TRANSITIONAL AGE YOUTH (TAY)
webinar series

Who? What? Where? Why?
Clinical Sites for TAY Addiction Treatment

Produced in Partnership by:

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

AMERSA
Interdisciplinary Leaders in Substance Use Education, Research, Care and Policy

ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment
by NORC at the University of Chicago

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ADOLESCENT SBIRT
Screening, Brief Intervention & Referral to Treatment
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TRANSITIONAL AGE YOUTH (TAY)
webinar series

1) The Impact of Substance Use on the Developing Adolescent Brain

2) Who's Doing What?: The Epidemiology of Adolescent Substance Use

3) Substance Use Interventions for Adolescents and Transitional Age Youth

4) Integrating Stigmatized Loss and Disenfranchised Grief into the SBIRT Model

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TRANSITIONAL AGE YOUTH (TAY) *webinar series*

5) Substance Use in Adolescents and Transitional Age Youth: Justice Involvement and Homelessness

6) Digital Mental Health and Addiction Interventions for Adolescents, Young Adults and Families

7) Substance Use Disorders: Appreciating the Challenges of Minority Youth

8) **Who? What? Where? Why? Clinical Sites for TAY Addiction Treatment**

amersa.org/resources/tay-webinar-series

Webinar Presenters

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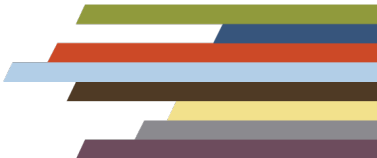
Andrea Dickerson, LMFT, IADC
Director of Behavioral Health – YSS

Disclosures

Today’s presenters have no conflicts of interest to disclose.



Objectives

After completing this activity, learners will be able to:

- Describe why early addiction treatment is important
- Outline unique aspects of TAY addiction treatment
- Describe ASAM levels of care and placement criteria for TAY
- Name evidence-based practices that can be used in each level of care

Substance Use and Addiction as a Pediatric Priority

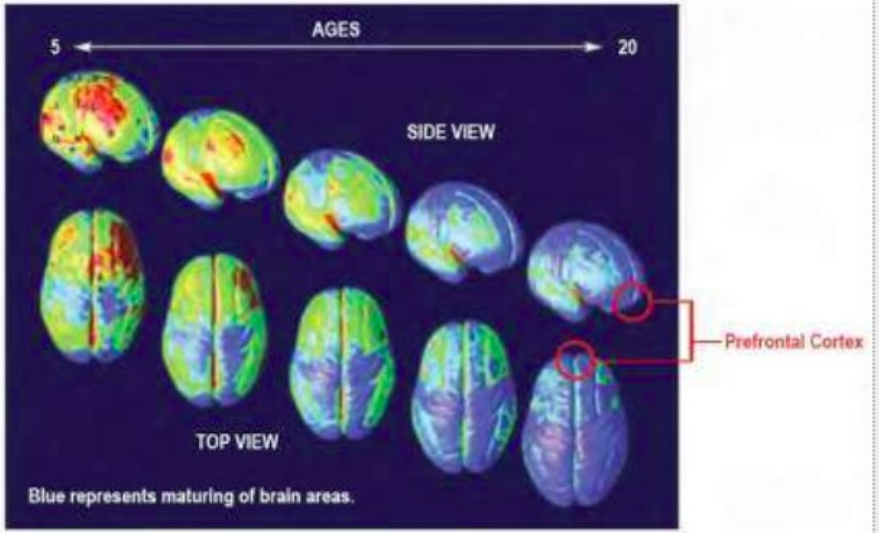
Adolescence is a neurobiologically vulnerable time period for the development of substance use disorders

- Fully developed pain and reward pathways
- Immature prefrontal cortex

Dennis 2002

Substance Use and Addiction as a Pediatric Priority

Images of Brain Development in Healthy Children and Teens (Ages 5-20)



The brain continues to develop through early adulthood. Mature brain regions at each developmental stage are indicated in blue. The prefrontal cortex (red circles), which governs judgment and self-control, is the last part of the brain to mature.
Source: PNAS 101:8174–8179, 2004.

Dennis 2002

Substance Use and Addiction as a Pediatric Priority

Adolescents are the group that is most likely to experience health consequences related to substance use

- Accidents
- Dating violence
- Risky sexual practices
- Development of substance use disorders

Vagi 2015; Ritchwood 2015; Monahan 2014; Nelson 2015; Levy 2016

Addiction Usually Starts in Adolescence

- 90% adults who suffer from a substance use disorder started using substances before age 18 and developed their substance use disorder before age 20
- Younger age at first substance use is a strong risk factor for the development of substance use disorders:
  - First drink before age 14 = 15.4% will develop a use disorder
  - First drink after age 21 = 2.1% will develop a use disorder
  - First misuse of Rx drugs before age 13 = 25% will develop a use disorder

Dennis 2002; McCabe 2017

Earlier Substance Use Impacts Duration of Illness

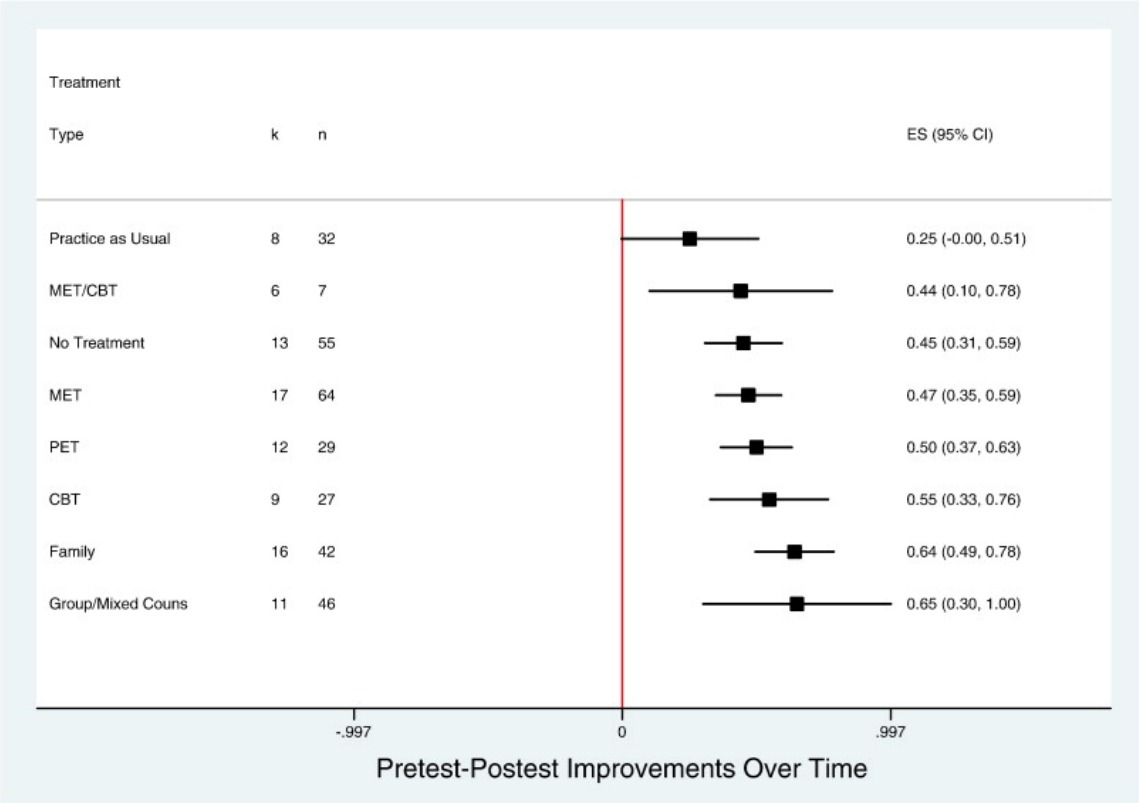
Predictors of disease duration

- Age of first use impacts disease duration:
  - Started using before age 15 → disease duration of 29 years
  - Started using after age 20 → disease duration of 18 years

- Timing of treatment impacts disease duration:
  - Treatment with in 20 years of first use → disease duration of 35+ years
  - Treatment within 10 years of first use → disease duration of 15 years

Dennis 2007

Early Addiction Treatment is Effective



Tanner-Smith 2013

TAY Addiction Treatment Availability

- Between 2003 and 2010, **less than 36%** of addiction treatment programs in the U.S. offered services to adolescents
- The number of programs offering services to adolescents **declined** during that time period (29% of programs in 2010)
- Adult addiction treatment programs often don't take into account the unique needs of adolescents and young adults
- Services offered at addiction treatment programs are often **inconsistent and not necessarily evidence-based**

Mericle, 2015

General Treatment Principles for TAY

- Most youth with SUD will benefit from a combination of medical **AND** psychosocial interventions
- The level of care should be chosen based on an individual patient and family assessment and should **be the least restrictive possible**
- FDA-approved medications for nicotine, alcohol, and opioid use disorders are available for adults. These may be used “off label” for adolescents

Unique Aspects of TAY Addiction Treatment

Treatment Should be Developmentally Appropriate

Early Adolescence (ages 10-13)
- Rapid physical changes (puberty)
- Concrete thinking, preoccupation with self, impulsive behavior
- Beginning of transition from family group to peer group
- Beginning of identity development (testing authority, developing own value system)

Middle Adolescence (ages 14-16)
- Development of abstract thinking and future planning
- Further separation from family and engagement with peer group "subculture"
- Increased ability to empathize with others
- Increased sensitivity to peer social stimuli (increased risk-taking behavior)

Late Adolescence (Ages 17-21)
- Further development of abstract thinking and future planning (less focus on self-centered concepts, better able to weigh pros/cons)
- Development of personal identity
- Better ability to delay gratification
- Peer group values may become less influential

Neinstein 2016

Unique Aspects of TAY Addiction Treatment

Low Internal Motivation for Treatment

- Less likely to recognize substance use as problematic
- Not ready to stop using substance(s)
- More likely to see the positive aspects of substance use vs. negative

Low Rates of Treatment Retention

- Rates of treatment retention may vary by race/ethnicity
- Adolescents with trauma history may discontinue treatment sooner
- Retention may be affected by type of substances used
- Treatment retention is improved with pharmacologic treatment of OUD

.

Becan 2015; Titus 2006, Wu 2011; Campbell 2006; Jaycox 2004; Battjes 2004; Hadland 2018

Unique Aspects of TAY Addiction Treatment

Family Engagement is Key

- Reduction of parent-child conflict
- Improved caregiver mental health
- Improved rates of treatment adherence and completion
- Longer duration of abstinence from substance use
- Fewer relapses

Kumpfer 2003; Liddle 2004; Steinglass 2009; Copello 2005; Smith 2004

The Spectrum of Addiction Treatment

ASAM Levels of Care

- 0.5 - Early Intervention
- 1 - Outpatient Services
- 2 - Intensive Outpatient/Partial Hospitalization Services
  - 2.1 – Intensive Outpatient Services
  - 2.5 – Partial Hospitalization Services
- 3 - Residential/Inpatient Services
  - 3.1 – Clinically Managed Low-Intensity Residential Services
  - *3.3 – Clinically Managed Population-Specific High-Intensity Residential Services
  - 3.5 – Clinically Managed Medium-Intensity Residential Services
  - 3.7 – Medically *Monitored* High-Intensity Inpatient Services
- 4 - Medically *Managed* Intensive Inpatient Services

* Not designated for adolescents

0.5 - Early Intervention

- Assessment and Education services for those who:
  - May be at identifiable risk of developing substance-related problems
  - There is not yet sufficient information to document a diagnosable substance use disorder

Mee-Lee, D. (2013)
The ASAM Criteria, ASAM Continuum
https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

1 - Outpatient Services

- Least restrictive level of outpatient care
- Typically consists of less than: 9 hours of service/week for adults, or less than 6 hours a week for adolescents for recovery or motivational enhancement therapies and strategies
- May be delivered in a wide variety of settings

Mee-Lee, D. (2013)
The ASAM Criteria, ASAM Continuum
https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

2.1 - Intensive Outpatient Programs (IOP)

- Organized outpatient service that delivers treatment services during the day, before or after work or school, in the evening, and/or on weekends
- Typically consists of 9 or more hours of service a week or 6 or more hours for adults and adolescents respectively to provide support and stabilization for a range of needs
- Capable of meeting the complex needs of people with substance use disorders and co-occurring conditions

Mee-Lee, D. (2013)
The ASAM Criteria, ASAM Continuum
https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

2.5 - Partial Hospitalization Programs (PHP)

- Most intensive level of outpatient care
- Can be utilized as increased support from outpatient level of care or as a step down from inpatient/residential care to outpatient
- Organized outpatient service that delivers treatment services usually during the day as day treatment or partial hospitalization services
- Typically provides 20 or more hours of service a week for multidimensional instability that does not require 24-hour care
- Capable of meeting the complex needs of people with substance use disorders and co-occurring conditions

Mee-Lee, D. (2013)
The ASAM Criteria, ASAM Continuum
https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

3.1 – Clinically Managed Low-Intensity Residential Services

- Typically provides a 24 hour living support and structure with available trained personnel
- Offers at least 5 hours of clinical service a week

Mee-Lee, D. (2013)
The ASAM Criteria, ASAM Continuum
https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

*3.3 – Clinically Managed Population-Specific High-Intensity Residential Services

- Adult only level of care
- Typically offers 24-hour care with trained counselors
- Stabilization and treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community

Mee-Lee, D. (2013)
The ASAM Criteria, ASAM Continuum
https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

3.5 – Clinically Managed Medium-Intensity Residential Services

- Provides 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment
- Patients in this level are able to tolerate and use full active milieu or therapeutic communities

Mee-Lee, D. (2013)
The ASAM Criteria, ASAM Continuum
https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

3.7 – Medically *Monitored* High-Intensity Inpatient Services

- Provides 24-hour nursing care with a physician's availability
- Patients in this level of care require medication and have a recent history of withdrawal management at a less intensive level of care
- Appropriate setting for patients with "subacute biomedical and emotional, behavioral, or cognitive problems that are so severe that they require inpatient treatment"

Mee-Lee, D. (2013)
The ASAM Criteria, ASAM Continuum
https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

4 - Medically *Managed* Intensive Inpatient Services

- Offers 24-hour nursing care and daily physician care for severe, unstable problems in ASAM Dimensions 1, 2 or 3
- Counseling is available 16 hours a day to engage patients in treatment
- Stabilization with plan to continue care post discharge

Mee-Lee, D. (2013)
The ASAM Criteria, ASAM Continuum
https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

Treatment Matching

ASAM Dimensions

- Dimension 1 - Acute Intoxication and/or Withdrawal Potential
  - Include past and current substance use and withdrawal symptoms
- Dimension 2 - Biomedical Conditions and Complications (medication, recent illnesses, medication compliance)
  - Include current medication and purpose, last visit to a medical professional, any ways medication/physical health is impacting treatment
- Dimension 3 – Emotional, Behavioral, or Cognitive Conditions and Complications
  - Include the individual's mental health issues and symptoms present, participation in the program, any behavioral issues
- Dimension 4 – Readiness to change
  - Identify the individual's motivation to change, level of ambivalence, stage of change
- Dimension 5 – Relapse, Continued Use, or Continued Problem Potential
  - Include the individual's current use, history of relapse, triggers identified and coping skills to those triggers
- Dimension 6 – Recovery/Living Environment
  - Include the individual's current living arrangement, support system, family involvement, recent family sessions and topics discussed, involvement in 12 Steps, including if the individual has a sponsor and utilizing the sponsor

Mee-Lee, D. (2013)

ASAM Dimensions

- Each dimension is rated 0-4
  - 0 – none/routine/optimal function
  - 1 – distressing/above average functioning
  - 2 – debilitating/complex/average functioning
  - 3 – incapacitating/urgent/below average functioning
  - 4 – imminent danger/emergency/difficult functioning
- Using ASAM to guide treatment allows for a more personalized, individualized experience
- The ratings of each dimension are used to determine the correct level of care, need for continued care, and when transfer/discharge is appropriate
- The Dimension with the highest rating alerts the provider on where to focus treatment
- Frequency of ASAM assessment
  - Outpatient (Level 1) - minimum of monthly
  - Intensive Outpatient (Level 2.1) and higher - minimum of weekly

Mee-Lee, D. (2013)

ASAM Treatment Matching Matrix

- **Outpatient Level 1**
  - Dimension 1 - Acute Intoxication and/or Withdrawal Potential
    - Rating 0 - no withdrawal risk
  - Dimension 2 - Biomedical Conditions and Complications (medication, recent illnesses, medication compliance)
    - Rating 0 or 1 - no concerns or able to be managed in an outpatient environment
  - Dimension 3 – Emotional, Behavioral, or Cognitive Conditions and Complications
    - Rating 0 or 1 - no risk or low risk of harm; minimal to mild interruption with daily living
  - Dimension 4 – Readiness to change
    - Rating 0 or 1 - willing to engage and explore substance use
  - Dimension 5 – Relapse, Continued Use, or Continued Problem Potential
    - Rating 0 or 1 - able to control use, maintain abstinence
  - Dimension 6 – Recovery/Living Environment
    - Rating 0 or 1 - active support system
- When a Dimension has a higher rating, it could indicate a need for a higher level of care especially if Dimension 1 or 2

Mee-Lee, D. (2013)

ASAM Treatment Matching Matrix

Jacob is a 17 year old who got caught drinking alcohol at a party and charged with minor in possession. His mom referred him for a substance use evaluation because she is concerned. His grades have started to decline and he is starting to hang out with friends she does not know. Jacob and his father have a tense relationship and minimal contact at this point.

- **Dimension 1 – Acute Intoxication/Withdrawal Potential (0)**: Although Jacob reports being under the influence at the time of the arrest, he is not at this time. He denies any withdrawal symptoms and the quantity and frequency of his substance use support this.
- **Dimension 2 – Biomedical Conditions/Complications (0)**: Jacob is not on any medications and does not report any physical health concerns.
- **Dimension 3 – Emotional/Behavioral/Cognitive Conditions and Complications (1)**: Jacob's recent struggles in school and recent legal charge are concerning. He appears embarrassed about his grades since he may not graduate on time. It appears his behaviors changed a few months ago and have quickly deteriorated.
- **Dimension 4 – Readiness to Change (1)**: Jacob appears cooperative and in Contemplation stage of change. He seems to want to change his behaviors in order to get back on track with school and graduate. He seems to be considering the negative impact of his substance use.
- **Dimension 5 – Relapse/Continued Use/Continued Problem Potential (1)**: Jacob is at moderate risk of relapse due to his current peer group, who all use substances, and his lack of awareness/education of his triggers and warning signs.
- **Dimension 6 – Recovery/Living Environment (1)**: Jacob lives with his mother and she seems supportive. Jacob has a conflictual relationship with his father and they have not talked other than his dad yelling at him the night Jacob was charged. Jacob's peer group use substances and he could benefit from developing a healthy support system of peers that don't use substances.

Recommended Level of Care - Outpatient Level 1 - one or two individual therapy sessions a week

Mee-Lee, D. (2013)

ASAM Treatment Matching Matrix

- **Intensive Outpatient Level 2.1**
  - Dimension 1 - Acute Intoxication and/or Withdrawal Potential
    - Rating 0 or 1 - minimal risk of withdrawal
  - Dimension 2 - Biomedical Conditions and Complications (medication, recent illnesses, medication compliance)
    - Rating 0 or 1 - no concerns or manageable
  - Dimension 3 – Emotional, Behavioral, or Cognitive Conditions and Complications
    - Rating 1 or 2 - low risk of harm; mild to moderate interruption with daily living
  - Dimension 4 – Readiness to change
    - Rating 1 or 2 - needs some encouragement to engage and explore substance use
  - Dimension 5 – Relapse, Continued Use, or Continued Problem Potential
    - Rating 1 or 2 - significant risk of relapse or continued use
  - Dimension 6 – Recovery/Living Environment
    - Rating 1 or 2 - peer group may use substances; needs supervision/supports to be successful
- As an individual's rating moves down to 0s or 1s, consider a lower level of care. But if a few or more move up, especially Dimension 1 and 5, then consider a higher level of care.

Mee-Lee, D. (2013)

ASAM Treatment Matching Matrix

Jacob is a 17 year old who has not consistently attended outpatient counseling. His mother reports he is often missing curfew and when he gets home he seems drunk and/or high. He is failing a few classes and may not stay on target to graduate on time. Jacob and his father got into an argument over his grades and have a tense relationship and minimal contact at this point.

- **Dimension 1 – Acute Intoxication/Withdrawal Potential (1)**: Although Jacob denies an increase to his quantity and frequency of substance use, his mother reports he appears drunk and/or high sometimes when he gets home. He denies any withdrawal symptoms.
- **Dimension 2 – Biomedical Conditions/Complications (0)**: Jacob is not on any medications and does not report any physical health concerns.
- **Dimension 3 – Emotional/Behavioral/Cognitive Conditions and Complications (2)**: Jacob continues to struggle in school and is not following expectations of probation. He appears more sad and emotional during sessions and reports feeling like a failure.
- **Dimension 4 – Readiness to Change (2)**: Jacob appears in Contemplation stage of change. He wants to avoid being sent away but doesn't see the need in attending multiple groups and individual sessions each week. He seems externally motivated at this time.
- **Dimension 5 – Relapse/Continued Use/Continued Problem Potential (2)**: Jacob is at moderate risk of relapse due to his continued substance use and still spending time with his friends who use substances.
- **Dimension 6 – Recovery/Living Environment (2)**: Jacob lives with his mother, who is becoming more worried about her son. Jacob continues to refuse to have contact with his father. Jacob and his parents could benefit from family therapy. Jacob could benefit from additional structure and age-appropriate supervision.

Recommended Level of Care - Intensive Outpatient Level 2.1 - at least 6 hours of groups and individual therapy sessions each week

Mee-Lee, D. (2013)

ASAM Treatment Matching Matrix

- **Residential Level 3.5**
  - Dimension 1 - Acute Intoxication and/or Withdrawal Potential
    - Rating 1 or 2 - mild to moderate risk of withdrawal
  - Dimension 2 - Biomedical Conditions and Complications (medication, recent illnesses, medication compliance)
    - Rating 0, 1, or 2 - no concerns or manageable with the medical monitoring available in the program
  - Dimension 3 – Emotional, Behavioral, or Cognitive Conditions and Complications
    - Rating 2, 3, or 4 - moderate but stable risk of harm; moderate to severe interruption with daily living requiring 24 hour supervision
  - Dimension 4 – Readiness to change
    - Rating 2, 3 or 4 - needs intensive encouragement to engage and explore substance use
  - Dimension 5 – Relapse, Continued Use, or Continued Problem Potential
    - Rating 2, 3, or 4 - unable to control or abstain without 24 hour supervision
  - Dimension 6 – Recovery/Living Environment
    - Rating 2, 3, or 4 - environment does not support abstinence and is a barrier to recovery
- When a few of the ratings move down to 2s, consider a lower level of care.

Mee-Lee, D. (2013)

ASAM Treatment Matching Matrix

Jacob is a 17 year old who got in a car accident while driving under the influence. He has not been following the expectations of probation. He has skipped the intensive outpatient counseling sessions. Jacob's urine analysis results indicate an increase in quantity and/or frequency of his substance use. His mother reports he is often missing curfew and when he gets home he appears drunk and/or high. He is continuing to struggle in school and has skipped class more often. Jacob's parents are extremely worried and don't feel he can stay at home due to his behaviors.

- **Dimension 1 – Acute Intoxication/Withdrawal Potential (2)**: Jacob's quantity and frequency of substance use has increased, evidenced by UA results. He reports blacking out the night of the accident.
- **Dimension 2 – Biomedical Conditions/Complications (1)**: Jacob is not on any medications but has minor injuries from his car accident.
- **Dimension 3 – Emotional/Behavioral/Cognitive Conditions and Complications (3)**: Jacob continues to not meet expectations of probation and struggle in school, including skipping. He has not consistently attended counseling sessions. He appears seems embarrassed and emotional about the car accident. He reports feeling hopeless.
- **Dimension 4 – Readiness to Change (3)**: Jacob appears in Contemplation stage of change. He reports he needs to make significant changes but seems to lack awareness of the importance or confidence in his ability to be successful in changing. He seems externally motivated at this time.
- **Dimension 5 – Relapse/Continued Use/Continued Problem Potential (3)**: Jacob is at significant risk of relapse if he doesn't have increased supervision and structure. He has not been successful in abstaining from using while in the Intensive Outpatient program.
- **Dimension 6 – Recovery/Living Environment (3)**: Jacob's parents don't feel it's safe for him to remain at home. Jacob refuses to participate in family therapy with his father. Jacob could benefit from engaging in healthy, sober activities and developing a strong support system.

Recommended Level of Care - Residential 3.5 - out-of-home placement with 24 hour supervision, groups and individuals daily

Mee-Lee, D. (2013)

Evidence-Based Practices in TAY Addiction Treatment

Evidence-Based Practices:
Early Intervention

Adolescent Substance Use and Addiction Program (ASAP):

Division of Developmental Medicine

Boston Children's Hospital

- Interdisciplinary team
- Hospital-based – Boston and Waltham
- Outpatient treatment – "from experimentation to addiction"
- Adolescent and Transitional Age Youth

Adolescent Substance Use and Treatment

4.5% of adolescents ages 12-17 diagnosed with a past year SUD

Only **8.3%** of them received treatment

Source: Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

Health care is an opportunity to talk about substance use health risks

4 in 10 high school aged reported past-year alcohol use

1 in 10 reported a binge in the last 3 months

Presenting for general primary care; unpublished data from the AYAM clinic

Health care is an opportunity to talk about substance use health risks

3 in 10 report past-year marijuana use

About 1.5 in 10 report using marijuana monthly or more

Presenting for general primary care; unpublished data from the AIAM clinic

Support for Integrated Adolescent SU Care

- Opportunity for **prevention**: standard screening identifies those at risk before use escalates
- SUD often develop in adolescence and are often co-morbid with other disorders (e.g. depression and anxiety)—**early identification** and intervention key
- Research shows **reduction in use** as a result of brief interventions
- Medical home model: receiving specialty care at primary care practice **less stigmatizing** than other environments

Source: Sterling S, Valkanoff T, Hinman A, Weisner C. Integrating substance use treatment into adolescent health care. *Curr Psychiatry Rep*. 2012;14(5):453 461. doi:10.1007/s11920 012 0304 9

Rates of Mental Health and Substance Use Disorder Diagnoses after SBIRT

	1 y after SBIRT					3 y after SBIRT				
	SBIRT (N=1255)		Usual Care (N=616)		*P*	SBIRT (N=1255)		Usual Care (N=616)		*P*
	n	%	n	%		n	%	n	%	
Mental health Disorder	85	6.8	57	9.3	–	341	27.2	189	30.7	–
Substance use Disorder	11	0.9	6	1.0	–	83	6.6	66	10.7	***

Source: Sterling S, Kline-Simon AH, Jones A, Hartman L, Saba K, Weisner C, Parthasarathy S. Health Care Use Over 3 Years After Adolescent SBIRT. *Pediatr.* 2019 May.

Novel Approaches to Integrated Care for Transitional Age Youth

Integration Efforts

1. Primary care SUD integration
2. Primary care telephonic consultation and virtual behavioral health treatment
3. School-based vaping groups
4. Juvenile justice partnership


Primary
Care
Addiction
Medicine

The Boston Globe

people who use opioids

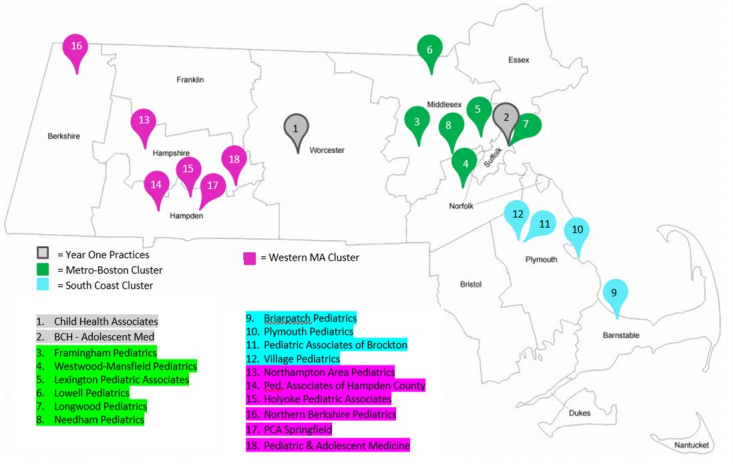
Pediatricians are treating opioid addicts, and it's working

DEBEE TLUMACKI FOR THE BOSTON GLOBE

From left to right, Dr. Steven Mendes, substance [abuse] counselor Shannon Mountain-Ray, and Dr. Jason Reynolds have welcomed young patients with substance use problems to Wareham Pediatrics.

ASAP - Primary Care (ASAP-PC):

- Fully-integrated clinical social worker in primary care setting as part of a multi-disciplinary team
- Office-based
- Outpatient treatment – “from experimentation to addiction”



Care Model

- Focus on caring for patient in the medical home
- Comprehensive Biopsychosocial Evaluation
- Medications for Opioid, Alcohol, Cannabis and Nicotine Use Disorders
- Psychosocial Treatment
  - Individual Counseling (MI, RP, CBT, etc)
  - Group Therapy (MI, RP, CBT, Psychoed)
  - Parent/Caregiver Guidance
- Referral and Case Coordination

Support by Addiction Specialty Program

Screening Rates

	Baseline	Q4 2019
	01Jan 2018-31Dec2018	01 Oct 2019 -31Dec2019
	S2BI Completed	S2BI Completed
ASAP-PC Phase 1	17.6%	63.1%
BRIARPATCH PEDIATRICS	17.3%	77.6%
CHILD HEALTH ASSOCIATES	36.3%	62.0%
FRAMINGHAM PEDIATRICS	16.0%	44.6%
NORTHAMPTON AREA PEDIATRICS	1.3%	64.0%
VILLAGE PEDIATRICS	1.8%	92.2%

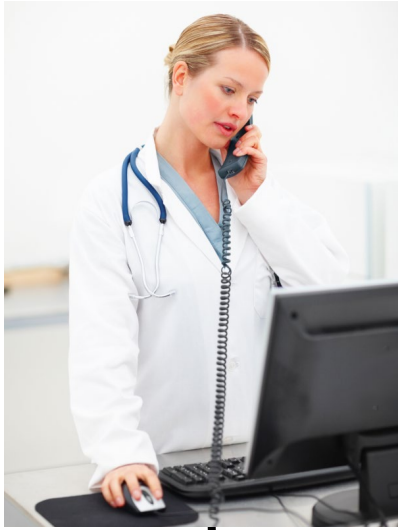
Pilot (12 months)

- Number of referrals: 60
- Number of patients treated for Substance Use Disorder: 40
- Number of teens with Opioid Use Disorder identified: 5
- Number of inductions: 3

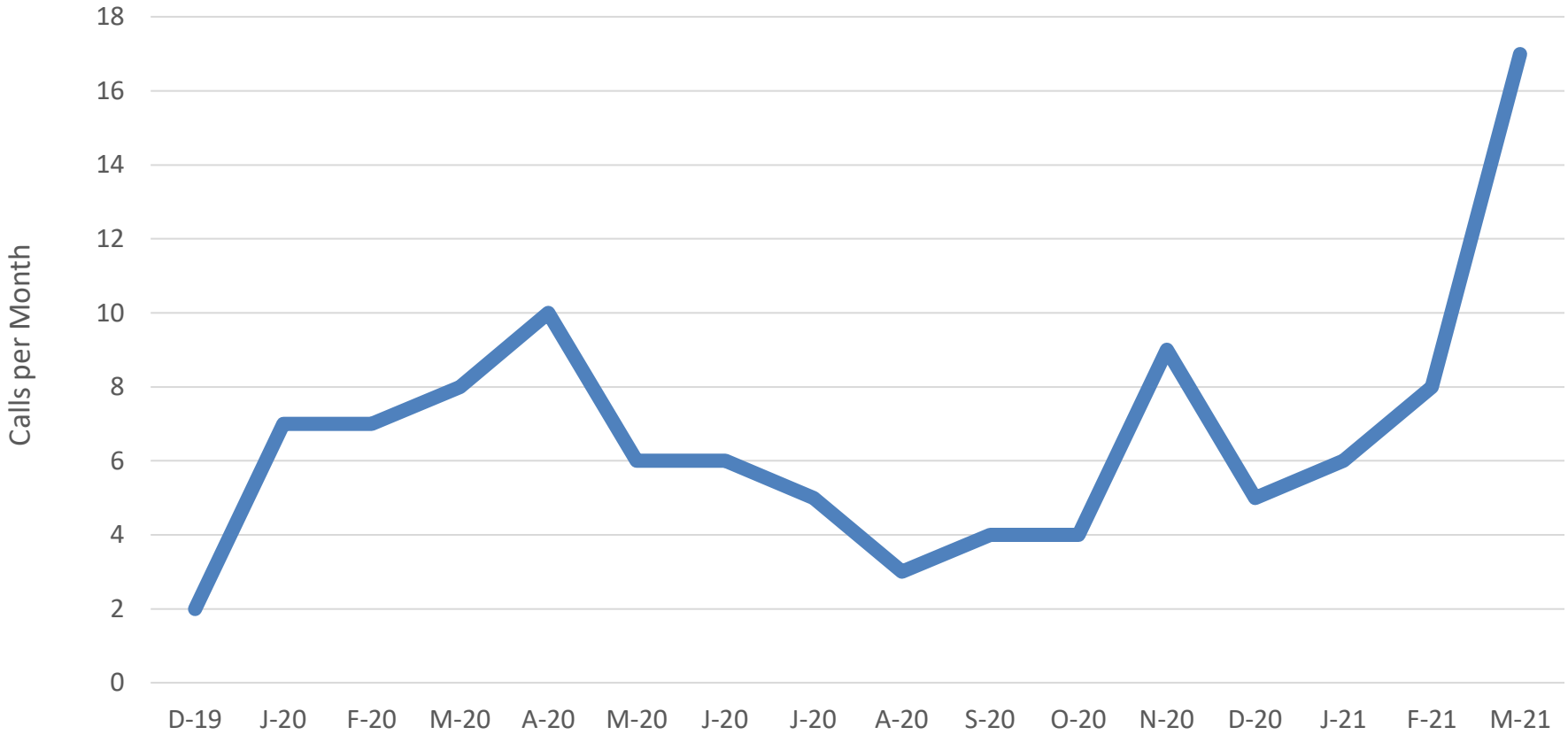
Results: Scale up to date

- Number of sites recruited: 17
- Number of patients screened: 6543
- Number of patients seen by a social worker: 217

Telephonic Consultation



Telephonic Support for Youth SUD: Call Volume



Cigarettes & Vaping
treatment tips

Advice & Support

1

- Advise that "non-use" is best.
- Ask about cravings and symptoms of nicotine withdrawal (increased appetite, fatigue, headache, irritability, anxiety, depression). If patient is experiencing either, offer NRT.
- Assess for shortness of breath, decreased exercise tolerance or other respiratory symptoms. If present, refer to Pulmonary for evaluation.
- If possible, connect to counseling for support.
- Offer support lines: 1-800-QUIT-NOW and TEEN.SMOKEFREE.GOV.
- Ask patients to make a brief quit trial while trying NRT, or set a quit date.

Prescribe NRT

Nicotine Replacement Therapy

2

Cigarettes/Day 1 pod equals 20 cigarettes	Patch Dose
< 10	7-14 mgs
10-20	14-21 mgs
21-40	21-42 mgs
> 40	42 mgs

ASAM Essentials, 3rd Edition, 2020.

Patch & Lozenges

3

Add 2mg Lozenges for cravings, may use one every 2 hours.

If using multiple lozenges and still craving nicotine then increase dose of patch at next visit.

When lozenge use decreases consider weaning dose of patch while continuing prn lozenges.

Goal is to taper and stop the patch and then continue lozenges until they cravings stop or they can manage them without lozenges

- Use NRT liberally. Increase dose as needed to suppress withdrawal and cravings.
- Follow up every 2-4 weeks while on NRT.

NRT not enough

4

Add Contingency Management: rewards provided for abstinence or decreased smoking.

Consider Adding Bupropion SR 150mgs once a day x 7 days then increase to 150mgs bid.

Or Adding Varenicline (Chantix) 0.5mgs once a day x 3 days then 0.5mgs bid x 4 days then 1mg bid for 12 to 24 weeks.

Both bupropion and varenicline lower seizure threshold so do not prescribe together.

Do not recommend e-cigarettes, nicotine nasal spray or nicotine inhaler to adolescents as smoking cessation tool.
For support please call your regional MCPAP line.

Boston Children's Hospital
Adolescent Substance Use
and Addiction Program

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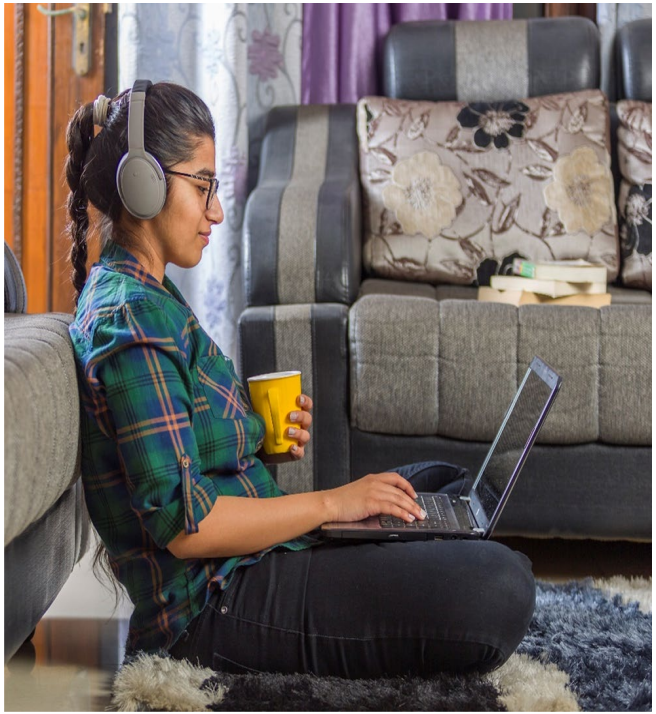
14.	**Referrals:** *Referrals to Higher Levels of Care*
15.	**Communication:** *Guidelines and Tips for Parents*

Virtual Counseling

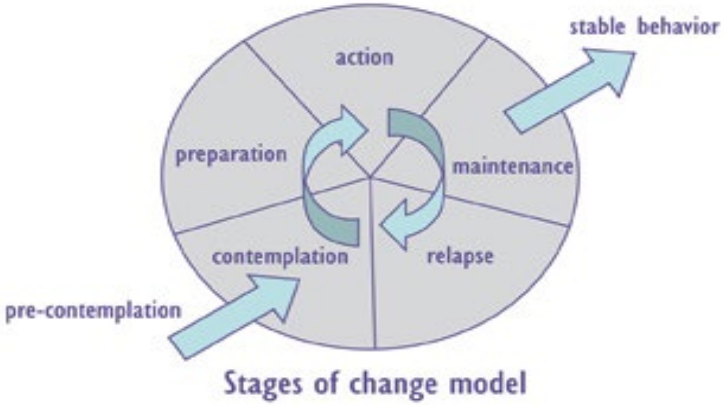
School Partnership

School-Based Virtual Vaping Group Therapy

Group Structure

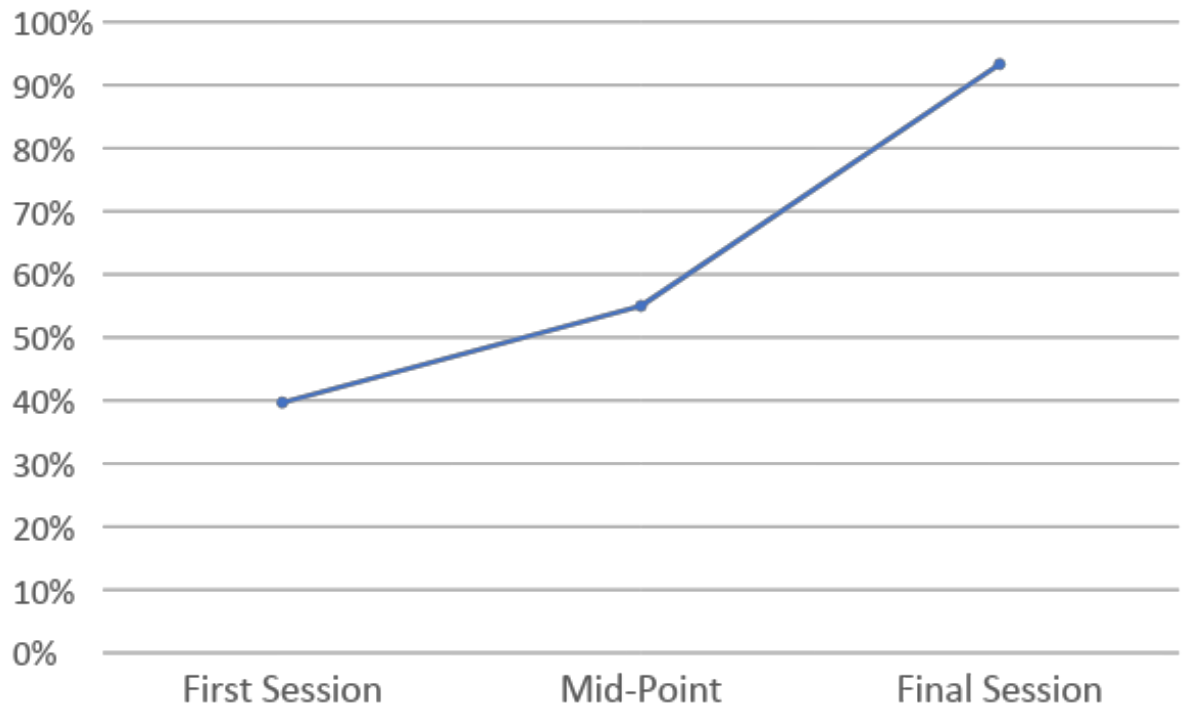


- 5 sessions
- 2 facilitators
- MI, mutual aid, & psychoeducation



Stages of change model

Proportion reporting past 7-day abstinence (N=15)



Juvenile Justice Partnership

Boston Children's Hospital | Adolescent Substance Use and Addiction Program
Until every child is well™

GOAL: To **improve** the lives of youth involved in the juvenile justice system and **reduce** recidivism by treating substance use disorders

Services

- Addiction Medicine evaluation
- Medication Treatment as indicated
- Psychiatric assessment
- Medical advice and follow up
- Monitoring
- Individual counseling bridging from custody to community
- Parent collateral history and parent guidance

Evidence-Based Practices:

Outpatient Level of Care

Monitoring

The American Society for Addiction Medicine (ASAM) recommends random urine drug testing be used routinely in addiction treatment settings

- Should be non-punitive
- Should be used to enhance motivation and reinforce abstinence
- Should not be used as the sole determinant of treatment success
- Particularly important in outpatient treatment
- Particularly important in adolescents as they are less likely to report accurately
- The use of home drug tests should NOT be encouraged

Jarvis 2017; Baxter 2017

Pharmacologic Treatment

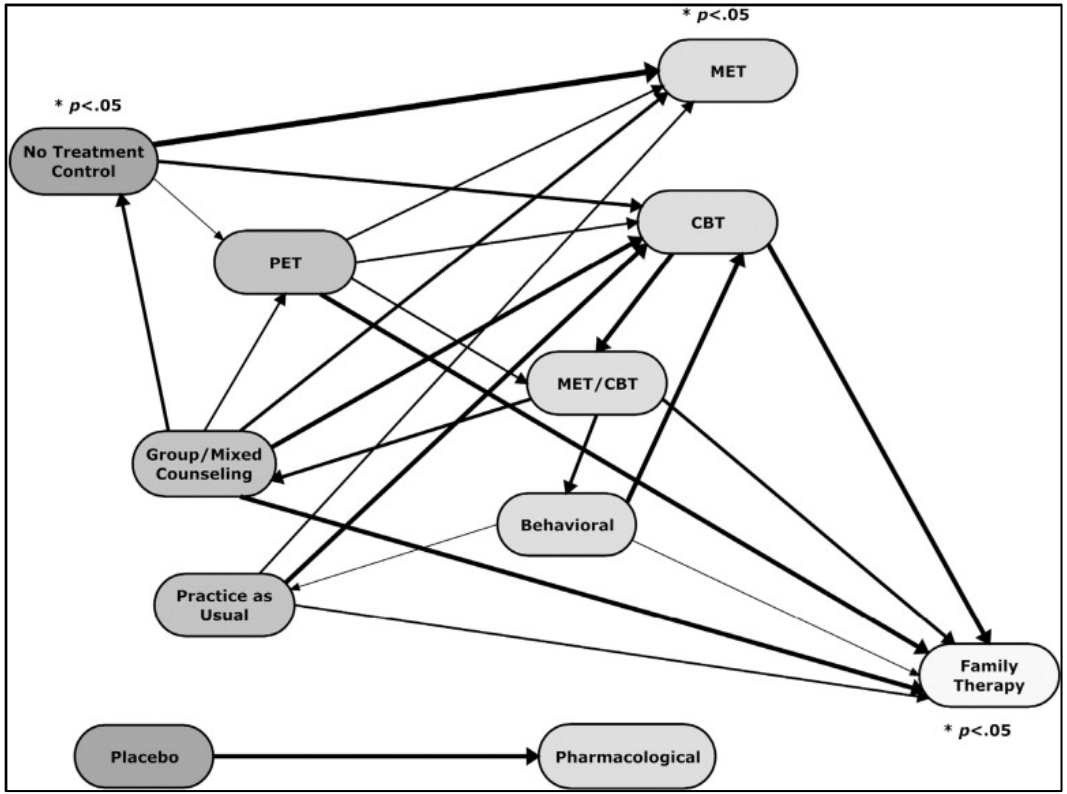
- Improves patient survival
- Increases retention in treatment
- Decreases illicit opioid use and other criminal activity among people with substance use disorders
- Increases patients' ability to gain and maintain employment
- Improves birth outcomes among women who have substance use disorders and are pregnant

SAMHSA 2020; Hadland 2018

Behavioral Treatment

- Psychoeducation
- Cognitive Behavioral Therapy
- Motivational Interviewing/Motivational Enhancement Therapy
- Contingency Management
- Family-Based Modalities

Behavioral Treatment



Tanner-Smith 2013

UCSF Youth Outpatient Substance Use Program (YoSUP)

- A Multi-Disciplinary, family-based program for adolescents and young adults aged 12-25
- Housed within the UCSF Adolescent & Young Adult Medicine Clinic

UCSF Youth Outpatient Substance Use Program (YoSUP)

Medical Services

- Random weekly urine toxicology monitoring with expert interpretation
- Naloxone prescription and education
- Withdrawal management
- Evidence-based pharmacologic treatment of substance use disorders (Buprenorphine, Naltrexone, etc)
- Pharmacologic treatment of co-occurring psychiatric conditions
- Risk reduction strategies/materials

UCSF Youth Outpatient Substance Use Program (YoSUP)

Psychosocial Services

- Psychoeducation on addiction
- Referrals for evidence-based family therapy
- Parent guidance focused on safety and risk reduction
- Behavioral contract development
- Referrals to higher levels of care when appropriate
- Facilitation of interagency collaboration and step-down services
- Addiction psychiatry consultation

UCSF Youth Outpatient Substance Use Program (YoSUP)

Outcomes

November 2019 - December 31, 2020, 42 youth presented for intake at YoSUP.

- Mean age 16.8 (SD = 2.2)
- 71% white, 15% Black/African American, 18% Asian, 15% Hispanic/Latinx, 6% Native Hawaiian/Pacific Islander, and 5% Native Hawaiian or Pacific Islander, and 12% American Indian or Alaskan Native

30 of 42 (71.4%) youth enrolled in treatment after intake

- 80% engaged in weekly urine drug screening
- 60% received medication for addiction treatment (MAT)
- 50% received individual or parent psychotherapy

UCSF Youth Outpatient Substance Use Program (YoSUP)

Outcomes

Substance Use Disorders

- Cannabis use disorder - 76.5%
- Alcohol use disorder - 29%
  Opioid use disorder - 28%
- Benzodiazepine or sedative/hypnotic use disorder in 26.5%

Co-Occurring Psychiatric Disorders

- Co-occurring psychiatric disorders were present in 77.0% of youth, t
  - Depression (47.1%), Anxiety (32.4%)
- Approximately one-third of youth reported experiencing some form of emotional, physical, and/or sexual abuse over their lifetime

UCSF Youth Outpatient Substance Use Program (YoSUP)

Outcomes

Of the 42 youth who completed intake:

- 30 (71%) enrolled in treatment
  - 17 (57%) were still engaged in treatment (n=11) or had graduated from treatment (n=6) at the end of the data collection period
  - 13 (43%) terminated treatment early

13 youth completed a 6-month follow-up survey

- Fewer youth reported using alcohol at follow-up (10-->3).
- Fewer youth reported using cannabis at follow-up (10-->6)
- Fewer youth reported alcohol and drugs simultaneously (4-->1)
- Median number of days of cannabis used per month decreased from 9 to 0
- Median number days of alcohol use per month decreased from 2 to 0
- Fewer youth reported experiencing psychological or emotional problems at follow-up compared to intake

YSS

Since 1976 YSS has become one of the most respected youth-focused, nonprofit, social service organizations in Iowa.

- Transforming lives throughout Central and North Central Iowa annually
  - 6,000+ individuals through programs
  - 10,000+ individuals through prevention/education services

- For 40 years YSS has provided substance use treatment

YSS

From Infancy to Independence, YSS provides comprehensive services and believes in creating hope and opportunity by putting kids first.

- Behavioral Health: Outpatient and Residential
- Foster Care and Adoption Services
- Shelter for homeless adolescents and TAY
- Aftercare services for TAY aging out of foster care
- Transitional Housing for TAY
- Family Crisis Services
- Human Trafficking Education
- In-School and Community Based mentoring
- Family Development and Self-Sufficient Services
- Before School, After School and summer programming
- Prevention education in schools
- Integrated Health Services

YSS - SUD Outpatient and Intensive Outpatient

Treatment Services

- Substance Use evaluations
- OWI evaluations
- Individual and group counseling for adolescents, TAY, and adults
- Family therapy - MDFT
- Trauma focused - EMDR and TF-CBT

Treatment Environments:

- Clinics (6 locations)
  - Adolescents, TAY and adults
- Iowa State University
  - Iowa State students and staff
- Iowa Juvenile Training School
  - Adolescent males

Multi-Dimensional Family Therapy (MDFT)

- Family based, comprehensive treatment model that targets the entire system that maintains substance use and other problematic behaviors
- Focuses on four domains:
  - Adolescent
  - Parents
  - Family
  - Extra-Familial
- Assesses and targets adolescent functioning in six health-related domains:
  - substance use
  - identity development and autonomy
  - peers and peer influence
  - bonding to prosocial institutions
  - racial and cultural issues
  - health and sexuality

Schmidt, S. (1996)
Liddle, H. (2009)

Motivational Interviewing

- Treatment approach that meets the individual where they are at and guides them toward change
- It's a communication style and approach rather than a set of techniques
- Four aspects:
  - Acceptance - absolute worth, accurate empathy, autonomy support, affirmation
  - Partnership - "done for with with the person"
  - Compassion - make the individual's needs a priority
  - Evocation - build on the individual's strengths and abilities
- It allows autonomy, encourages collaboration and recognizes that the need for change exists within the individual
- Recognizes that the individual's motivation may fluctuate

Miller W.R., (2013)

Magill, M., (2017)

Colby S.M., (2018)

Evidence-Based Practices:
Residential Level of Care

YSS- SUD Residential

Since 1981, YSS has provided behavioral healthcare, becoming the first free-standing substance use residential treatment program for adolescents. Over 5000 adolescents have participated in residential treatment and over 100 in 2020.

For over 15 years YSS' residential treatment programs have been gender responsive:

- Seven 12 House - 8 bed female residence
- Youth Recovery House - 15 bed male residence
- North Iowa - 12 bed male residence (opened in 2018)

Interdisciplinary team provides therapy and education to address the addiction and develop insight and skills to maintain recovery, wellness, and prevent relapse.

- Treatment program lasts 90-120 days
- Family counseling can continue once discharged home
- Recovery Supports continue throughout the transition home

YSS- SUD Residential

Family Involvement

- YSS Residential Treatment programs value and highly encourage family involvement
  - Provide monthly parent education groups
  - Utilize MDFT while the adolescent is in treatment and continued once they return home in an outpatient setting

A-CHESS App

- YSS Residential Treatment programs provide support after discharge
  - Advocates work with the adolescents to create a transition plan, introducing them to the A-CHESS app
  - Throughout the transition home, the Advocates stay in contact through the app

YSS - SUD Residential

Gender Responsive Programming

- Systems and treatment programs were historically designed for adult males
- Patton & Morgan (2002) to "intentionally allow gender to affect and guide services so that the services match each girl's needs. The services should create a context (through program environment and staffing) and provide content (through program approach and materials) that reflect an understanding of the realities of girl's lives."
- Important to be Gender Responsive and Trauma Informed
- Female Responsive, Trauma Informed Curriculum
  - Women's Way Through the Twelve Steps (Covington, S.)
  - Voices - A Program of Self-Discovery and Empowerment FOR GIRLS (Covington, S., Covington K. and Covington, M.)
- Male Responsive, Trauma Informed Curriculum
  - Helping Men Recovery (Covington, S., Griffin, R., and Dauer, R.)
  - The Council for Boys and Young Men (Hossfeld, B., Gibraltarik, R., Bowers, M., Taormina, G., Tyrol, K.)

Saxena, P. (2015)
Kubiak, S. (2013)

Practical Issues in TAY Addiction Treatment

When youth refuse to engage in treatment

Community Reinforcement and Family Training (CRAFT)

Based on the Community Reinforcement Approach (CRA), which aims to help patients with SUDs to replace substance use with healthier behaviors through positive reinforcement

Meyers, 2011

Mindfood – Family Discussion posted in: Editorial, Illustration client: MindFood Magazine art direction: Grant Turner

Community Reinforcement and Family Training (CRAFT)

- Engages families of treatment-resistant people with SUDs to use positive communication skills to transform the home environment in a way that reinforces behaviors associated with non-use of substances
  - Reward behaviors that promote non-use
  - Withhold reward when family member is using

Meyers, 2011

Community Reinforcement and Family Training (CRAFT)

- Shown to promote engagement in treatment in up to 2/3 of treatment-resistant people
- Enhances happiness of concerned significant others (i.e. family members)

Meyers, 2011

Community Reinforcement and Family Training (CRAFT)

Example:

- Mary, a 19 year old young woman with opioid use disorder (OUD) lives with her mother and is not interested in treatment for her OUD.
- The two women have a tradition of having Sunday breakfast together every week at 9:00am, which they both enjoy.
- When Mary uses opioids on weekends, she typically doesn’t come home or doesn’t wake up early enough for breakfast.

Community Reinforcement and Family Training (CRAFT)

Example:

- Previously, Mary's mother would wait for Mary to come home on Sunday and cook a nice breakfast despite feeling frustrated about Mary's late arrival.
- After CRAFT, Mary's mother has a new strategy: If Mary isn't home in time for 9:00am breakfast, she goes out for breakfast with a friend or goes to a yoga class.
  - Mary is on her own for breakfast and Mary's mother gets to do something that makes her happy!

Meyers, 2011

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Thank You!

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Related Products & Resources from the ATTC Network

- CLAS Standards in Behavioral Health: Working with Youth and Adolescents (Recorded webinar)
- Understanding Latino Youth Recovery: Issues, Assets and Creating Resiliency (Recorded webinar)
- Adolescent Brain Maturation and Health: Intersections on the Developmental Highway
  - Recorded presentation
  - Handouts
- Effects on Marijuana Use on Developing Adolescents (Recorded webinar)
- Vaping Overview and CATCH My Breath Program (Recorded webinar)
- Vaping 2: Education vs Punishment Using Deferred Citation (Recorded webinar)
- Understanding Suicide Part 2 Adolescents and the Changing Brain (Recorded webinar)

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Related Products & Resources from the PTTC Network

- Underage Alcohol Use: An Overview of Data and Strategies (Recorded webinar)
- Youth Opioid Addiction: What Preventionists Need to Know (Recorded webinar)
- Selecting and Implementing Evidence-Based Practices to Address Substance Misuse Among Young Adults: Webinar on SAMHSA's Resource Guide
- Preventing Youth Vaping (Webinar Series) Part 1 of 2: The Extent and Risk Factors for Youth Vaping (Recorded webinar)
- Preventing Youth Vaping Part 2 of 2: Policy Recommendations and Promising Practices for Addressing Youth Vaping (Recorded webinar)
- The Benefits of Engaging Youth in Communities: Insights and Evidence from Developmental Science (Recorded webinar)
- Vaping and LGBTQ Youth (Recorded webinar)
- Informing Prevention 6-Part Webinar Series on Adolescents: Mountain Plains PTTC
- Adolescent SBIRT Pocket Card

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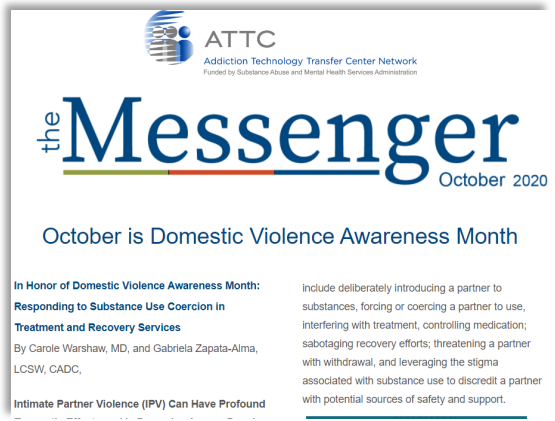
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Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
the Messenger
October 2020
October is Domestic Violence Awareness Month
In Honor of Domestic Violence Awareness Month: Responding to Substance Use Coercion in Treatment and Recovery Services
By Carole Warshaw, MD, and Gabriela Zapata-Alma, LCSW, CADC,
Intimate Partner Violence (IPV) Can Have Profound
include deliberately introducing a partner to substances, forcing or coercing a partner to use, interfering with treatment, controlling medication; sabotaging recovery efforts; threatening a partner with withdrawal, and leveraging the stigma associated with substance use to discredit a partner with potential sources of safety and support.

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TRANSITIONAL AGE YOUTH (TAY)
webinar series

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Clinical Sites for TAY Addiction Treatment

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Funded by Substance Abuse and Mental Health Services Administration

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