



READY or Not: Findings From a School-Based MI Intervention for Adolescent Substance Use



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ABSTRACT

We aimed to examine the impact of a school-based Motivational Interviewing (MI) intervention, Project READY, on reducing adolescent substance use. We randomly assigned students ($N = 244$) to receive the intervention immediately (READY First) or to be in a waitlist control group (WLC). Those in WLC received the intervention once those in READY First had completed the intervention. Our hypotheses were: (1) adolescents in READY First would make greater initial reductions in their alcohol and marijuana use compared to adolescents assigned to WLC, (2) adolescents in READY First would make greater initial reductions in their alcohol and marijuana-related consequences compared to adolescents assigned to WLC, and (3) upon completing treatment, adolescents assigned to WLC would yield substance-related outcomes comparable to their peers in the READY First group. We found that those in READY First made greater initial decreases in their marijuana use and substance-related consequences upon completing treatment than participants in WLC, during the first phase of the study. Once both groups had completed the active intervention, those in the WLC had comparable marijuana use to those in READY First. At enrollment, daily marijuana users were equally represented in both groups. Post-treatment, significantly fewer participants reported daily marijuana use in the READY First group, prior to treatment initiation for WLC. Comparable reductions were observed once WLC began treatment. Those in WLC were observed to make reductions in their alcohol use at the same rate as those in READY First, prior to treatment initiation. Participants were not observed to make differential reductions in alcohol use based on group assignment. The findings from this study support the effectiveness of school-based MI interventions for adolescent marijuana use and provide evidence that MI is a critical and effective component within such interventions.

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1. Introduction

The aim of this study was to examine the effectiveness of a brief, school-based motivational interviewing (MI) intervention in reducing adolescent substance use and substance-related consequences. Adolescent substance use is associated with significant social, legal and health risks (CDC, 2012; SAMHSA, 2012). Brief, MI-based interventions target problematic substance use among adolescents and do not require long-term or intensive treatment. By addressing and enhancing individuals' motivation to change, brief, MI-based interventions often yield decreases in substance use, related consequences and increased treatment engagement, especially for those with less motivation to change (O'Leary & Monti, 2004). Thus, brief, MI-based interventions are a viable option for adolescents engaging in substance use and by improving these interventions we may promote improved treatment outcomes for this population.

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1.1. Motivational interviewing for adolescent substance use

Motivational Interviewing (MI; Miller, 1983) is a client-centered treatment approach, where the tasks of the clinician include: (1) evoking disclosure from the client and embracing his/her ambivalence, rather than confronting it, (2) developing discrepancies between clients' current behaviors and personal goals, and (3) eliciting from the client language regarding changing his/her behaviors, or "change talk". When utilizing MI, the clinician demonstrates empathy and respect for the client and the client's autonomy, rather than assuming a position of expertise. This therapeutic style has been well-established for the treatment of substance use disorders and has been utilized in various contexts for over 25 years (Miller & Rollnick, 2009; Miller & Rollnick, 2013). Often in the context of MI-based interventions, the client is encouraged to explore discrepancies between current substance use and future goals in a non-judgmental and supportive environment.

Adolescents in particular have benefitted from MI-based interventions. The reason for this may be in part because adolescents do not typically seek treatment. Only about 9.1% of adolescents (ages 12–17) who may need substance use treatment actually receive it (NHSDUH, 2014).

Adolescents may not seek treatment because they do not see their substance use as problematic. However, MI-based interventions specifically target ambivalence regarding substance use, by “rolling with resistance” (not arguing for change) and reflecting when clients engage in change talk. This has been shown to predict positive treatment outcomes. The majority (67%) of clinical studies examined in a meta-analysis that focused on the effectiveness of MI for adolescents reported that their participants made significant reductions in their substance use (Barnett et al., 2012). MI-based interventions may be particularly appropriate for adolescents when conducted as brief treatments, which would promote adolescents' engagement in treatment, and researchers have found support for the effectiveness of brief MI-based approaches (Hettema, Steele, & Miller, 2005).

1.2. School-based MI interventions for adolescent substance use

The use of MI is effective in helping adolescents reduce their substance use; further, addressing accessibility to treatment is critical. Providers in school-based settings, who frequently engage with adolescents, have an important role to play in monitoring and observing the effects of their students' problematic substance use (Finn, 2004; Kumar, O'Malley, & Johnston, 2005; Voelkl & Frone, 2000). For this reason, school-based interventions are an appropriate context for addressing treatment needs. As such, school-based interventions have been increasingly implemented and have been found to be effective in treating adolescent substance use (Belur, Dennis, Ives, Vincent, & Muck, 2014; Faggiano, 2014; Winters, Fahnhorst, Botzet, Lee, & Lalone, 2012; Winters, Leitten, Wagner, & O'Leary Tevyaw, 2007). School-based interventions that utilize MI have been found to be especially appropriate and successful among adolescents who use substances (Barnett et al., 2012).

Several challenges exist in implementing a school-based intervention. Wagner and colleagues (2004) note that school administrators and intervention researchers may have different priorities. School administrators may request efficient and expedited treatment; intervention researchers may emphasize data collection and effective treatment delivery. In addition, intervention researchers are faced with inherent difficulties of implementing a complex intervention model outside of a well-controlled laboratory or clinic. As various individual clinical concerns arise, clinicians may be required to adjust study protocols and practice flexibility in data collection (Stewart, Arlt, Felleman, Athenour, & Arger, 2015). Despite these challenges, targeting reductions in adolescent substance use in schools would be expected to increase accessibility and promote positive treatment outcomes that could otherwise be potentially under-utilized by this population.

1.3. Project READY

Project READY (Reducing the Effects of Alcohol and Drugs on Youth) is an ongoing school-based MI-based intervention implemented in several high schools across the Pacific Northwest. Interventionists are clinical psychology doctoral students trained in MI and supervised by a licensed clinical psychologist and Chemical Dependency Professional. Project READY consists of four weeks of active treatment, four weeks of “check-in” sessions, and two monthly “follow-up” appointments, which take place over the course of approximately 16 weeks. The initial four weeks of active treatment includes traditional MI-based exercises, including Decisional Balance, feedback, goal-setting, and change planning. The subsequent four weeks of “check-ins” consists of unstructured, individualized MI-based sessions. These check-ins are typically 30 minutes in length and clinicians use this time to address clients' progress regarding goals and discrepancies across behaviors based on client reports during the first four active sessions. These check-ins are personalized for each client, and serve as an opportunity for the client to take greater agency in his/her change process. Assessments are

administered during the initial intake and at four, eight, 12, and 16 weeks following intake.

1.4. Hypotheses

The purpose of this study was to examine the impact of an in-school MI-based intervention, Project READY, aimed at reducing adolescent substance use. Our hypotheses were: (1) adolescents who received the MI-based intervention would make greater reductions in their alcohol and marijuana use compared to adolescents assigned to a Waitlist, (2) adolescents who received the MI-based intervention would make greater reductions in their alcohol and marijuana-related consequences compared to adolescents assigned to a Waitlist, and (3) upon completing treatment, adolescents assigned to a Waitlist would yield substance-related outcomes comparable to their peers who received the intervention immediately.

2. Materials and methods

2.1. Participants

Study participants consisted of 244 adolescents selected from a larger, ongoing study sample for the purposes of this research. Project READY (Reducing the Effect of Alcohol and Drugs on Youth) is implemented in high schools in a region with diverse socioeconomic status and ethnic backgrounds. Demographic information of study participants may be found in Table 1. Participants were recruited from local high schools in a large urban area of the Pacific Northwest by referral from their counselor, teacher, security officers, peers, or self-referral. The most common reasons for student referral were bringing alcohol or drugs to school, coming to school intoxicated, other problems with school discipline, or self-reported use of substances. Students who had used drugs or alcohol within the last three months and who were between the ages of 13 and 18 were eligible for the intervention, and had the option to participate in the intervention without consenting to the research component of this study. Eligible participants who were interested in both the intervention and the research study were able to consent themselves, as individuals ages 13 or older are legally allowed to receive mental health treatment, including substance abuse treatment, without parental consent in the state of Washington (Revised Code of Washington [RCW] 71.34.530). All research consent procedures were approved by a university institutional review board (IRB), as well as school district research committees. Because the intervention could be provided without parental consent, youth who wished to keep their intervention participation private were allowed to consent directly to the research also without parental consent under waiver conditions allowed in the Code of Federal Regulations (45 C.F.R. § 46.116, 2009). Students who were ages 18 and over were also allowed to consent to research participation on their own. The 244 participants included in this study were a subset of clients from Project READY who participated in the intervention during the years that a waitlist was necessary and implemented.

2.2. Procedure

The clinical research interventionists were graduate students in a clinical psychology doctoral program. Interventionists provided a four-session active substance use intervention that included a structured, MI-based protocol, followed by four additional “check-in” sessions that included an unstructured, personalized therapy session that incorporated MI-based communication tools to assist adolescents reduce their use of drugs and alcohol. The protocol consisted of MI-based strategies to foster motivation to change participants' alcohol and drug use behaviors. This intervention was provided free of charge to the students and was completed on a voluntary basis.

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