Adolescent Treatment: Matching Youth to Appropriate and Effective Programs and Supportive Services

Randolph D. Muck, M.Ed.

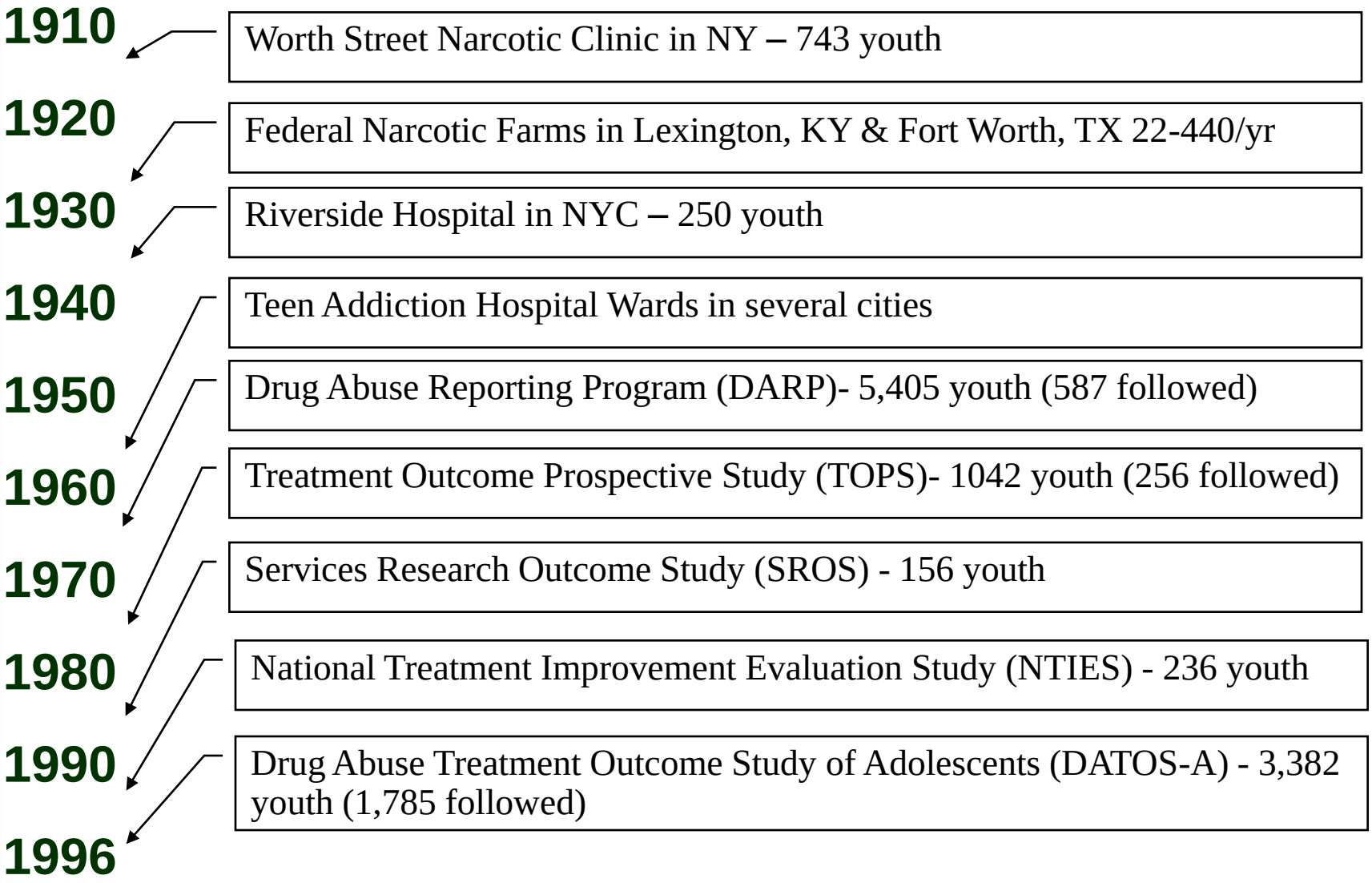
Senior Clinical Consultant

Advocates for Youth and Family Behavioral Health Treatment, LLC

Goals

- To take stock of how far we have come as a field, particularly in the last few years and its importance to the field of adolescent substance abuse treatment and the concepts of treatment matching, continuing care, and ongoing supportive services.
- To identify Evidence-Based Treatments that are effective for substance using adolescent populations with juvenile justice involvement, co-occurring mental health disorders, and trauma.
- Highlight the importance of an educated consumer base: families and other purchasers of services.

Early Adolescent Treatment Work



Source: Dennis, M.L., Dawud-Noursi, S., Muck, R., & McDermeit, M. (2003)

What these early studies taught us

- Treatment of adolescents with adult models and/or mixed with adults does not work and is actually associated with drop out and increased use
- Highly confrontational and abusive programs can do extreme harm
- Need to assess and treat a wider range of problems including victimization, co-occurring mental health and education needs
- Need to modify materials to be more concrete and use examples relevant to youth (developmentally appropriate)

The Current Renaissance of Adolescent Treatment Research

Feature	1930-1997	1997-2005
Tx Studies*	17	Over 200
Random/Quasi	9	44
Tx Manuals*	0	30+
QA/Adherence	Rare	Common
Std Assessment*	Rare	Common
Participation Rates	Under 50%	Over 80%
Follow-up Rates	40-50%	85-95%
Methods	Descriptive/Simple	More Advanced
Economic	Some Cost	Cost, CEA, BCA

** Published and publicly available*

10+ Year Investment in Improving Adolescent Treatment Effectiveness

- **1997-2001, Cannabis Youth Treatment (CYT) – 600 youth**
- **1998-2001, Adolescent Treatment Models (ATM) -1334 youth**
- **1998-2004, CSAT/NIAAA experiments – several hundred youth**
- **2000-2002, Persistent Effects of Treatment Study of Adolescents (PETS-A) - 1200 youth**
- **2001-2003, CSAT/RWJF Reclaiming Futures, 445 youth**
- **2002-2007, Strengthening Communities for Youth (SCY) – 2,249 youth**
- **2002-2012, Targeted Capacity Expansion (TCE) – 1,417 youth**
- **2003-2006, Adolescent Residential Treatment (ART) – 1,458 youth**
- **2003-2007, Effective Adolescent Treatment (EAT) – 5,854 youth**
- **2004-2009, Co-occurring State Infrastructure Grants (COSIG) -system**
- **2004-2009, Young Offender Re-entry Program (YORP) – 1,597 youth**
- **2005-2008, State Adolescent Coordinator (SAC) -system**
- **2005-2010, Juvenile Treatment Drug Court (JTDC) – 1,678 youth**
- **2006-2013, Adolescent Assertive Family Tx (AAFT)-4,769 youth**
- **2007-2011, Brief Interventions and Referrals to Treatment (BIRT)-427 youth, Joint Funding (CSAT/OJJDP)**
- **2009-2016, Reclaiming Futures (joint funding – OJJDP/RWJF/CSAT)**

Infrastructure Changes Support EBPs

- Over 80% participation, use of evidenced based assessment, use of evidenced based intervention, and follow-up
- Have pooled data from over 25,000 youth assessed with the Global Appraisal of Individual Needs (GAIN), including 88% with one or more follow-ups, made available for program evaluation and secondary analysis, and helped to generate over 200 publications
- Have supported the creation and evaluation of over 20 adolescent treatment manuals
- Several State/County/City/ Jurisdictional System level grants

Evidence Based Practice

Tested with good outcomes

Manual exists so it can be replicated/trained

A training program exists

Supervision leading to certification

Ongoing monitoring

Outcomes measurement

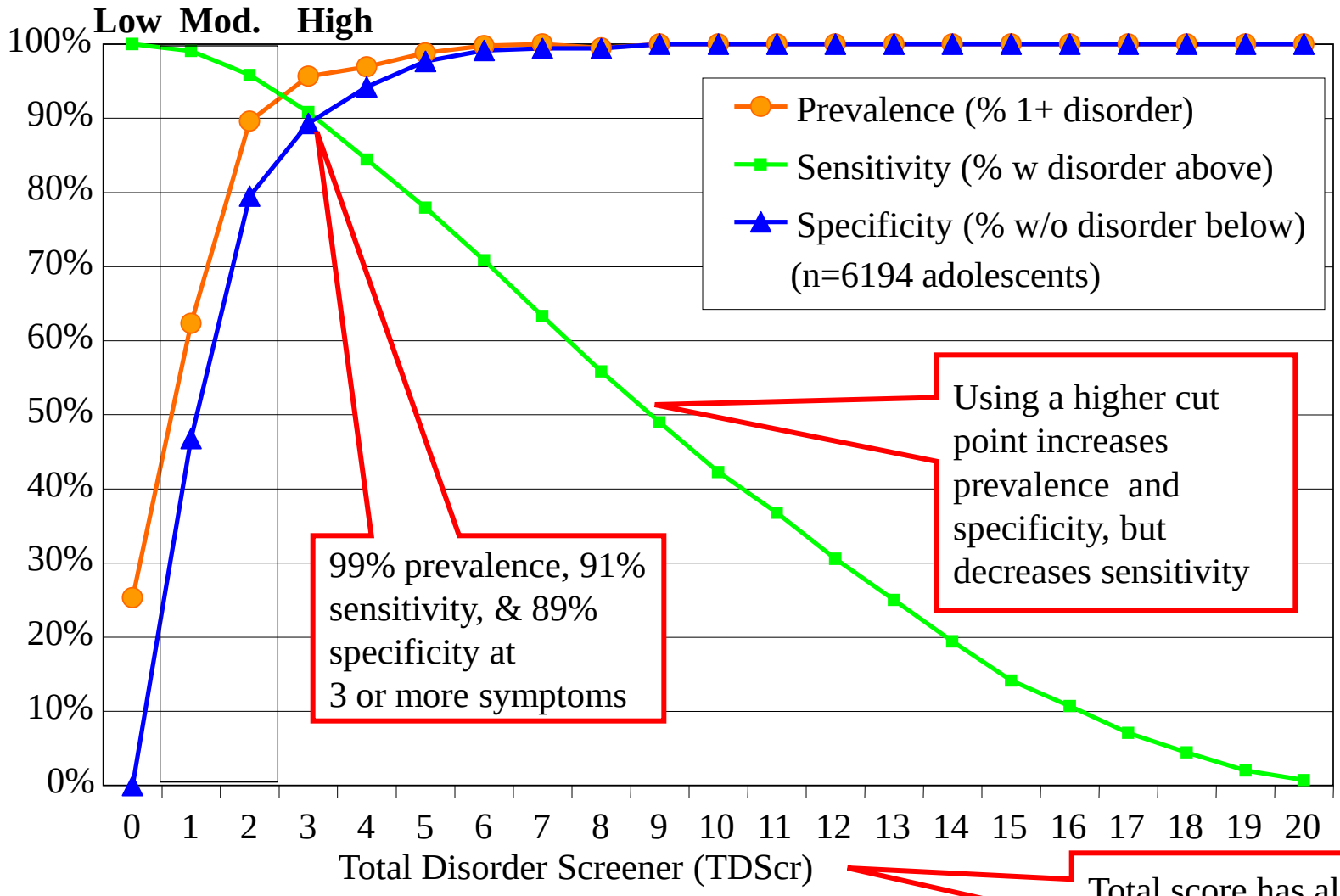
So what does it mean to move the field towards Evidence Based Practice (EBP)?

- Introducing reliable and valid screening and assessment (CASI-A, GAIN, T-ASI) ***Grant for support available for Juvenile Drug Courts for assessment and treatment***

- Introducing explicit intervention protocols that are developmentally appropriate

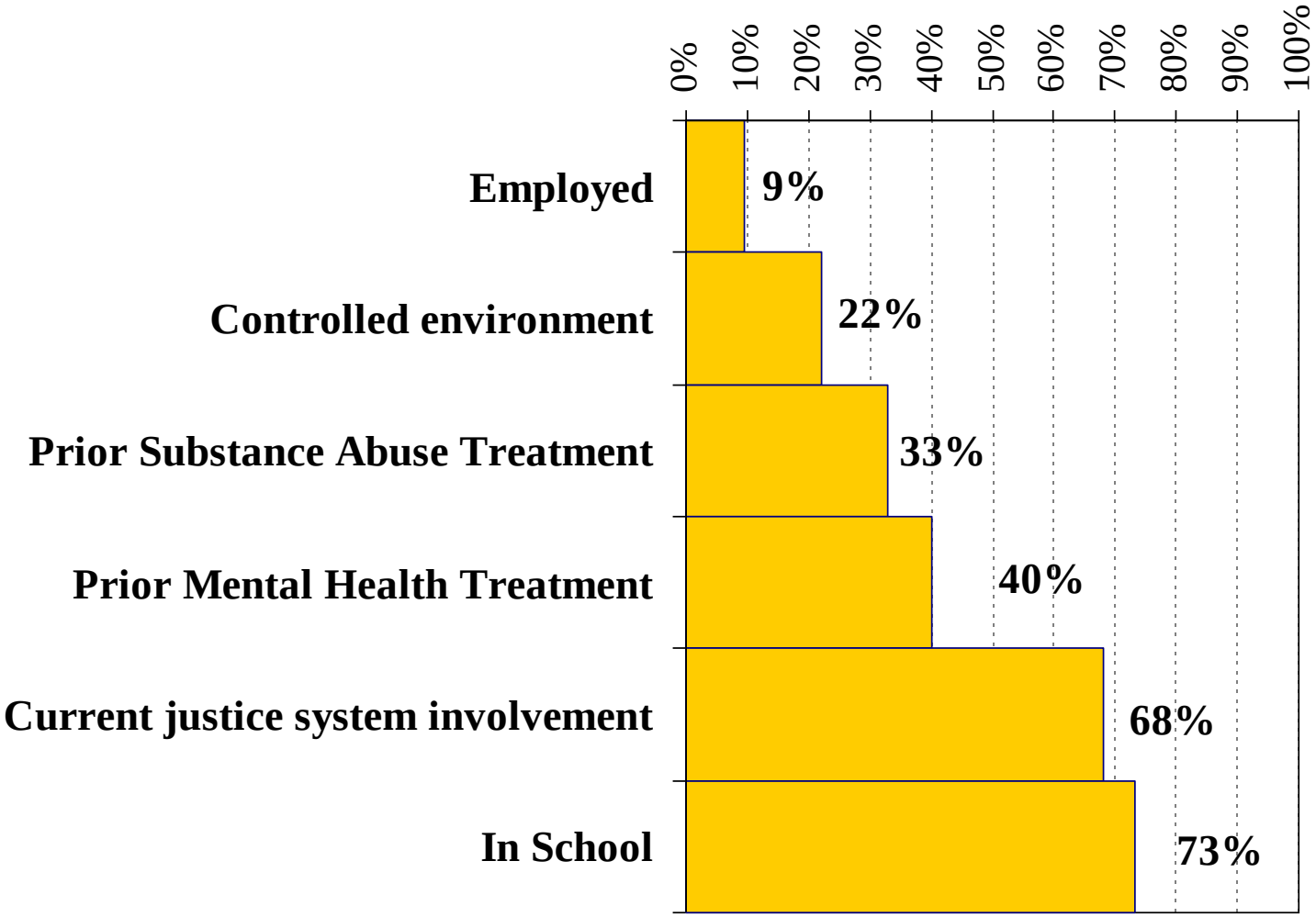
- Having the ability to evaluate performance and outcomes

Psychometric Properties GAIN-SS



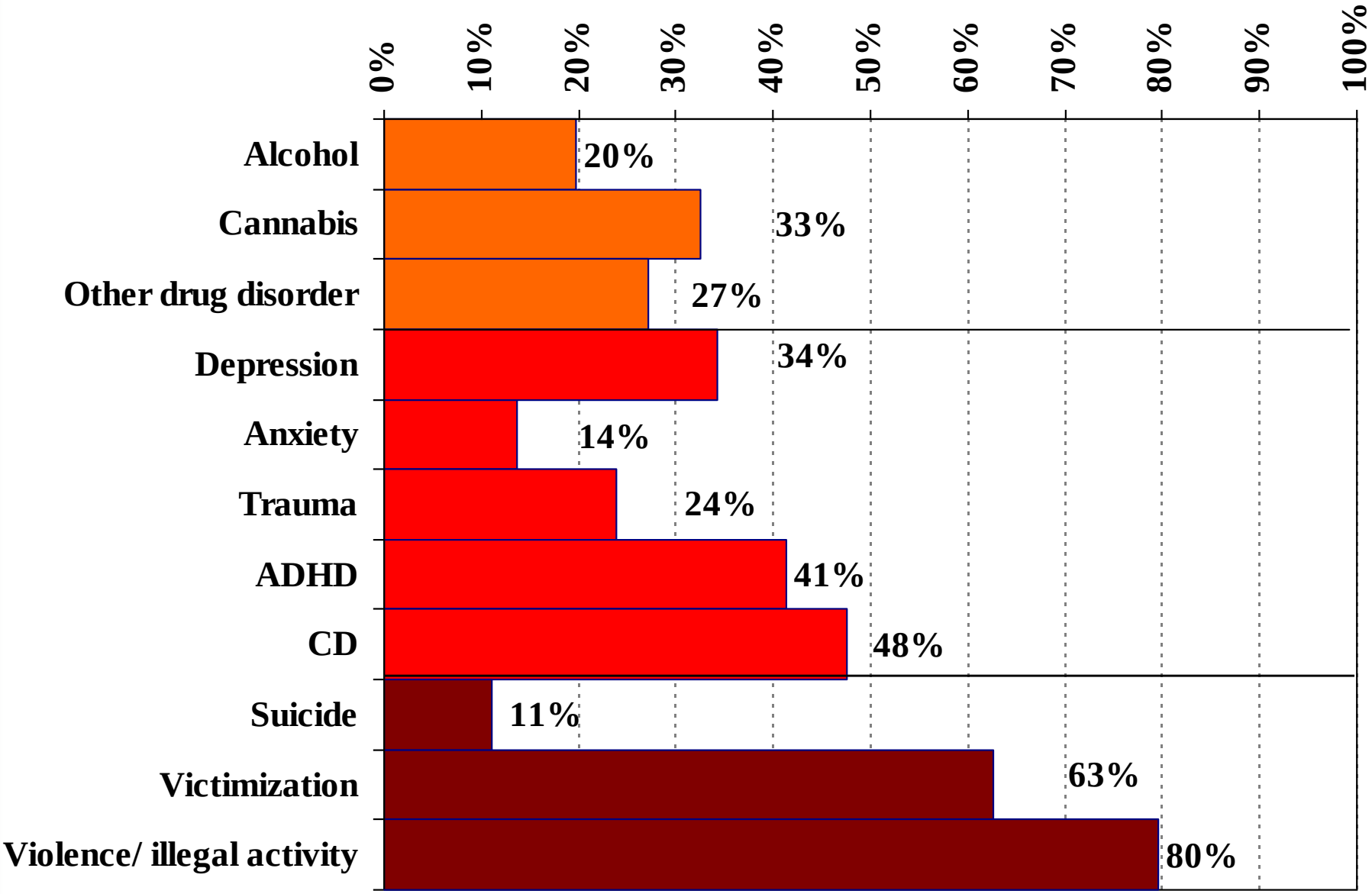
Source: Dennis et al 2006

Youth are involved in multiple systems placing competing demands on them and potentially in conflict with each other



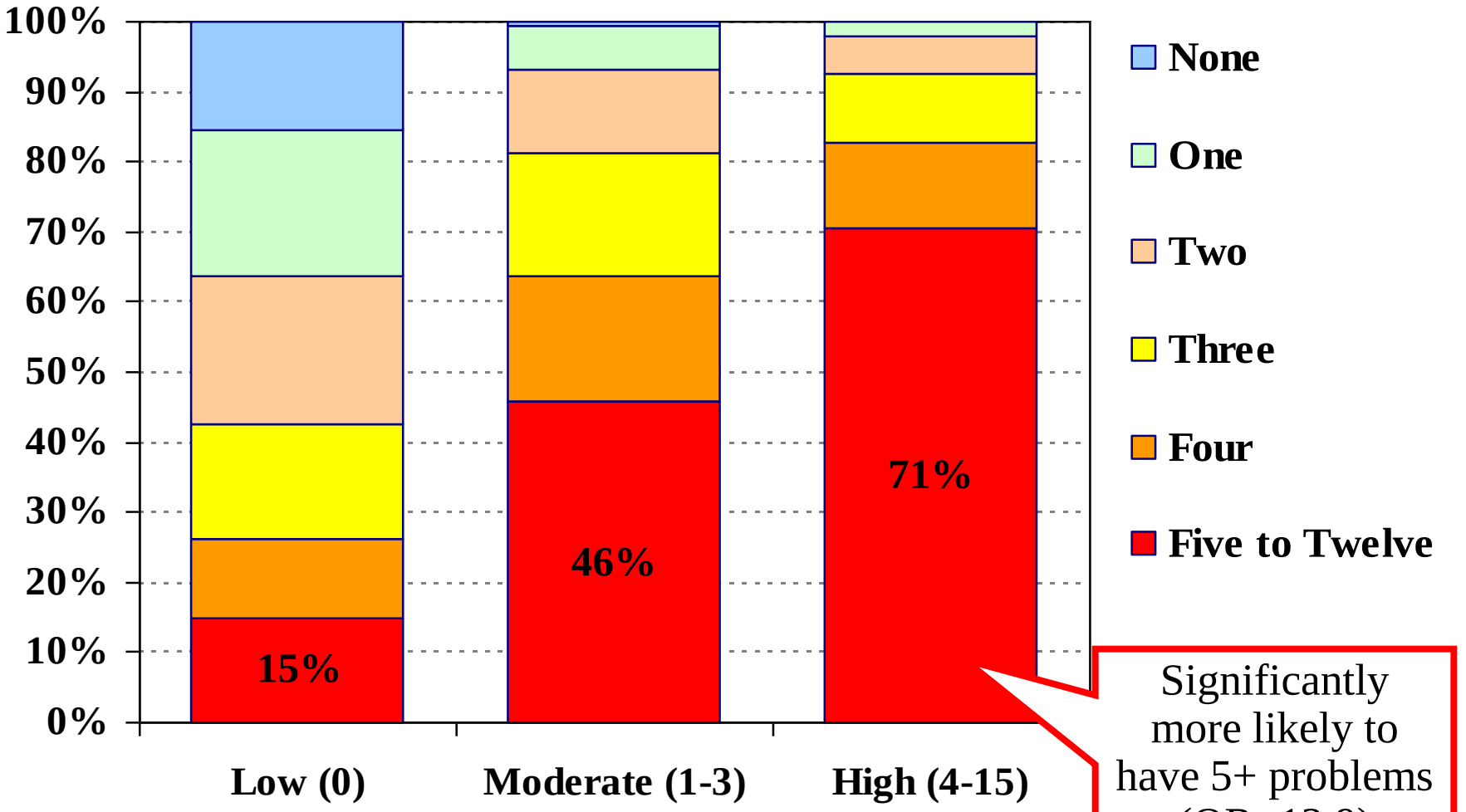
Source: CSAT 2009 SA Data Set Adolescent Subset (n=19,108)

Multiple Clinical Problems are the NORM!



Source: CSAT 2009 Summary Analytic Data Set (n=20,826)

The Number of Major Clinical Problems is highly related to Victimization



Source: CSAT 2009 Summary Analytic Data Set (n=21,784)

Rapid Adoption of Validated Screening

- State or Provincial wide implementation in multiple states (ID, CT, LA, MD, NH, NV, OR, SC, WA, WI) and provinces (BC, ON, QU) in one or more large systems (adolescent or adult addiction treatment, mental health, welfare, juvenile or criminal justice , Student or Employee Assistance Programs),
- Used by SAP or EAP in Brazil, Canada, Japan, Mexico, United States and being translated for use in China.
- GAIN ABS software, from other commercial vendors (e.g., Assessments.com) and local IT systems (e.g., ID, WA)

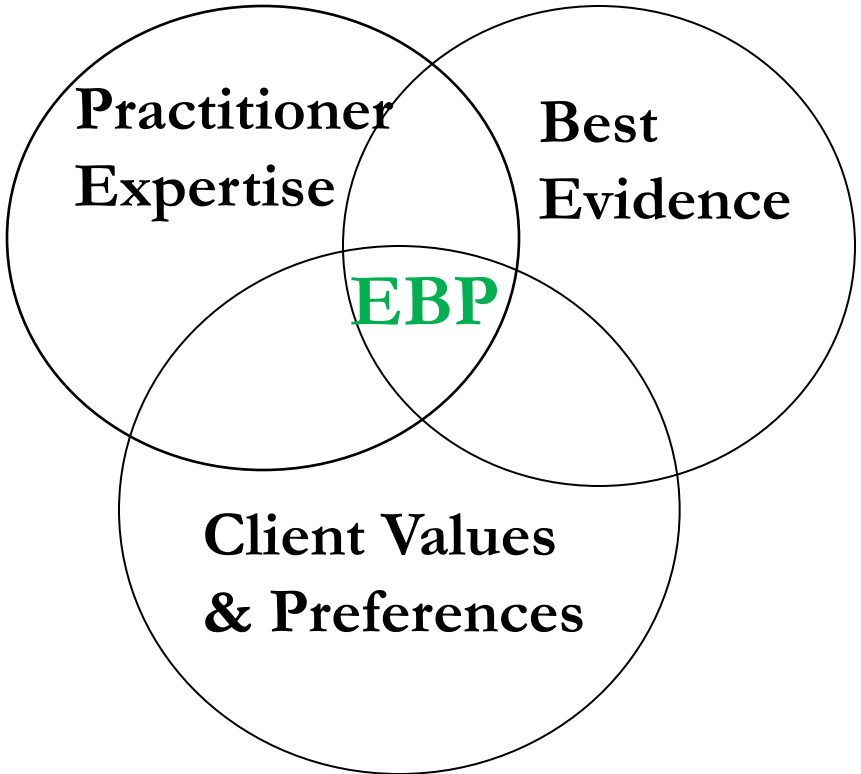
Potential Cost Savings of Expanding Diversion to Treatment Programs in Justice Settings

- Currently treating about 55,000 people in these courts at a cost of $515 million with an average return on investment (ROI) of $2.14 per dollar
- The ROI is higher (2.71) for those with more crime
- It is estimated that there are at least twice as many people in need of drug court as getting it
- Investing the $1 billion to treat them would likely produce a ROI of $2.17 billion to society

Source: Bhati et al (2008) To Treat or Not To Treat: Evidence on the Prospects of Expanding Treatment to Drug-Involved Offenders. Washington, DC: Urban Institute.

Best Fit for EBP

- EBP is a process. EBP is a way of doing practice that integrates the best evidence with clinical expertise and consumer values. (EBP as a verb.) (Sackett et al., 2000)



Definition of Fidelity

- Strategies used to monitor the faithful delivery of a manual-guided behavioral intervention
- Important dimensions include
  - adherence (i.e., extent to which intervention procedures were delivered as prescribed in the treatment manual)
  - competence (i.e., qualitative measure of the skillfulness in which intervention procedures are delivered)

SAMHSA's Recent Investments in Adolescent Treatment Protocols/Promising Practices

- SAMHSA funded large scale Type IV replications of three major evidenced based practices
  - **Motivational Enhancement Therapy/ Cognitive Behavior Therapy (MET/CBT)** in the 36 sites
  - **Adolescent Community Reinforcement Approach (A-CRA) and Assertive Continuing Care (ACC)** in 74 AAFT Sites
- Multiple state and independent grants to replicate other evidenced based practices
- Feasibility studies, manual development support, exploration of promising practices, (Integrated Co-occurring Treatment)

% Change : Abstinence at 6-months post-initial assessment

*MET/ CBT 5	*ACRA/ ACC	**TARGET YOUTH	**SEE YOUTH
60.6	69.3	12.6	21.1

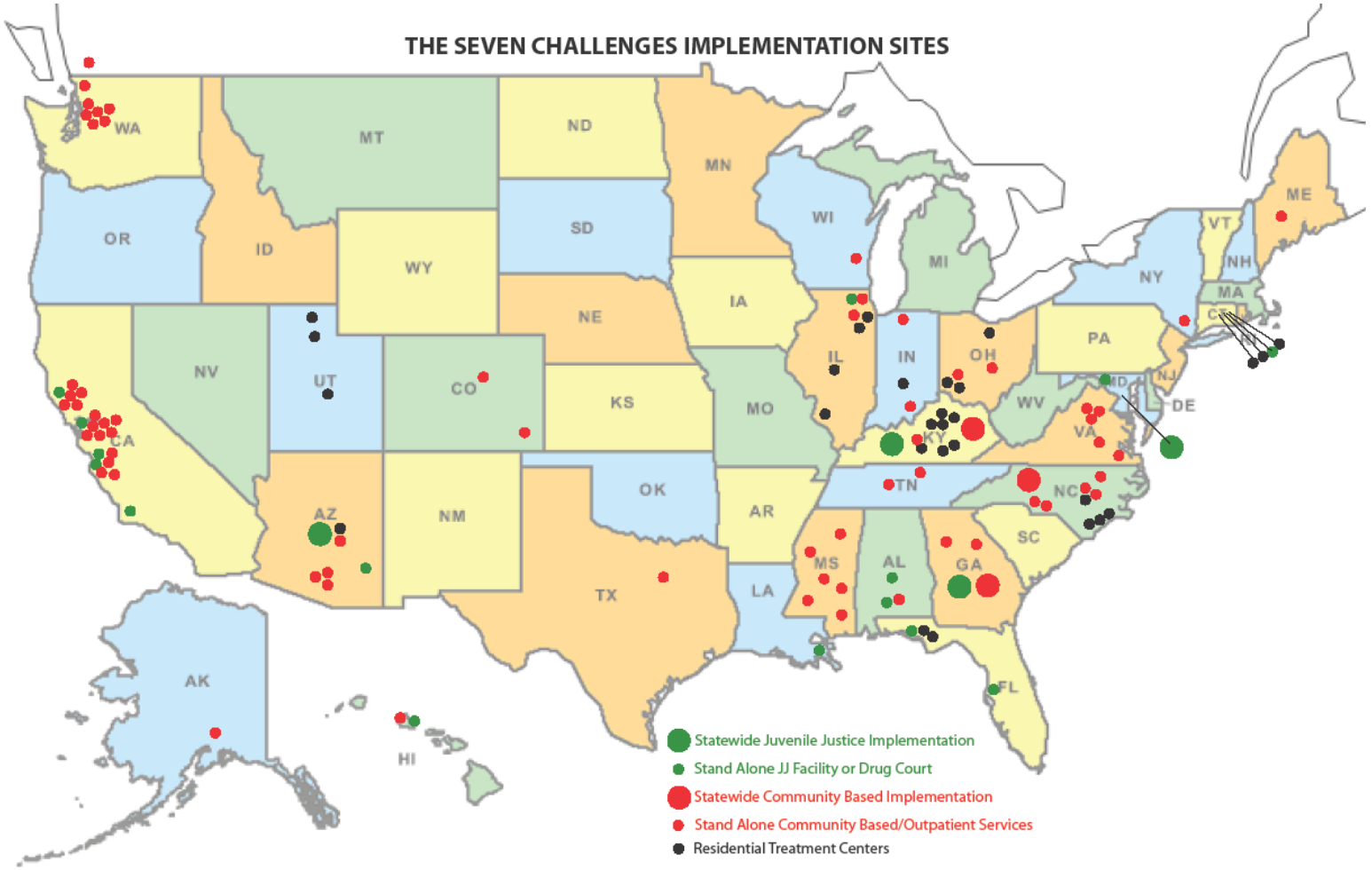
N = 7,756

* GAIN Mandated

** GAIN Optional

Source: SAIS System (GPRA)

Proliferation of EBPs



Major Predictors of Bigger Effects

1. A strong intervention protocol based on prior evidence
2. Quality assurance to ensure protocol adherence and project implementation
3. Proactive case supervision of individual
4. Triage to focus on the highest severity subgroup

Impact of the numbers of these Favorable features on Recidivism in 509 Juvenile Justice Studies in Lipsey Meta Analysis

Number of favorable features	Distribution of programs	Percentage reduction in recidivism
0	7%	+12
1	50%	-2
2	27%	-10
3	15%	-20
4	2%	-24

Average Practice

The more features, the lower the recidivism

Source: Adapted from Lipsey, 1997, 2005

Implementation is Essential
(Reduction in Recidivism from Control Group Rates)

Program Type Grouped by Rank	Program Implementation: Amount of Service, Quality of Delivery		
	Low	Medium	High
Group 1 (best)	24%	34%	46%
Group 2	16%	30%	40%
Group 3	6%	20%	32%
Group 4 (poorest)	0%	12%	24%

The best is to have a strong program implemented well

Thus one should optimally pick the strongest intervention that one can implement well

The effect of a well implemented weak program is as big as a strong program implemented poorly

Source: Adapted from Lipsey, 1997, 2005

Drug Strategies - Windows Internet Explorer

http://www.drugstrategies.com/bridginggap.html

File Edit View Favorites Tools Help

Favorites Suggested Sites eBay Homepage Web Slice Gallery WhitePages

Drug Strategies

Page Safety Tools

DrugStrategies

HOME REPORTS ORDER GUIDES TREATING TEENS INTERNET DRUGS RESOURCES

Bridging the Gap

Treating Teens

Revised Making the Grade

Safe Schools, Safe Students

Drug Free America

Bridging the Gap:
A Guide to Drug Treatment in the Juvenile Justice System

Working with nationally recognized juvenile justice and treatment experts, Drug Strategies has developed a comprehensive guide to drug treatment in the juvenile justice system. *Bridging the Gap* helps juvenile court judges, counselors, parents and other concerned adults make more informed decisions about treatment for juvenile offenders.

Bridging the Gap ...

- Provides an overview of treatment in the juvenile justice system
- Identifies 11 key elements of treatment effectiveness
- Describes programs across the country that illustrate the key elements of effectiveness

ORDERING:

1-2 copies $17.95 each
3 or more copies $16.95 each

Shipping and Handling

Internet | Protected Mode: On 85%

Key Elements of Effectiveness

- Screening/Assessment and Treatment Matching
- Comprehensive, Integrated Treatment Approach
- Family Involvement in Treatment
- Developmentally Appropriate Treatment
- Engage and Retain Teens in Treatment

Key Elements of Effectiveness (cont.)

- Qualified Staff
- Gender and Cultural Competence
- Continuing Care
- Treatment Outcomes

Cognitive Behavioral Therapy (CBT) Interventions that Typically do Better than Usual Practice in Reducing Juvenile Recidivism (29% vs. 40%)

- Aggression Replacement Training
- Reasoning & Rehabilitation
- Moral Reconation Therapy
- Thinking for a Change
- Interpersonal Social Problem Solving
- MET/CBT combinations and Other manualized CBT
- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Multidimensional Family Therapy (MDFT)
- Adolescent Community Reinforcement Approach (ACRA)
- Assertive Continuing Care

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

Source: Adapted from Lipsey et al 2001, Waldron et al, 2001, Dennis et al, 2004

Other Common Findings

- Low structure and ad hoc “treatment as usual” does not do as well as evidenced based practice
- Wilderness programs have mixed effects
- Treating adolescents like adults (or with adults), and in boot camp causes harm on average
- Relapse is still common and there is a need for on-going support, monitoring and when necessary re-intervention

Which general approaches address co-occurring mental health/trauma issues?

A Comparison of Nine Treatment Approaches

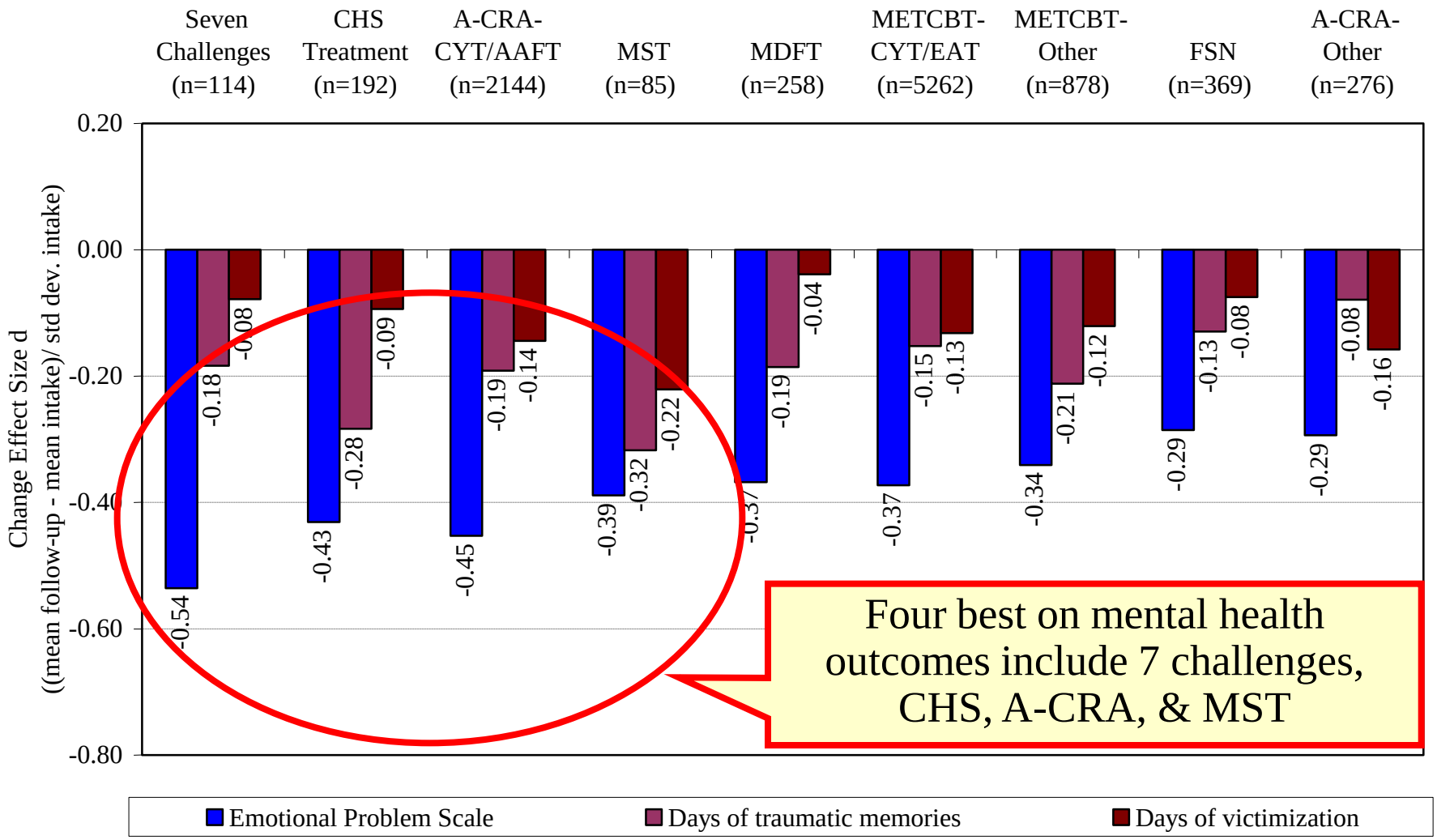
- **Seven Challenges** (Schwebel, 2004) (n=114)
- **Chestnut Health Systems** (CHS; Godley et al. 2002) Treatment (n=192)
- **Adolescent Community Reinforcement Approach** (A-CRA; Godley et al., 2001) -CYT/AAFT (n=2144) and -Other (n=276)
- **Multi-Systemic Therapy**
  (MST; Henggeler et al., 1998) (n=85)
- **Multi-Dimensional Family Therapy**
  (MDFT; Liddle, 2002) (n=258)
- **Motivational Enhancement Therapy-Cognitive Behavior Therapy** (METCBT; Sampl & Kadden, 2001)-CYT/EAT (n=5262) and -Other (n=878)
- **Family Support Network**
  (FSN; Hamilton et al., 2001) (n=369)

Co-occurring Disorders

Mental Health

- Emotional Problems Scale
- Days of Victimization
- Days of Traumatic Memories

Change (post-pre) Effect Size for Emotional Problems by Type of Treatment



Summary

- 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

Issues to Consider

- Juvenile Justice involved youth increasing presence in the treatment system
- Support for funding relies on ability to demonstrate effectiveness
- Treatment needs of the youth that we see and the need to incorporate appropriate and effective interventions for these needs
- Continuing Care is as, or more important than the treatment delivered
- Ongoing Support Services Promising as a Key Component

Summary

- Achieving reliable outcomes requires reliable measurement, protocol delivery and on-going performance monitoring.

- The GAIN, CASI, and T-ASI (assessment tools) and MET/CBT 5, A-CRA, and Seven Challenges (treatment interventions) training is available through the National Council of Juvenile and Family Court Judges (OJJDP Grant) Contact: Jessica Pearce jpearce@ncjfcj.org

- Standardized and more specific screening/assessment helps to draw out treatment planning implications of readiness for change, recovery environment, relapse potential, psychopathology, crime/violence, and HIV risks.

Summary

- Adolescents entering more intensive levels of care typically have higher severity.
- Multiple problems and child maltreatment and justice involvement are the norm and are closely related to each other.
- There are a growing number of standardized assessment tools, treatment protocols and other resources available to support evidenced based practices.

Contact Information

Randolph D. Muck, M.Ed.

Phone: 240-397-3918

e-mail: randy@ayftx.com

Website: www.ayftx.com