



Use it

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Juveniles more at risk

Vermeulen-Smit, Evelien; Kepper, Annelies; Monshouwer, Karin
(2014) Utrecht University Repository

- substance use among this group much more common than their peers in average secondary education.
- more often internalizing and externalizing problems, more delinquent behavior and frequently diagnosed as ADHD, PTSD and depression.
- Especially young people in care and foster care often deal with family problems as neglect and abuse.
- Parents of these children are more likely than in the normal population a psychiatric disorder, a drug addiction or both.
- Furthermore putting young people together in residential settings increases their risk behavior.

conclusion

- Through this combination of risk factors, ie, substance use, behavioral and/or emotional problems, psychiatric problems, deviant peers and family problems, the effect of incarceration
- There's an increased risk on substance abuse problems, including abuse and dependence
- *Effective treatment of juvenile substance abusers often requires a family-based treatment model*

The image features a vibrant, abstract background composed of numerous overlapping circles in various colors including blue, yellow, green, red, and black. A dark, tilted rectangular box is positioned in the upper right quadrant, containing the text "Brains4Use" in a bold, multi-colored font. The letters are white with a rainbow gradient, and the number "4" is a solid yellow. The overall composition is dynamic and colorful.

Brains4Use

A horizontal blue bar spans the width of the page, containing the text "Intervention: Brains4Use" in a white, bold, sans-serif font. The bar is set against a background of light beige horizontal lines.

Intervention: Brains4Use

KNOWING WHAT YOU'RE DOING

- cognitive-behavioral intervention based on the trans-theoretical model of Prochaska & DiClemente
- a combination of **cognitive behavioral techniques with motivational interviewing** appears to be effective in reducing substance use among youth.

(Dennis e.a., 2004; Liddle e.a., 2008; Waldron e.a., 2001; Waldron e.a., 2005; Hops e.a., 2007; Martin e.a., 2005; Kaminer, Burleson & Goldberger, 2002)



stages

- **Pre-contemplation:** no recognition of damaging effect on themselves or others. [rationalizing, denial, minimalizing, avoiding]
- **Contemplation:** receptive but ambivalent
- **Preparation:** decision to alter, external versus internal motivation
- **Action:** Change goes together with a lot of difficulties and risks of failure, support is essential
- **Maintainance:** perseverance of change
- **Relapse:** learning from mistakes

Exercise:



aim of BRAINS4USE

- **Reducing the risk of recidivism** by reducing drug and alcohol use among juveniles, who stay in a juvenile institution.
- **Diminishing the chance of failure** of school and work which can be a risk factor and using it as a protective factor
- **Preventing harmful effects** on the health and the social and emotional well-being of juveniles

target group

- young people between 12 and 23 who have substance abuse problems.
- recent severe problems related to alcohol or drug use, such as frequent abuse of resources, deterioration in social functioning or health, or problems with delinquency in connection with substance use.
- also a moderate to high risk of recidivism.
- for both boys and girls.
- applicable in normal and (slightly)mentally disabled youth.

the intervention

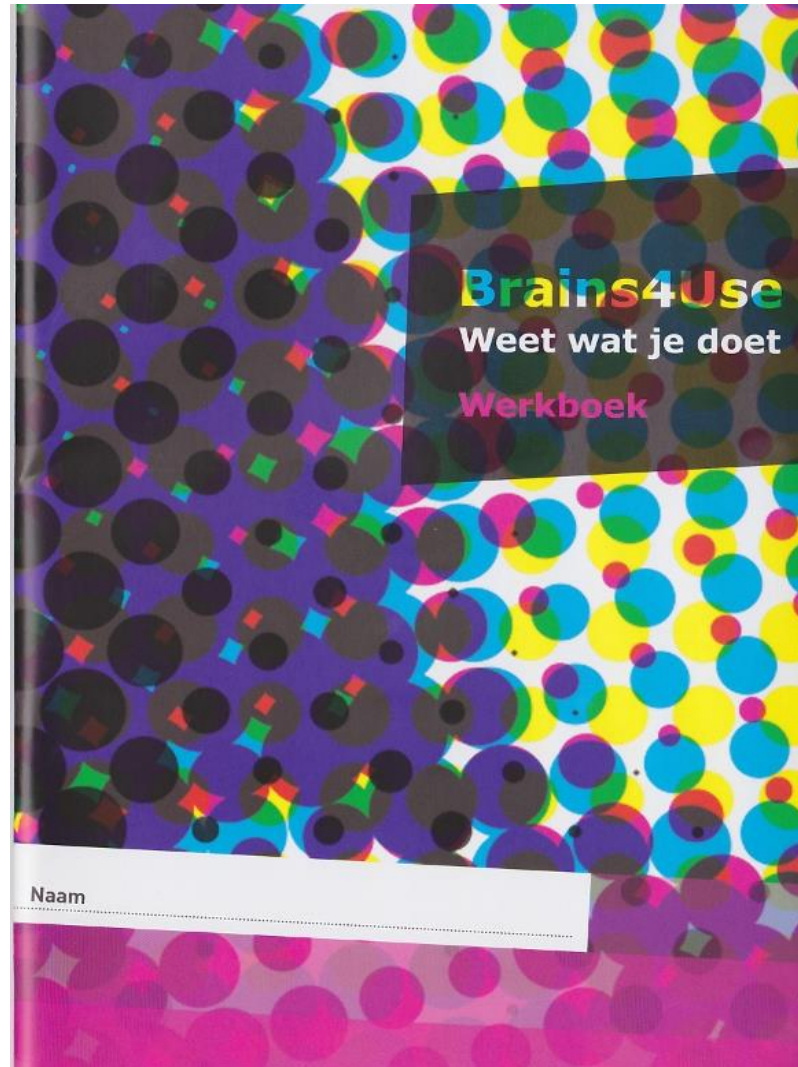
- 8 steps during 3 months (12 talks)
- Topics: the relationship substance use - criminal behavior, learning skills to get out of substance use, identification of the (protective) social network, identifying alternatives to use , dealing with using friends, relapse prevention.
- motivational interviewing
- learning of cognitive and practical skills
- practice by roleplay
- instructions to practice outside the institution.

Focuss points:

Focussed on:	Technique:
<ol style="list-style-type: none">1. Going through the stages of change.2. Enhancing coping skills.3. Perceptions that maintain (ab)use.	<ol style="list-style-type: none">1. Motivating conversational skills.2. Cognitive behavioral techniques like:<ul style="list-style-type: none">- Relapse prevention- Roll playing- Use registration- Enhancing social skills (say no, stick up for yourself)

Material

- workbook
“Brains4Use:
know what you do”
- manual
for drug counselors.





Coming up soon: translation

8 personal stages and follow-up

- Information
- Inventory: looking for goals
- Setting goals
- Getting control
- Tough situations
- Getting using helping thoughts
- With friends
- Finalising
- Follow-up

12 talks

- 1 • The youngster has confidence in the trainer and want to talk about his use
- 2 • The youngster knows the pros and cons of its use
- 3 • The youngster knows the situations in which he (too much) used
- 4 • The young person learns self-control.
- Call 5 • The youngster learns several forms of self-control
- Call 6 • The young person learns to handle high- risk situations.

next

- 7 • Younger choose his favorite tip (s).
- 8 • The youngster learns to think of anything else like it (much) wants to use
- 9 • The youngster learns to withhold funds .
- 10 • Younger strengthens his self-control.
- 11 • The youngster learns to ' fall ' to go.
- 12 • Younger stabilizes his self-control.

Motivation

Stadium
transtheoretisch
model:

I am trying to quit on my own with using but I'm open to the help i can get within B4U

4

I want to stop using and I'm open to the help

3

I know I have a problem but I'm not sure if I'm ready to quit.

2

I don't think I have a problem but I will cooperate with the B4U sessions

1

I don't think I have a problem and I will not cooperate with the B4U

1

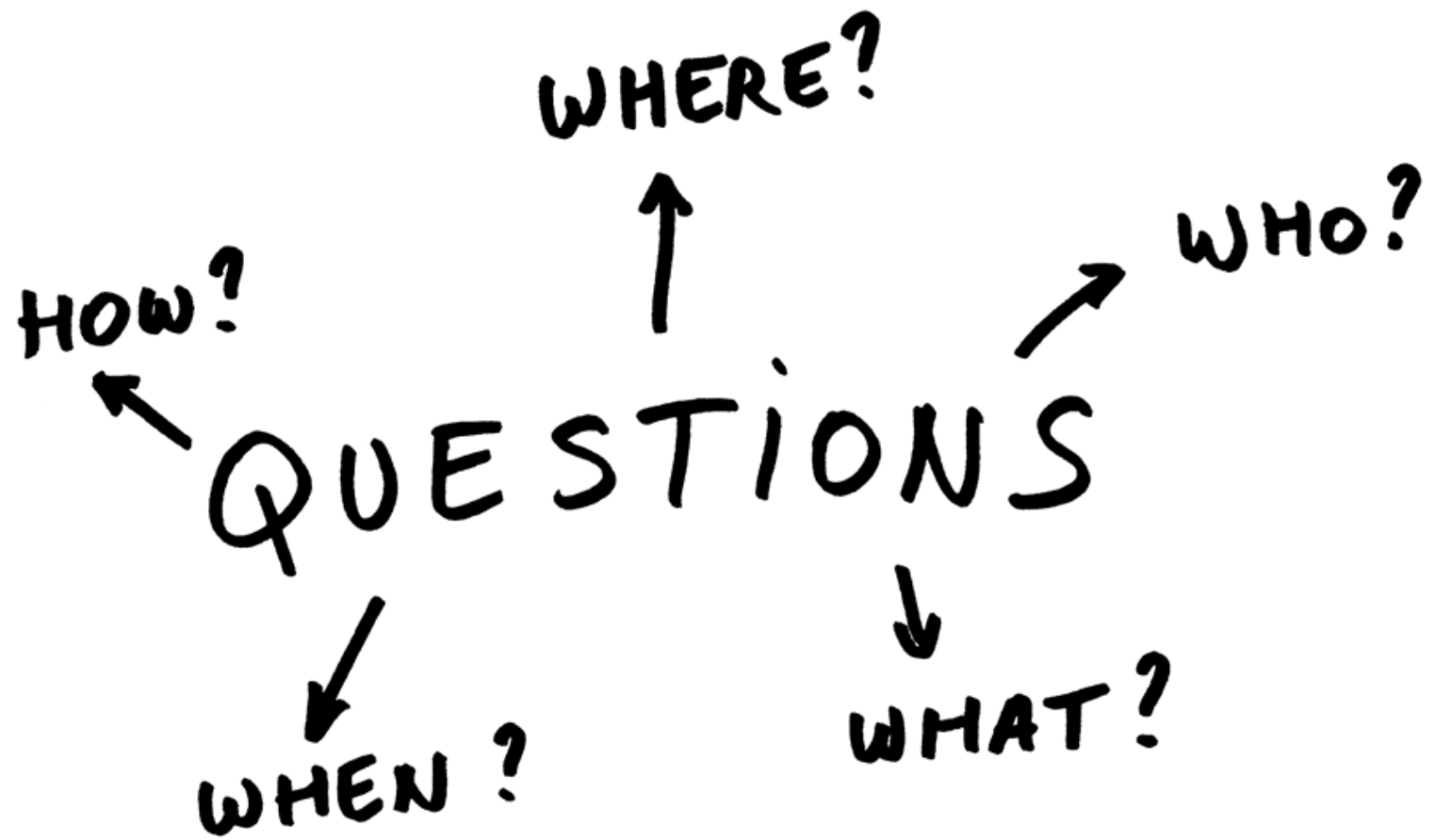
sessions

4 group sessions

- Session 1: Introduction substances and information
- Session 2: Norms, boundaries and problematic use or abuse.
- Session 3: Own use and the pro's and cons of that use.
- Session 4: Stop or alter use and volumes.

Policy for sanctioning abuse

- **Urine tests:** every two weeks and when needed or in case of suspicions at random.
- **Alcohol tests:** in case of suspicions using a breathalyzer
- **Sanctions after detection of using:**
 - 2 weeks no leave from the institution or exclusion from activities and daily program.
 - writing assignment
 - Individual sanction like calling parents to tell them, doing extra cleaning tasks etc.
- **When no use is detected:**
 - rewarding the group of clients that did not use during three months



How to follow-up