




# Adolescent Substance Abuse

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- Learning Objectives:
  - 1) Learn features associated with substance abuse in adolescents.
  - 2) Learn a clinical approach to treating substance abusing adolescents and their families




# Current Massachusetts Data (within last month)

- Alcohol use 40%
- Binge drinking 40%
- Marijuana use 16%
- Cigarette use 35%, regular use 20%


(from Kids Count, Casey Fohn)



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- Adolescents because of immaturity of impulse control and judgment are especially prone to experimentation with drug & alcohol use






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- Novelty seeking, poor parental supervision and peer involvement further reinforce use




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- Adolescent autonomy and freedom offer opportunities for use



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- Teens with ADHD, Conduct Disorder, Trauma history and school failure are especially at risk



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- Situations with limited opportunity, easy access to drugs, routine family and community use amplify use






# Specific risks of drug use:




- Binge Drinking
- Inexperience coupled with impulsivity
- Secondary problem – unwanted sexual behavior, rape
- Disinhibition
- Driving while intoxicated



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- Addiction with associated withdrawal is rare in adolescence, however other consequences are common – poor school performance, family conflict and legal difficulties



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- Drug use is indicative of a health-compromising lifestyle
  - Drug use is a choice, something that one willfully does for definable reasons
  - Parents are important throughout adolescence
  - When teens are using drugs a great deal, there are consequences that are upsetting to them
  - Some drug use is normal




# Assessment



- Substance Use History
- Drugs used
- Frequency of use
- Places used



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- Type of use: impulsive, planned, measured
  - Goals of use of each drug
  - Progression of use





# Consequences of Use




- Costs
- Drug influenced behaviors
- Arrests



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- School failure
  - Peer relations
  - Pregnancy



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- Erratic and unreliable behavior
  - Lying
  - Irritability, argumentativeness, relationship problems




# Mental Health Co morbidities



- Depression
- Anxiety
- Post trauma difficulties
- Sequellae of childhood maltreatment



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- ADHD
  - Bipolar Disorder
  - Adolescent schizophrenia
  - Eating disorders, especially bulimia





# Family Situation and Relationships



- Socioeconomic concerns
- Parental mental health concerns, especially mood disorders
- Parental substance use
- Parenting style especially supervision and monitoring



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- Parental response to drug use
  - Marital or post divorce conflict
  - Parental preoccupation



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- Be sure to assess strengths, capacities, interests and possibilities



# Approach to Treatment



- Motivation is malleable
- Relationships critical
- Treatment individualized
- Planning and flexibility operate together




# Domains of adolescent function




- Identify development/support autonomy linked with responsibility
- Peers
- Bonding to prosocial institutions





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- Racial/cultural issues
  - Health/sexuality
  - Drug use




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- Look for impairments in 2 or more domains
  - Look for development detouring effects
  - Multiple approaches
  - Multiple targets
  - Multiple interventions



# Treatment involves...

- Development
- Preventing problem behavior
- Therapy
  - Individual
  - Family
- Treatment parameters time, space, frequency, etc



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- Motivational interviewing can be very useful in helping youth appreciate consequences of drug use and deciding if drug use furthers their personal goals




# Attend to Risk:




- Economic Deprivation
- Parental Difficulty
- Family Conflict






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- Poor parental management
  - Poor conflict resolution
  - Frustration – relief through disconnect with child




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- Family primary location for child treatment
  - Buffers negative peer environment
  - Goal interdependence



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- Engagement of parents
    - hopeful, enthusiastic and realistic
    - question denial




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- Offer respectful interest in teen
    - especially attentive to strengths and interests
    - quiet concern about problems that have been drug related
    - offer opportunity to join treatment team




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- Develop drug free expectation
    - rules
    - monitoring
    - consequences
    - reparations
    - parental collaboration






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- Decide how to deal with crises
    - suicide
    - intoxication
    - arrest
    - school responses
    - peer difficulties



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- Promoting positive family interaction
    - conflict resolution
    - supportive engagement
    - hope for sober outcomes



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- addressing family conflicts openly
  - constructive not punitive
  - reinforcing drug free activities
  - enhancing communication



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- Encouraging adolescent voice and goals – individual sessions




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- Dealing with relapses
    - harm reduction





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- Encouraging engagement with mutual support organizations and drug treatment programs



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- Engage family in treatment of
    - co morbid problems in child
    - Co morbid problems in parent



# Prevention efforts:



- Enhancement of academic opportunities
- Provide treatment for co morbid problems
- Engage families in shared activities
- Provide after school opportunities – activities, sports, jobs



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- Target especially at risk teens
  - Build drug-free recreation experiences



# Resources



- Schools
- Jobs
- Prosocial Support
- Activities
- Medical
- Other






# Goals



- Build a therapeutic alliance with the adolescent
- Create a collaborative agenda
- Establish a developmental – ecological framework of treatment




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- Improve functioning in several developmental domains
  - Transform a drug – using lifestyle into a developmentally normal lifestyle
  - Facilitate developmentally adaptive competence in multiple settings



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- Build a therapeutic alliance with a parent
  - Create a collaborative agenda
  - Establish a developmental – ecological framework
  - Facilitate parental commitment



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- Prevent parental abdication
  - Facilitate an improved relationship or improved communication between the parent and adolescent
  - Increase knowledge about and effectiveness of parenting practices (e.g. limit setting, monitoring, appropriate autonomy granting)

