



The Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

University of Missouri-Kansas City
Addiction Technology Transfer Center
National Office
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an equal opportunity institution

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Networker



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The Addiction Technology Transfer Center Network

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Adolescents

This issue of The ATTC Networker is devoted to adolescent treatment issues. Statistics, new resources, treatment models, trends in the field and relevant products are all highlighted.

Curie Delivers Testimony to Senate About Youth Prevention/Treatment

Charles G. Curie, M.A., A.C.S.W., SAMHSA Administrator, delivered the following testimony about substance abuse and mental health prevention and treatment services for adolescents to the United States Senate Subcommittee on Substance Abuse and Mental Health Services for the Committee on Health, Education, Labor and Pensions on June 15, 2004.

“Drug abuse and mental illness are major public health problems that affect us all. In terms of dollars, substance abuse, including alcohol, illicit drugs, and tobacco use, costs our Nation more than \$484 billion per year. The economic costs of mental illness are also staggering.

... Although not as well known as the deaths due to substance abuse, mental illnesses are a substantial source of mortality. ... Between 1952 and 1992, the incidence of suicide among adolescents and young adults nearly tripled; currently it is the third-leading cause of death in adolescents.

... Addiction often begins during childhood and adolescence. Research has shown that substance use dependence, while once thought to be an adult-onset disease, is actually a ‘developmental disease.’ It is developmental in terms of having its start during the early stages of adolescence and even childhood, when

*** In 2002, there were 2.3 million youths aged 12 to 17 who needed treatment for an alcohol or illicit drug problem.**

Of this group, only 186,000 received treatment.

***SAMHSA's 2002 National Survey on Drug Use and Health**

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Curie Delivers Testimony – from page 1

“We can now clearly and definitively demonstrate that Federal investments in prevention and treatment are beneficial.

Prevention works.

Treatment works – it helps people triumph over addiction and leads to recovery.”

- Charles G. Curie,
M.A., A.C.S.W.,
SAMHSA
Administrator

children use drugs or consume alcohol. The introduction of an illicit drug or alcohol to the adolescent brain has a dramatic impact because of changes occurring in the brain.

. . .The data from SAMHSA’s 2002 *National Survey on Drug Use and Health* provides the scope of the problem. In 2002, there were 2.3 million youths aged 12 to 17 who needed treatment for an alcohol or illicit drug problem. Of this group, only 186,000 received treatment. Without help, it is very likely that these young people, at the very beginning of their lives, will continue on a destructive path of addiction, disability, criminal involvement, and premature death.

. . .There is a clear correlation between age of first use of drugs and alcohol, and the potential for developing a serious problem. For example, in 2000, 18 percent of people age 26 and older who had begun using marijuana before age 15, met the criteria for either dependence or abuse of alcohol or illicit drugs; compared to 2.1 percent of adults who never used marijuana. Among past year users of marijuana age 26 and older who had first used marijuana before age 15, 40 percent met the criteria for either dependence or abuse of alcohol or illicit drugs.

The story is very similar for alcohol. One-third, 2.3 million, of alcohol-dependent adults age 21 or older in 2002, had first used alcohol before age 14. Over 80 percent, 5.8 million, had first used before they were age 18. And 96 percent, 6.6 million, had first used before age 21. The rate of dependence for those who first drank at age 21 or older was only one percent. Conversely, 99 percent of adults 21 and older who first drank alcohol at age 21 or older, do not have a dependence problem.

It is plain to see why improving treatment services for adolescents and bolstering prevention programs targeted to this age group are top priorities for SAMHSA. . . .We can now clearly and definitively demonstrate that Federal investments in prevention and treatment are beneficial. Prevention works. Treatment works – it helps people triumph over addiction and leads to recovery.”

Curie goes on to discuss many of the Federal research projects, and prevention and treatment programs currently underway that are designed to meet the needs of adolescents. View his complete testimony at www.hhs.gov/asl/testify/t040615.html.

Fast Facts

- Among youth under age 18, there was a **slight decline in use of tobacco** from 1.1 million per year in each year between 1997 and 2000 to 757,000 in 2001. This is a decrease from about 3,000 new youth smokers per day to 2,000 per day.
- About 10.7 million people ages 12 to 20 (28.8% of this age group) reported drinking alcohol in the month prior to the survey interview. Of these, **7.2 million were binge drinkers** (19.3%) and 2.3 million were heavy drinkers (6.2%).
- There were **1.7 million youthful new users of marijuana** in 2001, down from 2.1 million in 2000. The percentage of youth ages 12-17 who had ever used marijuana declined from 21.9% in 2001 to 20.6% in 2002.
- **Non-medical use of pain relievers increased from 9.6% to 11.2%** among youth ages 12-17, continuing an increasing trend.
- 11.6% of youth ages 12-17 indicated using illicit drugs.
 - The **lifetime LSD rate is down** from 3.3% to 2.7%.
 - **Ecstasy use is up** from 3.2% to 3.3%.
 - **Cocaine use is up** from 2.3% to 2.7%.
 - **Inhalant use is up** from 9% to 10.5%.

These facts are from SAMHSA’s 2002 *National Survey on Drug Use and Health* (formerly called the *National Household Survey on Drug Abuse*). This report is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco and illegal drug use in the United States’ civilian, non-institutionalized population, age 12 and older.

To view the complete report, visit www.oas.samhsa.gov. Click “NHSDA/NSDUH.”

September is Recovery Month!

15th Annual

September 2004 is CSAT's 15th Annual National Alcohol and Drug Addiction Recovery Month. The theme, *Join the Voices for Recovery Now*, celebrates recovering people who have overcome stigma, denial and barriers to treatment – and are leading healthy and productive lives.

This year's activities focus on improving access to recovery for people who have difficulty obtaining treatment. CSAT has developed a Web

site and supporting materials to help you spread the word about the positive impact of treatment. Visit www.recoverymonth.gov/2004 to locate a Recovery Month event near you.

You'll also find an insert in this newsletter called the *Web Wizard*. Please post this listing of online resources near your computer and use it as a "launching pad" to find the most useful and informative sites on the Web relating to treatment.

Northeast ATTC Unveils Training Curriculum on Adolescents with Co-Occurring Disorders

**"Adolescence represents a unique developmental sequence that exists between pre-pubescence and that of more autonomous adulthood. Adolescents are neither children nor adults, but 'tween-agers.' . . . The multiple tasks of adolescents, coupled with the significant hormonal and physical growth changes they are undergoing, make this period challenging for adolescents who have successfully negotiated previous (developmental) stages . . . let alone those who have experienced developmental disruptions or delays related to any combination of biological or environmental changes."*



*This quote is taken from a new curriculum called *Co-Occurring Substance Use and Mental Health Disorders in Adolescents: Integrating Approaches for Assessment and Treatment of the Individual Young Person*. Developed by

the Northeast ATTC and Drexel University College of Medicine, the training manual is designed to provide counselors and other frontline practitioners with tools to effectively integrate treatment for adolescents with multiple disorders.

"Adolescents who develop mental disorders during their early adolescent years are at increased risk for developing substance use disorders," explains Victor Barbetti, Ph.D., director of the Northeast ATTC (Northeast). "Likewise, adolescents who develop substance abuse disorders are at greater risk of developing mental disorders. Current literature indicates that adolescents with co-occurring disorders are generally more difficult to treat, especially in settings that do not provide integrated treatment. We are responding to these issues by developing this curriculum."

The two-day training curriculum addresses a set of 18 questions counselors may have about integrating treatment for adolescents with co-occurring disorders.

Concepts Highlighted in the Manual:

- Differences in development and substance use between adolescents and adults
- Factors that put adolescents at risk for developing substance use/mental disorders
- Screening and assessment methods
- Evidence-based practices to use with youth
- Programmatic issues involved with integrated treatment

Northeast staff are currently incorporating feedback from a pilot training. Barbetti concludes, "This is the first full training manual that comprehensively covers how to integrate treatment services for this population. So far we have received positive reviews about its content and design, and we have a number of trainings scheduled with providers across our region."

The curriculum is available to download from Northeast's Web site at www.neattc.org.

Sleep Problems in Early Childhood May Predict Substance Use During Adolescence

This article was written based on the following published research:

Wong, M.M., Brower, K.J., Fitzgerald, H.E., and Zucker, R.A.

Sleep problems in early childhood and early onset of alcohol and other drug use in adolescence.

(April 2004). Alcoholism: Clinical and Experimental Research, 28(4) 578-587.

A study in the April 2004 issue of *Alcoholism: Clinical and Experimental Research* is the first longitudinal study to examine and find an association between sleep problems during early childhood and substance use during adolescence.

Along with colleagues, Maria Wong, research assistant professor in the department of psychiatry at the University of Michigan and first author of the study, examined 257 boys drawn from a community sample of high-risk families (as part of an ongoing longitudinal study of the development of risk for alcohol and other substance use disorders). All families were Caucasian. Early childhood (three to five years of age) sleep problems were rated by the boys' mothers; late childhood (9 to 11 years of age) attention problems, anxiety/depression and aggression were also rated by the boys' mothers; and early adolescent (12 to 14 years of age) substance use was assessed through self-report questionnaires.

Researchers found that the mothers' ratings of their children's sleep problems at ages three to five years could significantly predict the onset of any use of alcohol, cigarettes, marijuana and illicit drugs at 12 to 14 years of age.

Tim Roehrs, director of research at the Sleep Disorders Center of Henry Ford Hospital in Detroit, Michigan, concurs. "In adults, prospective survey data do indicate that sleep problems are predictive of later alcohol use problems while controlling for depression and anxiety disorders," he says. "Some of my own . . . studies that have assessed sleep and alcohol drinking, for example, show that disturbed sleep is associated with the self-administration of alcohol before sleep, that tolerance develops within six nights, and then larger alcohol doses are self-administered."

Since onset of substance use during this adolescent period is known to be predictive of more subsequent alcohol and drug problems as well as greater probability of later alcohol use disorders, the sleep-problem 'marker' has potential utility as

a very early indicator of the risk of developing alcohol problems.

" . . . About half of the children who had sleep problems began using substances at an early age, such as 14 years," says Wong. "It seems clear that children's and adolescents' sleep problems may potentially be a risk marker for later substance use problems. Parents should pay attention to their children's complaints about insomnia and overtiredness. If necessary, they should discuss those problems with pediatricians and other health professionals. They may also want to pay attention to their children's sleep hygiene, that is, ensuring a regular sleep schedule, adequate amounts of sleep, and encouraging their children to engage in relaxing activities right before bed time."

To view the complete article, visit the ATTC Network Web site at www.nattc.org. Click on "Addiction Science Made Easy."

Addiction Science Made Easy

The Change Book:

A Blueprint for Technology Transfer

The ATTC National Office recently made enhancements to the acclaimed publication, *The Change Book: A Blueprint for Technology Transfer*. It now includes a separate workbook so users can more easily create their own step-by-step plan for creating change within an organization. See for yourself why so many people are using this valuable tool. Download it at www.nattc.org/thechangebook, or call 816-482-1200 to order a hard copy.

New Enhanced Edition with Workbook



Society for Adolescent Substance Abuse Treatment Effectiveness

The Society for Adolescent Substance Abuse Treatment Effectiveness (SASATE) is a voluntary and informal network of researchers, evaluators, providers and policymakers interested in pooling their knowledge and resources to improve the field of adolescent treatment. There are no dues or fees. SASATE provides a listserv for participants to use in communicating about relevant issues. Users can share information about research, training, funding opportunities and publications. They can also brainstorm about current issues and events relating to adolescent treatment. Learn more about SASATE by visiting www.chestnut.org/LI/APSS/SASATE.

Manuals Highlight Effective Youth Treatment

Cannabis Youth Treatment

In 1997, CSAT funded a large study called the Cannabis Youth Treatment (CYT) project which included more than 600 teens and their families. Goals of the project were to: 1) understand the characteristics of adolescents presenting for outpatient treatment, 2) evaluate the effectiveness of five brief interventions with adolescents using marijuana, and 3) provide validated models of these interventions to the treatment field.

Findings of the CYT project indicated that each of the five interventions studied are effective in treating adolescent marijuana use. Randolph Muck, M.Ed., CSAT Team Leader/Lead Public Health Advisor, explains the importance of these findings. "Many of these protocols were originally developed to be used with adults, but were modified to be developmentally appropriate for use with kids. The CYT indicated that all of these protocols had better outcomes than previous outpatient treatment protocols for youth. The findings helped us move proven practices out into the field, and ultimately are helping young clients receive better treatment."

The positive findings from the CYT project, led to the development of treatment manuals to help practitioners implement these interventions. In the five-volume series, each manual provides a step-by-step approach for providing treatment to adolescents.

To order these manuals or for more information, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686 or visit www.health.org.

Adolescent Treatment Models

In 1999, during the CYT study, CSAT began a program to test and compare the effectiveness of several existing treatment programs for adolescents. The project was called Adolescent Treatment Models (ATM). Addiction researchers identified 11 sites that were using "promising" modalities. The same core set of assessment and follow-up instruments as well as data collection points from the CYT project were used.

"The ATM program was developed to identify existing potentially exemplary treatment models that had not previously been evaluated. We believed that CYT would have better outcomes simply because they were previously tested models with a good theoretical base. But somewhat to our surprise, the ATM models proved to be very effective when compared to the CYT outcomes," notes Randolph Muck, M.Ed., CSAT Team Leader/Lead Public Health Advisor.

As with the CYT study, following the positive results from the ATM project, the involved programs and researchers developed 10 treatment manuals which highlight the effective treatment models from the ATM study. The models include programs for short-term residential, intensive outpatient, group-based outpatient, family therapy and modified therapeutic communities. Download or order these manuals at www.chestnut.org/LI/APSS/CSAT/protocols/#ATM.

Following the study, two ATM principal investigators edited a book called *Adolescent Substance Abuse Treatment in the United States: Exemplary Models from a National Evaluation Study*. To order, visit www.haworthpress.com.

Treating Teens: A Guide to Adolescent Drug Programs

This comprehensive assessment of adolescent drug programs is the first of its kind, and was developed by Drug Strategies. Designed to help parents, teachers, judges and counselors make educated decisions about teen treatment, the guide identifies nine key elements of effective adolescent drug treatment, provides current, reliable information on 144 adolescent treatment programs in the U.S., provides practical resources such as hotline help numbers for each state, and gives questions that every parent should ask when considering an adolescent treatment program. To order this publication, visit www.drugstrategies.org.

Recovery High Schools Support and Educate Students As They Move Forward in Recovery

“It seems very difficult for young adults coming out of treatment to maintain their sobriety when they are placed back into their former lives.

... Coming here helps these students become confident in their ability to maintain a drug-free life, and helps them feel ‘normal’ again.”

*- Andrew Finch,
Ph.D.,
Association of
Recovery Schools
Director*

A movement is underway in the United States that combines treatment aftercare services with educational programming for adolescents in recovery. Recovery schools, as they are called, provide students with aftercare support, a sense of community and an education.

“Students in recovery schools have made a commitment to leading drug-free lives,” explains Andrew Finch, Ph.D., director of the Association of Recovery Schools (ARS) and director of Community High School (CHS) in Nashville, Tennessee. “These students maintain a drug-free environment and choose to live in a healthy way. Recovery schools help them feel like they fit in and aren’t stigmatized by others who don’t understand what they are going through.”

There are approximately 20 recovery high schools in the United States. The first two schools began in Minnesota in 1989. Each recovery school serves approximately 30 students at a time. Most students attending a recovery school have been through some type of treatment, and many schools require some amount of sobriety before a student can be enrolled. In addition to their educational activities, students at CHS are required to participate in a 12-Step program.

While CHS is a four-year high school, many students only attend for a year or two. Finch notes, “It seems very difficult for young adults coming out of treatment to maintain their sobriety when they are placed back into their former lives. Many students ‘burned bridges’ with school faculty and peers while they were using. In a way, they ‘branded’ themselves as difficult kids. It is hard for them to remove that label right away. This sometimes contributes to a self-

fulfilling prophecy in which they don’t believe in themselves and fall back into old habits. Coming here helps these students become confident in their ability to maintain a drug-free life, and helps them feel ‘normal’ again.”

No two recovery schools operate in exactly the same manner. Some are privately funded. Others receive public funds. They also differ in staffing requirements, drug testing rules, and their educational programming. Finch would like to see research done on the different recovery school models to establish evidence-based practices for the field.

“I would ultimately like to see a recovery school in each state. Before widespread expansion can take place, however, we must look at the landscape of each state and make sure we use models that will work. I have a personal goal to assist the association (ARS) with beginning widespread research about which models are most effective.”

Helping graduates transition back into the ‘real world’ is one of the most important components of the program. “We work to empower these young people so they feel confident about their ability to live away from drugs once they leave CHS,” notes Finch. “We often pull in former graduates and we continually talk to students about their fears. One of the greatest benefits of a small setting is that everyone has a voice and can be heard. It is amazing watching these young people refrain from using drugs, complete school and go on to lead successful, independent lives.”

To learn more about recovery schools, visit www.recoveryschools.org or call 615-248-8206.

Parent Corps Gives Parents Tools to Keep Kids Free From Drugs

The Parent Corps is a new initiative by the Bush Administration dedicated to helping parents prevent drug use by their children.

“We know that parents remain the most important influence on children, particularly when it comes to decisions about drugs,” says John Walters, Office of National Drug Control Policy Director. “The national fight against drug use must be fought on many fronts, and an early and active role by parents in drug prevention is critical to the success of that effort.”

The Parent Corps relies on a cadre of trained and knowledgeable parents — known as parent leaders — to educate other parents in their children’s schools about the dangers of alcohol, tobacco, and illegal drug use, and to support those parents in their efforts to keep their children drug-free.

Thus far, parent leaders have been selected and trained in seven cities in four states. Those parent leaders have begun recruiting parent volunteers and training them about preventing drug use in children in anticipation of the new school year. By early 2005, the Parent Corps will expand to five other states.

“We were delighted to help support the development of training for the Parent Corps,” SAMHSA Administrator Charles Curie says. “Parents need to know the dangers of substance abuse and communicate these dangers to their children. Children need to know their parents have solid reasons for disapproving of the use of tobacco, alcohol or drugs.”

To learn more about this new initiative, visit the Parent Corps Web site at www.parentcorps.org.

Mid-Atlantic ATTC Trains Practitioners on MET/CBT Model

In October 2003, CSAT awarded 22 Effective Adolescent Treatment (EAT) grants to sites across the United States in an effort to move effective treatment practices with adolescents into the field. One proven protocol from the Cannabis Youth Treatment (CYT) project [see article on page five], Motivational Enhancement Therapy/Cognitive Behavior Therapy 5 (MET/CBT 5), was chosen to be implemented.

“MET focuses on the factors that motivate substance abusing participants to change. CBT focuses on teaching participants skills to cope with problems and meet needs in ways other than using marijuana or alcohol,” explains Paula Horvatic, Ph.D., director of the Mid-Atlantic ATTC (Mid-Atlantic).

Mid-Atlantic, in collaboration with CSAT and Susan Sampl, Ph.D., (author of the CYT manual on MET/CBT 5), is providing training and technical assistance to these sites in adopting this protocol.

Horvatic continues, “The partnership between CSAT, Dr. Sampl and Mid-Atlantic has allowed us to develop multiple products to meet the needs of the groups we are training. We have developed videos which demonstrate Motivational Interviewing with adolescents and each step of the MET/CBT 5 protocol. In addition, we are developing an accompanying curriculum which will be available in 2005. Finally, three Mid-Atlantic staff, expertly trained in this protocol, now allow us to respond to MET/CBT training needs in our region.”

For more information, contact Mid-Atlantic at 804-828-9910 or www.mid-attc.org.

Leadership to Keep Children Alcohol Free

www.alcoholfreechildren.org

This organization, founded by NIAAA and the Robert Wood Johnson Foundation, works to prevent alcohol use by children ages nine to 15. Their Web site provides a number of useful publications including *Keep Kids Alcohol Free: Strategies for Action* and *How Does Alcohol Affect the World of a Child?*

On
the
Web!

National Youth Violence Prevention Resource Center

www.safeyouth.org

Developed by the Centers for Disease Control and Prevention, this Center provides current information about youth violence and offers tools to facilitate discussion with children, resolve conflicts, stop bullying, prevent teen suicide, and end violence committed by and against young people.

ATTC Resources on Youth

tools/resources

Substance Abuse Treatment and Prevention for Adolescents - Conference Proceedings and Speaker Handouts

This is a collection of conference proceedings and speaker handouts from Mid-Atlantic ATTC's conferences on adolescents and substance abuse. These proceedings are full of invaluable resources. Contact Mid-Atlantic at 804-828-9910 or www.mid-attc.org for more information.

Substance Abuse Screening and Assessment Instruments for Adolescents

The Northwest Frontier ATTC developed a compendium of some of the best instruments available to screen and assess youth for substance abuse. It includes samples of the instruments, scoring and interpretation information, and psychometrics. Contact Northwest Frontier at 503-373-1322 or www.nfattc.org for more information.

Adolescents and Substance Abuse: A Bibliography (1989-2002)

The goal of this bibliography, developed by the Mid-Atlantic ATTC, is to provide a comprehensive listing of the current literature for use by researchers, faculty and practitioners working with adolescents. Copies can be downloaded at www.mid-attc.org or call 804-828-9910 to order a hard copy.

Spotlight on Adolescent Treatment - CD-Rom

The Southern Coast ATTC recently released a CD-Rom with resources such as treatment manuals, bibliographies and information on prevention, neuroscience and public policy relating to adolescents. Order copies free of charge (limit five) by e-mailing jknorp@fadaa.org, or call 850-222-6731 for more information.

courses/curricula

Adolescent Treatment Series - Four Online Courses

- Course 1: *Substance Abuse Treatment for Adolescents*
- Course 2: *Adolescent Treatment in the Juvenile Justice System*
- Course 3: *Brief Interventions in Adolescent Treatment*
- Course 4: *Adolescents and Family: Research to Practice*

This online course series was developed by Mid-Atlantic ATTC, and addresses the following issues:

- Rapid growth of the brain and body
- Emotional and social influences on behavior
- Impact of habitual substance abuse on normal development
- Family dynamics
- Ethical dilemmas regarding autonomy, client welfare and confidentiality
- Effective screening and assessment
- Treatment engagement and retention
- Gender specific issues
- Sexuality issues

For more information, contact Mid-Atlantic at 804-828-9910 or www.mid-attc.org.

Treatment of Alcoholism and Substance Abuse with Adolescents

The Northeast ATTC developed a two-day training which provides an overview of adolescent treatment, including current trends in adolescent substance use and the spectrum of services available to adolescents in New York State. The training also addresses special treatment needs of adolescents and issues pertinent to effective treatment. Materials include participant handouts, trainer considerations and a bibliography. Contact Northeast at 866-246-5344 or www.neattc.org for more information.

curricula continued

Assessment and Treatment of AOD Use/Abuse in Adolescents

This two-day curriculum from Mountain West ATTC is designed for addiction counselors and other helping professionals who come into contact with adolescents. The curriculum explores facilitative communication skills, adolescent diversity, legal issues in adolescent treatment, the assessment process and treatment recommendations. This curriculum package is based on *TIPs* 31 and 32. Contact Mountain West at 775-784-6265 or www.mwattc.org for more information.

NIAAA Programs Aim to Decrease College Drinking

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has a number of resources to assist college personnel, guidance counselors, parents and students in reducing the pervasive problem of drinking on college campuses.

In 2002, NIAAA's Task Force on College Drinking released a landmark report entitled, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*. The report provides research-based information about the nature and extent of dangerous drinking on college campuses. It also provides numerous recommendations on how the current culture of drinking at colleges can be reversed.

Several resources resulted from this report, including a curriculum for medical professionals entitled *Clinical Protocols to Reduce High Risk Drinking in College Students: The College Drinking Prevention Curriculum for Health Care Providers*.

These resources can be found at www.collegedrinkingprevention.gov.

SAMHSA Video/DVD Features Treatment Strategies to Help Addicted Youth Find Recovery

Helping Addicted Youth Find Recovery is a program that features a panel of experts exploring the complex issues of adolescent treatment. The SAMHSA broadcast highlights innovative treatment strategies for professionals working with young people. This feature is now available on video and DVD. To order, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686 or www.health.org.

NIDA Manual Highlights Brief Strategic Family Therapy for Adolescents

Brief Strategic Family Therapy (BSFT) for Adolescent Drug Use is one in a series of *Therapy Manuals for Drug Addiction* developed by the National Institute on Drug Abuse (NIDA). BSFT is a short-term intervention used to treat adolescent drug use that occurs along with other problem behaviors. This therapy focuses on an adolescent's drug use within the context of family dynamics. The manual can be downloaded from NIDA's Web site at www.drugabuse.gov or ordered through SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at www.health.org or 1-800-729-6686.

April 2004 Counselor Magazine Highlights Adolescent Treatment

Counselor magazine recently dedicated an entire issue to the theme of adolescent treatment. To order the April 2004 (Volume 5, Number 2) issue, call *Counselor* magazine at 1-800-851-9100 or visit www.counselormagazine.com.

Adolescent Treatment TIPs Available for Free

Treatment Improvement Protocol (TIP) 31 - Screening and Assessing Adolescents for Substance Use Disorders

This *TIP* presents information on identifying, screening, and assessing substance use in adolescents. Information focuses on the most current procedures and instruments for detecting substance abuse among adolescents, conducting comprehensive assessments, and beginning treatment planning.

Treatment Improvement Protocol (TIP) 32 - Treatment of Adolescents with Substance Use Disorders

Adolescents differ from adults physiologically and emotionally and require treatment adapted to their needs. This *TIP* focuses on ways to specialize treatment for adolescents, and includes common and effective program components and approaches being used in adolescent treatment today.

Quick Guide for Clinicians Based on TIPs 31 and 32: Screening, Assessing, and Treating Adolescents for Substance Use Disorders

This *Quick Guide* clearly and concisely presents information from *TIPs* 31 and 32 in a pocket-sized booklet.

To order these publications, call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686 or visit www.health.org.

Alateen

www.al-anon.alateen.org
1-800-344-2666 (*national meetings number*)

Alateen is a fellowship of young Al-Anon members, usually teenagers, whose lives have been affected by someone else's drinking. Through this 12-Step program, members share their experiences, strength and hope to solve common problems.

Crisis Lines

Boys Town Suicide and Crisis Line

1-800-448-3000

Provides short-term crisis intervention, counseling and referrals to local community resources. Counsels on parent-child conflicts, marital and family issues, suicide, pregnancy, runaway youth, physical and sexual abuse and other issues. Operates 24 hours, seven days a week.

ChildHelp USA

1-800-422-4453

Hotline dedicated to the prevention of child abuse. Serving the United States, Canada, U.S. Virgin Islands, Puerto Rico, and Guam, the hotline is staffed 24 hours daily with professional crisis counselors who utilize a database with thousands of resources.

Covenant House Hotline

1-800-999-9999

Crisis line for youth, teens and families. Gives callers local referrals throughout the United States. Provides help for youth and parents regarding drugs, abuse, homelessness, runaway children and message relays. Operates 24 hours, seven days a week.

National Referral Network

1-800-543-7283

Helps link kids in crisis with professional help in their community using a database of 20,000 care providers across the country. Network specialists work closely with callers to identify the most appropriate resources. Operates 24 hours, seven days a week.

NIDA Provides Resources for Teachers and Teens

Learn how quickly someone can become addicted to a drug. Join Sara Bellum, a budding young science student, as she sets off on a quest to see how the brain reacts to certain drugs. Read real stories about young adults in recovery. These are just a few of the things kids can do on the Web site, *NIDA for Teens* at www.teens.drugabuse.gov.

This site is just one in a series of tools the National Institute on Drug Abuse (NIDA) has designed to educate children and adolescents about the dangers of drug use. “We want to be *THE* source for kids and teachers to find science-based information about drugs and drug abuse,” says Cindy Miner, Ph.D., deputy director for the Office of Science Policy and Communications at NIDA. “We believe if kids understand the dangers of drug use, they will be more likely to make informed choices as they get older. We know that it is important for kids’ materials to not sound like propaganda or they won’t take it seriously. We spend a lot of time making sure our materials are accurate, up-to-date and age-appropriate.”

NIDA strives to reach teachers around the country with materials for the classroom as well. “Teachers have the greatest opportunity to reach children and get them interested in learning about the body and the hazards of drug use,” Miner notes.

NIDA Goes to School is a “one-stop, online shop” where teachers can access the latest teach-

ing aids to help young adults understand the effects of drugs on the body. Access the site at backtoschool.drugabuse.gov. Some of the materials on the site include:

Brain Power: NIDA Junior Scientist Program – for second and third graders. These materials lay the foundation for future scientific learning and substance abuse prevention efforts by providing information on how the brain and body work.

Mind Over Matter – for fifth through ninth graders. These materials encourage students to reject drugs by helping them understand the effects of drug use on the brain.

Preventing Drug Use Among Children and Adolescents: A Research-Based Guide For Parents, Educators, and Community Leaders – Second Edition, 2003 – This manual provides guidance for designing audience-specific prevention programs and highlights the core elements of effective prevention programs.

“We know teachers are constantly looking for good materials to use in their classes, and we really want to support their efforts,” continues Miner. “NIDA has many types of materials available for educators including posters, slides, curricula, magazines and other publications.”

For more information, visit NIDA’s Web site at www.drugabuse.gov.

Web Resources on Adolescents

A Family Guide to Keeping Youth Mentally Healthy and Drug Free	www.family.samhsa.gov
Center for Mental Health Services (CMHS)	mentalhealth.samhsa.gov
Center for Substance Abuse Prevention (CSAP)	prevention.samhsa.gov
Center for Substance Abuse Treatment (CSAT)	csat.samhsa.gov
FreeVibe	www.freevibe.com
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	www.niaaa.nih.gov
National Institute on Drug Abuse (NIDA)	www.drugabuse.gov
Office of Juvenile Justice and Delinquency Prevention	www.ojjdp.ncjrs.org
Parents. The Anti-Drug	www.theantidrug.com
Partnership for a Drug-Free America	www.drugfreeamerica.org
Substance Abuse and Mental Health Services Administration (SAMHSA)	www.samhsa.gov
The Cool Spot	www.thecoolspot.gov
Tobacco-Free Kids	www.tobaccofreekids.org