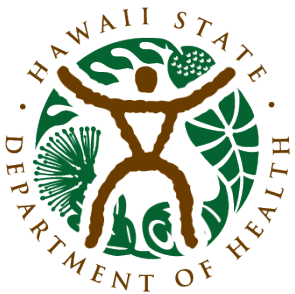


TREATING SUBSTANCE USE IN THE CHILD AND ADOLESCENT MENTAL HEALTH DIVISION



Child &
Adolescent
Mental
Health
Division

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CAMHD OVERVIEW

Serve youth ages 3-18 (sometimes up to 21)

- Approx. 41% female
- *M* age 13.6 years (*SD* = 3.7 years)
- Primarily multiethnic (58.4%)

Most frequent primary dx

- Disruptive, impulse control, and conduct disorders (24.1%)
- Depressive disorders (19.8%)
- Attention-deficit/hyperactivity disorder (16.3%)
- Adjustment disorders (14.6%)

CAMHD OVERVIEW (CONT.)

Eligibility Criteria (basically, the federal definition of a serious emotional disturbance [SED])

- 1) Qualifies for a mental health diagnosis by qualified mental health professional (not only a substance use dx or developmental disability)
 - 2) Significant functional impairment at home, school, or in the community
- + Eligible funding source

CAMHD OVERVIEW (CONT.)

What services does CAMHD provide?

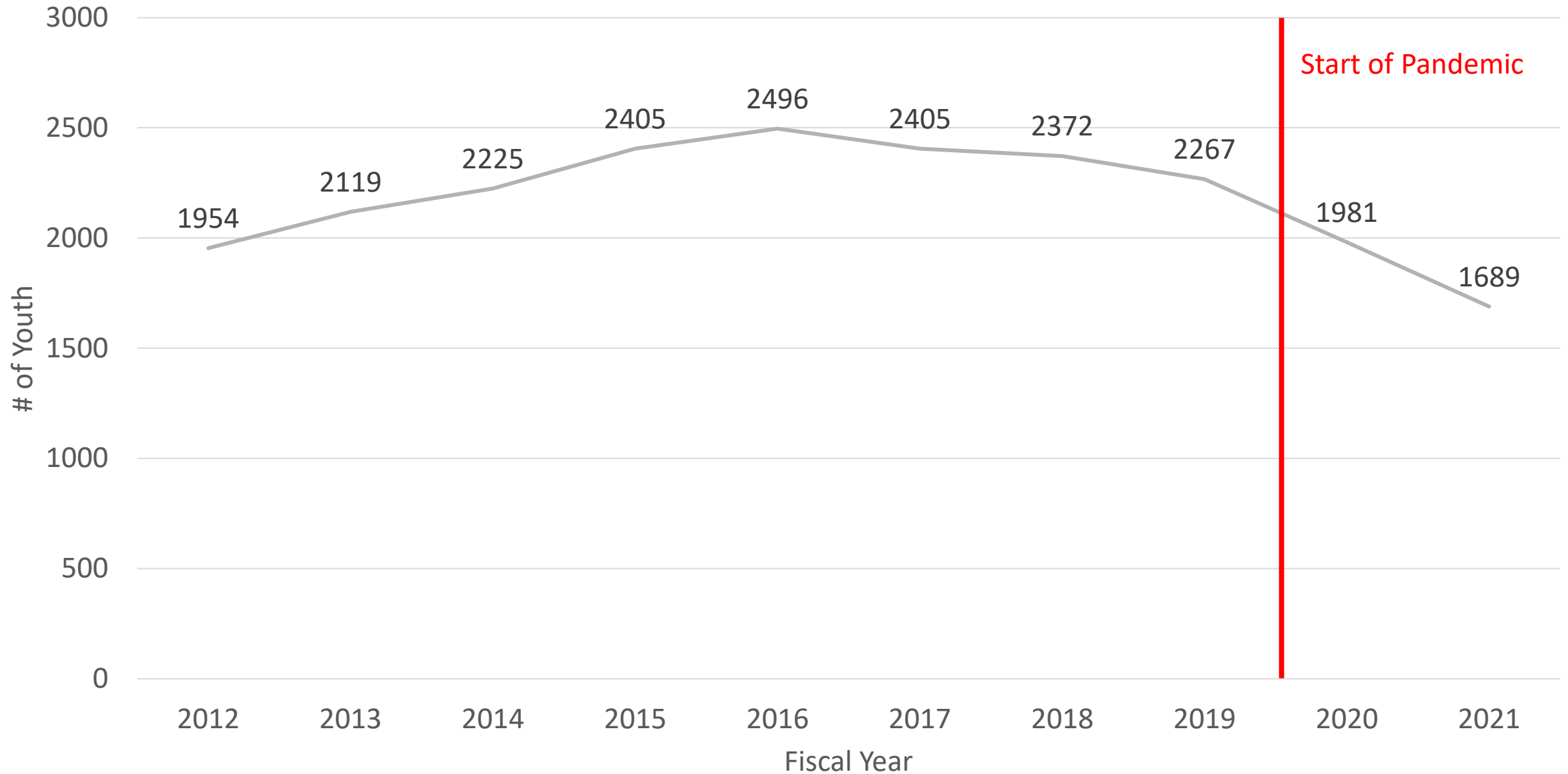
- Care Coordinators provide intensive case management services as part of a clinical team with a psychologist and/or psychiatrist
- CAMHD contracts with private agencies and cases are co-managed between CAMHD and the treatment provider
- Offer a wide array of home and community-based mental health treatment services, based on youth's specific needs
 - E.g., Intensive in-home therapy, Independent living skills, Transitional family home programs, Residential programs, Crisis services, Hospital-based services
- CAMHD promotes use of evidence-based services across levels of care

CAMHD OVERVIEW (CONT.)

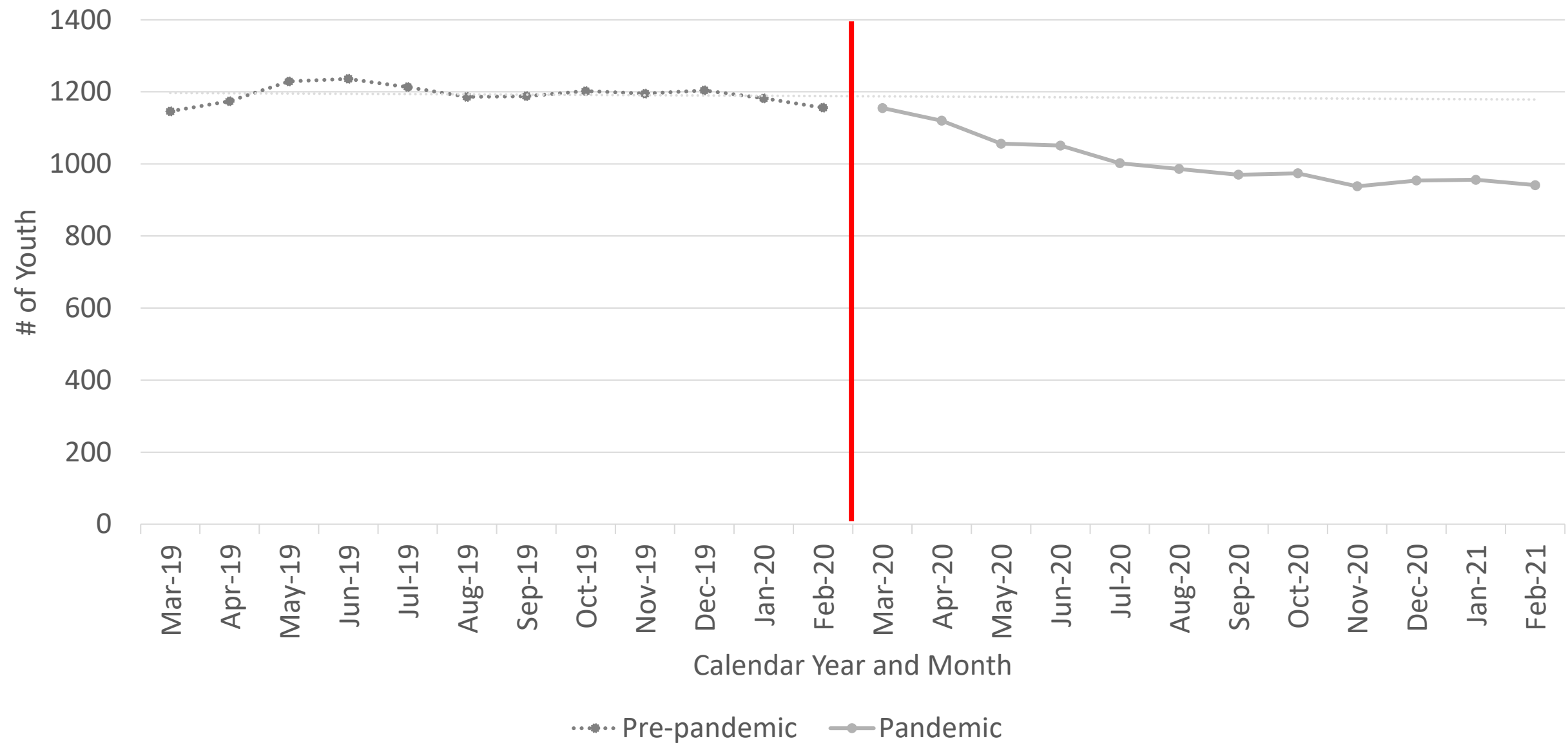
Substance Use Disorders and Treatment in CAMHD:

- Substance use disorders on their own do not qualify for CAMHD services but can co-occur with another psychiatric disorder
- All contracted providers should have substance use treatment integrated into their care
 - Evidence-based services for substance use: Multisystemic Therapy (MST), Functional Family Therapy (FFT)
 - One specialized residential program is often utilized the most for SU youth

Number of Youth Served by CAMHD Within Each Fiscal Year: Past 10 Years

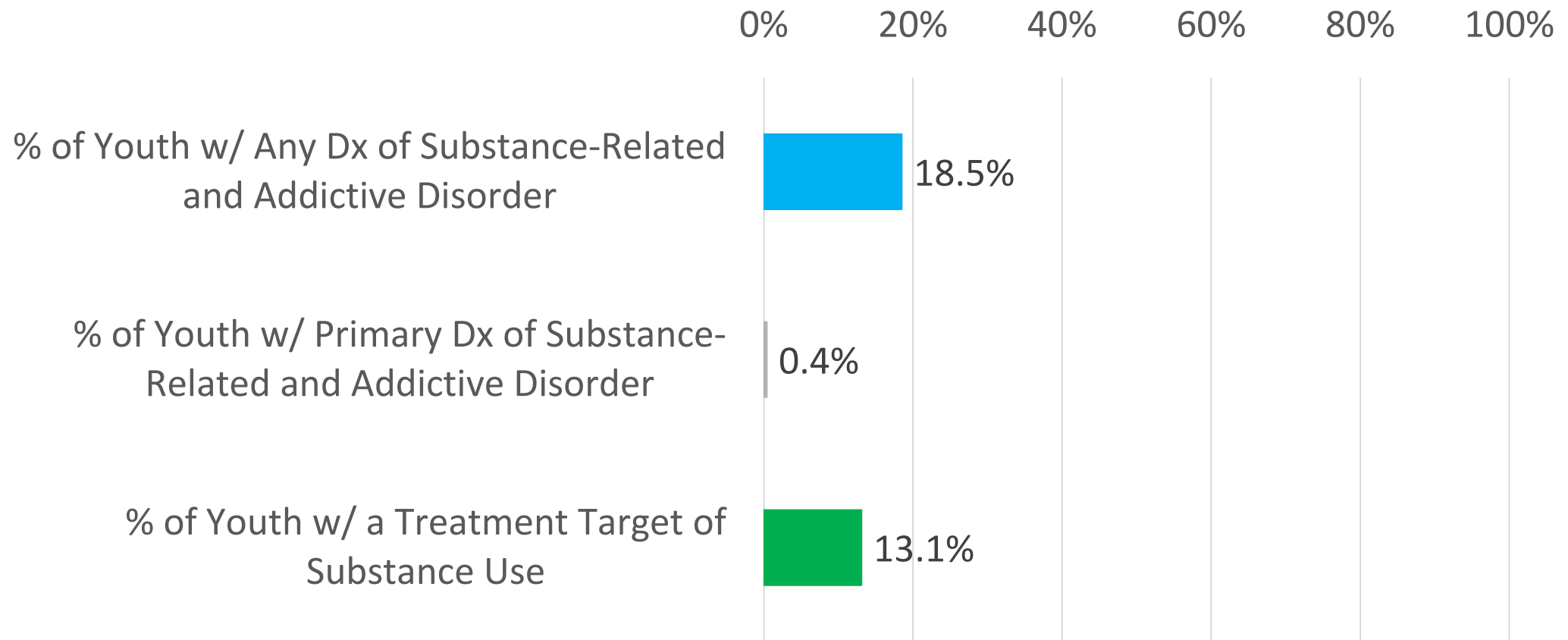


Trends in Total CAMHD Youth With Any Open Case Within Each Month: Comparing Pre-Pandemic to Pandemic Periods



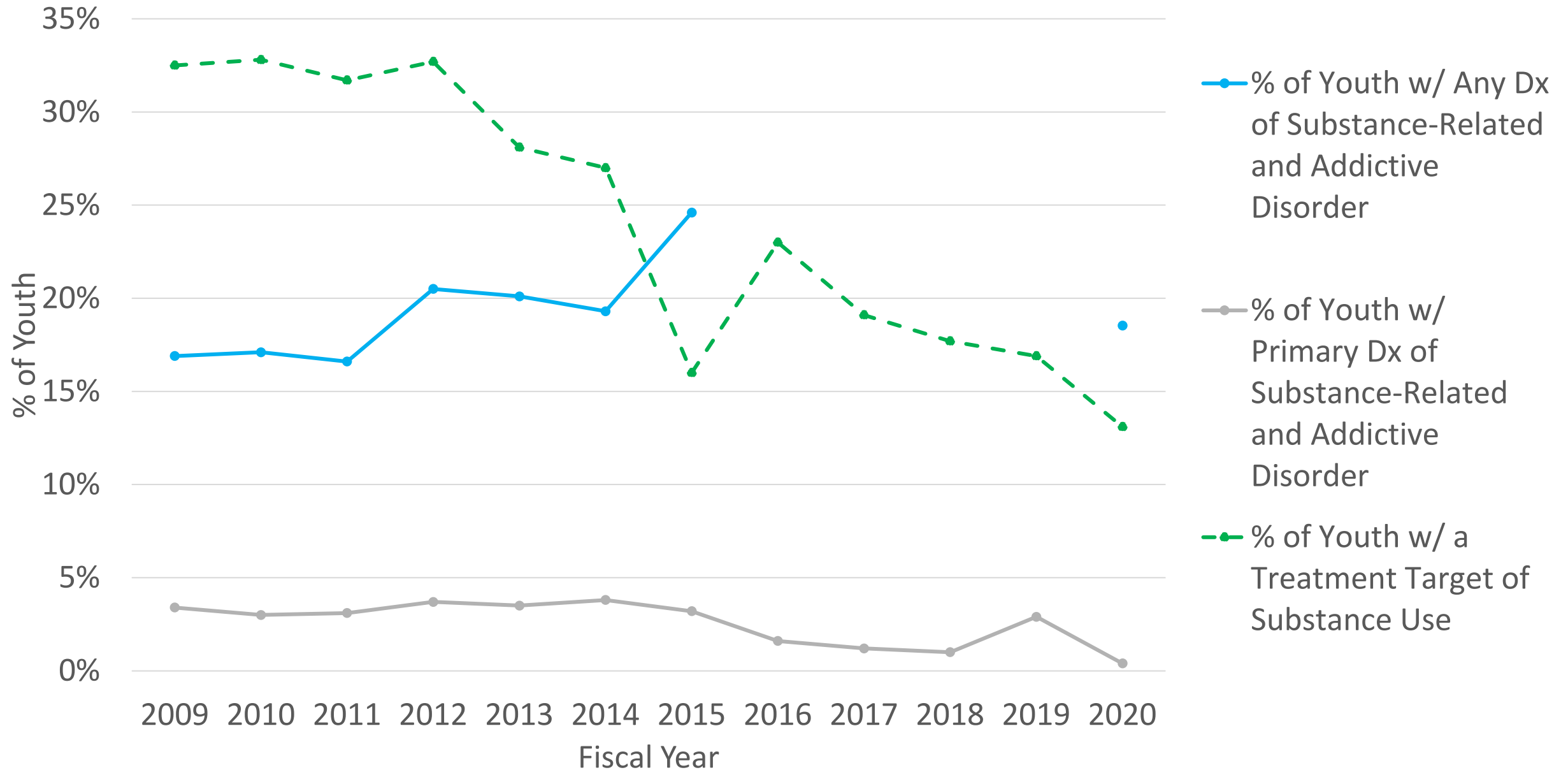
SUBSTANCE USE PROBLEMS IN CAMHD'S YOUTH

Percent of CAMHD Youth with Substance Use Problems: FY 2020



Treatment Target – the strengths and needs being addressed as part of the mental health services for youth and family clients

% of CAMHD Youth with Substance Use Problems: Since FY 2009



MORE ABOUT SUBSTANCE
USE AS A MENTAL HEALTH
TREATMENT TARGET...

Treatment Targets

Hyperactivity
Impulsivity
Independent Living Skills
Learning Disorder/Underachievement
Mania
Occupational Functioning/Stress
Oppositional/Non-Compliant Behavior
Peer Involvement
Peer/Sibling Conflict
Personal Hygiene
Phobia/Fears
Positive Family Functioning
Positive Peer Interaction
Positive Thinking/Attitude
Psychosis
Runaway/Elopement
School Involvement
School Refusal/Truancy
Self-Esteem
Self-Injurious Behavior
Self-Management/Self-Control
Sexual Misconduct
Sleep Disturbance/Sleep Hygiene
Social Skills
Substance Use
Suicidality
Traumatic Stress
Treatment Engagement
Willful Misconduct/Delinquency

What treatment
practices should
we use for a
specific treatment
target???

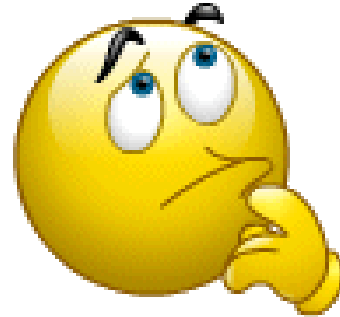
Practice Elements

Activity Scheduling
Assertiveness Training
Attending
Behavioral Contracting
Biofeedback/Neurofeedback
Care Coordination
Catharsis
Cognitive
Commands
Communication Skills
Crisis Management
Cultural Training
Discrete Trial Training
Educational Support
Emotional Processing
Exposure
Eye Movement/Tapping
Family Engagement
Family Therapy
Free Association
Functional Analysis
Goal Setting
Guided Imagery
Hypnosis
Ignoring or Differential Reinforcement



Practice Elements – the discrete clinical intervention strategies applies by the therapist and/or treating provider within a treatment session.

Targeting Substance Use



1. What does the ***research literature*** say is effective in treating substance use problems?
2. What does our ***local research*** say is effective with our youth in Hawai'i?
3. What does my clinical expertise and experience say?
4. What has been working and not working for this particular youth?

	Practice Element	% in Research Protocols	Local Evidence (β)	% of Youth Receiving PE
Higher Research and Local Evidence	Problem Solving	47%	0.023	78%
	Communication Skills	42%	0.215	79%
	Motivational Interviewing	39%	0.198	67%
	Assertiveness Training	32%	0.146	28%
	Cognitive	26%	0.289	62%
	Modeling	21%	0.065	57%
	Self Monitoring	18%	0.163	43%
	Functional Analysis	16%	0.048	19%
Higher Research Evidence; Limited Local Evidence	Family Therapy	37%	-0.208	69%
	Family Engagement	32%	-0.588	76%
	Goal Setting	24%	-0.393	82%
	Behavioral Contracting	18%	-0.224	55%
	Care Coordination	18%	-0.076	64%
Limited Research Evidence; Higher Local Evidence	Insight Building	8%	0.105	67%
	Attending	3%	-0.037	34%
	Commands	3%	0.148	14%
	Mindfulness	3%	-0.063	54%
	Response Cost	3%	-0.016	13%
Limited Research Evidence; Limited Local Evidence	Tangible Rewards	13%	-0.275	39%
	Activity Scheduling	11%	-0.177	63%
	Relaxation	11%	-0.219	48%
	Social Skills Training	11%	-0.213	42%
	Educational Support	5%	-0.404	60%
	Cultural Training	3%	-0.288	22%
	Parent Coping	3%	-0.517	47%
	Personal Safety Skills	3%	-0.386	42%

CAMHD SUBSTANCE USE RESEARCH |

MAIN FINDINGS OF A FEW STUDIES

- In months when substance use was targeted, disruptive behavior targets were the most commonly endorsed (Turner et al., 2016)
- Substance use commonly endorsed in the first 6 months of intensive in-home treatment (23.8% of youth)
- Substance use treatment target reached an average highest progress rating of 3.58 ($SD=1.88$; between “some improvement” and “moderate improvement”) on a scale of 0-6
- Took an average of 100.2 ($SD=58.3$) days to reach highest progress rating (Love et al., 2014)

MAIN FINDINGS OF A FEW STUDIES (CONT.)

In examining documentation of elopements from residential treatment facilities, the 3 major motivational categories for the elopement were:

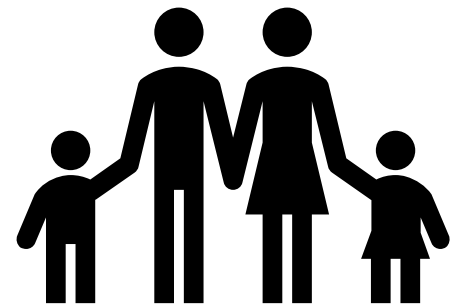
- 1) peer influence,
 - 2) escape from negative stimuli within the facility, and
 - 3) approach toward reinforcing stimuli outside the facility – ***with a common subcategory being a desire to use substances***
- (Milette-Winfrey et al., 2017)



MAIN FINDINGS OF A FEW STUDIES (CONT.)

Use of family interventions and involvement in predicting substance use treatment progress for geographically isolated and non-isolated youth in intensive in-home was examined:

- No evidence that average substance use progress ratings were lower in geographically isolated areas (i.e., non-Oahu counties)
- No difference in the use of family interventions for geographically isolated and non-isolated youth



MAIN FINDINGS OF A FEW STUDIES (CONT.)

- Families of geographically isolated youth were involved in treatment more frequently than non-isolated families
- Only individual interventions and involvement in treatment were significant predictors of average substance use progress ratings when considered alongside family interventions and involvement
- Family interventions (but not involvement) was a significant predictor of average substance use progress ratings when considered independently of individual interventions and involvement (Hee et al., 2021)

QUESTIONS OR
COMMENTS?



MAHALO!

Resources

For information on CAMHD and how to refer: <https://health.hawaii.gov/camhd/>

For more CAMHD research: <https://health.hawaii.gov/camhd/publications/>

For the Practice Element Matrix: <https://health.hawaii.gov/camhd/clinical-tools/>

For other questions:

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