


How Systems of Care Are Serving Youth with Co-Occurring Disorders. Part 1: Substance Abuse Treatment



Michael L. Dennis, Ph.D.
Chestnut Health Systems

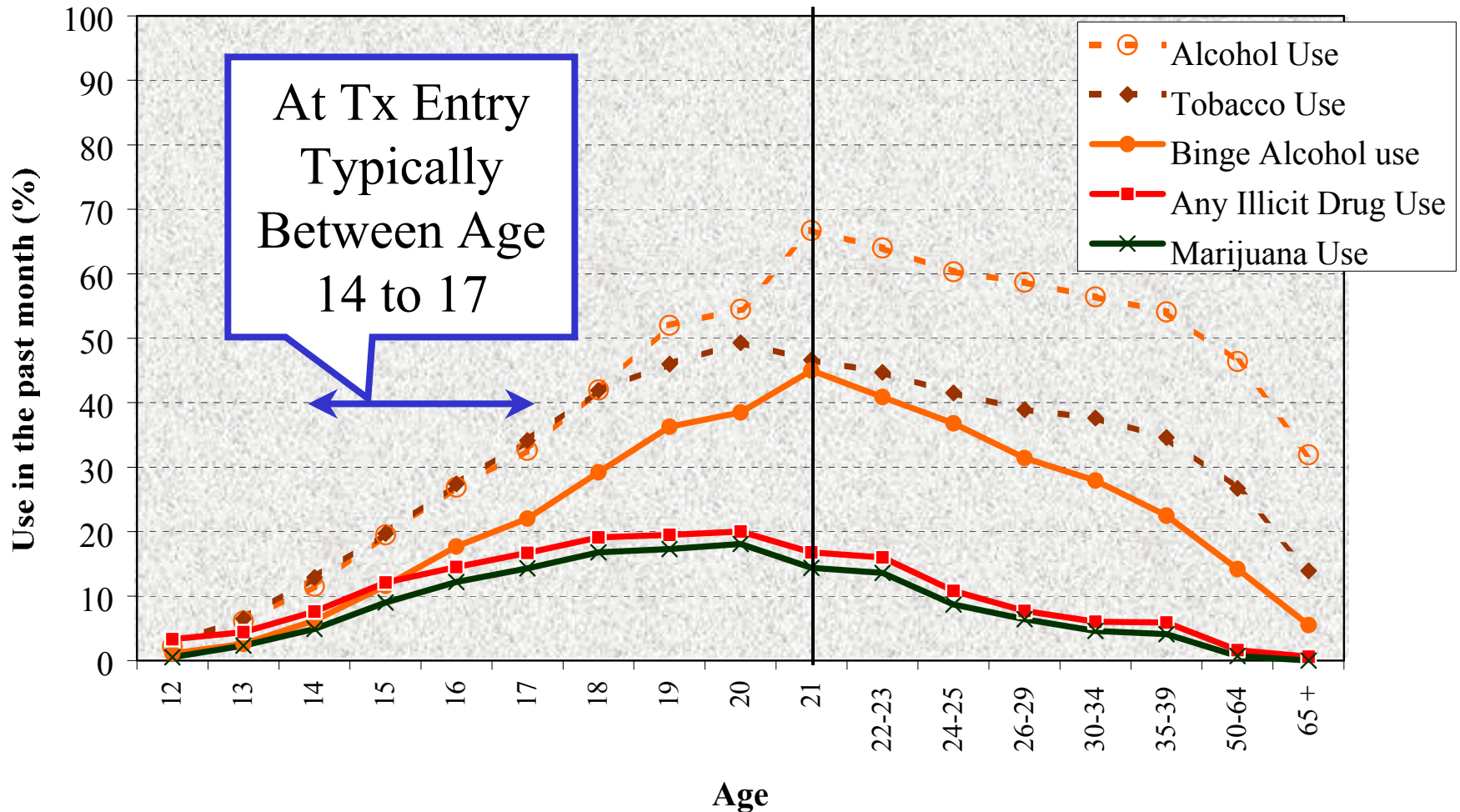
Presentation at the Federal/National Partnership for Children's Mental Health Meeting, "Addressing the Needs of Youth With Co-Occurring Disorders Through Community-Based Systems of Care", Washington, DC, December 13, 2002. Supported through CSAT contract no. 270-98-7047. The opinions expressed here are those of the author and do not reflect official positions of the government.

Objectives



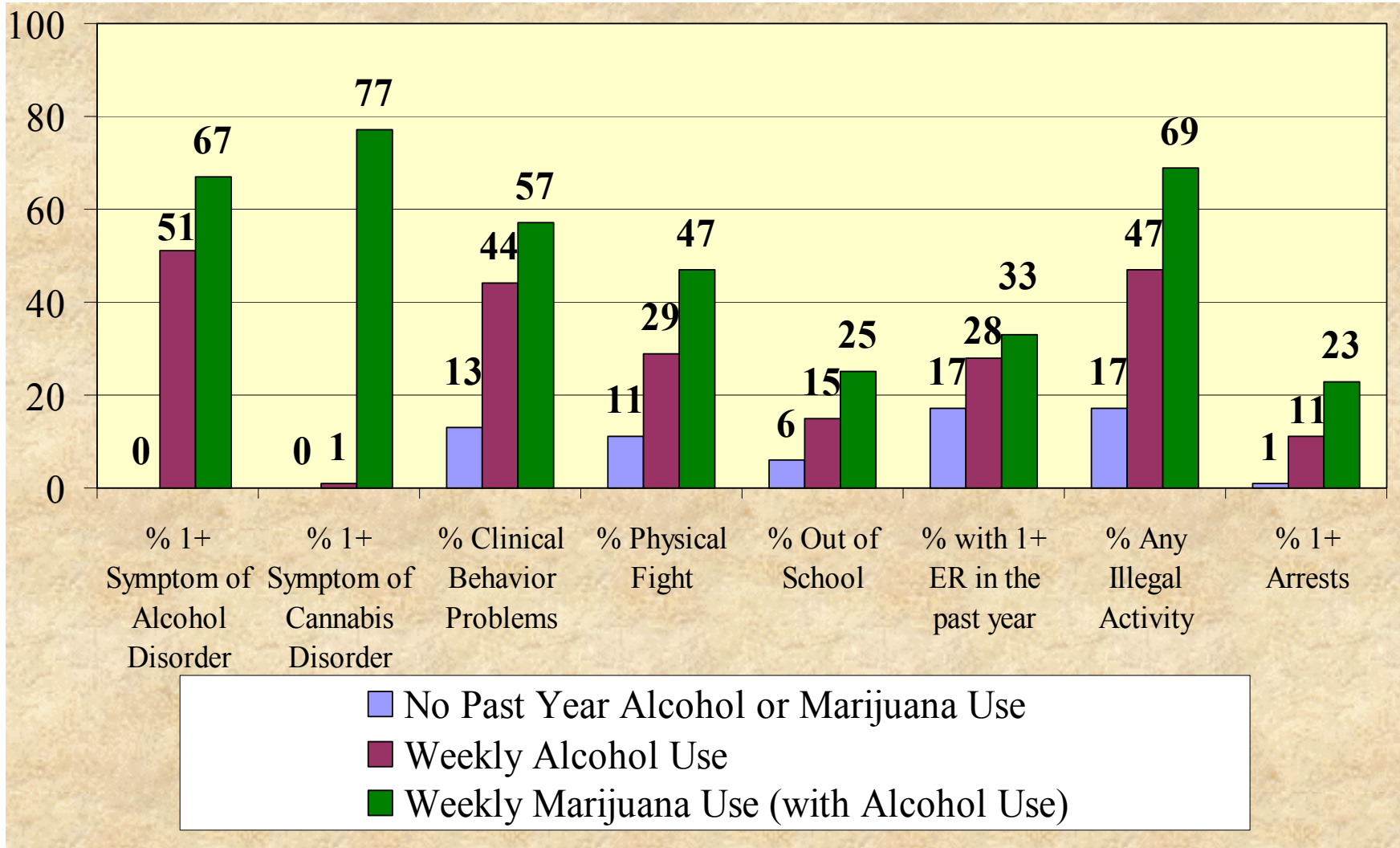
- Highlight community and treatment epidemiological data
- Examine the rates, correlates and structure of co-occurring disorders among adolescents presenting to substance abuse treatment
- Review average outcomes by level of care

Change in Past Month Substance Use by Age



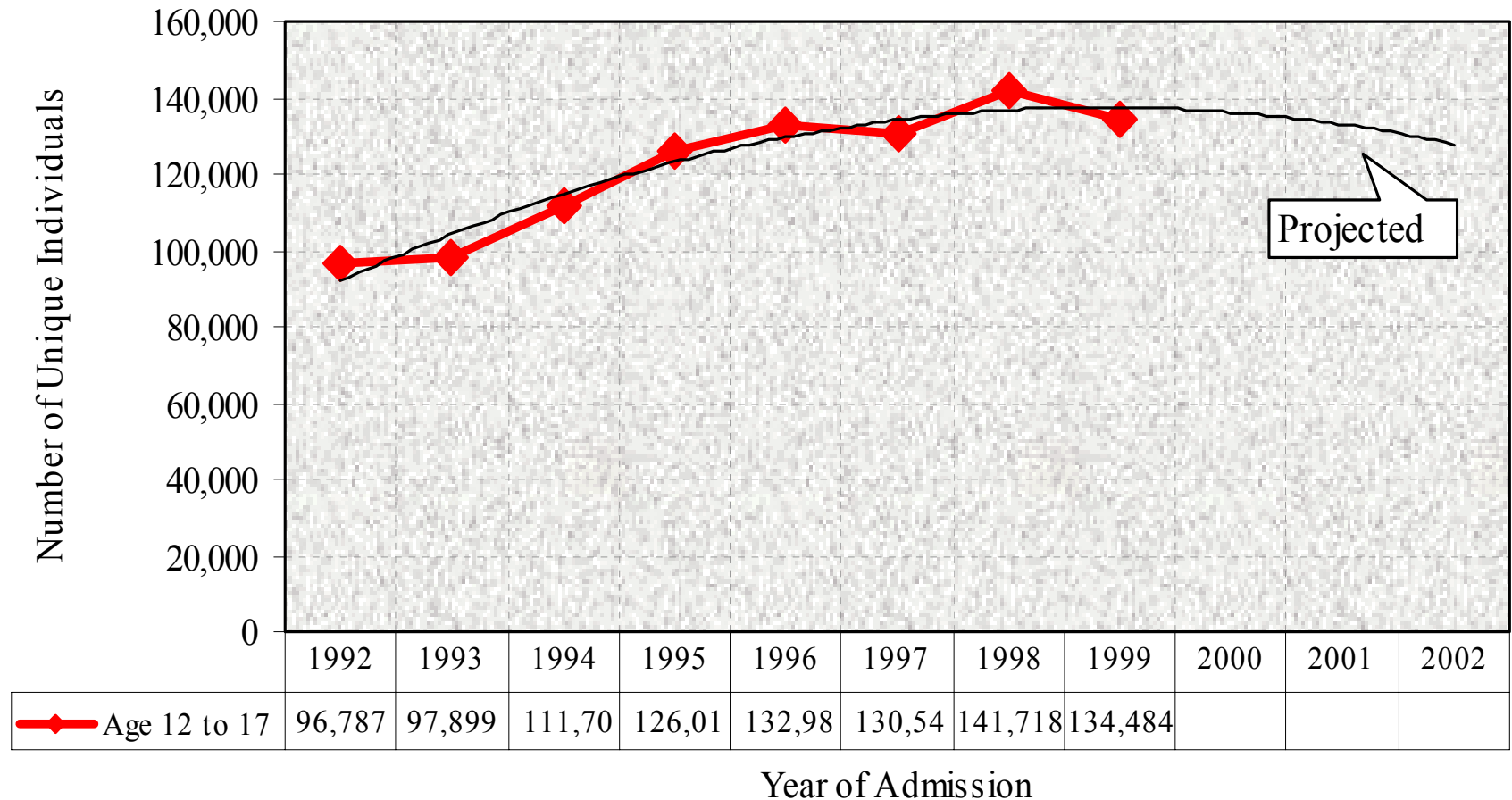
Source: Dennis, M.L., (in press). *Treatment Research on Adolescents Drug and Alcohol Abuse: Despite Progress, Many Challenges Remain.* Connections and Data from the OAS 1999 National Household Survey on Drug Abuse

Consequences of Substance Use



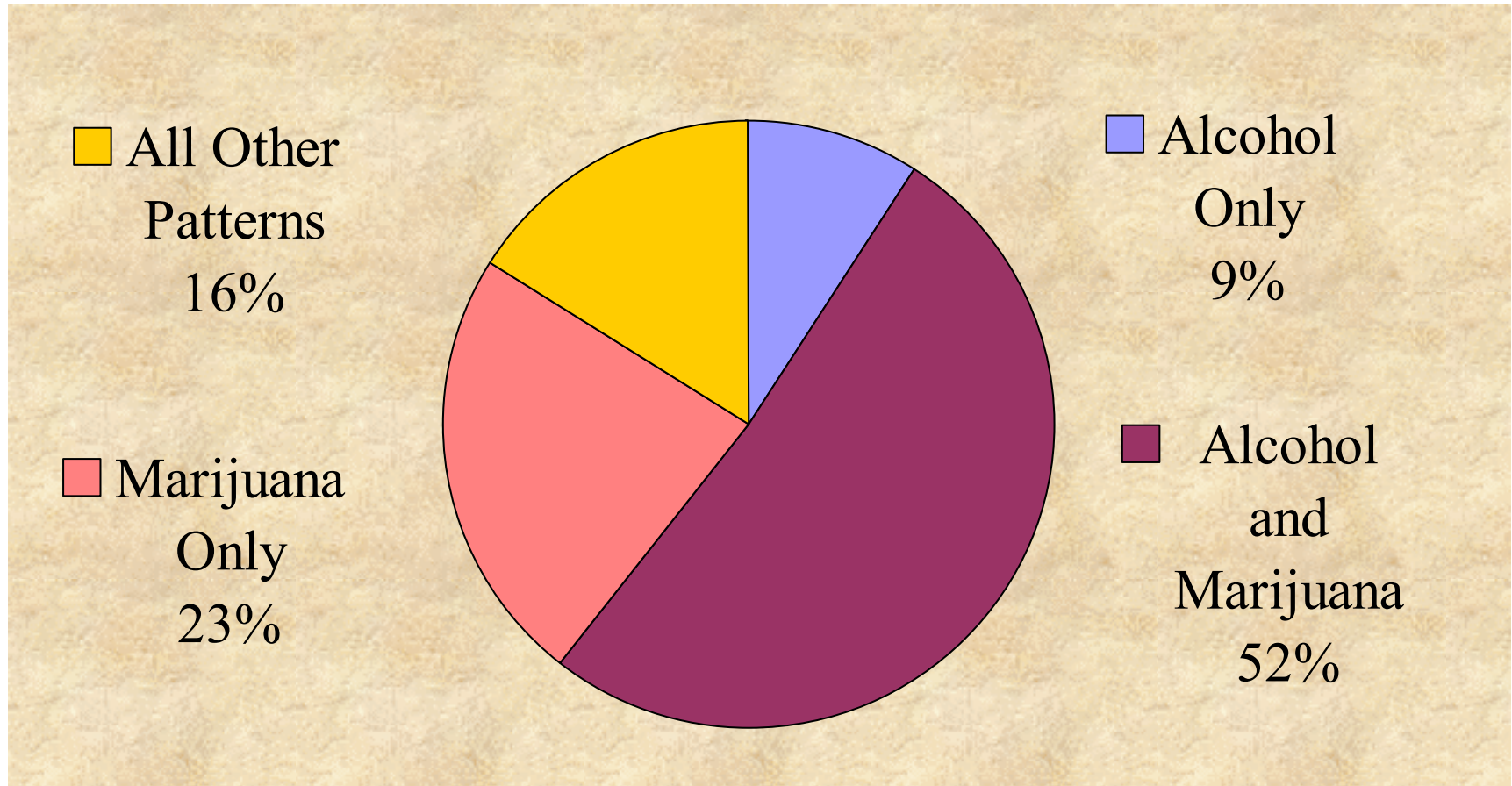
Source: Dennis, M.L., Godley, S.H., & Titus, J.C. (1999, Fall).

Trend in Adolescent Substance Abuse Treatment Admissions: 1992 to 1999



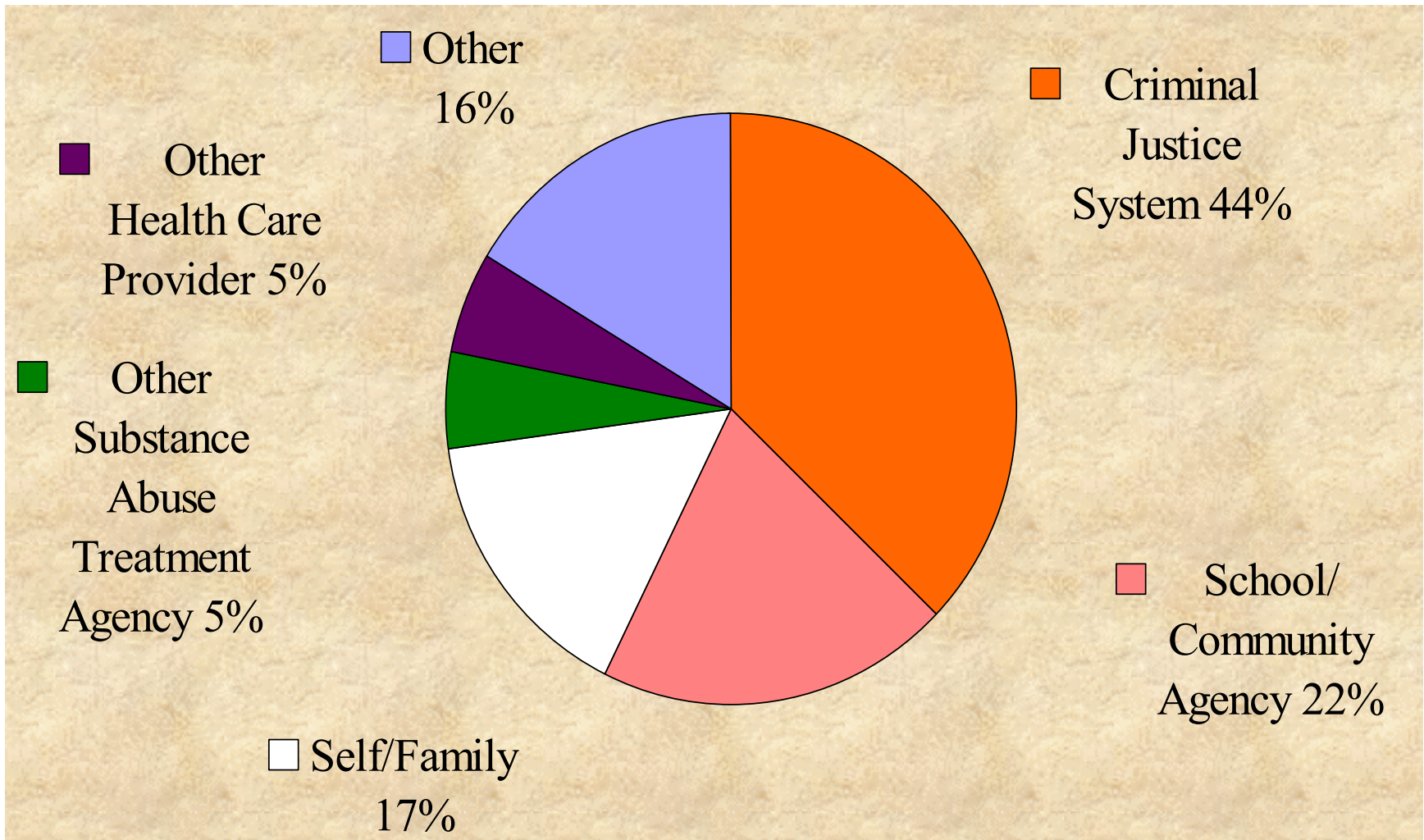
Source: Office of Applied Studies Treatment Episode Data Set (TEDS),
<http://www.samhsa.gov/oas/teds/99TEDS/99Teds.pdf>

Patterns of Substance Use Problems



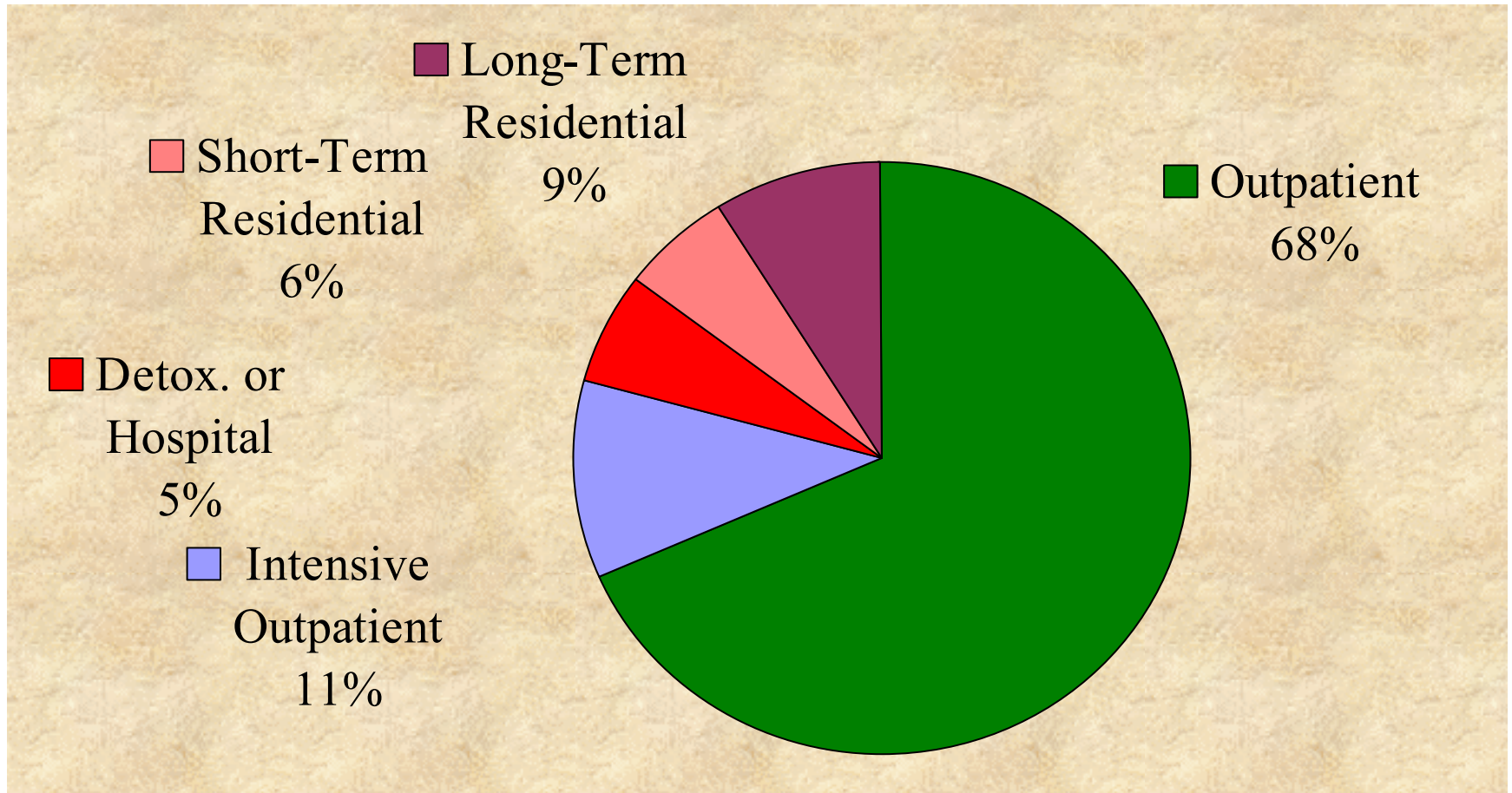
Source: Dennis et al., in press and OAS (2000) 1998 Treatment Episode Data Set (TEDS)

Sources of Adolescent Referrals



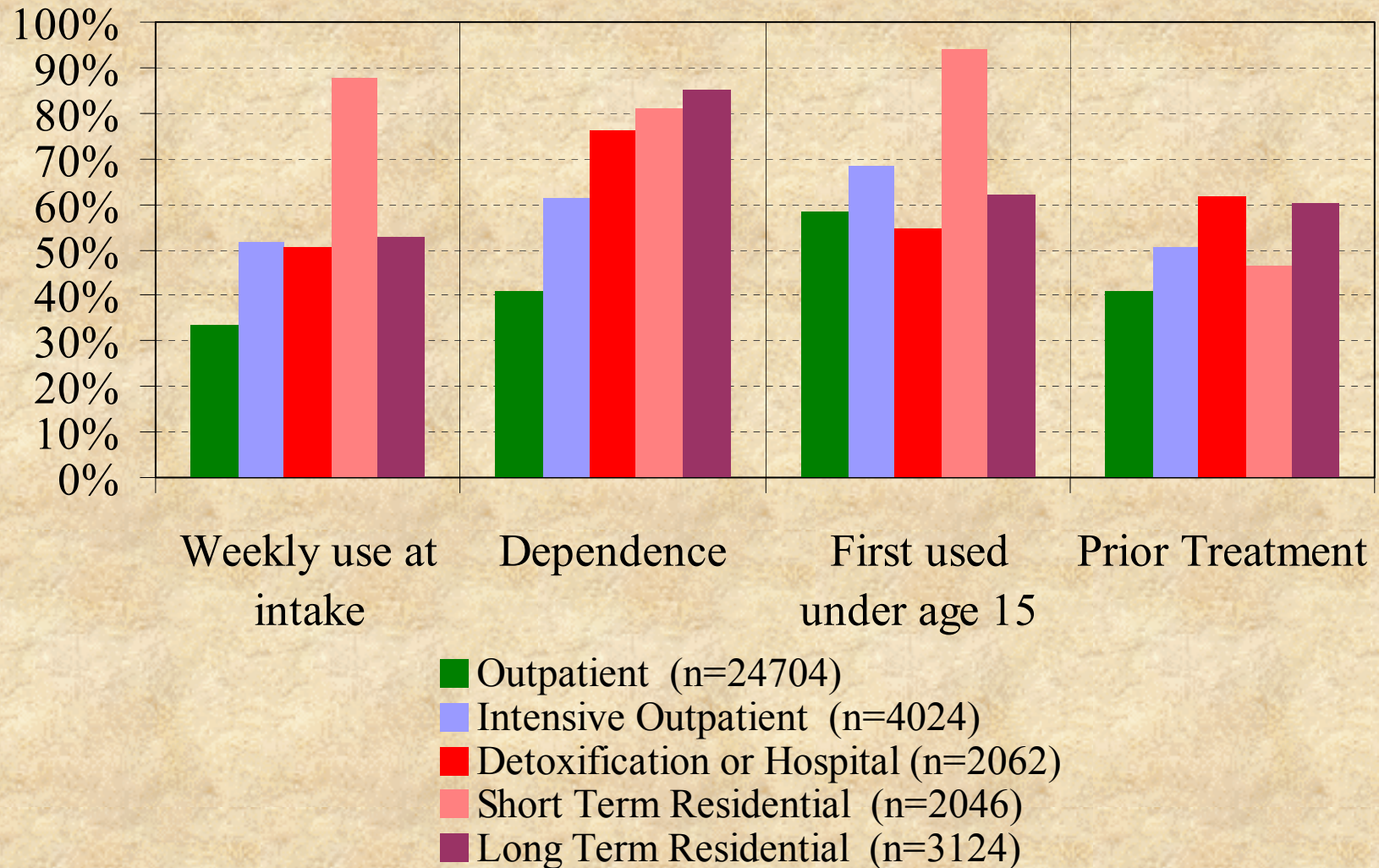
Source: Dennis et al., in press and OAS (2000) 1998 Treatment Episode Data Set (TEDS)

Level of Care at Admission



Source: Dennis et al, in press and OAS (2000) 1998 Treatment Episode Data Set (TEDS)

Severity Varies by Level of Care



Source: Dennis et al, in press and OAS (2000) 1998 Treatment Episode Data Set (TEDS)

Problems with National Data System

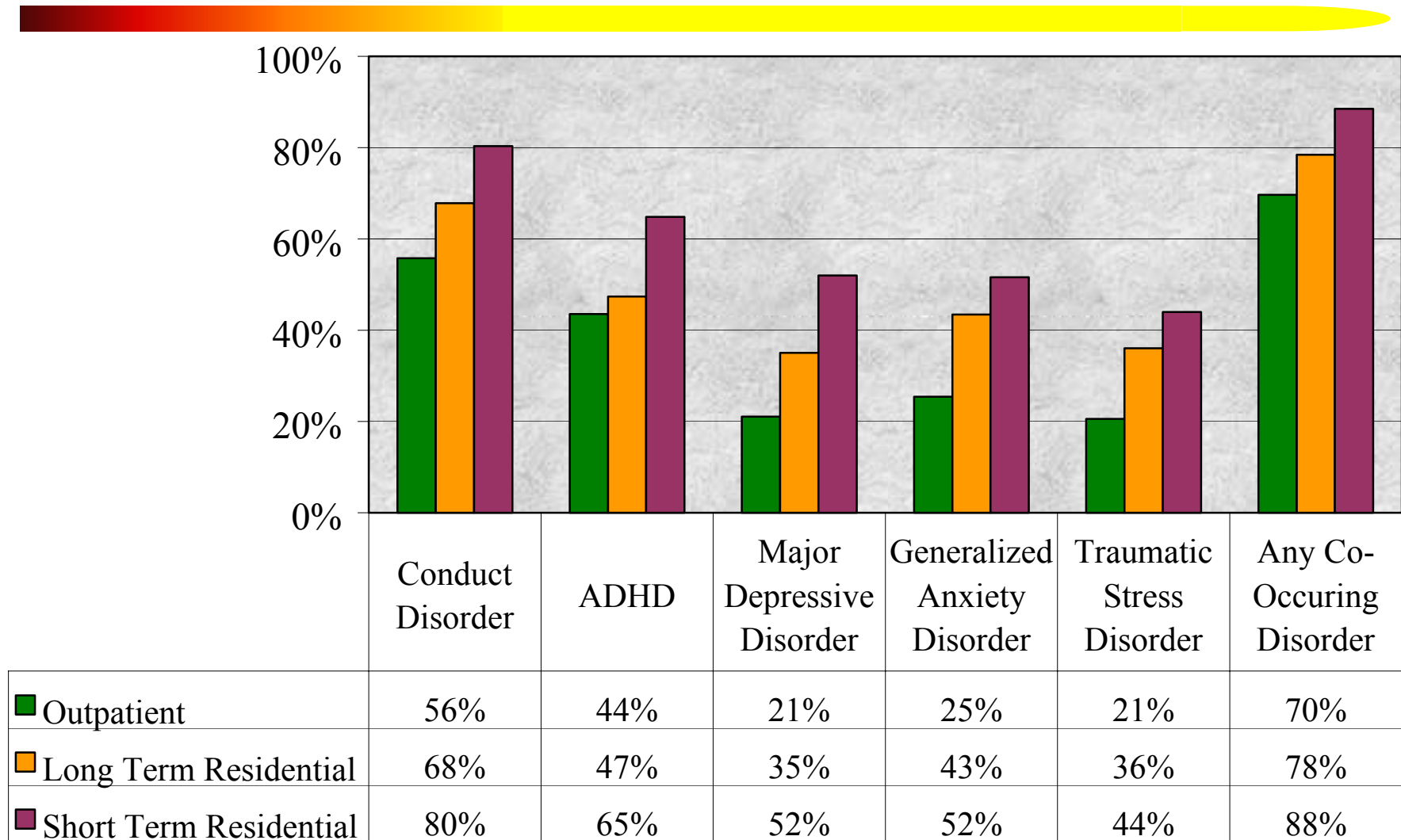
- 1 question for “dual” diagnosis is unstandardized and only averages 10% (*the literature suggests it should be 50-80%*)
- Optional DSM diagnosis field only records primary diagnosis
- Many programs do not rigorously assess for co-occurring disorders and/or assume they should not do so until after the adolescent is in recovery already
- Little or no standardized assessment of victimization or the degree of resulting trauma
- Still an acute care model, with a median length of stay of about 6 weeks and 80% discharged within 3 months (*the literature suggests the average adolescent will need 3-4 episodes of care over 4 to 8 years to reach a stable state of recovery*)

Recent Adolescent Treatment Studies using the same core GAIN measure



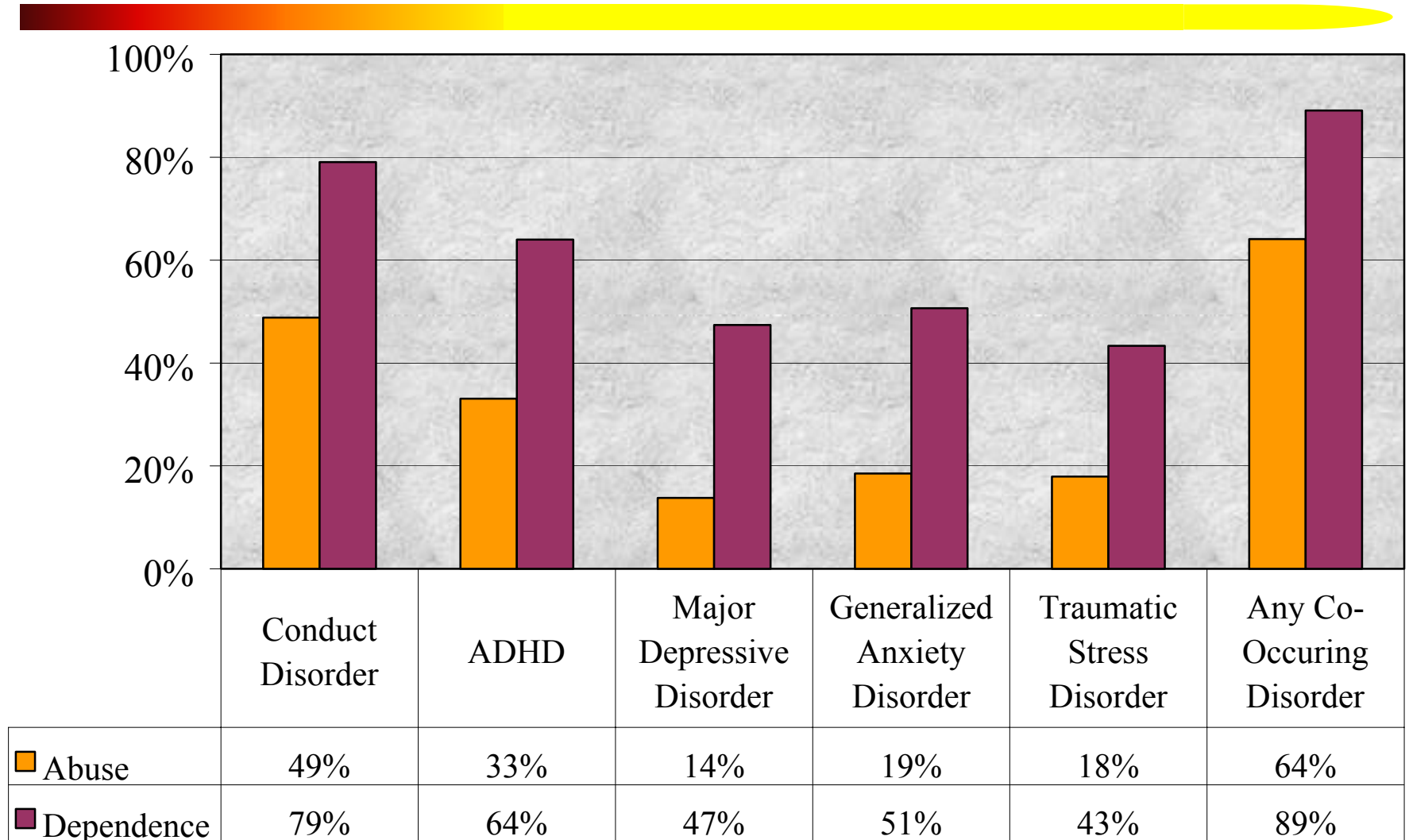
- Drug Outcome Monitoring Study (DOMS) across levels of care and age (adolescent, young adult, adult)
- 5 CSAT Cannabis Youth Treatment (CYT) cooperative agreement grants
- 10 CSAT Adolescent Treatment Model (ATM) grantees
- 7 Persistent Effects of Treatment Study of Adolescents (PETS-A) subcontracts to follow adolescents out to 30 months.
- 12+ CSAT Strengthening Communities for Youth (SCY) grants
- 11 RWJF Reclaiming Futures (diversion) grants
- 17 CSAT Adolescent Residential Treatment (ART) grants
- 2 NIAAA Assertive Aftercare Program (AAP) experiments
- Half dozen other evaluations of adolescent treatment, substance abuse prevention programs, or central intake using subsets of items
- Also used in over a dozen adult treatment studies, including CSAT's-occurring disorder grants and several NIAAA/NIDA grants.

Multiple Co-occurring Problems By Level of Care



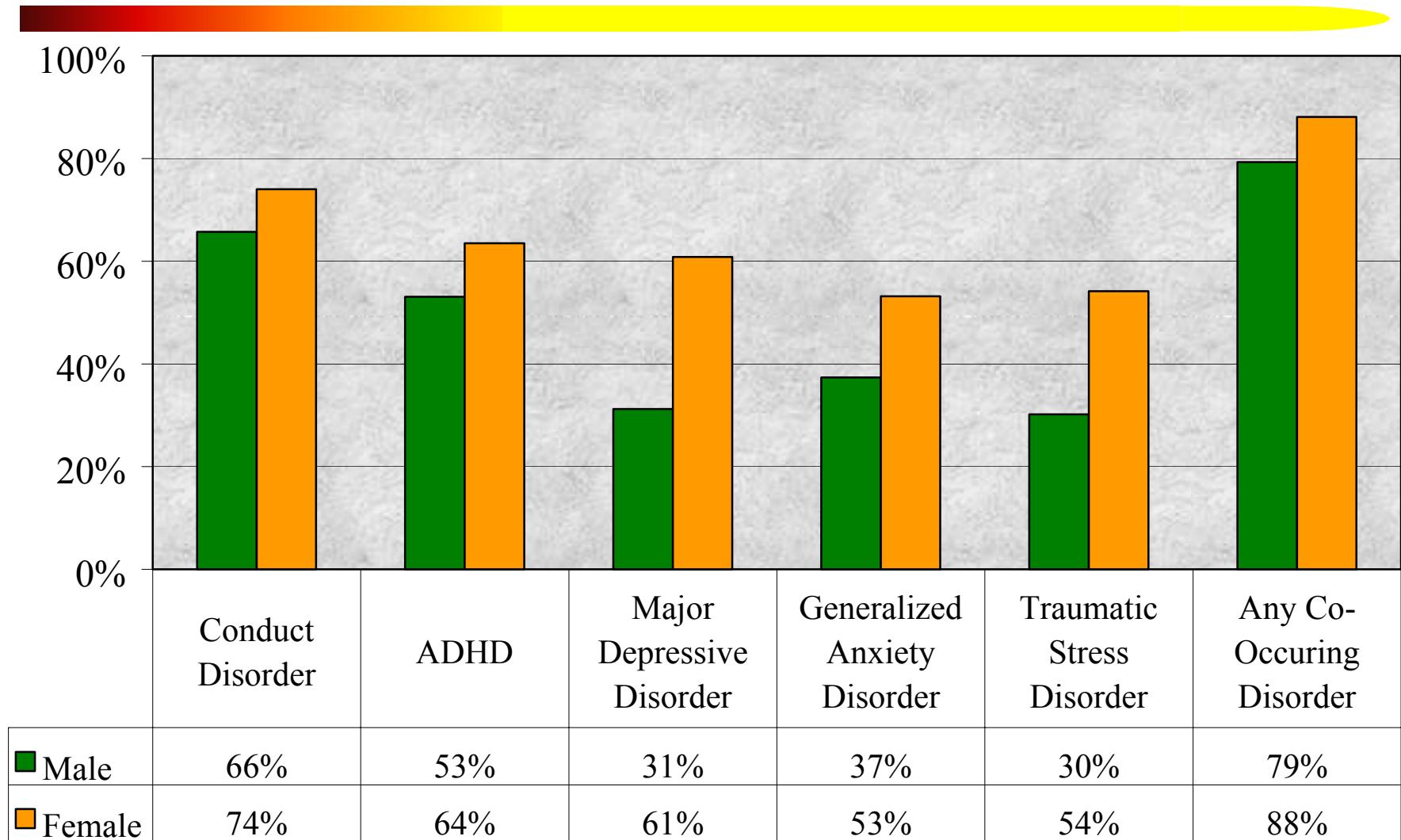
Source: CSAT's Cannabis Youth Treatment (CYT), Adolescent Treatment Model (ATM), and Persistent Effects of Treatment Study of Adolescents (PETS-A) studies

Multiple Co-occurring Problems By Lifetime Dependence Diagnosis



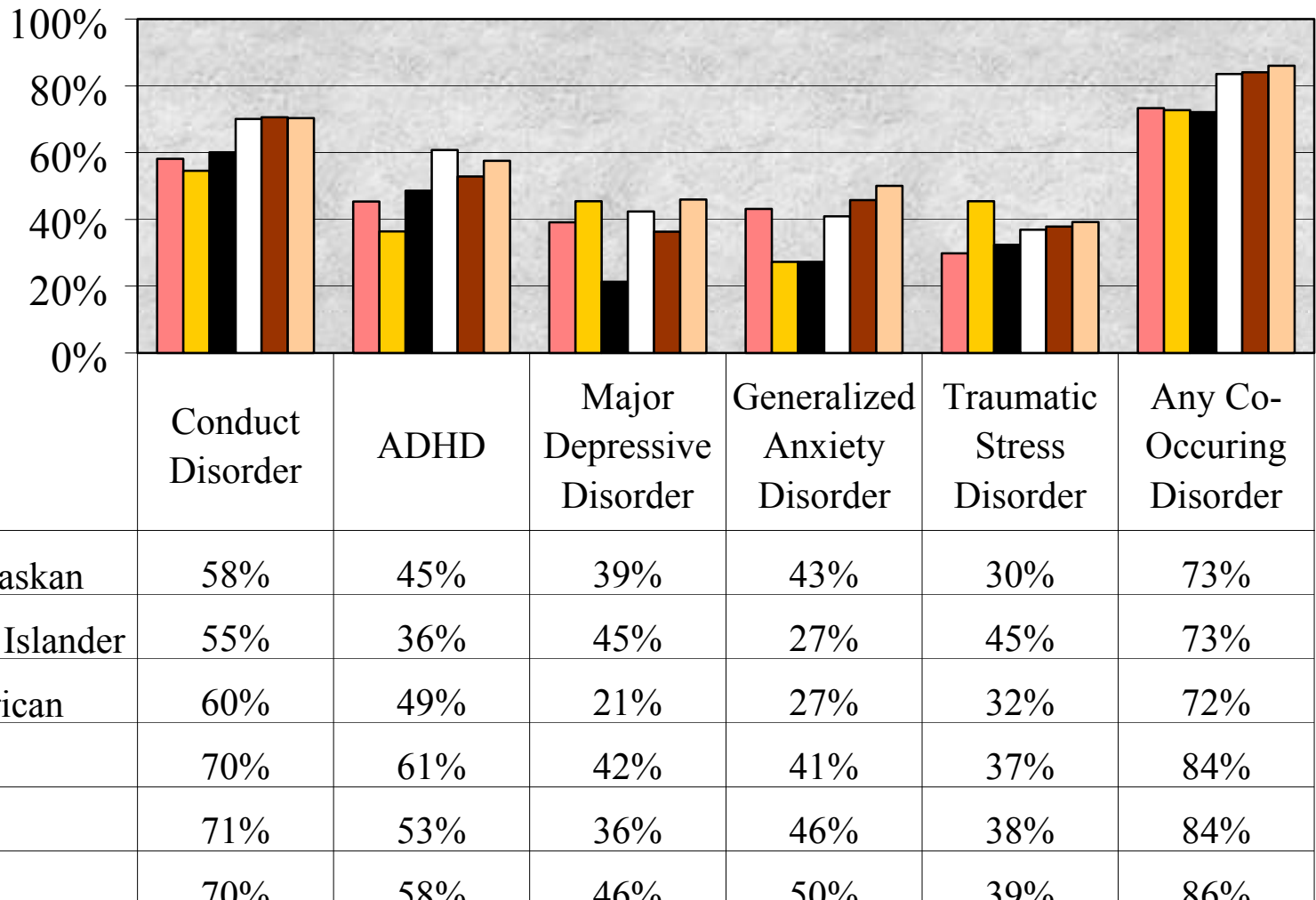
Source: CSAT's Cannabis Youth Treatment (CYT), Adolescent Treatment Model (ATM), and Persistent Effects of Treatment Study of Adolescents (PETS-A) studies

Multiple Co-occurring Problems By Gender



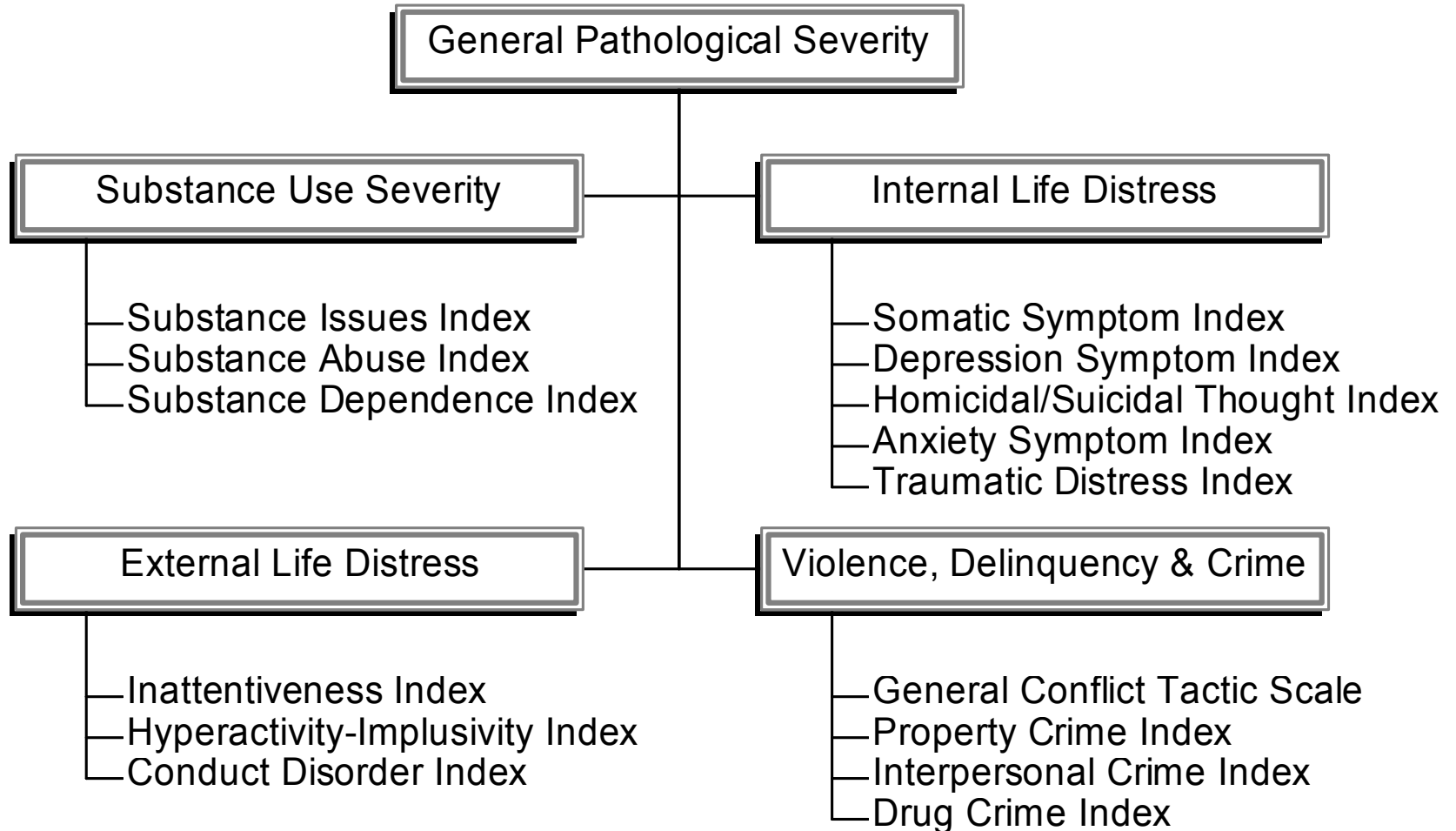
Source: CSAT's Cannabis Youth Treatment (CYT), Adolescent Treatment Model (ATM), and Persistent Effects of Treatment Study of Adolescents (PETS-A) studies

Multiple Co-occurring Problems By Race

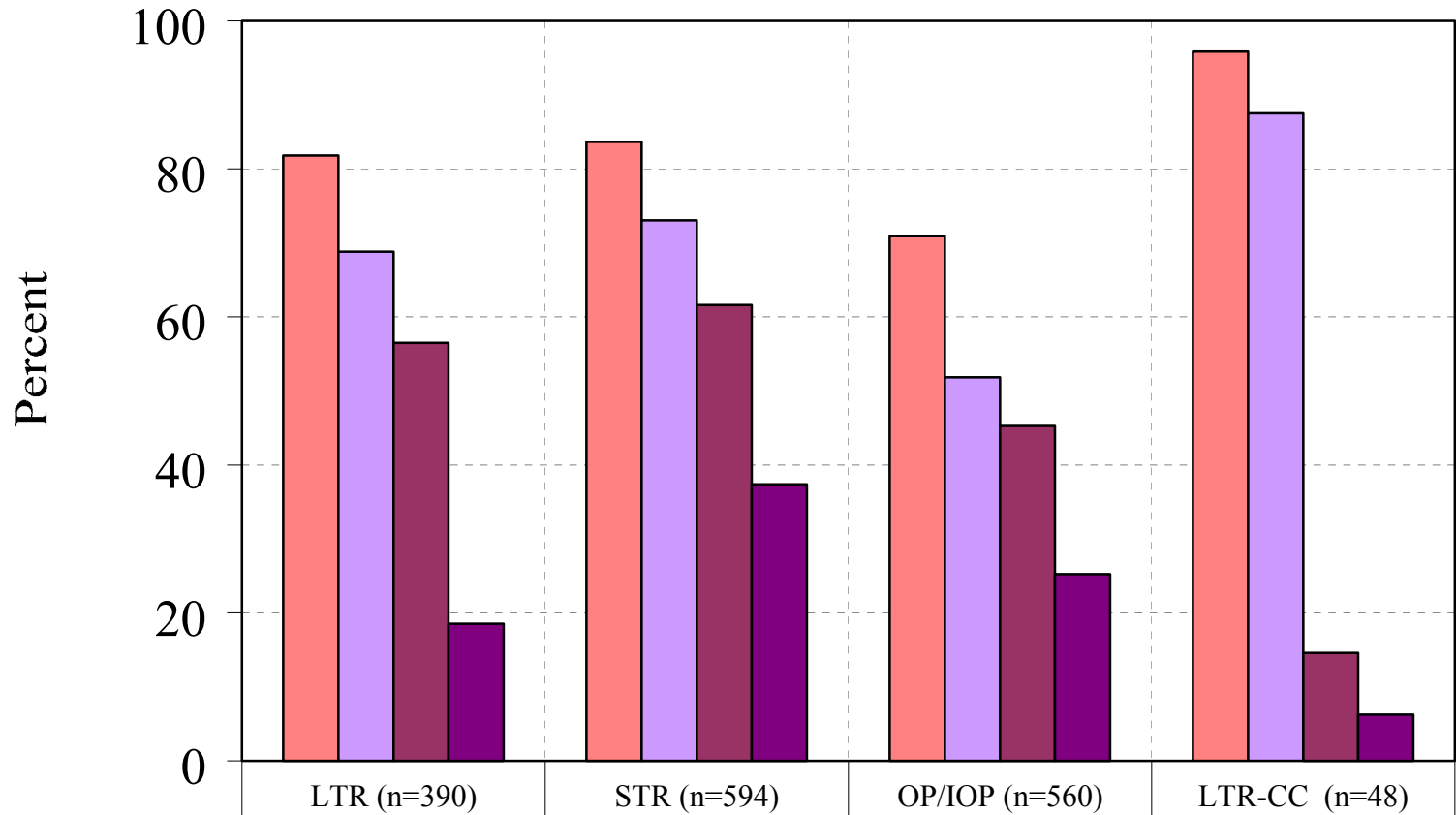


Source: CSAT's Cannabis Youth Treatment (CYT), Adolescent Treatment Model (ATM), and Persistent Effects of Treatment Study of Adolescents (PETS-A) studies

Meta Analysis of 2968 Adolescents and Adults from 61 programs validates the following structure of the Psychopathology



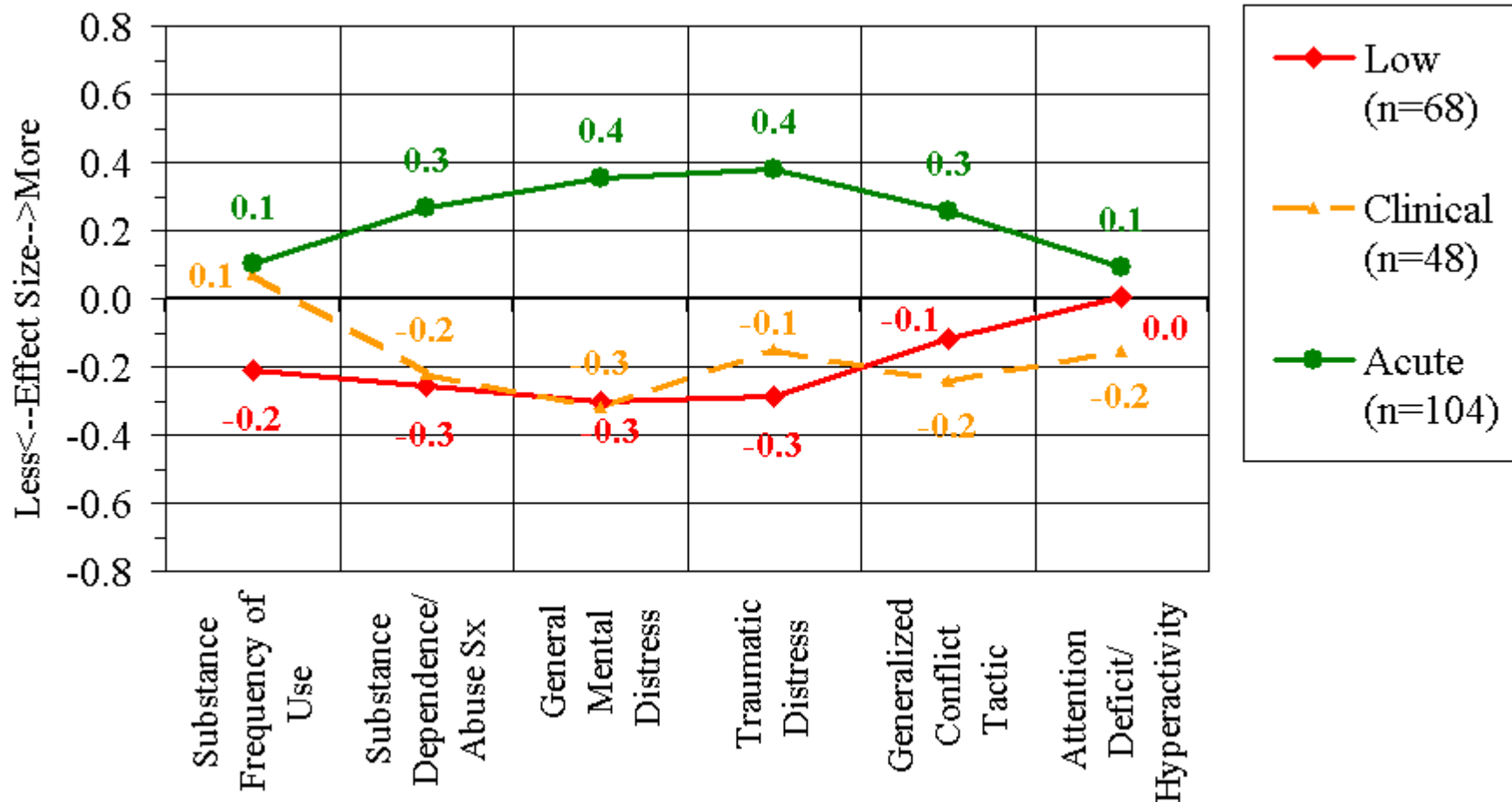
Victimization



■ Lifetime History of Victimization	81.8	83.7	70.9	95.8
■ Acute Victimization	68.8	73.1	51.8	87.5
■ Past Year Victimization	56.5	61.6	45.3	14.6
■ Past 90 Day Victimization	18.5	37.4	25.2	6.3

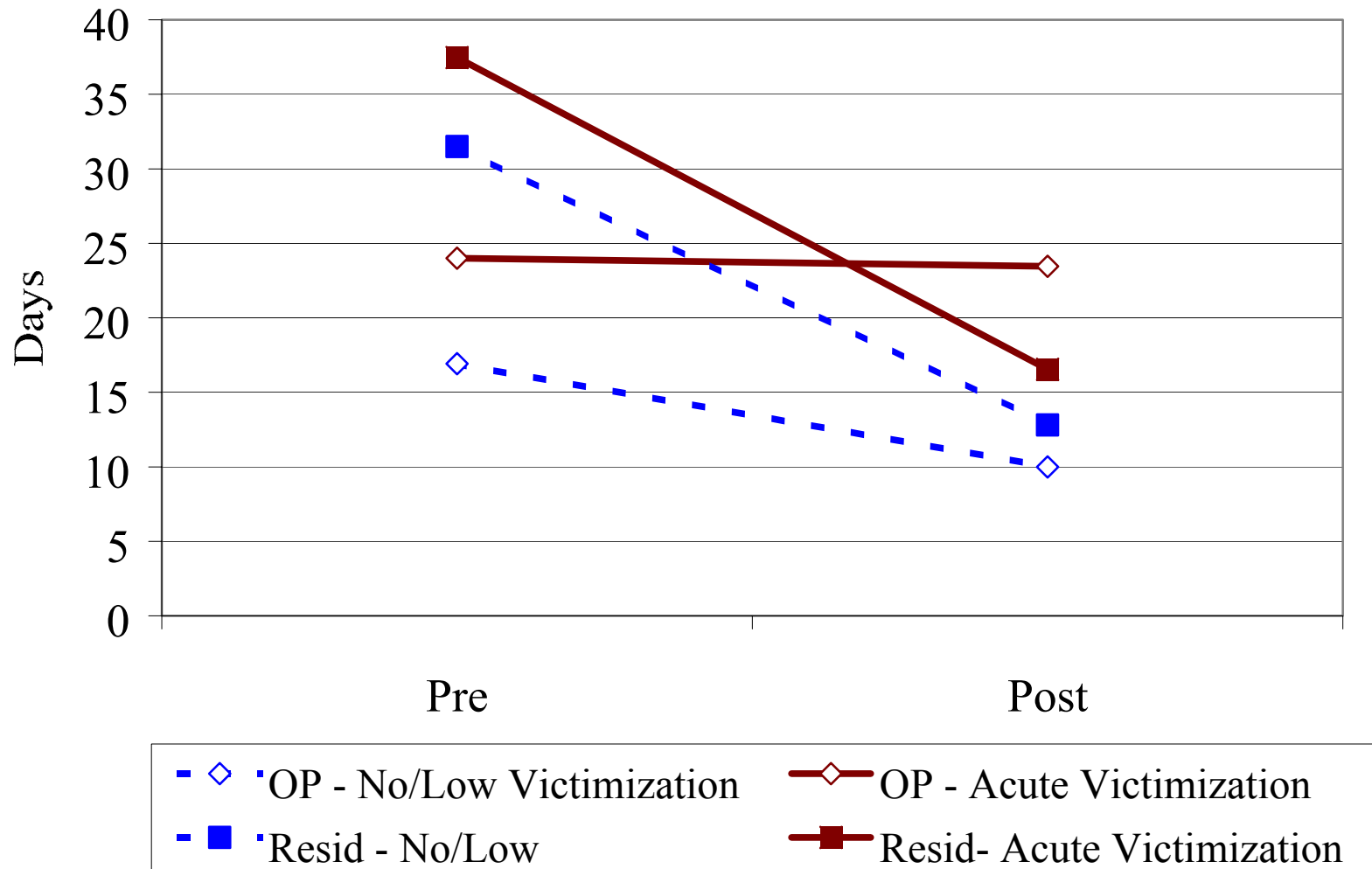
Source: Adolescent Treatment Model (ATM) data

Impact of Victimization



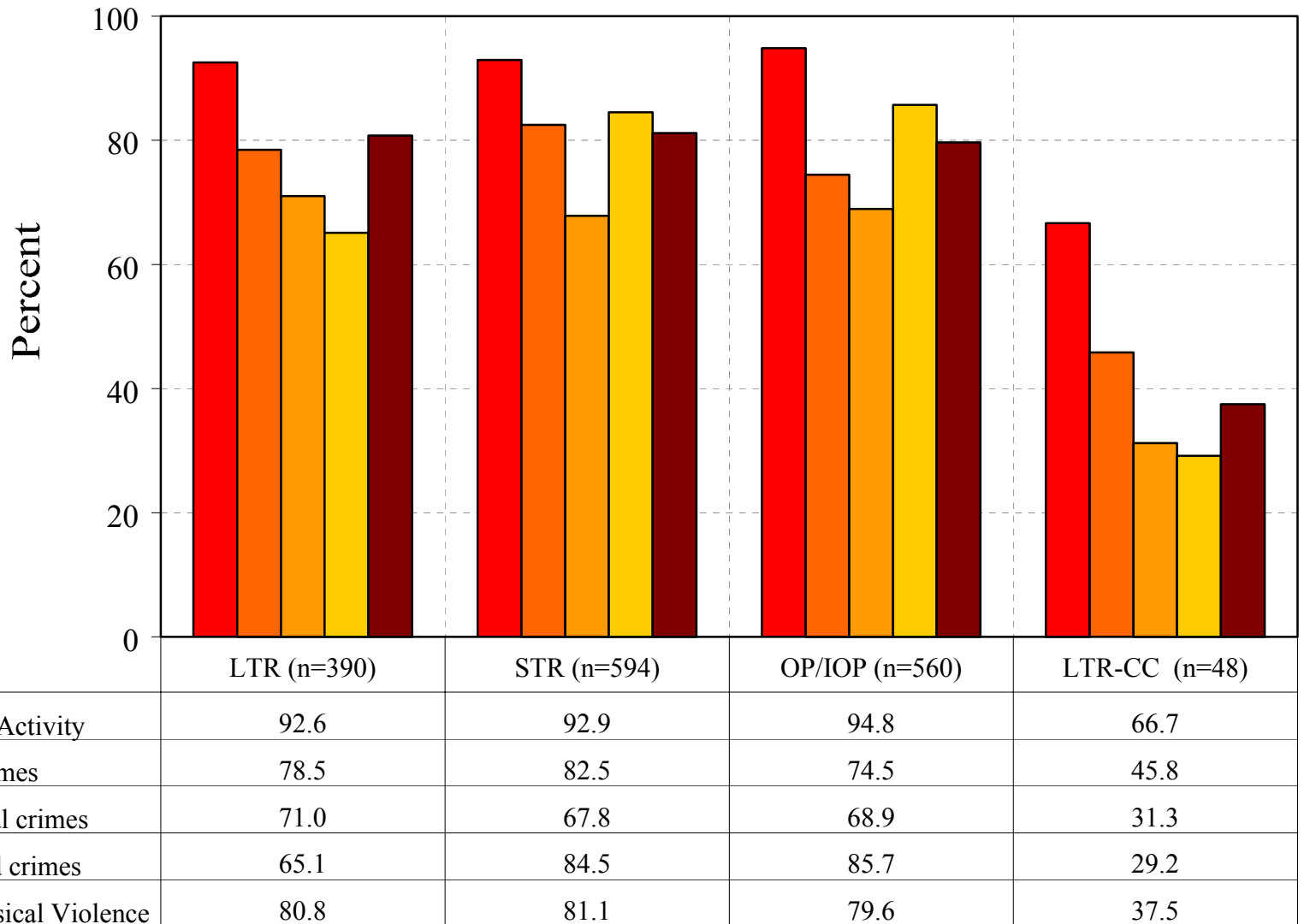
Source: Titus et al, in press

Interaction of Victimization and Tx Setting on Days of Marijuana Use



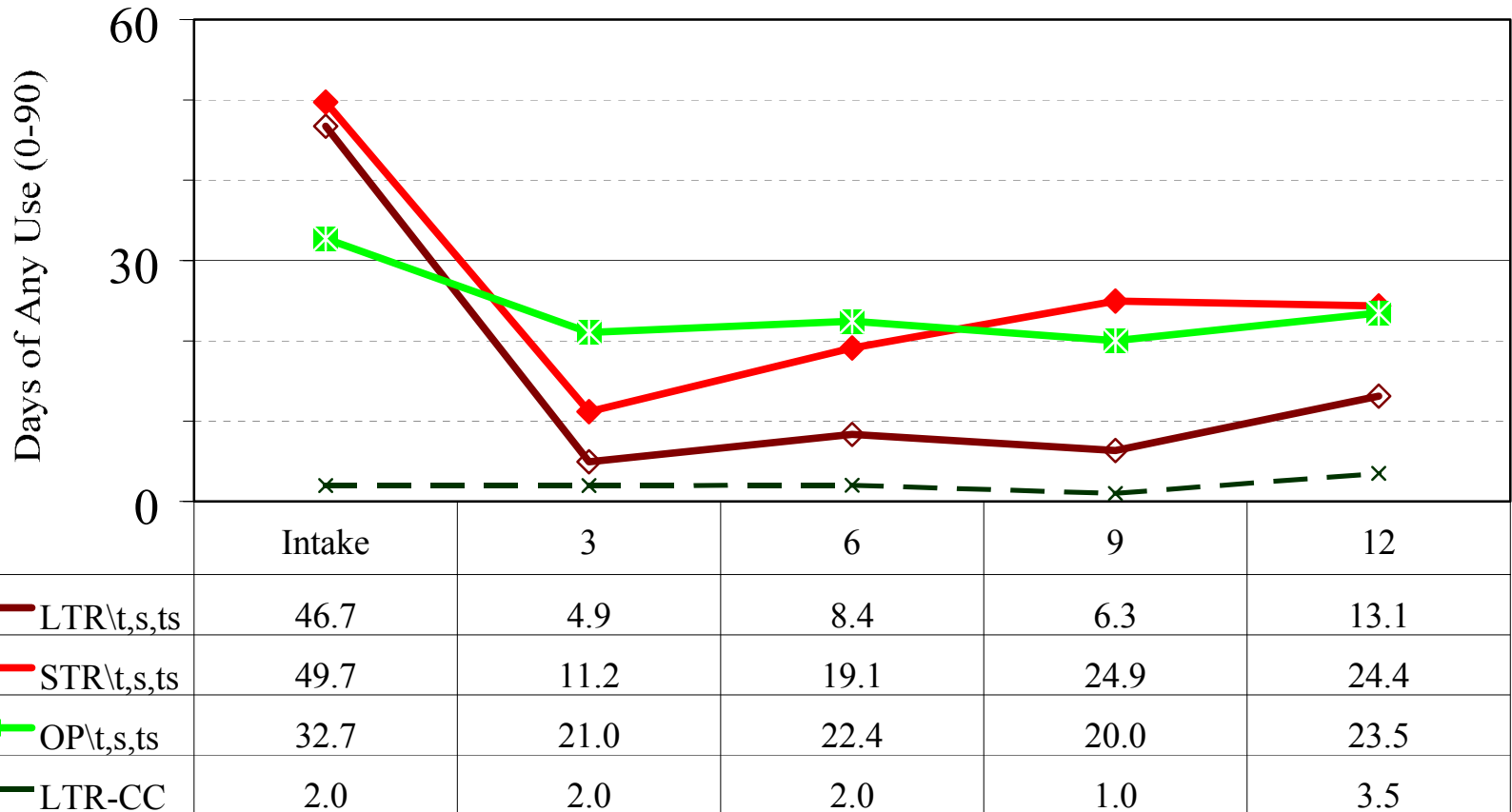
Source: Funk et al, in press

Illegal Activity



Source: Adolescent Treatment Model (ATM) data

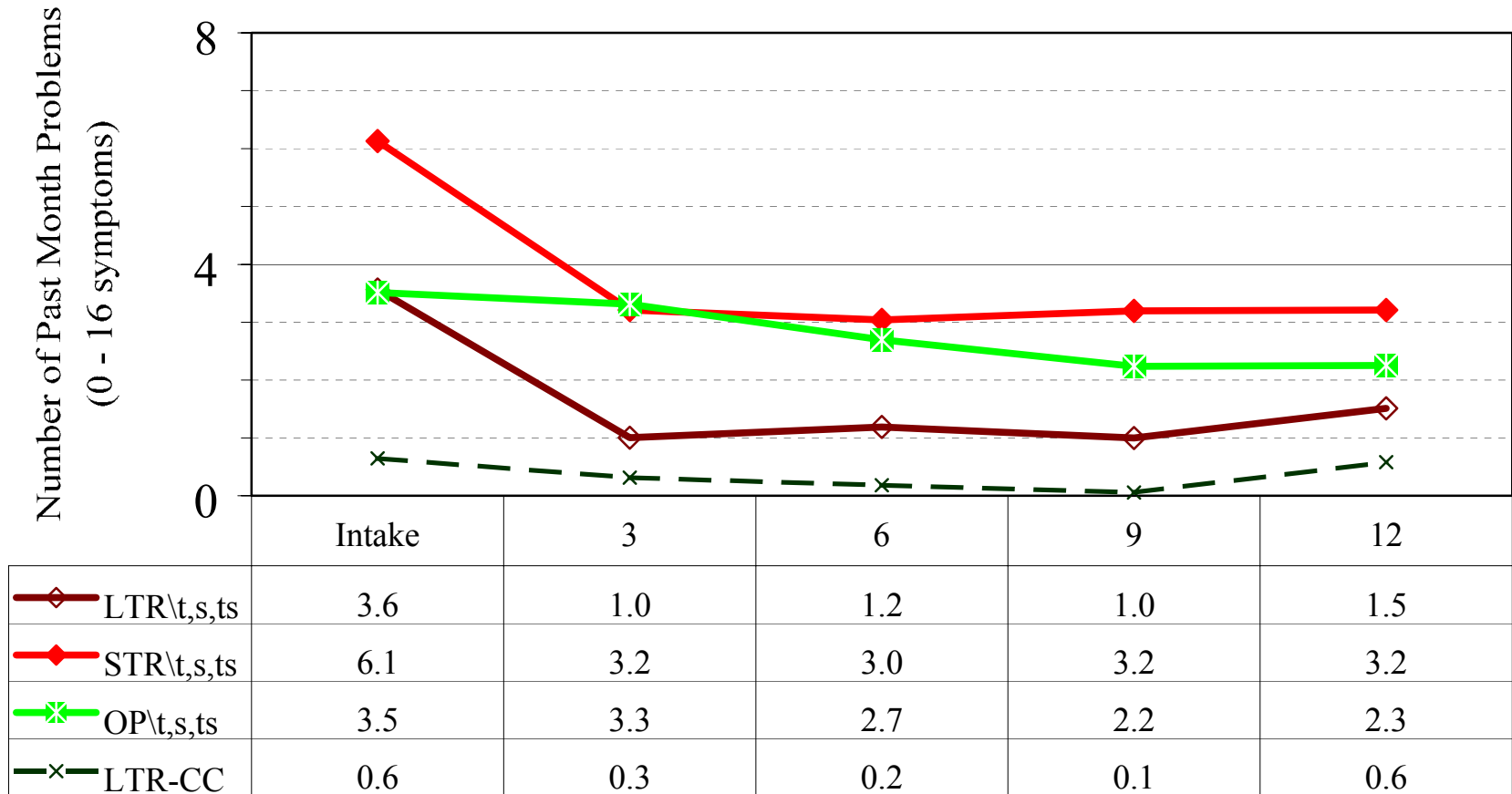
Change in Days of Any Substance Use by Level of Care



\a Level of cares coded as Long Term Residential (LTR, n=390), Short Term Residential (STR, n=594), Outpatient/Intensive Outpatient (OP/IOP, n=560), and LTR-Continuing Care (LTR-CC, n=47). T scores are normalized on the ATM outpatient intake mean and standard deviation. Significance (p<.05) marked as \t for time effect, \s for site effect, and \ts for time x site effect.

Source: *Adolescent Treatment Model (ATM) study*

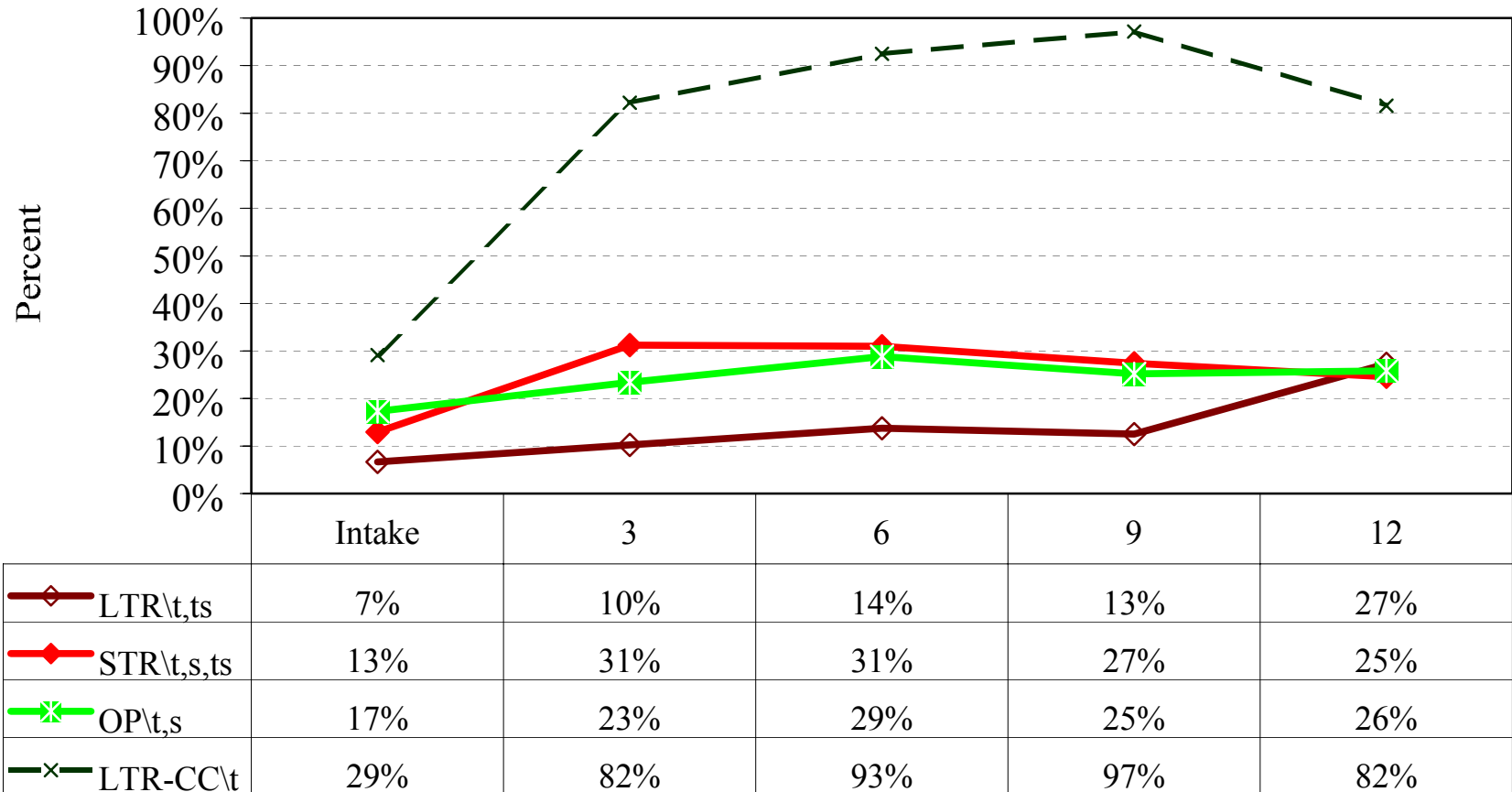
Change in the Number of Substance Related Problems in the Past Month by LOC\



\a Level of cares coded as Long Term Residential (LTR, n=390), Short Term Residential (STR, n=594), Outpatient/Intensive Outpatient (OP/IOP, n=560), and LTR-Continuing Care (LTR-CC, n=47). T scores are normalized on the ATM outpatient intake mean and standard deviation. Significance (p<.05) marked as \t for time effect, \s for site effect, and \ts for time x site effect.

Source: *Adolescent Treatment Model (ATM) study*

Change in the Percent in Past Month Recovery by Level of Care^{a,b}

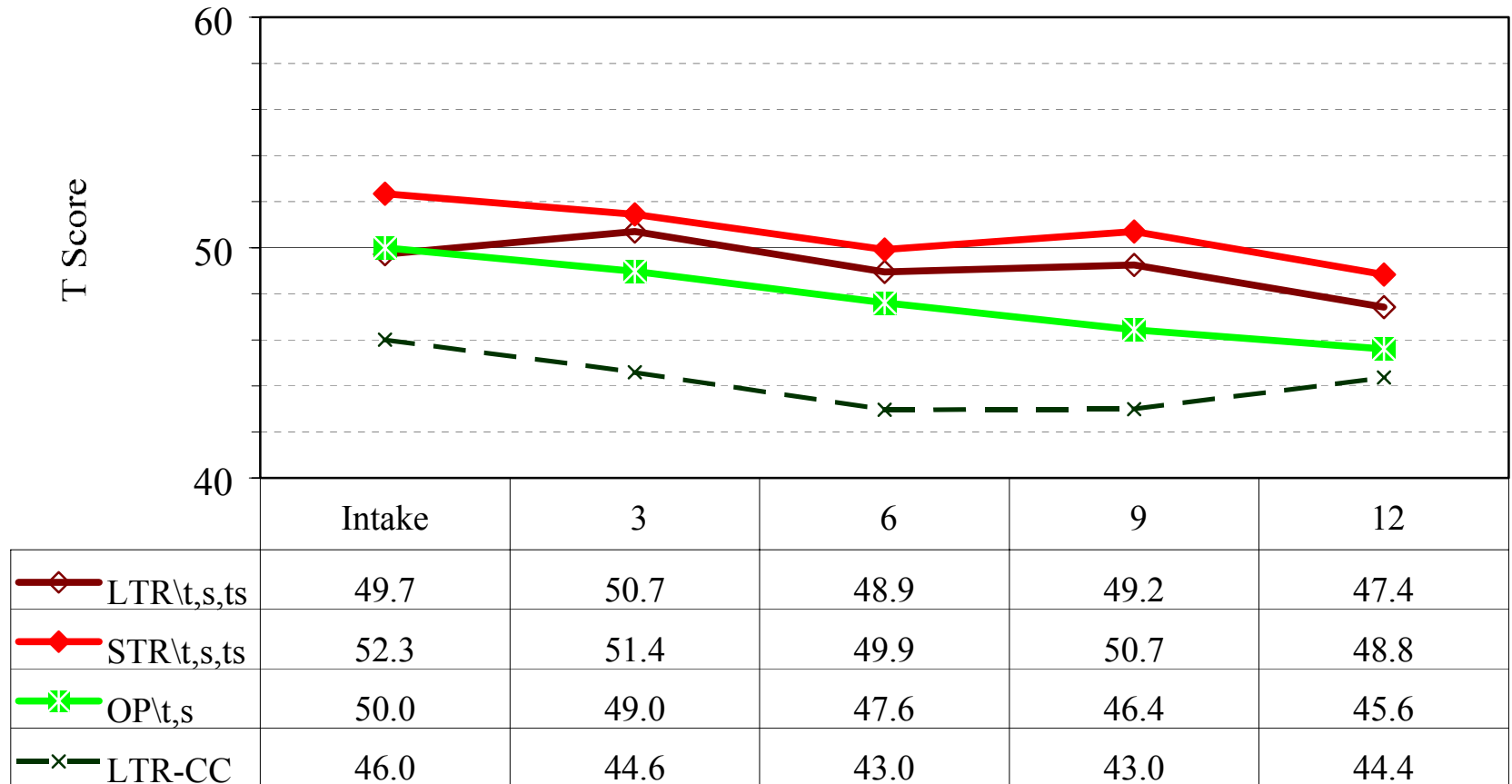


^a Level of cares coded as Long Term Residential (LTR, n=390), Short Term Residential (STR, n=594), Outpatient/Intensive Outpatient (OP/IOP, n=560), and LTR-Continuing Care (LTR-CC, n=47). T scores are normalized on the ATM outpatient intake mean and standard deviation. Significance (p<.05) marked as ^t for time effect, ^s for site effect, and ^{ts} for time x site effect.

^b Recovery defined as no use or problems while living in the community.

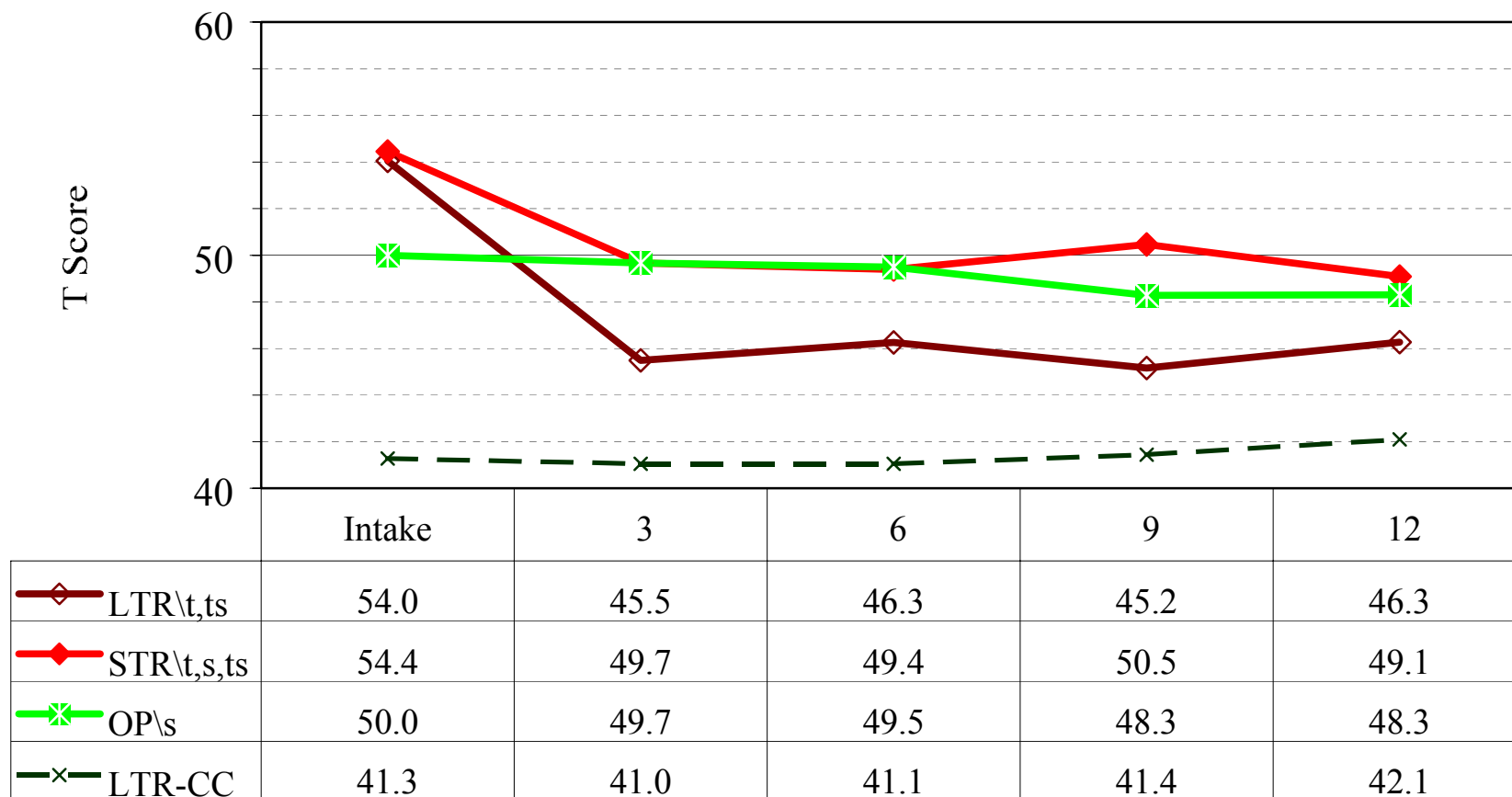
Source: *Adolescent Treatment Model (ATM) study*

Change in the Emotional Problem Index T-Score (TEPI7p) by LOC\



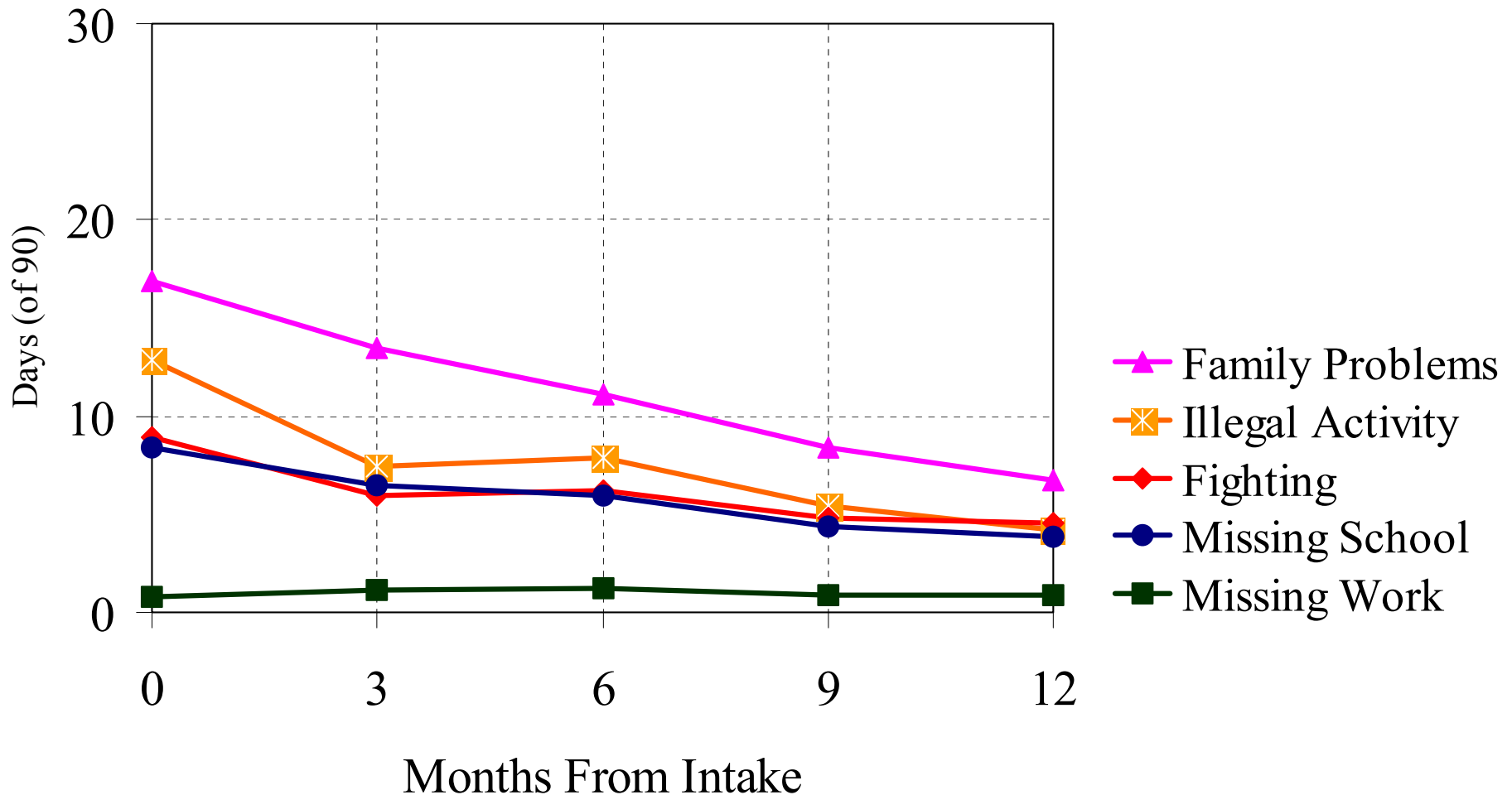
\a Level of cares coded as Long Term Residential (LTR, n=390), Short Term Residential (STR, n=594), Outpatient/Intensive Outpatient (OP/IOP, n=560), and LTR-Continuing Care (LTR-CC, n=47). T scores are normalized on the ATM outpatient intake mean and standard deviation. Significance ($p < .05$) marked as \t for time effect, \s for site effect, and \ts for time x site effect.

Change in the Illegal Activity Index (TIAI3p) by LOC\



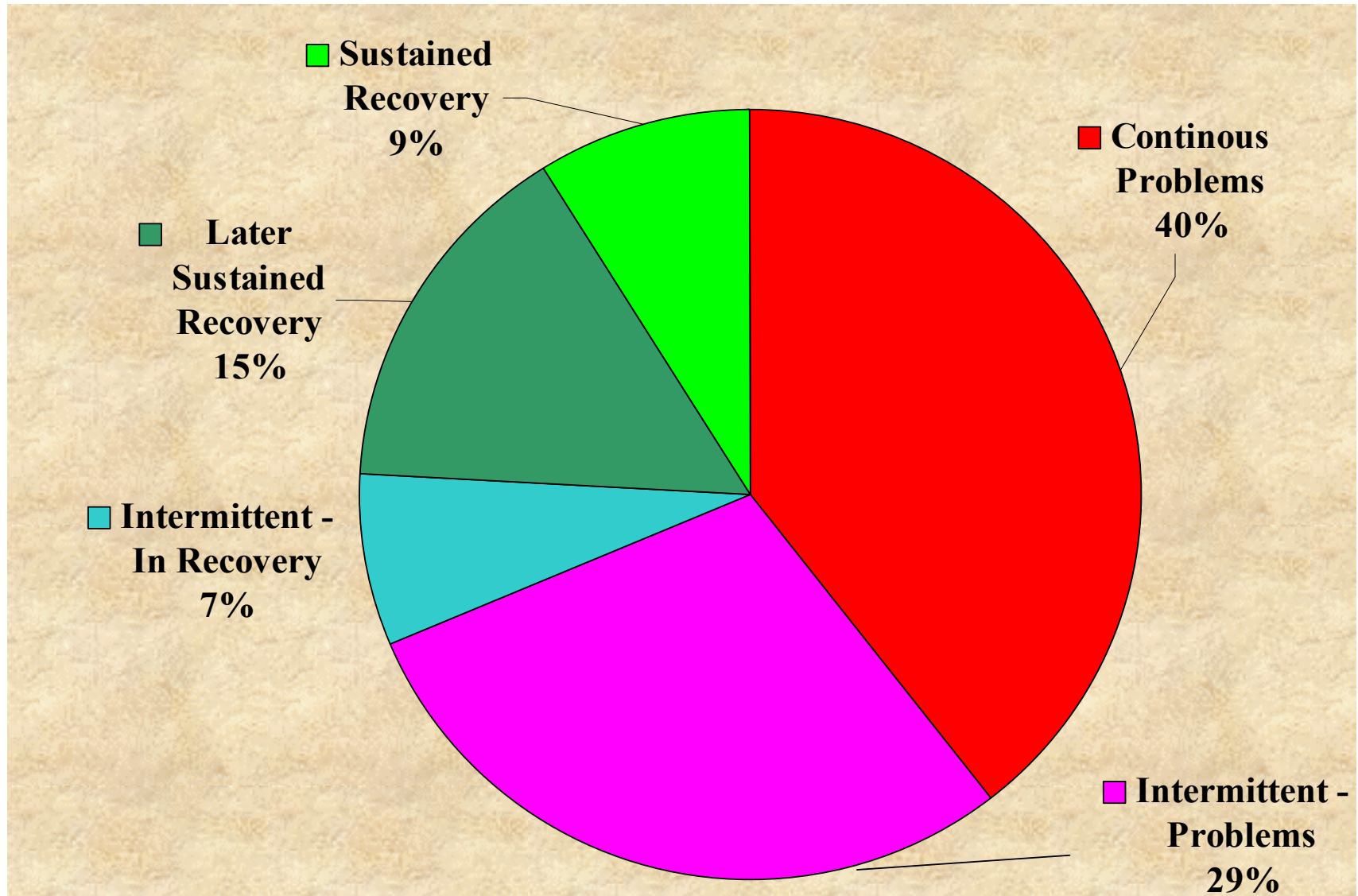
\ Level of cares coded as Long Term Residential (LTR, n=390), Short Term Residential (STR, n=594), Outpatient/Intensive Outpatient (OP/IOP, n=560), and LTR-Continuing Care (LTR-CC, n=47). T scores are normalized on the ATM outpatient intake mean and standard deviation. Significance ($p < .05$) marked as \t for time effect, \s for site effect, and \ts for time x site effect.

Indirect Impact on Functioning



Source: Cannabis Youth Treatment (CYT) study

Recovery Pattern Over 12 Months



Source: Cannabis Youth Treatment (CYT) study

Concluding Comments

- We are entering a renaissance of new knowledge in this area, but are only reaching 1 of 10 in need
- Multiple co-occurring problems are the norm and related to rates of victimization and violence.
- Several interventions work, but in most cases 2/3 of the adolescents are still having problems 12 months later
- We need to move beyond focusing on minor variations in therapy (behavioral brand names) and acute episodes of care to focus on continuing care and a recovery management paradigm
- It is very difficult to predict exactly who will relapse so it is essential to conduct aftercare monitoring with all adolescents

Contact Information



Michael L. Dennis, Ph.D., Chestnut Health Systems

720 West Chestnut, Bloomington, IL 61701

Phone: (309) 827-6026

E-Mail: mdennis@chestnut.org

Slides will be posted at www.chestnut.org/li/posters

Resources

- Copy of these slides and handouts
 - <http://www.chestnut.org/LI/Posters/>
- Assessment Instruments
 - CSAT TIP 3 at http://www.athealth.com/practitioner/ceduc/health_tip31k.html
 - NIAAA Assessment Handbook, <http://www.niaaa.nih.gov/publications/instable.htm>
- Adolescent Treatment Manuals
 - NCADI at www.health.org
 - CYT manuals at www.chestnut.org/li/cyt/products
 - ATM manuals at www.chestnut.org/li/bookstore
- Adolescent Treatment Studies and Bibliographies
 - <http://www.chestnut.org/LI/downloads/bibliographies/adolescentbib053102.pdf>
 - CYT : www.chestnut.org/li/cyt
 - PETSA: www.samhsa.gov/centers/csat/csat.html
(then select PETS from program resources)
- Society for Adolescent Substance Abuse Treatment Effectiveness (SASATE)
 - E-mail LCalhoun@hq.row.com to join list server or about meeting
 - Next conference is June 20, 2003

References

Dennis, M.L., (2002). Treatment Research on Adolescents Drug and Alcohol Abuse: Despite Progress, Many Challenges Remain. Connections, May, 1-2,7, and Data from the OAS 1999 National Household Survey on Drug Abuse

Dennis, M.L., Dawud-Noursi, S., Muck, R., & McDermeit, M. (2002). The need for developing and evaluating adolescent treatment models. In S.J. Stevens & A.R. Morral (Eds.), Adolescent substance abuse treatment in the United States: Exemplary Models from a National Evaluation Study (pp. 3-34). Binghamton, NY: Haworth Press and 1998 NHSDA.

Dennis, M. L., Godley, S. and Titus, J. (1999). Co-occurring psychiatric problems among adolescents: Variations by treatment, level of care and gender. TIE Communiqué (pp. 5-8 and 16). Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Dennis, M. L. and McGeary, K. A. (1999). Adolescent alcohol and marijuana treatment: Kids need it now. TIE Communiqué (pp. 10-12). Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Dennis, M. L., Titus, J. C., Diamond, G., Donaldson, J., Godley, S. H., Tims, F., Webb, C., Kaminer, Y., Babor, T., Roebeck, M. C., Godley, M. D., Hamilton, N., Liddle, H., Scott, C., & CYT Steering Committee. (in press). The Cannabis Youth Treatment (CYT) experiment Rationale, study design, and analysis plans. Addiction, 97, 16-34.