What Works/ Effective Treatment: Adolescents with Substance Use and Co-occurring Mental Health Disorders

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Most Programs Lack Standardized Assessment for...

- Substance use disorders (e.g., abuse, dependence, withdrawal), readiness for change, relapse potential and recovery environment
- Common mental health disorders (e.g., conduct, attention deficit-hyperactivity, depression, anxiety, trauma, self-mutilation and suicidality)
Assessment for ALL disorders is needed because . . .

• Having one disorder increases the risk of developing another disorder;
• The presence of a second disorder makes treatment of the first more complicated;
• Treating one disorder does NOT lead to effective management of the other(s);
• Treatment outcomes are poorer when co-occurring disorders are present.
Do you know what happens in group treatment?

Which EBP is this?
Treating Teens:

A Guide to Adolescent Drug Programs

http://drugstrategies.com/treatingteens.html
Effective Adolescent Treatment Program Characteristics
(Brannigan, Schackman, Falco, Millman, 2004)

- Assessment and Treatment Matching
- Comprehensive integrated treatment approach
- Family Involvement
- Developmentally Appropriate

- Engagement and Retention
  - Trust
  - Length of stay
- Qualified Staff
- Gender and Cultural Competence
- Continuing Care
- Treatment Outcomes
We know the parents are really the problem!
Traditional Approaches For Treatment

• Sequential
  – One disorder then the other, one at a time

• Parallel
  – Treated simultaneously by different professionals, with different assessments and different treatment plans

• Integrated
  – Both MH and SA services are provided by one provider or provider team, with one integrated treatment plan

*Must be able to tend to the holistic needs of the adolescent*
Co-occurring Mental Health/Trauma Issues

A Comparison of Nine Treatment Approaches

• Seven Challenges

• Chestnut Health Systems

• Adolescent Community Reinforcement Approach

• Multi-Systemic Therapy

• Multi-Dimensional Family Therapy

• Motivational Enhancement Therapy-Cognitive Behavioral Therapy 5 sessions

• Family Support Network
Four best on mental health outcomes include 7 challenges, CHS, A-CRA, & MST
Workforce Implications

• All programs reduced mental health / trauma problems with 4 doing particularly well: Seven Challenges, CHS, A-CRA, & MST

• A-CRA with a mix of BA/MA did as well as MST which targets MA level therapists and family therapists that are often in short supply

• Seven Challenges, with a mix of para-professional (non-degreed), BA/MA therapists did as well as A-CRA and MST

• While it is not the most effective, the shortest & least expensive (MET/CBT5) still has positive effects
% Change: Abstinence at 6-months post-initial assessment

<table>
<thead>
<tr>
<th>*MET/</th>
<th>*ACRA/</th>
<th>**TARGET</th>
<th>**SEE</th>
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<tbody>
<tr>
<td>CBT 5</td>
<td>ACC</td>
<td>YOUTH</td>
<td>YOUTH</td>
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<tbody>
<tr>
<td>60.6</td>
<td>69.3</td>
<td>12.6</td>
<td>21.1</td>
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* GAIN Mandated  
** GAIN Optional  
Source: SAIS System (GPRA)
Interventions that Typically do Better than Practice in Reducing Recidivism (29% vs. 40%)

- Aggression Replacement Training
- Brief Strategic Family Therapy
- Reasoning & Rehabilitation
- Moral Reconciliation Therapy
- Thinking for a Change
- Interpersonal Social Problem Solving
- Multisystemic Therapy
- Functional Family Therapy
- Multidimensional Family Therapy
- Adolescent Community Reinforcement Approach
- MET/CBT combinations and Other manualized CBT

**NOTE:** There is generally little or no differences in mean effect size between these brand names

Interventions Associated With No or Minimal Change in Substance Use or Symptoms

• Passive referrals
• Educational units alone
• Probation services as usual
• Unstandardized outpatient services as usual

Interventions associated with deterioration

- Treatment of adolescents with/in adult units
**Implementation is Essential**

*(Reduction in Recidivism)*

The effect of a well-implemented weak program is as big as a strong program implemented poorly. The best is to have a strong program implemented well.

<table>
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<tr>
<th>Program Type Grouped by Rank</th>
<th>Program Implementation: Amount of Service, Quality of Delivery</th>
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<tr>
<td></td>
<td>Low</td>
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<tr>
<td>Group 1 (best)</td>
<td>24%</td>
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<tr>
<td>Group 2</td>
<td>16%</td>
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<tr>
<td>Group 3</td>
<td>6%</td>
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<tr>
<td>Group 4 (poorest)</td>
<td>0%</td>
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Thus one should optimally pick the strongest intervention that one can implement well.

*Source: Adapted from Lipsey, 1997, 2005*
Continuing Care

• The continuation of services in a seamless flow is imperative for successful client outcomes

• All too often, they fall through the cracks in the system

= 14 days
Do adolescents attend 12 step meetings after residential discharge?

- 85% of adolescents attended one or more meetings.
- The median number of meetings attended by adolescents was 4.5.
- 42% of adults attended one or more meetings.
- The median number of meetings attended by adults was 0.
The Assertive Continuing Care Protocol (ACC) is a continuing care intervention specifically designed for adolescents following a period of residential treatment.

ACC is delivered primarily through home visits.

ACC case managers are assertive in their attempts to engage participants.

Case managers deliver the Adolescent Community Reinforcement Approach (ACRA) procedures.
Early (0-3 mon.) Abstinence
Then Improves Sustained (4-9 mon.) Abstinence

Self-Management and Recovery Training: (SMART) Recovery

- Origins in Rational Emotive Therapy
- Portable, applicable in real world
- Group Modality
  - Led by trained facilitators
  - Open enrollment
  - Uses common elements of CBT
  - Considered easy to learn and use
  - http://www.smartrecovery.org/intro/
TECHNOLOGICAL APPROACHES TO CONTINUING CARE

– University of Arizona – pod casting, texting, geofencing
  • 90 – 95% Engagement, Utilization, Satisfaction

– Recovery Services for Adolescents and their Families (RSAF) CSAT Research Project (Cell phone, Texting, Web Site, CRAFT for Parent Groups)

– Dick Dillon, St. Louis – Second Life
  • Continuing Care Participation Increased from 40% to 90% over 6 months
Summary

• Know what treatment services are provided (EBP?, Appropriate for identified problems?, Implemented with fidelity?)

• Choose EBPs that can be done well given limitations (staff experience/training, cost, belief in approach)

• Push for appropriate services and demand outcome data

• DO NOT Ignore Continuing Care/Supportive Services!
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