Inter-American Drug Abuse Control Commission

CICAD

Adolescent Drug Treatment

OAS More rights for more people

Methodology:

Active discussion
Case Study
Role Play

Required Materials:

Easel Pad
Participant Manual
Notepad for each participant
Pens & Pencils

Duration: 10 hours

ADOLESCENT DRUG TREATMENT INTERVENTION

ADOLESCENT DRUG TREATMENT INTERVENTION

Learning Objectives

- To identify factors specific to adolescents when considering drug treatment
- To identify the principles of adolescent AOD treatment
- To understand factors for considerations for treatment interventions
- To identify specifics factors to planning treatment for adolescents

ADOLESCENT DRUG TREATMENT INTERVENTION

Learning Objectives continued…

- To understand particular legal and ethical concerns when providing treatment.
- To identify the training needs
- To describe different types of treatment and interventions for adolescents and families

ADOLESCENT DRUG TREATMENT INTERVENTION

Learning Objectives continued…

- To understand the role of family therapy in the treatment of adolescents.
- To describe general impact of drugs use on families.
- To describe family roles and rules
- To explain level of involvement of families in adolescents' treatment

PRINCIPLES OF ADOLESCENTS AOD TREATMENT

- Adolescent substance use must be identified and addressed as soon as possible.

- Adolescents can benefit from an intervention even if they are not addicted to a drug.

(National Institute on Drug Abuse 2014)

PRINCIPLES OF ADOLESCENTS AOD TREATMENT

- Routine medical/mental health visits are an opportunity to screen adolescents about substance use.

- Testing adolescents for STDs/HIV is an important part of AOD treatment.

(National Institute on Drug Abuse 2014)

PRINCIPLES OF ADOLESCENTS AOD TREATMENT

- Legal interventions/sanctions or family pressure may play an important role in getting adolescents to enter, stay in and complete treatment.

- Treatment should be tailored to the unique needs of the adolescent.

(National Institute on Drug Abuse 2014)

PRINCIPLES OF ADOLESCENTS AOD TREATMENT

- Treatment should address the needs of the whole person, not just his/her AOD use.

- Behavioral therapies are effective in addressing adolescent AOD use.

(National Institute on Drug Abuse 2014)

PRINCIPLES OF ADOLESCENTS AOD TREATMENT

- Families and the community are important aspects of treatment.

- Effectively treating AOD use in adolescents requires also identifying and treating other mental health conditions they might have.

(National Institute on Drug Abuse 2014)

PRINCIPLES OF ADOLESCENTS AOD TREATMENT

- Sensitive issues, such as violence and child abuse, or risk of suicide should be identified and addressed.
- It is important to monitor substance use during treatment.
- Staying in treatment for an adequate period of time and continuity of care afterward are important.

(National Institute on Drug Abuse 2014)

FACTORS FOR CONSIDERATION

- Engaging young people requires a special set of skills and patience.

- Delays in normal cognitive and social-emotional development are associated with adolescent substance use.

FACTORS FOR CONSIDERATION

- Role of the family is pivotal
- Treatment should be age-appropriate, and separate from adults.

FACTORS FOR CONSIDERATION

- Many adolescents have been pressured into treatment.
- Confidentiality issues must be clarified.

FACTORS FOR CONSIDERATION

- High level of subcultural acceptance of AOD use
- Societal acceptance of alcohol and tobacco
- Enforcement of existing laws varies

FACTORS FOR CONSIDERATION

- Stigmatization of AOD use
- Language/discourse on AOD use is crucial
- Societal controversies and double standards
- Drug use is viewed through a criminal justice lens

FACTORS FOR CONSIDERATION

- No understanding that drug use exists on a continuum, and is not all or nothing
- Drugs used in region do not lend themselves to substitution therapy
- Lack of available options for treatment and other services

ADOLESCENT AND TREATMENT

What are some of the age-specific factors to take into account when planning treatment for an adolescent?

ADOLESCENT AND TREATMENT

- Drug use at an early age is an important predictor of development of a substance use disorder later.

- Impaired memory/thinking ability and other problems caused by drug use can derail a young person's social and educational development.

(National Institute on Drug Abuse 2014)

ADOLESCENT AND TREATMENT

- Adolescents in treatment report using different substances than adult patients do.

- Adolescents may be less likely to feel they need help or to seek treatment on their own.

(National Institute on Drug Abuse 2014)

ADOLESCENT AND TREATMENT

- The largest proportion of adolescents who receive treatment are referred from juvenile justice system.

- Effective treatment for adolescents requires some form of behavioral therapy.

(National Institute on Drug Abuse 2014)

ADOLESCENT AND TREATMENT

- Treatment must be individualized so as to consider:
  - Developmental Stage
  - Cognitive Ability
  - Influence of family, friends and others
  - Mental/Physical health concerns
  - Academic performance

(National Institute on Drug Abuse 2014)

COMPONENTS OF COMPREHENSIVE DRUG ABUSE TREATMENT

(National Institute on Drug Abuse 2014)

LEGAL AND ETHICAL CONCERNS

Some important concerns to take account are:

- Confidentiality restrictions
- When may confidential information be shared with others
- Rules about obtaining adolescent consent to disclose treatment information
- The signature of the adolescent (and the issue of parental consent)

(Treatment Improvement Protocol 1999)

AREAS OF TRAINING NEEDS TO DEVELOP TREATMENT PROFESSIONALS.

- Changes/updates in ICD
- New practices
- Family dynamics
- Adolescent development
- Sexual/physical abuse
- Gender issues
- Mental health issues
- Grief and loss

AREAS OF TRAINING NEEDS TO DEVELOP TREATMENT PROFESSIONALS.

- Cultural competency
- Recreational/pro-social activities
- Psychopharmacology
- Group dynamics/therapy
- Referral/resources
- Tx planning/documentation
- Related health issues

INTERVENTIONS

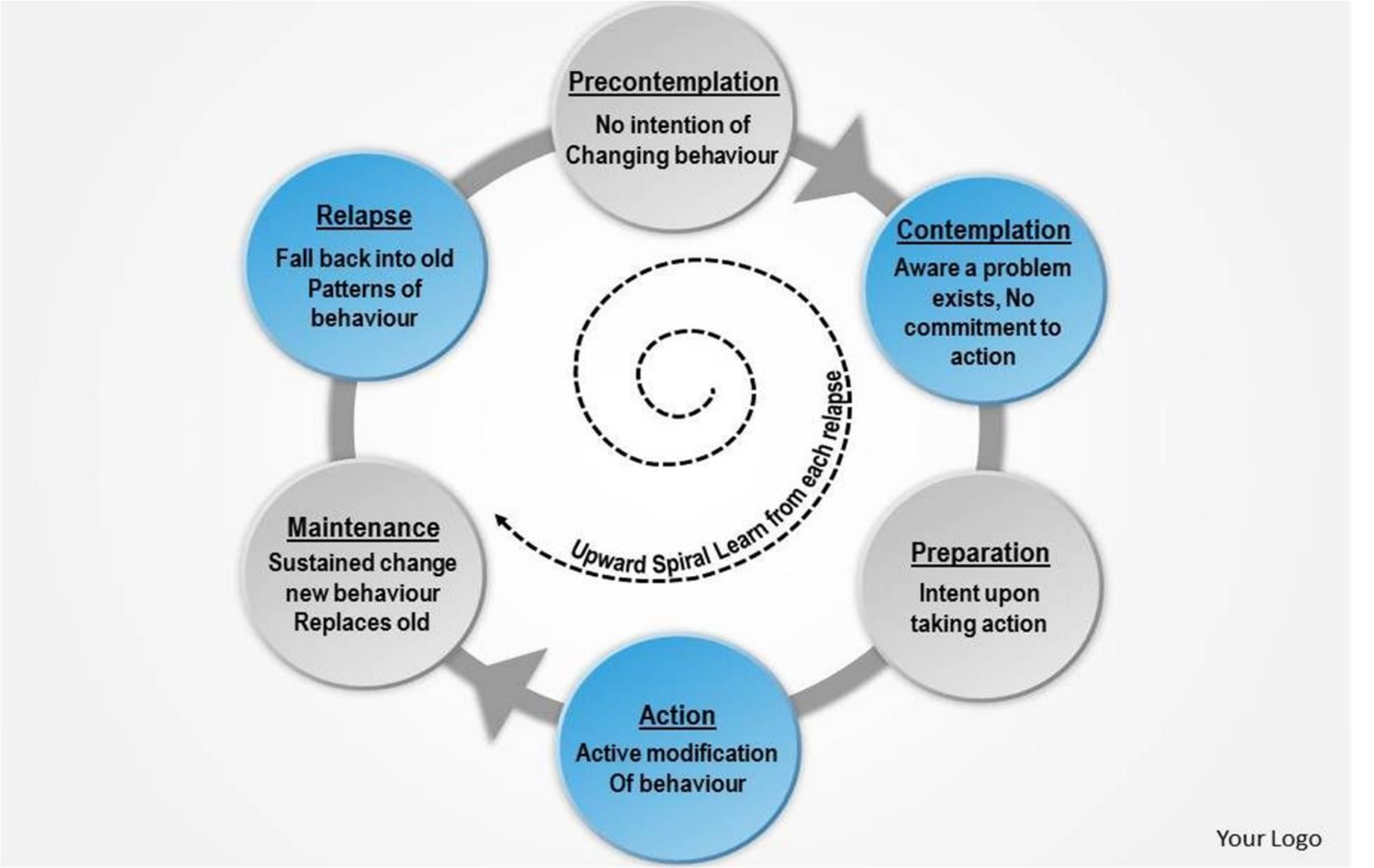
STAGES OF CHANGE

This model recognizes that different people are in different stages of readiness for change.

It is important not to assume that people are ready for or want to make an immediate or permanent behavior change.

(Australian Government of Health 2004)

STAGES OF CHANGE



CASE STUDY

Case study - Which stage of readiness for change seems to fit each young person?

Sarah is a 16-year-old girl who has been using speed for about two years. She uses speed intravenously, having originally snorted it for the first 12 months. On assessment, Sarah tells you that she has been trying to cut down on her speed use and has even had a period of two weeks where she didn't use it. She appears to be 'speeding' when you meet with her.

(Australian Government of Health 2004)

CASE STUDY

Case study Which stage of readiness for change seems to fit each young person?

James is a 14-year-old boy who smokes cannabis and tobacco. On assessment of his cannabis use, he states that he can 'take it or leave it'. He tends to smoke with friends on the weekend. James smokes cigarettes whenever he can afford them. He also drinks alcohol to the point where he 'blacks-out' about once a month.

(Australian Government of Health 2004)

CASE STUDY

Case study – Which stage of readiness for change seems to fit each young person?

Sammie is an 18-year-old male who has been using heroin for about three years. He smokes heroin on a daily basis and also takes Valium or Normison if he can't get any heroin. Sammie has been caught breaking and entering on a number of occasions. His family are very worried about his drug use and the trouble he is in. Sammie has no desire to detox from heroin use. He states 'It's a hassle sometimes, but at least I don't inject it'.

(Australian Government of Health 2004)

CASE STUDY

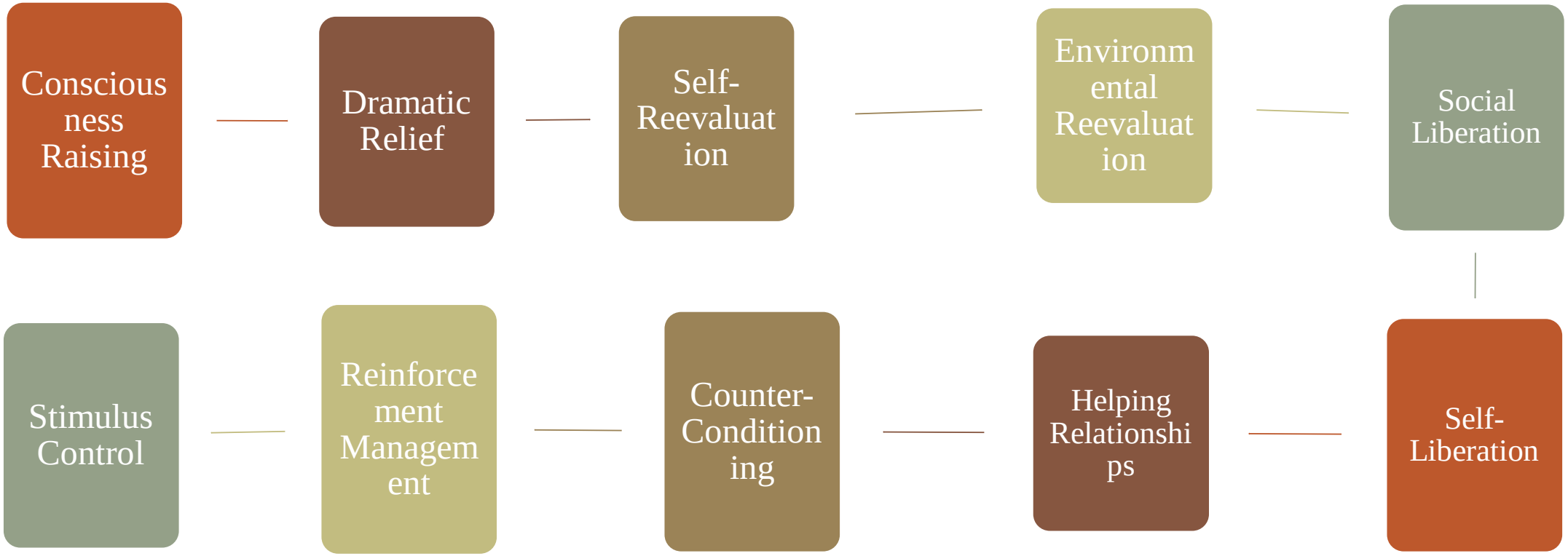
Case study – Which stage of readiness for change seems to fit each young person?

Gracie is a 17-year-old female who is involved in a Drug Court program. She has a history of poly-drug use and has worked as a sex worker. Gracie has been trying to stay off cocaine and speed. She continues to drink heavily a couple of times a week and also takes street benzos as she says this helps her to sleep. Gracie's latest urinalysis reveals cannabis, benzodiazepines and amphetamines. She is pretty worried that she will be taken off the Drug Court Program and she states she really wants to stay out of trouble.

(Australian Government of Health 2004)

STAGES OF CHANGE

Ten processes of change have been identified with some processes being more relevant to a specific stage of change than other processes.



(Wayne W. LaMorte, MD, PhD, MPH 2019)

LIMITATIONS OF THE STAGES OF CHANGE

- The theory ignores the social context in which change occurs.
- The questionnaires that have been developed to assign a person to a stage of change are not always standardized or validated.
- There is no clear sense for how much time is needed for each stage, or how long a person can remain in a stage.
- The model assumes that individuals make coherent and logical plans in their decision-making process when this is not always true.

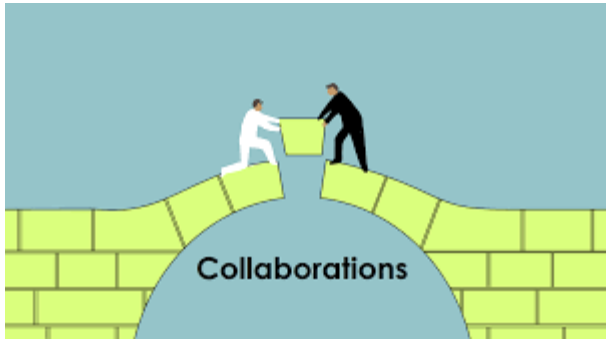
(Wayne W. LaMorte, MD, PhD, MPH 2019)

MOTIVATIONAL INTERVIEWING

Motivational interviewing is a psychotherapeutic approach that **attempts to move an individual** away from a state of indecision or uncertainty and towards **finding motivation to making positive decisions and accomplishing established goals.**

(Erick Patterson, MSCP, NCC, LPC 2018)

KEY ELEMENTS OF MOTIVATIONAL INTERVIEWING



Evocation

GOALS OF THE THERAPIST IN MOTIVATIONAL INTERVIEWING

Principle	Characteristics
Express Empathy	listen rather than talk; communicate respect for and acceptance of client
Avoid Argumentation	avoid confronting denial; encourage the client to make progress toward change
Roll With Resistance	divert or direct the client toward positive change; listen more carefully
Develop Discrepancy	promote the client's awareness of consequences of continued use; clarify how present behavior is in conflict with important goals
Support Self-Efficacy	elicit and support hope; encourage the client's capacity to reach their goals

(Erick Patterson, MSCP, NCC, LPC 2018)

MOTIVATIONAL"INTERVIEWING "SKILLS"

- Open" Ended" Questions
- Affirmations
- Reflections
- Summaries

Are core counselor behaviors employed to move the process forward by establishing a therapeutic alliance and eliciting discussion about change.

CHANGE TALK

Preparatory Change Talk

Desire (I want to change)

Ability (I can change)

Reason (It's important to change)

Need (I should change)

Implementing Change Talk

Commitment(I will make changes)

Activation (I am ready, prepared, willing to change)

Taking Steps (I am taking specific actions to change)

BENEFITS OF MOTIVATIONAL INTERVIEWING

- **Low cost**
- **Efficacy**
- **Effectiveness**
- **Mobilizing client resources**

(Tretment Improvement Protocol 1999)

BENEFITS OF MOTIVATIONAL INTERVIEWING

- **Compatibility with health care delivery**
- **Emphasizing client motivation**
- **Enhancing adherence**

(Treatment Improvement Protocol 1999)

ROLE PLAY

Hi, (insert person's name), tell me a little about why you are here? (We are trying to learn our client's goal. Ask more questions if necessary to obtain this information.)

- Why is (insert goal) most important to you?
- If you don't make these changes and stay the way that you are or regress in your health and fitness, how would that affect your life? What consequences would occur?
- When you do successfully reach your goal, in what way(s) will life be different?
- What benefits are important to you?
- On a scale of 1-10, how important is it for you to make these changes right now?
- Why is it not a 2 or 3?
- What would make it a (insert higher number)?
- Do you believe you can make these changes?
- On a scale of 1-10, how confident are you?
- What would make your confidence one number higher?
- Are you ready and willing to change at this time?
- In what ways do you believe I can help you?

COGNITIVE BEHAVIORAL THERAPY (CBT)

- Based on theory that learning processes play an important role in the development of maladaptive behaviors.
- Anticipation of likely problems and enhancement of self-control by helping develop effective coping skills
- Skills-building around AOD use and other problems which co-occur

(National Institute on Drug Abuse 2014)

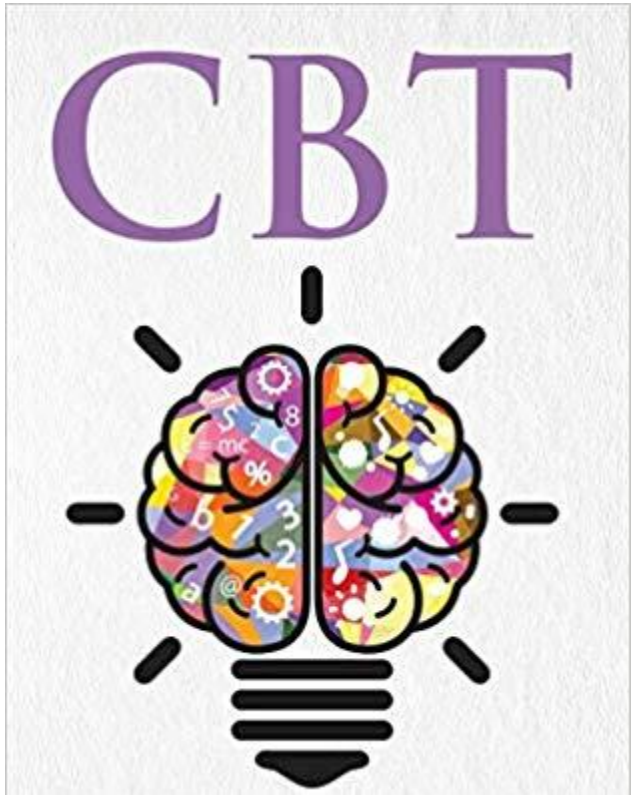
COGNITIVE BEHAVIORAL THERAPY (CBT)

- Utilization of specific techniques by trained personnel in non-structured intervention
- Provides critical concepts of addiction and how to not use drugs
- Emphasizes the development of new skills
- Involves the mastery of skills through practice

(Treatnet Training Volume B, Module 3. 2007)

COGNITIVE BEHAVIORAL THERAPY (CBT)

- CBT is a counseling-teaching approach
- CBT is structured, goal-oriented, and focused on the immediate problems
- CBT is compatible with a range of other treatments



(Treatnet Training Volume B, Module 3. 2007)

CBT TECHNIQUES

- Exploration of the positive and negative consequences of AOD use
- Self-monitoring to recognize cravings and situations that might increase risk of use
- Development of strategies for coping with cravings and high-risk situations

(Treatnet Training Volume B, Module 3. 2007)

ROLE OF THE CLINICIAN IN CBT

The CBT clinician has to strike a balance between:

- Being a good listener and asking good questions in order to understand the client
- Teaching new information and skills
- Providing direction and creating expectations

(Treatnet Training Volume B, Module 3. 2007)

ROLE OF THE CLINICIAN IN CBT

The CBT clinician has to strike a balance between:

- Reinforcing small steps of progress and providing support and hope in cases of relapse.

- CBT is a very active form of CBT is a very active form of counselling.

ROLE OF THE CLINICIAN IN CBT

- A good CBT clinician is a teacher, a coach, a “guide” to recovery, a source reinforcement and support, and a source of corrective information.

- Effective CBT requires an empathetic clinician who can truly understand the difficult challenges of addiction recovery

DEVELOPMENT OF NEW STRATEGIES

- CBT techniques must be accompanied by instructions and encouragement

- Many clients have poor or non-existent repertoires of drug-free activities.

- Efforts to “shape and reinforce” attempts to try new behaviors

(Treatnet Training Volume B, Module 3. 2007)

EXHIBIT 2.-Functional Analysis

Trigger What sets me up to use?	Thoughts and Fellings What was I thinking? What was I feeling?	Behavior What did I do then?	Positive Consequences What positive thing happened?	Negative Consquences What negative things happened

Example

Let’s Practice!

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

TF-CBT is:

- An evidence-based treatment for children experiencing trauma related difficulties
- Addresses wide range of traumas
- Developed for youth ages 3-18 years

(https://rm.coe.int/1680470eeb)

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

TF-CBT is:

- Components-based treatment protocol
- Time limited, structured (12-20 sessions)
- Parents are an integral part of treatment

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

Components

- ✓ **P**sychoeducation and Parenting skills
- ✓ **R**elaxation skills
- ✓ **A**ffective Modulation skills
- ✓ **C**ognitive coping skills
- ✓ **T**rauma narrative and cognitive processing of the traumatic event(s)
- ✓ **I**n vivo mastery of trauma reminders
- ✓ **C**onjoint child-parent sessions
- ✓ **E**nhancing safety and future developmental trajectory

(https://rm.coe.int/1680470eeb)

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

The first adaptation simply changed the labels for the various steps, in order to facilitate ease of understanding:

10 steps to work with TF-CBT

Step 1: Gathering

Step 2: Learning

Step 3: Helping

Step 4: Relaxing

Step 5: Feeling

Step 6: Thinking

Step 7: Sharing 1 (trauma narrative)

Step 8: Evaluating

Step 9: Sharing 2

Step 10: Living

(Becca Johnson, Ph.D, 2012)

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

TF-CBT STEP 1: GATHERING

Objective: To develop a positive, safe, therapeutic relationship and to gather needed and helpful information..

Activities:

- Establish rapport
- Client motivations
- Complete initial symptom & clinical assessments
- Practice storytelling/recalling a positive memory

(Becca Johnson, Ph.D, 2012)

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

TF-CBT STEP 2: LEARNING

Objective: To educate victims about abuse and trauma and other important related topics .

Activities:

- Provide Psychoeducation about abuse, trauma
- Provide Psychoeducation on self-esteem and relationships
- Other Beneficial Topics (based on individual/group needs)

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

TF-CBT STEP 3: HELPING (parenting skills)

Objective: To help caregivers deal effectively with trauma victims.

Activities:

- Educate about child development (if applicable)
- Discuss caregiver reactions to the victim's experience(s)
- Help Caregivers anticipate client's emotionally difficult times

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

TF-CBT STEP 4: RELAXING

Objective: To teach tools to help the individual calm and control unwanted emotion and thoughts.

Activities:

- Provide information (psychoeducation) about the body's response to stress
- Identify and discuss both negative and positive coping strategies (substance use, risk-taking,…)
- Practice relaxation strategies

(Becca Johnson, Ph.D, 2012)

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

TF-CBT STEP 5: FEELING

Objective: To empower the victim to identify and demonstrate a variety of emotions, when they are experienced and at what intensity (affect regulation and attunement skills) and to be aware of personal emotional triggers.

Activities:

- Present psychoeducation regarding emotional expression including: What, How, When, Why and How much (intensity).
- Discuss the role of body language and facial expressions in the communication of various emotions.

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

TF-CBT STEP 6: THINKING

Objective:. Help victim identify the difference between thoughts and feelings as well as the relationship between them and behavior.

Activities:

- Explain the difference between “thoughts” and “feelings”
- Teach the Cognitive Triangle: How our Thoughts affect our Feelings, which lead to our Behavior (role play examples)
- Review common inaccurate, unhelpful thoughts

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

TF-CBT STEP 7: SHARING 1

Objective: The person shares her/his trauma/abuse story – helping to lessen the pain and shame and its effect.

Activities:

- Read a story about someone's experience of abuse/trauma (to normalize the sharing and provide an example)
- Have the client tell her story using format personally chosen and age appropriate
- Praise the client for bravely sharing her personal story of trauma and remind her that it reflects only part of and not the totality of her life's story.

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

TF-CBT STEP 8: EVALUATING

Objective: Use what was taught in Step 6 (identifying and correcting unhelpful, inaccurate thinking) on what was shared in Step 7.

Activities:

- Review the client's story prior to the session(s)
- Review the story with the client adding thoughts and feelings to further describe
- Assist the client in developing accurate/ helpful thoughts

(Becca Johnson, Ph.D, 2012)

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

TF-CBT STEP 9: SHARING 2

Objective: The person shares his/her trauma story with someone other than the counselor

Activities:

- Assess client's readiness to share his/her story with someone other than the counselor
- Client identifies a supportive person with whom to share her personal abuse/trauma story
- Assess the support person's readiness to hear the client's trauma story and prepare ('coach') the person in how best to respond

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

TF-CBT STEP 10: LIVING (In Vivo Mastery; Enhancing Future Safety)

Objective: To live free of fear, with a sense of safety and with future goals.

Activities:

- Identify avoidance areas, develop & implement a gradual desensitization plan
- Teach personal safety skills
- Set goals for the future

(Becca Johnson, Ph.D, 2012)

OTHER INTERVENTIONS

- Behavioral Therapy
- Adolescent Community Reinforcement Approach (A-CRA)
- Motivational Enhancement Therapy
- Contingency Management

BEHAVIORAL THERAPY

- Behavior therapy is focused on behavior and feeling.

- The goal focused on increasing the person's engagement in positive activities.

- Behavior therapy seeks to increase chances for positive experience.

(Michael Herkov, Ph D, 2019)

ADOLESCENT COMMUNITY REINFORCEMENT APPROACH (A-CRA)

A-CRA is an intervention that seeks to help adolescents achieve and maintain abstinence from drugs by replacing influences in their lives.

(National Institute on Drug Abuse 2014)

MOTIVATIONAL ENHANCEMENT THERAPY

Motivational Enhancement Therapy (MET) is an intervention and counseling approach specifically designed to evoke internally motivated change.

(Jeffrey Juergens, 2019)

CONTINGENCY MANAGMENT

Contingency management refers to a type of behavioral therapy in which individuals are ‘reinforced’, or rewarded, for evidence of positive behavioral change.

(NANCY M. PETRY, 2011)

THE FAMILY

GENERAL IMPACT OF AOD USE ON FAMILY

- The effect on the family may differ according to family structure.
- The effects on families may continue for generations..
- In some cases, a family might present a healthy face to the community while substance abuse issues lie just below the surface.

(Treatment Improvement Protocol, 2004)

GENERAL IMPACT OF AOD USE ON FAMILY

- Negativism
- Parental inconsistency
- Parental denial
- Miscarried expression of anger
- Self-medication
- Unrealistic parental expectations

(Treatment Improvement Protocol, 2004)

ROLE OF THE FAMILY

Why is it important to consider and integrate the family into treatment for adolescent AOD use?

ROLE OF THE FAMILY

Family members can play an important role in treatment engagement and in treatment outcomes.

The role has to be:

- Create clearer rules and standards for behavior

- Develop predictable rewards and punishments

- Improve their effectiveness in monitoring school performance and peer relationships.

LEVELS OF FAMILY ENGAGEMENT AND CLINICIAN COMPETENCIES

Level 1: Minimal Emphasis on Family

Level 2: Information and Advice

Level 3: Feelings and Support

Level 4: Brief Focused Intervention

Level 5: Family Therapy

SUCCESSFUL ENGAGEMENT OF FAMILY MEMBERS

1. Have a flexible understanding of “resistance” as a natural response to requests for change.

2. Be willing to challenge your habitual ways of engaging family members into the process of treatment.

3. Have a clear perspective of the possible benefits of family involvement and help families understand these benefits.

TIPS FOR SUCCESSFUL ENGAGEMENT OF FAMILY MEMBERS

4. Have a clear vision of the type and level of family involvement that is optimal given the resources and family situation.

5. Develop a set of strategies for tailoring the engagement interventions to the specific conditions of the family.

GENOGRAM IN FAMILY THERAPY

A genogram is a popular tool among therapists delving in family therapy. The graphic tool provides detailed information on the interpersonal relationship within a family. It takes into account the past and present aspects that impact the current situation

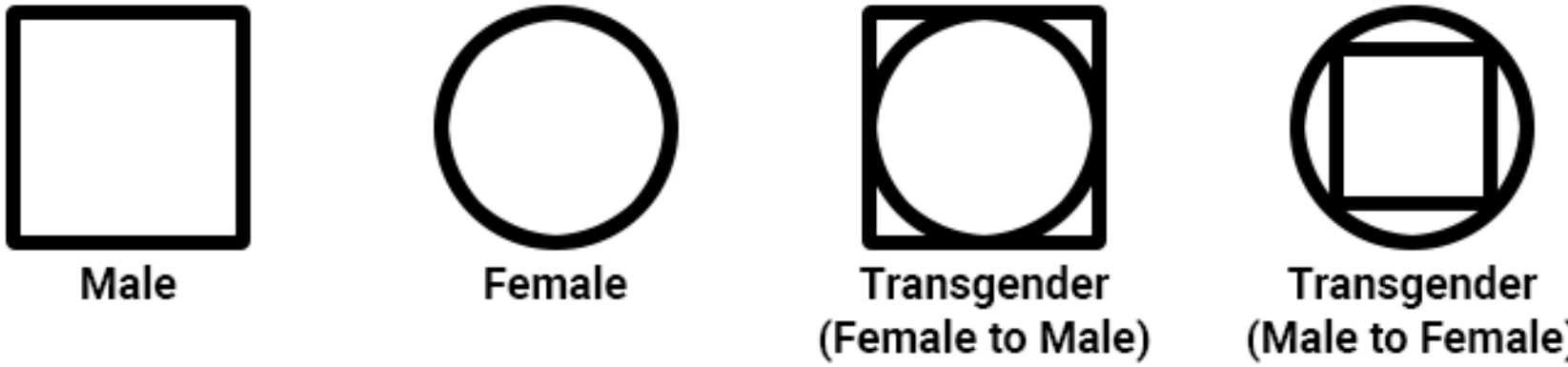
HOW TO CREATE A GENOGRAM

Genograms use a combination of special rules and symbols to depict a lot of information about families as succinctly as possible. Some of these rules and practices have been standardized, and should be followed so future readers can understand your documentation.

Other rules and symbols used in genograms differ depending on who you ask, or what reference you use.

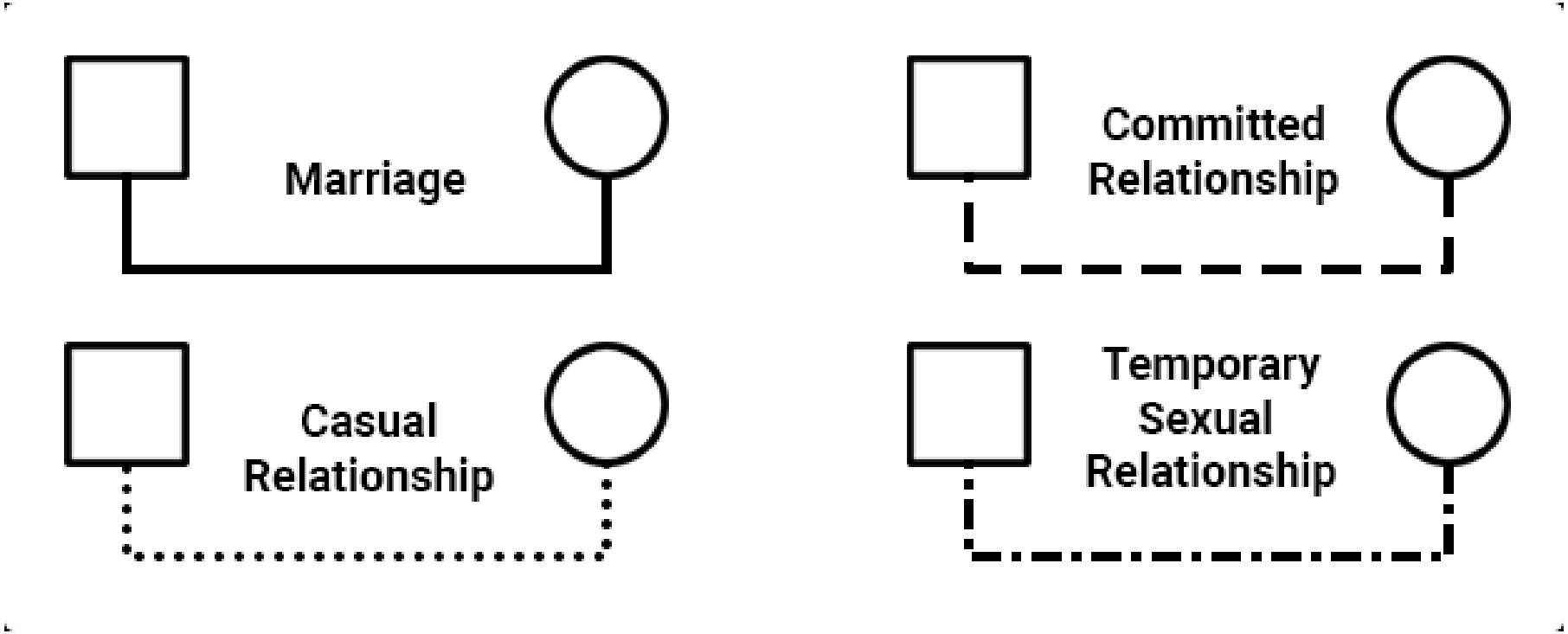
HOW TO CREATE A GENOGRAM

Gender



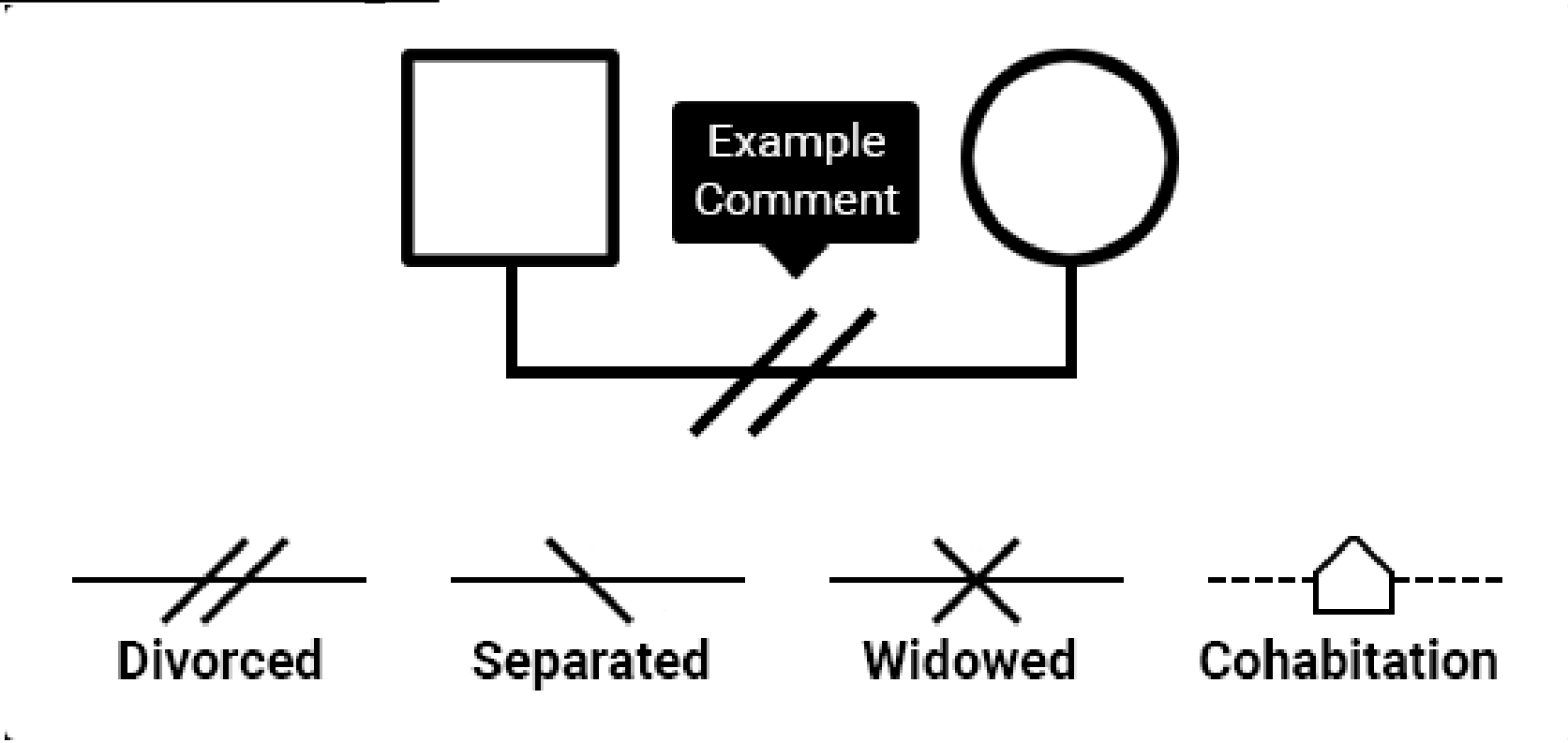
HOW TO CREATE A GENOGRAM

Family Relationships



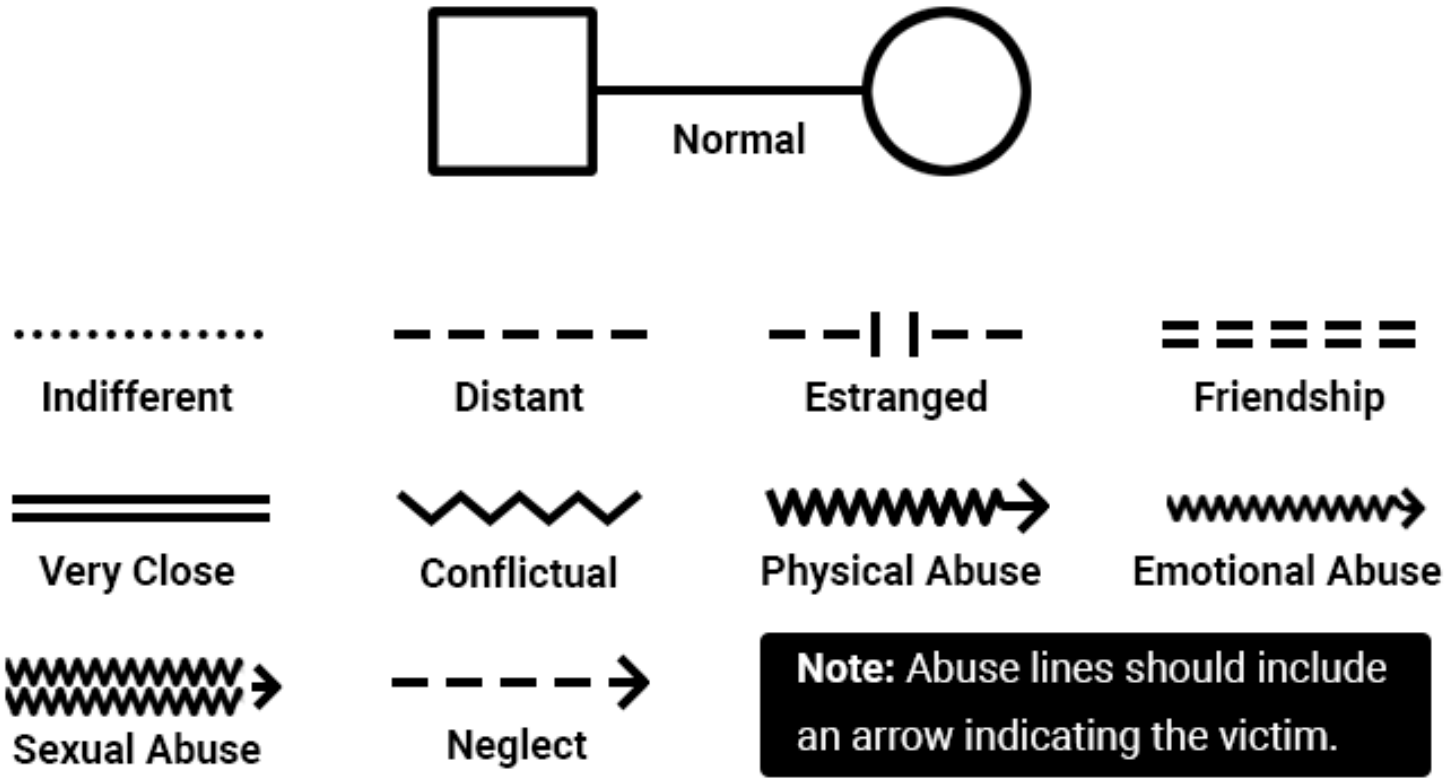
HOW TO CREATE A GENOGRAM

Family Relationships



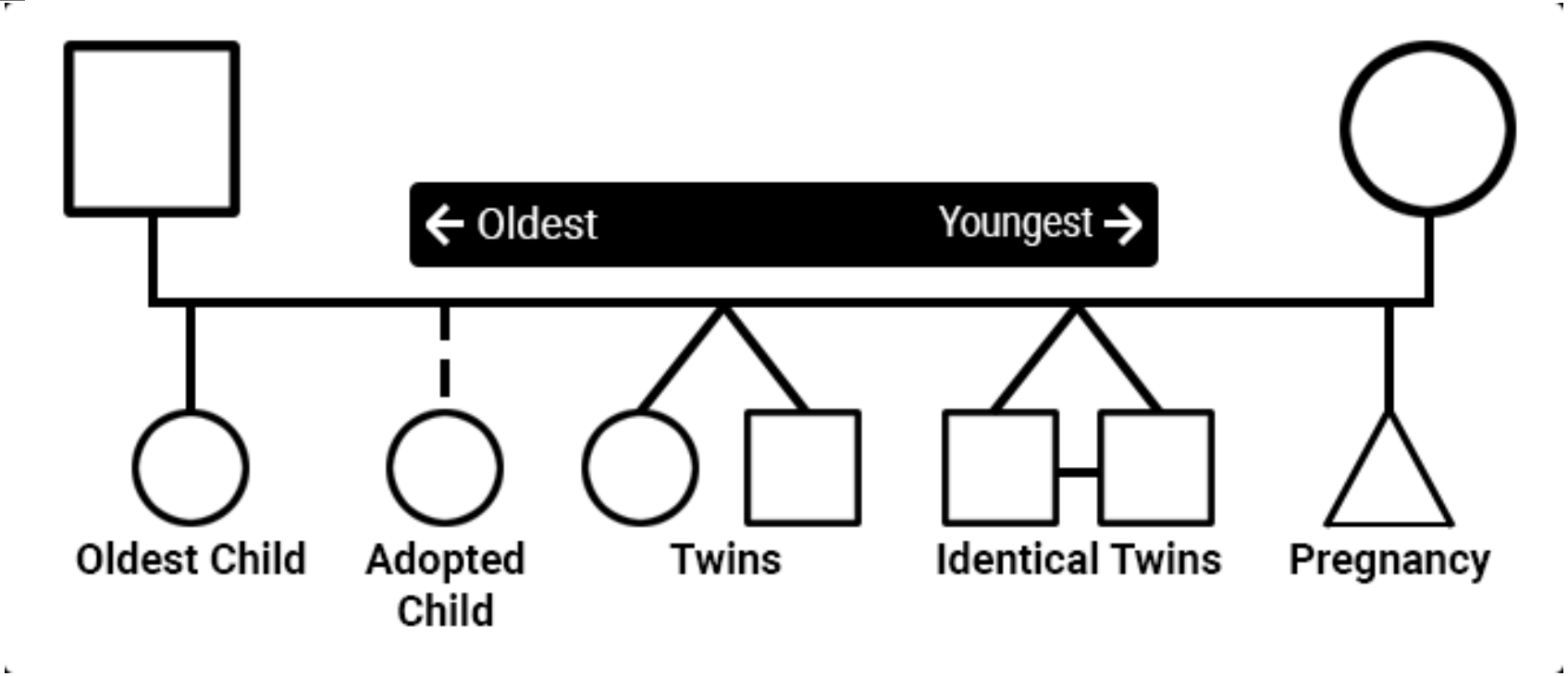
HOW TO CREATE A GENOGRAM

Emotional Relationships



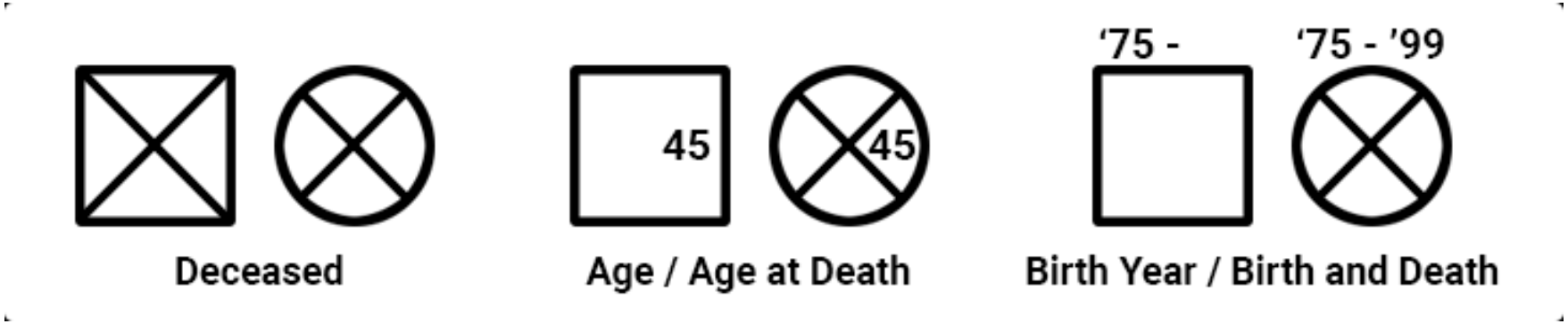
HOW TO CREATE A GENOGRAM

Children



HOW TO CREATE A GENOGRAM

Lifespan



Symbols Denoting Addictions, and Physical or Mental Illnesses

Physical or mental illness

Alcohol or drug abuse

Suspected alcohol or drug abuse

Serious physical or mental problems with alcohol or drug abuse

In recovery from physical or mental illness

In recovery from alcohol or drug abuse

In recovery from alcohol or drug abuse, and recovering from physical or mental illness

In recovery from alcohol or drug abuse, but having physical or mental illness

In recovery from physical or mental illness, but having alcohol or drug abuse problem

POINTS OUT STRENGTHS

- A genogram helps clients gain a wider perspective in tackling their family problems.
- A genogram isn’t all about pointing the weaknesses in the family relationship.
- Can also be used to identify strengths that will act as the client’s support toward recovery from trauma or similar stressful circumstances.

Exercise: FAMILY GENOGRAM

1.Draw your genogram for at least 3 generations. Label anything that seems important to you. See if you can locate pictures of family members to go with the circles and squares on your page.

2. Try to identify any addictions, family tension, conflicts, or incidents of children parenting their parents. What patterns emerge? What do you now know about yourself that you failed to see before? What stories are important enough to be handed down? Who/what is the family proud of? What secrets does the family hide from others?

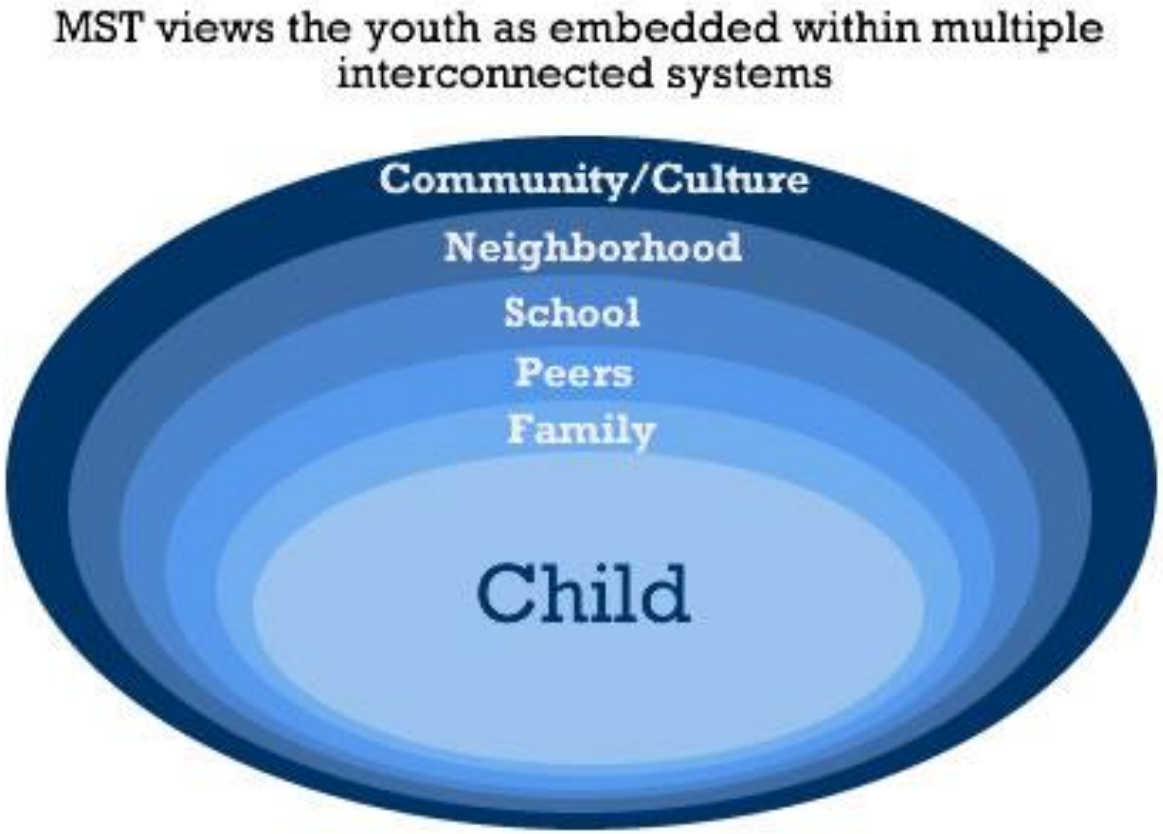
3. Discuss your genogram with 2 other people in your class that you choose.

FAMILY INTERVENTIONS

MULTISYSTEMIC THERAPY

Multisystemic Therapy (MST) is an intensive family and community-based intervention for children and young people aged 11-17, where young people are at risk of out of home placement in either care or custody and families have not engaged with other services

MULTISYSTEMIC THERAPY



(www.mstuk.org)

MULTISYSTEMIC THERAPY

- Work intensively with parents or careers to empower them with the tools and resources to manage the young person’s behavior's

- Increase young people’s engagement with and success in education and training

- Promote positive activities for parent and young person

MULTISYSTEMIC THERAPY

- Reduce young people's offending and/or anti-social behavior
- Improve family relationships
- Tackle underlying problems in the young person or parent, including substance misuse.

MULTISYSTEMIC THERAPY

Principle 1: Finding the fit

Principle 2: Focusing on positives and strengths

Principle 3: Increasing responsibility

Principle 4: Present-focused, action-oriented and well-defined

MULTISYSTEMIC THERAPY

Principle 5: Targeting sequences
Principle 6: Developmentally appropriate
Principle 7: Continuous effort
Principle 8: Evaluation and accountability
Principle 9: Generalization

CASE STUDY

Michael was referred to MST by the Youth Offending Team (YOT) when he was 15 years old. At this time he subject to a Referral Order for stabbing a young woman and there were concerns about his antisocial behavior in the community (loitering and unruly behavior) which was placing his family's housing tenancy at risk. There were also concerns regarding aggression at home and at school. Michael's parents reported that he was having regular physical fights with his 17 year old brother (who was also known to the YOT). There had also been a number of aggressive incidents at school ranging from throwing furniture to assaulting students and members of staff between November 2012 and April 2013, which had resulted in three school exclusions. At the start of the work with MST, Michael was not in any form of education.

OTHER INTERVENTIONS

- Structural/strategic Family Therapy
- Cognitive Behavioral Family Therapy
- Solution-focused Therapy
- Multidimensional Family Therapy
- Brief Strategic Family Therapy
- Family Behavior Therapy
- Functional Family Therapy

STRUCTURAL/STRATEGIC FAMILY THERAPY

Can be used to realign the family's structural relationships. This type of treatment is often used to reduce or eliminate substance abuse problems.

The family systems model can be used to

(1) identify the function that substance abuse serves in maintaining family stability and

(2) guide appropriate changes in family structure.

(Treatment Improvement Protocol, 2004)

COGNITIVE BEHAVIORAL FAMILY THERAPY

Defined as a family systems approach based on the premise that the thoughts and behaviors that influence one family member have the potential to simultaneously influence other family members as a whole.

SOLUTION-FOCUSED THERAPY

Concentrates on finding solutions in the present time and exploring one's hope for the future to find quicker resolution of one's problems. This method takes the approach that you know what you need to do to improve your own life and, with the appropriate coaching and questioning, are capable of finding the best solutions.

(www.psychologytoday.com)

MULTIDIMENSIONAL FAMILY THERAPY

Multidimensional Family Therapy (MDFT) is an integrated, comprehensive, family-centered treatment for youth problems and disorders.

MDFT improves the adolescent's coping, problem-solving, and decision-making skills, and enhances family functioning, a critical ingredient in positive youth development.

multidimensional
FAMILY THERAPY

(www.mdft.org)

BRIEF STRATEGIC FAMILY THERAPY

BSFT is based on the fundamental assumption that the family is the “bedrock” of child development; the family is viewed as the primary context in which children learn to think, feel, and behave. Family relations are thus believed to play a pivotal role in the evolution of behavior problems and, consequently, they are a primary target for intervention

(Michael S. Robbins and José Szapocznik,2000)

FAMILY BEHAVIOR THERAPY

Family Behavior Therapy (FBT) is a cost-effective intervention and evidence-based treatment which utilizes innovative, easily learned, behavioral therapies to treat substance abuse and various problem behaviors for adults and youth within the family context.

FUNCTIONAL FAMILY THERAPY

FFT is a strength-based model built on a foundation of acceptance and respect. At its core is a focus on assessment and intervention to address risk and protective factors within and outside of the family that impact the adolescent and his or her adaptive development.

(Alexander, J.A., Waldron, H.B., & Robbins, M.S., & Neeb, A., 2013)

Inter-American Drug Abuse Control Commission

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