</p> <p>6. What are some of the pleasant <u>physical feelings</u> you have while you are using substances?</p> <p>7. What are some of the pleasant <u>emotional feelings</u> you have while you are using drugs or alcohol?</p>	<p>What are the negative results of your substance use in each of the areas below?</p> <p>a. Family members</p> <p>b. Friends</p> <p>c. Physical feelings</p> <p>d. Emotional feelings</p> <p>e. Legal situations</p> <p>f. School situations</p> <p>g. Job situations</p> <p>h. Financial situations</p> <p>i. Unprotected sex (e.g. unwanted pregnancy, HIV/STDs)</p> <p>j. Victim or perpetrator of violence (e.g. date rape, sexual assault, unwanted sex, theft)</p> <p>k. Other situations</p>

Evidence-Based Treatments

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

www.drugabuse.gov



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NIDA for Teens



teens.drugabuse.gov

[https://www.drugabuse.gov/drugs-abuse/
commonly-abused-drugs-charts](https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts)



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SOCIETY OF CLINICAL CHILD & ADOLESCENT PSYCHOLOGY

Effective Child Therapy Database

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



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