ADOLESCENT SUBSTANCE MISUSE:
Vermont Trends and Recent Innovations in Adolescent and Family Treatment

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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
Youth Brain Development

![Brain Development Diagram](image)

**5-year-old brain**
- Front: Dorsal lateral prefrontal cortex ("executive functions")

**Preteen brain**
- Top view: Red/yellow areas
- Back: Blue/purple areas

**Teen brain**
- Front: Dorsal lateral prefrontal cortex ("executive functions")

**20-year-old brain**
- Front: Blue/purple areas

Red/yellow: Parts of brain less fully mature
Blue/purple: Parts of brain more fully matured

Sources: National Institute of Mental Health; Paul Thompson, Ph.D., UCLA Laboratory of Neuro Imaging

Thomas McKay | The Denver Post
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Alcohol</th>
<th>Cocaine/Crack</th>
<th>Marijuana</th>
<th>Heroin</th>
<th>Other Opiates</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>15.4</td>
<td>20.2</td>
<td>14.0</td>
<td>21.1</td>
<td>22.4</td>
</tr>
<tr>
<td>2005</td>
<td>14.9</td>
<td>20.2</td>
<td>14.1</td>
<td>20.4</td>
<td>22.1</td>
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<td>2006</td>
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<td>20.6</td>
<td>14.1</td>
<td>20.4</td>
<td>21.2</td>
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<tr>
<td>2007</td>
<td>15.4</td>
<td>20.1</td>
<td>13.9</td>
<td>20.6</td>
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<td>2008</td>
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<td>20.1</td>
<td>14.1</td>
<td>20.3</td>
<td>20.9</td>
</tr>
<tr>
<td>2009</td>
<td>15.4</td>
<td>20.2</td>
<td>14.3</td>
<td>20.0</td>
<td>20.1</td>
</tr>
<tr>
<td>2010</td>
<td>15.4</td>
<td>20.0</td>
<td>14.1</td>
<td>19.5</td>
<td>20.1</td>
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<tr>
<td>2011</td>
<td>15.2</td>
<td>20.6</td>
<td>14.3</td>
<td>20.5</td>
<td>20.3</td>
</tr>
<tr>
<td>2012</td>
<td>15.3</td>
<td>20.2</td>
<td>14.5</td>
<td>20.6</td>
<td>20.3</td>
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<td>2014</td>
<td>15.1</td>
<td>20.8</td>
<td>14.1</td>
<td>20.0</td>
<td>19.8</td>
</tr>
<tr>
<td>2015</td>
<td>15.1</td>
<td>20.4</td>
<td>14.3</td>
<td>20.9</td>
<td>20.4</td>
</tr>
</tbody>
</table>

Source: Alcohol and Drug Abuse Treatment Programs
Primary Methods Used to Consume Marijuana, Among Current Users

- Smoked (91%)
- Ate/drank (5%)
- Vaped (2%)
- Other (2%)

Frequency of Use Among Current Users

- 1 to 2 times: 34%
- 3 to 9 times: 25%
- 10 to 19 times: 12%
- 20 to 39 times: 10%
- 40+ times: 20%
Current Prescription Drug Misuse

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 doctor 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.
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?

Mitch Barron . Centerpoint 2018
Severity of Substance Use in the Lives of our Clients

Diagnostic

Functional Significance

<table>
<thead>
<tr>
<th>DSM V Diagnostic Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild: 2-3 items</td>
</tr>
<tr>
<td>Moderate: 4-5 items</td>
</tr>
<tr>
<td>Severe: 6 or more items</td>
</tr>
</tbody>
</table>

A problematic pattern of use leading to distress, as manifested by:

1. taken in larger amounts or over longer period than intended
2. persistent desire or unsuccessful efforts to cut down
3. great deal of time spent to obtain, use, or recover from effects
4. craving, strong desire, urge to use
5. failure to fulfill major role obligations
6. causing or exacerbating recurrent/persistent social/interpersonal problems
7. abandoned or reduced social/occupational/recreational activities
8. creating physical hazards, recurrent
c. causing or exacerbating persistent or recurrent physical/psychological problems
10. tolerance: increased amount or diminished effect
11. Withdrawal symptoms, or use to alleviate symptoms

Social/Recreational
Symptomatic
Problematic
Chemical Dependence*
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% 14-16 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
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.

Sample statement developed by URMC Department of Pediatrics
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.
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 of 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
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-Visit Questionnaire
- Other questions
SHEEADSSS

- S: Strengths/Spirituality
- H: Home
- E: Education/Employment
- E: Eating
- A: Activities
- D: Drugs and Alcohol
- S: Sexuality
- S: Suicide/depression
- S: Safety

PREVENTION
ADOLESCENT WELL VISITS!

I DON'T ALWAYS GO TO THE DOCTOR...

BUT WHEN I DO, I ANSWER QUESTIONS HONESTLY. STAY HEALTHY, MY FRIENDS.

ONE DOES NOT SIMPLY SKIP A COMPREHENSIVE WELL EXAM

Sponsored by NM AYAH CollN, Created by Matilda Yatsco

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

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

Setting the Stage for Intervention
- 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.

Recovery Centers: Family member gets recovery coaching at local Turning Point Center.

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.

Impaired Driver Rehabilitation Program (IDRP): Family member gets DUI, receives education & assessment.

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.

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

Care Alliance for Opioid Addiction (Hub & Spoke): Concern about a family member's opiate use leads to referral to treatment programs.

AHS Districts: Parent applies for Supplemental Nutrition Assistance Program, gets free substance abuse screening.

Division of Alcohol & Drug Abuse Programs
108 Cherry Street • Burlington, VT 05401
800-464-4343 • 802-651-1550

healthvermont.gov
Parent Up Resources

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

http://parentupvt.org/media-center/
TALK TO YOUR CHILD ABOUT MARIJUANA

Take me to teen drinking, other drug use, or other mental health topics
Referrals
Warm Referral Most Ideal

– Onsite resources
– School
– Local organization
HOW DO I FIND ALCOHOL OR DRUG ADDICTION TREATMENT IN VERMONT?

Contacting a substance use disorder counselor or program to get help can be hard, but it is a huge first step toward a healthier life. The Treatment Directory lists contact information for statewide residential programs, opioid treatment hubs, and the Health Department’s preferred providers, which meet certification standards for providing substance use disorder treatment services.

The Treatment Resource Guides below have answers to common treatment questions as well as statewide and county-level treatment resources.

<table>
<thead>
<tr>
<th>TREATMENT DIRECTORY &amp; RESOURCE GUIDES</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATEWIDE TREATMENT DIRECTORY</td>
</tr>
<tr>
<td>Addison County Treatment Resource Guide</td>
</tr>
<tr>
<td>Bennington County Treatment Resource Guide</td>
</tr>
<tr>
<td>Chittenden County Treatment Resource Guide</td>
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<tr>
<td>Franklin &amp; Grand Isle Counties Treatment Resource Guide</td>
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<tr>
<td>Lamoille County Treatment Resource Guide</td>
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<tr>
<td>Orange County Treatment Resource Guide</td>
</tr>
<tr>
<td>Orleans, Essex, &amp; Caledonia Counties Treatment Resource Guide</td>
</tr>
<tr>
<td>Rutland County Treatment Resource Guide</td>
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<tr>
<td>Washington County Treatment Resource Guide</td>
</tr>
</tbody>
</table>

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
Immediate Access

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

- **Developmentally-matched 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

<table>
<thead>
<tr>
<th>Family systems lens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Inquiry</td>
</tr>
<tr>
<td>Developmental frame</td>
</tr>
<tr>
<td>Family voice, values and leadership</td>
</tr>
<tr>
<td>Differentiated responses and platforms</td>
</tr>
<tr>
<td>Stance of curiosity</td>
</tr>
<tr>
<td>Culturally relevant and meaningful</td>
</tr>
<tr>
<td>Honoring strength, resilience, and lived experience</td>
</tr>
<tr>
<td>Connection/affiliation</td>
</tr>
</tbody>
</table>
Building a Bridge: Warm Handoff is Key
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
“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
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802-488-7721
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*