

Evidence-Based Behavioral Interventions for Nicotine Use Disorder and Other SUDs

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Disclosure Statement

I have no conflicts to disclose.





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How do we determine appropriate level of care?

- Dabbling or a Mild substance use disorder → recommend brief intervention
- Moderate or Severe substance use disorder → evidence-based tx. program recommended



80-90% of Adolescents with SUDS have a Co-Occurring Psychiatric Disorder

Most Common: ADHD, ODD, CD

Depressive Disorders

Anxiety Disorders

Trauma-Related Disorders

Psychotic Disorders (less common)

Eating Disorders



Non-Random Association



- In patients with multiple SUDs, nicotine use is sometimes downplayed or overlooked by clinicians.
- Majority of Encompass patients use nicotine in addition to other substances though we have had several patients brought in for vaping w/ no other substance use.



Table 1.**Adolescent Substance Use Disorder Treatment Recommendations**

Well-Established Standalone Interventions	Family Based Therapy, Cognitive Behavioral Therapy, Multicomponent Psychosocial Therapy
Probably Efficacious Standalone Interventions	Motivational Interviewing/Motivational Enhancement Therapy, Third-Wave Cognitive Behavioral Therapies
Possibly Efficacious Standalone Interventions	12-Step Programs
Possible Adjunctive Interventions	Pharmacotherapy, Exercise, Yoga, Mindfulness, Recovery-Specific Educational Settings, Goal Setting, Progress Monitoring
Modifications to Improve Existing Approaches	Digital Strategies, Culturally-Based Programs

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7241222/>



A few caveats re: digitally based strategies...

- Digital strategies can be both modifications to existing approaches and stand-alone interventions.
- There have been studies supporting different technology-facilitated tools--most are meant to augment ongoing therapy.
- Some tools and resources, like Quit Lines, have also shown very positive effects and might be an especially good fit for those teens not be ready to commit to a full course of treatment but who are ready to learn more about their options for quitting vaping or smoking. (And, it's a great resource that can be implemented alongside other treatments.)



One more caveat re: 12 step...

- Recent research indicates 12-step programs can be really helpful for many adults with SUDs.
- Re: adolescents, though there is some anecdotal evidence to support 12 step, there is currently not a lot of data on how these programs work in teens, especially compared to other treatment modalities. At this point, the evidence is more robust for other tx. modalities for adolescents.

1. Well Established Stand-Alone txs.
2. Overview of ENCOMPASS as example of well-established Multi-Component Therapy
3. Brief Interventions



Family-Based Therapies



-Family-Based Therapies/MDFT and MSFT

-Includes PMT/skill building/stress management/focus on relationships





COGNITIVE **BEHAVIORAL** THERAPY



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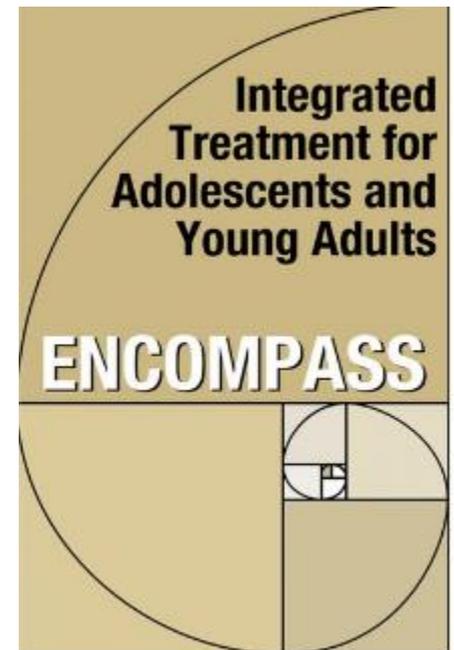
Cognitive Behavioral Therapy

➡ Focuses on helping patients to understand the connection between their thoughts, feelings and behaviors

➡ Goal of CBT is to assist patients in learning to manage their thinking, resulting in moderated behavior and improved mood

➡ Reduction in substance use often follows

MULTICOMPONENT PSYCHOSOCIAL THERAPIES



Multicomponent Psychosocial Therapies

➡ Combines the best supported interventions of MI/MET with Cognitive Behavioral Therapy, family-based therapies and incentive based treatments (contingency management), medication management.

➡ Multi-component approach helpful in addressing co-morbid psychiatric disorders as well as SUD

ENCOMPASS: Multicomponent Psychosocial Therapy:

- Thorough initial evaluation—KSADS—MD usually involved in eval.
- Heavy emphasis on MI/CBT--
- Contingency Management—PRIZES!
- Family Sessions focused on skill-building
- Parent strategy sessions with parent therapist
- Medication appointments as needed
- Skill-building modules re: variety of topics

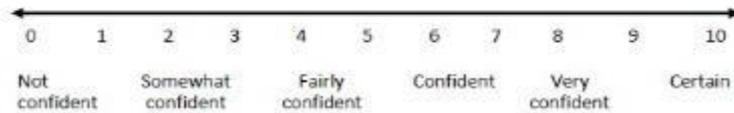


Personal Rulers

Importance Ruler: How important is it that you change your substance use?



Confidence Ruler: How confident are you that you can change your substance use?



Readiness Ruler: How ready are you to change your substance use?



Adapted with permission from Miller, W.R., ed. *COMBINE Monograph Series, volume 2: Combined Behavioral Intervention Manual: A Clinical Research Guide for Therapists Treating People with Alcohol Abuse and Dependence*. DHHS Publication No. (NSH) 04-5288. Bethesda, MD: NIAAA, 2004.



Setting Goals Worksheet

I would like to change these things in my life...	Goal #1	Goal #2	Goal #3	Goal #4
The reasons I want to make these changes are...	Reduce Juul from 1 pod per day to 1 pod per week	reduce cannabis to 1 cart every 3 to 4 weeks	Be able to babysit my little cousins again	All A's and B's mostly A's
Specific things I can do <u>right now</u> to help me meet my goals...	--to save \$\$ --my health I knew 2 friends who had to go to the hospital b/c of vaping	\$\$ family viewpoints (grandma, cousin and mom against my use	I love my little cousins and I miss them	I want to go to law school
What might interfere...	leave my vape in the car or in my room	put my dab pen away (inaccessible) especially at night or when I'm bored.	I can talk to my cousin (little cousins' mom) and find exactly what she expects	get on a schedule---regular time to study
Who can help me and how...	friends who vape	my friends who get high	Cousin might say i have to test negative to babysit her kids	I don't always feel like studying
The first signs I am reaching my goals (be specific):	Person : Courtney How: hang out Person: she doesn't vape How: my cousin she doesn't vape	Person : Courtney How: Courtney Person: my family How: they would support me	Person : me myself How: --convince her I have reduced my use Person: use How:	Person: my cousin How: she can help motivate me Person: Courtney and Brittany How: they can study with me
The first signs I am reaching my goals (be specific):	more \$\$ feeling more energized	I'd be hanging out with Courtney and my friend Brittany from 8th grades	I'd be babysitting again!	I wouldn't have a bunch of make-up work to do--- I'd be keeping up with my work.

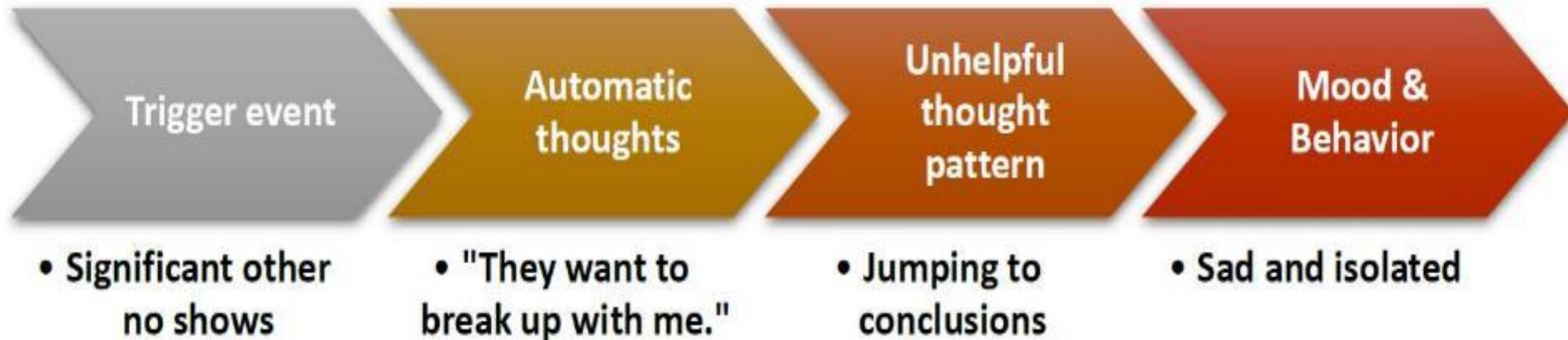


FUNCTIONAL ANALYSIS FOR SUBSTANCE-USING BEHAVIOR

EXTERNAL TRIGGERS	INTERNAL TRIGGERS	SUBSTANCE-USING BEHAVIOR	POSITIVE CONSEQUENCES	NEGATIVE CONSEQUENCES
<p>1. Who are you usually with when you use drugs or alcohol? Chad (best friend) Skye, Damonte, Brad, Amber,</p> <p>2. Where do you usually use substances? --in my room --My garage --on my roof --Skye's basement --the woods --school bathroom</p> <p>3. When do you usually use drugs or alcohol (times of day, days of the week)? ---before school ---during lunch period ---right after school ---late at night weekends: anytime</p> <p>4. What things are usually around when you use substances (music, paraphernalia)? one-hitter Black & Milds dab pen--cart Baggie 2 liter Mt. Dew Little Debbie nutty bars Lil Wayne Jack Harlow</p>	<p>1. What are you usually thinking about right before you use substances? ---how much I hate school ---how much make-up work I have ---how much I hate my step-father ---what my high will feel like</p> <p>2. What are you usually feeling physically right before you use drugs or alcohol? stomach hurts back hurts muscles tight no physical symptoms</p> <p>3. What are you usually feeling emotionally right before you use substances? mad/pissed off sad tired stressed excited happy</p>	<p>1. What substances do you usually use? dab pen vape pen edibles weed oxycotin Xanax White Claw vodka beer Juul Suorin NJOY</p> <p>2. How much do you usually use? 2 hits 1 gram 5 shots 200 hits (vape pen) 5 beers 2 bars (Xanax) 2 blunts</p> <p>3. Over how long a period of time do you usually use substances (hours, days, weeks, etc.)? 1 time a day--high lasts 1 1/2 hours uses every few hours--all day All day on Saturday and Sunday 2 hours on weeknights every day--most of the day unless it's a work day.</p>	<p>1. What do you like about using substances with Chad _____? (who) We laugh and laugh. We talk about all sorts of stuff.</p> <p>2. What do you like about using substances my roof--peaceful--quiet _____? (where) the woods--nature-- Skye's basement--I feel safe</p> <p>3. What do you like about using substances after school/at night _____? (when) gets rid of my school stress helps me sleep</p> <p>5. What are some of the pleasant thoughts you have while you are using drugs or alcohol? I don't have that many thoughts my thoughts slow down.</p> <p>6. What are some of the pleasant physical feelings you have while you are using substances? I feel like I'm floating my back doesn't hurt</p> <p>7. What are some of the pleasant emotional feelings you have while you are using drugs or alcohol? Just chilled out-- Calm-- Not stressed Happy Relaxed</p>	<p>What are the negative results of your substance use in each of the areas below?</p> <p>a. Family members Mom doesn't trust me--Dad mad Older bro. said I was stupid</p> <p>b. Friends Cousin won't let me babysit Aunt won't let cousins be around me-- My friend's 5th grade mom won't let us hang out. My friend said I use too much of their Juul</p> <p>c. Physical feelings Girlfriend/boyfriend doesn't like it. peaking, hangover, burned out, overdose,</p> <p>d. Emotional feelings occasional psychosis angry/down (when runs out of substances), paranoia embarrassed/guilty (occasionally)--freaking out on ACID</p> <p>e. Legal situations probation, looked up, felonies arrests, tased,</p> <p>f. School situations suspended/expelled, poor grades/failing grades, bad reputation with teachers/labeled by adults</p> <p>g. Job situations missed work, lost job, won't apply at places that drug test</p> <p>h. Financial situations only spends money on substances, always needing money (ask how much they are spending).</p> <p>i. Unprotected sex (e.g. unwanted pregnancy, HIV/STDs) Unprotected sex is common--[Can ask if they would likely have used a condom if sober.]</p> <p>j. Victim or perpetrator of violence (e.g. date rape, sexual assault, unwanted sex, theft) patients assaulted in fights sex while drunk/high/passed out/not consensual</p> <p>k. Other situations</p>



CBT DIAGRAM ILLUSTRATING RELATIONSHIP BETWEEN EVENTS→THOUGHTS→MOOD/BEHAVIOR.



Apr-20

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Task View

Contingency Management

Strong data to support decrease in substance use in adults and adolescents

Can be used by parents alone or in coordination with a therapist.

There are a variety of methods. Before pandemic we used a prize bucket with 500 laminated tickets. Now we use a virtual prize wheel.

Sometimes a point system is used.

Encompass incentivizes negative urine drug screens and participation in prosocial activities.

patients receive a \$10 bonus prize for first negative screen
prize draws for negative screens are cumulative.



Prize wheel example for telehealth.....



Example of a brief intervention: **TEEN INTERVENE**

- Manualized/evidence-based individual treatment for adolescents with mild substance use disorders.

Includes:

- Cognitive Behavioral Therapy
 - Motivational Interviewing
 - Stages of Change
- Effective in reducing alcohol, marijuana, & tobacco use among 12-19 year-olds



Resources for Youth through Indiana Department of Health

- Youth and young adults can access the “This is Quitting” program by texting “INDIANA” to 88709.
- Youth over 18 and adults can call 1-800-QUIT-NOW (800-784-8669)
- Parents can text "QUIT" to (202) 899-7550

Questions or Comments?



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