Behavioral Interventions for Nicotine Use Disorder

Laurie Redelman, LCSW

Encompass Program

Riley Dual Diagnosis Clinic

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Disclosure Statement

I have no conflicts to disclose.

Evidence Based

1. Well Established Stand-Alone txs.

2. Probably Effective Stand-Alone txs.

3. Likelihood of Co-Occurring Disorders

4. Overview of ENCOMPASS as example of well-established Multi-Component Therapy

5. Brief Interventions

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/

Well-Established Stand-Alone Interventions

- Family-Based Therapies
- Cognitive Behavioral Therapy

  and…
- Multi-Component Psychosocial Therapies

Family-Based Therapies

Family-Based Therapies

- examples: MDFT (Multi-Dimensional Family Therapy) and MSFT (Multisystemic Family Therapy)
- parents or other caregivers (and often siblings) included
- parent-management training, skill-building re: self-regulation, stress management
- Focuses on promoting positive relationships.

COGNITIVE BEHAVIORAL THERAPY

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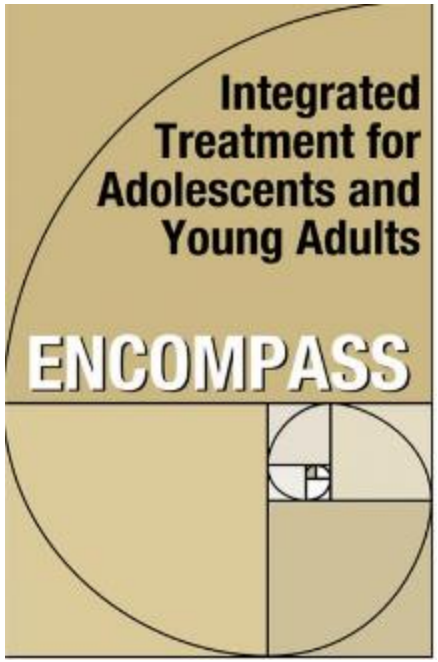
Cognitive Behavioral Therapy

- Focuses on helping adolescents understand the connection between their thoughts, feelings and behaviors

- Goal of CBT is to assist adolescents 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

- Combining MI/MET with Cognitive Behavioral Therapy, family-based therapies and incentive based treatments (contingency management)

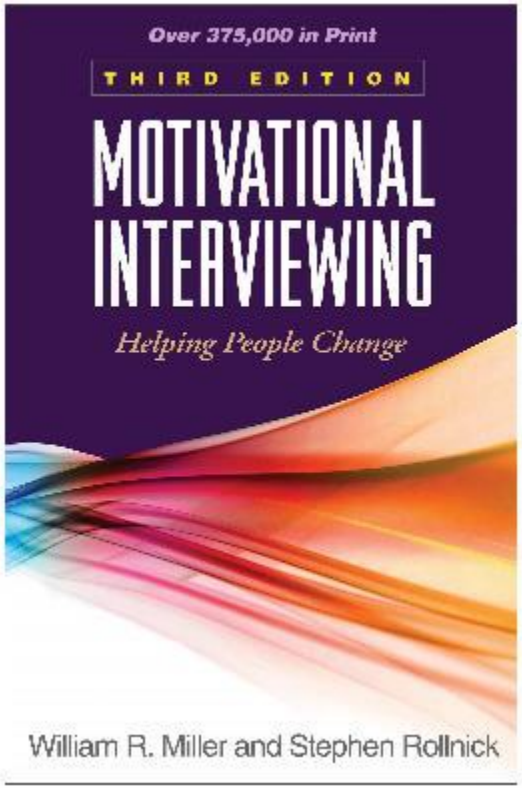
- Multi-component approach helpful in addressing co-morbid psychiatric disorders as well as SUDs

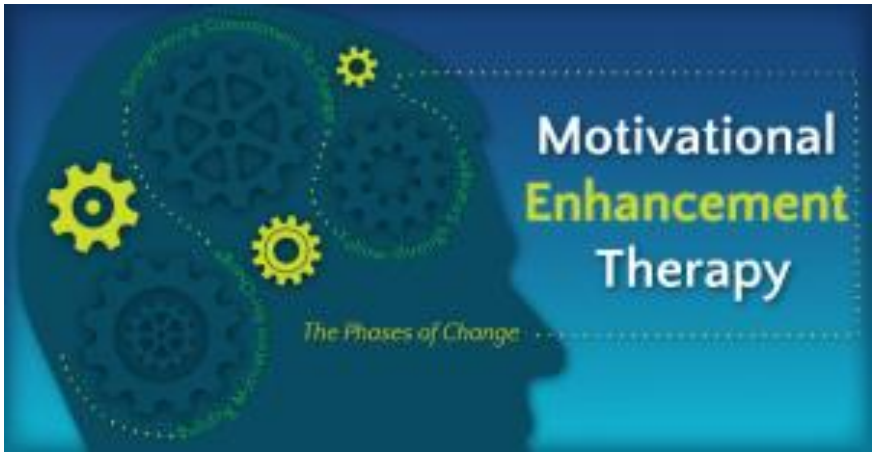
- Examples are RRFT (Risk Reduction Through Family Therapy), Matrix and ENCOMPASS

Probably Effective Stand-Alone Interventions

- Motivational Interviewing/Motivational Enhancement Therapy
- “Third-Wave” Cognitive Behavioral Therapies

MOTIVATIONAL INTERVEWING/ MOTIVATIONAL ENHANCEMENT THERAPY





Motivational Interviewing/Motivational Enhancement Therapy

- Accessible: can be delivered in PCP offices, EDs and schools
- Brief: can be delivered in 15-20 minutes
- Key component in comprehensive approach.

“THIRD-WAVE” COGNITIVE BEHAVIORAL THERAPIES

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

Most Common: ADHD, ODD, CD

Depressive Disorders

Anxiety Disorders

Trauma-Related Disorders

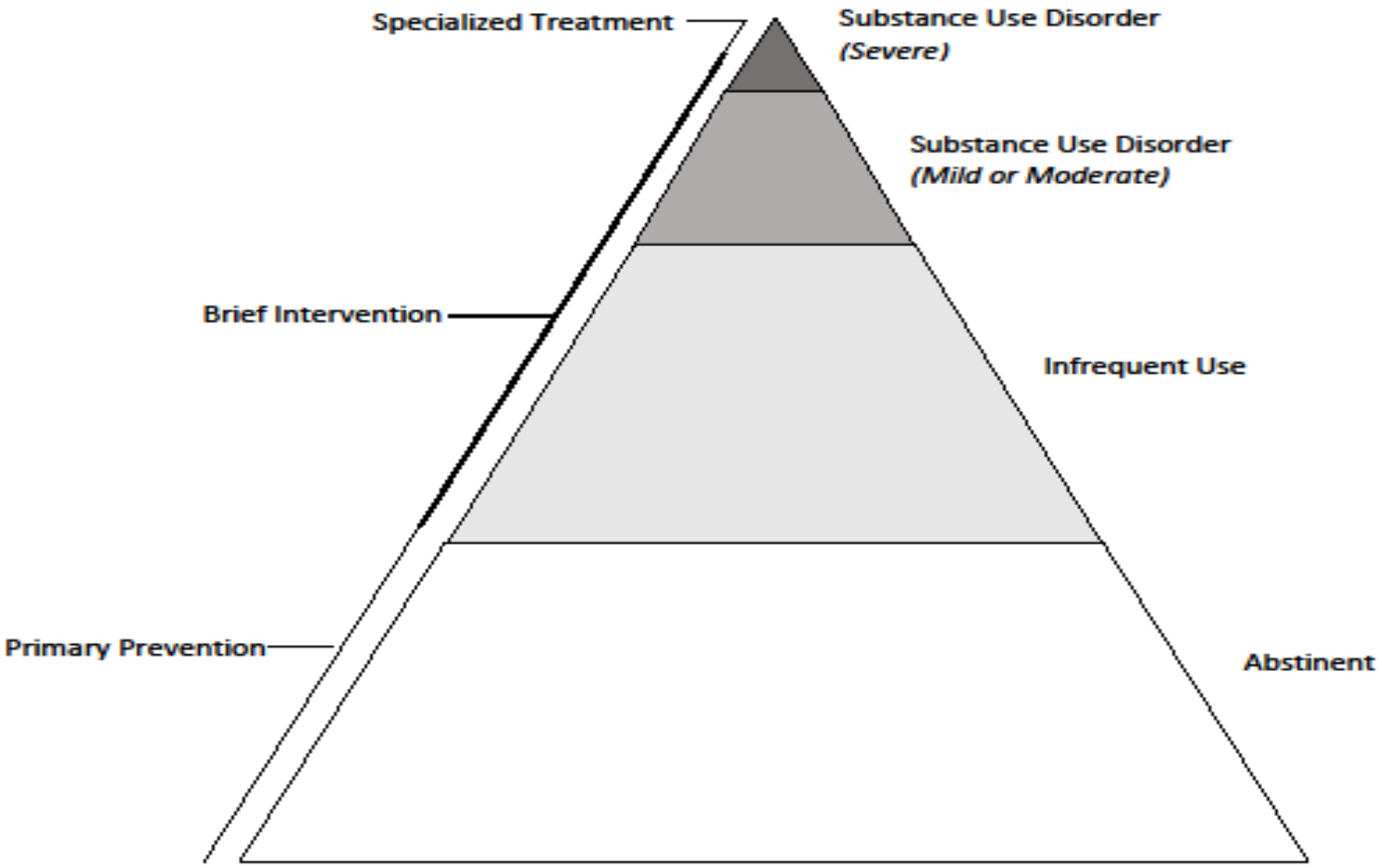
Psychotic Disorders (less common)

Non-Random Association

How do we determine appropriate level of care?

- Thorough assessment of substance use and co-occurring disorders, using standardized screening tools
- Mild substance use disorder → recommend brief intervention
- Moderate or Severe substance use disorder →evidence-based tx. program recommended

Figure 1.
Substance Use Continuum of Care*



Example of a Well-Established Stand-Alone Intervention Multicomponent Psychosocial Therapy: ENCOMPASS

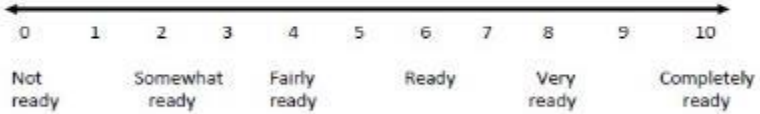
- Thorough initial evaluation
- Motivational Interviewing
- Cognitive Behavioral Therapy
- Contingency Management
- Family Sessions focused on skill-building
- Parent strategy sessions with parent therapist
- Medication appointments as needed

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 1. Combined Behavioral Intervention Manual: A Clinical Research Guide for Therapists Treating People with Alcohol Abuse and Dependence. DHHS Publication No. (NIH) 04-5288. Bethesda, MD: NIAAA, 2004.

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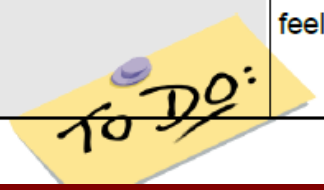
Setting Goals Worksheet

I would like to change these things in my life…	Goal #1 Reduce Juul from 1 pod per day to 1 pod per week	Goal #2 reduce cannabis to 1 cart every 3 to 4 weeks	Goal #3 Be able to babysit my little cousins again	Goal #4 All A's and B's mostly A's
The reasons I want to make these changes are…	--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
Specific things I can do right now to help me meet my goals…	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
What might interfere…	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
Who can help me and how…	Person : Courtney How: hang out Person: she doesn't vape How: my cousin she doesn't vape	Person : Courtney How: Person: my family How: they would support me	Person : me myself How: --convince her Person: I have reduced my use How:	Person my cousin How: she can help motivate me Person: How: Courtney and Brittany 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.

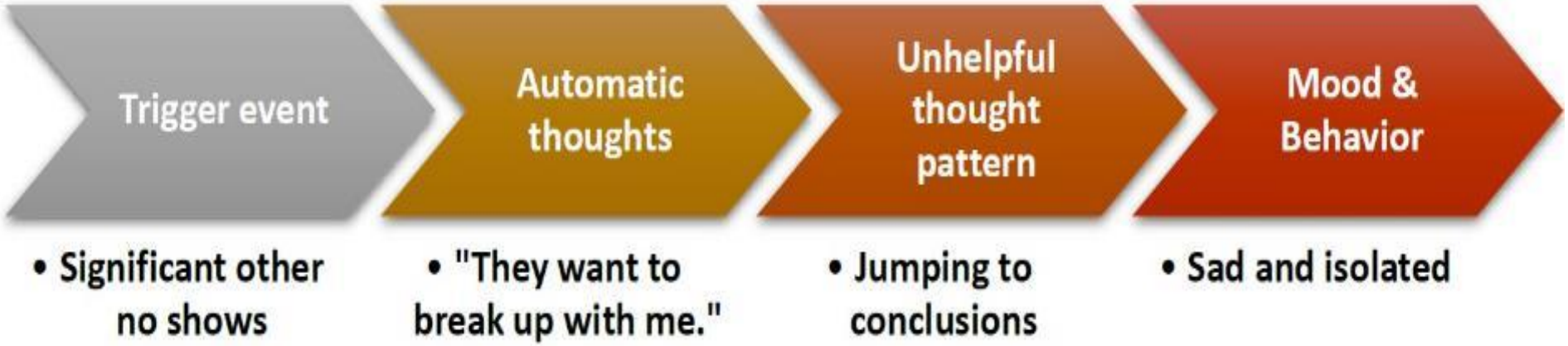


FUNCTIONAL ANALYSIS FOR SUBSTANCE-USING BEHAVIOR

EXTERNAL TRIGGERS	INTERNAL TRIGGERS	SUBSTANCE-USING BEHAVIOR	POSITIVE CONSEQUENCES	NEGATIVE CONSEQUENCES
1. **Who** are you usually with when you use drugs or alcohol? Chad (best friend) Skye, Damonte, Brad, Amber, 2. **Where** do you usually use substances? --in my room --My garage --on my roof --Skye's basement --the woods --school bathroom 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 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	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 2. What are you usually **feeling physically** right before you use drugs or alcohol? stomach hurts back hurts muscles tight no physical symptoms 3. What are you usually **feeling emotionally** right before you use substances? mad/pissed off sad tired stressed excited happy	1. **What** substances do you usually use? dab pen vape pen edibles weed oxycotin Xanax White Claw vodka beer Juul Suorin NJOY 2. **How much** do you usually use? 2 hits 1 gram 5 shots 200 hits (vape pen) 5 beers 2 bars (Xanax) 2 blunts 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.	1. What do you like about using substances with Chad ? (who) We laugh and laugh. We talk about all sorts of stuff. 2. What do you like about using substances my roof --peaceful--quiet ? (where) the woods---nature-- Skye's basement--I feel safe 3. What do you like about using substances after school/at night ? (when) gets rid of my school stress helps me sleep 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. 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 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	What are the negative results of your substance use in each of the areas below? a. Family members Mom doesn't trust me--Dad mad Older bro. said I was stupid Cousin won't let me babysit Aunt won't let cousins be around me-- b. Friends Girlfriend/boyfriend doesn't like it. My friend's $*&#&* mom won't let us hang out. My friend said I use too much of their Juul c. Physical feelings peuking, hangover, burned out, overdose, d. Emotional feelings occasional psychosis angry/down (when runs out of substances), paranoia embarrassed/guilty (occasionally)--freaking out on ACID e. Legal situations probation, locked up, felonies arrests, tased, f. School situations suspended/expelled, poor grades/failing grades, bad reputation with teachers/labeled by adults. g. Job situations missed work, lost job, won't apply at places that drug test h. Financial situations only spends money on substances, always needing money (ask how much they are spending). 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.] 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 k. Other situations

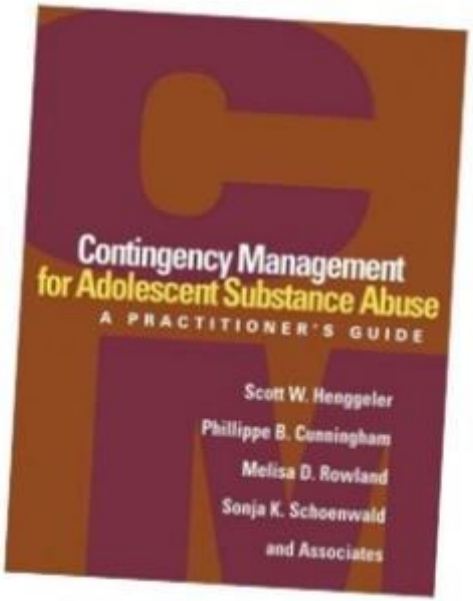
University of Colorado Department of Psychiatry, Division of Substance Dependence
http://goo.gl/YGqAQJ Original 2007; Revised Mar 2016

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



Contingency Management

- Strong data to support decrease in drug use in adults and adolescents
- Approach to behavior change (A-B-C)
  - Can be used by parents alone or in coordination with a therapist
- Point-and-level system or "Prize draws" for positive behaviors:
  - Session attendance
  - Negative UDS
  - Pro-social activities
- Bonus prizes for sustained or early abstinence



Henggeler et al., 2012

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ID:
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URINE SAMPLE SHOULD NOT
TOUCH THE PLASTIC DEVICE
STEP1-Dip
STEP2-Wait 5 minutes
STEP3-Read

Pt. ID: _____ ENCOMPASS TLFB Calendar Date of Intake: _____

Apr-20

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

1	#	2	#	3	#	4	#
Alc		Alc		Alc		Alc	
MJ		MJ		MJ		MJ	
other_____		other_____		other_____		other_____	
cigs		cigs		cigs		cigs	

5	#	6	#	7	#	8	#	9	#	10	#	11	#
Alc		Alc		Alc		Alc		Alc		Alc		Alc	
MJ		MJ		MJ		MJ		MJ		MJ		MJ	
other_____		other_____		other_____		other_____		other_____		other_____		other_____	
cigs		cigs		cigs		cigs		cigs		cigs		cigs	

12	#	13	#	14	#	15	#	16	#	17	#	18	#
Alc		Alc		Alc		Alc		Alc		Alc		Alc	
MJ		MJ		MJ		MJ		MJ		MJ		MJ	
other_____		other_____		other_____		other_____		other_____		other_____		other_____	
cigs		cigs		cigs		cigs		cigs		cigs		cigs	

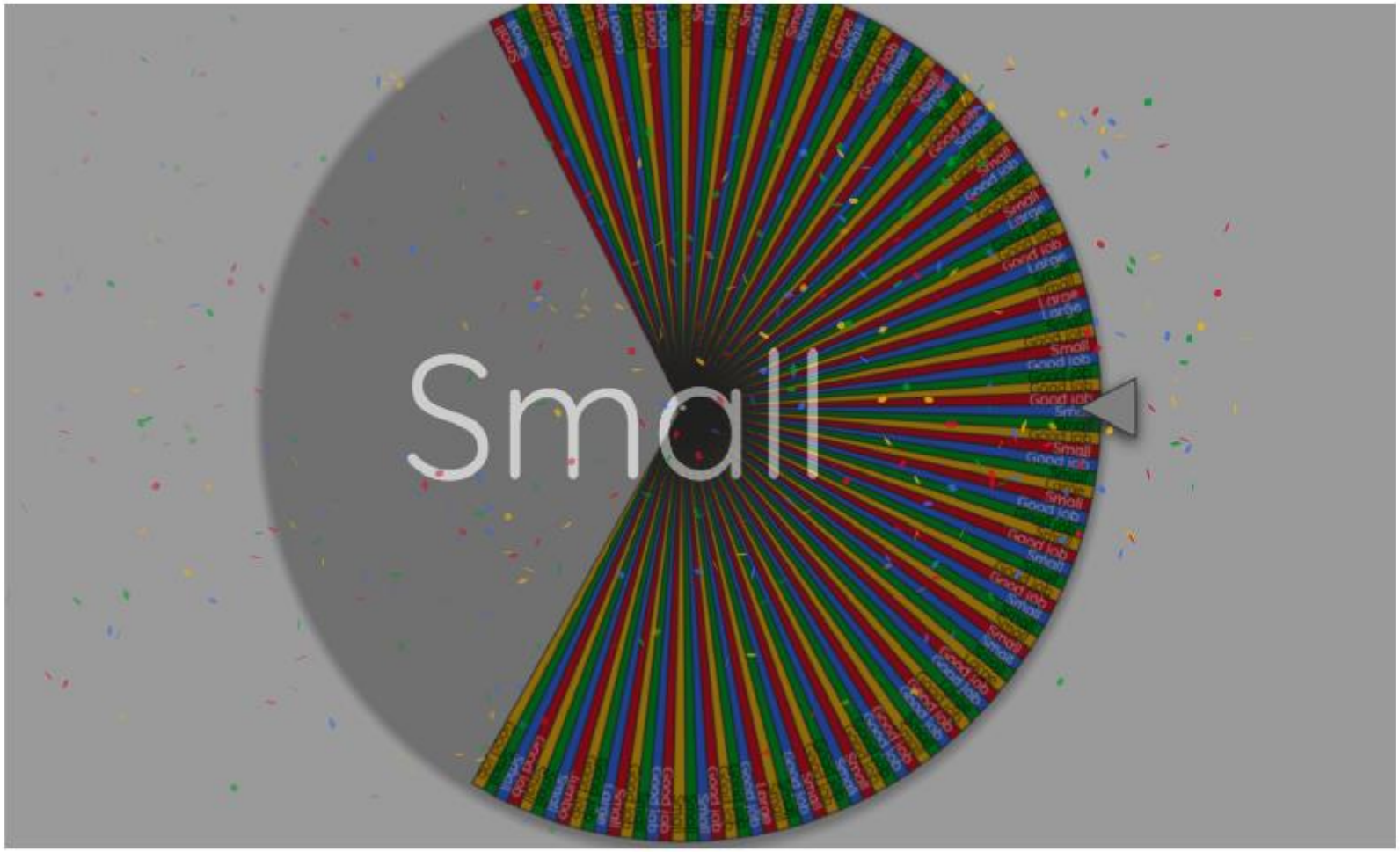
19	#	20	#	21	#	22	#	23	#	24	#	25	#
Alc		Alc		Alc		Alc		Alc		Alc	1	Alc	
MJ		MJ		MJ		MJ		MJ		MJ		MJ	
other_____		other_____		other_____		other_____		other_____		other_____		other_____	
cigs		cigs		cigs		cigs		cigs		cigs		cigs	

26	#	27	#	28	#	29	#	30	#
Alc		Alc		Alc		Alc		Alc	
MJ		MJ		MJ		MJ		MJ	
other_____		other_____		other_____		other_____		other_____	
cigs		cigs		cigs		cigs		cigs	

Task View

Prize wheel example for telehealth....

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?