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Adolescent Community Reinforcement Approach implementation and treatment outcomes for youth with opioid problem use



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ABSTRACT

Background: This paper compares adolescents with primary opioid problem use (OPU) to those with primary marijuana or alcohol problem use (MAPU) who received up to six months of Adolescent Community Reinforcement Approach (A-CRA), an empirically supported treatment.

Methods: Intake clinical characteristics, treatment implementation measures, and clinical outcomes of two substance problem groups (OPU and MAPU) were compared using data from 1712 adolescents receiving A-CRA treatment. Data were collected at intake and 3, 6, and 12 months post-intake.

Results: At intake, adolescents in the OPU group were more likely than those in the MAPU group to be Caucasian, older, female, and not attending school; report greater substance and mental health problems; and engage in social and health risk behaviors. There was statistical equivalence between groups in rates of A-CRA treatment initiation, engagement, retention, and satisfaction. Both groups decreased significantly on most substance use outcomes, with the OPU group showing greater improvement; however, the OPU group had more severe problems at intake and continued to report higher frequency of opioid use and more days of emotional problems and residential treatment over 12 months.

Conclusions: The feasibility and acceptability of A-CRA for OPUs was demonstrated. Despite significantly greater improvement by the OPU group, they did not improve to the level of the MAPU group over 12 months, suggesting that they may benefit from A-CRA continuing care up to 12 months, medication to address opioid withdrawal and craving, and the inclusion of opioid-focused A-CRA procedures.

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1. Introduction

During the past decade, use of non-heroin opioids by secondary school students has almost doubled (Johnston et al., 2012), and there has been a corresponding increase in adolescent admissions to publicly-funded substance use treatment programs for opioid use (SAMHSA, 2015). A handful of studies have compared adolescents presenting for treatment with problematic opioid use to adolescents with problematic use of other commonly abused substances, notably alcohol and marijuana. Results indicate that

adolescents with opioid use problems are more likely to be Caucasian, older, middle class, and suburban. As a group, they tend to have a higher proportion of females. They also have higher rates of school drop-out, substance use severity, multiple substance use disorders, health risk behaviors, and psychological distress (Clemmey et al., 2004; Gordon et al., 2004; Hopfer et al., 2000, 2002; Marsch et al., 2005; Subramaniam et al., 2009, 2010). In addition, Clemmey et al. (2004) found that adolescent heroin users engaged in more days of criminal behavior than non-heroin users. The above findings suggest that adolescents with opioid use problems tend to have a poor long-term prognosis (Subramaniam et al., 2009). This implication is supported by one study that found adolescent heroin users responded to substance use treatment in the same remitting/relapsing pattern as non-heroin users, but continued to report a higher percentage of days of substance use and greater number

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of substance abuse and dependence symptoms over 12 months of follow-up (Clemmey et al., 2004).

Opioid agonist treatment, such as methadone, buprenorphine, and buprenorphine plus naloxone, is well-researched and effective for adults with opioid dependence (Mattick et al., 2009; National Consensus Development Panel on Effective Medical Treatment of Opiate Addiction, 1998). Controlled treatment research of medications to enhance opioid abstinence outcomes for adolescents is limited. Emerging literature provides initial support for the safety and efficacy of buprenorphine for this population (Marsch et al., 2005; Woody et al., 2008), and there is one ongoing open label trial currently underway in Clinicaltrials.gov studying retention in medication-assisted treatment for youth with substance use disorders. However, to date we are unaware of published studies with adolescents comparing the effectiveness of combined medication and psychosocial treatment to the effectiveness of psychosocial treatment alone. It is, therefore, important to examine the impact of existing effective and manualized psychosocial treatments for substance use on adolescent opioid use and concomitant problems.

The Adolescent Community Reinforcement Approach (A-CRA) is an empirically-supported psychosocial treatment for adolescent substance use that has been widely implemented with standardized clinical training and supervision. Originally developed as the Community Reinforcement Approach (CRA), it was tested successfully with adults (Azrin et al., 1982; Hunt and Azrin, 1973) and then adapted for application with adolescents and clinically validated in several randomized trials with this age group (Dennis et al., 2004a; Godley et al., 2007, 2014; Henderson et al., 2016; Slesnick et al., 2007). A-CRA is predicated on helping clients better engage in their community. The “community” includes family, friends, school, work, and other organizations, and extra-curricular activities. Operant behavior change techniques are used to help adolescents develop a nonsubstance using lifestyle that becomes more rewarding than using (Azrin, 1976; Hunt and Azrin, 1973). Nineteen procedures are part of A-CRA and include problem solving, communication, anger management, and relapse prevention skills, among others. Medication monitoring and adherence is another unique procedure that can help facilitate compliance with prescribed medications. Clinicians choose from a menu of procedures to individualize treatment according to the needs of each adolescent (Godley et al., 2001; Meyers and Smith, 1995). Additionally, there are sessions designed for parents/caregivers and joint family sessions for the adolescent and parent/caregiver. Prior research has shown that A-CRA has relatively high and equivalent rates of treatment initiation, engagement, retention, and participant satisfaction across gender and ethnic groups (Godley et al., 2011b), co-occurring substance and mental health disorders, and juvenile justice problems (Godley et al., 2014; Henderson et al., 2016). Although CRA in combination with methadone or naltrexone has been successfully tested in studies with adults (Abbott, 2009; De Jong et al., 2007), there are no published studies of A-CRA for opioid problems with or without medication assistance and some researchers have called for the need to do so (Clemmey et al., 2004).

The purpose of this paper is to compare adolescents with primary opioid problem use (OPU) to those with primary marijuana or alcohol problem use (MAPU) who have received A-CRA treatment. Based on the literature, we hypothesized that relative to the MAPU group: a) adolescents in the OPU group would have similar rates of A-CRA treatment initiation, engagement, retention, and treatment satisfaction; and b) adolescents in the OPU group would respond to treatment similarly to the MAPU group, but continue to report greater rates of substance use and mental health problems over time. Results from this study will help the field better understand whether an evidence-based treatment such as A-CRA has potential

as an outpatient treatment for adolescents with OPU and for further testing in randomized clinical trials with this population.

2. Material and methods

This study uses data from a large dissemination project funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) from 2007 to 2012. Seventy-eight substance use disorder treatment organizations received grants to implement A-CRA treatment (Godley et al., 2011a). These organizations represented 26 states across the United States, including urban (42), rural (8), and mixed (28) communities. Most were community-based, not-for-profit agencies operating outpatient clinics. Across sites, each clinician delivering A-CRA received standardized training, cross-site supervision, ongoing fidelity assessment, and coaching (Godley et al., 2011a). Each site followed their respective IRB-approved consent procedures with adolescents.

2.1. Participants and design

The initial pool of data were collected from 4027 adolescents. Data were included in these analyses for all participants who were in treatment long enough to allow calculation of study variables and who completed both the intake and 12-month post-intake interviews. Data were excluded from sites completing less than 50% of expected follow-up interviews and for participants not yet due for their 12-month follow-up at the close of the project. A final sample size of 1712 participants from 71 sites was determined, and using these data, follow-up rates of 89% at 3 months post-intake, 84% at 6 months, and 75% at 12 months were achieved.

Participants were classified into two mutually exclusive substance problem groups at A-CRA treatment intake based on adolescents' responses to questions administered as part of the Global Appraisal of Individual Needs (GAIN) upon treatment entry (Dennis et al., 2003). The “Marijuana or Alcohol Problem Use (MAPU)” group consisted of adolescents who either reported symptoms in the DSM-IV-TR indicative of marijuana and/or alcohol abuse (30%; 18%) or dependency (33%; 8%) in the past year or reported at least weekly use of marijuana (65%) and/or alcohol (15%) while in the community. They did not report opioid use or related problems sufficient to meet criteria for the opioid problem use group as described below.

The “Opioid Problem Use (OPU)” group consisted of adolescents who either reported symptoms in the DSM-IV-TR indicative of opioid abuse (22%) or dependence (31%) in the past year or reported at least weekly use of opioids while in the community (49%) with or without MAPU. While the MAPU group averaged less than one day of opioid use in the 90 days prior to intake, the OPU group averaged 25 days.

Adolescents reporting “at least weekly use” of the indicated substance were included in the MAPU and OPU groups because 43 sites were not required to, and opted out from, asking DSM-IV-TR abuse and dependence symptoms by specific drug. Instead, abuse and dependence symptoms were asked for *any* substance. As a result, 1512 MAPU participants and 113 OPU participants were categorized as reporting “at least weekly use.” A more detailed inspection of intake data from these adolescents suggested that those with “at least weekly use” actually used marijuana or opioids more frequently than those with documented marijuana or opioid dependence. Specifically, in the MAPU group, “at least weekly” users of marijuana stated that they used marijuana 49% of the 90 days prior to treatment, as compared to 42% for those with dependence and 30% for those with abuse. In the OPU group, “at least weekly” users of opioids stated that they used opioids 52% of

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