Adolescent Substance Use Disorders: Current Perspectives & Treatment Approaches

N.C. Foundation for Alcohol and Drug Studies
2015 Winter School
Greensboro, North Carolina
February 16-18, 2015

Instructor: Michael Torch, M.A., MLADC

	Scoring time: 20 minutes manual or computerized **Training**: Drug counselors and other qualified users; no special training required.	$2.00 per test Contact for software pricing Self-Administered Paper & Computer. **Spanish version available**
Global Appraisal of Individual Needs - Short Screen G–SS	Contains 20 items that measure total severity and severity in each of the four main dimensions, with cut-off points for clinical decision making. Can be used in school, welfare, juvenile justice system settings or within the general population. **Administration time**: 15 minutes **Scoring time**: 15 minutes **Training**: minimal training required	The GAIN is copyrighted There is a $100 license fee for 5 years $1000software $2700 training of trainers (includes software) Chestnut Health Systems 729 Chestnut Street Bloomington, IL 61701 309-827-6026 mdennis@chestnut.org http://www.chestnut.org/li/gain/ Self-Administered Paper & Computer
Personal Experience Screening Questionnaire (PESQ)	Contains 40 items that provide a problem severity score and overview of psychosocial problems, drug use and faking tendencies. Can be used in schools, detention facilities, medical clinics and settings where routine screening is needed.	Copyrighted. Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025 (310) 478-2061

	Administration time: 10 minutes **Scoring time**: 5 minutes **Training**: Instructions for hand scoring in booklet. Can be used by wide range of health professionals.	$42 manual $1 per test (approx) Self-Administered paper and pencil
Problem Oriented Screening Instrument for Teenagers (POSIT)	This contains 139 yes/no questions designed to identify problems and potential service needs in ten areas, with a follow-up questionnaire for measuring change in 7 of the 10 areas. Can be used in schools, juvenile justice, medical, mental health and substance disorder treatment settings. **Administration time**: 30 minutes **Scoring time**: 5 minutes by hand (computer scoring available) **Training**: requires no special training.	Not Copyrighted. Adolescent Assessment Referral System manual available from: National Clearinghouse for Alcohol and Drug Information P.O. Box 2345 Rockville, MD (800) 729-6686 Computerized version: PowerTrain, Inc. 8201 Corporate Drive Suite 1080 Landover, MD 20785 (301) 731-0900 Self-Administered Questionnaire Computerized version
Rutgers Alcohol Problem Index (RAPI)	This contains 18 items that assess adolescent problem drinking and related negative consequences. Advantages	Not Copyrighted. Helen White, PhD

	include ease of administration and usability with clinical and non-clinical populations. **Administration time**: 10 minutes **Scoring time**: 5 minutes **Training**: requires no special training or credentials.	Erich Labouvie, PhD Center for Alcohol Studies Rutgers University PO Box 969 Piscataway, NJ 08855 (732) 455-3579 hewhite@rci.rutgers.edu Self-Administered paper and pencil
Substance Abuse Subtle Screening Inventory Adolescent Version (SASSI-A)	This contains 100 items designed to identify those with a high probability of having substance abuse or dependency. It includes subtle items to identify those who may be unwilling or unable to admit substance abuse. It has been used in criminal justice, Employee assistance, and educational, mental health, medical and vocational settings. **Administration time**: 15 minutes **Scoring time**: 10 minutes **Training**: requires no special training. Free clinical consultation and technical support is available.	Copyrighted The SASSI Institute (800) 726-0526 $120 starter kit (manual, user's guide, scoring key and 25 paper tests) $215 Computer starter kit (25 administrations and interpretations, user's guide, computer user's guide for CD and manual). Self-Administered Questionnaire Computerized version
Teen Addiction Severity Index (T-ASI)	Contains 154 items that produce 70 ratings in seven domains. It is used in clinical settings with those with substance abuse,	Not copyrighted. Western Psychiatric Institute 2811 O'Hara Street

	psychiatric and co-occurring disorders to gather baseline information. **Administration time**: 20 – 45 minutes **Scoring time**: 10 minutes **Training**: Can be given by a trained technician or mental health professional	Pittsburgh, PA 15213 Semi-structured interview
CRAFFT – a brief screening tool for adolescent substance abuse	CRAFFT is a brief test for screening for alcohol and other drugs use in adolescents. It is a 6-item test based on the mnemonic on the individual items. Unlike some other screeners CRAFFT test screens for other drugs as well as for alcohol, and its questions were designed to be developmentally appropriate for teenagers. Two or more **Administration time**: 5minutes **Scoring time**: 5 minutes **Training**: requires no special training.	Free – public domain Interview
CAGE Questionnaire	This is a four item instrument designed to detect alcoholism. It has often been used in medical settings by physicians and nurses. **Administration time**: 1 minute **Scoring time**: Instantaneous **Training**: No special training required and can be given by a professional or technician.	Public domain can be located in NIAAA "Assessing Alcohol Problems: A Guide for Clinicians and Researchers / 2nd edition", p. 332-334 Self- Administered Paper & Pencil Interview Computer version

Michigan Alcohol Screening Test (MAST)	This contains 25 items that provide a general measure of problem severity. It has been used in a variety of clinical and research settings. **Administration time**: 10 minutes **Scoring time**: 5 minutes **Training**: No special credentials or training required.	Public domain. Interview

Adolescent Substance Abuse Comprehensive Assessment Instruments

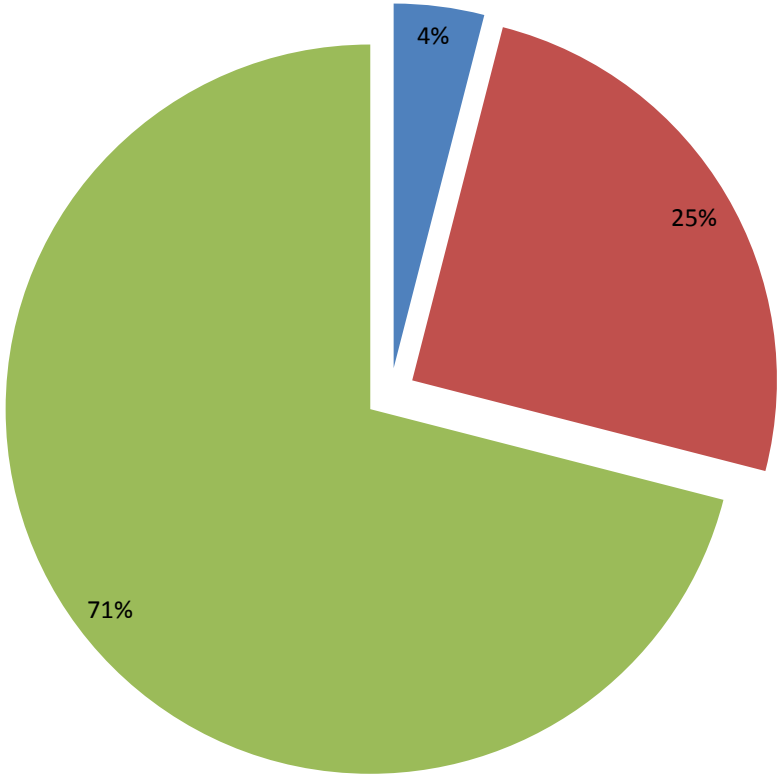
Instrument	Description	Source of information
Adolescent Diagnostic Interview (ADI)	This is a structured interview based on DSM-IV criteria for substance use disorders. In addition to substance abuse, it evaluates psychosocial stressors, school and interpersonal functioning and cognitive impairment. It can be used to identify the need for treatment and treatment planning. The ADI contains 213 questions and can be administered in 50 minutes and scored in 20 minutes by a counselor or trained paraprofessional.	It is copyrighted and can be obtained from: Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025 310-478-2061 http://www.wpspublish.com $45 manual $30-32 for 5 booklets
Diagnostic Interview for Children and Adolescents (DICA-R)	This is a 416 item semi-structured interview that identifies more than 20 diagnostic codes based on DSM-IV criteria. It is available in paper or computerized versions. **Administration time**: 1-2 hrs. **Training:** Extensive training manual available. Training courses recommended for clinicians and lay interviewers	Has been translated into several languages, including Spanish. Multi-Health Systems 908 Niagra Falls Blvd. North Tonowanda, NY 14120 800-456-3003
Global Appraisal of Individual Needs –	The GAIN bio-psycho-social is designed	The GAIN is copyrighted

Initial (GAIN-I)	to provide diagnostic patient placement, treatment planning and program evaluation information. It consists of 1606 items and takes 60-120 minutes to administer by a trained clinical interviewer. Formats include self administered paper and pencil or computer assisted structured interview and computer assisted interview. All dependency codes specifiers: with physiological dependence, without physiological dependence; in a controlled environment; on agonist therapy: sustained full remission, sustained partial remission, early full remission, early partial remission.	There is a $100 license fee f $1000software $2700 training of trainers (i software) Chestnut Health Systems 729 Chestnut Street Bloomington, IL 61701 309-827-6026 mdennis@chestnut.org http://www.chestnut.org/li/g
Structured Interview for DSM-IV (SCID-I & II)	This is a semi-structured Interview that is used to Assess Axis I and II disorders based on DSM-IV criterion. **Administration time** is 2 hrs for SCID I and II (substance abuse Module can be done in 30-60 minutes) **Training**: It is recommended that it be administered by a trained clinical evaluator or mental health professional.	Copyrighted. It can be accessed through: American Psychiatric Press 800-368-5777 http:www.scid4.org SCID I $116 (booklet, user SCID II $84 (user guide, int questions, 5 tests)
Composite International Diagnostic	This is an expanded version of the	The CIDI-SAM is copyrigh

Interview Substance Abuse Module (CIDI-SAM)	substance abuse section of the CIDI. It contains 38 items that contain the diagnostic criteria for DSM-IV substance use disorders. It identifies quantity and frequency of use and the social, psychological and physical consequences of each drug used. It is conducted in an interview and is available in paper and pencil and computer formats. It is appropriate for use with youth 15 years of age and older. **Training**: the instrument should be administered by a trained clinician or interviewer. **Administration time**: 30-45 min. Scoring: Computerized	Source: Washington University School of Medicine, Department of Psychiatry http:// epi.wustl.edu $35 for paper and pencil version $500 for computer version Specific diagnostic codes were not available

About SBIRT:

- **An Early Intervention Approach**
  - The SBIRT Initiative represents a paradigm shift in the provision of treatment for substance use and abuse as well as other mental health disorders. The services are different from, but designed to work in concert with, specialized or traditional treatment.
- **New Target Population**
  - The primary focus of specialized treatment has been persons with more severe substance use or those who have met the criteria for a Substance Use Disorder or other mental health disorders. The SBIRT Initiative targets those with nondependent substance use as well as emotional disturbance and provides effective strategies for intervention prior to the need for more extensive or specialized treatment.



Dependent Use- Brief Intervention and Referral

Hazardous Use- Brief Intervention

Low-Risk or Abstention- No Intervention

System for Assessment, Intervention, and Treatment

- The SBIRT Initiative involves implementation of a system within community and/or medical settings—including physician offices, hospitals, educational institutions, and mental health centers—that screens for and identifies individuals with or at-risk for substance use-related problems or other mental health disorders. Screening determines the severity of substance use or emotional disturbance and identifies the appropriate level of intervention. The system provides for brief intervention or brief treatment within the community setting or motivates and refers those identified as needing more extensive services than provided in the community setting to a specialist setting for assessment, diagnosis, and appropriate treatment.

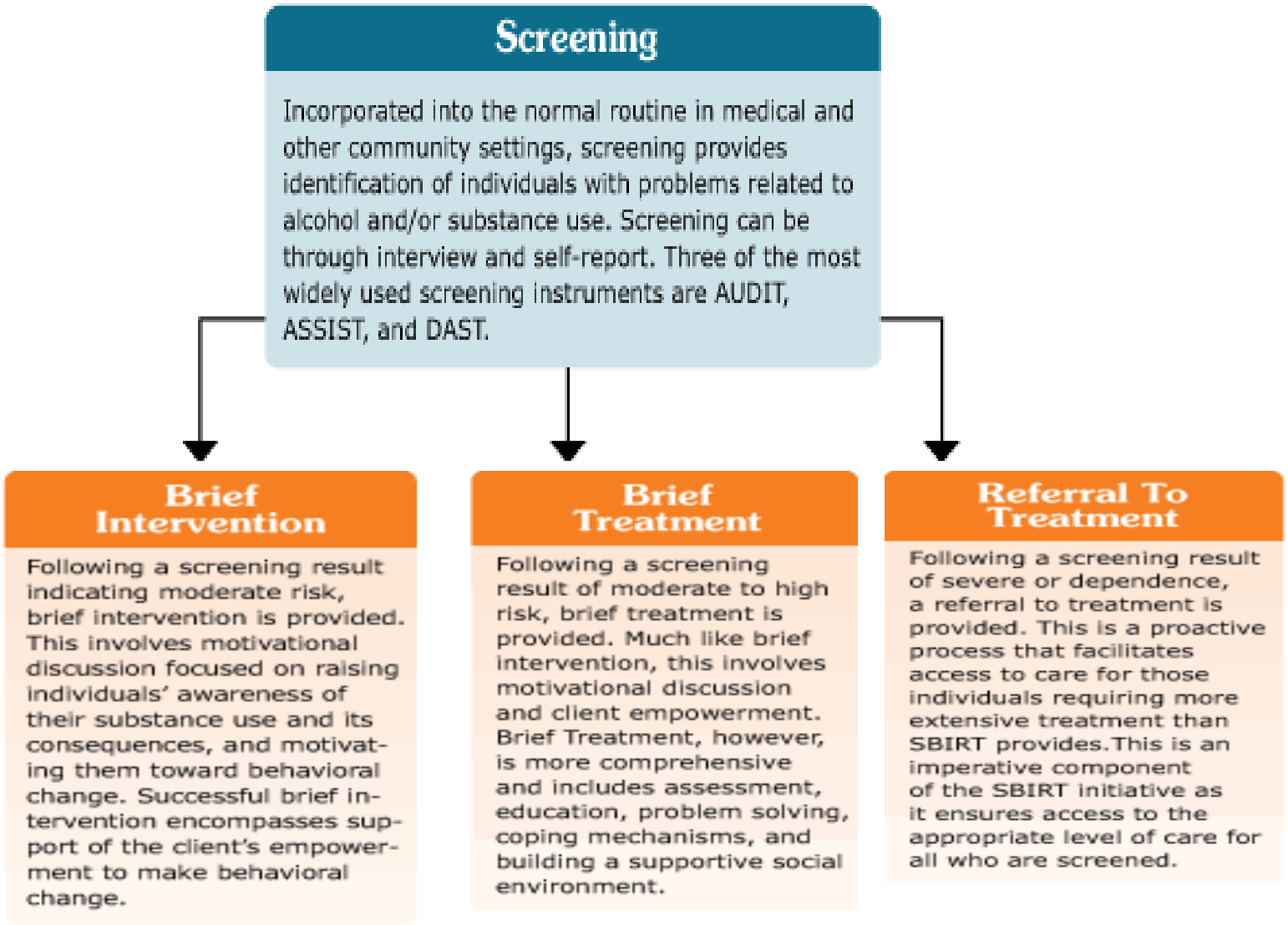
Approach is Successful

- As of August 2007, SBIRT grantees funded by SAMHSA have screened over 536,000 individuals. Preliminary data suggest the approach is successful in modifying the consumption/use patterns of those who consume five or more alcoholic beverages in one sitting and those who use illegal substances. These grantees have implemented SBIRT in trauma centers/emergency rooms, community clinics, federally qualified health centers, and school clinics

Approach is Successful

- SBIRT research has shown that large numbers of individuals at risk of developing serious alcohol or other drug problems as well as other mental health disorders may be identified through screening.
- Interventions such as SBIRT have been found to:
  - Decrease the frequency and severity of drug and alcohol use,
  - Reduce the risk of trauma, and
  - Increase the percentage of patients who enter specialized substance abuse treatment.
- In addition to decreases in substance abuse, screening and brief interventions have also been associated with fewer hospital days and fewer emergency department visits. Cost-benefit analyses and cost-effectiveness analyses have demonstrated net-cost savings from these interventions.

SBIRT Core Components:



Londonderry High School
Evidence-based Support Services

SBIRT: Screening, Brief Intervention, and Referral to Treatment

SBIRT Risk Level LHS Population(1200) estimates:

Risk Level	Intervention	Population Estimates
• Zone 1	Education	700
• Zone 2	Simple Advice	437
• Zone 3	Simple Advice plus Brief Counseling and Continued Monitoring	263
• Zone 4	Referral to Specialist for Diagnostic Evaluation and Treatment	154

Zone 4- Services that are effective

- Research documents the most effective approach with Zone 4 is Recovery Management. *Recovery management* as used here is a philosophy of organizing treatment and recovery support services to enhance pre-recovery engagement, recovery initiation, long-term recovery maintenance, and the quality of personal/family life in long-term recovery.

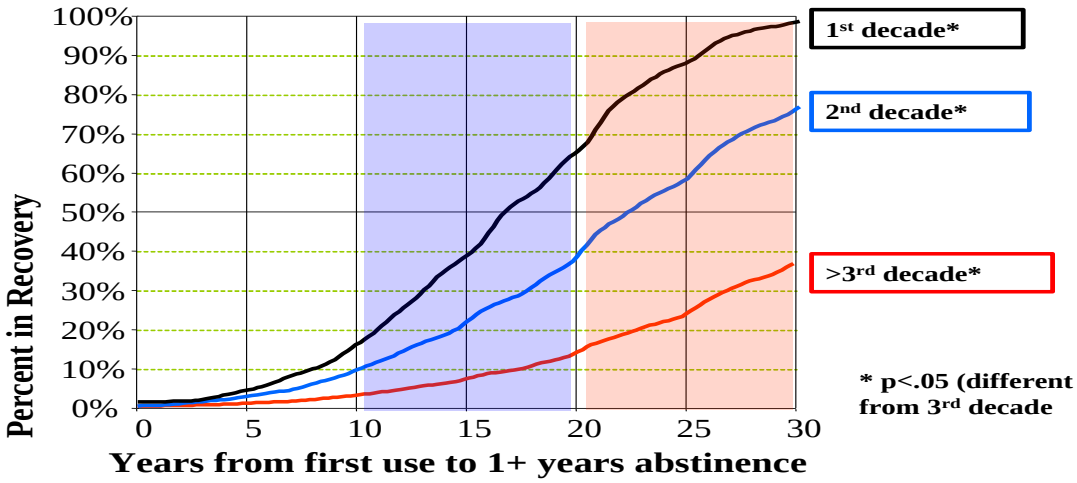
- "Recovery management" (RM) is a philosophical framework for organizing treatment services to provide pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance, and quality-of-life enhancement for individuals and families affected by severe substance use disorders.

- Recognition of the repeated recycling of people through the acute-care model of treatment spurred calls for a model of sustained recovery management more analogous to the management of other chronic health care problems.61

  Such approaches in primary medicine have been collectively christened the "chronic-care model".62

  In the arena of addiction and other mental health treatment, this approach is reflected in such concepts as *extended case monitoring,*63 *chronic care or disease management,*64 *stepped care,*65 *assertive continuing care*,66 *recovery management*,67 *recovery coaching*,68 *post-treatment recovery support services*,69 *recovery management checkups,*70 *concurrent recovery monitoring*,71 *adaptive treatment,*72 and *sustained care.*73"

- Among those seeking treatment within their 1st decade of use, nearly all are in recovery within 30 years.
- Among those delaying treatment till after their 1st decade c use, only three quarters are in recovery
- Less than 40% are in recovery if they delayed treatment til after their 2nd decade of use.



[1]Dennis, ML, Scott, CK, Funk, R, & Foss, MA (2005). The duration and correlates of addiction and treatment careers. JSAT.

SBIRT Tools and Screening Instruments

- http://www.ireta.org/sbirt/
- http://libdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf
- http://www.adp.cahwnet.gov/SBI/pdfs/ASSIST.pdf
- http://www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/files/2011/02/Adolscent_HealthNeedsHistory_11.pdf
- http://www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/files/2011/02/CRAFFT_2011_Institute.pdf
- http://adai.washington.edu/instruments/pdf/Problem_Oriented_Screening_Instrument_for_Teenagers_188.pdf

Learning Collaborative

What are your thoughts about the application of SBIRT to Adolescent Populations?

What would be the impact upon the Adolescent Treatment system, in your opinions?

Basic Counseling Approaches Useful with this Population

1. ***Recognition that client is at a primitive level of functioning.***

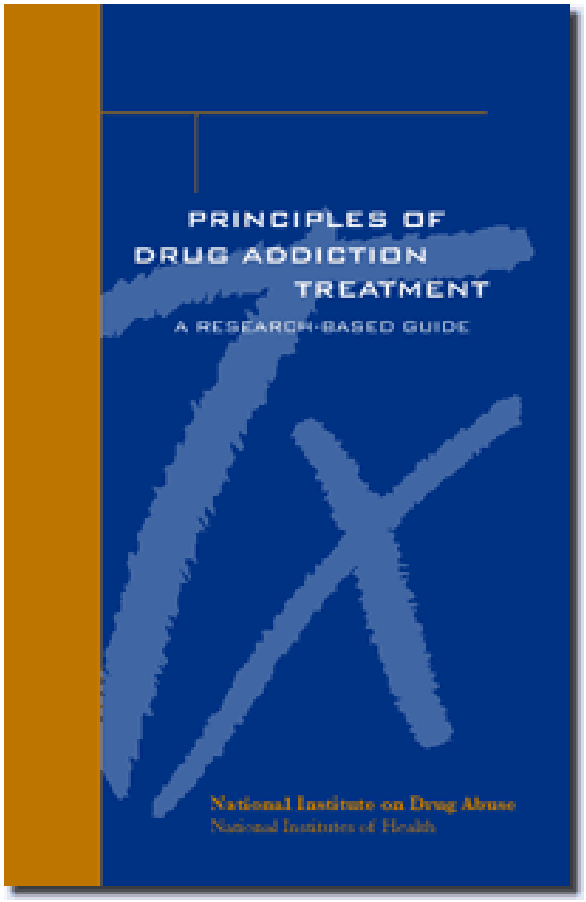
2. ***Focus on changing immediate problematic behavior.***

3. ***Bypass Resistance:***
   Utilization Technique

4. ***Use positive reframes***
   Chemical use as a "failed solution"
   Mental Illness as an illness
   Feedback vs. failure frame

5. ***Exploration of the consequences of getting well/changing.***

Principles of Drug Addiction Treatment: A Research Based Guide



Three decades of scientific research and clinical practice have yielded a variety of effective approaches to drug addiction treatment.

http://www.nida.nih.gov/PODAT/PODATIndex.html

Principles of Drug Addiction Treatment:

A Research Based Guide

1.No single treatment is appropriate for all individuals.

2.Treatment needs to be readily available.

3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.

4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs

5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.

6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.

7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.

8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.

9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.

10. Treatment does not need to be voluntary to be effective.

11. Possible drug use during treatment must be monitored continuously.

12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.

Key Elements of Effectiveness

- Assessment and Treatment Matching
- Comprehensive, Integrated Treatment Approach
- Family Involvement in Treatment
- Developmentally Appropriate Program
- Engage and Retain Teens in Treatment
- Qualified Staff
- Gender and Cultural Competence
- Continuing Care
- Treatment Outcomes

Evidence Based Practices for Treating Substance Use Disorders

Practice		Population																		Drug Problem										
Click on a title below for detailed description of the intervention. *Manual availability:* *D = Download free from web* *F = Free print copy (order)* *$ = Cost to purchase print copy* *N = No specific manual*	*Manual: see note at left*	*Adolescents*	*Adults*	*African American*	*Am Indian/Alask Native*	*Asian/Pacific Islander*	*Children/Youth*	*College Student*	*Co-Occurring Patients*	*GLBT*	*Hispanic/Latino*	*HIV+/Hep C/STD*	*Homeless*	*IV Drug User*	*Low-income/Unemployed*	*Men*	*Offenders*	*Opiate Subst Clients*	*Polydrug Users*	*Pregnant Women*	*Women*	*Not Specific to One Drug*	*Alcohol Dependence*	*Alcohol Problem Drinking*	*Amphetamines*	*Cocaine / Crack*	*Heroin / Opiates*	*Marijuana*	*Methamphetamine*	*Polydrug Use*	*Prescription Meds*	*Tobacco*
Cognitive and/or Behavioral Interventions																														
12-Step Facilitation Therapy	$5		X																			X			X					
Anger Management for Substance Abuse and Mental Health Clients: Cognitive Behavioral Therapy	F/D		X						X							X					X	X								
Behavioral Couples (Marital) Therapy	F		X													X		X	X		X	X	X			X	X				
Behavioral Self-Control Training	N		X													X					X			X							
Behavioral Therapy for Adolescents	N	X																				X									
Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach	$30							X																X							
Brief Cognitive Behavioral Intervention for Amphetamine Users	D		X																X						X						
Brief Intervention	D	X	X					X																X							X
Brief Marijuana Dependence Counseling (BMDC)	F/D		X	X							X																	X			
Brief Strategic Family Therapy (BSFT)	D	X	X								X											X									
Cannabis Youth Treatment	F/D	X																										X			
Cognitive Behavioral Coping Skills Therapy	$5		X																				X								
Combined Behavioral & Nicotine Replacement Therapy	F/D		X																												X
Combined Scheduled Reduced Smoking & Cognitive Behavioral Therapy	N	X	X																												X

Practice		Population																			Drug Problem										
Click on a title below for detailed description of the intervention. *Manual availability:* *D = Download free from web* *F = Free print copy (order)* *$ = Cost to purchase print copy* *N = No specific manual*	*Manual: see note at left*	*Adolescents*	*Adults*	*African American*	*Am Indian/Alask Native*	*Asian/Pacific Islander*	*Children/Youth*	*College Student*	*Co-Occurring Patients*	*GLBT*	*Hispanic/Latino*	*HIV+/Hep C/STD*	*Homeless*	*IV Drug User*	*Low-income/Unemployed*	*Men*	*Offenders*	*Opiate Subst Clients*	*Polydrug Users*	*Pregnant Women*	*Women*	*Not Specific to One Drug*	*Alcohol Dependence*	*Alcohol Problem Drinking*	*Amphetamines*	*Cocaine / Crack*	*Heroin / Opiates*	*Marijuana*	*Methamphetamine*	*Polydrug Use*	*Prescription Meds*	*Tobacco*
Community Reinforcement Approach (CRA) with Vouchers	D		X											X									X			X	X					
Contingency Management (Without CRA)	N		X	X										X	X			X								X	X					
Day Treatment with Abstinence Contingencies and Vouchers	N		X										X													X						
Dialectical Behavior Therapy	N		X						X												X	X										
Downward Spiral	$20		X					X									X					X										
Family Support Network (FSN) for Adolescent Cannabis Users	F/D	X																										X				
Group Drug Counseling for Cocaine Addiction: The Collaborative Cocaine Treatment Study Model	D		X													X					X					X						
Holistic Harm Reduction Program (HHRP+)	D		X	X								X		X				X								X	X					
Individual Cognitive-Behavioral Therapy	D		X																			X				X						
Individual Drug Counseling to Treat Cocaine Addiction	D		X													X					X	X				X						
Lower-Cost Contingency Management	N		X															X					X			X	X					
Matrix Intensive Outpatient Program for the Treatment of Stimulant Abuse	$25-$60	X	X																										X			
Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users	F/D	X																									X					
Motivational Enhancement Therapy (MET) for Problem Drinkers	$5		X																				X	X								

Practice		Population																			Drug Problem										
Click on a title below for detailed description of the intervention. *Manual availability:* *D = Download free from web* *F = Free print copy (order)* *$ = Cost to purchase print copy* *N = No specific manual*	*Manual: see note at left*	*Adolescents*	*Adults*	*African American*	*Am Indian/Alask Native*	*Asian/Pacific Islander*	*Children/Youth*	*College Student*	*Co-Occurring Patients*	*GLBT*	*Hispanic/Latino*	*HIV+/Hep C/STD*	*Homeless*	*IV Drug User*	*Low-income/Unemployed*	*Men*	*Offenders*	*Opiate Subst Clients*	*Polydrug Users*	*Pregnant Women*	*Women*	*Not Specific to One Drug*	*Alcohol Dependence*	*Alcohol Problem Drinking*	*Amphetamines*	*Cocaine / Crack*	*Heroin / Opiates*	*Marijuana*	*Methamphetamine*	*Polydrug Use*	*Prescription Meds*	*Tobacco*
Node-Link Mapping: Mapping New Roads to Recovery: Cognitive Enhancements to Counseling	D/$15	X	X																			X									
Relapse Prevention Therapy	D	X	X																			X	X			X					
Seeking Safety: A Psychotherapy for Trauma/PTSD and Substance Abuse	D/$20	X	X						X						X	X	X				X	X									
Solution-Focused Brief Therapy	D	X	X	X									X		X	X						X		X							
Supportive-Expressive Psychotherapy	$27		X						X									X								X	X				
Time Out! for Me: An Assertiveness and Sexuality Workshop Specially Designed for Women	D/$19		X																		X	X									
Time Out! for Men: A Communications Skills and Sexuality Workshop for Men	D/$19		X													X						X									
Treating Tobacco Use and Dependence. Clinical Practice Guideline	D/F	X	X				X		X							X				X	X										X
Pharmacological Therapies*																																
Acamprosate (Campral)	$6		X																				X									
Buprenorphine (Suboxone and Subutex)	F/D		X																							X						
Combined Behavioral & Nicotine Replacement Therapy	F/D		X																													X
Methadone Maintenance Treatment	N		X													X					X					X					
Naltrexone (for Alcohol)	$6		X																				X									
Naltrexone (for Opiates)	N		X														X									X					

*Washington State law requires that a behavioral therapy component is provided to patients receiving pharmacological therapies for substance use disorders.

http://adai.washington.edu/ebp/matrix.pdf -- October 31, 2005

This publication was produced by UNCG Center for Youth, Family, and Community Partnerships in collaboration with the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services with financial support from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), U.S. Department of Health and Human Services (grant number 6 J79 T117387-02-2).

Principles of Integrated Treatment

"Integrated Services for Dual Disorders- Part 1: Principles of Integrated Treatment", Addiction Messenger: Ideas for Treatment Improvement, Northwest Frontier Addiction Technology Transfer Center, July, 2003

" Compared with clients who have either a mental or AOD issues, clients with dual disorders may have more severe and chronic medical, social, and emotional problems. These clients are vulnerable to both AOD relapse and a worsening of the mental condition. They often require longer treatment, have more crises, and may not progress as quickly as others. A client with a dual disorder will benefit from treatment that uses a team approach and is coordinated among AOD, mental health, social, and medical programs."

"Effective treatment for dual disorders is based on a core value of shared decision making."

"By providing appropriate services based on the client's readiness for change and their stage of care you are likely to develop a more effective therapeutic relationship with the client. When the relationship between the client and the provider is solid, the client is much more likely to benefit from treatment activities. This type of care is typically marked by synergy and positive treatment outcomes."

Key components of treatment:

1. integration of services
2. Comprehensiveness
3. the reduction of negative consequences
4. a long-term perspective (time unlimited services)
5. motivation-based services
6. multiple psychotherapeutic modalities

Integration

"An integrated approach uses a team of clinicians to provide treatment for the client's substance use and mental disorders at the same time. Team members might include addiction counselors, nurses, psychiatrists and case managers. Clinicians on the team are responsible for integrating services so interventions are selected, modified, combined, and tailored for the individual client's needs."

Comprehensiveness

7 services that form a comprehensive treatment program:

Residential Care- usually recommended only for clients who have failed to benefit from community-based integrated treatment, long-term improves outcomes more than short-term.

Case Management- (ACT) Assertive Community Treatment model most effective for this population.

Supported Employment- providing follow along supports to help maintain job placement.

Family Education- provides family and client with basic information regarding illness management.

Social Skills Training- Interpersonal skills taught through role playing, modeling and positive feedback.

Training in Illness Management- education regarding mental illness, its management and relapse symptoms, development of relapse prevention plan, medication information, and coping strategies for persistent symptoms.

Pharmacological Treatment- medication management of symptoms for both disorders.

Long-Term Perspective

"Effective integrated treatment programs for dual disorders provide time-unlimited services"

" Research suggests that clients participating in integrated programs improve gradually over time with 10-20% achieving remission of their substance use disorder each year."

Motivation-Based Treatment

Present Mueser et al model's 4 stages of treatment:

1. Engagement

2. Persuasion

3. Active treatment

4. Relapse prevention

Appropriate interventions for the identified 4 stages of treatment:

Engagement Stage Interventions:

- Outreach
- Practical assistance (food, clothing, shelter)
- Crisis intervention
- Support/assistance to social networks
- Stabilization-medication managing
- Help in avoiding legal penalties
- Help in arranging visits with family
- Family meetings
- Close monitoring

Persuasion Stage Interventions:

- Individual/family education
- Motivational interviewing
- Peer groups
- Social skills training
- Structured activity (supported employment, volunteering, etc.)
- Sampling constructive social and recreational activities
- Psychological preparation for lifestyle changes
- Safe housing
- Use of medications for disorders

Appropriate interventions for the identified 4 stages of treatment:

Active Treatment Interventions:

- Family/individual problem solving
- Peer groups
- Social skills training
- Self-help groups
- Individual cognitive-behavioral counseling
- Substitution activities
- Pharmacological treatment to support abstinence
- Safe 'dry' housing
- Psychoeducation
- Stress management/coping skills

Relapse Prevention Interventions:

- Expand involvement in employment
- Peer groups
- Self-help groups
- Social skills training
- Family problem solving
- Lifestyle improvements
- Independent housing
- Becoming role model for others

Psychotherapeutic treatment modalities that are effective in improving outcomes

Multiple Therapeutic Modalities

Individual Counseling- Using Cognitive-behavioral and motivational interviewing approaches.

Integrated Group Treatment:

Educational groups- providing information on illness management

Stage-Wise groups- specific groups focusing on the issues relevant to the client's stage in treatment.

Social Skills Training Groups- basic life skills development and refusal skills.

Self-Help Groups- provides social contacts, support and a resource for long-term relapse prevention within the community.

Family Intervention- inclusion of family members in counseling can increase access to family services for clients. Effective models include: Behavioral Family Therapy, Multisystemic Family Therapy

ATTC

Unifying science, education
and services to transform lives.

Performance Assessment Rubrics

FOR THE ADDICTION COUNSELING COMPETENCIES

Steven Gallon and John Porter
Northwest Frontier Addiction Technology Transfer Center
Oregon Health and Science University

APRIL 2011
SECOND EDITION

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Transdisciplinary Foundations

A. Understanding Addiction: Basic knowledge about substance use disorders,
B. Treatment Knowledge: Familiarity with behavior change and recovery models,
C. Application to Practice: Methods for applying intervention and recovery knowledge to practice, and
D. Professional readiness: Issues related to self awareness, diversity, ethics, and continuing education.

Addiction professionals work in a broad variety of disciplines but share an understanding of the addictive process going beyond the narrow confines of any one specialty. Specific proficiencies, skills, levels of involvement with clients or patients, and scope of practice vary widely among specializations. At their base, however, all addiction-focused disciplines are built on four common foundations.

This section focuses on four sets of competencies which are transdisciplinary, in that they underlie the work not just of the counselors but of all healthcare, and addiction specialists in particular. The four areas of knowledge identified here serve as prerequisites to the development of competency in any of the addiction-focused disciplines.

Transdisciplinary Foundations A:

UNDERSTANDING ADDICTION

THE COMPETENT PROFESSIONAL IS ABLE TO:

1. Understand a variety of models and theories of addiction and other problems related to substance use.
2. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.
3. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the person using and significant others.
4. Recognize the potential for substance use disorders to mimic a variety of medical and mental health conditions and the potential for medical and mental health conditions to coexist with addiction and substance abuse.

Transdisciplinary Foundations B:

TREATMENT KNOWLEDGE

THE COMPETENT PROFESSIONAL IS ABLE TO:

5. Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.
6. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.
7. Understand the importance of research and outcomes data and their application in clinical practice.
8. Understand the value of an interdisciplinary approach to addictions treatment.

Transdisciplinary Foundations C:

APPLICATION TO PRACTICE

THE COMPETENT PROFESSIONAL IS ABLE TO:

9. Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care.
10. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.
11. Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.

12. Provide treatment services appropriate to the personal and cultural identity and language of the client.
13. Adapt practices to the range of treatment settings and modalities.
14. Be familiar with medical and pharmacological resources in the treatment of substance use disorders.
15. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.
16. Recognize a crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.
17. Understand the need for and the use of methods for measuring treatment outcome.

Transdisciplinary Foundations D:

PROFESSIONAL READINESS

THE COMPETENT PROFESSIONAL IS ABLE TO:

18. Understand diverse cultures, and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.
19. Understand the importance of self-awareness in one's personal, professional, and cultural life.
20. Understand the addiction professional's obligations to ethical and behavioral standards of conduct in the helping relationship.
21. Understand the importance of ongoing supervision and continuing education in the delivery of client services.
22. Understand the obligation of the addiction professional to participate in prevention and treatment activities.
23. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.

Competency Levels Rating Scale for the Practice Dimensions

DEFINITIONS		RATING
AWARENESS	Implies a limited or early understanding of the multiple factors involved in substance use disorders and the evidence-based interventions, treatment tools, and recovery models. These individuals may be students, counselor trainees or entry-level counselors who are not yet eligible for full credentials. They have limited or no experience in providing assessment, intervention, and recovery services.	1
INITIAL APPLICATION	Describes an intermediate level of expertise short of full proficiency in the practice. It includes being able to perform the basics with oversight provided by a credentialed supervisor. The individual's practice is limited and not independent. While the work performed is consistent with agency and protocol standards, the practitioner lacks the experience to make independent decisions regarding needed modifications in service delivery to meet consumer needs.	2
COMPETENT PRACTICE	Integrates knowledge, skills, and attitudes with consistency and effectiveness in a variety of counseling interactions. The individual has achieved an ability to provide fully proficient services within the competency in question and demonstrates consistent sound judgment in clinical situations. These counselors have the capacity to make independent decisions and are eligible for, or have achieved, the necessary credentials and/or qualifications for professional practice.	3
MASTERY	Typically achieved as a result of several years of study and practice in clinical settings, either generalist or specialist. The individual is often a clinical or academic leader who continuously reviews client services and the professional literature to assure a state-of-the-science understanding of substance use disorders and available recovery-oriented services. Individuals at this level are able to synthesize current knowledge to develop new tools or activities for understanding and improving treatment of substance use disorders.	4

1 = AWARENESS 2 = UNDERSTANDING 3 = APPLIED KNOWLEDGE 4 = MASTERY

Transdisciplinary Foundation A: **UNDERSTANDING ADDICTION**	RATING
1. Understand a variety of models and theories of addiction and other problems related to substance use.	
2. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resilience factors characterizing individuals and groups and their living environments.	
3. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others.	
4. Recognize the potential for substance use disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to co-exist with addiction and substance abuse.	

Transdisciplinary Foundation B: **TREATMENT KNOWLEDGE**	RATING
5. Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse-prevention, and continuing care for addiction and other substance-related problems.	
6. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.	
7. Understand the importance of research and outcome data and their application in clinical practice.	
8. Understand the value of an interdisciplinary approach to addictions treatment.	

Learning Collaborative

Each group member should rate themselves on the performance assessment rating rubrics specific to adolescent population.

Share your self-assessments in your group.

Reentry Resources Counseling Marijuana Use Disorder Treatment Protocol

- This protocol was developed by the Reentry Resources Counseling treatment team. The team consists of Licensed Alcohol and Drug Counselors with advanced degrees and credentials in Nursing, Social Work, Education, Clinical Supervision and Correctional Treatment. The combined chemical dependency treatment experience represented by this treatment team exceeds 90 years.

- The premise of the protocol is the recognition of Marijuana dependency as a Biopsychosocial condition with a strong and long-term withdrawal syndrome. The protocol recognizes marijuana Substance Use Disorder as a brain-based condition and its symptoms as strongly controlled by the brain's imbalances.

Stage I- Treatment Initiation

A. Administration of structured Substance Use Disorder Assessment Protocol.

B. Establishment of rapport and client centered relationship

C. Assessment of patient's stress management, anxiety management, recreational and physical fitness skills and abilities.

D. Motivational Enhancement Therapeutic Assessment and exploration of ambivalence.

E. Harm Reduction Strategies Initiated

Rapport

"A positive feeling of understanding and mutual regard between therapist and patient." Erickson & Rossi (Collected Works)

"The sharing of a common rhythm. Brain responding to perceptual cues that are quicker than conscious awareness."

Brown (The Hypnotic Brain)

Matching and Pacing

- Match and Pace patient's verbal and non-verbal communications

- Identify the patient's primary representational system

Verbal Cues to Representational System

Dilts, Robert, Applications of Neurolinguistic Programming

Visual	Auditory	Kinesthetic
See	Hear	Feel
Look	Listen	Grasp
Perspective	Sounds	Touch
Focus	Tone	Grab
Color (any)	Tune	Hold
Bright	Tells	Soft
Picture	Loud	Warm
Shows	Noise	Handle
Imagine	Amplify	Rough
Notice	Say	Smooth

Learning Collaborative

- Form triads
- Interviewer, Interviewee, observer
- Interview each other to establish rapport and identify the interviewee's major representational system.

Motivational Enhancement Therapy
Five Strategies

I. Express Empathy and Acceptance

- Respect for the client
- Supportive listener and knowledgeable consultant
- MET is listening rather then telling
- “If adolescent clients feel that they are truly understood and accepted by the therapist, they will be increasingly open to viewing the therapist as a valid consultant to their personal change process”
- Express empathy regrding ambivalence about cessation.

Motivational Enhancement Therapy
Five Strategies

II. Develop Discrepancy

- Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be.
- Reflect client's concerns regarding marijuana use and how it is interfering with being where they want to be.

Motivational Enhancement Therapy
Five Strategies

III. Avoid Argumentation

- The therapist does not seek to prove or convince by force of argument.

- A key to avoiding argumentation is to treat ambivalence as normal and to explore it openly using double-sided reflections.

Motivational Enhancement Therapy
Five Strategies

IV. Roll with Resistance

- It's the client's decision to change and when they will change.

Motivational Enhancement Therapy
Five Strategies

V. Support Self-Efficacy

- Reinforce the ability to change

Stage II- Withdrawal Management Plan Development

A. Withdrawal patient education

1. 18 month withdrawal course of symptoms
2. Anxiety based mood swings driven by neurotransmitter imbalance and flooded-empty cycle.
3. Specific withdrawal symptom identification
4. Interplay between withdrawal syndrome and post-acute withdrawal symptoms.
5. Specific nutritional and activity interventions that assist in reduction of withdrawal symptoms.

B. Symptom Stabilization Plan: Plan includes specific marijuana withdrawal symptom occurrence tracking and methods to adjust stabilization activities to match symptom display. It also includes specific patient activities in each of the following areas and specific time frames for their utilization on a weekly basis.

- Verbalization
- Ventilation
- Reality Testing
- Problem Solving and Goal Setting
- Backtracking
- Education and Retraining
- Self-Protective Behavior
- Nutrition
- Exercise
- Relaxation
- Spirituality
- Balanced Living

Stage III- Cognitive/Behavioral treatment of marijuana dependency

A. Identification of the exact nature of patient's cognitive adaptations resulting from marijuana dependency.

B. Identification of the exact nature of patient's behavioral adaptations resulting from marijuana dependency.

C. Tracking the behavior and the thoughts that provoke it.

D. Designing a plan for the reinforcement of cognitive rule violation behaviors.

Mood Self-Monitoring Sheet

Mood level rating: _____ -10 * * * * * * * * * * 0 * * * * * * * * * * 10 Very Negative Neutral Very Positive
S Situation:
T Thoughts:
O Feelings:
R What I did:
C What happened: