

ADOLESCENT SUBSTANCE MISUSE:

Vermont Trends and Recent Innovations in Adolescent and Family Treatment

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Centerpoint

Youth. Families . Community Health.

Disclosures

- We have no relevant financial relationships to disclose or conflicts of interest to resolve
- We will discuss no unapproved or off-label pharmaceuticals

Objectives

- Brief background data on use of most common substances
- How we can try to identify use
- Advice for prevention and resources for assistance
- Adolescent and family approaches in treatment setting
- Caring for self while caring for others

Vermont Youth











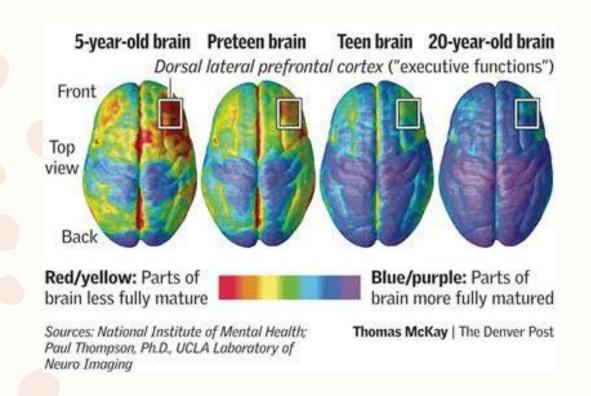


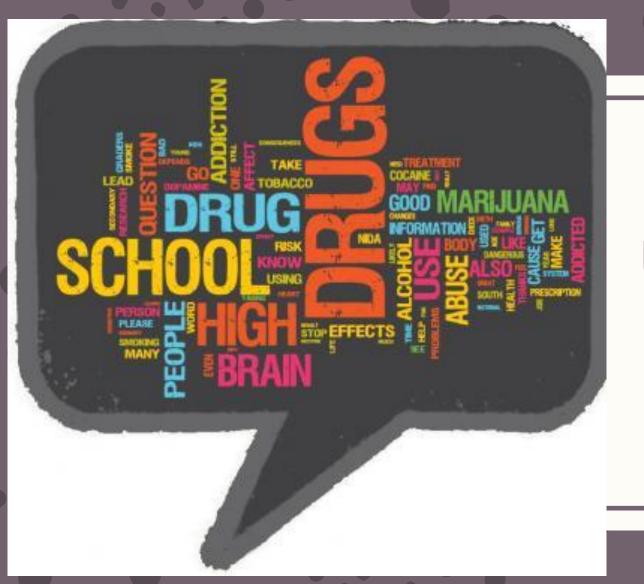






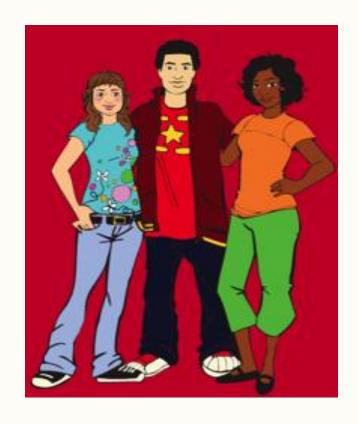
Youth Brain Development

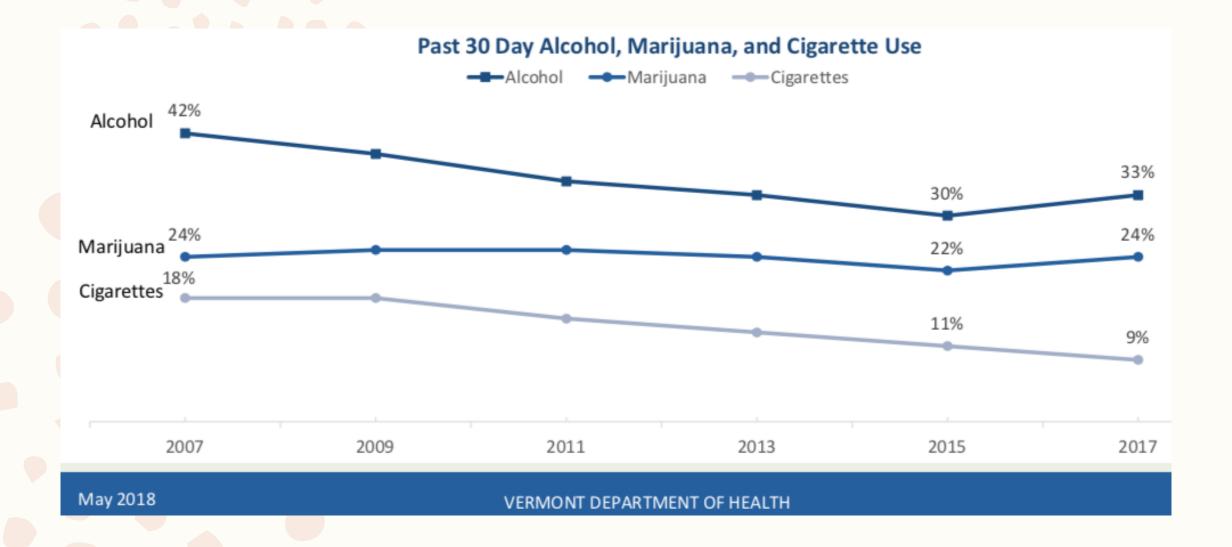


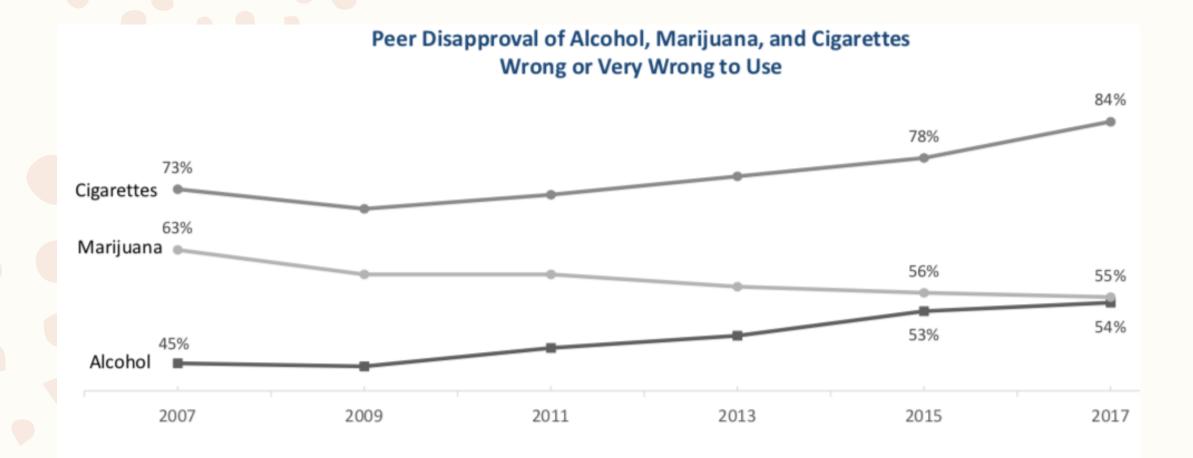


Data Update

Vermont Youth Risk Behavior Survey High School 2017



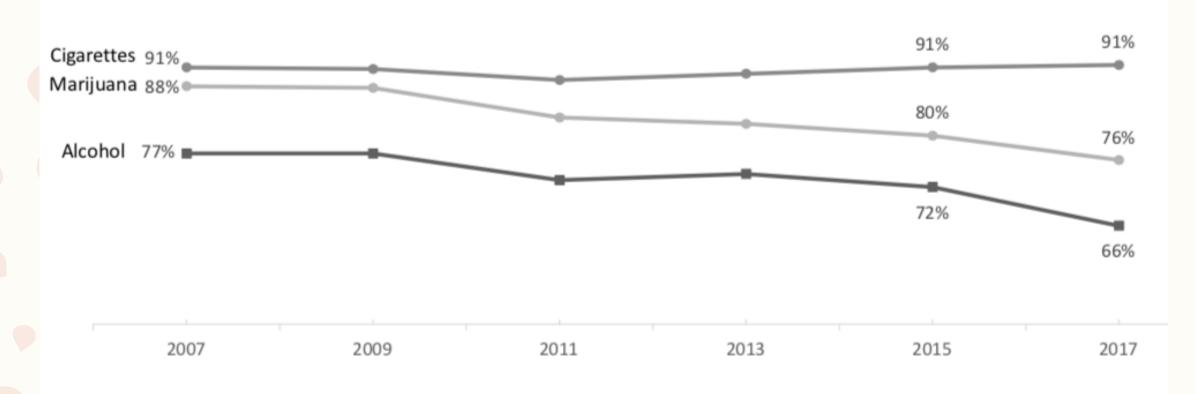




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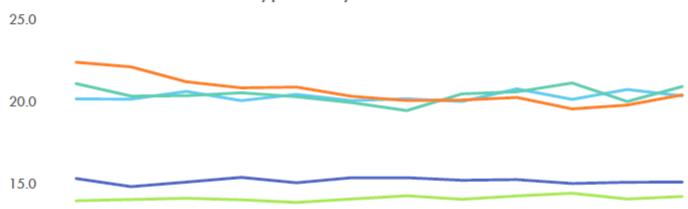


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The average age of first drug use by clients has remained stable

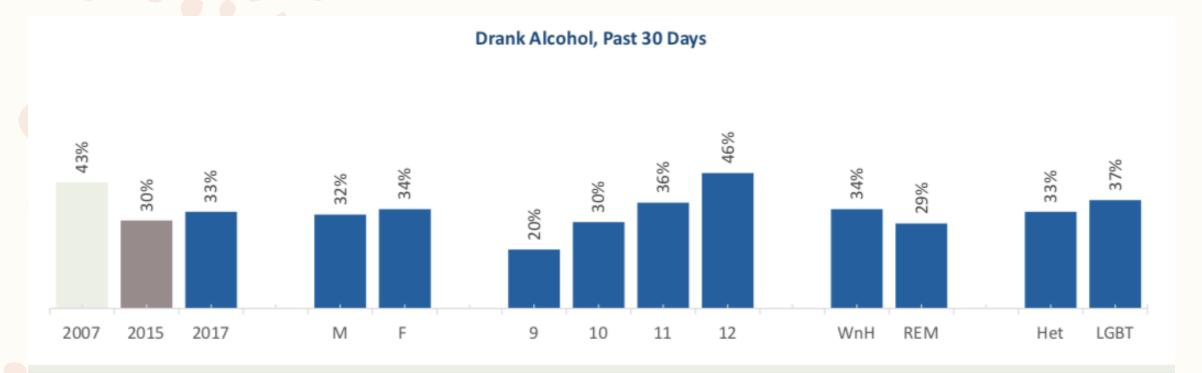
Average age (in years) of first use of drug at admission by drug type and year



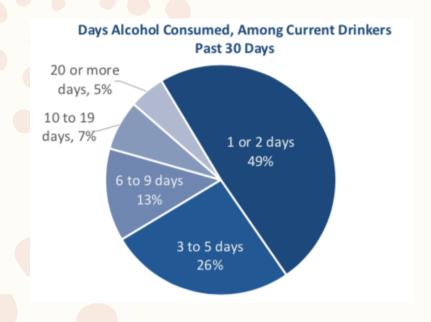
10.0												
10.0	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Alcohol	15.4	14.9	15.1	15.4	15.1	15.4	15.4	15.2	15.3	15.0	15.1	15.1
Cocaine/Crack	20.2	20.2	20.6	20.1	20.5	20.1	20.2	20.0	20.8	20.2	20.8	20.4
	14.0	14.1	14.1	14.1	13.9	14.1	14.3	14.1	14.3	14.5	14.1	14.3
Heroin	21.1	20.4	20.4	20.6	20.3	20.0	19.5	20.5	20.6	21.2	20.0	20.9
Other Opiates	22.4	22.1	21.2	20.9	20.9	20.3	20.1	20.1	20.3	19.6	19.8	20.4

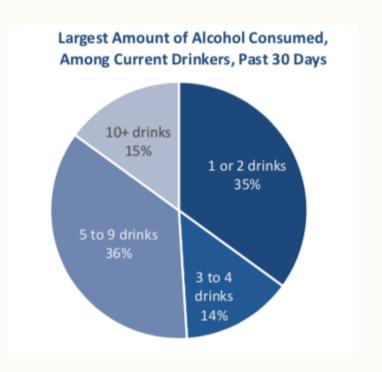
Vermont Department of Health

Source: Alcohol and Drug Abuse Treatment Programs



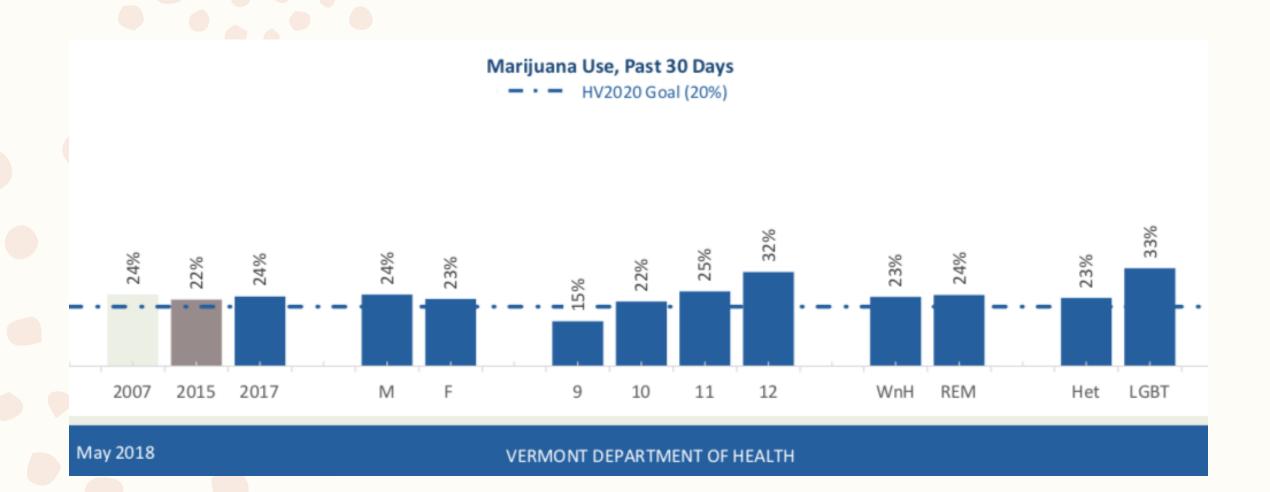
May 2018 VERMONT DEPARTMENT OF HEALTH 56

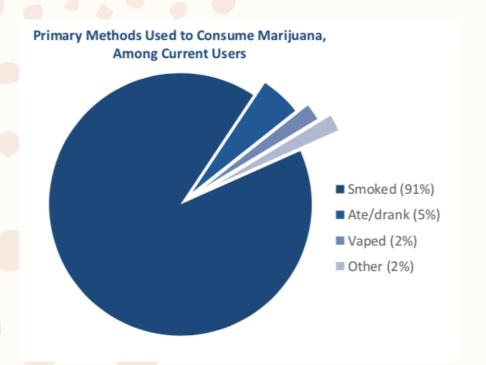


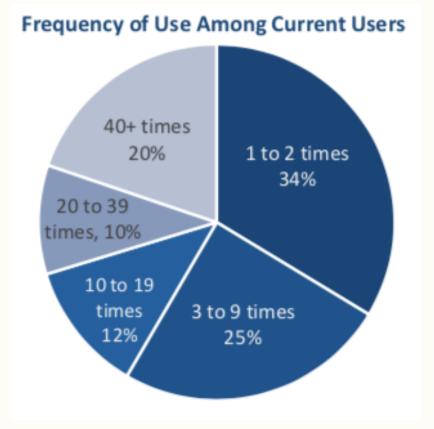


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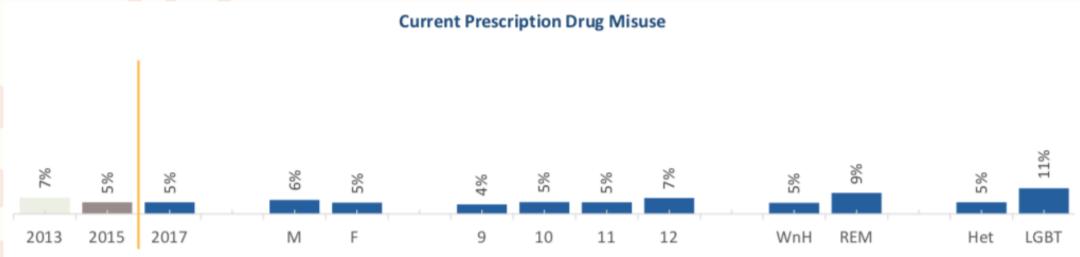






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NOTE: This question was new in 2017. It combined previous questions about current stimulant and pain medicine misuse and added the phrase "or differently than how a doctors told you to use it" was added to reflect both illicit use and misuse of prescription drugs. Caution should be taken when comparing prescription drug misuse with prior prescription drug use due to the addition of use as not intended.

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VDH 2017 HIGH SCHOOL YRBS

WHY DO teens get high...do drugs...drink...smoke pot... snort... trip...take pills....shoot...get drunk...roll?



To feel good... To feel better... To avoid feeling bad... To stop feeling bad...

And does it work?



Severity of Substance Use in the Lives of our Clients

Diagnostic

Functional Significance

DSM V Diagnostic Criteria Mild: 2-3 items Moderate: 4-5 items Severe: 6 or more items A problematic pattern of use leading to distress, as manifested by: taken in larger amounts or over longer period than intended persistent desire or unsuccessful efforts great deal of time spent to obtain, use, or recover from effects 4 - craving, strong desire, urge to use failure to fulfill major role obligations causing or exacerbating recurrent/ persistent social/interpersonal problems abandoned or reduced social/ occupational/recreational activities 8 - creating physical hazards, recurrent causing or exacerbating persistent or recurrent physical/psychological tolerance: increased amount or diminished effect Withdrawal: symptoms, or use to allevi ate symptoms



Screening. Set the Stage

Rates of alcohol or illicit drug use among adolescents aged 12-17 years increase with age. The rate for adolescents aged 16-17 years was **about 7 times** the rate for adolescents aged 12-13 years.



4.2%

12-13 years



13.9%

14-15 years



29.1%

16-17 years

In a clinical setting, confidentiality affects an adolescent's

- Decision to seek care
- Disclosure of behaviors
- Follow-up for care

Confidentiality: Parental Perspective



- Parents are not the enemy.
- Parents are experiencing their own adjustment to their child's adolescence.

Educate parents about the benefit and need for confidentiality

Explain the concept in advance

Are you Ready?

R is for Relationships. Healthy relationships with peers, teachers and coaches are important for teens. Teens also need guidance to ensure safe and healthy romantic relationships.

E for Energy to get things done. Good physical and mental health and proper sleep will help ensure good energy.

A for Awareness of the world and how your teen fits in. Are there opportunities to contribute in the family, at school or in the community to develop a sense of honesty, kindness, empathy and generosity?

D for Decision Maker. As your adolescent's brain develops, are there opportunities to learn how to make healthy, independent decisions?

Y for saying Yes to healthy behaviors. Acknowledge your child's strengths as a foundation on which to build.

http://parentupvt.org/

http://www.umhsadolescenthealth.org/improvingcare/videos/

Chlamydia factsheet form CDC:

https://www.cdc.gov/std/chlamydia/ch lamydia-factsheet-june-2014.pdf

White River Family Practice

331 Olcott Drive

White River Family Practice

What to Expect: Adolescent Snapshot

What to Expect At An Adolescent Visit

Visits are recommended annually.

These are comprehensive visits that evaluate physical and emotional health, stresses and lifestyle choices.

Anything can be discussed and everything is confidential. No information will be given to a parent or guardian unless your teen gives us permission or is in danger of hurting themselves or others. However, even though parents or guardians are asked to leave the room for part of the exam, your concerns are very important

Dart Teen Screener is a useful iPad tool we offer in the office. This allows us to quickly assess important health indicators for your teen. Your child's participation is completely optional.

The State of Vermont strongly recommends routine urine for girls ages 16-24 to assess for chlamydia. Chlamydia is a disease which can be silent in girls and can affect their future fertility.

If your child would like to be addressed by a different name or gender identity than what we have in our records, please let us know.

Overall, we hope that these visits are a comfortable way for your child to get information to any health question. If there is any way we can make the experience better, please let us know.

Adolescent Risks

Teen years are often challenging, marked by extreme emotions, rapid physical growth, hormones, experimentation and risk taking.

Accidents are the leading cause of death in adolescents.

Sadly, suicide is the second leading cause of death Take all talk of suicide, even jokes, seriously. Our office is always on call, and the Crisis Text Line is available for free confidential 24/7 help.

CRISIS TEXT LINE

Text "VT" to 741741

Discuss choices around smoking, alcohol and drugs. Prescription drugs now pose a significant health problem and need to be stored safely.

Adolescent Immunizations

- . HPV Vaccine: To Protect Against Cancer of the cervix, mouth, throat and more!
- Meningococcal Vaccines: To Protect Against Infection of the Brain and Spinal
- . Tdap: To Protect Against Tetanus, Diphtheria and Pertussis (Whooping Cough)

For best protection, start vaccinating at the 11-12 year old visit and complete all series.

Talking to Your Teen -Puberty and Sex

Unfortunately, many adolescents (and younger kids) turn to the internet to answer questions they have about sexuality, sex and puberty.

Don't be afraid to discuss puberty and sex with your teen. Share with them basic knowledge and your values around meaningful, caring, safe relationships.

Some websites to help with topic of sex, consent and possibly embarrassing health questions.

www.voicingconsent.org (teens)

www.goaskalice.columbia.edu (Columbia University)

www.youtube.com/watch?v=pZwvrxVav nQ (Consent is like Tea)

www.cdc.gov/teenpregnancy/parentguardian-resources/index.htm (CDC site

Healthy Lifestyle

Healthy meals are the work of the whole family. Aim for fruits and vegetables at every meals, whole grains, lean meats, 3 servings of high calcium foods (like milk) daily. Avoid skipping meals and sugary

Exercise is recommended for one hour daily for physical and mental health.

Getting your adolescent to sleep can be a struggle. Turning off electronics early in the evening can help!



Post information in clinic

OUR POLICY ON CONFIDENTIALITY

Our discussions with you are private. We hope that you feel free to talk openly with us about yourself and your health. Information is not shared with other people unless we are concerned that someone is in danger.

Face Sheet on Questionnaire

Patients

Our Policy on Confidentiality:

Our discussions with you are PRIVATE. We hope that you feel free to talk openly with us about yourself and your health. This information is NOT SHARED with others unless we are concerned that someone is in danger.

We will ask your parents or other support people to leave the room when we discuss sensitive topics to protect your privacy.

What topics are confidential?

We will NOT share our discussions related to sexual health, reproduction, mental health, and substance use UNLESS you give us permission to.

What must be reported?

- · You are being physically or sexually abused
- You are at serious risk of harming yourself or others



Purpose:

We review these questions with you during your appointment in order to provide you with good advice about keeping yourself healthy. If you have any questions about these subjects, ask your provider.

You do not have to answer these questions if you are uncomfortable with them. We do ask that you to read through the questionnaire so you will be aware of the subjects we will be discussing during your visit.

Face Sheet on Questionnaire

Parents

To the Parents and Caregivers of Adolescent Patients:

- We recognize the value of your participation in your adolescents' health needs.
- We understand you are experiencing your own adjustment to your child's transition through adolescence.
- You will have the opportunity to voice any concerns you may have about your adolescents' health.
- Please understand the importance of a private encounter between our providers and adolescents during the adolescent visit.
- We will ask you to step out of the room for part if the visit.
- If you have any questions or concerns, please share them with your provider.
- We encourage adolescents to have an annual health supervision (well visit) every year.

Our Policy on Adolescent Confidentiality:



 Discussions between the provider and adolescent during the private portion of this visit are confidential and will not be shared with other people unless we are concerned someone is in danger.

COMING SOON! Nov 13-14: Abigail English, JD The Center for Adolescent Health and the Law

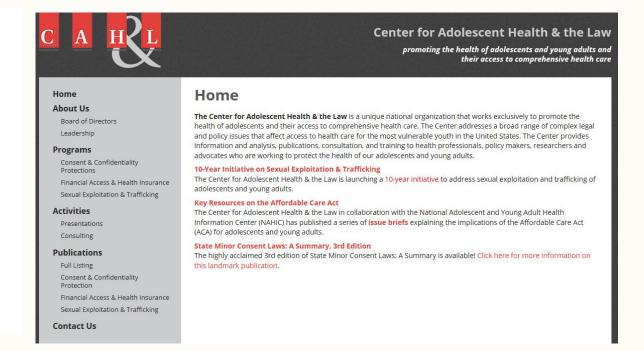
Adolescent & Young Adult Health Care in Vermont

A Guide to Understanding Consent & Confidentiality Laws

April 2018



**** CONFIDENTIAL REVIEW DRAFT ****



Asking sensitive questions. Set the stage

YOUTH PERCEPTION OF QUESTIONS

Why do you think I am asking?

Why do people use these things?

What are the risks

Clarify why you are asking

- Very personal questions!
- If you have asked personal questions throughout development then it won't be so strange
- If you know the patient well it won't be so strange
- CAUTION: If they've known you since they were born they may not want to disappoint you and may be wary of your relationship with their parents
 - Clarify confidentiality
 - Clarify that you know they are changing, their lives are changing





Screening Questionnaires. Electronic or Paper

- Depression (PHQ9)
- Alcohol, Drugs(CRAFFT)
- Pre-VisitQuestionnaire
 - Other questions

\\\\.								
Bright Futures Previsit Questionnaire								
15 to 17 Voor Visite								
Bright Futures For up to provide your								
Futures. For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not								
shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.								
	What would you like to talk about today?							
	What would you like to talk about today?							
Do you have any concerns, questions	s, or problems that you would like to discuss today?							
What changes or challenges have there been at home since last year?								
Do you have any enocial health care	needs? No Tyes Tunsure describe:							
Do you have any special health care needs? No Yes Unsure, describe:								
Do you live with anyone who uses to	bacco or spend time in any place where people smoke? No Yes, describe:							
bo you have with anyone who uses tobacco or spend unle in any place where people shoke:								
How many hours per day do you wate	ch TV, play video games, and use the computer (not for schoolwork)?							
, , , ,	non many nouse per any act year mater 11, pany need games, and acc and company (not to concern, not							
We are interested in answering your	questions. Please check off the boxes for the topics you would like to discuss the most today.							
Your Growing and Changing Body	How your body is changing Teeth Appearance or body image How you feel about yourself							
Tour Growing and onlinging body	Healthy eating Good ways to keep active Protecting your ears from loud noise							
School and Friends	Your relationship with your family Your friends Girlfriend or boyfriend How you are doing in school							
School and Friends	Organizing your time to get things done Plans after high school							
How You Are Feeling	Dealing with stress Keeping under control Sexuality Feeling sad Feeling anxious							
now rou Are reening	Feeling irritable Keeping a postitive attitude							
	Pregnancy Sexually transmitted infections (STIs) Smoking cigarettes Drinking alcohol Using drugs							
Healthy Behavior Choices	How to avoid risky situations Decisions about sex, alcohol, and drugs							
,	How to support friends who don't use alcohol and drugs							
	How to follow through with decisions you have made about sex, alcohol, and drugs							
'								

SHEEADSSS

S: Strengths/Spirituality

- H: Home

E: Education/Employment

E: Eating

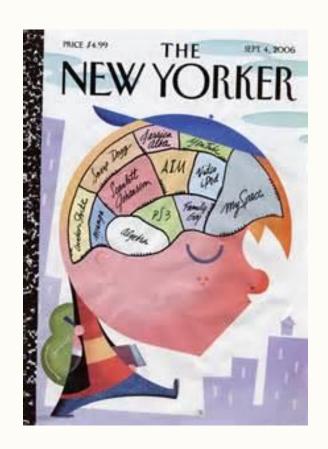
A: Activities

D: Drugs and Alcohol

S: Sexuality

S: Suicide/depression

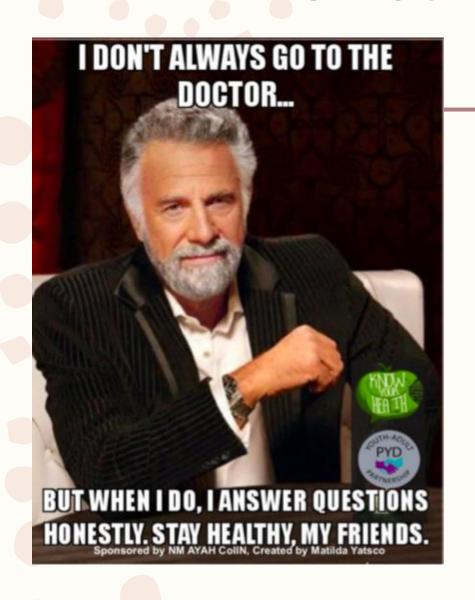
S: Safety

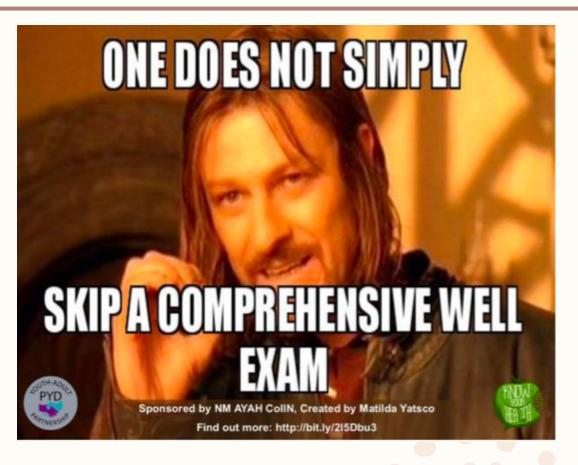


Klein DA, Goldenring JM & Adelman WP. *Contemporary Pediatrics*. 2014.

PREVENTION

ADOLESCENT WELL VISITS!





New Mexico Adolescent and Young Adult Health COIIN

Screening Identify the fires



Anticipatory Guidance



Positive Youth Development



"People who work with children, youth and their families have a unique opportunity to seek out, identify, reflect and celebrate their strengths.

Learning to recognize and use those strengths can foster healthy development, resilience in adversity, and courage to pursue interests, and dreams."

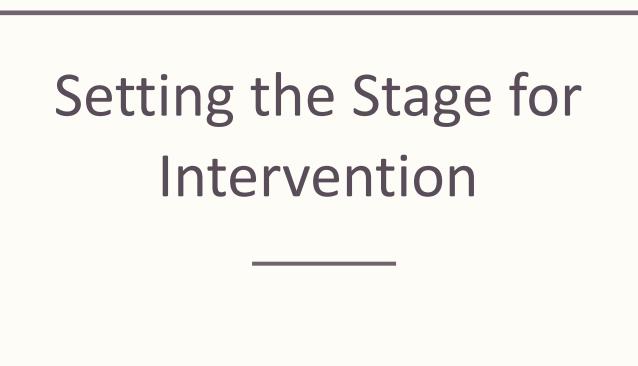
Dr. Paula Duncan, 3/20/17

Opioid Precautions

Figure 2.0 – Opioid Limits for Children Ages 0-17 Years

Pain	Average Daily MME (allowing for tapering)	Prescription TOTAL MME based on expected duration of pain	Common average DAILY pill counts	Commonly associated injuries, conditions and surgeries		
Minor pain	No Opioids	O total MME	0 hydrocodone 0 oxycodone 0 hydromorphone	molar removal, sprains, non-specific low back pain, headaches, fibromyalgia, un-diagnosed dental pain		
Moderate to Severe pain	24 MME/day	0-3 days: 72 MME	4 hydrocodone 5mg or 3 oxycodone 5mg or 3 hydromorphone 2mg	non-compound bone fractures, most soft tissue surgeries, most outpatient laparoscopic surgeries, shoulder arthroscopy		





 Emphasize that your approach is nonjudgmental and that you welcome future visits

 "I'm here for you, and I want you to feel comfortable confiding in me. If you have something personal to talk about, I'll try to give you my best advice and answer your

questions"

Have a Conversation See SBIRT slides!



Other Resources

Working together to eliminate substance abuse in Vermont

ParentUpVT

Parent hears social media message on Pandora and links to ParentUp tips on how to talk with their kids about substance abuse.

School-based **Substance Abuse Services**

High school student does presentation to school board on Youth Risk Behavior Survey.





Vermont's Most Dangerous Leftovers

Patient sees "Most Dangerous Leftovers" poster in doctor's office; decides to bring unwanted medication to a local drug take-back program.

Recovery Centers

Family member gets recovery coaching at local Turning Point Center.



Community Coalitions

Local partners find most residents support reduced alcohol and tobacco ads in their community.

Screening, Brief Intervention & Referral to Treatment (SBIRT)

A relative falls and goes to the emergency department; receives a screening and has access to brief intervention and referral to treatment.







Care Alliance for Opioid Addiction

Addiction (Hub & Spoke) Concern about a family member's opiate use leads to referral to

Care Alliance for Opioid

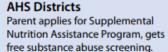
treatment programs.

Division of Alcohol & Drug Abuse Programs

108 Cherry Street • Burlington, VT 05401 800-464-4343 • 802-651-1550

Impaired Driver Rehabilitation Program (IDRP)

Family member gets DUI, receives

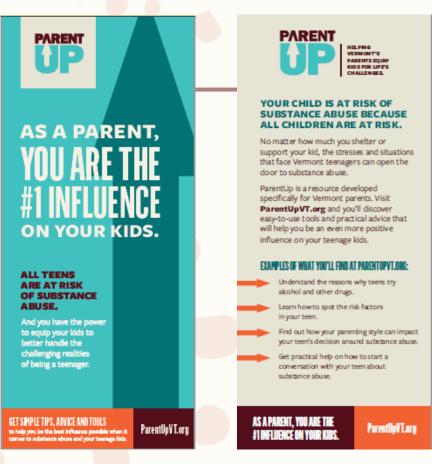




education & assessment.



Parent Up Resources



http://store.pear-vt.org/product/

VIDEOS

Tips From Parents Like You: Drive the Friends



Tips from Vermont parents on how to keep their teens on the right track when it comes to drug and alcohol use. Staying connected to the friends of your kids is one easy to stay close to your own kid.

Tips From Parents Like You: Meet the Parents



Tips From Parents Like You: How to Ask



Vermont parents know it's important to have conversations with their kids about alcohol and drug use. It's important for parents to remember that it's not just the questions you ask, but it also depends on how you ask the questions.

Tips From Parents Like You: Small Signs



http://parentupvt.org/media-center/



Search ...

WHO'S AT RISK?

WHAT'S AT STAKE?

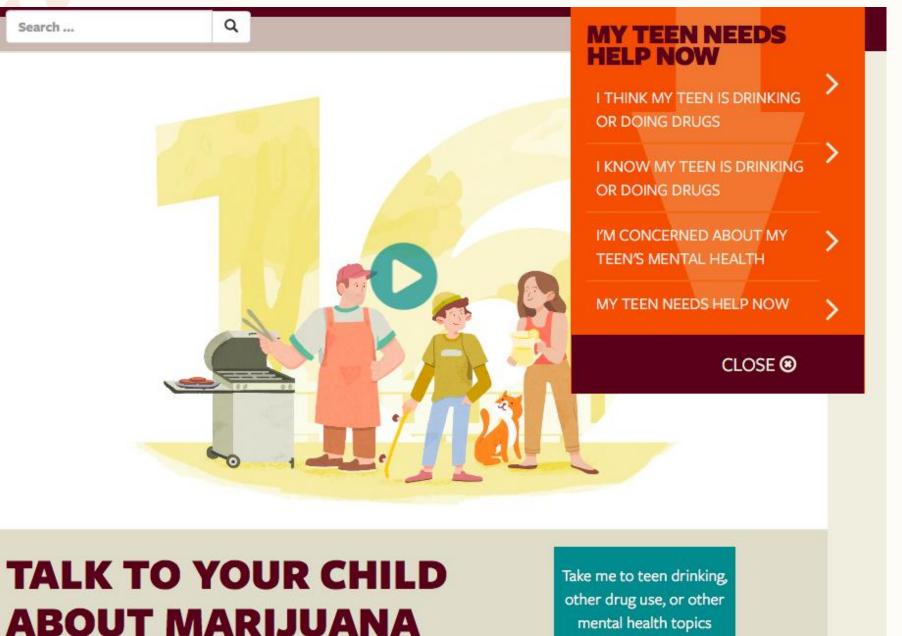
HOW CAN I HELP PREVENT IT?

HOW CAN I HELP MY AT-RISK TEEN?

HOW DO I TALK TO MY TEEN ABOUT MARIJUANA?

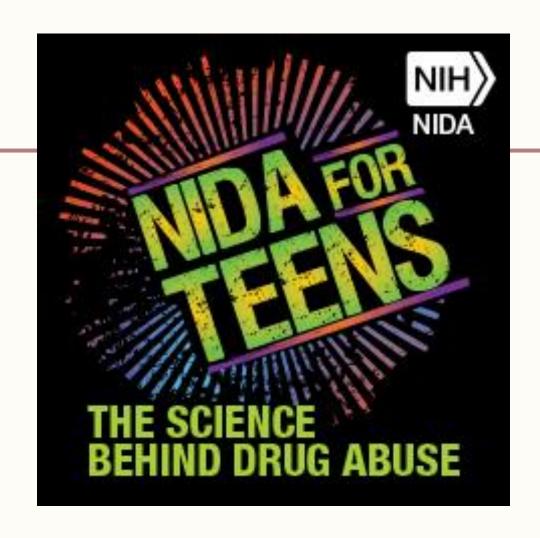
SUPPORT

MEDIA CENTER



mental health topics

NIDA FOR TEENS



https://teens.drugabuse.gov/

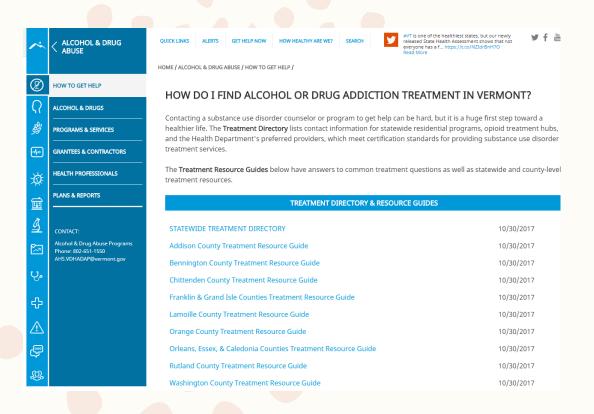
Referrals

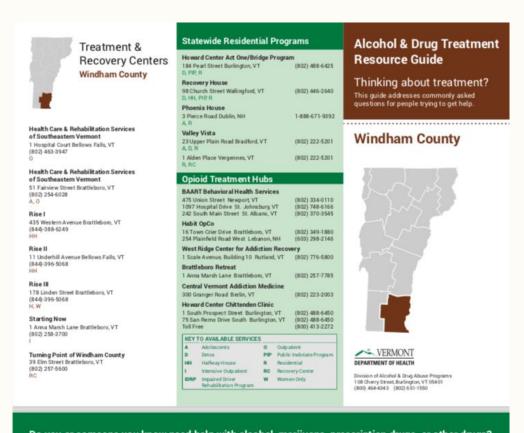


Warm Referral Most Ideal

- Onsite resources
- School
- Local organization







Do you or someone you know need help with alcohol, marijuana, prescription drugs, or other drugs?



FIND HELP PROGRAM SEARCH

Who We Are - Find Help in Your Area How We Help News & Information Vermont System of Care

VAATP represents the Addiction Treatment System of Care in the State of Vermont. Our organization helps to educate the public about addiction and the effectiveness of treatment at transforming lives and helping people find lasting recovery. Our member agencies provide effective, evidence-based treatment to many thousands of adults, adolescents, and families each year. The VAATP engages in advocacy to improve the care delivery system, so that all people can get help when they need it most.



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Every Solution Starts Somewhere.



Vermont 2-1-1 is the number to dial to find out about hundreds of important community resources, like emergency food and shelter, disability services, counseling, senior services, health care, child care, drug and alcohol programs, legal assistance, transportation agencies, educational and volunteer opportunities, and much more.

2-1-1 is not an emergency number like 9-1-1, nor is it directory assistance like 4-1-1.

2-1-1 is your first step toward solving everyday problems or when you are facing difficult times.

It's a free service. It's confidential. It's 24/7.



PARTNERING:

Effective Collaboration and Coordination for Youth, Families and Communities Impacted by Substance Abuse and Mental Health Issues





Danielle Jatlow, LICSW LADC











Centerpoint provides a full array of treatment & educational services to teens and their families faced with emotional, behavioral, mental health, substance abuse, or special learning needs.

Centerpoint clients receive a comprehensive plan of services that may include:







- psychiatric and mental health evaluation
- substance abuse screening and assessment
- integrated special education and mental health day treatment services through the Centerpoint School
- outpatient counseling for mental health and substance abuse concerns
- family counseling and parent support
- group therapy
- intensive outpatient (IOP) treatment
- gender-specific treatment services
- school-based substance abuse and mental health services
- case management and community support
- services for youth involved through juvenile justice and the legal system
- counseling services for the college and transition-aged student
- drug testing
- training and consultation





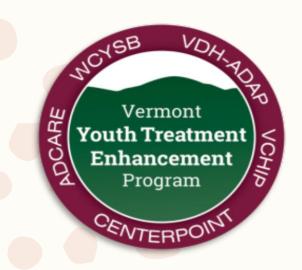


Centerpoint Adolescent Treatment Services are provided throughout Northwestern Vermont, with central locations in Chittenden County:

81 West Canal Street Winooski, VT 05404 1025 Airport Drive South Burlington, VT 05403 94 West Canal Street Winooski, VT 05404

You can reach Centerpoint by phone at 488-7711, by fax at 488-7732, or on the web at www.centerpointservices.org

Vermont Youth Treatment Enhancement Program



- Access: Improving access to care, offering immediate response with expanded community-based and co-located services
- Efficiency: Increasing efficiencies by addressing administrative, operational, and financial impediments to allow for sustainable services and capacity that matches need
- Quality of Care: Enhancing existing services and adding options for care, with evidence-based and developmentally matched models of practice
- A Family and Community Systems Approach: Strengthening current partnerships and developing new partnerships and collaboration opportunities





Centerpoint's timely response for Substance Abuse and Mental Health Assessment, Counseling, and Support

- What do you need?
- What do you want?
- How can we help?

Integrated Family & Parent Support Work Framework

- A collection of guiding principles and perspectives
- Practice- and principles-informed framework that emphasizes the importance of:
 - establishing safety
 - building rapport
 - supporting engagement
 - understanding self-awareness
 - and providing opportunities for young people, parents, and families to take meaningful leadership roles connected to their health and wellness

Adolescent framework

Access & Responsiveness

 Capitalizing on motivation and readiness through immediate access and decreasing barriers to engagement

Developmentallymatched services and supports Voluntary services, differentiated individual, group and family counseling modalities, creative and relational approach to all aspects of the work, honoring openness, non-judgmental stance, expressing curiosity, guided by inquiry.

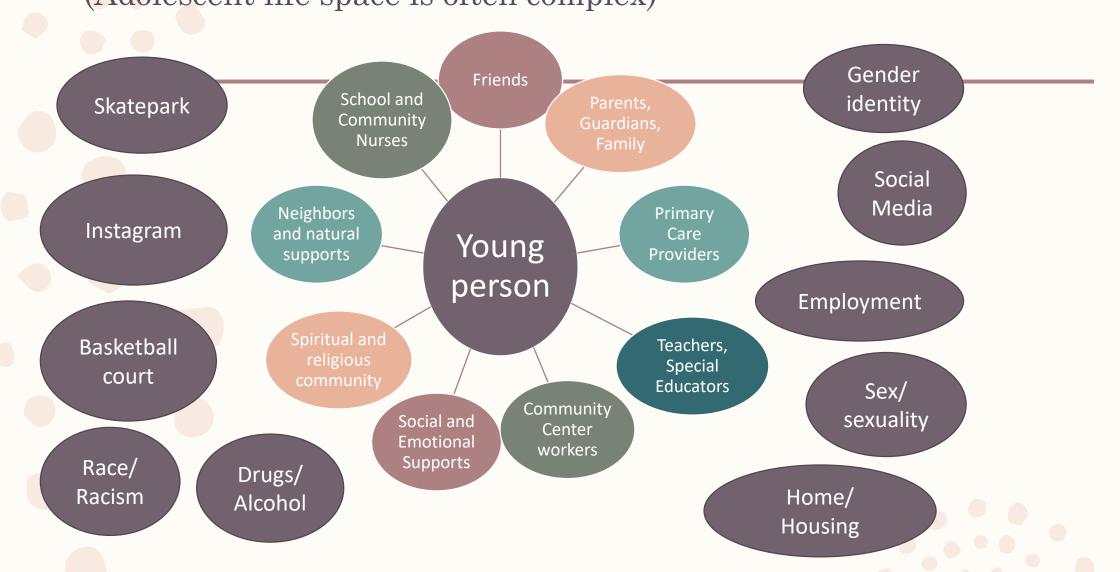
Family and Community-Oriented Family and community as defined by youth, culturally responsive, choice and differentiated offerings matched with readiness, intersectional, experiential, paced.

Co-occurring understanding and focus

• Substance abuse, mental health, trauma and other co-occurring or situational issues (environmental, familial, systemic), intersectional, functional, and seamlessly integrated.

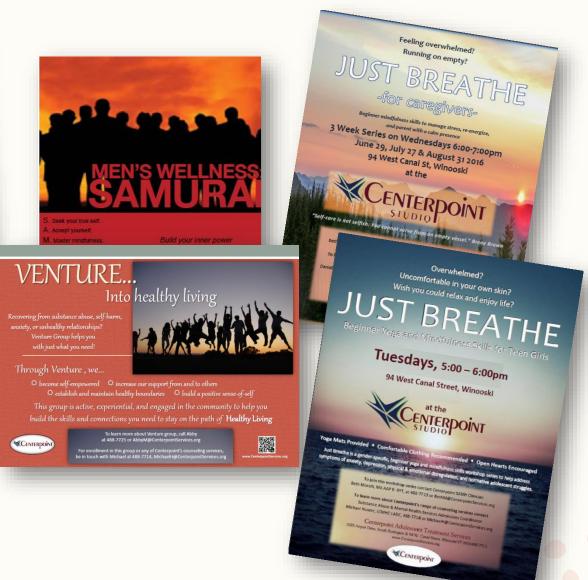
Interdisciplinary

 Young people navigate many relationships and systems. Services and supports (natural and professional) should be in collaboration, collaborative, and asset-oriented. Interdisciplinary understanding & Ecosystem framework (Adolescent life space is often complex)



Creative Engagement Strategies for Adolescents





Guiding Principles and Perspectives: Family Framework

Family systems lens

Critical Inquiry

Developmental frame

Family voice, values and leadership

Differentiated responses and platforms

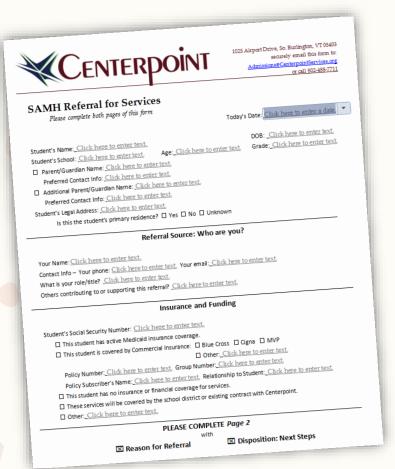
Stance of curiosity

Culturally relevant and meaningful

Honoring strength, resilience, and lived experience

Connection/affiliation

Building a Bridge: Warm Handoff is Key

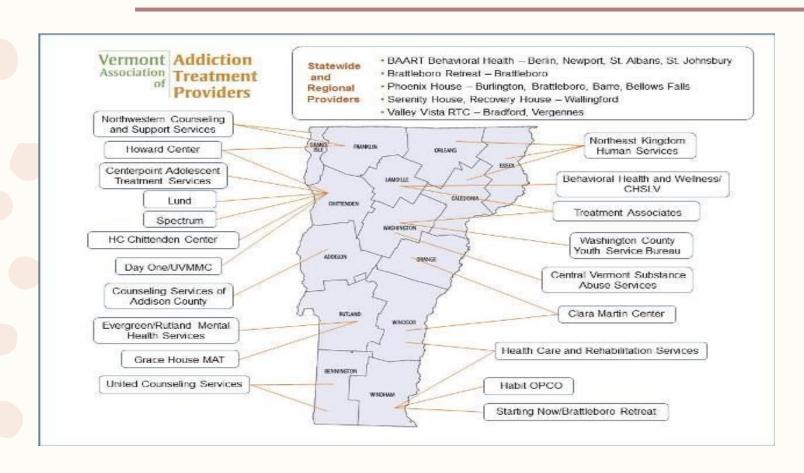


CENTERPOINT	
Please briefly describe the Reason including your concerns, identified no Click here to enter text.	- page. I for Referral, reds, and hopes or goals for this student:
	esponse Team <i>Priority Service Screening</i> form may also be completed
Dispos □ Warm Referral: In-person student-counseld □ Student was informed to call Centerpoint □ Parent/guardian was informed to acll Ce □ Student was informed that they will receive □ Parent/guardian was informed that they will Informed wia: □ Iive conversation □ voicemail/phone message	sition: What happens next or contact established. Date: <u>Click here to enter text.</u> to schedule an appointment or provide additional information onterpoint to schedule an appointment or provide.
Initial Client Contact with Centerpoint (Date/Ti	me): Click here to enter a date. Bere to enter a date. Briet to enter a date. Briet to enter a date. Briet descriptions: Click here to enter text. If different (Date/Time): Click here to enter a date.

Developing a Culture of Collaboration and Partnership

- Creating an internal culture that values coordination (upon admission, during critical points of treatment, prior to and upon discharge), supporting all to understand the value of collaboration and partnership
- > Small changes make a big difference and impacts client care
- Talking with clients about the pros and cons of sharing information with partners so that they can make informed decisions about consent/release of information
- > Increasing relational affiliation with key and potential partners
- Taking time to understand what services and supports partners are providing to authentically support young people's motivation to engage
- > Spotting themes and trends among client population and sharing knowledge among partners to develop programming to meet burgeoning needs

Vermont Association of Addiction Treatment Providers www.vaatp.org



Taking Care While Taking Care

"It's a transformative experience to simply pause instead of immediately fill up the space. By waiting (pausing), we begin to connect with fundamental restlessness as well as fundamental spaciousness."

-Pema Chodron, from "When Things Fall Apart"

Taking Care While Taking Care

- Making Meaning & Perspective Taking
- Mindful practice integration
- Connection and Playfulness
- Stepping into practice with curiosity and patience
- Patience with self and others
- Practicing with authenticity and "groundedness"

Taking Care While Taking Care

- What are the ways we can bring more pause, connection, meaning, patience, and play into our practice?
- What gets in the way and what are our creative approaches to working with complex human beings?
- How are we supporting one another and partnering (internally and externally) to support the health and wellbeing of clients and practitioners?

Thanks for your time



Questions & Curiosities considerations, consultation

CHAMP Learning Session Afternoon Breakouts

Williams Family Room - 403

Suicide Prevention in Pediatric and Family Medicine Practices

Presenters: Steven Broer, PsyD; Maya Strange, MD and Rebecca Chaplin, MS

Jost Foundation Room – 422

Prescribing Wellness for Families

Presenters: Andrew Rosenfeld, MD and Andrea Green, MD

Sugar Maple Ballroom - 401

Brief Negotiated Interview: An Intervention for Positive Screens

Presenters: Win Turner, PhD and Jody Kamon, PhD