

Evidence-based psychotherapies for adolescents with co-occurring substance use and mental health disorders

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- Clinical experience: MET/CBT + CM (Encompass), Risk Reduction Through Family Therapy, and multisystemic therapy

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Objectives



Describe evidence-based psychotherapies for adolescents with co-occurring substance use and mental health disorders



Describe an approach to evaluate and create a treatment plan for adolescents with co-occurring disorders

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Exhibit A: Comorbid SUD and MDD

- SUD is twice as common in adolescents with MDD
- MDD is 3-6x more common in adolescents with SUD
- Use substances at a younger age, more frequently and at higher levels, and use more chronically
- Depression and SUD severity are associated
- SUD is an independent risk factor that differentiates those that attempt suicide from suicidal ideation
- Sequence of onset is not predictive of response to depression treatment

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What's the relationship?

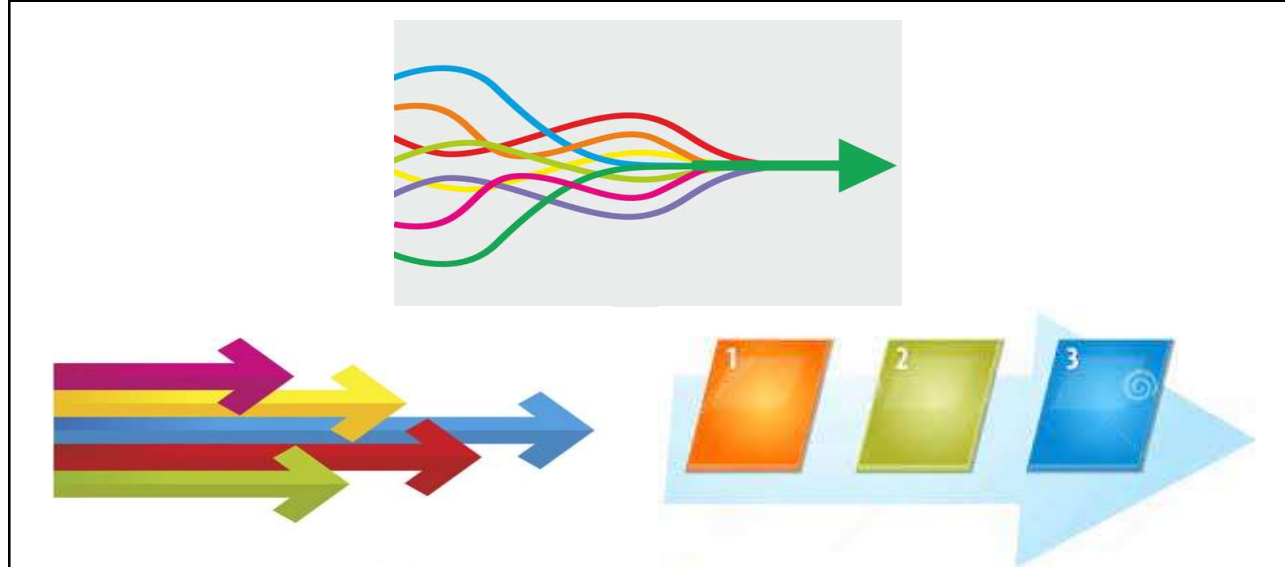
- Environmental factors: family disruption, poor parental monitoring, early childhood loss, personal trauma
- Neurophysiologic changes: decreased serotonin levels, increased monoamine oxidase activity, and decreased D₂-receptor expression
- HPA axis-mediated neuroendocrine response to stress

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Evidence-based interventions

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Approach to treating comorbid disorders



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ASAM levels of care



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Evidence-based substance use and psychiatric treatments for adolescents

PSYCHIATRIC DISORDERS

Conduct Disorder (60-80%)

- Family-based
- CBT

Depression, Anxiety (30-40%)

- CBT
- Pharmacotherapy

ADHD (30-50%)

- CBT
- Pharmacotherapy

SUBSTANCE USE DISORDERS

Family-based

- MDFT, FFT, MST, BSFT, ACRA with MET/CBT
- <20% abstinence

Behavioral

- MET/CBT+CM
- **50% abstinence**

Cognitive Behavioral Therapy (CBT) + MET

- 30% abstinence

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Exploring evidence-based integrated treatments

Family-based

- Multisystemic therapy (MST)

Individual

- Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT + CM, Encompass)

Hybrid

- Risk Reduction through Family Therapy (RRFT)

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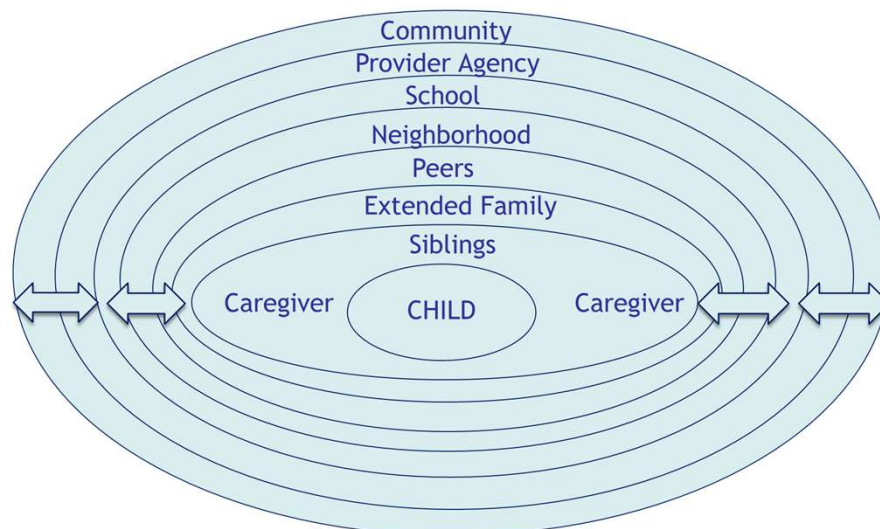
MST overview



- Evidence-based in-home family therapy program
- MST was most effective with families of adolescents with substance use and conduct problems
- Shown to have the longest-lasting effects on reducing recidivism and antisocial behaviors
- Focus is on keeping the youth in the home, as opposed to out-of-home placement

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Social-ecological model



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MST Principles

MST
Multisystemic Therapy

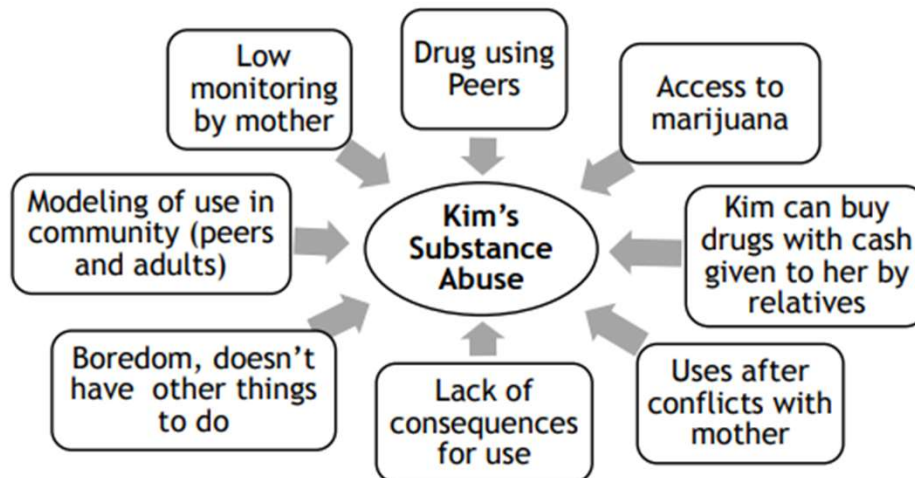
- Find the fit
- Positive and strengths focused
- Increased responsibility
- Present-focused, action-oriented, well defined
- Targeting sequences
- Developmentally appropriate
- Continuous effort
- Evaluation and accountability
- Generalization



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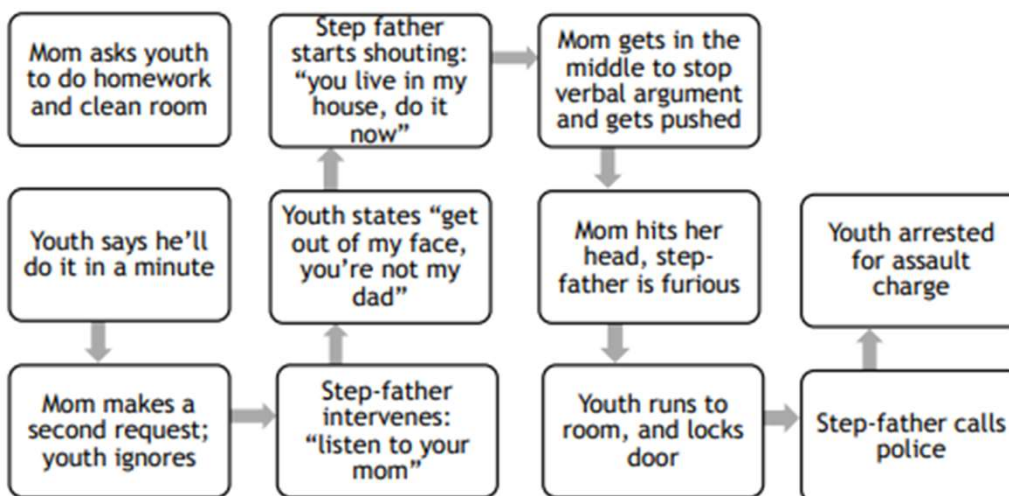
Finding the fit

MST
Multisystemic Therapy



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Targeting sequences

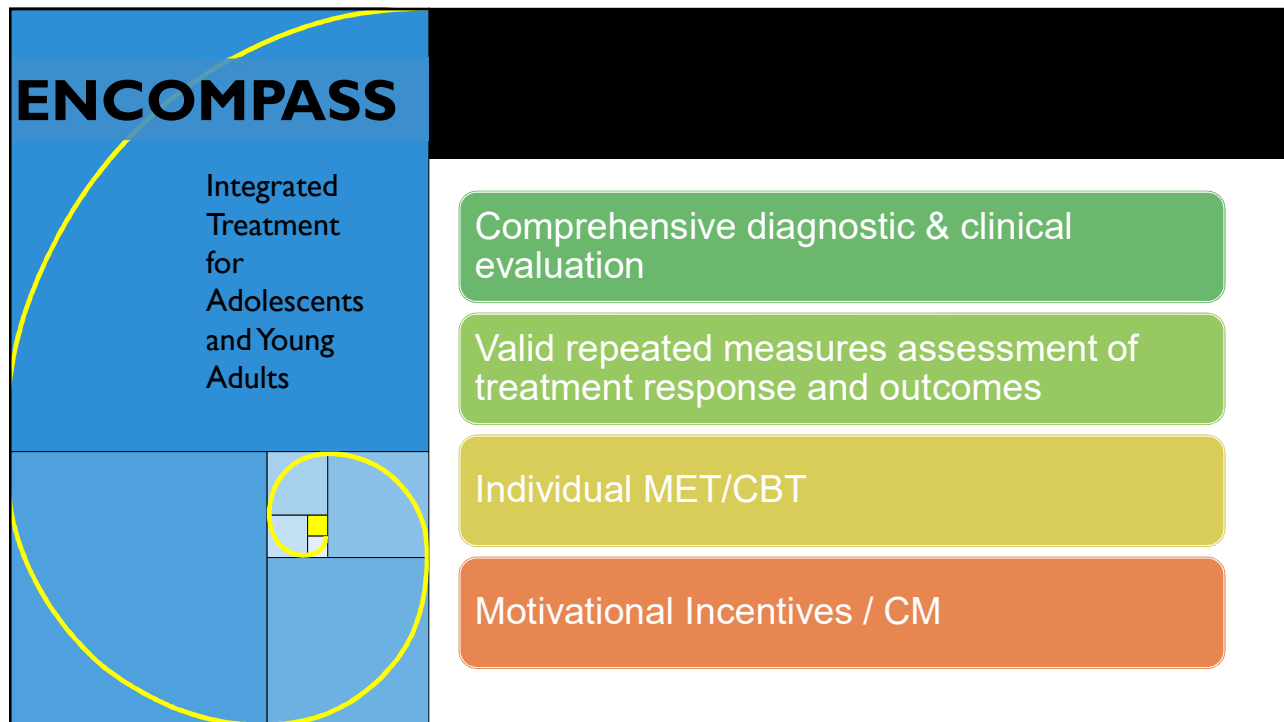


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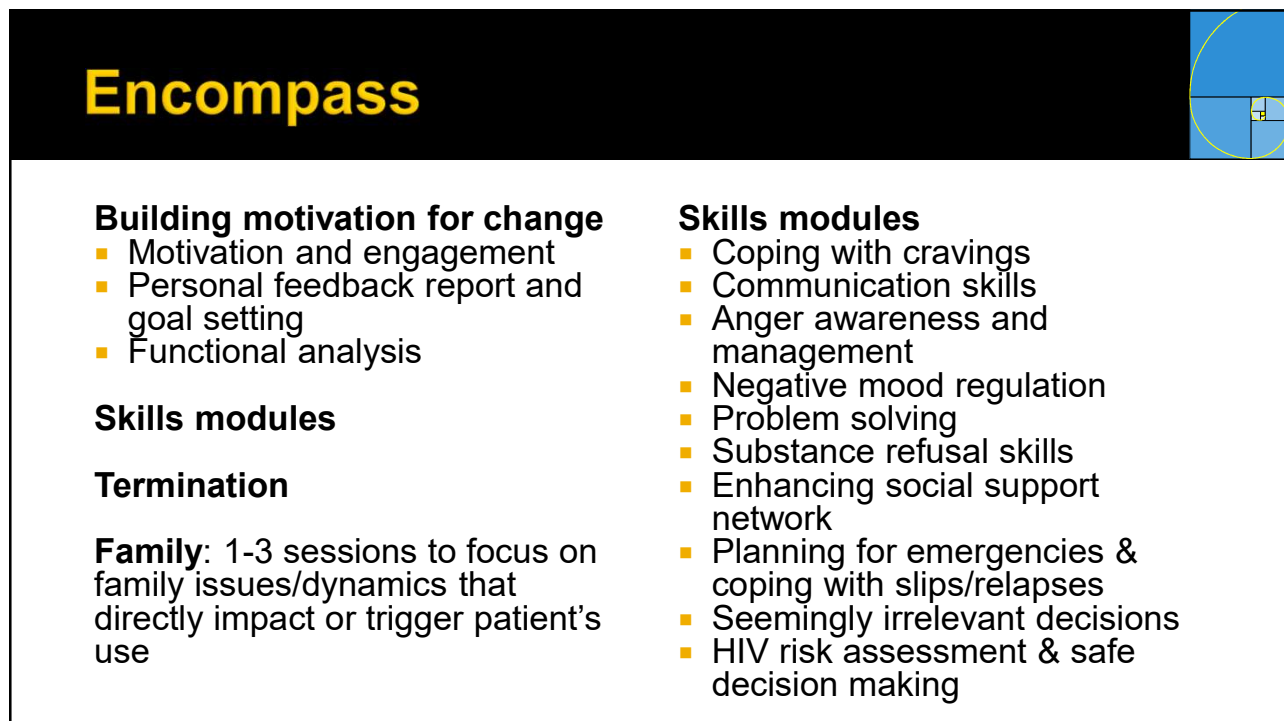
Sample Behavior Plan

- Kim will demonstrate sobriety as evidenced by urinalyses which are negative for substances, per family and self report.
 - Reward: Kim's mother will allow a positive peer to spend the night
 - Consequence: Kim's mother will collect her phone at night
- Kim will engage in prosocial activity weekly
 - Reward: Kim's mother will provide Kim with a ride to the prosocial activity
 - Consequence: Kim will do additional chores

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Motivational enhancement therapy

- Founded in principles of motivational interviewing
- In the individual's own words:
 - The "problem"
 - Motivators and barriers
 - Possible solutions and goals

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Paternalistic approach

COMMON REACTIONS TO RIGHTING REFLEX

Angry	Afraid
Agitated	Helpless
Overwhelmed	Oppositional
Ashamed	Trapped
Defensive	Disengaged
Justifying	Uncomfortable
Ignored	Not understood
Discounting of ideas	Unlikely to come back

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Patient-centered approach

COMMON REACTIONS TO FEELING HEARD

Understood	Engaged
Want to talk more	Able to change
Like the counselor	Safe
Open	Empowered
Accepted	Hopeful
Respected	Comfortable
Interested	Cooperative
Confident	Likely to return

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Principles of motivational interviewing

Express empathy

Develop discrepancy


Roll with resistance

Support self-efficacy

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MI skills

- Open-ended questions
- Affirmations
- Reflections
- Summaries



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Evoking change talk



Desire	<ul style="list-style-type: none"> • "I wish..." • "I want to..." • "I would like to..." 	Commitment	<ul style="list-style-type: none"> • "I will..." • "I promise..."
Ability	<ul style="list-style-type: none"> • "I could..." • "I can..." • "I might be able..." 	Actuation	<ul style="list-style-type: none"> • "I am ready to..." • "I will start..."
Reason	<ul style="list-style-type: none"> • "My PO would get off my back." • "I can graduate." 	Taking steps	<ul style="list-style-type: none"> • "I started..." • "I went to/did/talked with..."
Need	<ul style="list-style-type: none"> • "I ought to..." • "I have to..." • "I should..." 		

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Responding to change talk

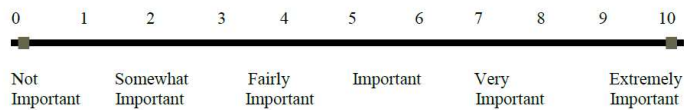


- Elaborate
- Affirm
- Reflect
- Summarize

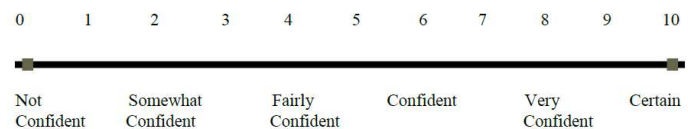
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Change rulers

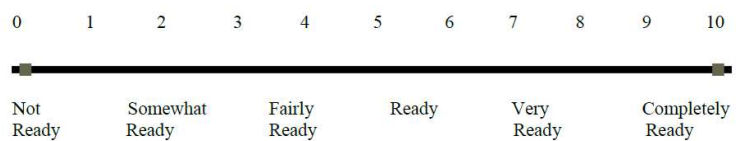
Importance Ruler: How important to you is it that you change your substance use?



Confidence Ruler: How confident are you that you can change your substance use?



Readiness Ruler: How ready are you to change your substance use?



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The happiness scale

	Completely Unhappy	1	2	3	4	5	6	7	8	9	10	Completely Happy
1. Drug use or non-use (choose one)	1	2	3	4	5	6	7	8	9	10		
2. Alcohol use or non-use	1	2	3	4	5	6	7	8	9	10		
3. Cigarette use or non-use	1	2	3	4	5	6	7	8	9	10		
4. Relationship with boyfriend or girlfriend	1	2	3	4	5	6	7	8	9	10		
5. Relationships with friends	1	2	3	4	5	6	7	8	9	10		
6. Relationships with parents or caregivers	1	2	3	4	5	6	7	8	9	10		
7. School performance	1	2	3	4	5	6	7	8	9	10		
8. Social activities	1	2	3	4	5	6	7	8	9	10		
9. Recreational activities	1	2	3	4	5	6	7	8	9	10		
10. Personal habits (e.g. getting up in the morning, being on time, finishing tasks)	1	2	3	4	5	6	7	8	9	10		
11. Legal issues	1	2	3	4	5	6	7	8	9	10		
12. Money management	1	2	3	4	5	6	7	8	9	10		
13. Emotional life (feelings)	1	2	3	4	5	6	7	8	9	10		
14. Communication	1	2	3	4	5	6	7	8	9	10		
15. General happiness	1	2	3	4	5	6	7	8	9	10		



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Functional analysis

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

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Patient-generated goals

I would like to change these things in my life...	Goal #1	Goal #2	Goal #3	Goal #4
The reasons I want to make these changes are...				
Specific things I can do <u>right now</u> to help me meet my goals...				
What might interfere...				
Who can help me and how...	Person : How:	Person : How:	Person : How:	Person : How:

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Cognitive behavioral therapy (CBT)

Skills modules

- Coping with cravings
- Communication skills
- Anger awareness and management
- Negative mood regulation
- Problem solving
- Substance refusal skills
- Enhancing social support network
- Planning for emergencies & coping with slips/relapses
- Seemingly irrelevant decisions
- HIV risk assessment & safe decision making

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Coping with urges and cravings

Distraction

- shifting the focus from internal to external

Self-Talk

- reminders of benefits of not using

Talking it Through

- use of support system

Urge Surfing

- systematic desensitization using imagery techniques, relaxation

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Contingency management

- Evidence-based approach to incentivize desired behaviors
 - Negative urine drug screen
 - Treatment engagement
- External motivation
- Fishbowl method

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Risk Reduction through Family Therapy (RRFT)

- Psychoeducation & engagement
- Family communication
- Substance use
- Coping
- PTSD
- Healthy dating & decision making
- Revictimization risk reduction



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Overlapping symptoms

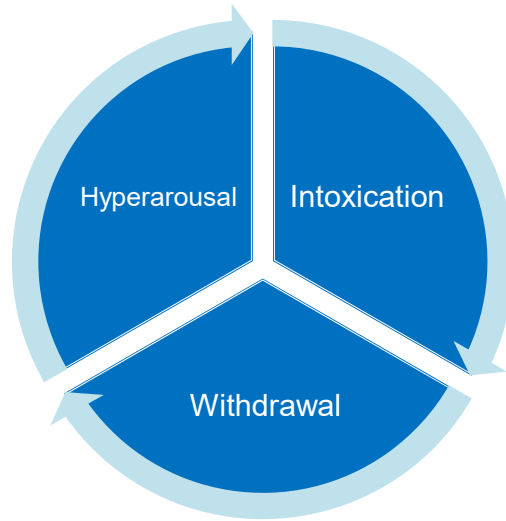
- Alcohol withdrawal: anxiety, irritability, sleep disturbance, exaggerated startle response
- Cocaine intoxication and withdrawal: hypervigilance, paranoia, anxiety, sleep and mood disturbances
- Challenge of disentangling symptoms of substance use and comorbid PTSD



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Cyclical patterns of impairment

- Management of intrusive symptoms, hyperarousal, and insomnia
- Reinforce maladaptive coping strategies
- Withdrawal may mimic hyperarousal



Simmons and Suárez (2016)

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Conceptualizing social ecological model as risk factors and protective factors

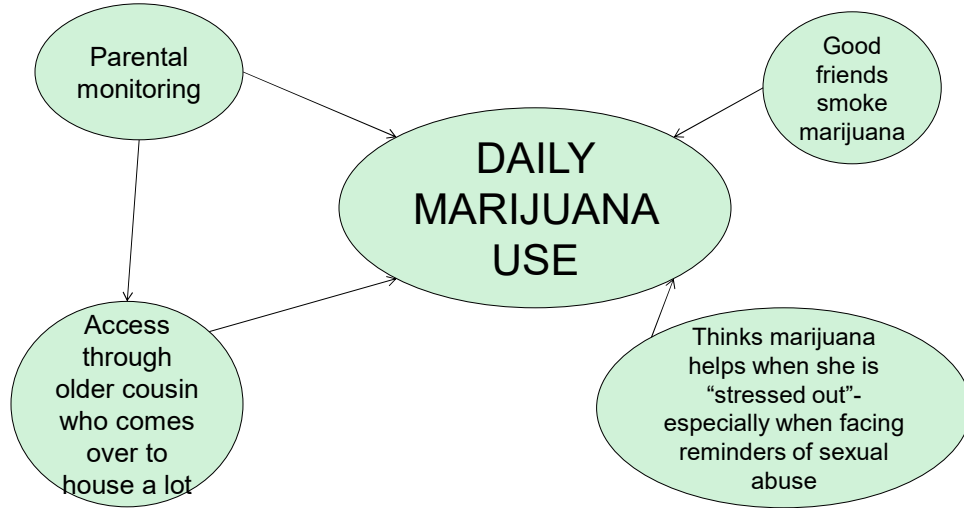


Client Name/ID: _____ Date: _____

Risk Factors: _____ _____	YOUTH 	Protective Factors: _____ _____
Risk Factors: _____ _____	FAMILY 	Protective Factors: _____ _____
Risk Factors: _____ _____	PEERS 	Protective Factors: _____ _____
Risk Factors: _____ _____	SCHOOL 	Protective Factors: _____ _____
Risk Factors: _____ _____	COMMUNITY 	Protective Factors: _____ _____

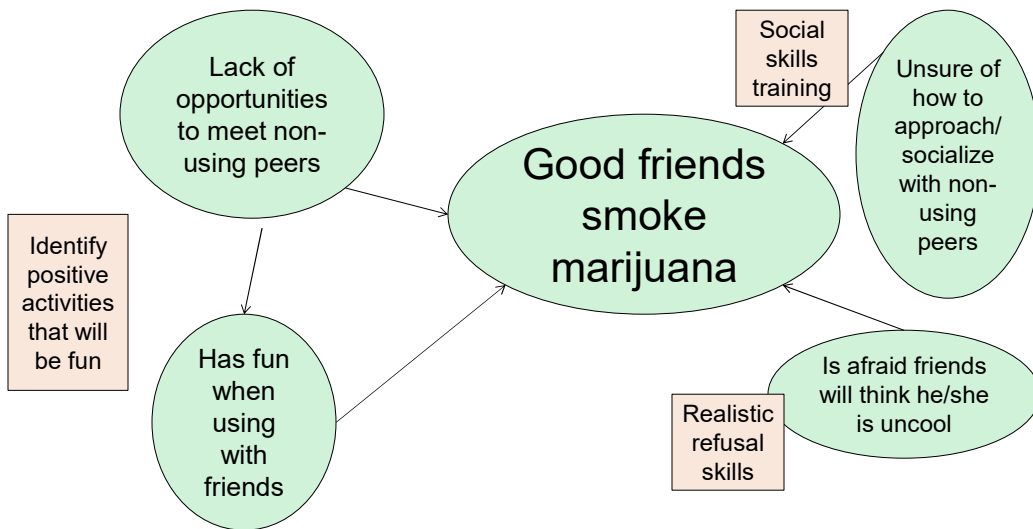
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Fit circle



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Fit circle



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Engaging youth in treatment

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Screen for substance use and mental health problems



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Screening to Brief Intervention (S2BI)

Screening to Brief Intervention (S2BI) Tool

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

S2BI Tool developed at Boston Children's Hospital with support from the National Institute on Drug Abuse.

It is best used in conjunction with "The Adolescent SBIRT Toolkit for Providers" mass.gov/maclearinghouse (no charge).

STOP if answers to all previous questions are "never." Otherwise, continue with questions on the back.



OVER

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Asking about substance use problems

CRAFFT

- Ride in **C**ar
- Use to **R**elax
- Use **A**lone
- **F**orget
- **F**amily/**F**riends concerned
- Get in **T**rouble

CAGE

- Have you ever felt you should **C**ut down on your drinking?
- Have people **A**nnoyed you by criticizing your drinking?
- Have you ever felt bad or **G**uilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?

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Empower the youth to start changing



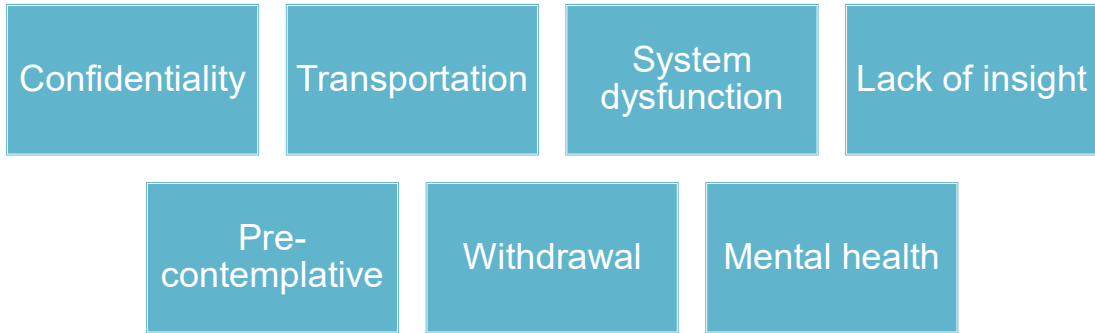
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Harm reduction

Access to condoms	Sex education	Access to PrEP	Syringe service programs
Fentanyl test strips	Narcan distribution	Medicated Assisted Treatment (MAT)	Education around safe use practices

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Anticipate barriers



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Engaging a pre-contemplative patient



GOALS
It's important to set them.

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Talk with teens – not at them



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Talk, they hear you



New "Talk. They Hear You." Campaign Mobile Application



The **mobile app** is your guide to:

- Get informed
- Be prepared
- Take action

To talk with your kids about underage drinking and other drug use



0:37 / 2:06 Scroll for details

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Do's and don'ts when talking with youth about drugs

GET SMART
ABOUT DRUGS

A DEA RESOURCE FOR PARENTS, EDUCATORS & CAREGIVERS
www.getsmartaboutdrugs.com

DO	DON'T
<ul style="list-style-type: none"> ■ Explain the dangers using language they understand. 	<ul style="list-style-type: none"> ■ React in anger—even if your child makes statements that shock you.
<ul style="list-style-type: none"> ■ Explain why you do not want them to use the substance(s). For example, explain that substances can mess up their concentration, memory, and motor skills and can lead to poor grades. 	<ul style="list-style-type: none"> ■ Expect all conversations with your children to be perfect. They won't be.
<ul style="list-style-type: none"> ■ Be there when your child wants to talk, no matter the time of day or night or other demands on your time. 	<ul style="list-style-type: none"> ■ Assume your children know how to handle temptation. Instead, educate them about risks and alternatives so they can make healthy decisions. Encourage them to practice saying no ahead of time so they're prepared.
<ul style="list-style-type: none"> ■ Believe in your own power to help your child grow up without using alcohol, tobacco, or other drugs. 	<ul style="list-style-type: none"> ■ Talk without listening.
<ul style="list-style-type: none"> ■ Praise your children when they deserve it. This builds their self-esteem and makes them feel good without using drugs or alcohol. 	<ul style="list-style-type: none"> ■ Make stuff up. If your child asks a question you can't answer, promise to find the answer so you can learn together. Then follow up.



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Understand why youth are using drugs

- Sensation seeking
- Friends or peers who use
- Parental or trusted adult favorable to substance use
- Pop culture exposure
- Bullying
- Low level of bonding or attachment
- Mental health

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Roll with resistance

**Sustain
Talk**

**Change
Talk**

**A person who is ambivalent is
one step closer to change.**

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“Instead of putting people in their place, put yourself in their place. Empathy and understanding is the medicine that will cure what ails us.”
- Michael Josephson

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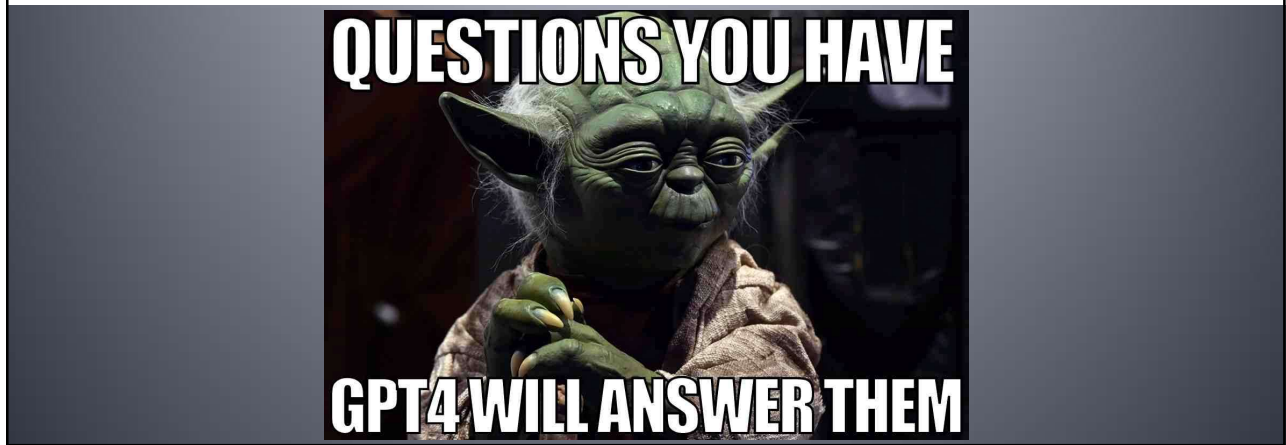
Treatment considerations

- Co-occurring disorders are common
- Screen all patients for substance use
- Set patient-centered goals by eliciting change talk
- Behavioral therapy is first-line treatment
- Consider medications if no improvement
- Monitor psychiatric symptoms and substance use
- Refer to treatment, even if precontemplative

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Questions

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