

Key Factors in Adolescent Substance Abuse
Treatment for Juvenile Drug Courts:
What works

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Why is treatment needed?

- One in every four adolescents that uses substances under 15 will go on to have a lifetime of dependence problems.
- Less than 1 in every 10 of adolescents with a substance abuse problem will receive treatment.
- Use is starting earlier...over 63% of adolescents reported marijuana use of earlier than age 15 and 71% reported using other drugs.



Treatment Admissions

- 1 in 10 adolescents with substance dependence issues receive treatment.
- Of those 50% stay in treatment 6 weeks, 75% stay less than 3 months as recommended by the National Institute on Drug Abuse.
- From 1992-1998 admissions increased by 53% but then dropped off in 1999. Since 2000 admissions have increased again, but not back to the rates in 1999.

Source of Admissions

- 44% from Community Justice
- 22% from School
- 17% from Parents, Self and Other Family
- 5% other Substance Abuse Providers
- 5% other medical/health providers
- 16% Other

Adolescents are NOT little Adults



Adults and Adolescents: Consider the differences.....

While Adults.....	Adolescents.....
Decide what to have for dinner	Are generally told what they are having for dinner
Are attending to love relationships and work	Are attending to peers and working to be accepted by others
Have health problems and injury related to substance dependence	Have more problems related to their behaviors related to substance abuse
Have a good sense of time	Are “fuzzy” around time issues and deadlines
Are able to negotiate and change behaviors around where to live, who to spend time with, how they live their life	Cannot negotiate obstacles easily. Cannot change where they live, go to school, who they are in contact with daily
Will consider how their behavior affects others. Can consider the feelings and situations of others readily.	Consider who others’ behaviors affect them. Will predominately consider only themselves and not be considerate of others

While adults.....	Adolescents.....
Can easily look into the future and see risk and consequences for current behavior	Are limited in “future thinking” and can easily see only the gains/issues for the “here and now”
Have a strong need to be authentic-remaining true to self	Have a strong need to be accepted by the peer/social group
Will generally get in a car and drive to appointments and complete responsibilities	Are often at the mercy of an adult to help them get to appointments and complete responsibilities
Can understand when Court or treatment staff use discretion when applying rules and consequences	See “discretion” as inconsistency and an opportunity to exploit program rules and push boundaries
Can understand program orientation and will ask questions as appropriate	Has far less comprehension, will not ask questions for clarification
Will sit in the court room and learn vicariously when watching another participants in the Court process	Will sit in the court room and identify with the adolescent participant, as opposed to learning lesson of the Court process

Developmental Changes for Adolescents

Normal Development in Adolescents

Characteristics of Early Teen Years	Characteristics of Late Teen Years
Often has extreme emotions	Has somber, quiet demeanor
Begins to assert himself, is no longer a child	Establishes his or her own beliefs
Shifts back and forth from mature to childish	Wants to know where adults stand on issues
Is concerned about appearance to others	Is relatively uncommunicative
Searches for self-understanding	Resents infringements on freedom
Is often happy and outgoing	Divorces themselves from family activities
Relates successfully to adults and peers	Has group friendships
Can be sensitive	Is in the first stage of real independence
Likes developing own ideas	Is more autonomous
Has more worries than fears	Has increased interested in sex

Developmental Changes for Adolescents

Normal Development vs. Chemically Dependent

Normal	Chemically Dependent
Becomes more egocentric and self-involved	Cannot see reality of their own condition
Anticipates consequences of actions	Confused “what I am” with “what I do”
Looks for fairness, can detect inconsistency	Thinks the drug is “me”
Is preoccupied with own thoughts	Blames others for their feelings
Is somewhat withdrawn and isolated	Is socially withdrawn
Is moody	Excessively moody due to chemical use
Has intensified feelings	Has inflated image of importance
Debates and argues for the sake of arguing	Feels indifferent to criticism
Questions adult decisions and authority	Debates and argues, rejects authority
Changes previously held values	Rejects previously held values
Questions family values and rituals	Rejects family and rituals

Motivation for Adolescent Substance Use

- Feels accepted by chemical users
- Feels pressured to conform to drug group
- Feels chemicals work “first time, every time”
- Feels more self-accepting
- Finds it easier to have a relationship with chemicals than with people that can reject them
- Feels less inhibited when using chemicals
- Uses drugs to numb bad feelings about self and others

Brain Regions and Functions



- Frontal lobe—self-control, judgment, emotional regulation; restructured in teen years
- Corpus callosum—intelligence, consciousness and self-awareness; reaches full maturity in 20's
- Parietal lobes—integrate auditory, visual, and tactile signals; immature until age 16
- Temporal lobes—emotional maturity; still developing after age 16

Implications for Adapting Treatment

- Examples and discussions need to be altered to be relevant (situations, triggers, substances).
- Consequences have to be altered to matter to adolescents .
- We need to remember that most adolescents do not think their use is a problem and are mandated to treatment....rolling with that resistance is necessary.
- Adolescents still think in concrete terms, all materials should be converted from abstract to concrete (i.e. what is vs. what can be).
- Adolescents experience twice the emotions at twice the intensity as adults, learning to cope with these emotions is essential.
- Mental Health issues, or co-occurring issues are the norm, and often pre-date substance use and must be screened for and treated.
- Must remember that adolescents have less control of their life and recovery environment....they need to learn what they can control and what they cannot and how to cope with environments (home, school, peers) that are not supportive of recovery.

Implications for Adapting Treatment

cont.

Treatment Models Should:

- Be developmentally appropriate.
- Have staff that are trained in adolescent substance abuse treatment, are competent in both cultural and gender differences.
- Have staff that are aware of youth culture, slang, references etc.
- Utilize manual-guided therapies and a continuum of care.
- Individualized treatment planning that engages the client in the process of goal setting.
- Recognize that adolescents are “wired” to rebel, this is developmentally appropriate- so do not engage in power struggles and lectures- partner with the adolescent and roll with resistance.
- Build on strengths and resiliency.
- Include the parent/families in a strong family treatment component.
- Utilize best practice approaches including motivational interviewing, cognitive behavioral approaches and Seven Challenges.

Experiential Exercises

Adolescent treatment should include experiential exercises as adolescents appear to integrate the material provided in treatment, both educational and coping strategies, more effectively through experience and practice.

Examples:

- The rock exercise
- Herman's Head
- Hula Hoops

Ineffective Treatment Approaches with Adolescents

- Educational Units alone- education alone does not impact use, education needs to be combined as part of a comprehensive, continuum of services.
- Focus on compliance for Court or Parents- a focus solely for compliance does not engage teens in the treatment process.
- Treatment of individuals in adult units or with adult programming.
- Treatment of adolescents with individual sessions only, no group services, lack of family programming.
- Programming that is not developmentally appropriate.
- Programming focused on denial and responsibility.

Challenges for Implementation

- Systems support—Courts/Probation, Agency, Schools
- Passive Referrals
- Ample numbers/referrals
- Workforce Development Issues
- Funding
- Ability to provide comprehensive services/continuum of care
- Fragmented service delivery across systems
- Lack of interest or passion for adolescents

Critical Success Factors for Implementation

- Multi-systemic support- contracts and referral agreements with the Courts, Schools, Community Agencies
- Commitment and Passion for the population
- Commitment for evidenced based, best practice approaches
- Diverse and skilled staff
- Comprehensive Family Program and expectation of parental involvement
- Access to diverse funding base
- Ability to collect outcomes and utilize data for program improvements and marketing to Courts, Schools etc.

Adolescent Treatment...It Works!

