

# Assessment and Treatment of Substance Use Disorder In Adolescence

PGDCP, semester– ii

COURSE: Social and community psychology  
Paper VI; unit V

*By*

*Dr. Priyamvada*

Part time/guest faculty  
Institute of psychological research and service  
Patna university

[Email–priyamvadapreet@gmail.Com](mailto:priyamvadapreet@gmail.com)

Contact–9693299059

# Assessment of substance use disorder

1.

**ASSIST**– this questionnaire is useful in assessing a wide range of child and adolescents substance use disorders is the **Alcohol, Smoking And Substance Involvement Screening Test** (ASSIST; National institute of drug abuse 2013). One advantage of the ASSIST is that it screens for a wide range of substance use problems. A second strength of the ASSIST is that it can be administered to both youths and their parents. Gathering data from both adult and adolescents is important because youths sometimes deny or minimize the frequency and severity of their alcohol and other drug use. Furthermore, parents are sometimes not knowledgeable about the extensiveness of their child's substance abuse. Indeed the overall agreement between parent-reported and adolescents reported alcohol use is approximately 22%. Therefore, data from both parents and adolescents are necessary to obtain the most complete picture

**Table 10.2** Dimensions of the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)

During the past 2 weeks, how often did you/your child . . .

Have an alcoholic beverage?

Have four or more drinks in a single day?

Smoke a cigarette or use chewing tobacco?

During the past 2 weeks, how often did you/your child use any of the following medicines without a doctor's prescription or in greater amounts or longer than prescribed?

Painkillers (like Vicodin)?

Stimulants (like Ritalin, Adderall)?

Sedatives or tranquilizers (like sleeping pills)?

During the past 2 weeks, how often did you/your child use any of the following drugs . . .

Steroids?

Marijuana?

Cocaine or crack?

Club drugs (like ecstasy)?

Hallucinogens (like LSD)?

Heroin?

Inhalants (like glue)?

Methamphetamine (like speed)?

Some other tests which effectively assess the use of substances are **CAGE** and **CRAFT**.

### **ASSOCIATED DISORDERS:**

- ▶ Behavior Problems like ODD, CD and ADHD.
- ▶ Depression and Anxiety
- ▶ Psychotic Symptoms/Disorders like Hallucinations, Delusions and Schizophrenia etc

# Treatment

1. **Primary Prevention Programs**– PPP target all youths, regardless of their risk status for developing a psychological disorder. PPP generally fall into two categories: school-based programs and community-based programs.
  - a. **D.A.R.E.**– Drug Abuse Resistance Education, or DARE is the best known school based prevention program designed to prevent substance use problems. It was originally intended to increase contact between police and school age children. The program consisted of weekly visits by uniformed police officers to fifth and sixth grade classrooms. Officers discussed the dangers of substance use, ways to avoid peer pressure to use alcohol and other drugs, and techniques to promote abstinence. It has since been expanded to elementary and junior high school classrooms. Despite its popularity , DARE does not appear to be effective in reducing alcohol and other drugs use.
  - b. **Media Campaigns:** – television ads designed to provide substance abuse education to youths and their parents. Evaluation of the campaign indicated that it was successful in reaching a larger number of families. Furthermore, the media campaign coincided with an overall decrease in substance abuse among youths. However, critics argued that the general decrease in substance use actually preceded the onset of the media campaign, therefore, it may be inappropriate to attribute this reduction in substance use to the campaign.

# Treatment

**2. Secondary Prevention Programs**– It is designed for youths at risk for developing substance use disorder. Most of it are ecologically based, that is they target at risk youths in certain areas and neighborhood . Programs are usually designed for middle school students who are about/ to transition from childhood to early adolescence. Program developers reason that a successful transition from preadolescents to adolescence can protect youths from developing substance use problems.

## **3. Medication**

## **4. Psychosocial Treatment**–

- a. Inpatient treatment and 12 step programs**– some adolescents with serious substance use disorders participate in 28 day inpatient treatment program. Although inpatient treatment programs vary , most have three goals–
  - i.** To attend to the adolescent’s immediate medical needs and to detoxify her body,
  - ii.** To help the adolescent recognize the harmful effects of the substance on her health and functioning, and,
  - iii.** To improve the quality of the adolescent’s relationships with others.

# Treatment

B. **Cognitive Behavior Therapy**– CBT for substance use disorders has gained considerable popularity in recent years. Practitioners of CBT view problematic substance use as a learned behavior that is acquired and maintained in four ways–a) through operant conditioning, b)through classical conditioning, c) through social learning d) through adolescent’s beliefs.

The techniques used in CBT target each of the four ways substance use problems develop and are maintained:

- The therapist asks the adolescents to monitor her substance use and note environmental factors or mood states that precede substance use.
- The therapist encourages the adolescents to consider the consequences of her substance use. Specifically, the therapist and adolescent might conduct a cost–benefit analysis of using alcohol or other drugs.
- To help adolescents avoid substance use, therapists teach their clients specific skills to reduce the reinforcing effects of alcohol. The skills that they teach depend largely on the adolescents reasons for using .
- Most CBT therapists examine the beliefs that adolescents have about substances and challenge distorted cognitions that lead to problematic use.

**Figure 10.11** Cost-Benefit Analysis of Alcohol Use

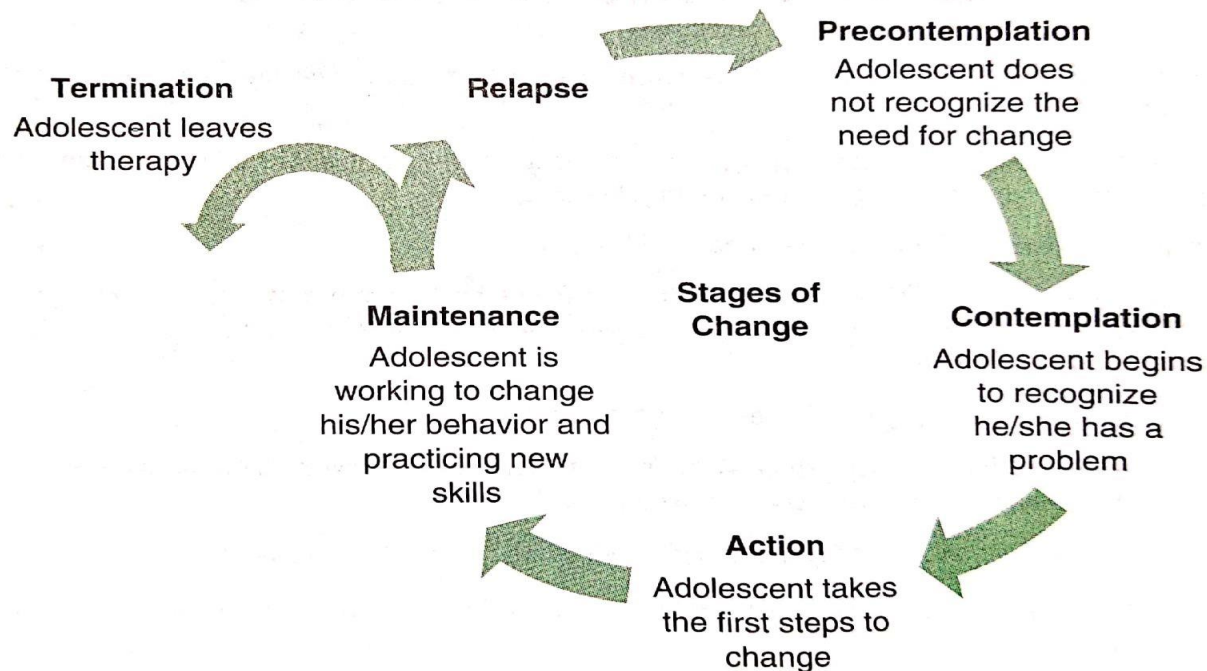
<b>Abstinence</b>	<b>Alcohol Use</b>
<p><b>Benefits</b></p> <ul style="list-style-type: none"><li>• I won't get into trouble.</li><li>• I feel more in control.</li><li>• I wouldn't have to hang around with other "druggies" and "losers."</li></ul>	<p><b>Benefits</b></p> <ul style="list-style-type: none"><li>• I'll have a lot of fun if I get messed up.</li><li>• Friends will like me.</li></ul>
<p><b>Costs</b></p> <ul style="list-style-type: none"><li>• I might not have a good time when I go out.</li><li>• I might lose my friends.</li></ul>	<p><b>Costs</b></p> <ul style="list-style-type: none"><li>• I could get suspended, grounded, or lose my license.</li><li>• I feel guilty afterwards, especially when I lie to my parents.</li></ul>



# Treatment

C. **Motivational Enhancement Therapy**– Another method of treatment involves motivational enhancement therapy sometimes refers to as motivational interviewing. It aims to increase the adolescent's desire to reduce his alcohol consumption. Practitioners of motivational enhancement therapy recognize that most adolescents are referred to therapy by parents, teachers and other adults; rarely do adolescents seek treatment themselves. Consequently, adolescents usually have low motivation to participate in treatment and less motivation to change their drinking habits.

**Figure 10.12** Practitioners of Motivational Enhancement Therapy Help Adolescents Increase Their Willingness to Change



# An example of client–therapist conversation

## ✓ CHALLENGING DISTORTED THOUGHTS ABOUT DRINKING

- Therapist:* We've been talking for quite a while, and I've noticed that you put a lot of pressure on yourself to drink when you're hanging out.
- Adam:* Well, sort of. It's more like the other guys put a lot of pressure on me. I'm fine when I'm with them most of the time. It just gets a little hard when I go to parties or things like that.
- Therapist:* So, when you go to one of these parties, what's it like?
- Adam:* Well, I usually see a lot of my friends and the other kids from school. They look like they're drinking and having a good time. It's like they expect me to drink too. And I want to have a good time, too—to have fun. I also don't want to let them down and ruin their fun.
- Therapist:* You mean if you don't drink, you might be ruining their good time?
- Adam:* Yeah, I guess. I just think that they'd think, "What's the matter with him. Doesn't he want to have fun? Does he think he's better than the rest of us?" It makes me nervous.
- Therapist:* And *how do you know* that's what's going through their minds? What's the evidence?
- Adam:* I don't know. I can just tell, you know. I get real nervous about the situation, and I can just tell that's what they're thinking.
- Therapist:* It sounds to me like you're reasoning with your emotions, not with your head. This can sometimes get us into a lot of trouble and cause us to feel nervous. Let's see if we can look at the situation a little more objectively. Was everyone else at the party drinking?
- Adam:* Yeah, most people.
- Therapist:* But not everyone?
- Adam:* No, there were a few guys who weren't drinking.
- Therapist:* Did the other kids make fun of these other guys?
- Adam:* No. Everyone was OK with it.
- Therapist:* And did you think these kids (who didn't drink) were somehow weird or strange or better than you?
- Adam:* No. I guess I didn't think anything of it. Everyone just wanted to have a good time.
- Therapist:* So no one at the party was really interested in who drank and who didn't. They were more interested in having fun themselves.
- Adam:* Yeah. I guess so, now that I think about it.



# Treatment

- ▶ Other treatments are –
- ▶ Family therapy
- ▶ Relapse prevention – this is used along with other psychotherapies like CBT. It is important for the client and therapist because the substance use can be reoccur after the therapy ended It has to be stop to reoccur. Following is an example of guidance by therapist for relapse prevention

## LEARNING FROM RELAPSE

*Mike:* Before I knew it, I had had five or six beers at the party and I was doing a lot of stupid stuff. At first, I felt really good. But then I just thought, "What a loser." I'd been so good not drinking for those months and now I just threw that all away.

*Therapist:* You felt as if all your work had been for nothing?

*Mike:* Exactly. Like, no matter what I do, I'm going to end up a drunk like my dad. I figure, what's the use?

*Therapist:* It sounds like you're being a little too hard on yourself. Just because you had a few drinks at the party that night, does that really mean you're going to be a drunk? After all, wasn't there a lot of encouragement from friends to drink that night?

*Mike:* Well, yeah. I really wanted to have a good time with everybody else.

*Therapist:* And you didn't get into any serious trouble like last time [when you drove off the road and hit a tree]?

*Mike:* No, I made it home fine.

*Therapist:* Then maybe we can look at the situation a little more closely and learn from it. Maybe we can see what triggered your decision to drink and figure out how to avoid these triggers in the future.

▶ References

Weis.R., (2014), “Introduction to Abnormal Child and Adolescent Psychology”, *Sage Publication*, 2<sup>nd</sup> edition.

*Thank you for the attention*

