

*Adolescent Substance
Abuse
Competencies*

Presented by

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Learning Objectives

- Understand nature of adolescence and implications for substance abuse
- Explore the dynamics of the Adolescent brain.
- Learn engagement strategies in treatment elements
- Increase knowledge of treatment components
- Explore the relationship between SA and MH issues in adolescents

ADULTS

VERSUS

ADOLESCENTS

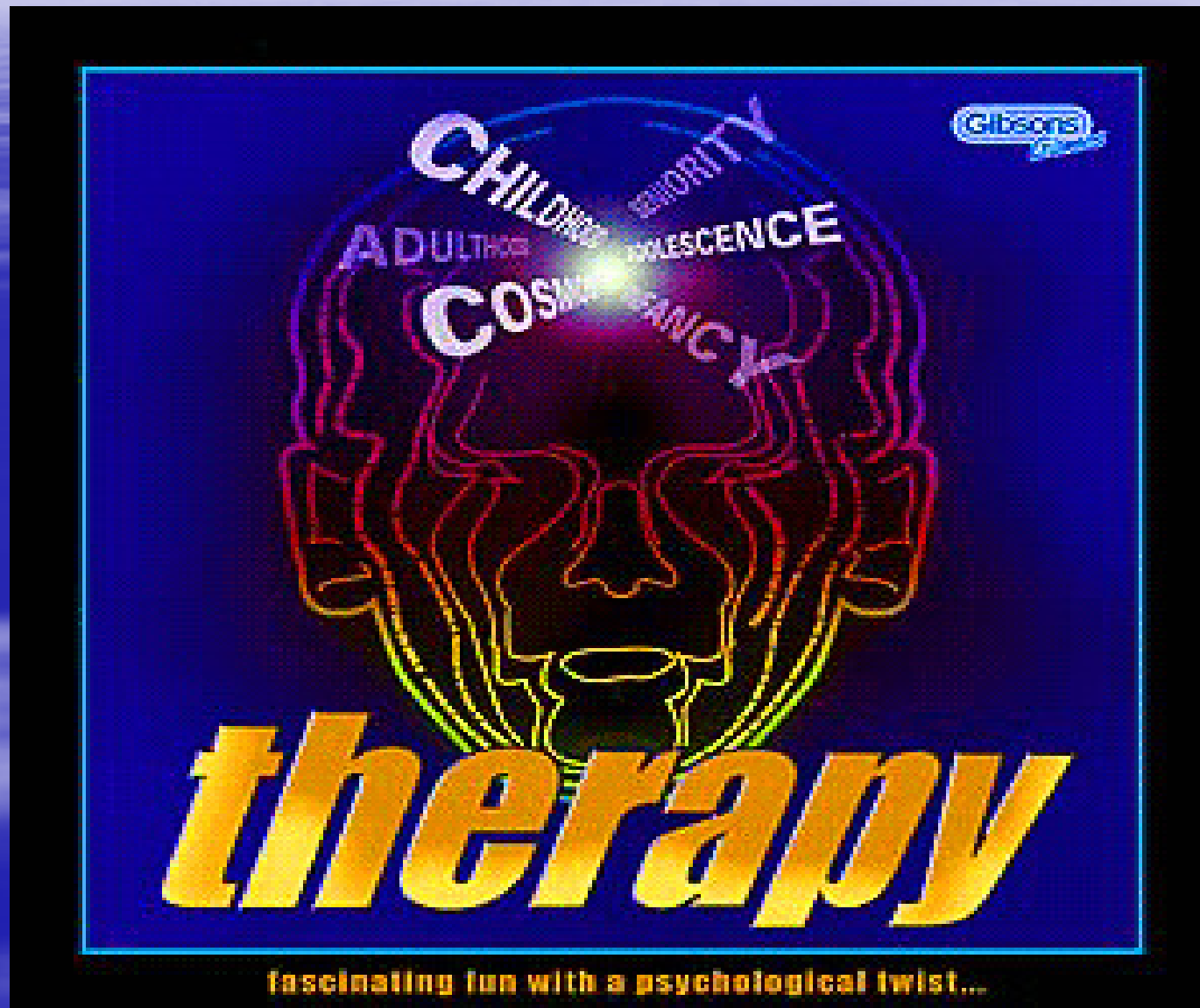


Contrast Between Adults and Adolescents In the Progression of Chemical Dependency

- 6-18 month progression
- (Mostly psychological dependence)
- Glorification of use
- “Garbage can” syndrome
- Social activities often are chemical use
- Developmental issues can obscure identification of C/D
- Early arrest of emotional development
- Morning use not indicative of chemical dependency
- 5-10 year progression
- Tolerance/withdrawal
- Minimization of use
- May have a single chemical of choice
- Social activities often include chemical use
- Social/professional standing obscures identification of C/D
- Minimal arrest of emotional development
- Morning use often indicates chemical dependency

*Effective Outpatient Treatment for Adolescents by
David Gust and Ted Smith*

Adolescents



What is Adolescence?

- Transition from childhood to adulthood
- Period of skill acquisition and practice
- Time of experimentation and novelty seeking
- Intense flux- emotionally, behaviorally, and physically
- Changes in diet, sleep, mood, weight, attitude, decrease pleasure from daily activities

What is Adolescence? (Cont)

- Increase in peer relationships and a decrease in time spent with family
- Increased risk-taking and exploration
- Increase in conflicts with authority

When is Adolescence?

- No distinct onset and offset
- 12-18; 10-20 or until early to mid 20s
- Environmentally/culturally determined
- Many biological and behavioral changes
(Puberty)

Thinking Patterns

- Shift from concrete to abstract
- Hypothetical thinking
- Introspective
- Self-consciousness
- Here and now focus
- Idealism, invulnerability
- Grandiosity, exaggeration

Common Behavior Patterns

- Risk-taking
- Sensation/novelty seeking
- Testing limits
- Forming interpersonal bonds
- Experimenting with extremes
- Acting out
- Quick Shifts in mood

Emotions

- Powerlessness
- Alienation
- Rebellion
- Extreme swings in mood
- Free-floating anxiety

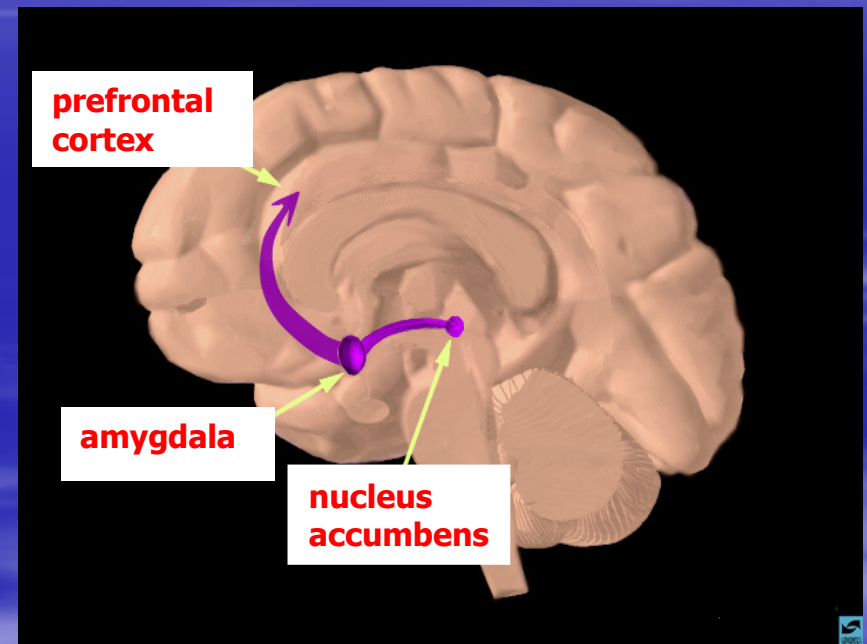
Typical Adolescent Development

- Transition from childhood to adulthood
- Period of skill acquisition and practice
- Time of experimentation and novelty seeking
- Intense flux-emotionally, behaviorally, and physically
- Changes in diet, sleep, mood, weight, attitude, decrease pleasure from daily activities
- Increase in peer relationships and a decrease in time spent with family
- Increase risk-taking and exploration
- Increase in conflicts with authority

The Adolescent Brain

Brain Structures

Three brain structures that undergo maturation during youth are noteworthy in terms of their implications for understanding adolescent behavior



Prefrontal Cortex

- Located behind forehead
- “The seat of sober second thought”
- Responsible for processing information
- Making judgment, controlling impulses, foreseeing consequences, setting goals and plans
- Results of underdeveloped PFC is poor judgment and failure to think before acting

Amygdala (Reward System)

- Brain functions at twice the activity level of adults in all areas particularly the Amygdala
- Prime location of base emotions:
mad/sad/glad/afraid
- This portion of brain is larger and more active during this phase of life
- First area stimulated during perception of risk

Amygdala

- Brain perceives risk and anxiety
- No pathway from the limbic area to pre-frontal cortex
- A state of emotional intensity elicits feelings
- No ability to think through the consequences of action
- Emotions experienced at least twice the intensity as adults with shifts up to 28 times a day

Nucleus Accumbens

- Directs motivated behavior
- An underdeveloped NA results in preferences for activities that require low effort and produces high excitement
- I want what feels good and I want to do that again

*The Adolescent Brain and
Addiction*

Definition

- Addiction is defined as a disease of attitudes leading to the use and abuse of mind-altering substances culminating in physical deterioration of the body, emotional instability, and spiritual bankruptcy

Wired for Addiction

- The ability of a drug to generate an addiction is more powerful when a person experiments with it during adolescents then when they use it in adulthood
- Profound brain changes in several areas involved in addiction

Wired for Addiction

- Brain has billions of neurons; interconnected in neural networks
- All mental faculties-emotions, behavior, cognitions, perceptions-are possible due to information transfer through networks
- Plasticity is ability of those networks to rewire, as occurs when we learn new information

Wired for Addiction

- Education is possible because of plasticity
- Neural networks change their connectivity as they transfer and store information and learning takes place
- Plasticity is a necessary process in brain development, however this pathway to learning survival skills becomes hijacked

Wired for Addiction

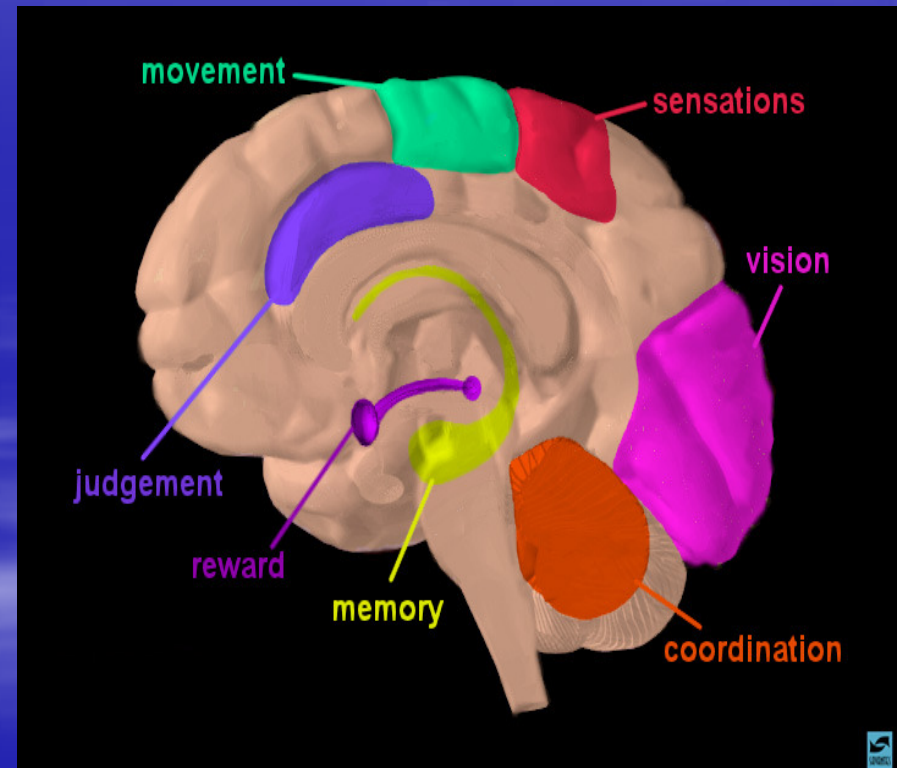
- Experimentation of drugs feeds into the limbic system (pleasure center), thus increasing motivation to continue use
- Just as learning a new skill retools the brain, experimenting with addictive drugs may induce a neuroplastic response that controls motivation

Wired for Addiction

- Dopamine is a key mechanism through which addictive drugs do their work
- Increased Dopamine and underdeveloped PFC creates a vulnerability to addictive properties of various drugs
- Activities that increase dopamine production are highly reinforcing

WIRED FOR ADDICTION

- Immediate effect = \uparrow in dopamine
- Continued use \downarrow the brain's dopamine production
- Dopamine is part of reward system, brain is fooled that drug has survival value
- Reward system responds with drug seeking behavior
- Cravings occurs, eventually, dependence



Concerning Behaviors in Adolescents Who Use Drugs

- Changes in school performance (falling grades, skipping school, tardiness)
- Changes in peer group (hanging out with drug-using, antisocial, older friends)
- Breaking rules at home, school, in the community
- Extreme mood swings, depression, irritability, anger, negative attitude
- Sudden increases or decreases in activity level
- Withdrawal from the family; keeping secrets

Concerning Behaviors in Adolescents

Who Use Drugs

Cont'd

- Changes in physical appearance (weight loss, lack of cleanliness, strange smells)
- Red, watery, glassy eyes or runny nose not due to allergies or cold
- Changes in eating or sleeping habits
- Lack of motivation or interest in things other teenagers enjoy (hobbies, sports)
- Lying, stealing, hiding things
- Using street or drug language or possession of drug paraphernalia/items
- Cigarette smoking

***BUILDING
RELATIONSHIPS***

Keys to working with Youth

- Know thy self
- Personal Vision
- Passion
- Insight and courage
- Think beyond the box
- Establish Structure
- Ask for help. Outreach!!!
- Identify and praise strengths
- Never quit
- Creativity is a must
- Become aware and conscious of the culture
- Stay vigilant
- Learn motivating drives
- Incorporate motivating factors into your work
- Know when you are “IN TO DEEP.” –supervision

Perception is Reality

- Client expectation is an indicator of treatment outcome and client satisfaction
- Must convey to client that there is “something in this for you.”
- Adolescent development is a key component in engaging them into therapy

Elements of Building a Therapeutic Alliance: Role Characteristics

- Trust
- Being Helpful
- Offering support, not advice in honoring the young person's movement towards autonomy
- Honesty
- Directness
- Providing Empathy
- Genuineness
- Nonjudgmental stance
- Respect adolescents perspectives
- Giving choice in decision making
- Helping young person understand the value of therapy to their emotional and interpersonal needs

Study: Adult Helping Qualities Preferred by Adolescents

- Respect
- Time Shared
- Openness
- Role characteristics
- Recognition
- Guidance
- Identification
- Trust
- Freedom
- Like/Dislike
- Responsibility
- Familiarity

“When People Matter More Than Systems”

- The person centered work begins within each and every one of us and radiates out toward others.
- The planning process we engage in with people is a mirror image of what we believe about a person or about a group of people.
- Thinking we are person centered does not make us person centered; it is what we actually do that ultimately reveals our true priorities.

Touchstones

- In considering our thoughts about people with whom we are planning, it's helpful to reflect upon our actions against the following touchstones:
 - A commitment to know and seek to understand.
 - A conscious resolve to be of genuine service.
 - An openness to being guided by the person.
 - A willingness to struggle for difficult goals.
 - Flexibility, creativity, and openness to trying what might be possible.
 - A willingness to enhance the humanity and dignity of the person.
 - To look for the good in people and help bring it out

Empowering Adolescents

Beliefs and Attitudes

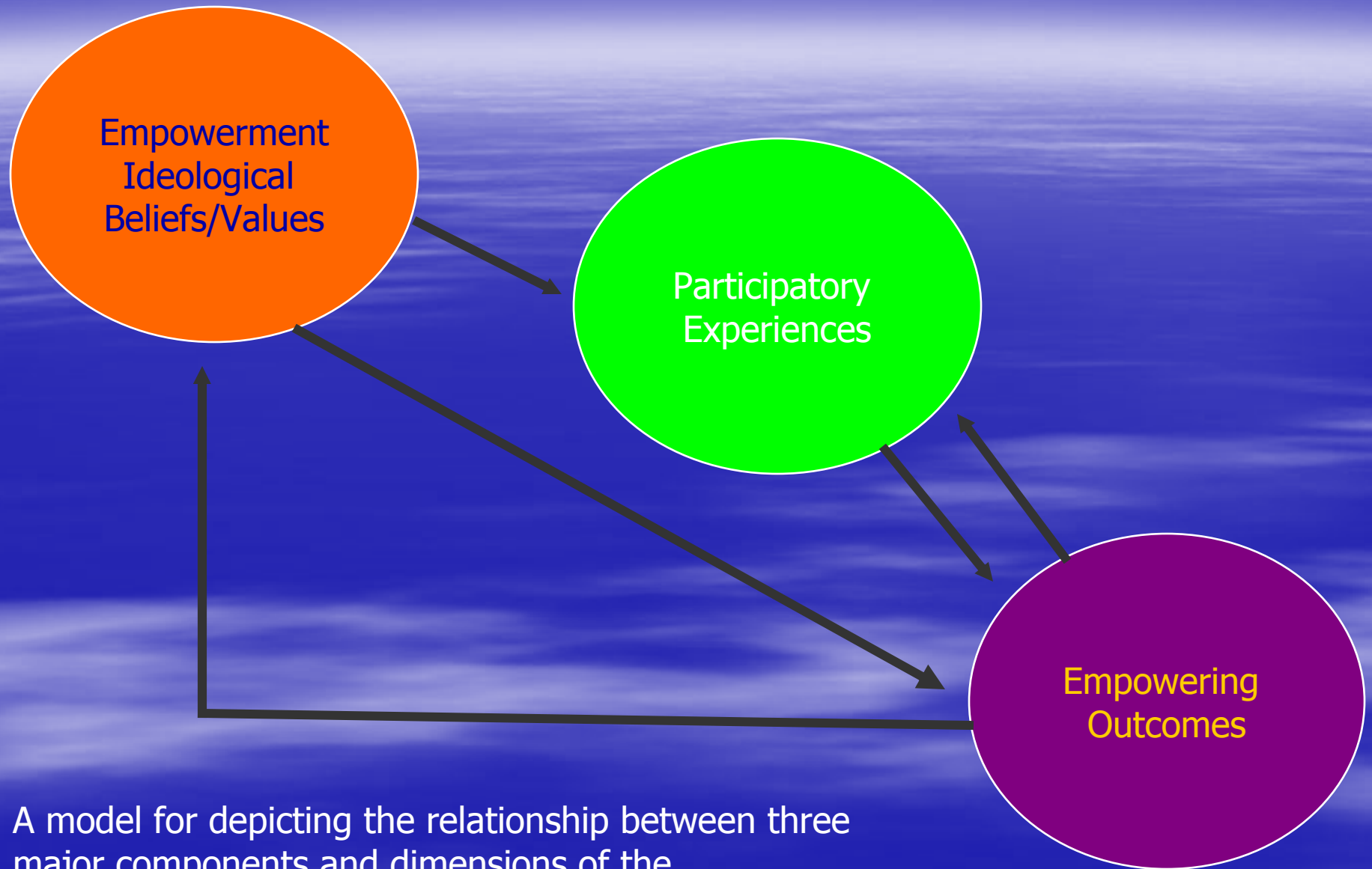
- Foundation of the model is the adoption of beliefs and attitudes contributing to positive attributes about people's capabilities and the meaningful participation of people in decisions affecting their welfare
- An empowerment ideology includes the belief that all people have existing strengths and capabilities as well as the capacity to become more competent

Participatory Experiences

- Opportunities that strengthen existing capabilities and promote acquisition of new competencies
- Participatory experiences includes “collective action,” collaborative transactions, common interest and concerns to bear on solutions to problems and attainment of desired goals and outcomes.

Empowerment Outcomes

- Includes behaviors that are strengthened or learned as a result of participatory experiences, and the control appraisals people make about their own capabilities and those pertaining to control over important life events and situation
- Control appraisals refer to cognitive attributes that people make about their past successes and beliefs in their capabilities to produce desired effects: intrinsic motivation, efficacy appraisal, locus of control, self-concept



A model for depicting the relationship between three major components and dimensions of the empowerment construct



Engaging Adolescents:

In the Context of the Family

Multidimensional Family Therapy For Adolescent Cannabis Users (Volume 5)

Learning Focus

- Learn more about feelings and thinking patterns
- Improve communication
- Improve problem solving skills
- Control anger and impulses
- Gain social competence

This work prepares parents and adolescents in individual sessions to come together in joint sessions.

Parenting Relationship Interventions (PRI)

- Enhancing feelings of love and commitment
- Validating parent's past efforts
- Acknowledging difficult past and present circumstances
- Generating hope by presenting self as an ally

The objective of these interventions are to increase parent's commitment/involvement with their adolescent who may be seriously involved in illicit substance use and the criminal justice system

Motivational Interviewing

- Engages the person in a constructive discussion of the impact that inappropriate/unhealthy behavior is having on their life.
- Used as a pre-treatment engagement strategy
- MI/MET rolls with the resistance of coerced persons to help them find areas in life functioning that are discrepant with their goals.
- Not a confrontational approach.

Assumptions about Motivation

- Key to change
- Multidimensional
- Dynamic and fluctuating
- Influenced by social interactions
- Can be modified
- Influenced by clinician style
- Clinician's task to illicit and enhance motivation

Five Principles of MI

Strategies for working through resistance and arguments with children/adolescents

- Express Empathy
- Develop Discrepancy
- Avoiding Arguments
- Roll with Resistance
- Support self-efficacy

Increasing Motivation for Change

- Focusing on client strengths
- Using empathy more than authority
- Recognizing co-occurring disorders
- Centering services on the individual
- Respecting the client's autonomy

Elements of Motivational Approaches

- The FRAMES approach
- Decisional balance exercises
- Discrepancies between personal goals and current behavior
- Flexible pacing
- Personal contact with clients not in treatment

Frames

- Feedback about personal risk/impairment, following assessment
- Responsibility for change placed on client, respecting their right to make choices
- Advice about stopping/reducing use is given to client in a nonjudgmental manner
- Menus of self-directed change options and tx alternatives are offered
- Empathic counseling-showing warmth, respect and understanding
- Self-efficacy or optimistic empowerment is engendered in the client

PERSONAL CONTACT

- Handwritten Letters
- Telephone calls
- School Visits
- Home Visits

Helps to increase commitment or help person reengage.

Stages of Change

Precontemplation

Client is unaware, unable, or unwilling to change.

Counselor can:

- Establish rapport
- Raise doubts about patterns of troubled behavior
- Give info on risks, pros and cons of behavior
- Don't rub client the wrong way
- Keep interview informal

Contemplation

The client is ambivalent or uncertain, considering the possibility of change.

Counselor can:

- Discuss and weigh pros/cons of behavior
- Emphasize client's free choice and responsibility
- Elicit self-motivational statements

Preparation

The client ask questions, indicates willingness and considerations options to make specific changes. Counselor can:

- Clarify goals and strategies
- Offer menu of options
- Negotiate contract or plan

Action

The client takes steps toward change, but is still unstable. Counselor can:

- Negotiate action plan
- Acknowledge difficulties and support attempts
- Identify risky situations and coping strategies
- Help client find new reinforcers
- Support perseverance (“Sticking to the plan”)

Maintenance

Client has met initial goals, made changes in lifestyle and now practices coping strategies.

Counselor can:

- Support and affirm changes
- Rehearse new coping strategies
- Review goals
- Keep in contact

*Treatment Strategies for
Adolescent Substance
Abuse*

Screening

- The process by which the client is determined appropriate and eligible for admission to a particular program.

Screening and Assessment Instruments

- Adolescent Alcohol and Drug Involvement Scale (AADIS)
www.pophealth.wisc.edu/chppe/adis
- Massachusetts Youth Screening Instrument (MAYSI-@) – adolescent screening instrument for concurrent disorders
www.umassmed.edu/nysap
- Global Appraisal of Individual Needs
www.chestnut.org
- Substance Abuse Subtle Screening Inventory (SASSI)
www.sassi.com
- Problem Oriented Screening Inventory for Teenagers (POSIT)
<http://eib.emcdda.eu.int>

Assessment

- The adolescent using alcohol or other drugs requires a comprehensive and multi-dimensional assessment. Certain factors should be recognized and addressed:
 - More entrenched early stages of readiness to change
 - Accelerated progression of addiction
 - Marked prevalence of dual diagnosis and poly-drug involvement
 - Challenges of habilitation as opposed to rehabilitation

Assessment Cont'd

- The assessment should include collateral informants to augment, clarify (and often correct) the history given by the adolescent. Key informants are:
 - Adult friends or surrogate parent figures, family
 - School and court officials,
 - Court-appointed special advocates,
 - Social service workers
 - Previous treatment providers

Assessment Cont'd

Remember, the greater the severity of the adolescent's condition and impairment, the more comprehensive the assessment should be and the more family should be involved.

Assessment

Cont'd

- A comprehensive biopsychosocial assessment includes all of the following elements:
 - History of present episode
 - Family history
 - Developmental history
 - ATOD use history
 - Personal and social history (continued)

Assessment Cont'd

Biopsychosocial Assessment Elements:

- Legal History
- Psychiatric History
- Medical History
- Review of systems
- Mental Status Examination

Assessment Cont'd

Biopsychosocial Assessment Elements

- Focused Physical Examination
- Formulation and diagnoses
- Survey of Assets, Vulnerabilities and Supports
- Treatment Recommendations

Assessment Cont'd

All of these assessment elements then contribute to a profile of the adolescent organized by the six specific ASAM PPC assessment dimensions.

- Dim.1: Acute Intoxication/Withdrawal Potential
- Dim.2: Biomedical Conditions and Complications
- Dim.3: Emotional, Behavioral, or Cognitive Complications or Conditions
- Dim.4: Readiness to Change
- Dim.5: Relapse Continued Use or Continued Use Problems Potential
- Dim.6: Recovery Environment

Treatment Considerations

At every level of care, program services for adolescents should be designed to meet their developmental and other special needs.

Adaptations of adult treatment models often fall short.

Treatment Considerations

Cont'd

Important elements of adolescent treatment:

- Ideally, the treatment environment should be physically separate from that for adult clients.
- Strategies to engage adolescents, channel energies and maintain attention.
- Must address nuances of adolescent experience.

Treatment Considerations

Cont'd

Current view of addiction as a chronic disorder:

1. Supports a stance of therapeutic optimism and an attitude of persistence toward the treatment-refractory client.
2. Reinforces need for chronic attention and vigilance in response to chronic vulnerability, even in the improved client.

Treatment Considerations

Cont'd

Another critical feature of successful treatment is ease of transfer back and forth across levels of care.

Consider Substance Abuse confidentiality
(42CFR-Federal Law)

Treatment considerations

Cont'd

- The Clinical Presentation of adolescent ATOD disorders differ significantly from adults in spite of common biopsychosocial etiological influences.
- What is different is discovered in the many aspects of expression and treatment of ATOD problems.
- An important opportunity exists to modify risk factors that are active but not completely cemented in their developmental influence.

Treatment considerations

Cont'd

- Most adolescents don't develop classic physical dependence or well-defined withdrawal symptoms,
- They do not exhibit the physiological deterioration seen in many adults suffering from substance related disorders because of the shorter duration of their exposure to alcohol or drugs.
- Yet adolescents remain vulnerable to the full range of emotional, behavioral, familial and cognitive manifestations of addiction.

Treatment considerations

Cont'd

- The progression from casual use to dependence can be more rapid in adolescents than in adults.
- A higher degree of co-occurring psychopathology is typically evidenced by adolescents.
- Such limitations severely inhibit the ability of adolescents to arrest their addiction and address essential developmental tasks without external assistance and supports.

Treatment considerations

- It is often noted that the use of ATOD by adolescents frequently hampers their emotional and intellectual growth.
- Substance use can prevent a young person from completing the maturational tasks of adolescence:
 - Personal relationships,
 - Identity formation,
 - Individuation
 - Education
 - Employment, and,
 - Family Role responsibilities

Treatment considerations

- Abstract Thinking:
 - Adolescents living in stressed family systems, or one with limited intellectual development, may be delayed or impaired in acquiring abstract thinking.
 - Therefore professionals attempting to reason with an adolescent about long-term health effects of ATOD abuse often does so futilely because the adolescent is unable to appreciate such long-term consequences.

Fundamental Elements of An Effective Program

- A sound rationale for diagnosis and treatment
- Appropriate screening, assessment, and diagnostic procedures
- A continuum of care
- A healthy treatment environment
- Effective treatment strategies
- Active family involvement
- Competent staff
- Efficacy and efficiency of treatment
- Agency that embraces System of Care principles and values
- Utilization of the Person Centered Plan and ITS PROCESS

Evidence Based Practices & Promising Practices

- Researched and rigorously tested models of treatment across various race/ethnic groups and geographic regions are a must in providing services to children and families

Motivational Interviewing

MST-Multi-systemic Therapy

Multi-dimensional Family Therapy

Cognitive Behavioral Therapy

Overview of the effectiveness of adolescent SA treatment models

- In 1998 most adolescents received treatment in out patient settings
- Out of 147,899 adolescents:
 - 69% were out patient
 - 11% intensive out patient
 - 6% short term residential
 - 9% long term residential
 - 6% other treatment settings (detox settings etc)

Advances in Adolescent Substance Abuse Treatment

- Research to Practice efforts
- Models are specifically designed not modified
- Models are researched for whom they work best for in the clinical setting
- Developmentally appropriate
- Research on developing therapeutic alliances
- Consideration of dual disorders

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- **Treatment Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery by Neal Adams and Diane M. Grieder** Enhancing
- **Motivation for Change in Substance Abuse Treatment (TIP 35)**
- **Multidimensional Family Therapy For Adolescent Cannabis Users (Volume 5)**