

NJ Children's System of Care (CSOC) Practice Guidelines

Working with Youth with Co-Occurring Behavioral Health and Substance Use Needs

Purpose: To provide CSOC system partners with practice guidelines related to adolescents with co-occurring behavioral health and substance use needs. These guidelines promote engagement, comprehensive assessment, effective service planning, and positive outcomes.

Screening:

- ✓ Adolescents at risk should be screened:
 - The screening tool should be brief (10-15 minutes in length) and simple enough that a wide range of health professionals can administer the tool (e.g. CRAFFT).
 - The screening tool should include substance use severity, juvenile justice involvement, mental health history, educational functioning, living situation, and social service agency involvement.
 - If the outcome of the screening tool indicates concerns related to substance use, the adolescent should be referred for a comprehensive assessment.
 - Complete the Substance Use Module when rating the Substance Use dimension in the Strength & Needs Assessment if there is minimally suspicion or indication the youth is using any alcohol, tobacco, illegal drugs, misuse of prescription medication, or the use of any substance for recreational purposes (e.g. inhalation of household products). The module serves as a screening tool to identify youth requiring referral for a substance use assessment.

Comprehensive Assessment:

- ✓ Conduct a comprehensive needs assessment of adolescent and their family:
 - Assess for at high risk behaviors.
 - Assess for potential withdrawal management needs or detoxification management needs which would require immediate medical intervention and, or medical monitoring, specifically related to alcohol, benzodiazepines, narcotics, and opiates.
 - Assess history of use of substances, including over-the-counter and prescription medications, first age of use, and treatment history.
 - Utilize a co-occurring framework (substance use and behavioral health).
 - Consider the adolescent in context of their identified supports including, but not limited to, family, peers, school, and community.
 - Assess the adolescent's strengths or resiliency factors, including self-esteem, family, community supports, coping skills, and motivation for treatment.
 - Understand the developmental needs of the adolescent and how substance use results in skill deficits in anticipated developmental milestones and tasks and impacts on the physical growth of the youth

- Consider influences of traumatic events such as separation anxiety, physical/sexual abuse, gang involvement, drug/human trafficking, death of a loved one, etc.
- The family **should** be involved not only in the comprehensive assessment process, but also in comprehensive interventions.

Referral:

- ✓ Assess and expand community resources:
 - Utilize existing private insurance resources.
 - Explore substance use treatment resources offered through Children's System of Care (CSOC): <http://www.performcarenj.org/families/find-a-provider.aspx>.
 - Identify peer specialist supports.
 - Identify the SACs (Student Assistance Counselors) within your local school districts.
- ✓ Seek networking opportunities in the community with substance use providers.
- ✓ Utilize the required substance use consents (per 42-CFR Part 2) to communicate and collaborate regularly with substance use providers.

Engagement:

- ✓ Develop the therapeutic alliance to engage the youth:
 - Provide orientation to the youth at the onset of treatment so that they feel comfortable and familiarized with the treatment process/therapeutic alliance.
 - Develop creative ways to engage with adolescents, their family, and members of their treatment team.
 - Minimize adverse impact when changing workers. Consider transitional meetings in order to enable him/her to process the change.
 - Document previous treatment experiences (include both positive and negative). What has worked well before? What has not been effective?
 - Program content should be creative, individualized, and culturally appropriate.
 - If court ordered, leverage collaborative participation by communicating with Court, JJC, and probation on a regular basis.
 - Engage the youth into treatment by utilizing motivational interviewing techniques instead of a confrontational approach to care which may increase anxiety and resistance.
- ✓ Understand the *Stages of Change* and concepts of motivational interviewing:
 - Engage the adolescent at his/her current stage of change.
 - Remember that denial (adolescent and family) is an integral component of substance use.
 - Support the adolescent to develop their 5 C's: competence, character, connections, confidence, and contributions in positive ways.

- Appropriate level of responsibility in the adolescent's own care that encourages him/her to make decisions in coordination with his/her family. Have the adolescent take on new roles that enhance his/her self-confidence and encourages ownership of their treatment and recovery process.

Service Planning:

- ✓ Consider the model of substance use as a chronic disease:
 - Seek medical and psychiatric consultation for pharmacologic interventions.
 - Relapse is an opportunity to learn from and to try a different approach.
 - Anticipate treatment barriers and maintain a persistent and hopeful attitude.
 - Consider medical co-morbidities impacted by substance use.
 - Co-occurring mental health and substance use conditions have potential to exacerbate one another.
- ✓ "Rolling with any potential resistance" is an important concept to remember:
 - Anticipate resistance to treatment recommendations.
 - Remember the plan fails and not the youth.
 - The care plan should be individualized in order to meet the specific needs of the adolescent and his/her family.
 - Strongly encourage continued CMO participation (if involved).
 - Utilize supervision to help change the plan for an individualized approach.
 - Collaborate with treatment team members in order to identify care management needs while in treatment in order to support the youth and family (such as need for transportation, healthy avocational activities, community recovery support, etc.)
 - Collaborate with primary care and substance use providers for routine drug and alcohol testing as is indicated in the care plan.
- ✓ Add helpful support attendees and services to enhance the Child Family Team (CFT) process:
 - Include school representatives such as Student Assistance Counselors (SAC) and other educational partnerships, whenever possible.
 - Apply an integrated approach by addressing all co-occurring needs, including any psychiatric treatment and medication psycho-education to both the youth and family to promote medication compliance.
 - Explore substituting "cool" (sober) and age-appropriate activities that are fun and promote self-esteem to enrich the adolescent's recovery environment.
 - Consider use of positive peer supports for CFT enhancement.
 - For additional support and guidance for parents, encourage involvement of the Family Support Organization (FSO).
 - Explore available youth partnerships for additional peer to peer supports to favor recovery.

- ✓ Identify specific strengths of the adolescent that can be used in developing a successful and sustainable treatment plan.
 - Utilize the Substance Use Module of the CANS Strengths and Needs Assessment (SNA) to assist in assessment and treatment planning.
- ✓ Consider additional community referral sources for youth support:
 - Identify peer specialist supports.
 - Family group support.
 - Identify NA/AA, Al-Anon, yoga, mindfulness training, and other group supports.
 - Seek networking opportunities in the community with SU providers.

Family Education:

- ✓ Family members should be encouraged to actively participate in assessment, treatment planning, recovery support services, and clinical activities (including family therapy and other services as identified by the goals and needs of the youth and family).
- ✓ Family Centered Care – Services should be youth and family driven and community based whenever feasible.
- ✓ Educate families about substance use treatment and discourage pulling youth out of treatment prematurely:
 - Anticipate the reasons their youth may seek/has sought premature discharge.
 - Encourage families to “roll with resistance” (understand the stages of change and understand where the adolescent is in terms of their motivation to change).
 - Encourage families to maintain unconditional support throughout the entire treatment process, including during times of resistance and relapse.
- ✓ Educate families about the limitations that substance use providers may have to speak with families:
 - Learn about the parameters of disclosure under 42-CFR Part 2.
 - Ensure that required disclosure consents are signed.
 - Encourage communication through Child Family Team (CFT) meetings.
- ✓ Educate families about the harm to the developing brain and overall perils of today’s drug properties to address minimization by families:
 - Remember, the brain is still developing through age 27 years old.
 - Caution families that substance use may exacerbate psychotic disorders.

References:

- ✓ Know the signs of substance use withdrawal:
 - <http://www.webmd.com/mental-health/addiction/alcohol-or-drug-withdrawal>

- ✓ Learn about Naloxone:
 - <http://www.drugfree.org/newsroom/partnership-naloxone-training-in-new-jersey>
- ✓ Educate others about available life-saving rescue drugs for Opiate overdose:
 - Narcan and take-home Narcan: <http://stopoverdoseil.org/narcan.html>
 - <http://www.state.nj.us/humanservices/providers/grants/rfprfi/RFPfiles/Opioid%20Overdose%20Prev%20RFP%206-25-15%20final.pdf>
- ✓ Remember that adolescent brains are still developing through the mid-20's:
 - Read: The Teen Brain: Still Under Construction:
http://www.nimh.nih.gov/health/publications/the-teen-brain-still-under-construction/teen-brain_141903.pdf
- ✓ Substance use is a brain disease with behavioral symptoms:
 - https://www.drugabuse.gov/sites/default/files/soa_2014.pdf
- ✓ Be aware of treatment for first episode psychosis (may be accelerated in youth with SU)
 - <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-10-16-2015.pdf>
- ✓ Familiarize yourself with well-written free brochures about substance and adolescents:
 - <http://niaaa.nih.gov/publications/brochures-and-fact-sheets>
 - <http://store.samhsa.gov/list/series?name=Tips-for-Teens>
 - <https://teens.drugabuse.gov/national-drug-alcohol-facts-week/order-free-materials>
- ✓ Explore substance use treatment resources offered through Children's System of Care (CSOC):
<http://www.performcarenj.org/families/find-a-provider.aspx>
- ✓ Learn about the parameters of disclosure under 42-CFR Part 2:
 - <http://www.samhsa.gov/about-us/who-we-are/laws/confidentiality-regulations-faqs>