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

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Disclosure Statement

I have no conflicts to disclose.

Agenda

- Deciding on appropriate level of care
- Options for mild, moderate/severe
- Co-occurring disorders
- Well-established evidence based treatments
 - Description of Encompass as an example

How do we determine appropriate level of care?

- Thorough evaluation
 - Dabbling or a Mild substance use disorder
 recommend brief intervention

 Moderate or Severe substance use disorder → evidence-based tx. program recommended •

Some tools and resources, like Quit Lines, have demonstrated very positive effects and might be an especially good fit for those who are motivated to stop nicotine or ready to learn more about their options for quitting vaping or smoking. (Also a great resource that can be implemented alongside other treatments.)

Example of a brief intervention: TEEN INTERVENE

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

> 4 to 6 sessions

Includes:

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

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







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

Multi-Component Psychosocial Therapy

Family-Based Therapies



Family-Based Therapies/MDFT and MSFT

- Include PMT (Parent Management Training)
- skill building
- stress management
- focus on relationships





SCHOOL OF **MEDICINE**

Cognitive Behavioral Therapy

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

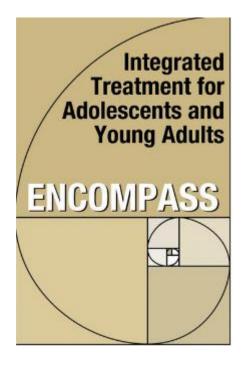
Goal of CBT is to assist patients in learning to manage their thinking, resulting in moderated behavior and improved mood

Reduction in substance use often follows

MULTICOMPONENT PSYCHOSOCIAL THERAPIES







Multicomponent Psychosocial Therapies

Combine the best supported interventions of:

- MI/MET
- Cognitive Behavioral Therapy
- family-based therapies
- incentive based treatments (contingency management)
- medication management

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

ENCOMPASS: Multicomponent Psychosocial Therapy

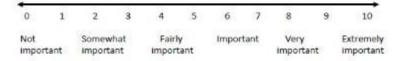
- Thorough initial evaluation—KSADS—MD usually involved in eval.
- Heavy emphasis on MI/CBT
- Contingency Management—PRIZES!
- Family Sessions
- Parent strategy sessions with parent therapist
- Medication appointments as needed
- Skill-building modules re: variety of topics

 In patients with multiple SUDs, nicotine use is sometimes 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.

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?

-										\rightarrow
0	1	2	3	4	5	6	7	8	9	10
Not confid	ent	Somew		Fair		Confic	lent	Very confident	t	Certain

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

-										\rightarrow
0	1	2	3	4	5	6	7	8	9	10
Not ready		Somew		Fairly ready		Ready		Very ready		Completely ready

Adapted with permission from Miller, W.R., ed. COMBINE Monograph Series, volume 2. Combined Behavioral Intervention Manual: A Clinical Research Guide for Therapist Treating People with Alcahol Abuse and Dependence. DHHS Publication No. (34th) 04-238. Bethievals, MID MIADA, 2004.



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

Setting Goals Worksheet

				-
I would like to change these things in my life	Goal #1	Goal #2	Goal #3	Goal #4
	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
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 <u>right</u> 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 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	PersonMy 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

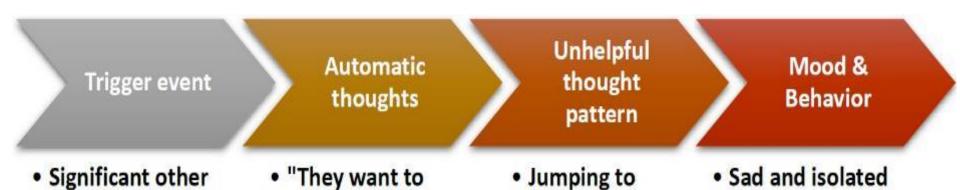
EXTERNAL TRIGGERS	INTERNAL TRIGGERS	SUBSTANCE-USING BEHAVIOR	POSITIVE CONSEQUENCES	NEGATIVE CONSEQUENCES
1. Who are you usually with when you use drugs or alcohol? Chad (best friend) Skye, Damonte, Brad, Amber, 2. Where do you usually use substances? in my room	1. What are you usually thinking about right before you use substances? how much I hate schoolhow much I hate my step-fatherwhat my high will feel like	1. What substances do you usually use? dab pen vape pen edibles weed oxycotin Xanax White Claw vodka beer Juul Suorin NJOY	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	What are the negative results of your substance use in each of the areas below? a. Family members Older bro. said I was st Cousin won't let me babysit Aupt, won't let cousins be around me— b. Friend's Girlfriend/boyfriend doesn't like it. lef us hang out. My friend's 3" will be too much of the cousing, hangover, burned out, overdose, d. Emotional feelings occasionally broaking out on ACII embarrassedguilty (occasionally)—freaking out on ACII
My garageon my roofSkye's basementthe woodsschool bathroom 3. When do you usually use drugs or alcohol (times of day, days of the week)?before schoolduring lunch periodright after schoollate at night weekends: anytime	2. What are you usually feeling physically right before you use drugs or alcohol? stomach hurts back hurts muscles tight no physical symptoms	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	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	e. Legal situations probation, looked 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 d h. Financial situations only spends money on substances, always needing m (ask now 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
s. 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	3. What are you usually feeling emotionally right before you use substances? mad/pissed off sad tired stressed excited happy	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.	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	sex, theft) patients assaulted in fights sex while drunk/high/passed out=not consensual k. Other situations



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CBT DIAGRAM ILLUSTRATING RELATIONSHIP BETWEEN EVENTS->THOUGHTS->MOOD/BEHAVIOR.



conclusions

break up with me."

no shows





SCHOOL OF **MEDICINE**

Sunday	Monday	Tuesday	vvednesday	Inursday		- 2	Friday	_	Saturday	
			1	1 2		#	3	#	4	#
			Alc		Alc		Alc		Alc	
			MJ		MJ		MJ		MJ	

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	-6		Alc		Alc			Alc		Alc		Al		Α	lc
	MJ			MJ		MJ			MJ	- 10	MJ		M	1	. N	IJ
other		3-:	other		_	other		other		-3	other		other		other	
-	cigs	E 8		cigs	3	cigs			cigs	33	cigs	-	cig	5	cig	ıs

12	- 2	#	13	#	14	#	15	#	16	#	17	#	18	#
	Alc		Alc		Alc		Alc		Alc		Alc		Alc	c
	MJ		MJ		MJ		MJ	1	MJ		MJ		M.	J
other		97	other		other		other	4 9	other_		other		other	3
	cigs		cigs		cigs		cigs	-	cigs		cigs		cigs	s

19	- 8	#	20		#	21	#	22	#	23		#	24	#	25	#
	Alc		8	Alc		Alc		A	c	19	Alc		Alc	1	Alc	
	MJ		3	MJ		MJ	ĺ	N	J		MJ		MJ		MJ	J
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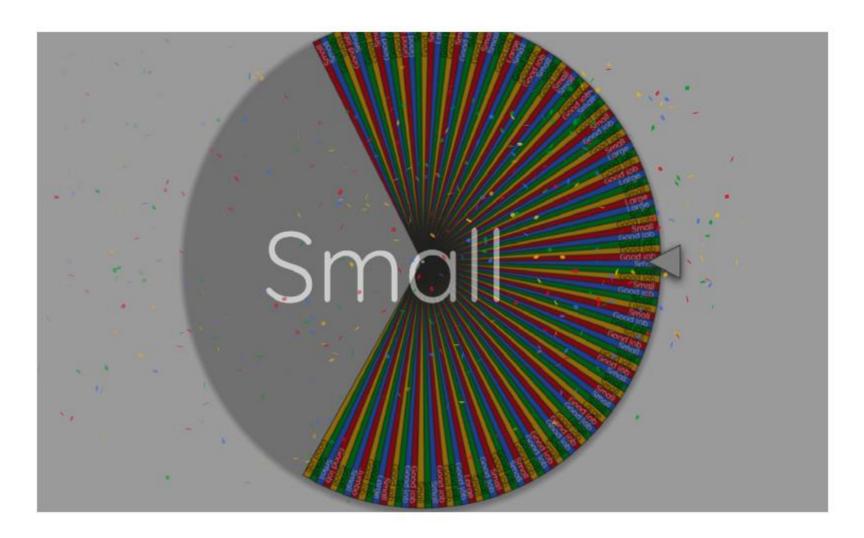
26	- 6	#	27	- 3	#	28	- 3	#	29		#	30		#
e de la companya de l	Alc			Alc			Alc			Alc	100		Alc	
	MJ			MJ			MJ			MJ		1	MJ	9
other			other	- 1		other	-		other_			other		
392	cigs		000	cigs		- X3	cigs		. 50	cigs	8	32	cigs	

Task View

Contingency Management

- Strong data supporting decrease in substance use in adolescents and adults
- Can be used by parents alone or in coordination with a therapist
- 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 (**structured**, **sober**, **social**). (Patients receive a \$10 bonus prize for first negative screen---prize draws for negative screens are cumulative.)

Prize wheel example for telehealth.....



☐ 12 to 16 sessions

☐ includes 2-3 family sessions

☐ follow-up sessions if needed

□ 50% to 60% success rate

Questions or Comments?