

Improving Treatment Programs for Adolescents with Substance Use Disorders



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August 21, 2008

Presentation Goals



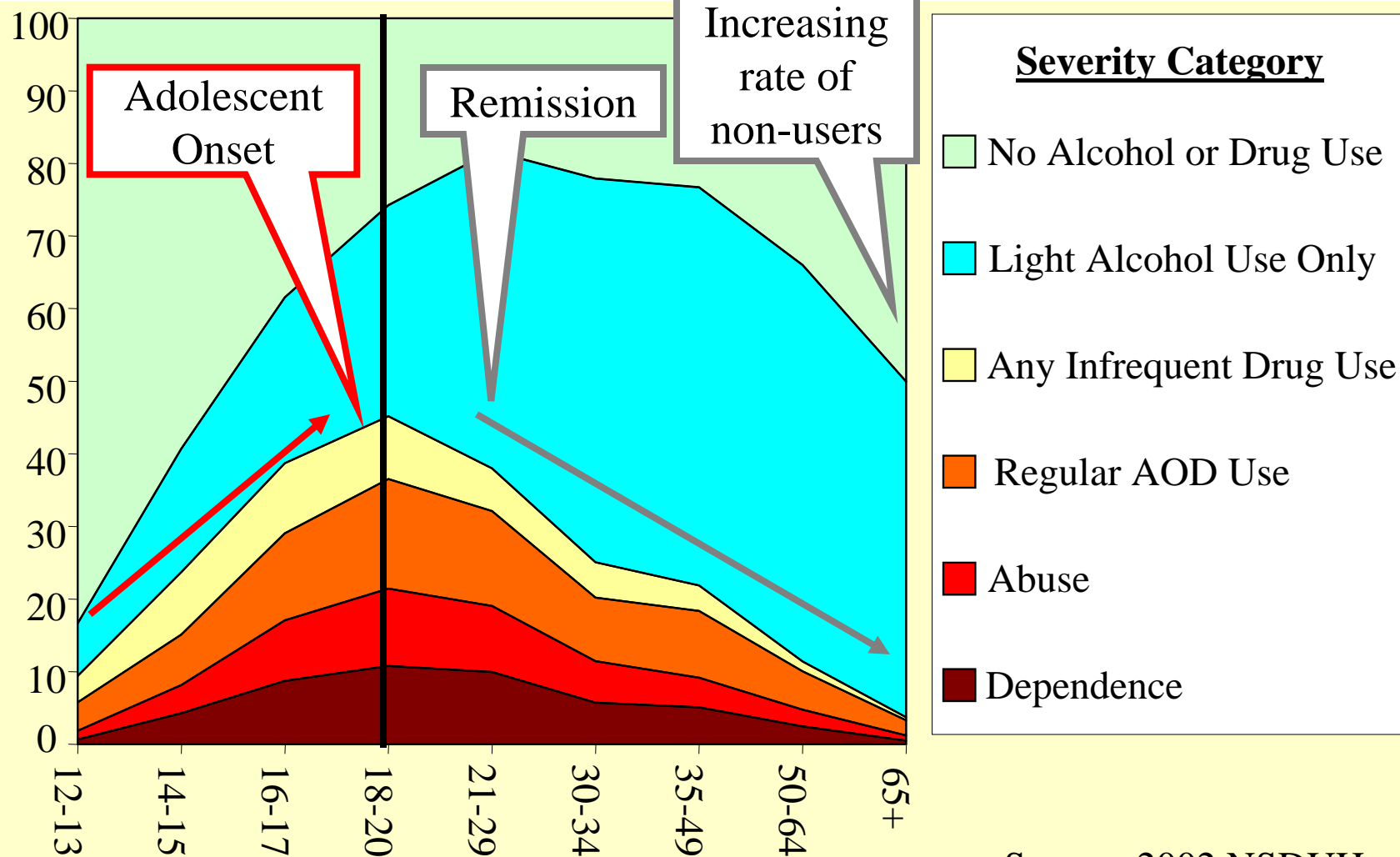
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- The current need for adolescent treatment
- Initiatives to test or expand the use of evidence-based practice in adolescent treatment
- Describe a nation-wide technical assistance plan to increase competency and adherence to an evidence based treatment

AOD Use Across the Lifespan



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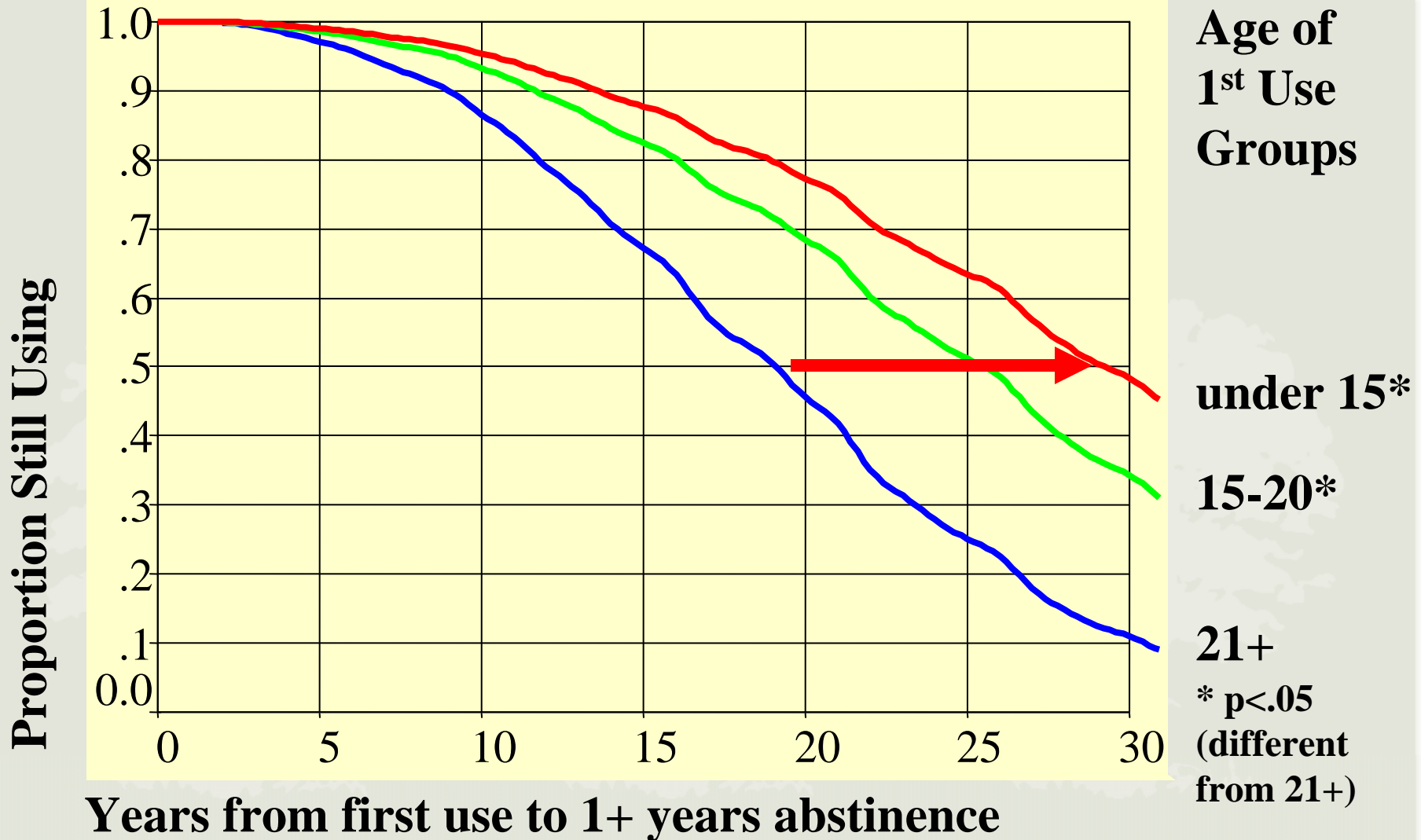


Source: 2002 NSDUH

Years of Substance Abuse are Longer the Younger the Age of First Use

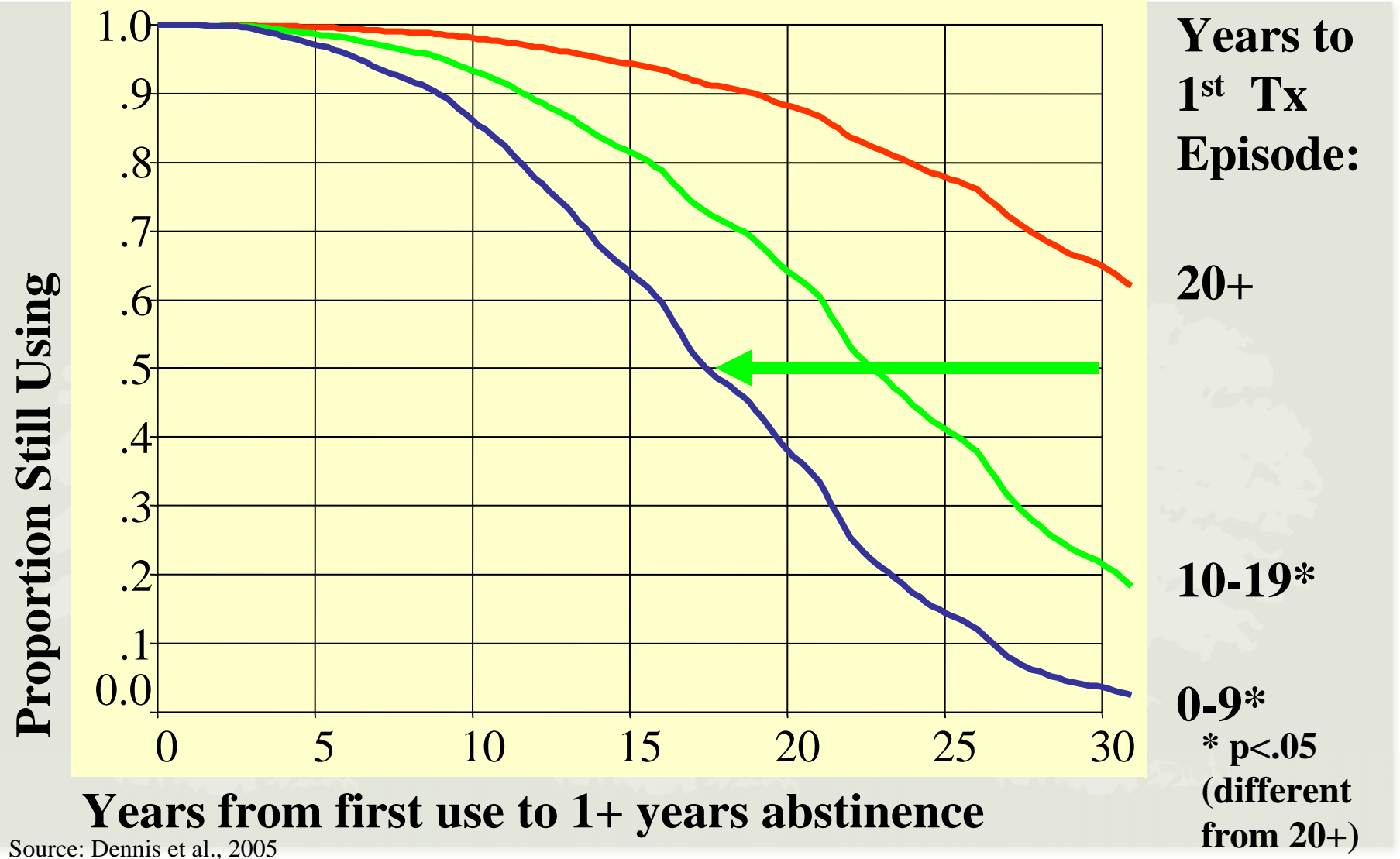


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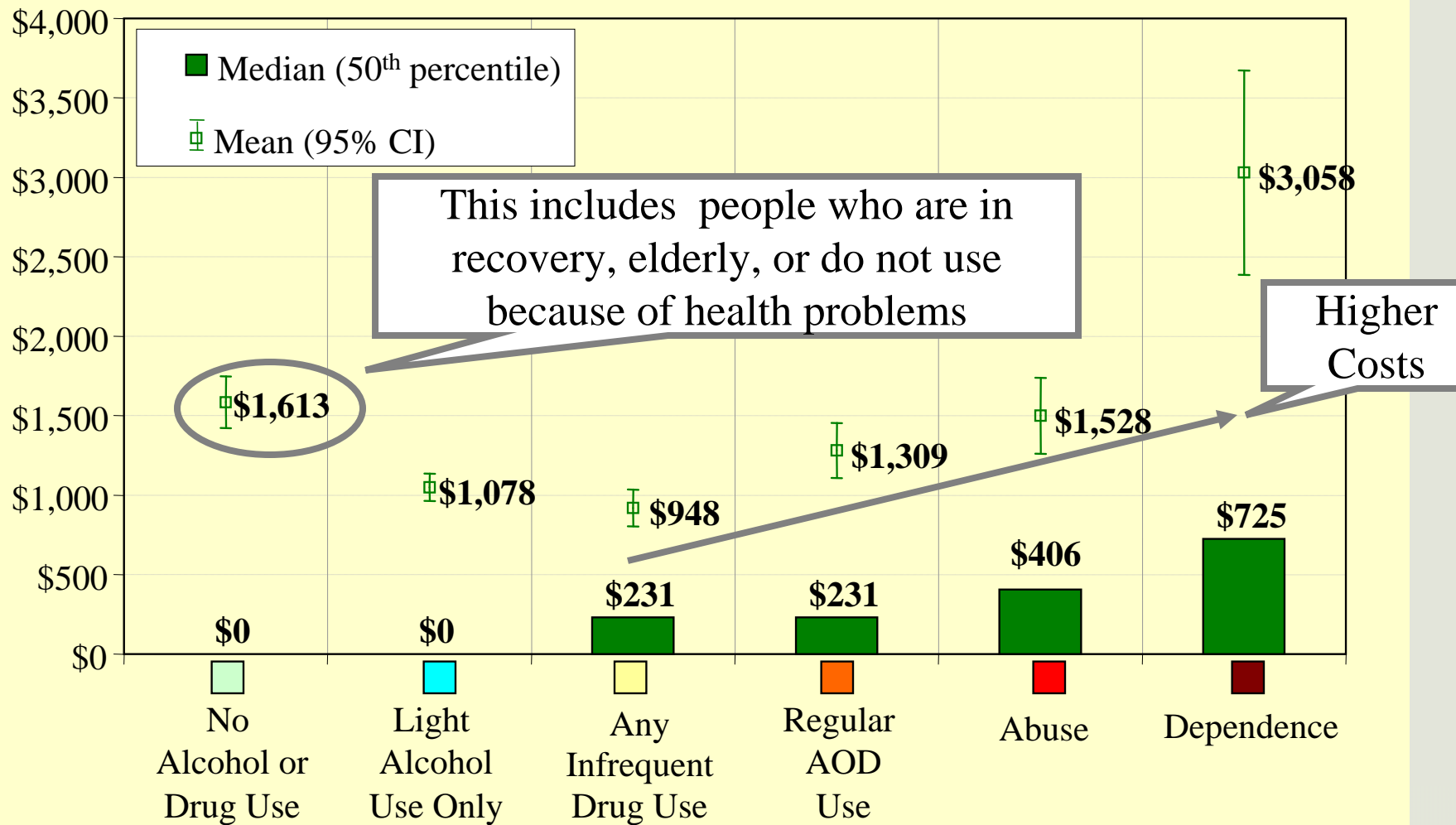
Source: Dennis et al., 2005

Years of Substance Abuse Decreases the Sooner People Get to Treatment



Source: Dennis et al., 2005

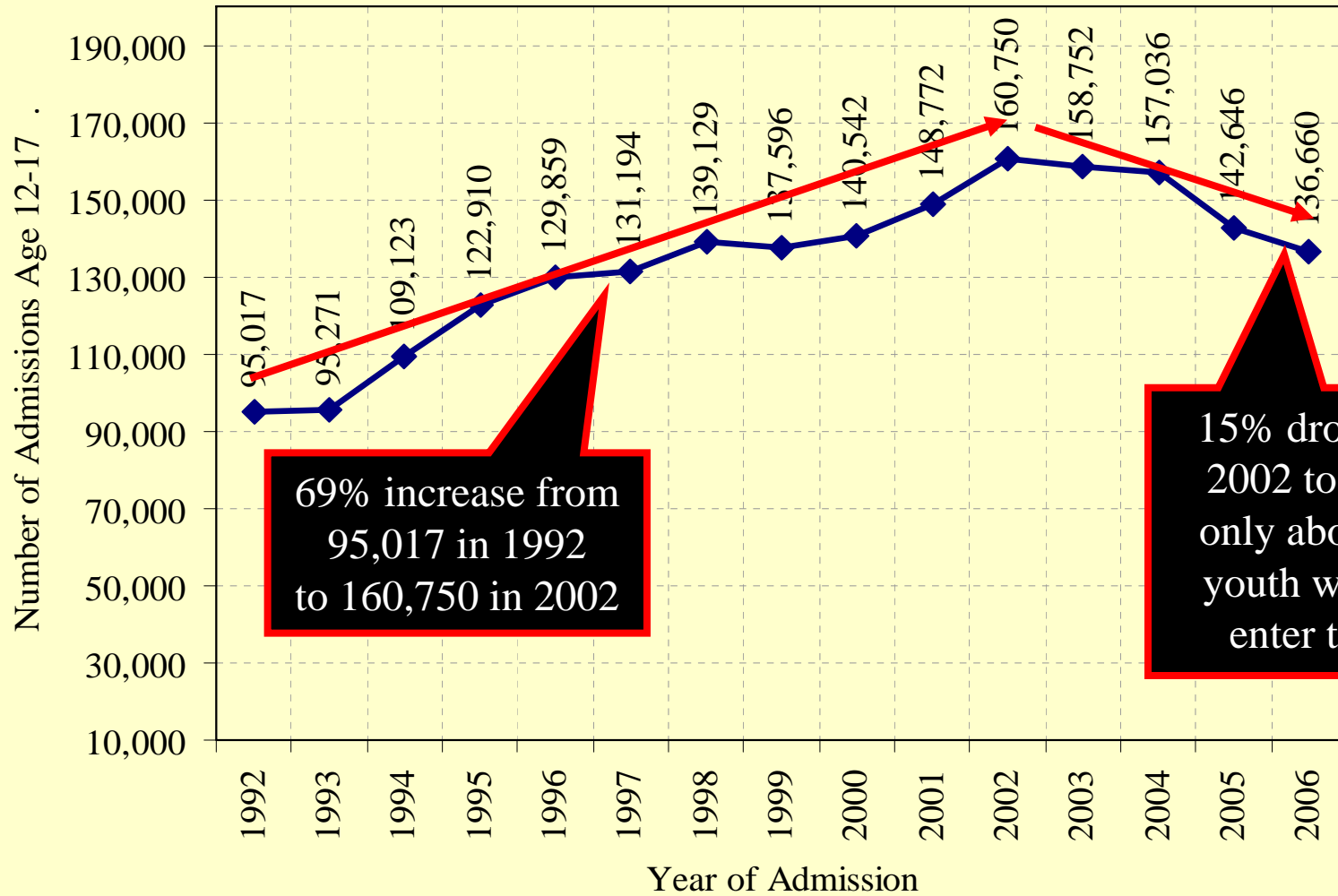
Higher S.A. Severity is Associated with Higher Annual Cost to Society Per Person



Trends in Adolescent (Age 12-17) Treatment Admissions in the U.S.



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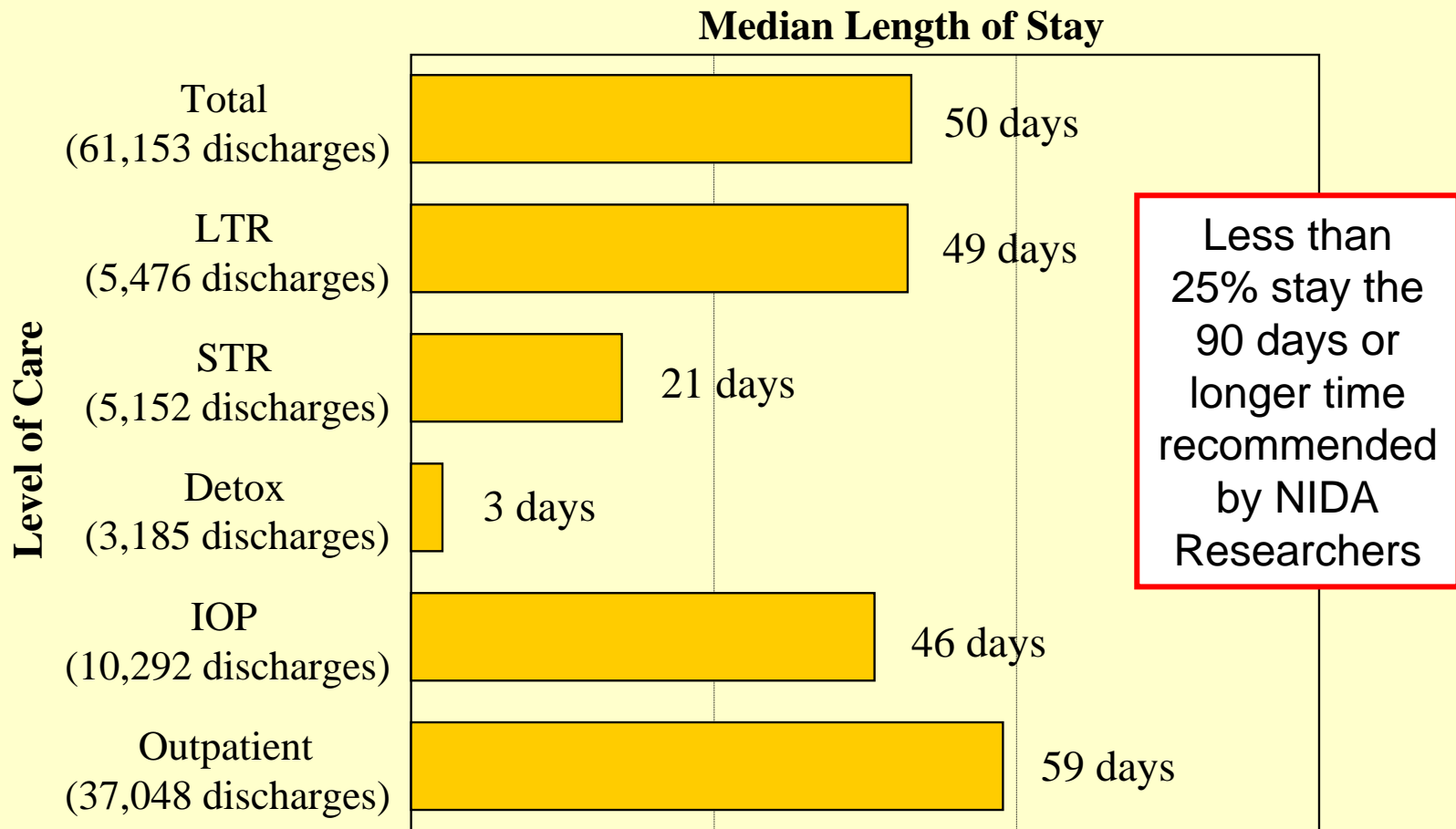
69% increase from 95,017 in 1992 to 160,750 in 2002

15% drop off from 2002 to 2006; but only about 10% of youth with a SUD enter treatment

Median Length of Stay is only 50 days



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Source: Data received through August 4, 2004 from 23 States (CA, CO, GA, HI, IA, IL, KS, MA, MD, ME, MI, MN, MO, MT, NE, NJ, OH, OK, RI, SC, TX, UT, WY) as reported in Office of Applied Studies (OAS; 2005). Treatment Episode Data Set (TEDS): 2002. Discharges from Substance Abuse Treatment Services, DASIS Series: S-25, DHHS Publication No. (SMA) 04-3967, Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from http://www.dasis.samhsa.gov/teds02/2002_teds_rpt_d.pdf.

Background Summary



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- Adolescence is the peak period of risk for and actual on-set of substance use disorders
- Earlier Intervention during adolescence and young adulthood can reduce the duration of addiction
- Adolescent substance use can have short and long terms costs to society
- The typical U.S. treatment program for adolescents falls short of best practice recommendations

National Funded Initiatives Studying EBPs for Adolescent Treatment



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- **1994-2000 NIDA's Drug Abuse Treatment Outcome Study of Adol. (DATOS-A)**
- **1995-1997 Drug Abuse Treatment Outcome Study (DOMS)**
- **1997-2000 CSAT's Cannabis Youth Treatment (CYT) experiments**
- **1998-2003 NIAAA/CSAT's 15 treatment research grants**
- **1998-2003 CSAT's 10 Adolescent Treatment Models (ATM)**
- **2000-2003 CSAT's Persistent Effects of Treatment Study (PETS-A)**
- **2002-2007 CSAT's 12 Strengthening Communities for Youth (SCY)**
- **2002-2007 RWJF's 10 Reclaiming Futures (RF) JJ diversion projects**
- **2002-2007 CSAT's 12+ Targeted Capacity Expansion TCE/HIV**
- **2003-2009 NIDA's 14 individual research grants and CTN studies**
- **2003-2006 CSAT's 17 Adolescent Residential Treatment (ART)**
- **2003-2008 NIDA's Criminal Justice Drug Abuse Treatment Study (CJ-DATS)**
- **2003-2007 CSAT's 38 Effective Adolescent Treatment (EAT)—a replication of an EBP from the CYT study**
- **2004-2007 NIAAA/CSAT's study of diffusion of innovation**

Current CSAT Funded Initiatives Studying EBPs for Adolescent Treatment



- **2004-2009 CSAT 22 Young Offender Re-entry Programs (YORP)**
- **2005-2008 CSAT 20 Juvenile Drug Court (JDC)**
- **2005-2008 CSAT 16 State Adolescent Coordinator (SAC) grants**
- **2006-2009 CSAT 32 Adolescent Assertive Family Treatment (AAFT) grants**

Adolescent Community Reinforcement Approach (A-CRA)

**Godley, S. H., Meyers*, R. J.,
Smith*, J. E., Godley, M. D., Titus, J.
M., Karvinen, T., Dent, G., Passetti,
L., & Kelberg, P. (2001).**
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Evidence of CRA Effectiveness: Meta-analyses & Reviews



Holder et al. (1991)

Social skills training

Self-control training

Brief motivational tx

Behavioral Marital tx

CRA

Stress management

Miller et al. (1995)

Brief intervention

Social skills training

MET

CRA

Behavioral contract

Aversion tx



Evidence of Effectiveness (cont'd)

Finney & Monahan (1996) Miller et al. (2003)

CRA

Social skills training
Enhancement

Behavioral Marital tx

Disulfiram Implants

Other marital tx
(bibliotherapy)

Stress Management

Brief Intervention

Motivational

Acamprosate

CRA

Self-Change

Naltrexone

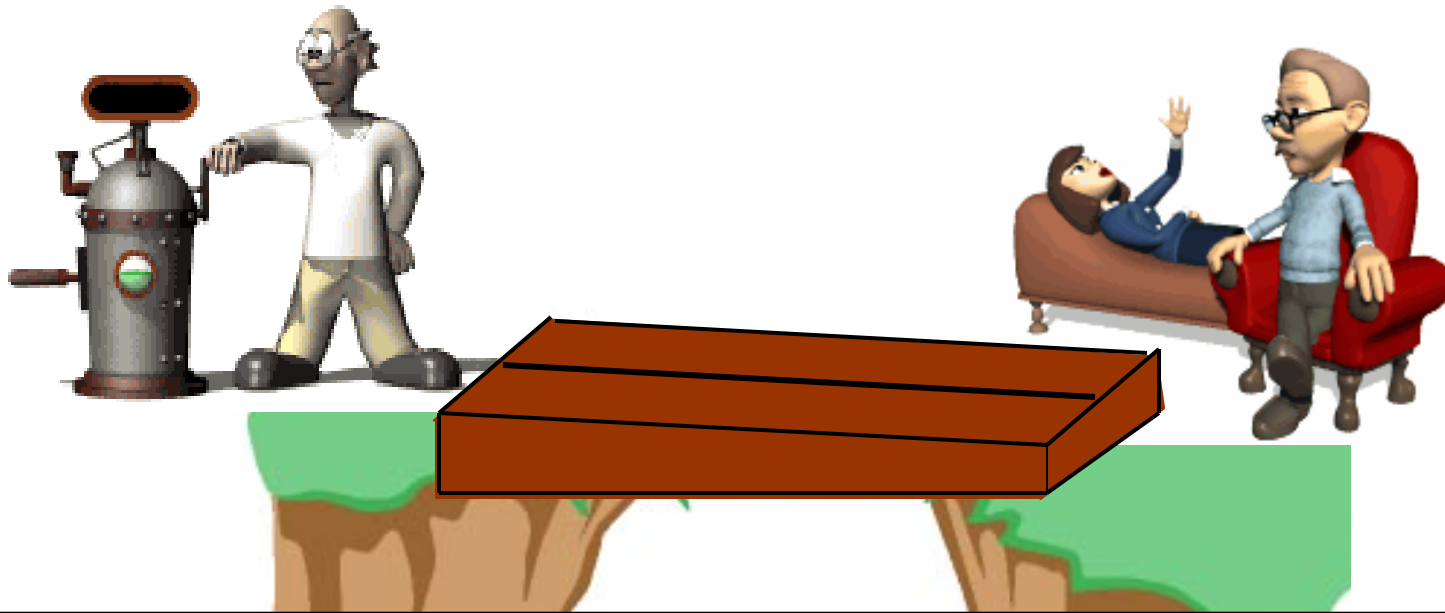
Key Features of the Adolescent Community Reinforcement Approach (A-CRA)



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- Seeks to make recovery a positive experience by helping adolescent increase social, recreational, and other prosocial behaviors.
- Teaches therapist to listen and learn what might motivate the adolescent and caregiver to participate in treatment
- No confrontation; praise small steps
- Builds on adolescent's strengths rather than focus on deficits
- Flexible use of the 18 A-CRA procedures is required
- Separate sessions for adolescent and parents to improve positive communication before bringing together for family sessions
- Homework to practice new skills between sessions

Bridging the gap between Research and Practice with high fidelity



Meta-analyses have shown EBPs used in practice settings often have much smaller effect sizes than those observed in research settings ($d = .26$ vs. $d = .81$; Curtis, Ronan, & Borduin, 2004)

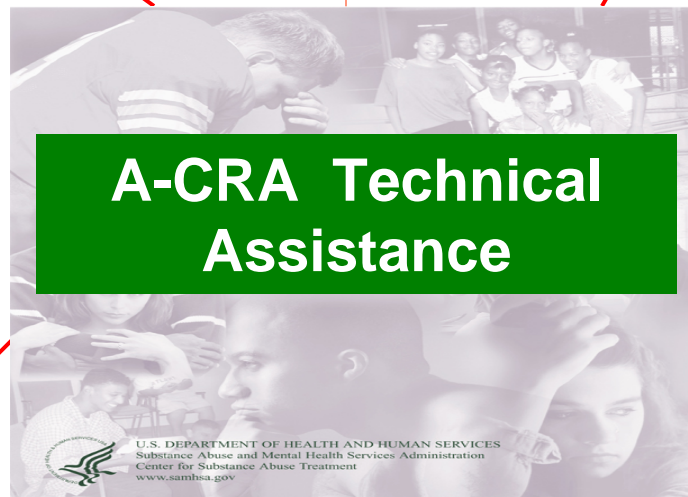


**Upload session recordings & data to the web;
Get expert ratings and narrative feedback**

**Treatment Manual
and
Knowledge Test**



3.5-day training workshop



A-CRA Technical Assistance



Record clinical and supervision sessions

A-CRA/ACC Certification Requirements are clearly delineated & monitored



Bi-Weekly Coaching calls

Welcome to the Evidence-Based Treatment (EBTx) Website

Log In

User Name:

Password:

Forgot Your Password?

Enter your Name to receive your password.

User Name:

EBTx.org main page for clinicians



A-CRA/ACC Session Log

[Main Page](#)

[Logout](#)

- [Main Page](#)

- Add/Close Client
- Add new session
- Upload DSR
- View Sessions
- Case Review Report
- Read Reviews of DSRs

Case Review Report Example



Client ID	Date Case Opened	Session Type	Weeks in treatment	Sessions with Client	Number of DSRs	Completed Mid-Week Call	Happiness Scale	Problem Solving
101	5/13/08	A-CRA	14	8	6	7	2	3
150	6/27/08	ACC	8	2	0	0	1	1

EBTx.org main page for clinicians



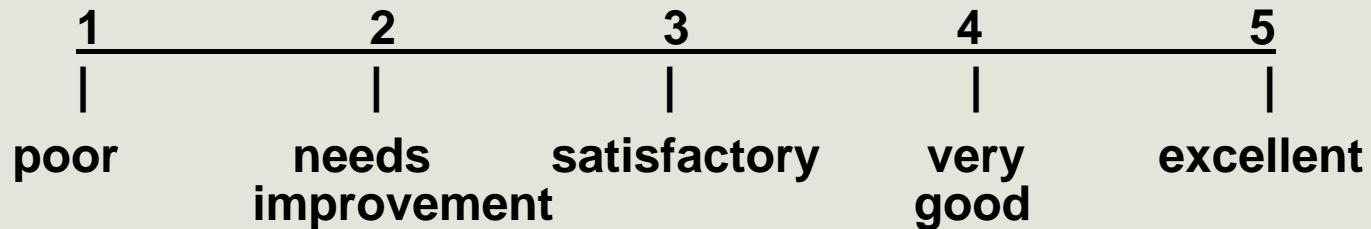
A-CRA/ACC Session Log

Main Page

[Logout](#)

- **Main Page**
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 - Case Review Report
 - Read Reviews of DSRs

Sample Procedure Rating



Functional Analysis for Pro-Social Behavior

12. _____ Gave Rationale
13. _____ Started by asking for description of common episode/behavior
14. _____ Outlined Triggers (external; internal)
15. _____ Clarified the using (or non-using) behavior
16. _____ Outlined positive & negative consequences of the behavior
17. _____ Gave examples of how the information would be used

	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U			
1	Certification Status	Pending	Date		7/21/2006	7/30/2006	8/7/2006	8/15/2006	8/21/2006	8/28/2006	9/6/2006	9/17/2006										
2	Therapist Name	Sample Clinician	Client ID		OW	OW	OW	OW	OW	OW	OW	OW										
3	Therapist ID	9999	Session #		2	3	4	5	6	7	9	10										
4	Status	Procedures			Tape 1	Tape 2	Tape 3	Tape 4	Tape 5	Tape 6	Tape 7	Tape 8	Tape 9	Tape 10	Tape 11	Tape 12	Tape 13	Tape 14	Tape 15			
5			Item	Short Label	Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating	Rating		
6	Completed	Overview of CRA	1	Describe basic objective	3																	
7			2	Outlined several procedures																		
8			3	Set positive expectations																		
9			4	Described duration of treatment	3																	
10			5	Started to identify reinforcers																		
11	Completed	Functional Analysis of Substance Using Behavior	6	Gave Rationale		3																
12			7	Started by asking for description of common episode/behavior		3																
13			8	Outlined Triggers (external; internal)		3																
14			9	Clarified the using (or non-using) behavior		3																
15			10	Outlined positive & negative consequences of the behavior		3																
16			11	Gave examples of how the information would be used		3																
17			12	Gave Rationale		3																
18	Completed	Functional Analysis for Pro-Social (Non-Using) Behavior	13	Started by asking for description of common episode/behavior		3																
19			14	Outlined Triggers (external; internal)		3																
20			15	Clarified the using (or non-using) behavior		3																
21			16	Outlined positive & negative consequences of the behavior		3																
22			17	Gave examples of how the information would be used		3																
23	Completed	Happiness Scale	18	Provided rationale	3				3													
24			19	Gave instructions	3				3													



Example Narrative Comments

Functional Analysis for Pro-Social Behavior:

You gave a good rationale for doing the functional analysis (to help stay busy, support the activity, to stick with it, and to not use drugs).

You helped the client choose an activity by suggesting one that you know he enjoys such as watching movies, TV, drawing, and playing video games.

You did a great job asking him to “tell you about watching movies” and then had follow-up questions to probe for more specific information about the activity.

It seems that having a natural conversation and discussion in order to gather information about the external and internal factors worked well for this client.

You did a great job outlining the external and internal triggers on both activities. At the same time, you continued to keep him focused on the task.

You did a great job identifying the positive and negative consequences, and linked the activity to not using substances. You gave him a lot of praise for continuing to not use substances and reinforced that you wanted him to keep doing well.

You did not appear to get a chance to finish the procedure. It would have been helpful to give a specific example as to how the FA will be helpful to him. For example, the client was very excited and might have done a homework where he was able to draw and connect it to one of his reinforcers, such showing the picture to his mom to build their relationship. It seems that you were connecting the activity, drawing, to positive consequences throughout the session, great job.

A-CRA Certification Certificate



A-CRA CERTIFICATION

This is to certify that on August 24, 2008

Sam Clinician

of Chestnut Health Systems in Bloomington, IL

Completed the requirements for therapist certification in the Adolescent Community Reinforcement Approach (A-CRA) for the Assertive Adolescent and Family Treatment (AAFT) project. This certification signifies that the individual has participated in the three and a half day training in A-CRA conducted by RJM and Associates and Chestnut Health Systems; achieved a satisfactory score on the A-CRA knowledge test; and demonstrated through audio recordings a positive, relationship-enhancing tone to the therapy sessions and competency in A-CRA fundamentals.



Robert J. Meyers, Ph.D.
A-CRA Lead Trainer



Jane Ellen Smith, Ph.D.
A-CRA Lead Trainer



Brandi Barnes, M.S.
EBT Coordinator

For More Information



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Resources to assist with Implementing Evidence Based Practice



Chestnut Health Systems

- Central East ATTC Evidence Based Practice Resource Page
http://www.ceattc.org/nidacsat_bpr.asp?id=LGBT
- Northwest Frontier ATTC Best Practices in Addiction Treatment: A Workshop Facilitator's Guide
<http://www.nattc.org/resPubs/bpat/index.html>
- Turning Knowledge into Practice: A Manual for Behavioral Health Administrators and Practitioners About Understanding and Implementing Evidence-Based Practices
<http://www.tacinc.org/index/viewPage.cfm?pageId=114>
- Evidence-Based Practices: An Implementation Guide for Community-Based Substance Abuse Treatment Agencies
<http://www.uiowa.edu/~iowapic/files/EBP%20Guide%20-%20Revised%205-03.pdf>
- National Center for Mental Health and Juvenile Justice Evidence Based Practice resource list at <http://www.ncmhjj.com/EBP/default.asp>
- Society for Adolescent Substance Abuse Treatment Effectiveness (SASATE) www.chestnut.org/li/apss/sasate
- 2006 Joint Meeting on Adolescent Substance Abuse Treatment Effectiveness <http://www.mayatech.com/cti/jmate/>

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Description of Training and Certification Process for Adolescent Community Reinforcement Approach (A-CRA) and Assertive Continuing Care (ACC)

The Adolescent Community Reinforcement Approach (A-CRA) is an evidence-based treatment endorsed by the National Registry for of Evidence-based Programs and Practices (NREPP). It is also incorporated as a major component of Assertive Continuing Care (ACC). With partial support from the Center for Substance Abuse Treatment, Chestnut Health Systems provides training and certification in both the A-CRA and ACC models. A four-day training workshop provides an overview of the A-CRA procedures, opportunities to practice using the model, and background information on ACC. Those who attend the A-CRA/ACC training will also receive information on the requirements for the certification process.

Certification Process- Clinicians

The A-CRA/ACC certification has two tracks. One can be certified as a Clinical Supervisor or as a Clinician. To reach the A-CRA Clinician certification level, one must read the A-CRA manual and complete the A-CRA Knowledge Test and score 80% (prior to attending training). After attending the 4-day training, the trainee must begin recording sessions and upload one to www.EBTx.org within three weeks. One submission must be uploaded at least weekly. The clinician must also participate in weekly supervision sessions and coaching call teleconferences. Clinicians must enter session data weekly and attempt to record and upload every session. The time allotted for the A-CRA Clinician certification process is six months. In order to become certified as an ACC Clinician a trainee must first achieve A-CRA Clinician certification as outlined above. In addition, the trainee must demonstrate from the www.EBTx.org Case Review Report, the ability to link no less than 50% of clients to first ACC session within 14 days of discharge from the previous treatment episode, complete mid-week telephone calls no less than 60% of the weeks (per client) and assist no less than 80% of the ACC clients with probation, school, or other needs. The time allotted for the A-CRA Clinician certification process is nine months. After certification is reached, certified Clinicians must still continue to record and upload sessions and session data to www.EBTx.org.

Certification Process- Clinical Supervisors

The track to become a certified A-CRA Clinical Supervisor was developed for those individuals who would like to become competent in the model but have limited access to clients. To reach the A-CRA Clinical Supervisor level, one must read the A-CRA manual and complete the A-CRA Knowledge Test and score 80% (prior to attending training). After attending the 4-day training, the supervisor must upload a recorded supervision session with a clinician. During these recorded supervision sessions the supervisor must

demonstrate competency in using the Case Review Report, accurate reinforcement of competent use of the procedures, and provide constructive feedback to improve one or more aspects of the procedure or technique. Clinical Supervisors must upload the ratings and comments related to at least one clinician's DSR weekly using the www.EBTx.org website. The supervisor must also demonstrate the ability to achieve high consistency (80% or better) with the expert rater for at least six A-CRA sessions. Lastly, the clinical supervisor must demonstrate during the coaching calls an understanding of the A-CRA/ACC supervision process. The time allotted to complete the Clinical Supervisor certification process is six months. In order to become certified as an ACC Clinical Supervisor, a trainee must first achieve the A-CRA Clinical Supervisor certification as outlined above. In addition, the supervisor must demonstrate during recorded supervision sessions, the ability to review with the clinician linking the client to ACC, the frequency or content of mid-week telephone calls, and about the clinician's discussion and assistance with probation, school, or other needs. After achieving A-CRA/ACC Clinical Supervisor certification, one:

- Can certify clinicians at their local site in A-CRA/ACC once the clinician has attended a national A-CRA/ACC training held by Chestnut Health Systems/RJM and Associates and completed all the requirements listed above pertaining to the ACC Clinician certification process.
- Should provide Chestnut Health Systems with the case review report indicating the clinician has met the requirements for ACC certification and assure this data is accurate.
- Can train and certify clinicians at their local site in A-CRA/ACC once they have, 1) provided Chestnut Health Systems with a training agenda that is approved prior to training, 2) provided documentation that a clinician has completed the training as planned, and 3) followed the certification guidelines outlined above pertaining to the A-CRA/ACC Clinical Supervisor certification process.

Coaching Calls

The teleconference coaching calls are scheduled for every other week. These calls will be conducted by A-CRA/ACC trainers. The trainers will review DSRs on each call and focus on specific procedures to discuss in further detail. The assistant coaches will take minutes for these calls and submit to the EBT Coordinating Center.

For More Information Contact:

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