Effective treatments for youth cooccurring mental health and cannabis use problems

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Prevalence

In 2012, an estimated **2.7%** of the Canadian household aged **15 to 24** had a co-occurring mood/anxiety disorder and substance use disorder.

> 2012 Canadian Community Health Survey— Mental Health Canadian Government (2017)

Objective

To identify evidence-based treatments for youth co-occurring mental health and cannabis use problems

Method

Narrative literature review

Scopus[®] Google

Key words: (substance) AND (co-occurr* OR comorbid*) AND (youth OR adolescent*) AND (treatment OR intervention))

Ages: 12-25 years old

Cannabis: One of substances consumed

Scientific quality: GRADE system



- ✤ 708 articles reviewed & 4 reports
- Articles excluded: Doubles, prevalence and risk factor articles, prevention interventions or treatment for one problem only
- * 24 treatments for youth co-occurring problems (found in 39 articles)

Treatments

3 types of treatment:

©ognitive-behavioural therapy, family therapy and medication treatments

Individual approaches mainly used

Medication : Suggested as as 2nd intention treatment after psychosocial treatments



Scientific quality: Very low to moderate

Sample size: Varied 10-2484 participants (median= 47)



- * Symptoms (not diagnosed): Internalizing vs. externalizing
- Disorders frequently targeted by treatments
 Depression, anxiety, conduct disorder, ADHD
- Intervention impact on the symptoms or on the severity of disorders: Measured differently (Ex. Youth-self report)



Intervention impact on cannabis use specified on 10 studies from 29

Reduction measured differently:

- Days of abstinence (Ex. «Timeline Followback »)
- % on different scales (Ex. «Substance Problems Index»)
- o Grams/day

Promising treatments for youth co-occurring problems...

since they are supported for the treatment of youth cannabis use problems



Objective: To reorganize the different aspects of the young person's life so that **behaviors that will lead to drug abstinence are rewarded** over behaviours that will not.

Meyers & Smith, 1995

* Ages: 12 to 24 years old

- Professionals: Therapist (Ex. Psychologist, counsellor)
- Sessions: 12-14 sessions
 (10 individual + 2 with parents + 2 with parents and young person)
- Length: 3 months (suggested)
- Cost-effective treatment

SAMHSA, 2001; Azrin et al., 1994; Slesnick et al., 2007; Godley et al., 2014; Curtis et al., 2015; Dennis, 2014

- Youth profile: Homeless, in the judicial system, referred by parents or clinicians
- Can treat symptoms (in the absence of diagnosis) or disorders
- Disorder: Depression, anxiety, Conduct disorder
- Setting: Varied
 (house, school, clinics)
 - SAMHSA, 2001; Azrin et al., 1994; Slesnick et al., 2007; Godley et al., 2014; Curtis et al., 2015

10 core procedures

1. Problem solvingRésolution de problèmes 2. Goals of counselling 3. Communication skills 4. Anger management 5. Medication monitoring (*if needed) 6. Functional analysis of substance use behaviours 7. Relapse prevention 8. Increasing prosocial activities •9.Caregiver skills 10. Adolescent care-giver skills

Godley et al., 2014

* Positive reinforcement (Ex. Snacks offered)

Procedures can be adapted for co-occurring problems

Ex. Functional analysis, communication skills

SAMHSA, 2001; Godley et al., 2014



Objective: To treat drug use as a multidimensional problem targeting 4 domains of the adolescent's life: the adolescent, the parents, the family and his/her environment outside of the family.

SAMHSA, 2001; Liddle, 2018

Multidimensional family therapy

* Ages: 13 to 18 years old

Sessions: 12-15 sessions
 (6 individual, 3 with parents
 et 3 with entire family)

Professionals: Therapist
 (Ex. psychologist, counsellor)
 + multidisciplinary team

Length: 3 months (suggested)

SAMHSA, 2001; Liddle et al., 2018; Schaub et al., 2013, Rigter et al., 2012 jennifer.cohen.comtl@ssss.gouv.qc.ca

<u>Evidence</u>: Multidimensional family therapy

- Youth profile: In the judicial system, referred by parents, clinicians or school, selfdetermined, and others
- Can treat symptoms (in the absence of a diagnosis) or disorders
- Disorder: Depression, ADHD, conduct disorder
- * **Setting**: Family or addiction clinics

SAMHSA, 2001; Liddle et al., 2018; Schaub et al., 2013, Rigter et al., 2012

Stage 1: Therapeutic alliances

Multidimensional family therapy

Stage 2: Promoting change

Stage 3: Reinforcing the change

SAMHSA, 2001; Liddle et al., 2018

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Multidimensional family therapy

Therapist does not judge

Therapist helps parents
 manage disappointment

Therapist helps youth have positive goals and to identify the gaps in behaviour

Ex. Gap between drug use, delinquency & positive objectives

SAMHSA, 2001; Liddle et al., 2018 jennifer.cohen.comtl@ssss.gouv.qc.ca



Godley, S. H., Smith, J. E., Passetti, L. L., & Subramaniam, G. (2014). The Adolescent Community Reinforcement Approach (A-CRA) as a Model Paradigm for the Management of Adolescents With Substance Use Disorders and Co-Occurring Psychiatric Disorders. Substance Abuse, 35(4), 352–363. doi: 10.1080/08897077.2014.936993

Liddle, H. A., Dakof, G. A., Rowe, C. L., Henderson, C., Greenbaum, P., Wang, W., & Alberga, L. (2018). Multidimensional Family Therapy as a community-based alternative to residential treatment for adolescents with substance use and co-occurring mental health disorders. *Journal of Substance Abuse Treatment*, 90(April), 47–56. doi: 10.1016/j.jsat.2018.04.011

SAMHSA. (2001). Cannabis Youth Treatment Series: The Adolescent Community Reinforcement Approach for Adolescent Cannabis User.

SAMHSA. (2001). Cannabis Youth Treatment Series: Multidimensional family therapy for adolescent cannabis users.

Ressources to implement treatment

Comunity reinforcement approach:

approach: https://www.chestnut.org/ebtx/training-andcertification/

Multidimensional family therapy:

http://www.mdft.org/Training-Program/3-Levels-of-Training/Level-2-Certification

Thank you!!

References upon request

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