Habits of Highly Effective Counselors Who Work With Drug Abusing Youth

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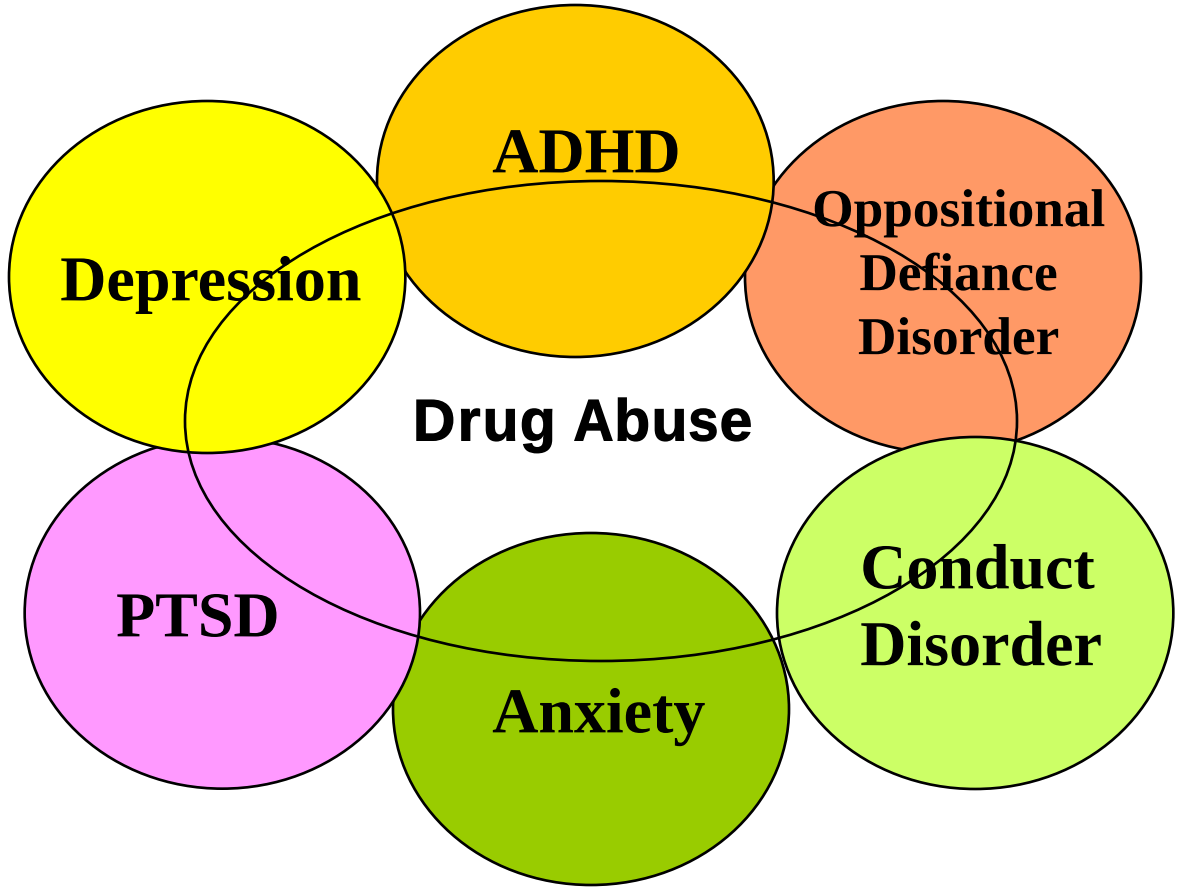


Kentucky Systems of Care Conference
June 26, 2014

Free Resources

1. Treatment Improvement Protocol (TIP) Series

www.samhsa.gov/csat

TIP #31: Screening and Assessing Adolescents for Substance Use Disorders

TIP #32: Treatment of Adolescents with Substance Use Disorders

2. Principles of Adolescent Substance Use Disorder: A Research-Based Guide

www.drugabuse.gov

$$ Resources

1. *Clinical Manual of Adolescent Substance Abuse Treatment* **(2011)**

www.psych.org

2. *Adolescent Substance Abuse: Psychiatric Comorbidity and High-Risk Behaviors* **(2008)**

www.taylorandfrancis.com

3. *Adolescent Substance Abuse: Research and Clinical Advances* **(2006)**

www.cambridge.org

7 Habits of Highly Effective Professionals

Habits of Highly Effective Counselors

1. **Knowledgeable about the developmental characteristics of youth.**

Youth is characterized by....

- **risky behaviors**
- **emotional roller-coaster**
- **sleep changes**

These behaviors are often confused as related to drug abuse

Psychological and Cultural Forces

- **Individuation**
  - **need to develop personal identity**
- **Separation**
  - **need to separate from parents**

This can frustrate the client-therapist relationship

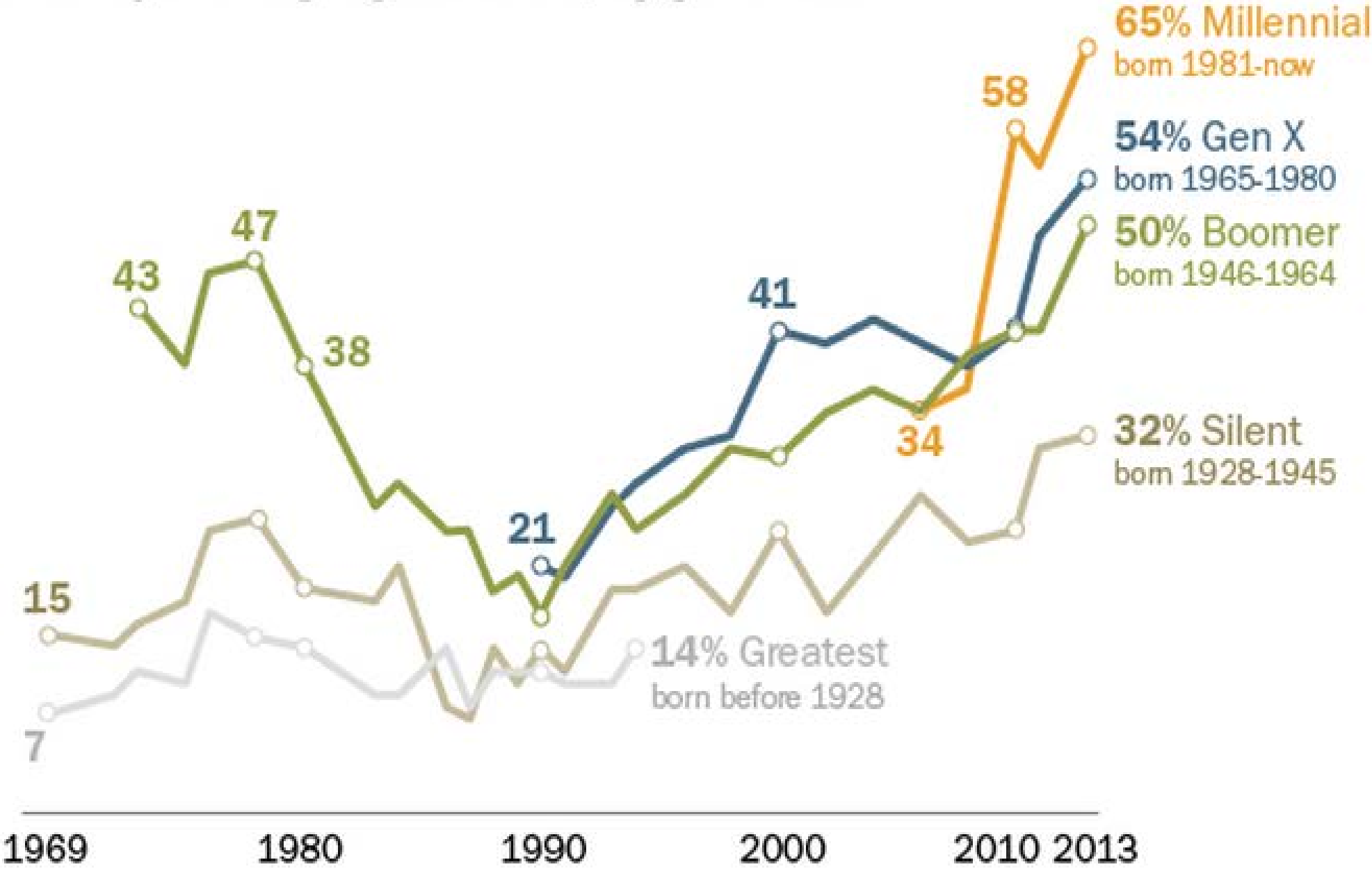
2012 Monitoring the Future Study

Prevalence of Past Year Drug Use Among 12th Graders

Drug	Prev. (%)
Alcohol	63.5
Marijuana/Hashish	36.4
Any prescription drug*	14.8
Amphetamines*	7.9
Adderall*	7.6
Vicodin*	7.5
Tranquilizers*	5.3
Hallucinogens	4.8
Sedatives*	4.5
OxyContin*	4.3

*** Nonmedical use, or not prescribed by a doctor**

Percent favoring legalization, by generation

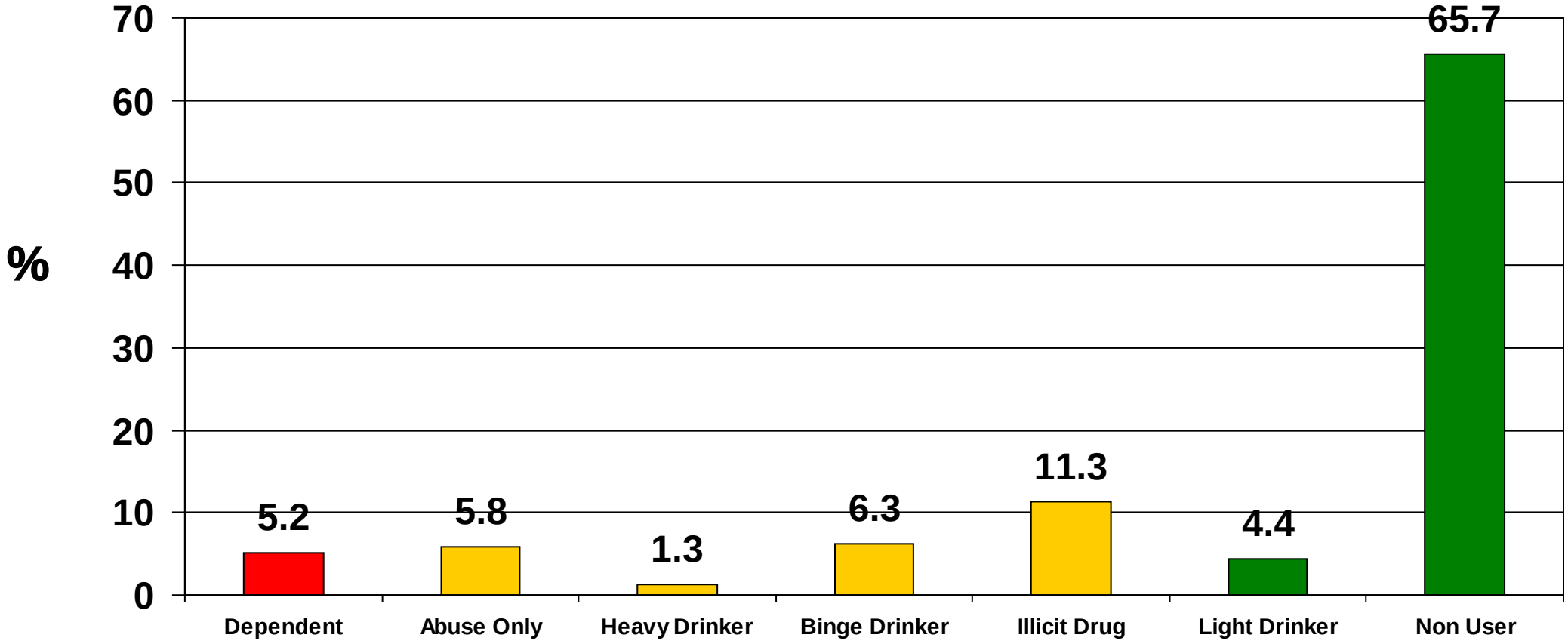


Generational lines shown when significant sample is available.

IT IS THE WORLD'S BEST
ANONYMOUS ONLINE DRUG MARKETPLACE
NO FEES FOR PURCHASES
DOMESTIC & INTERNATIONAL
NEXT DAY DELIVERY
EBAY STYLE FEEDBACK SYSTEM

Estimates of Mutually Exclusive Drug Abusing Adolescent Groups, Ages 12-18-year-old

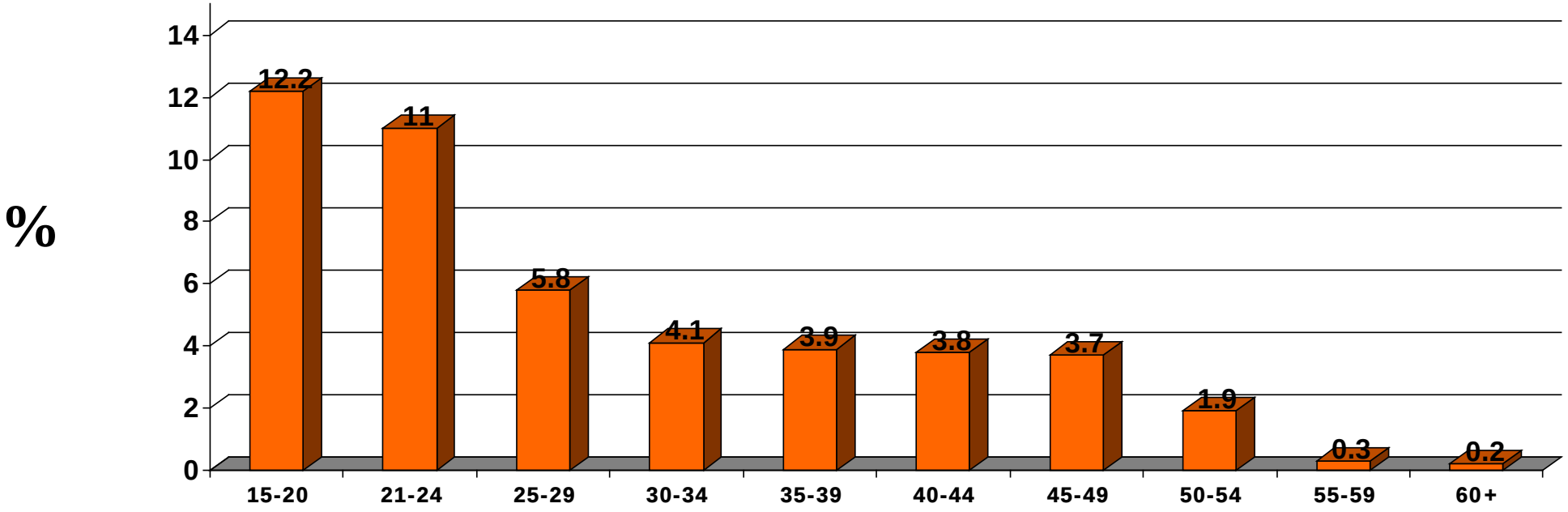
(based on data from SAMHSA, 2005)



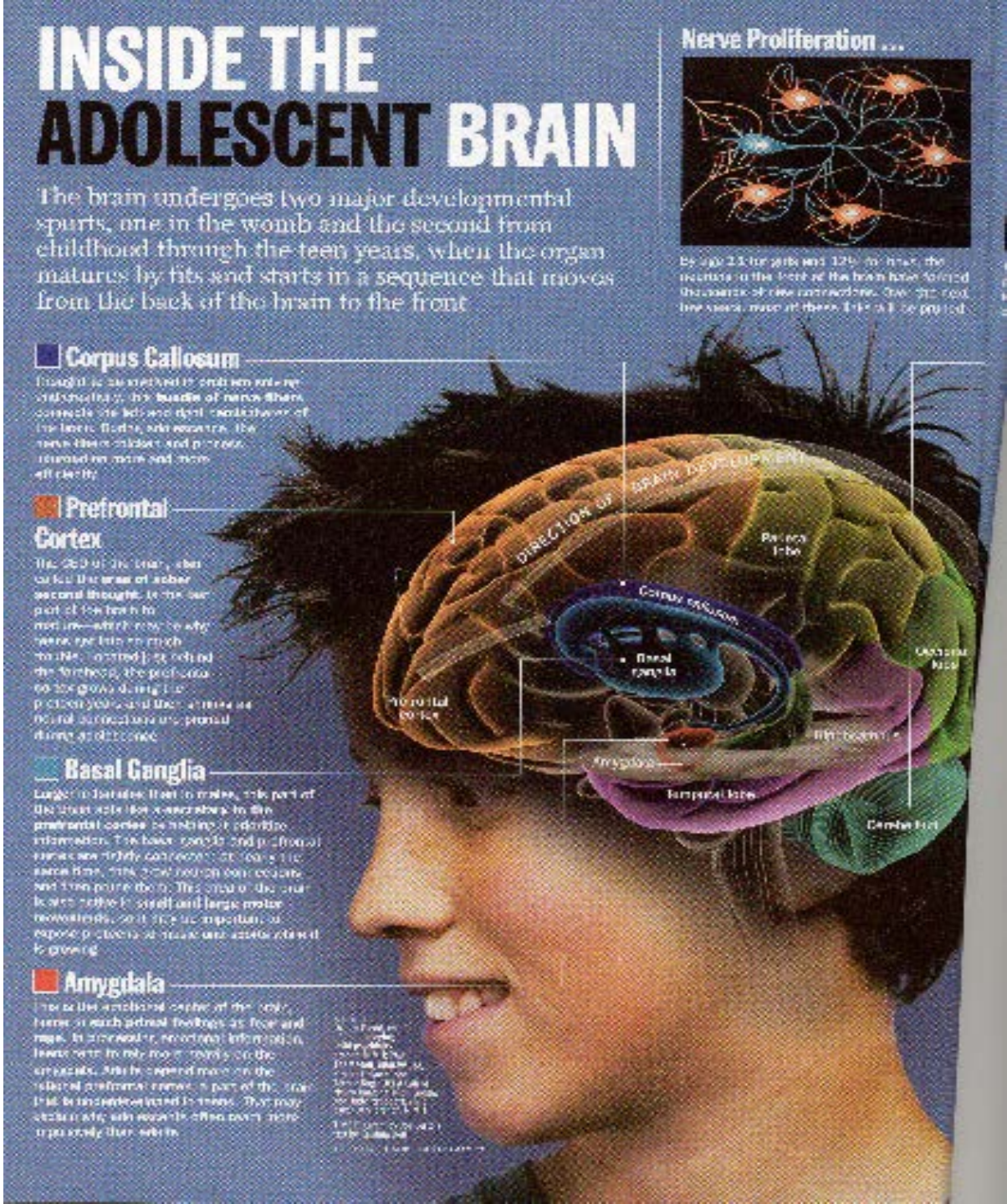
Heavy, Binge, and Light Drinkers: prior 30 days
Dependence, Abuse only, Illicit Drug Use and No Drug Use: prior year

Prevalence of Past-Year DSM-IV Alcohol Dependence: United States, 2001-2002

(Grant, B.F., et al., *Drug and Alcohol Dependence*, *74*, 223-234, 2004)



- **Adolescence is a period of profound brain maturation.**
  - **It was believed that brain development was complete during childhood**
  - **The maturation process is not complete until about age 25!!!**



Habits of Highly Effective Counselors

2. Appreciate that treatment can work.

Summary of Treatment Outcome Studies

(Lipsey and colleagues, 2009, 2013; Winters et al., 2009)

- **Treatment better than no treatment.**
- **No treatment approach is superior, although a tendency for these to be better**
  - **family-based**
  - **CBT**
  - **CBT / MET**

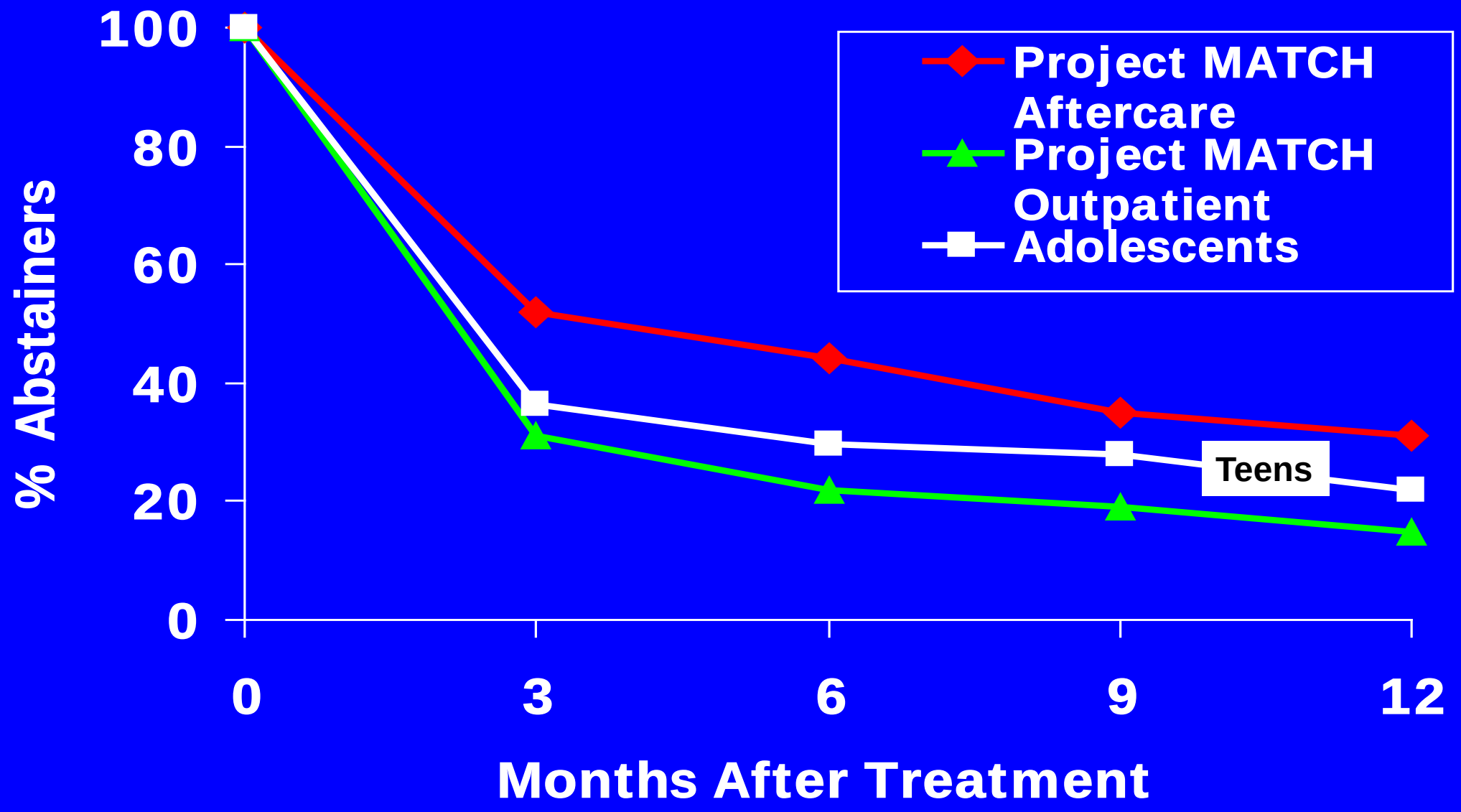
of recovery starting to emerge.

Summary of Treatment Outcome Studies

(Lipsey and colleagues, 2009, 2013; Winters et al., 2009)

- **Treatment better than control conditions.**
- **Outcomes roughly similar to adult findings.**

Survival Rates : Project Match and Treated Adolescents



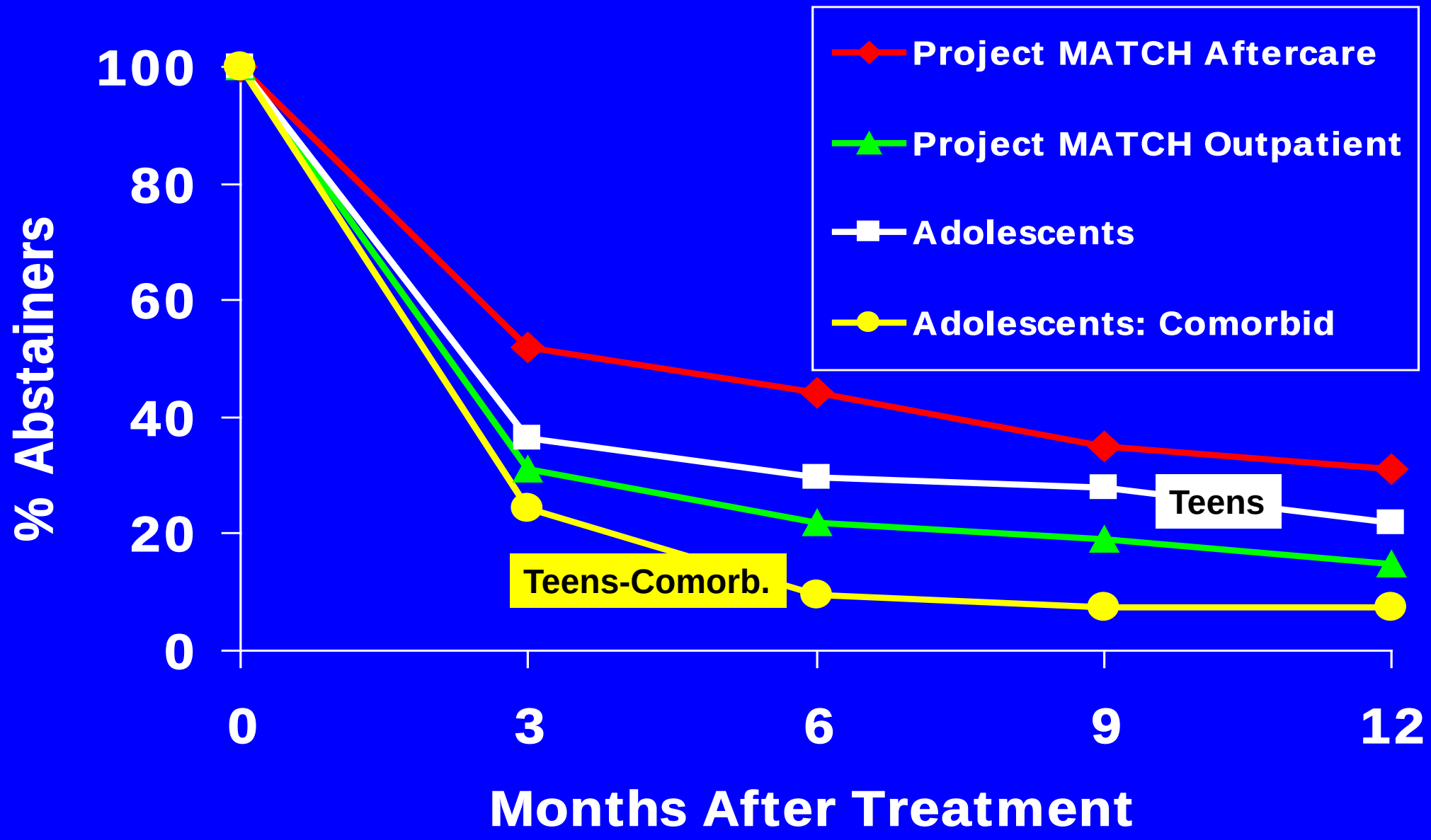
Tomlinson, Brown, Abrantes (2004). PAB

Summary of Treatment Outcome Studies

(Lipsey and colleagues, 2009, 2013; Winters et al., 2009)

- **Recovery linked with…**
  - **< coexisting conditions (e.g. CD, ADHD)**

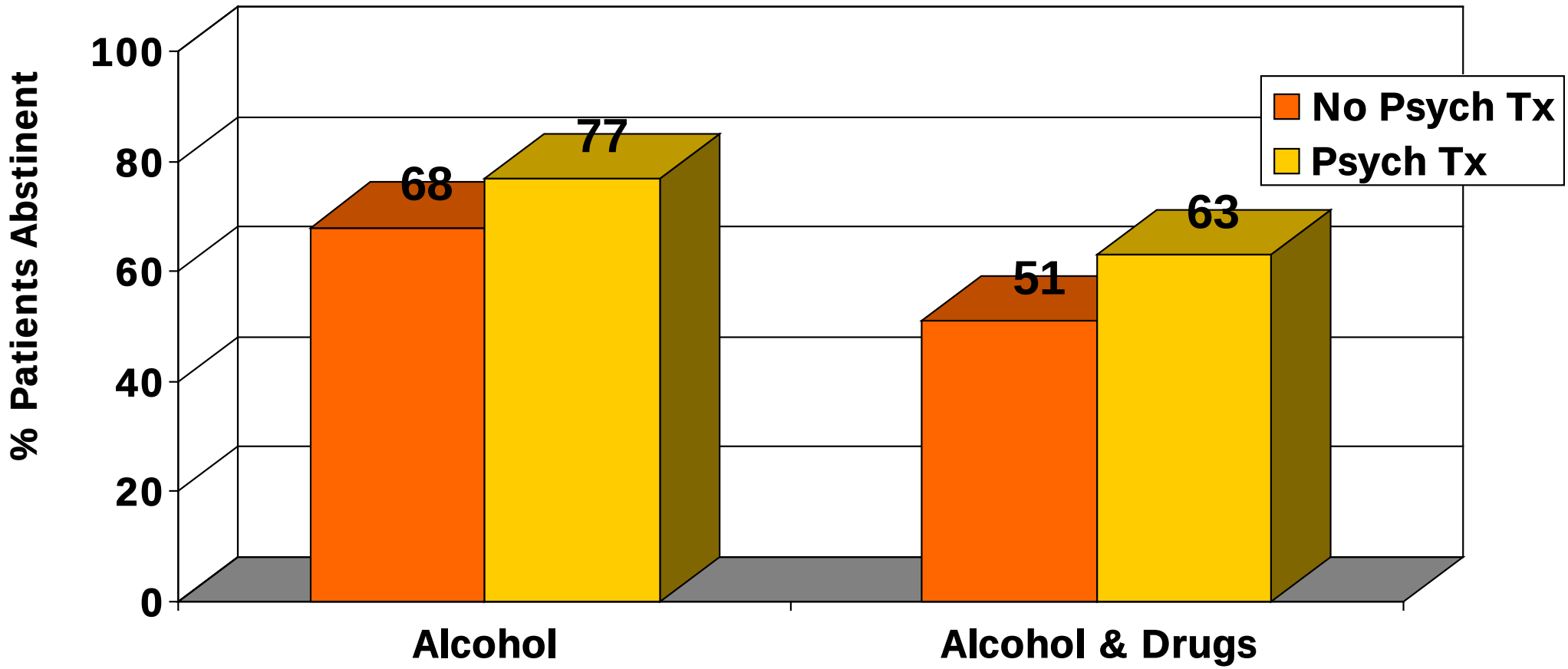
Survival Rates : Project Match and Treated Adolescents



Tomlinson, Brown, Abrantes (2004). PAB

Drug Abuse Outcomes
6 Months After Beginning Treatment

(Steling & Weisner, 2005)



Summary of Treatment Outcome Studies

(Lipsey and colleagues, 2009, 2013; Winters et al., 2009)

- **Recovery linked with…**
  - **other factors associated with recovery…**
    - **< social pressures**
    - **< negative emotional states**
    - **> social support**
    - **> self-help group participation**

Challenges of Adolescent Recovery

- **Adolescents generally can not choose where to live after treatment; they often return to pretreatment home & school.**

- **These environments can pose several difficulties....**

Challenges of Adolescent Recovery

- **home occupied with parents and/or siblings who use.**
- **home may be source of conflict.**
- **school a source of drugs and drug-using friends**
- **community a source of drugs and drug-using friends.**

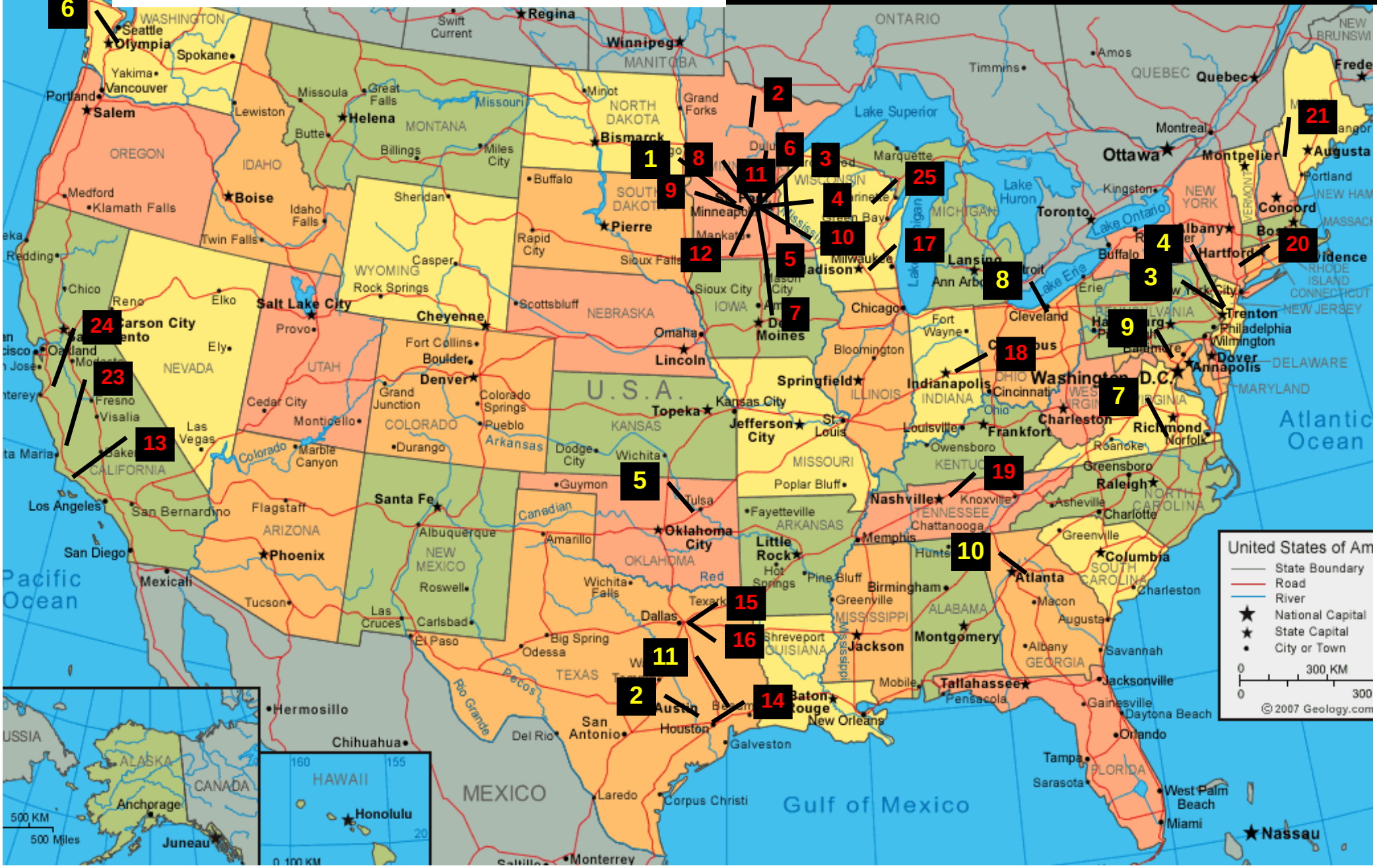
Sidebar 2: Long-Term Outcome

U. of Pittsburgh
U. of MN
UC at San Diego

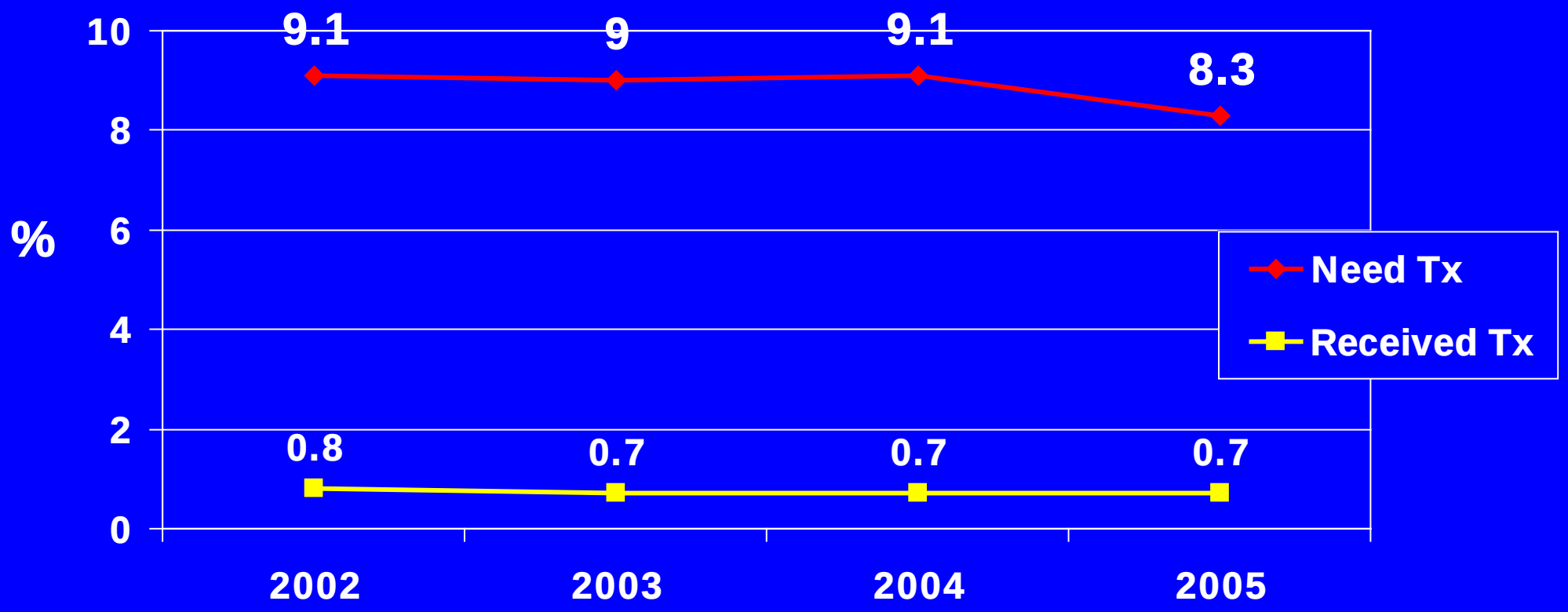
1/3: continued dependence
1/3: users with variable problems
1/3: non users (rare); users with no/minimal problems

Sidebar 3: Recovery Schools

High schools Colleges



Sidebar 4: Needing Treatment and Receiving Treatment for Substance Use Disorders, Ages 12 – 17 (SAMHSA, 2006)



Habits of Highly Effective Counselors

3. Personalize treatment by optimizing use of teen-friendly features.

Teen-Friendly Treatment Strategies

- **Apply two major treatment approaches seem accommodating to the teen brain:**
  - **Cognitive – Behavioral Therapy (CBT)**
  - **Motivational interviewing**

Characteristics of CBT

- **Focus on immediate, relevant and specific problems**

- **Solutions are realistic, concrete, specific**

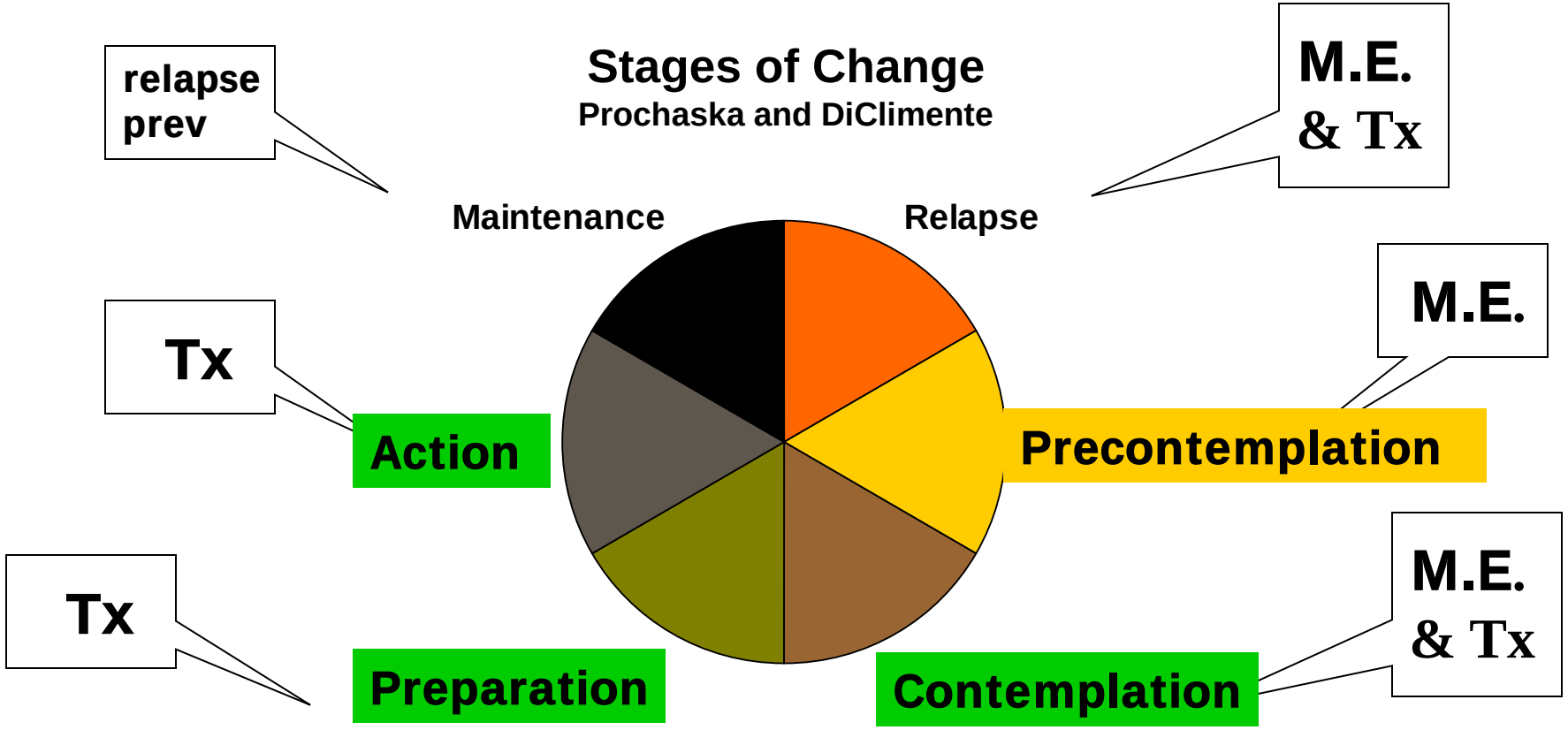
Characteristics of Motivational Interviewing

- **De-emphasize labels**
- **Emphasis on personal choice and responsibility**
- **Therapist focuses on eliciting the client's own concerns**
- **Resistance is met with reflection and non-argumentation**
- **Treatment goals are negotiated; client’s involvement is seen as vital**

Value of CBT and MI
1. Teach Key Skills

- **Teach important <u>skills</u> that are "under construction" during brain development**
  - **impulse control**
  - **"second" thought processes**
  - **social decision making**
  - **dealing with risk situations**
  - **taking healthy risks**

Value of CBT and MI
2. Promote Motivation



Characteristics of Motivational Interviewing

Express empathy

Avoid argumentation

Develop discrepancy

Roll with resistance

Support self-efficacy

(Miller and Rollnik)

12-Step Approach and Adolescents

(approx. two-thirds of tx programs are based on 12-steps)

- **Teen-brain friendly features of the 12-Step approach**
  - **novelty – new approach to life**
  - **structure**
  - **spiritual component**
  - **fellowship**

12-Step Approach and Adolescents

- **But…..elements of the 12-Step approach that are challenging to the teenager**
  - **life-long disease**
  - **committing to life long changes**
  - **self-help groups may not be teen friendly**

Self Help Groups for Youth

- **Keys?**
  - **Relevant**
  - **Meaningful**
  - **Engaging**
  - **Fun**

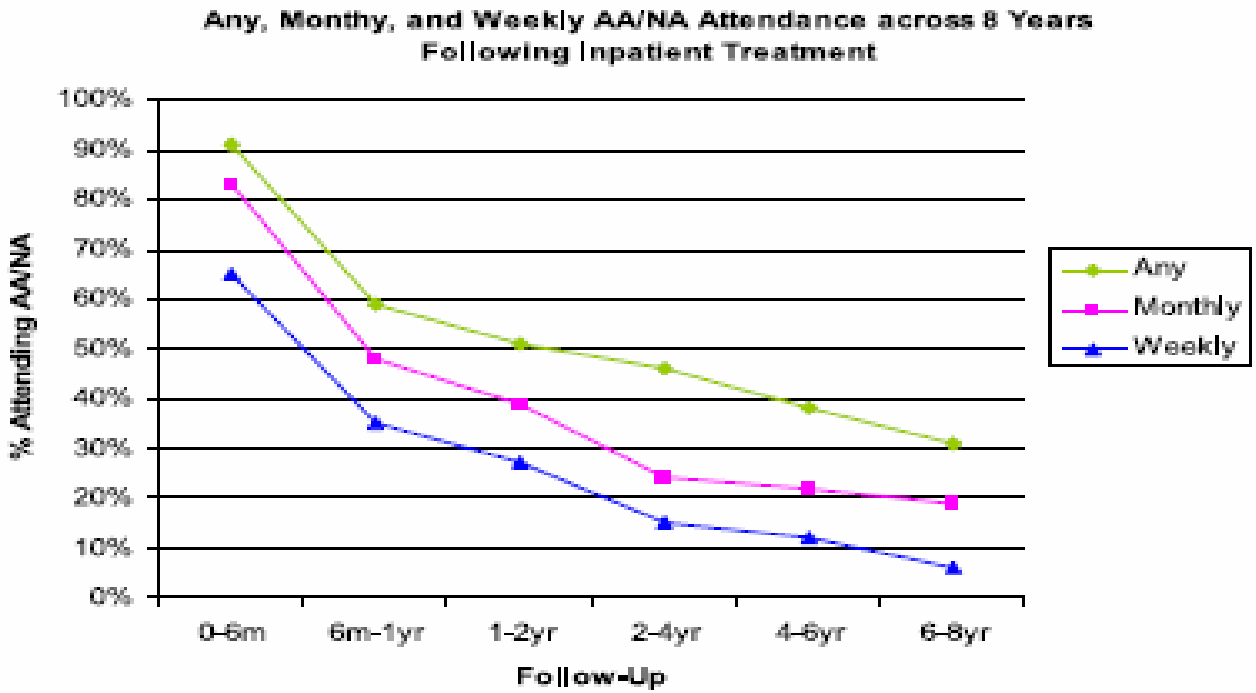


Fig. 1. Percent of patients attending any, monthly, and weekly AA/NA meetings across 8 years following inpatient treatment.

New 12-Step Program for Adolescents ?

12-Steps of Self-Regulation

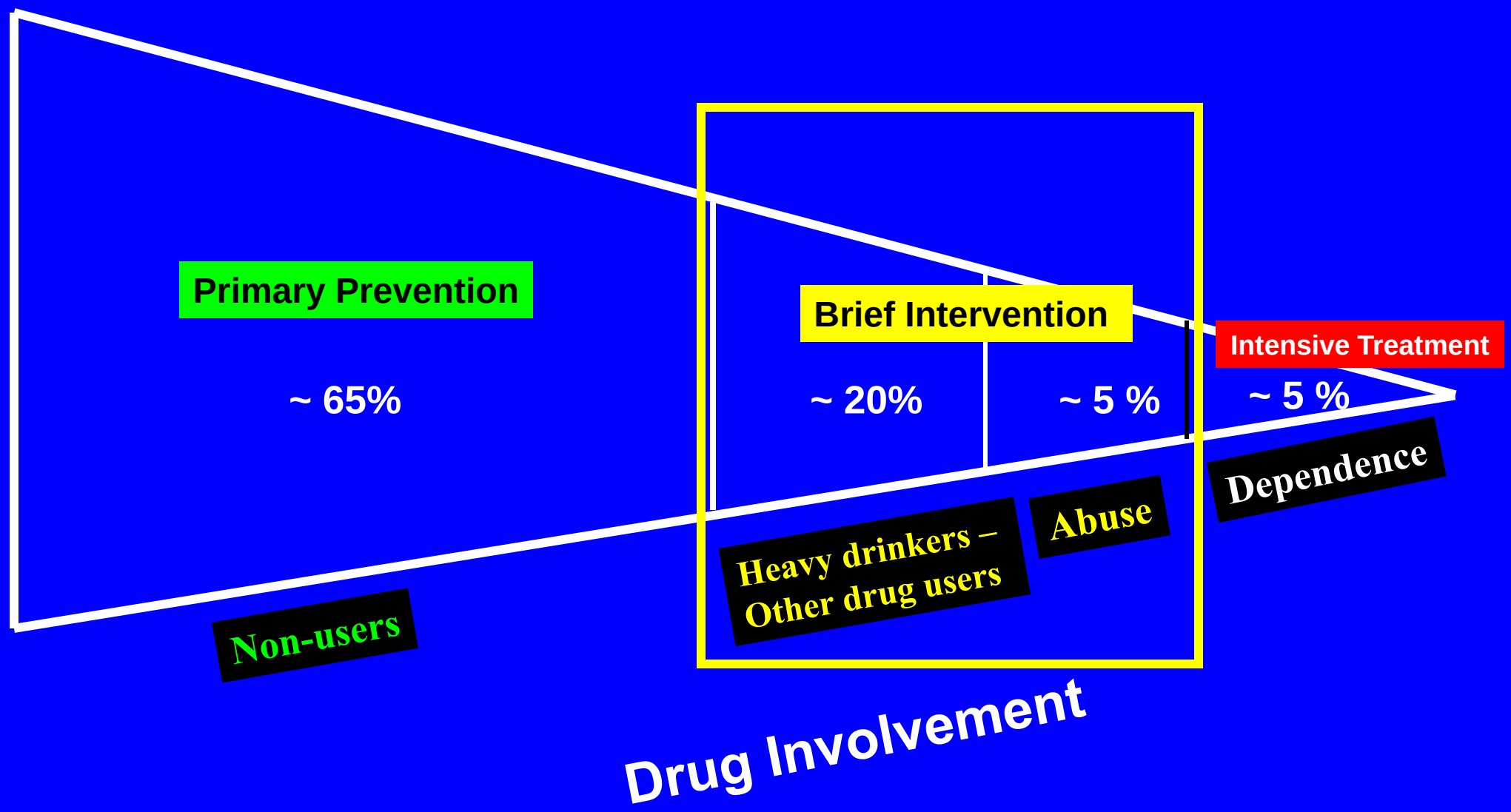
1. impulse control
2. “second thought” processes
3. social decision making
4. dealing with risk situations
5. taking healthy risks
6. attention regulation
7. anger control
8. modulating reward incentives
9. choosing options
10. considering consequences
11. minimizing arousal
12. dealing with peer influences

Habits of Highly Effective Counselors

4. Appreciate that the level of treatment should match the intensity of the problems.

Applications and Drug Use

Adapted from Broadening the Base of Alcohol Treatment (IOM)



Common Elements of Brief Interventions

- **1 – 4 sessions**
- **Motivational interviewing and CBT**
- **Negotiated goals**

DECISIONAL BALANCE EXERCISE

Pros

"What do you like about drug use?

What are the good things about using/drinking?

What else?" *(Ask again until nothing else.)*

Cons

"What don't you like as much about using/drinking?

What are the not-so-good things about using/drinking?

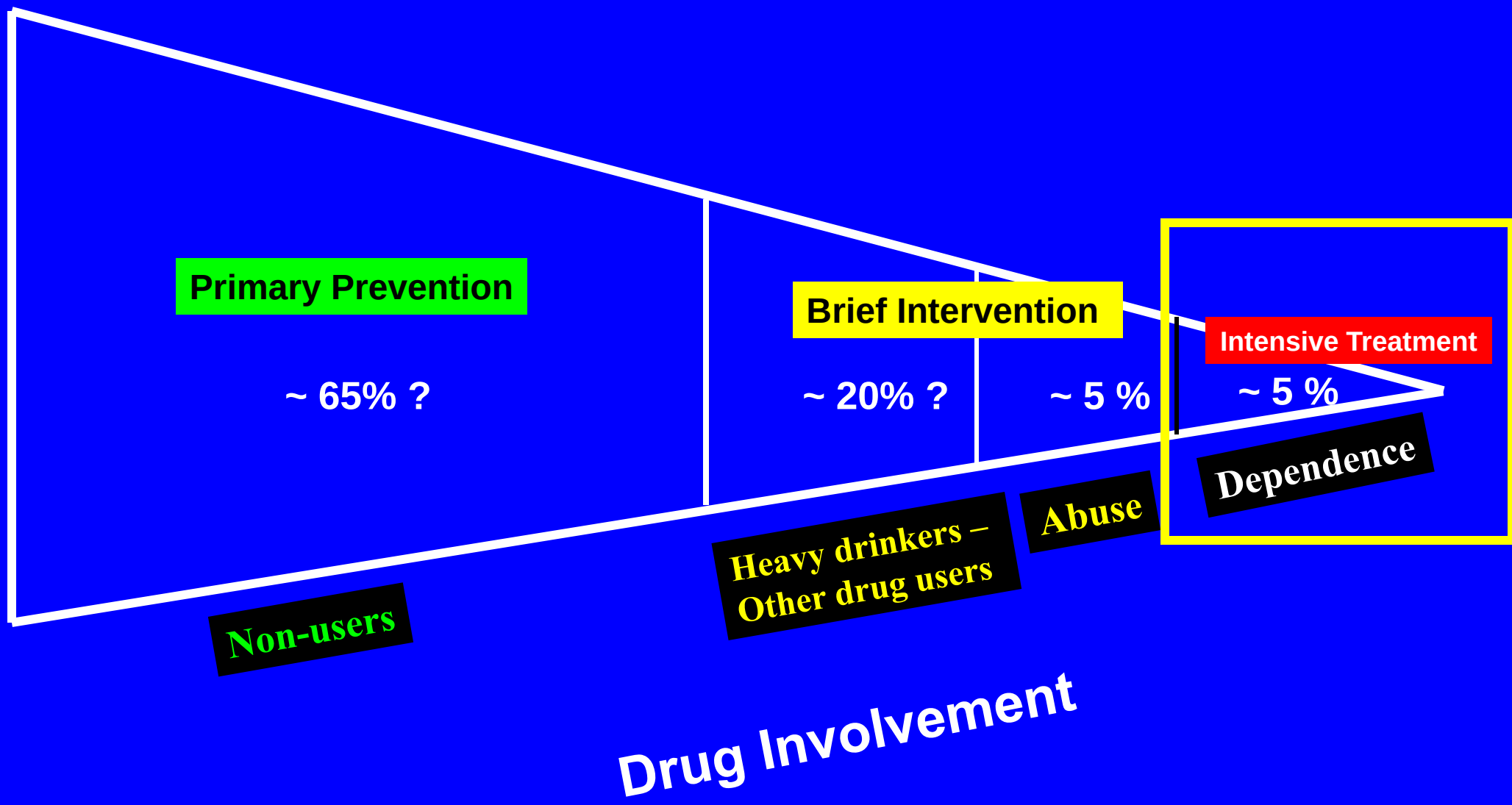
What else?" (Ask again until nothing else.)

Evidence-based approaches in NREPP
Brief Therapies or Interventions
(www.nrepp.samhsa.gov)

- **Brief Strategic Family Therapy**
- **Teen Intervene**
- **CBT/MET-5**

Applications and Drug Use

Adapted from Broadening the Base of Alcohol Treatment (IOM)



Common Treatment Approaches

(Lipsey et al., 2010; Sussman, 2011)

• **12-Step**	**~66%**
• **MET**	**64%**
• **Family Tx**	**42%**
• **Psycho-educational**	**33%**
• **Cognitive Behavioral Tx (CBT)**	**28%**
• **Individual counseling**	**25%**
• **MET/CBT**	**7%**

Evidence-based approaches in NREPP

Intensive Approaches

(www.nrepp.samhsa.gov)

- **Adolescent Community Reinforcement**
- **Contingency Management**
- **Dialectical Behavior Therapy**
- **Matrix Model**
- **Multidimensional Family Therapy**
- **Multisystemic Therapy**
- **Seven Challenges**
- **Twelve Step Facilitation Therapy**

Core Ingredients

- **problem-solving skills** **to cope with day-to-day stressors**
- **communication skills**
- **lifestyle changes**
  - **> prosocial activities**
  - **peer changes**
- **step work**
- **mental health needs**
- **family issues**
- **continuing care**

Core Ingredients

- **Continuing Care**
  - **Home Visits/telephone contacts/check-ups**
  - **Sessions for adolescent, parents, and together**
  - **Problem solving for drug-free lifestyle**
  - **Assist with other issues (e.g., school problems; use of free time; family problems)**
  - **(See Assertive Continuing Care at www.nrepp.samhsa.org)**

Core Ingredients

- **individual counseling**
- **group therapy**
- **some delivered in the family's natural environment**

Habits of Highly Effective Counselors

5. Use appropriate instruments for screening and assessment.

Free Resources

Treatment Improvement Protocol (TIP) Series

www.samhsa.gov/csat

TIP #31: Screening and Assessing Adolescents for Substance Use Disorders

TIP #32: Treatment of Adolescents with Substance Use Disorders

Strategies for Enhancing Valid Self-Report

- **Build rapport.**
- **Establishing confidentiality (with limits).**
- **Reinforce personal benefits and relevance of the assessment.**
- **Use standardized tests that measure invalid reporting.**
- **Adjust process based on learning & reading ability.**
- **Repeat testing.**
- **Collect urinalysis.**

My Favorites

- **Brief screening**
  - **CRAFFT**
- **Screening**
  - **ADI**
  - **DAST-Adolescent**
  - **GAIN – Short (interview)**
  - **PESQ**
  - **SASSI-adolescent**
- **Comprehensive qx**
  - **ASAP**
  - **PEI**
- **Interviews**
  - **ADI**
  - **CASI**
  - **GAIN**

CRAFFT Questions

(Knight et al., 2002)

C Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?”

R Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

A Do you ever use alcohol/drugs while you are by yourself, **ALONE**?

F Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

F Do you ever **FORGET** things you did while using alcohol or drugs?

T Have you gotten into **TROUBLE** while you were using alcohol or drugs?

2+ endorsements = red flag

Brief Psychosocial Interview: HEADSS

H **H**ome/environment

E **E**ducation/employment

A **A**ctivities

D **D**rugs

S **S**exuality

S **S**uicide/depression

Habits of Highly Effective Counselors

6. Prepared to deal with the comorbidity associated with adolescent substance use disorders.

Prevalence of Comorbidity:

Clinical Populations (Kaminer et al. 2005)

Common co-existing disorders

Conduct/Oppositional Disorders...	~40-50%
ADHD.....	~30-60%
Depression.....	~25-60%
Anxiety	
Bipolar	
PTSD, Trauma	
Learning Disorders	
Eating Disorders	

Treating Co-Existing Disorders

- **Typically multi-modal approach**
  - **CBT**
  - **Family Therapy**
  - **DBT**
  - **Medication**

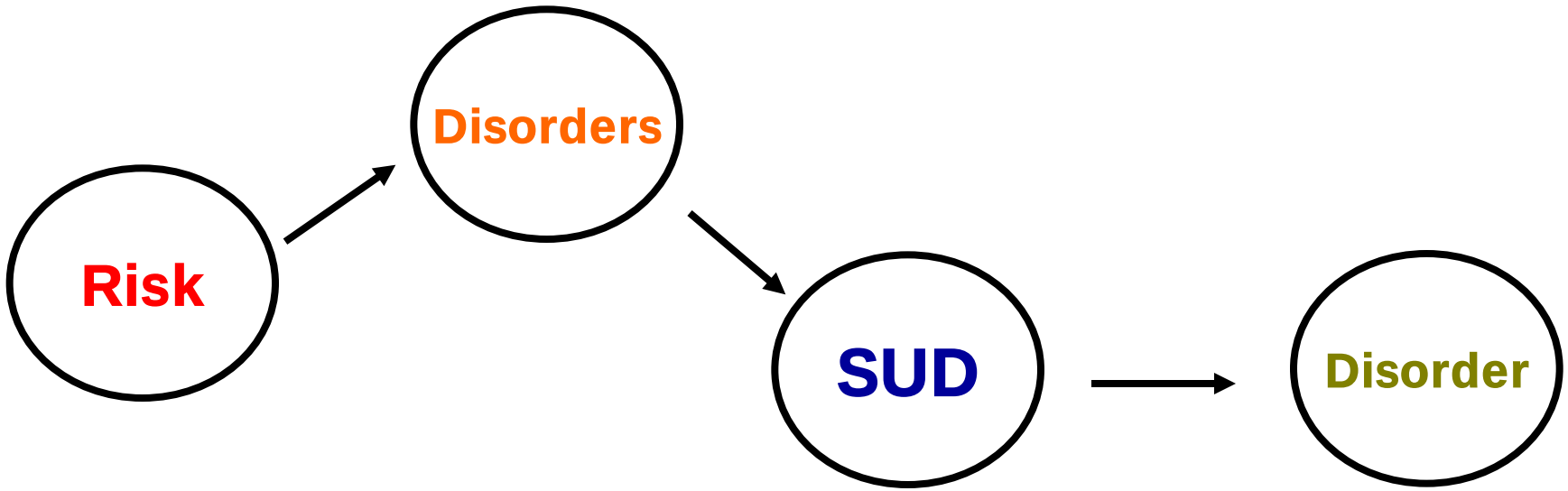
ADHD Medication and Future Risk of Drug Abuse

- **What is the association of psycho-stimulant medication and the future development of drug problems?**
- **Two meta-analyses provide relatively "good" news:**
  - **Most studies indicate no additional risk**
  - **Some studies reveal less risk**

Why the Co-Occurrence?

- **3 Models discussed in the literature**
  - **Dysregulation**
  - **Self-medication**
  - **Vulnerability to stress**

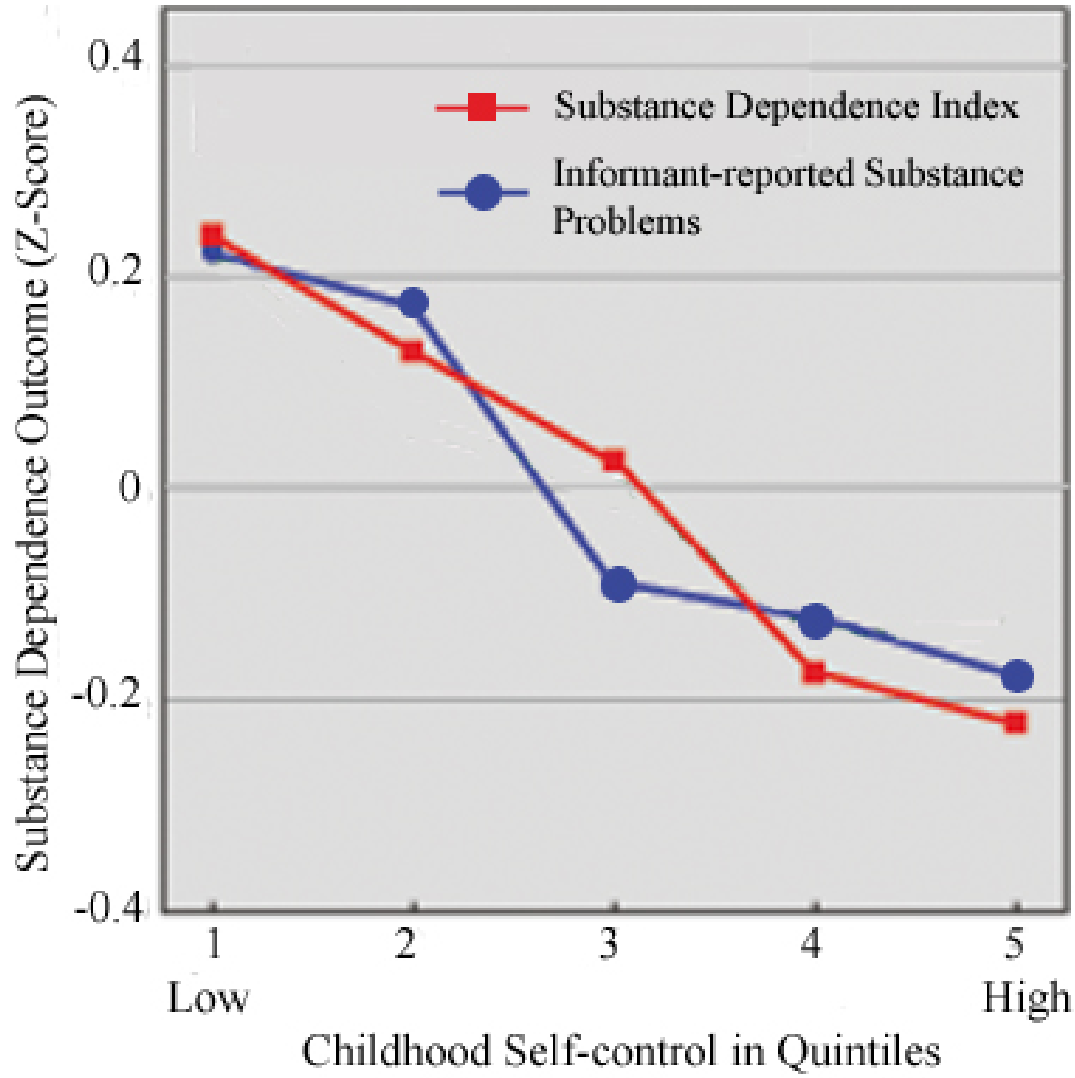
Many Longitudinal Studies Support the "Dysregulation" Pathway



early regulation prb. → **ADHD** → **SUD** → > **Conduct Disorder**

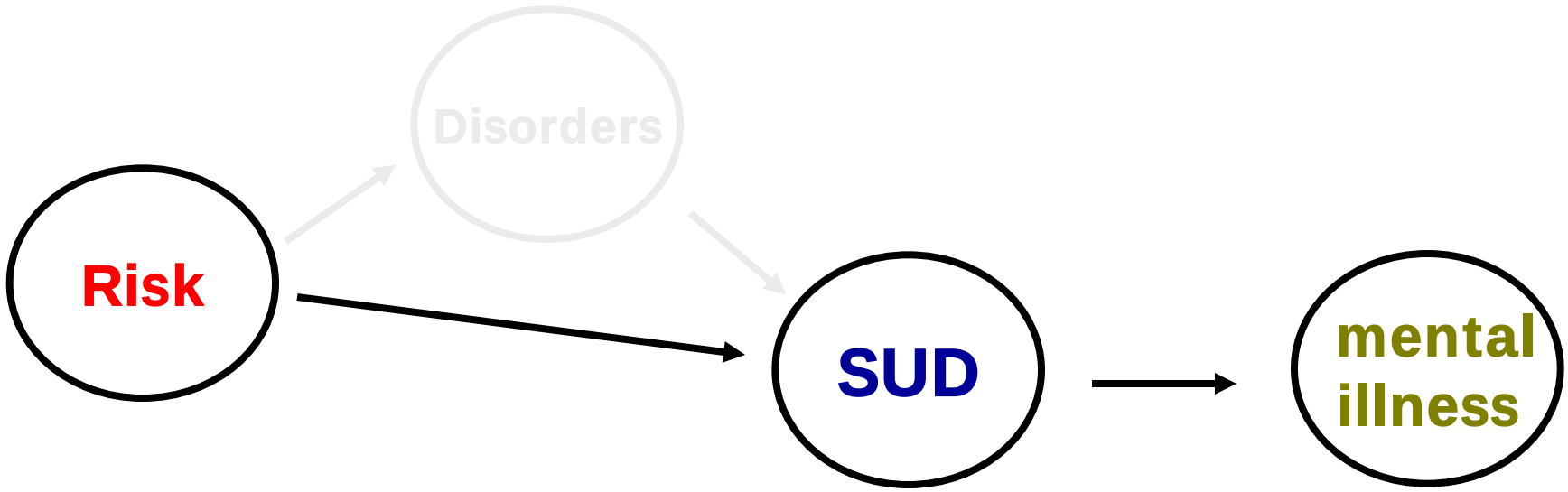
Conduct Disorder

Childhood Self-Control as a Predictor of Adult Substance Use Dependence (Moffitt et al., in press)



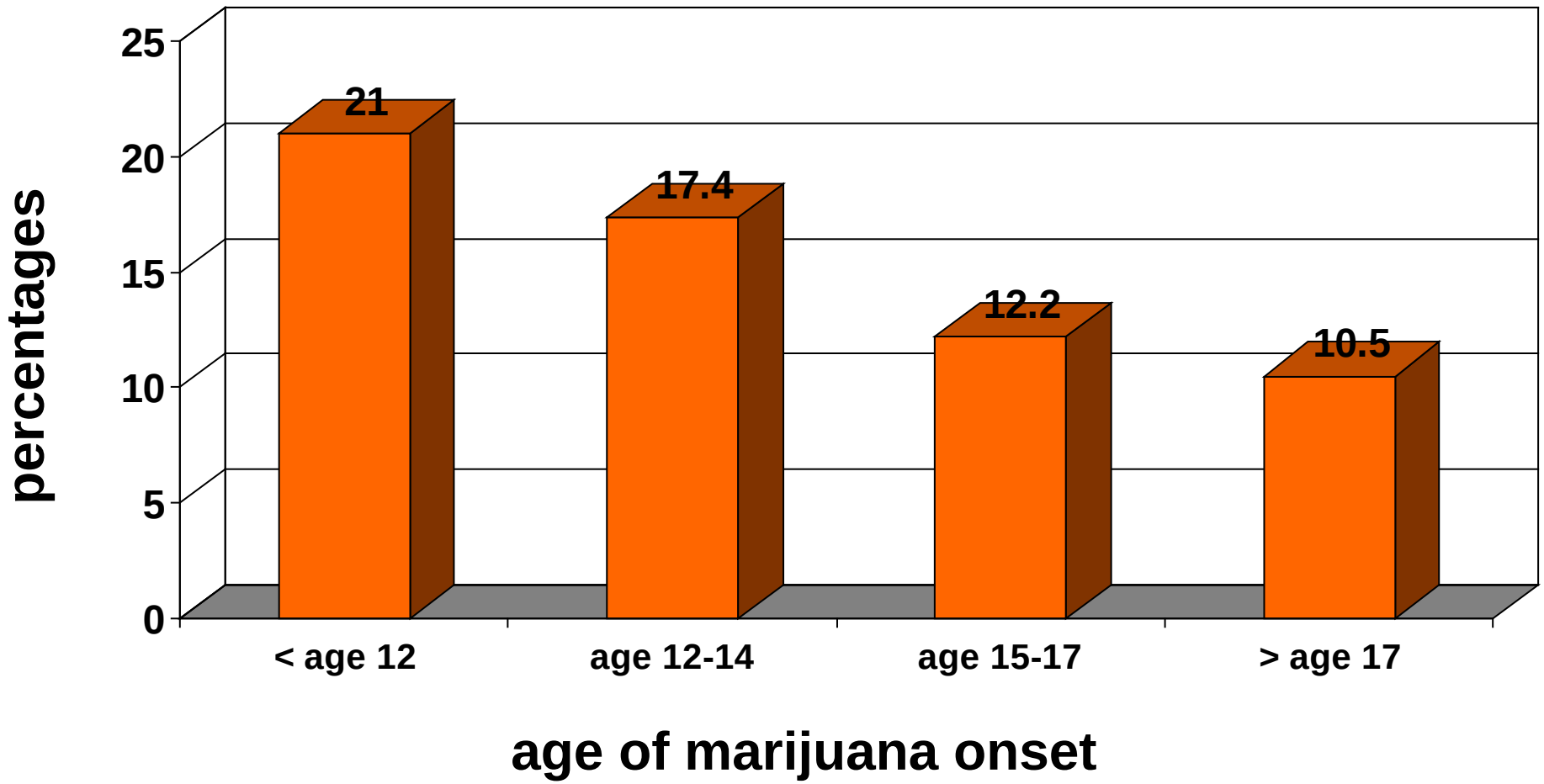
Outcomes were converted to Z-Scores and childhood self-control is represented in quintiles.

Sidebar 5:
Is There Support for This Pathway?

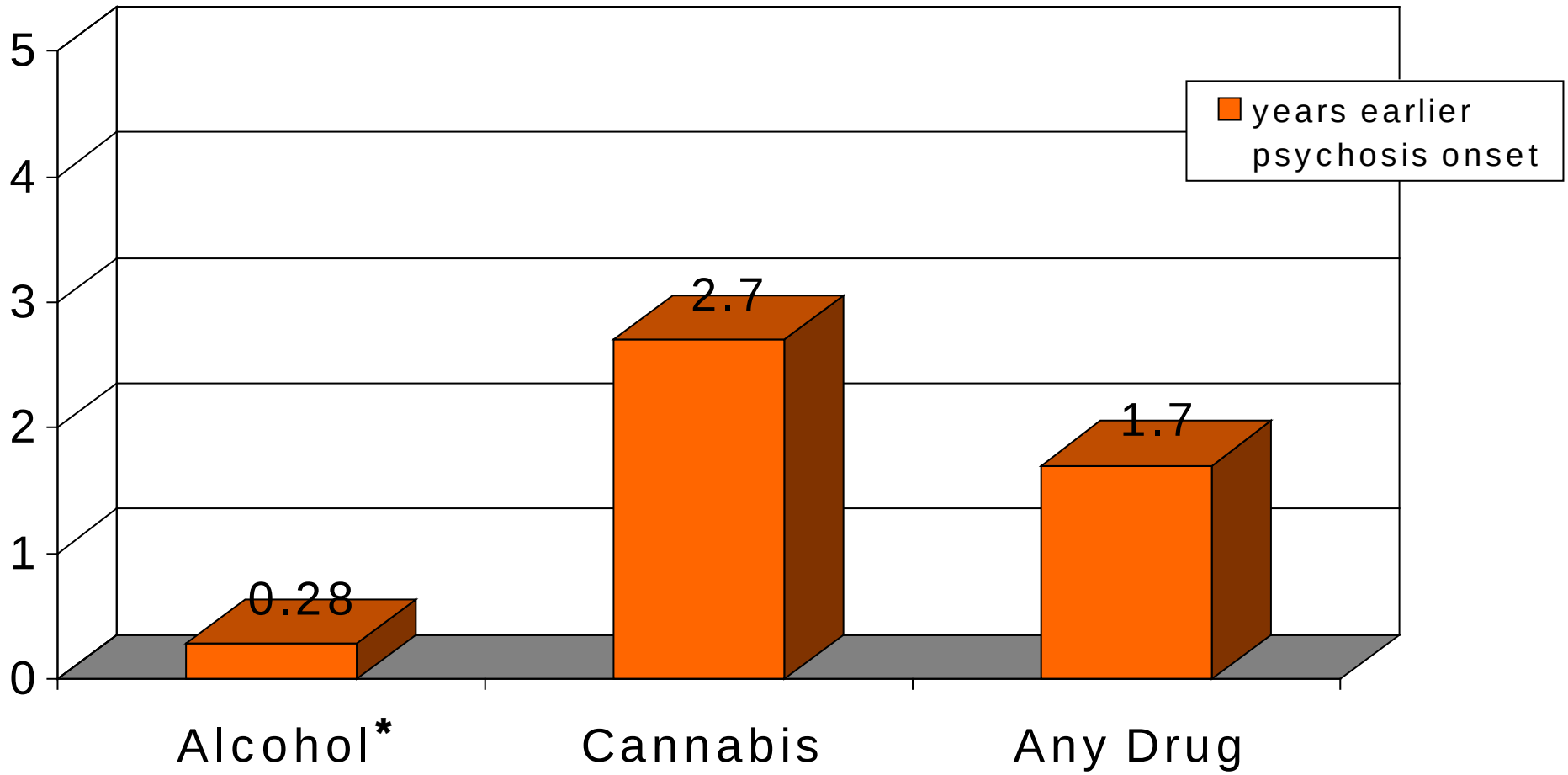


Prevalence of Past Year Serious Mental Illness Among Lifetime Marijuana Users Aged 18+

(SAMHSA, 2005; data collected 2002-2003)



Drug Use and Age at Onset of Psychosis Based on a Meta-Analysis (Large et al., 2011)



mean years earlier of age at onset of psychosis compared to non-drug using controls

*** = nonsig. with controls**

Habits of Highly Effective Counselors

7. **Engage parents in treatment.**

Typical Parent Goals

1. **Improve family interaction patterns**
   - **solving conflicts**
   - **creating positive interaction climate**
2. **Upgrade parenting practices**
   - **support**
   - **control**

Parenting Styles

		DISCIPLINE	
		+	-
SUPPORT	+	desired	< desired
	-	< desired	worse

Typical Parent Goals

1. **Improve family interaction patterns**
   - **solving conflicts**
   - **creating positive interaction climate**
2. **Upgrade parenting practices**
   - **support**
   - **control**
3. **Adjust drug use attitudes and behaviors of all family members**

Parents as a Recovery Agent

P romote activities that capitalize on the strengths of the developing brain

A ssist your child with challenges that require planning

R einforce their seeking advice from you and other adults

E ducate about risk taking and negative consequences

N ever underestimate drug effects on developing brain

T olerate “oops” behaviors common during the teens

To Summarize: Effective Counselors..

1. **Understand youth**
2. **Use assessment to determine level of care assignment**
3. **Incorporate evidenced-based elements into clinical practice**

THANK YOU!

winte001@umn.edu

MEDICATIONS USED TO TREAT DRUG ADDICTION

- Tobacco Addiction
  - Nicotine replacement therapies (e.g., patch, inhaler, gum)
  - Bupropion
  - Varenicline
- Opioid Addiction
  - Methadone
  - Buprenorphine
- Alcohol and Drug Addiction
  - Naltrexone & Nalmafene - helps prevent relapse to alcohol
  - Disulfiram - helps prevent relapse to alcohol abuse; currently being tested for treating cocaine abuse
  - Acamprosate - helps prevent relapse to alcohol
  - NAC (N-Acetyl Cysteine) – OTC amino acid

Side Bar 1:
DSM-5 for Substance Use Disorders

- **Defines a single Substance Use Disorder for various classes of substances**
  - **no distinction between "abuse" and "dependence"**
- **Still 11 symptoms, but *legal consequences* is dropped, *craving* is added.**
- **Severity descriptors**
  - **2 sym = moderate**
  - **3+ sym = severe**
-

DSM-5 and Adolescents

(Winters et al., 2012)

- **Plusses**
  - **The use of a combined criterion set to diagnose a single SUD makes sense for adolescents.**
    - **Factor and latent class analyses indicate a single dimension of substance problems.**
  - **The decision to eliminate the *legal problems* symptom.**

ing to emerge.

DSM-5 and Adolescents

(Winters et al., 2012)

- **Negatives**
  - **Tolerance may be normative in adolescents; and the appearance of tolerance may be due to neuro-developmental changes during adolescence.**
  - **Withdrawal symptoms are a fairly rare phenomenon in adolescents (although when present, high prognostic significance).**

DSM-5 and Adolescents

(Winters et al., 2012)

- **Negatives**
  - **Hazardous use is much more common in adults than among adolescents.**
  - **The value of including the craving criteria when diagnosing adolescents is uncertain.**
  - **The impact of the 2/11 threshold for SUD in youth deserves further research. May identify many false positives.**
- **starting to emerge.**