

# Traitement pour les Utilisateurs de Marijuana à l'Adolescence (TUMA)

Modeled after Cannabis Youth Treatment – CYT  
U.S. Department of Health and Human Treatment

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# Presentation Outline

- × Presentation of *Clinique Réseau jeunesse*
- × Why TUMA?
  - × Data drawn from the literature
- × Presentation of the TUMA program
  - × Treatment modalities and basic principles
  - × Program structure

# *Clinique Réseau jeunesse*

## Service offering:

- × Consultation, assessment, and intervention
- × Adolescents 12 to 18 years of age
- × Clients presenting severe and complex behaviour problems

# CRJ Client Characteristics

- × Severe behavioural problems
- × Occasionally involved in crime
- × Substance abuse problems
- × Occasionally received addiction services in the past

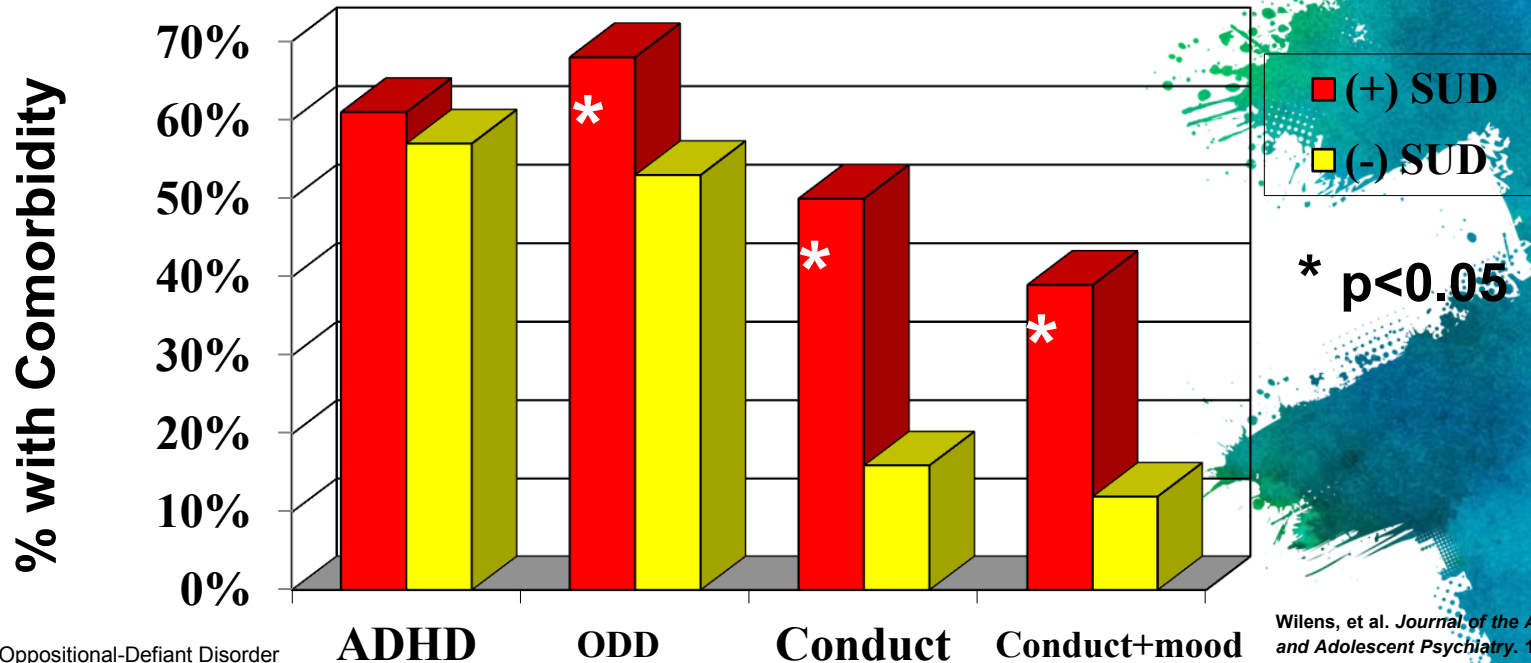


# Why TUMA

- × Integrated treatment
- × Adolescents are accepted regardless of where they are at in their trajectory
- × Motivational enhancement sessions
- × Identify the risk factors linked to drug use
- × Improve adolescents' health, well-being, and functioning

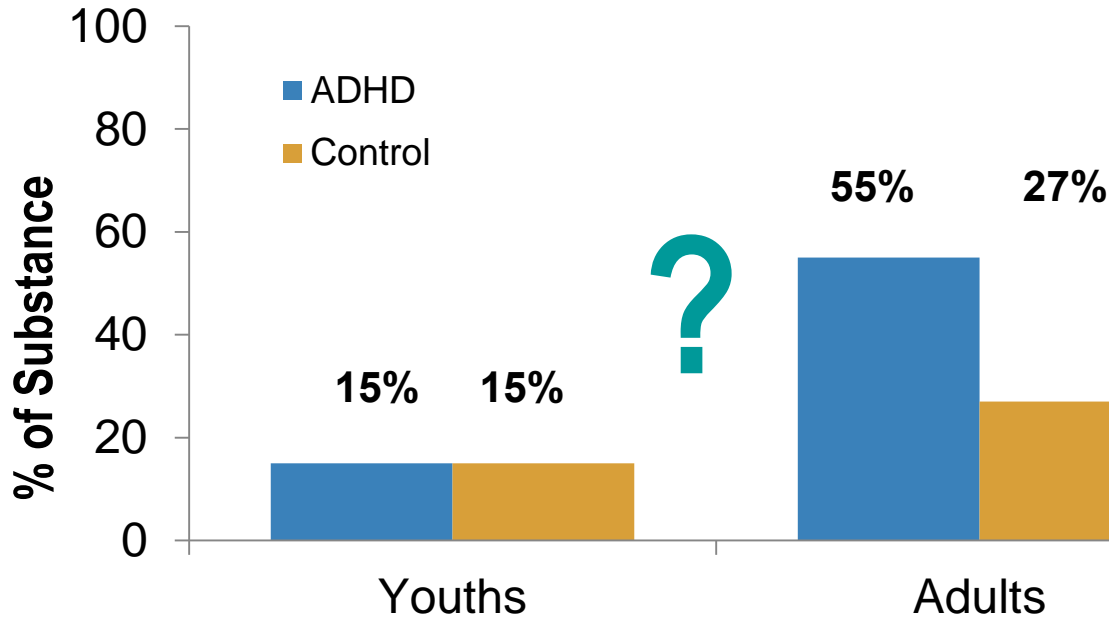
# Substance Abuse (SA) in Psychiatrically Referred Adolescent Outpatients (N=359)

## *Psychopathology: Disruptive Disorders*



# ADHD: Developmental Increase in Risk of Substance Abuse

- Sharp rise in SA between mid-adolescence and adulthood



Biederman J, et al. Journal of the American Academy of Child and Adolescent Psychiatry. 1997;36(1):21-29.

Wilens TE, et al. The Journal of Nervous and Mental Disease. 1997;185(8):475-482.

# Predictive Factors of SUD in ADHD Youth

- × Follow up of 142 ADHD children and 100 controls into adolescence (average age 16 years old)
- × Probands: augmentation of tobacco, alcohol, and illicit substance use, however no difference for substance abuse or dependence
- × Predictors of an abusive pattern
  - × **Severity of symptoms of inattention in childhood as age**
  - × **Conduct/oppositional disorders**
  - × **Persistence of ADHD**



# Introductory Information for Therapists

- × **Objectives:**

- × Provide information regarding cannabis, substance dependence, and potential impacts.
- × Support and develop discrepancy in order to stimulate change.

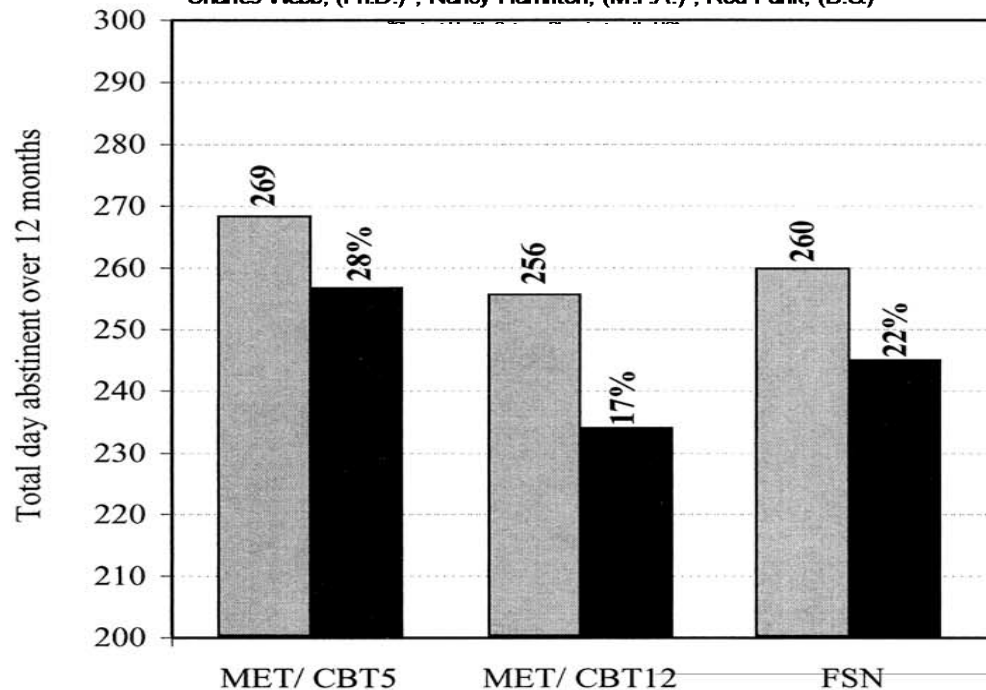
- × **Inclusion criteria:**

- × 12-18 years of age
- × Meet the dx criteria of comorbid substance use disorder (ADHD, oppositional disorder, conduct disorder).
- × Substance use associated with functional problems.

Regular article

# The Cannabis Youth Treatment (CYT) Study: Main findings from two randomized trials

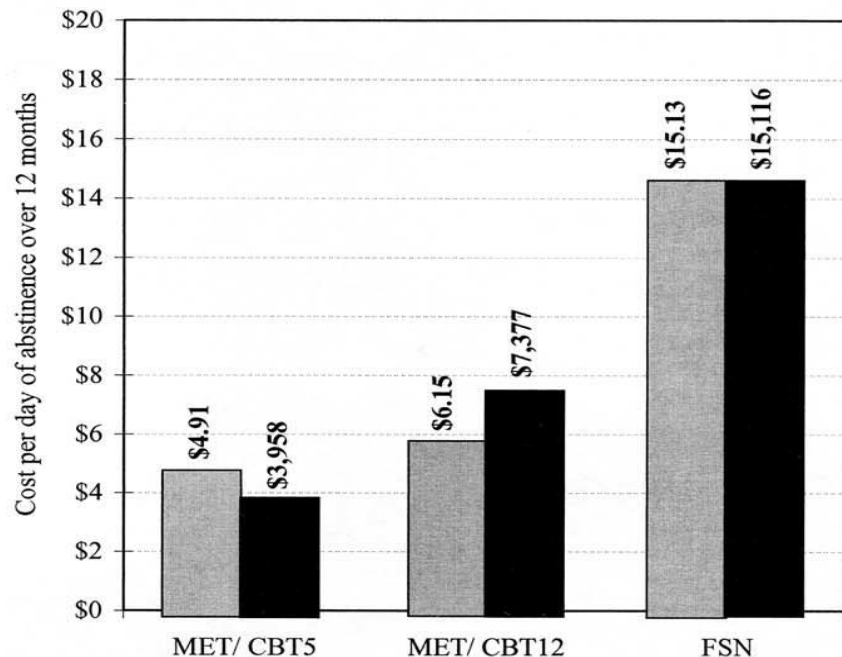
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Howard Liddle, (Ed.D.)<sup>h</sup>, Janet C. Titus, (Ph.D.)<sup>a</sup>, Yifrah Kaminer, (M.D.)<sup>g</sup>,  
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Regular article

# The Cannabis Youth Treatment (CYT) Study: Main findings from two randomized trials

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# Treatment Modalities & Basic Principles

- × This treatment program is derived from motivational enhancement and cognitive-behavioural therapy.

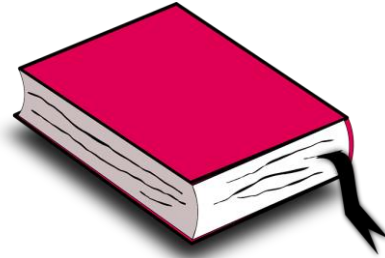
## Basic principles:

- × Express empathy and understand the adolescent's experience
- × Set personal, significant, and realistic goals.
- × Evocation, explore ambivalence, develop discrepancy.
- × Roll with resistance
- × Support self efficacy



# Material and support

1. Therapist guide



2. Logbook



# SESSION 1: CREATE AN ALLIANCE

## Session Plan:

1. Open discussion on substance use and engagement in TUMA.
2. TUMA treatment implications
3. Alcohol/drug use detection (DEP-ADO)
4. Therapeutic contract, introduction/discussion with the designated “support person.”

# LES EFFETS DU CANNABIS SUR LE CERVEAU

LE CERVEAU  
N'EST PAS  
PLEINEMENT  
DÉVELOPPÉ  
AVANT L'ÂGE DE

**25** ANS

CERVEAU NORMAL

EFFETS DU THC



Réduction du  
volume cérébral  
  
Amincissement  
du cortex  
  
Changements de  
la matière blanche



LA  
CONCENTRATION  
EN THC  
EST FORTE



LA  
CONSOMMATION  
EST  
FRÉQUENTE



LE RISQUE DE PSYCHOSE  
AUGMENTE  
DE

**40%**

chez tous  
ceux ayant déjà  
consommé

**390%**

chez les  
consommateurs  
intéressés



**THC**  
Substance active du cannabis  
qui cause des hallucinations.

LE CANNABIS AFFECTE  
LES FONCTIONS CÉRÉBRALES  
CAUSANT...



**DÉMOTIVATION**

Jamais envie de faire  
quelque chose  
Perte de plaisir  
Perte de productivité  
Perte d'ambition



**ACCIDENTS**

Troubles d'attention  
Troubles de la coordination  
Déficit de vitesse pour traiter  
l'information



**ÉCHECS SCOLAIRES**

Déficit d'intelligence  
Troubles d'apprentissage  
Mémoire déficiente  
Baisse de motivation



**PSYCHOSE**

Hallucinations  
(ex. entendre des voix)  
Délire (ex. se sentir suivi,  
imaginer des complotistes)  
Pensée et comportement  
désorganisés



ASSOCIATION  
DES PÉDIATRES  
DU QUÉBEC

Pour consulter les sources:  
[www.ampq.org](http://www.ampq.org)



ASSOCIATION DES  
MÉDECINS PSYCHIATRES  
DU QUÉBEC

## SUBSTANCE USE SELF-OBSERVATION GRID

Record substances and quantities consumed daily

Day	Date	AM	PM	Evening	I consume by myself	Pleasure rating on a scale of 0 to 10
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

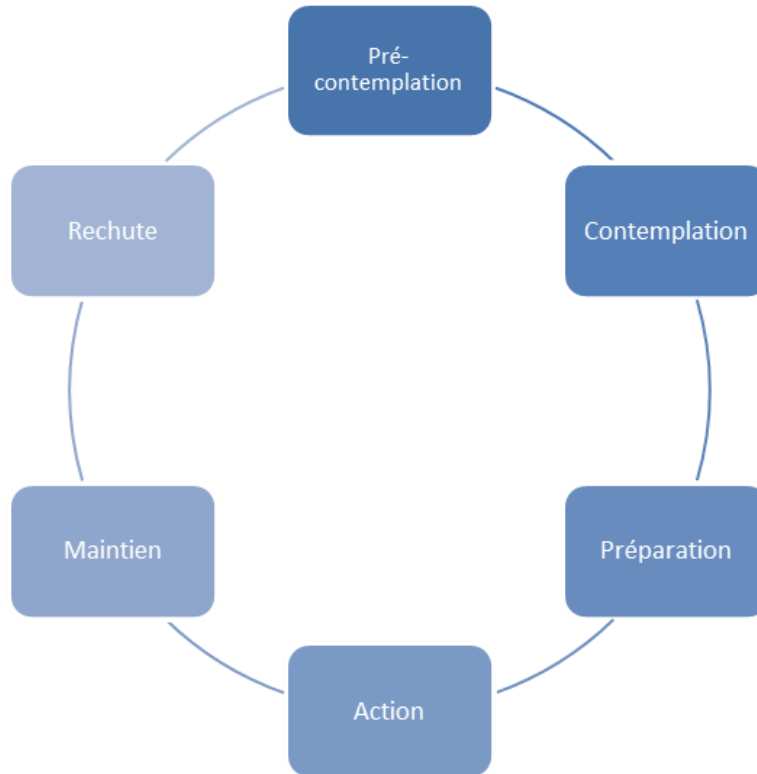


# SESSION 2: BUILDING MOTIVATION

## Session Plan:

1. DEP-ADO feedback
2. Ingredients of Motivation
3. Stages of Change
4. Decisional Balance

## Stages of change



## Decisional Balance

Current situation	Desired situation
1. Pros of maintaining the status quo:	2. Cons of changing:
3. Cons of maintaining the status quo:	4. Pros of changing:

# SESSION 3: GOAL SETTING

## Session Plan:

1. Present moment awareness
2. Setting one's goals for change



# PRESENT MOMENT AWARENESS

What happens before, during and after substance use?

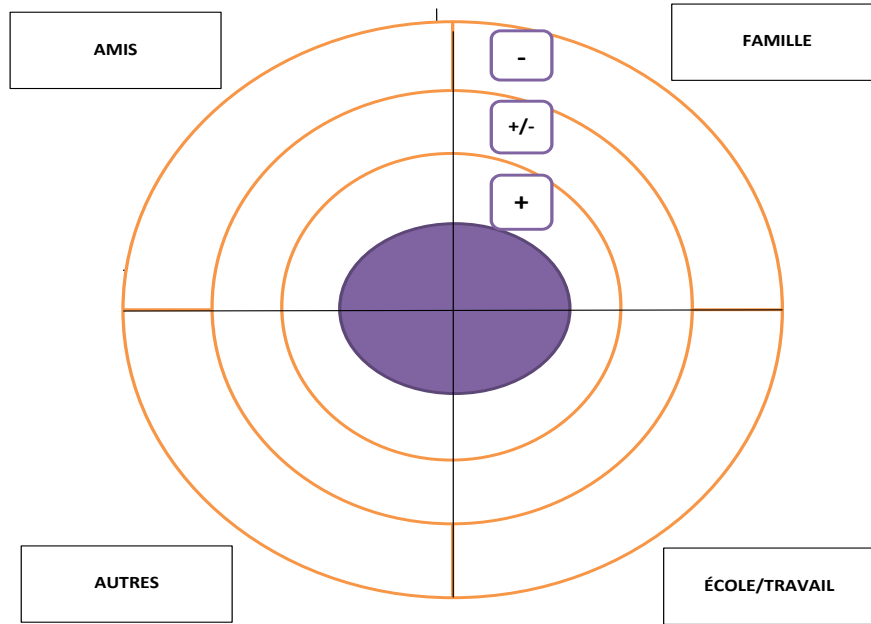
Date and time	Triggers	Intensity 1 à 10	Duration of urge	Thoughts & feelings	Behaviours	Positive results	Negative results
	What triggers my urge to consume?			What were my thoughts? What were my feelings? What was I telling myself?	What did I do at that moment?	What pleasant consequences followed?	What unpleasant consequences followed?

# SESSION 4: COPING STRATEGIES

## Session Plan:

1. Learn to identify coping strategies
  1. Non productive
  2. Productive
2. Communication strategies
3. Assertiveness
4. Identify support network
5. Expand support network

## MON RÉSEAU DE SOUTIEN



Parmi les gens qui sont proches de toi, inscris dans les cercles les personnes qui peuvent te soutenir dans ta démarche de changement :

- **+ (1<sup>er</sup> cercle)** «Je peux compter sur eux»
- **+/- (2<sup>e</sup> cercle)** «Peut-être qu'ils peuvent m'aider»
- **- (3<sup>e</sup> cercle)** «Je ne pense pas qu'ils peuvent m'aider»

# SESSION 5: RISK FACTORS AND EMOTIONS

## Session Plan:

1. Identify risk factors in order to prevent a relapse
2. Emotions
3. Relaxation psycho-education



# SESSION 6: PERSONAL PLAN FOR HIGH RISK SITUATIONS

## Session Plan:

1. Personal plan for high risk situations
2. Coping card
3. Preparation for final meeting with « support person »

# Coping Card

Coping Card

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# SESSION 7: SUMMARY

## Session Plan:

1. Highlight the adolescent's coping skills
2. Identify post-TUMA follow-up needs
3. Discussion with “support person”
4. Support agreement
5. Set up a post-TUMA meeting



# Thank you!

## Questions?

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# References

Biederman J, et al. Journal of the American Academy of Child and Adolescent Psychiatry. 1997;36(1):21-29.

Molina BS, Pelham WE. Journal of Abnormal Psychology. 2003;112(3):497-507.

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