Integrated Mental Health/Substance Treatment in the Real World

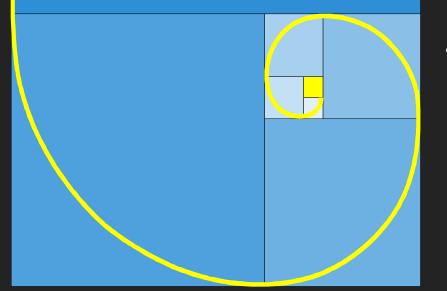
Learning Objectives

After attending this workshop, attendees will have a working knowledge of

- Research-based principles for integrating mental health/substance treatment.
- Understand the components of Encompass an evidence-based, integrated substance /mental health treatment modality for adolescents and young adults
- Encompass empirical support and outcomes

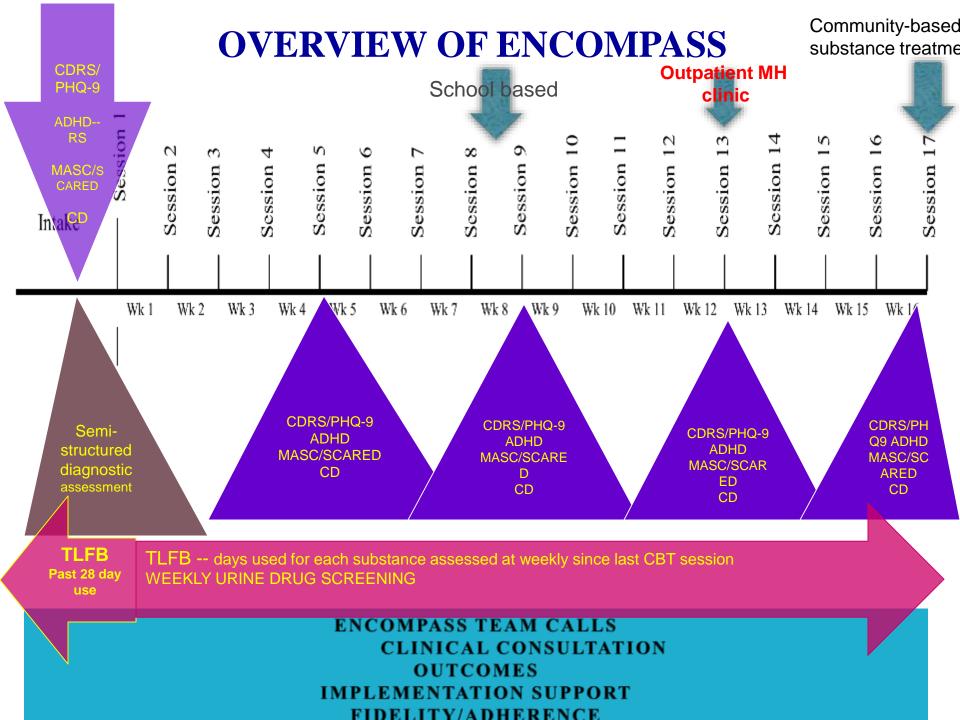
ENCOMPASS

Integrated Treatment for Adolescents and Young Adults



WHAT IS ENCOMPASS?

- Comprehensive diagnostic and clinical evaluation
- Valid repeated clinical progress measures and systematic outcomes assessment
- Individual MET/CBT
- Contingency management (CM)/motivational incentives
 - Compliance
 - Abstinence
 - pro-social, non-drug activities



ENCOMPASS Treatment Outcomes

EMPIRICAL SUPPORT

Evidence-Based Substance and Psychiatric Treatments for Adolescents

Psychiatric Disorders

Conduct Disorder (60-80%) Family-Based CBT

Depression, Anxiety(30-40%)
CBT
Pharmacotherapy

Pharmacotherapy

Substance Use Disorders

Family-based (MDFT, FFT, MST, BSFT, ACRA-with MET/CBT)^{20% abstinence)}

Behavioral/Contingency Management (CM) /incentives 50% abstinence MET/CBT + CM

Cognitive Behavioral Therapy (CBT)+ MET (30% abstinence) Substance Treatment Outcomes <u>3 Month Post-Treatment</u>

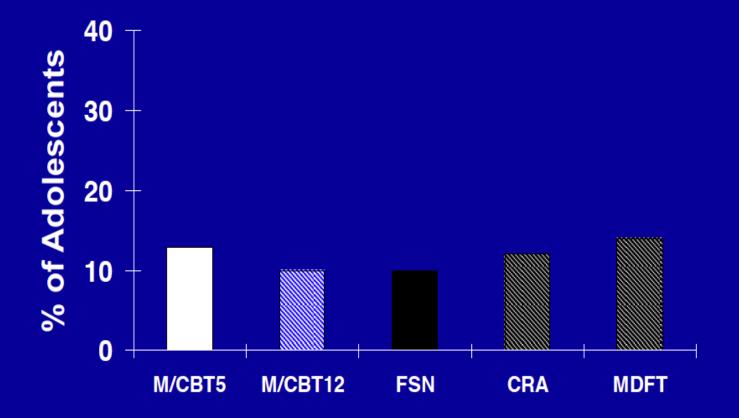
> Family-Based Therapy

MET/CBT



Waldron H, Turner C. Evidence-Based Psychosocial Treatments for Adolescent Substance Abuse Journal of Clinical Child Adol Psychology 37:1, 238-261

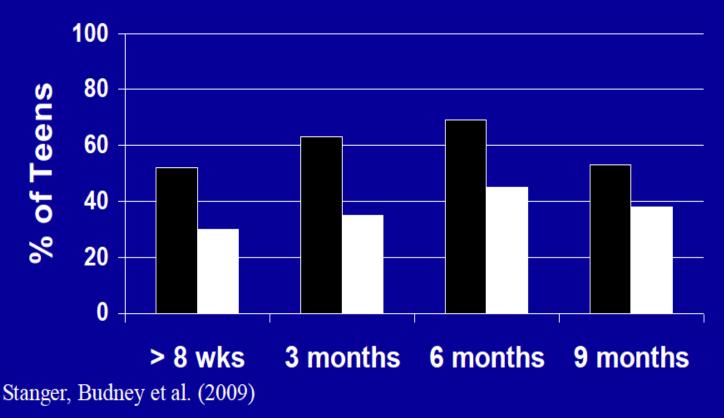
Cannabis Youth Treatment Study Treatments Engender Marijuana Abstinence % Abstinent at Discharge



3

CM (Incentives) Improves Outcomes for Adolescent Marijuana Abuse

■ MET/CBT+CM ■ MET/CBT



SUMMARY OF CURRENT YOUTH SUBSTANCE TREATMENT OUTCOMES

Abstinence rates with most existing substance treatment interventions < 20% (including group MET/CBT, MDFT, ACRA),

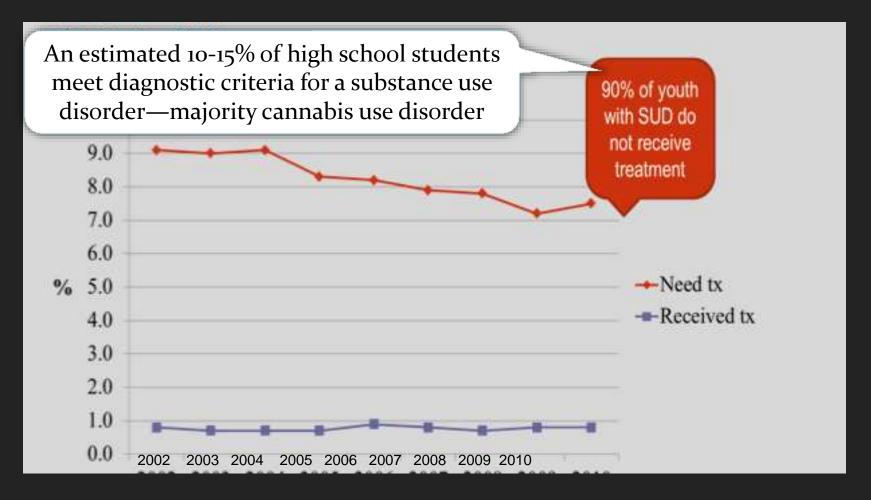
Individual MET/CBT approximately= 30%

Individual MET/CBT + CM incentives = approximately 50%

Key limitations of existing evidence-based substance treatment interventions

- <10% who could benefit from treatment receive it
- Existing EBPs DO NOT integrate or concurrently treat co-occurring mental health problems/ psychiatric disorders

Substance Treatment Need and Access/Availability



Recovery Research Institute, SAMHSA 2011

ENCOMPASS

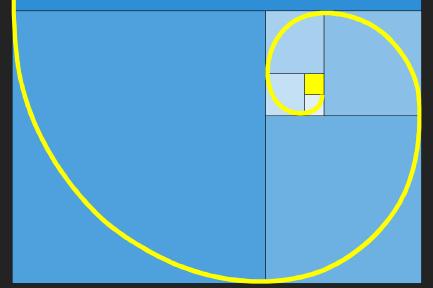
Integrated Treatment for Adolescents and Young Adults

OUTCOMES

Three Community-based sites

and

One school-based site



BASELINE DEMOGRAPHIC CLINICAL CHARACTERISTICS	16 week, N=240	School-Based 8 session, N=13
AGE GENDER	16.9	15.46
MALES	16.6 (66%)	15.38 (62%)
FEMALES	17.5	15.6
PSYCHIATRIC DX (any)	232 (97%)	5 (38%)
Mean # psychiatric dx	2.3	0.54
SUD DX (any)	240(100%)	13 (100%)
# substance diagnoses	2.7 incl tob	1.3 incl tob
	2.4 w/o tob	1.2 w/o tob
Days/past 28 day substance use	11/28	12/28

Compared to 16 week community-based Encompass, HS students referred to school-based Encompass:

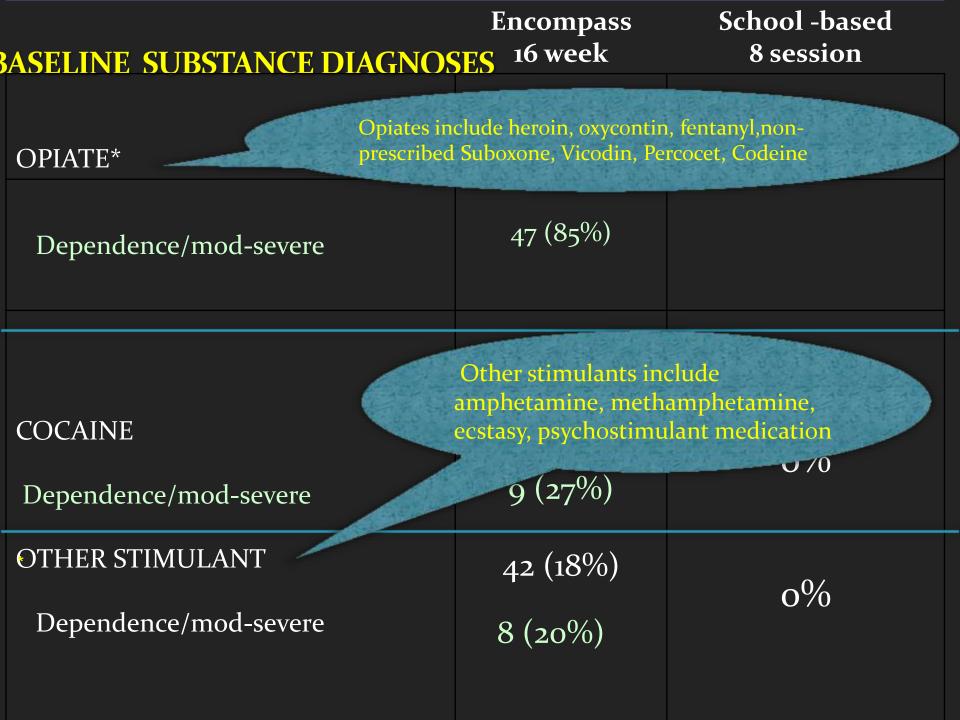
- About 1 year younger
- 4x less psychopathology/psychiatri c comorbidity
- ¹/₂ as many SUD diagnoses

D

 ...but all met dx criteria for cannabis use disorder (CUD) and were using as many days at baseline

	16 week, N=240	School-Based 8 session, N=13
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j	BASELINE SUBSTANCE DIAGNOSES	Encompass 16 week	School -based 8 session
	CANNABIS	234 (93%)	13 (100%)
-	Dependence/mod-severe	80%	44%
	ALCOHOL	124 (52%)	2 (15%)
	Dependence/mod-severe	55 (47%)	o%
	NICOTINE	47 (38%)	1 (7.7%)



BASELINE PSYCHIATRIC DIAGNOSES	Encompass 16 week	School -based 8 session	
ADHD	44%	8%	
CD	31%	31%	
MDD	48%	15%	
Anxiety Disorder (any)	42%	Ο	
PTSD	41%	0	
Psychosis	0.7%	Ο	

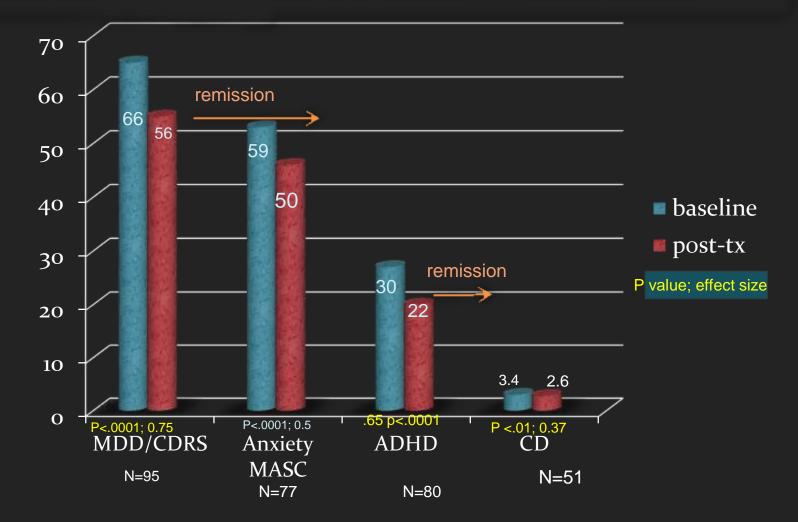
Cannabis Youth Treatment Study: Main findings from 2 Randomized Trials

"Of the adolescents assigned to one of the four 12- to 14-week treatment interventions, 52% had at least 90 day lengths of stay" Dennis et al J Subst Ab Tx 2004

	16 week N=180	8 session N=13
Tx Completion	65%	70%)
CBT Compliance	90%	94%
% achieving at Least 1 month Sustained abstinence (UDS)	46%	56%

Reductions in Psychiatric Symptom Severity 16 week sites (completers/non-completers)

Most achieve clinical remission of co-occurring psychiatric disorders



Combined completers/non-completers