

Welcome



Girls Matter!

*A webinar series addressing
adolescent girls' behavioral health*

Deborah Werner



Deborah Werner

Project Director

SAMHSA's TA and
Training on Women
and Families Impacted
by Substance Abuse
and Mental Health Problems

Technical Information



- Your lines will be muted for the duration of the call.
- Today's webinar is being recorded and will be posted online.

Logistics

- Questions may be submitted by typing them into the questions box. To open the question box – click the go-to menu (4 small boxes on right).
- If you experience technical difficulties during the webinar, put a question in the chat-box or email Noah Shifman at nmshifman@ahpnet.com
- To join the conversation about girls' behavioral health use #girlsmatter2014 on Facebook and Twitter

CEU Information

- NAADAC and NBCC CEU are available for this webinar by the Addiction Technology Transfer Center Network (ATTC) Coordinating Office.
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- If you are watching with a group, please email the names and email addresses of those in your group to GBH@ahpnet.com. Each person in the group must fill out the post-evaluation survey individually.



Disclaimers

- This webinar is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services (DHHS).
- The contents of this presentation do not necessarily reflect the views or policies of SAMHSA or DHHS.
- The webinar should not be considered a substitute for individualized client care and treatment decisions.

About Girls Matter!



Purpose of Girls Matter!



- Increase the behavioral health workforce's understanding of the needs and concerns of adolescent girls (primarily ages 12-18)
- Bring visibility and attention to the specific behavioral health concerns of adolescent girls

Webinars

- **Growing Up Girl** — February 25
- **Girl in the Mirror** — March 13
- **Girls and Substance Use** — April 22
- **Digital Girls** — May 20
- **Sanctuary and Support** — June 10
- **Youth Development and Recovery Supports** — July 24

Girls and Substance Use: Trends, Challenges, and Opportunities



Girls' abuse of substances has been increasing, with dangerous consequences to their health and well-being.

Featured Speaker



Sharon Amatetti, M.P.H.

Substance Abuse and
Mental Health Services Administration
(SAMHSA)



Girls and Substance Use: Trends, Challenges and Opportunities

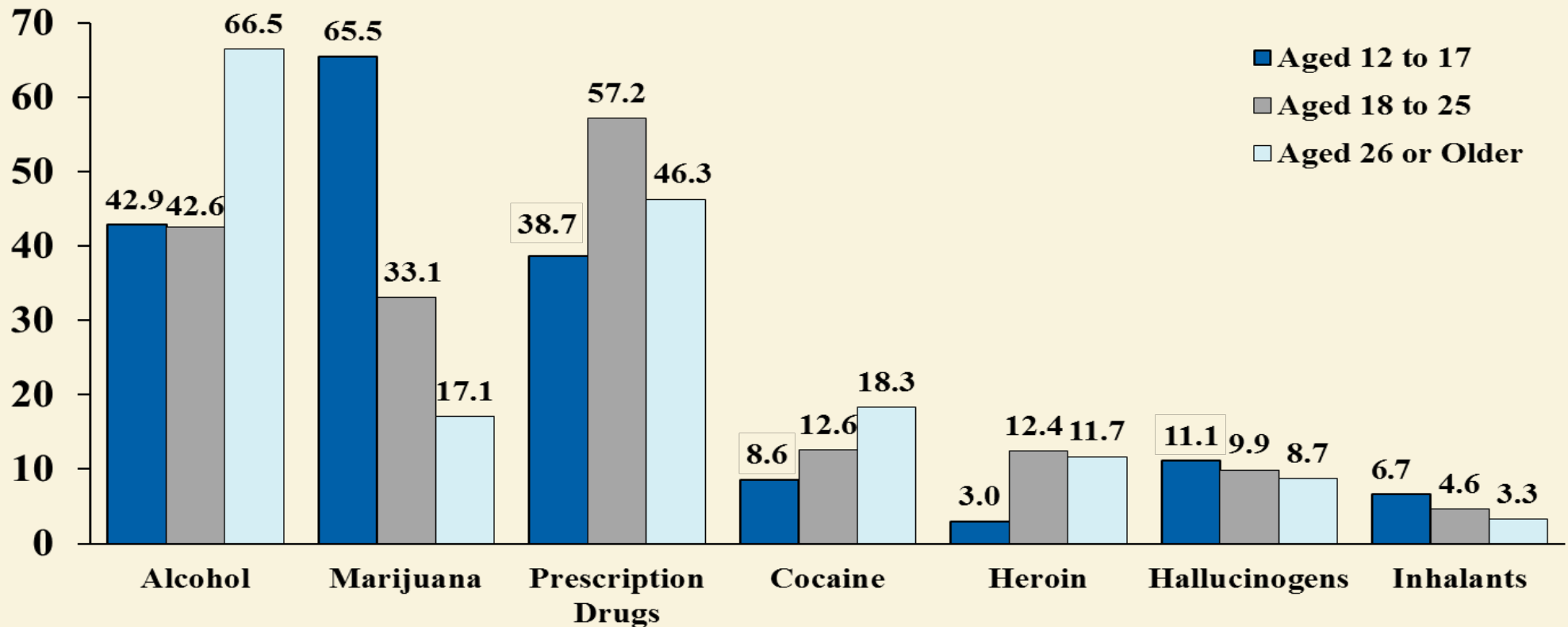
April 22, 2014

Sharon Amatetti, MPH



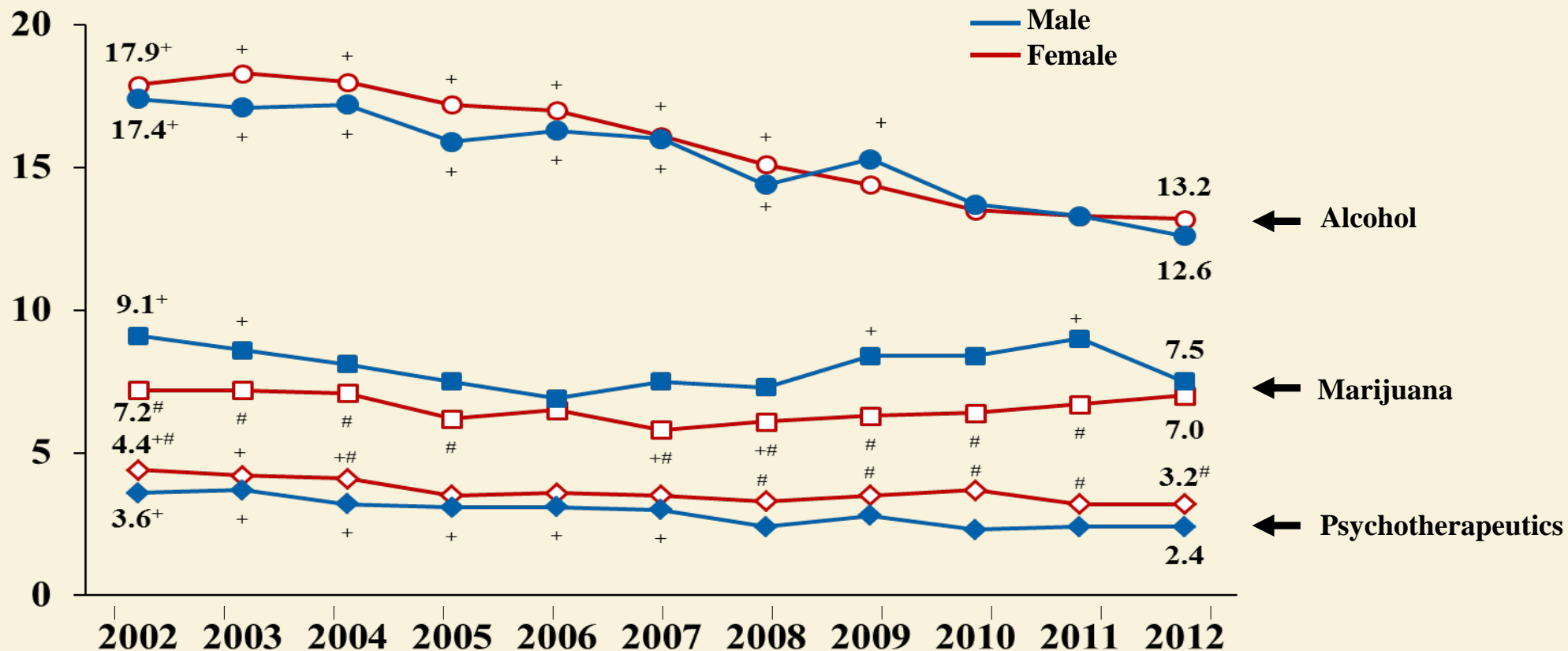
Adolescents Differ from Adults in Substances Most Abused

Percent of Those Who Received Past Year Treatment



Past Month Use of Selected Illicit Drugs and Alcohol among Youths Aged 12 to 17: 2002-2012

Percent Using in Past Month



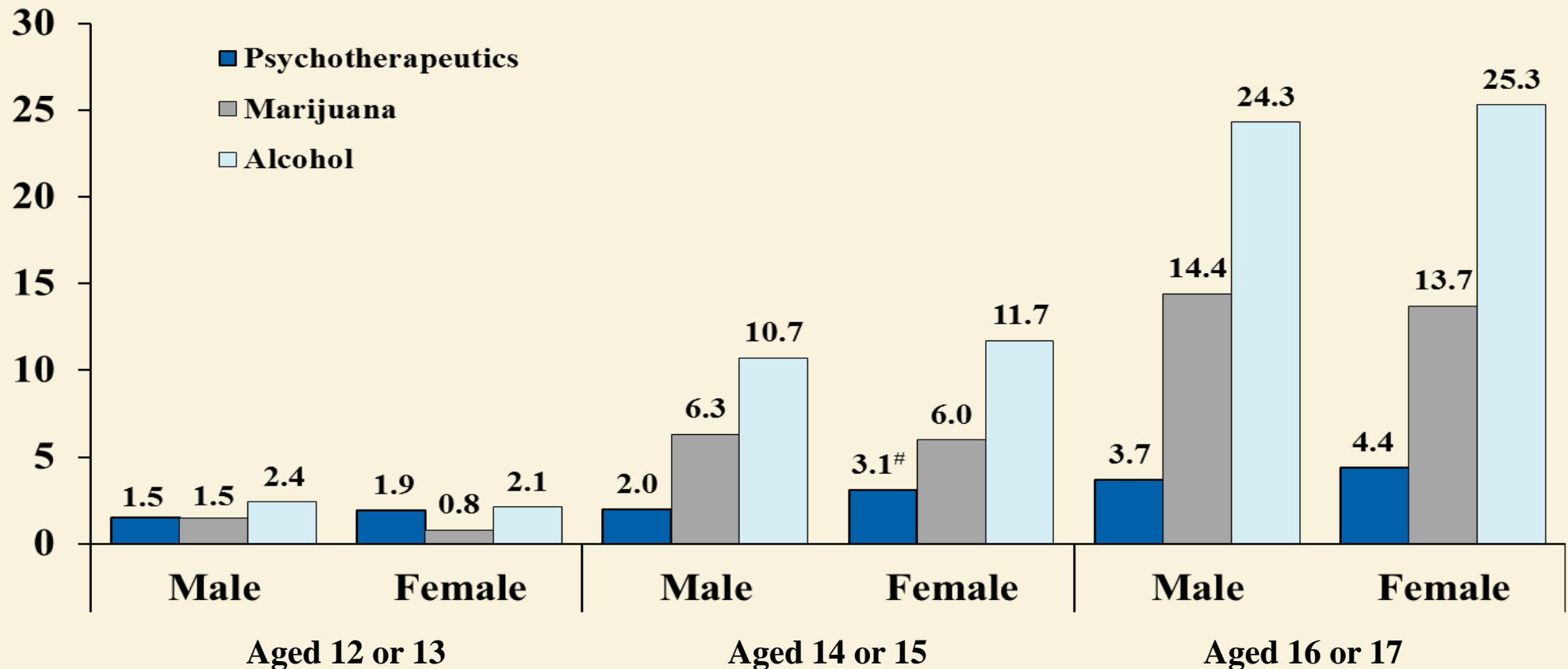
⁺ Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

[#] Difference between this estimate and the male estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2012.

Past Month Use of Selected Illicit Drugs and Alcohol among Youths Aged 12 to 17, by Gender and Age Group: 2012

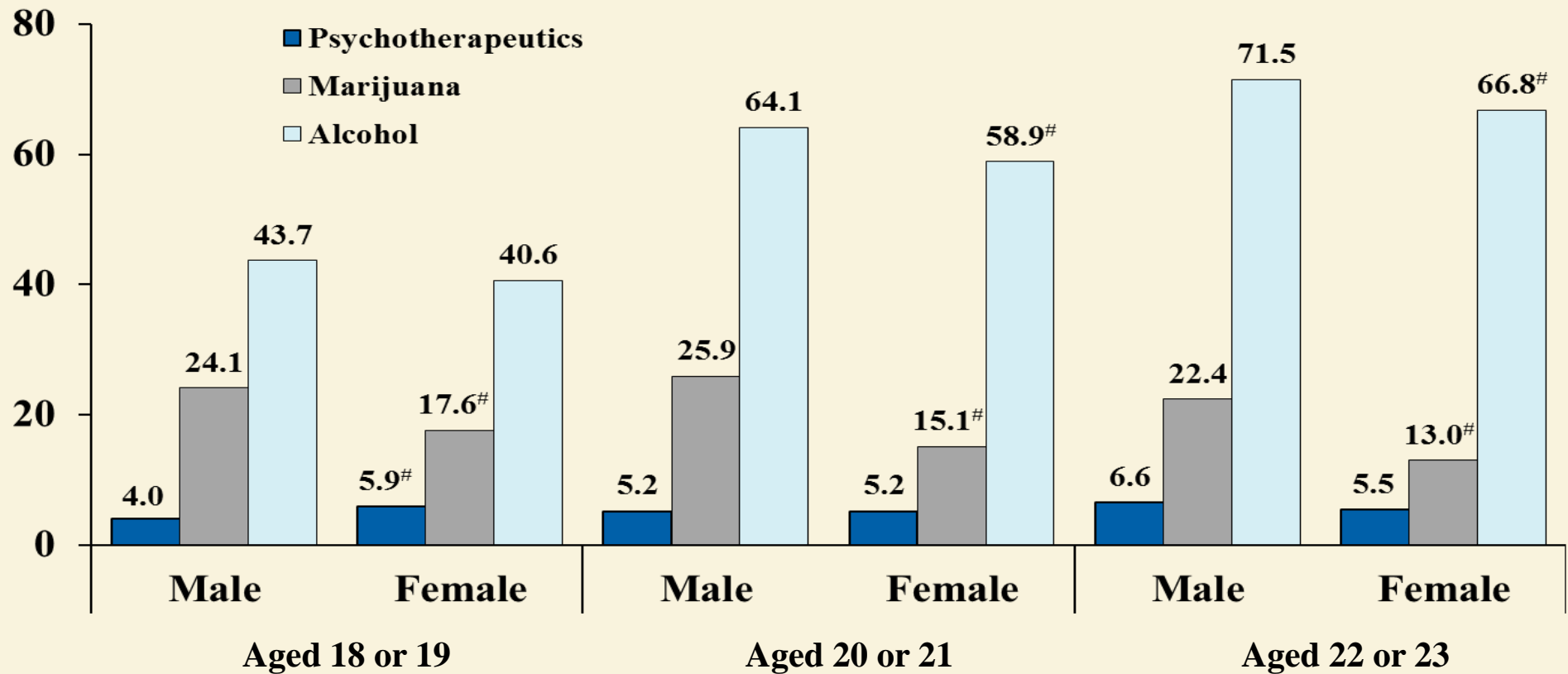
Percent Using in Past Month



[#] Difference between this estimate and the male estimate is statistically significant at the .05 level.

Past Month Use of Selected Illicit Drugs and Alcohol among Young Adults Aged 18 to 25, by Gender and Age Group: 2012

Percent Using in Past Month

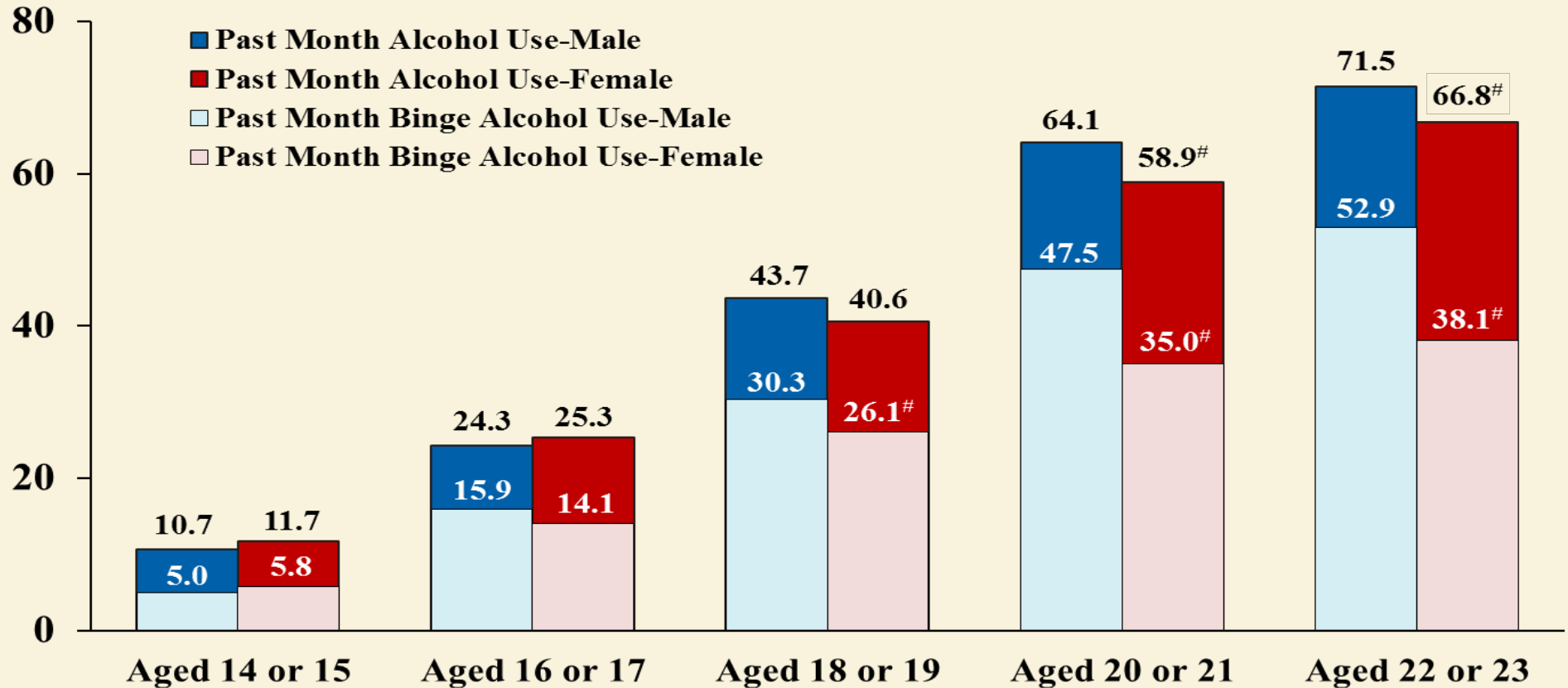


[#] Difference between this estimate and the male estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012.

Past Month Alcohol Use and Binge Alcohol Use among Persons Aged 14 to 23, by Gender and Age Group: 2012

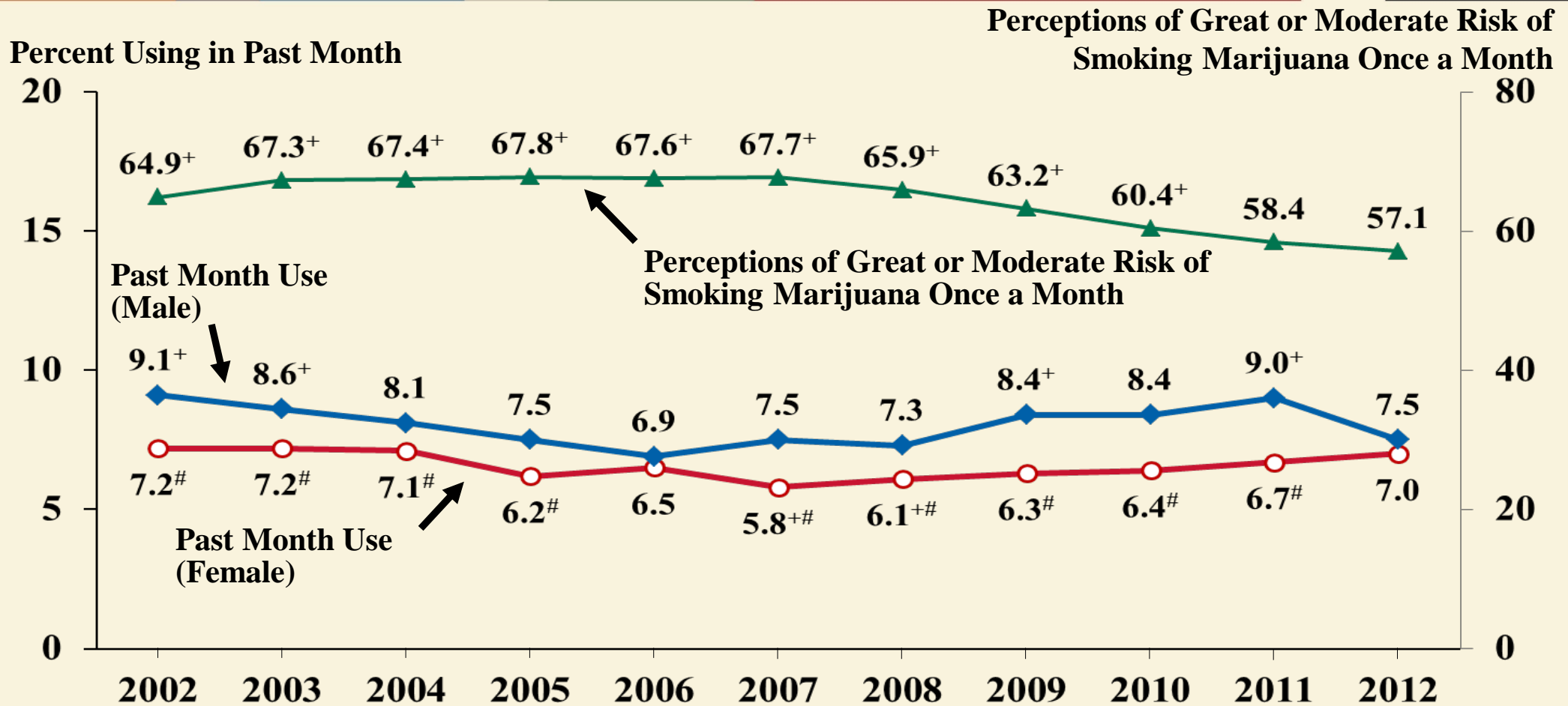
Percent Using in Past Month



[#] Difference between this estimate and the male estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012.

Past Month Marijuana Use and Perceptions of Great or Moderate Risk of Smoking Marijuana Once a Month among Youths Aged 12 to 17, by Gender: 2002-2012



⁺ Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

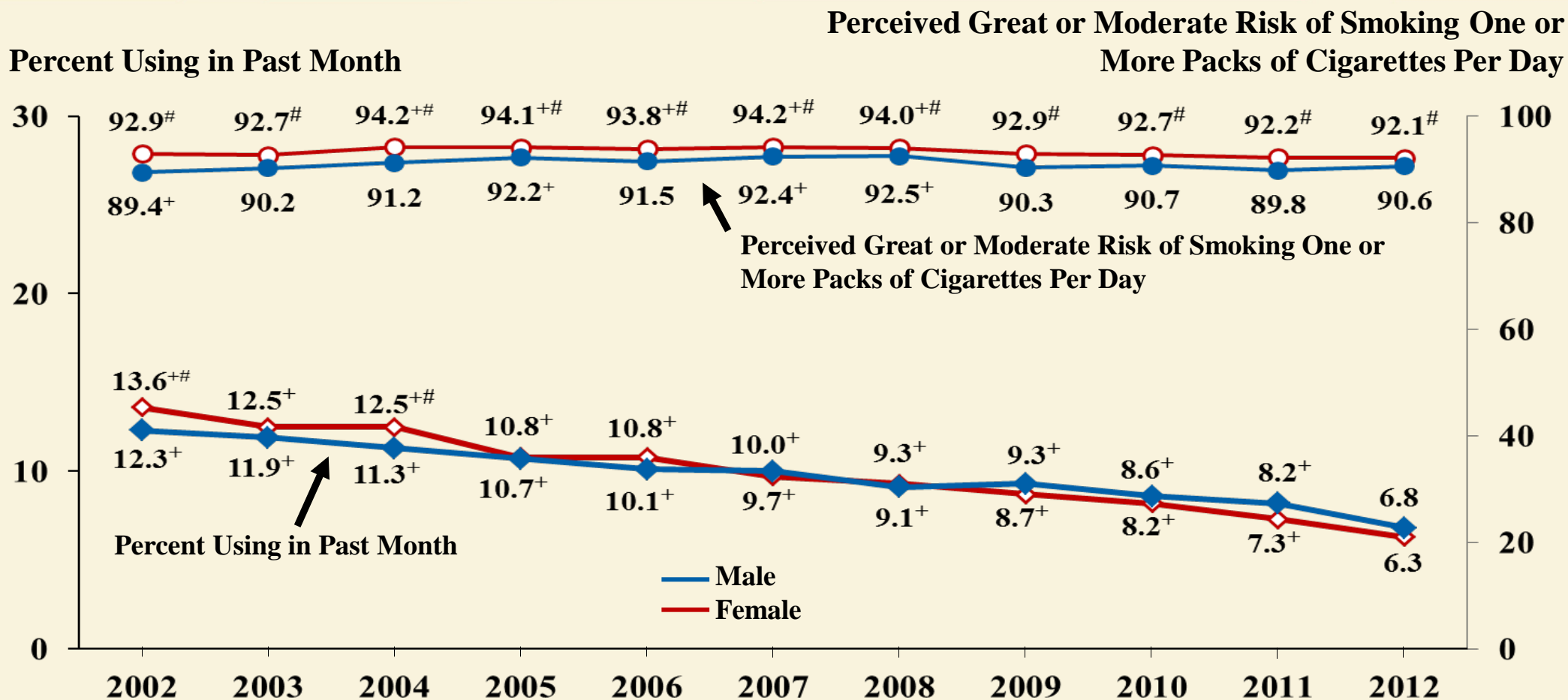
[#] Difference between this estimate and the male estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2012.

Marijuana Vulnerability

- **“There is no controversy, marijuana produces addiction.” Dr. Nora Volkow, Director, NIDA**
- **If marijuana use is initiated by 17 years or younger, 9-16% of users will become addicted.**
- **Earlier use also is associated with higher risk of addiction to other drugs.**
- **When perceived risk of use decreases, use increases.**
- **Marijuana use increases vulnerability to depression and anxiety.**
- **<http://www.youtube.com/watch?v=RSDnLSU3owc&feature=youtu.be>.**
“Or search Youtube for “Nora Volkow CADCA marijuana.”

Past Month Cigarette Use and Perceptions of Great or Moderate Risk of Smoking One or More Packs of Cigarettes Per Day among Youths Aged 12 to 17, by Gender: 2002-2012



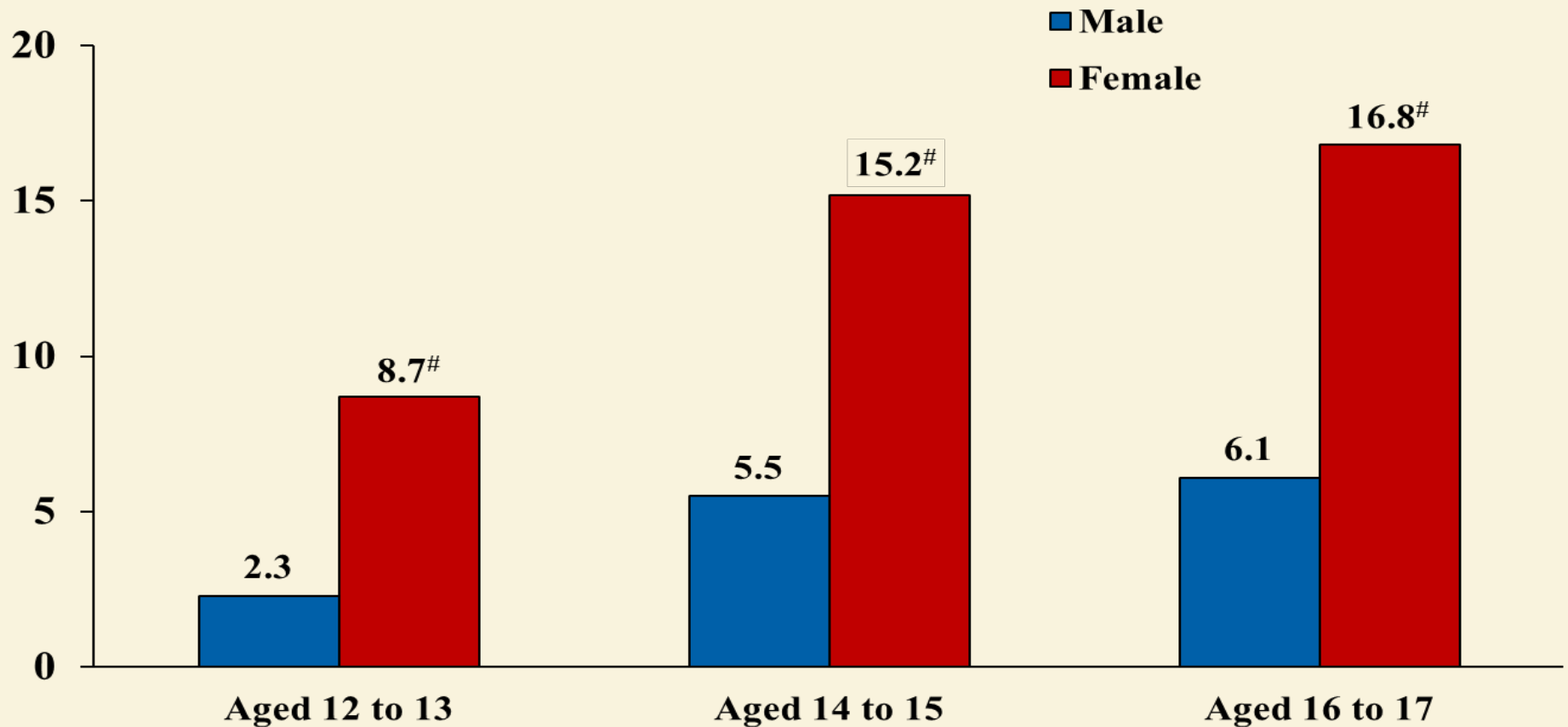
⁺ Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

[#] Difference between this estimate and the male estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2012.

Major Depressive Episode in the Past Year among Persons Aged 12 to 17, by Age Group and Gender: 2012

Percent with MDE in the Past Year

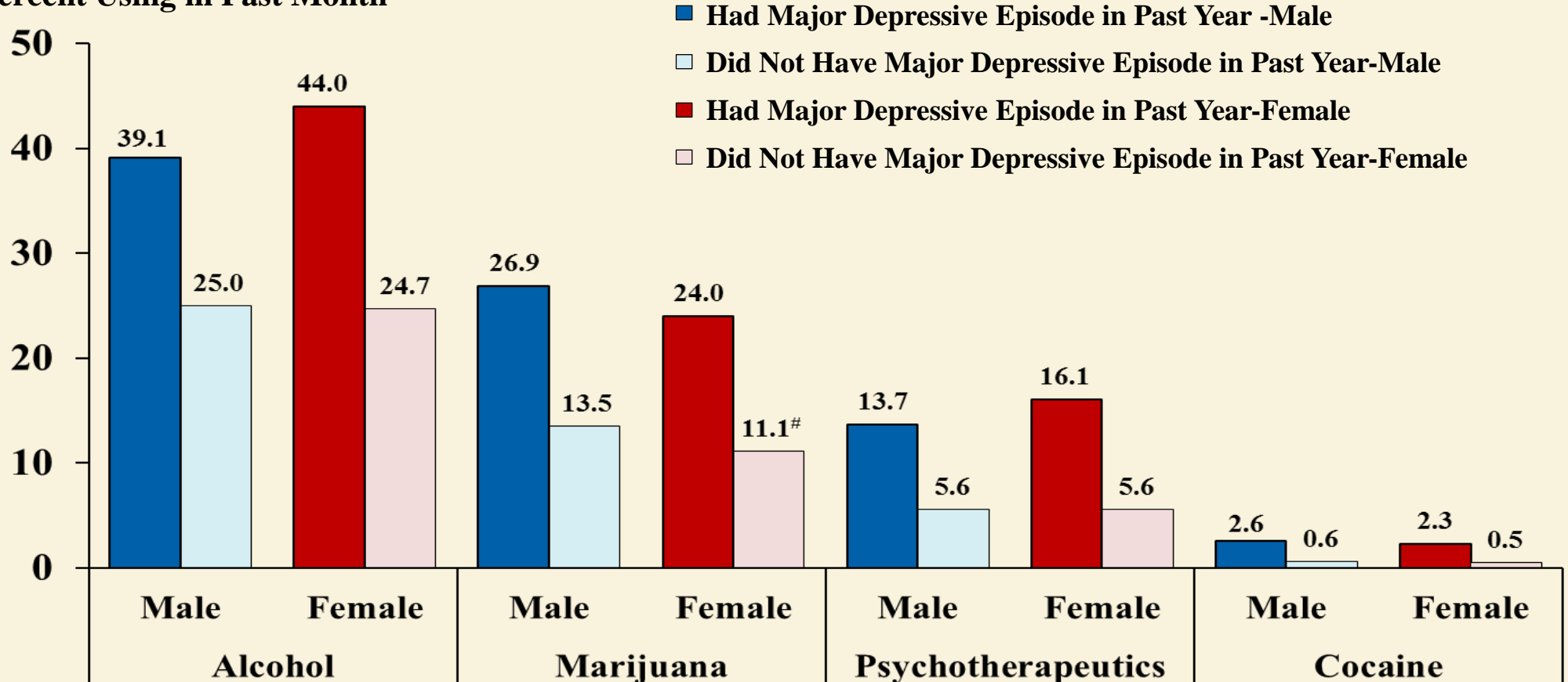


Difference between this estimate and the male estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012.

Past Year Substance Use among Youths Aged 12 to 17, by Major Depressive Episode in the Past Year and Gender: 2012

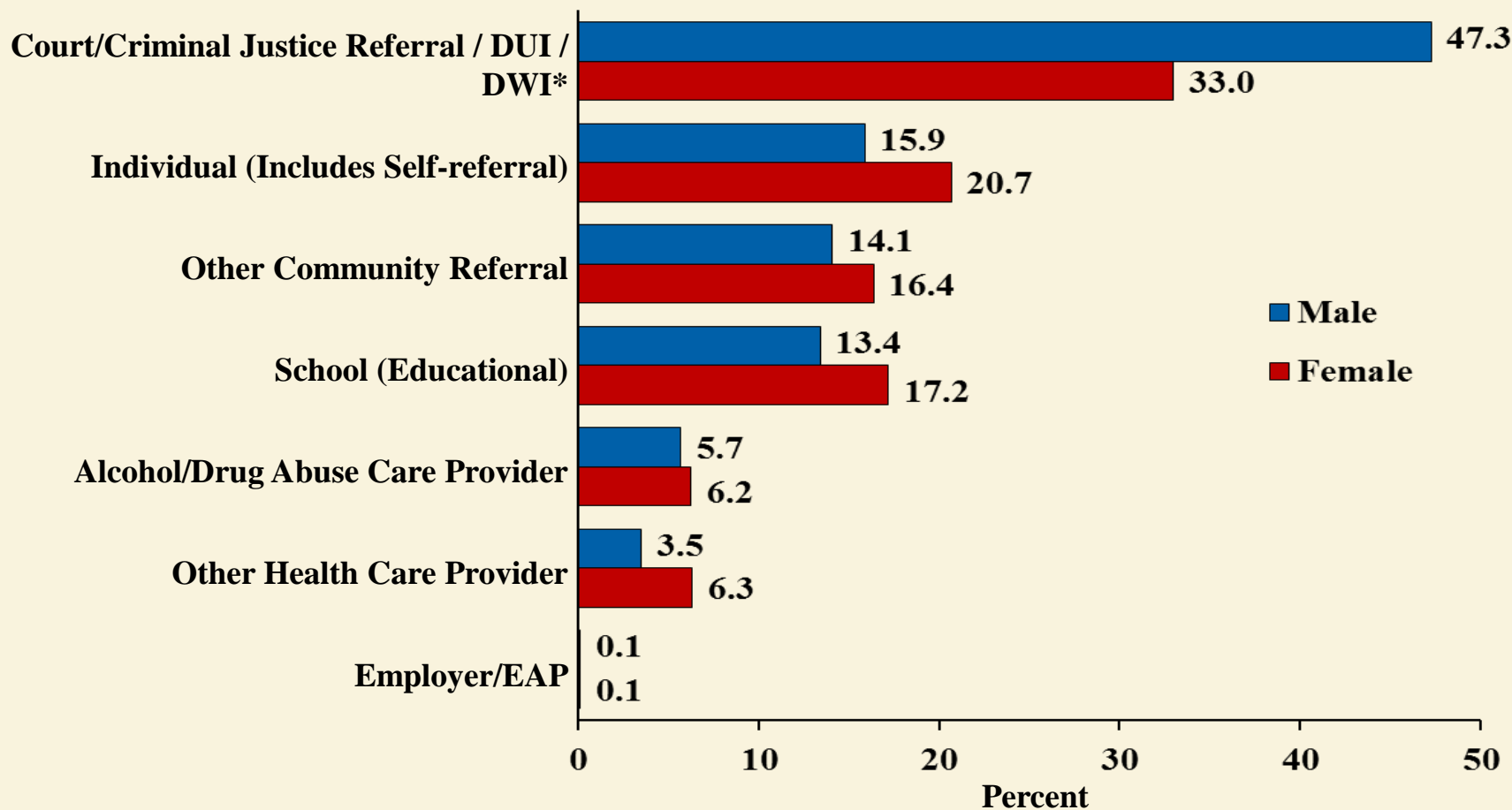
Percent Using in Past Month



Difference between this estimate and the male estimate is statistically significant at the .05 level.

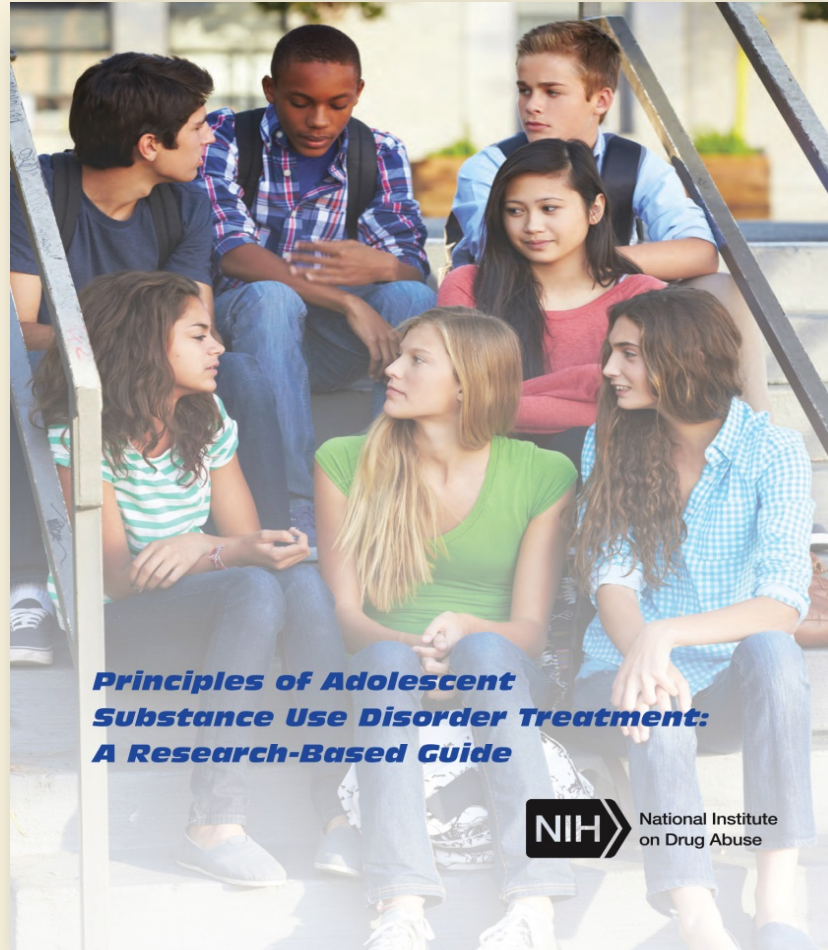
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2012.

Adolescents Aged 12 to 17 Admitted to Publicly Funded SA Treatment Facilities by Principal Source of Referral



* Cohen's $h \geq .20$: Court/Criminal Justice Referral/DUI/DWI: male vs. female.

Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide



***Principles of Adolescent
Substance Use Disorder Treatment:
A Research-Based Guide***

NIH National Institute
on Drug Abuse

13 principles of substance use disorder treatment for adolescents

1. Early Identification
2. Intervention even if not addicted
3. Medical visits are opportunities
4. Legal interventions and sanctions play a role
5. Treatment should be person-specific
6. Address the needs of the whole person
7. Behavioral interventions are effective
8. Families and community are important
9. Co-occurring conditions must be addressed
10. Histories of violence and trauma must be addressed
11. Monitoring drug use during treatment
12. Adequate length of stay in treatment
13. Testing for infectious diseases

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Featured Speaker



Candice Norcott, Ph.D.
Licensed Clinical Psychologist

TREATING THE WHOLE GIRL:

Discussing girls' services
development through
the example of voices:
A program of self-discovery
and empowerment for girls

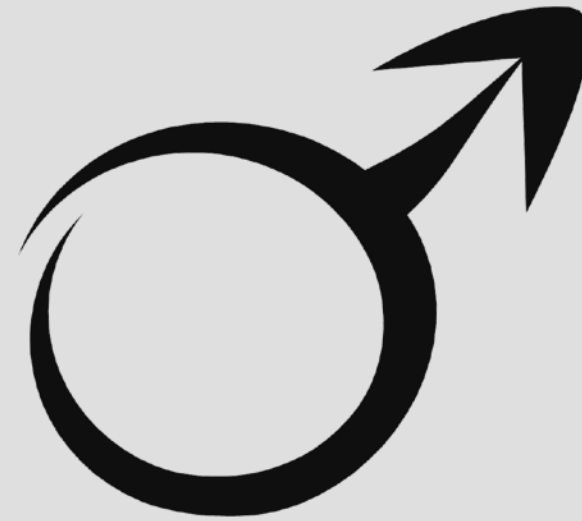
SAMHSA Webinar Series
Candice Norcott, Ph.D.
4/22/14



What I'll be Talking about...

- Gender Matters and Why
- Creating Services for Girls
 - Gender-Responsive
 - Developmentally Appropriate
 - Trauma Informed
- Example Specifically for Adolescent Girls:
 - *Voices: A Program of Self-Discovery and Empowerment for Girls*

Gender Differences



Sex Differences

Creating Services for Girls



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Definition of Gender-Responsiveness

- Creating an environment through:
 - site selection
 - staff selection
 - program development
 - content and material
- that reflects an understanding of the realities of the lives of women and girls, and addresses and responds to their strengths and challenges.

Why Develop Gender-Responsive Programs?

- Girls travel a different path to problems than most of their male counterparts.
- After years of struggling to squeeze girls into programs designed for boys, some agencies that work with girls are seeking approaches that are gender-specific.

Gender-Responsive: Guiding Principles

- Gender
- Environment
- Relationships
- Services
- Economic and Social Status
- Community



Creating Services for Girls

- Gender-Responsive
- Developmentally
Appropriate
- Trauma Informed



Creating Programs for Girls

Taking Adolescent Development into Account

- Celebrates strengths
- Safety is key
- Female mentors and role models
- Develop and support leadership skills
- Empower girls – force for social change
- Media literacy
- Physical, sexual and mental health information
- Cultural connections
- Solidarity between girls and women

Creating Services for Girls

- Gender-Responsive
- Developmentally
Appropriate
- Trauma Informed



Creating Programs for Girls Using

Core Principles of Trauma Informed Care

- Safety (physical and emotional)
- Trustworthiness
- Choice
- Collaboration
- Empowerment

(Fallot & Harris, 2006)



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A program of self-discovery
and empowerment
for girls



*Hear us loud
and strong*

Stephanie S. Covington

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Stephanie S. Covington

Voices: A Program of Self-Discovery and Empowerment for Girls

FOUR MODULES

- 18 sessions / 90 minutes each

SITES

- Substance Abuse Treatment
- Juvenile Justice
 - Probation & Custodial Settings
- Schools
- Mental Health Settings
- Churches



Voices: A Program of Self-Discovery and Empowerment for Girls

FOUR MODULES

- Self
- Connecting with Others
- Healthy Living
- The Journey Ahead



Module A: Self

Session 1

Who am I?

Session 2

My Life Story

Session 3

Breaking the Silence

Session 4

The World Girls Live In

Session 5

Support and Inspiration

(27 activities)

Module B: Connecting with Others

Session 6	<i>Communication</i>
Session 7	<i>My Family</i>
Session 8	<i>Mothers and Daughters</i>
Session 9	<i>Friendship</i>
Session 10	<i>Dating and Sexuality</i>
Session 11	<i>Supportive Relationships</i>
Session 12	<i>Abusive Relationships</i>

(36 activities)

Module C: Healthy Living

Session 13	<i>Our Bodies</i>
Session 14	<i>Emotional Wellness</i>
Session 15	<i>Alcohol and Other Drugs</i>
Session 16	<i>Spirituality</i>

(24 activities)

Module D: Journey Ahead

Session 17 *Crossroads*

Session 18 *Packing for My Journey*



References

- National Center on Addiction and Substance Abuse at Columbia University (2005). *The Formative Years: Pathways to Substance Abuse Among Girls and Young Women Ages 8–22*, New York, NY.
- FalLOT, R. D., & Harris, M. (2006). *Trauma-informed services: A self-assessment and planning protocol, version 1.4*. Washington, DC: Community Connections.
- Covington, S.S., & Bloom, B.E. (2006). Gender-responsive treatment and services in correctional settings. In E. Leeder (Ed.), *Inside and out: Women, prison, and therapy*. Binghamton, NY: Haworth.

For More Information...

- For more on *Voices*, visit:

<http://www.stephaniecovington.com/voices-a-program-of-self-discovery-and-empowerment-for-girls1.php>

- My Contact Information

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Featured Speaker



Cynthia Rowe, Ph.D.

University of Miami Miller School
of Medicine's Center for Treatment Research
on Adolescent Drug Abuse (CTRADA)

Multidimensional Family Therapy (MDFT) with Adolescent Girls

Cynthia Rowe, Ph.D.

Center for Treatment Research on Adolescent Drug Abuse
University of Miami Miller School of Medicine

MDFT International, Inc.: www.mdft.org



multidimensional
FAMILY THERAPY

SAMHSA Webinar: Adolescent Girls and Substance Abuse; April 22, 2014

What is MDFT?

- Integrative family-based treatment
- Addresses interrelated risk factors
- Multidimensional assessment/intervention
- Flexible for use in different settings
- Well specified, adaptable protocols
- “Best Practice” for adolescent substance abuse and delinquency based on 10 RCTs



How does MDFT Work?

- Facilitation of development
- Working the *four corners*: adolescent, parent, family, and extrafamilial interventions
- Building community connections
- Improving parents' functioning
- Changing family relationship/environment
- Targeting multiple domains of functioning



Why are Adolescent Girls Unique?

- High rates of comorbid mental health and substance abuse problems
- Family and parenting dysfunction
- Central importance of relationships
- Significant focus on emotions
- Importance of empowerment
- Sexual health and self-care



Why is MDFT Effective with Girls?

- Leveraging the power of families
- Healing relationships in all life domains
- Emphasis on emotional health and balance
- Self-examination and self-empowerment
- Addressing sexual health and self-care
- Extrafamilial interventions build competencies
- Comprehensive approach



Illustrative Case Example

- Alana: 17 year-old African American abusing substances and referred by probation officer
- Family history and presenting issues
- Treatment approach and interventions with Alana and her aunt
- Crisis as an intervention opportunity
- A new life chapter



Summary and Conclusions

- Girls who abuse substances tend to have many risk factors, *particularly family dysfunction*
- Comprehensive interventions are needed to target these multiple risk factors and problems
- MDFT is effective with girls given its comprehensive approach and emotional and relational focus
- MDFT impacts substance abuse as well as delinquency, school, and mental health problems
- Its flexibility increases its implementation potential



Resources

- MDFT Website: www.mdft.org
- MDFT Treatment Manual:
<http://lib.adai.washington.edu/clearinghouse/downloads/Multidimensional-Family-Therapy-for-Adolescent-Cannabis-Users-207.pdf>
- MDFT Factsheet and Implementation Information:
http://www.mdft.org/mdft/media/files/MDFT_Fact_Sheet_Final.pdf
http://www.nrepp.samhsa.gov/pdfs/MDFT_Booklet_Final.pdf
- MDFT NREPP Summary:
<http://www.mdft.org/mdft/media/files/NREPP-intervention-summary.pdf>



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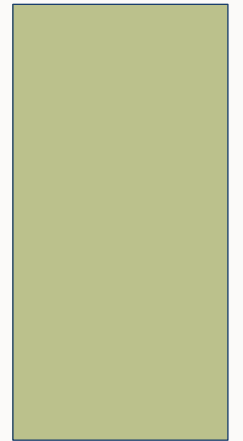
Andrew J. Finch, Ph.D.

Practice of Human and Organizational
Development at Vanderbilt University



RESOURCES FOR GIRLS: RECOVERY HIGH SCHOOLS

ANDY FINCH, PH.D.
VANDERBILT UNIVERSITY



ACKNOWLEDGEMENTS

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VOICES



"Girls our age, we tend to talk like we are more mature but in our heads we are still young, we are still scared little girls which makes adults expect more."

NIDA PRINCIPLES

“Recovery high schools...allow adolescents newly in recovery to be surrounded by a peer group supportive of recovery efforts and attitudes. Recovery schools can serve as an adjunct to formal substance abuse treatment, with students often referred by treatment providers and enrolled in concurrent treatment for other mental health problems.”

SOURCE: <http://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/evidence-basedapproaches-to-treating-adolescent-substance-use-disorders/recovery-support-services>

RECOVERY HIGH SCHOOL DEFINITIONAL COMPONENTS

- A. Primary purpose is to educate students in recovery from substance use or co-occurring disorders;
- B. Meet state requirements for awarding a secondary school **diploma**, i.e. school offers credits leading to a state-recognized high school diploma, and student is not just getting tutored or completing work from another school while there;

RECOVERY HIGH SCHOOL DEFINITIONAL COMPONENTS

- C. Intent that all students enrolled be in recovery and working a program of recovery from substance use or co-occurring disorders as determined by the student and the School;
- D. Available to any student in recovery who meets state or district eligibility requirements for attendance, i.e., students do not have to go through a particular treatment program to enroll, and the school is not simply the academic component of a primary or extended-care treatment facility or therapeutic boarding school.

VOICES



"I went to a public school after rehab, and it was awful. They called me a junkie; they literally made fun of me for being an alcoholic. I don't think people understand, and I literally stopped going because I was so sick of being tormented."

HOLDING ENVIRONMENTS

Traditional = Negative HE

- **Challenge** – Being “sober” is “strange. Familiar environments, peer groups, and teachers/administrators challenge the new learnings/desires for sobriety.
- **Support** – Old friends and playgrounds support return to former ways of being and knowing. Authority figures trigger old behaviors.
- **Consistency** – Drinking and drug using peer groups and family patterns remain intact and feel comfortable in times of struggle.

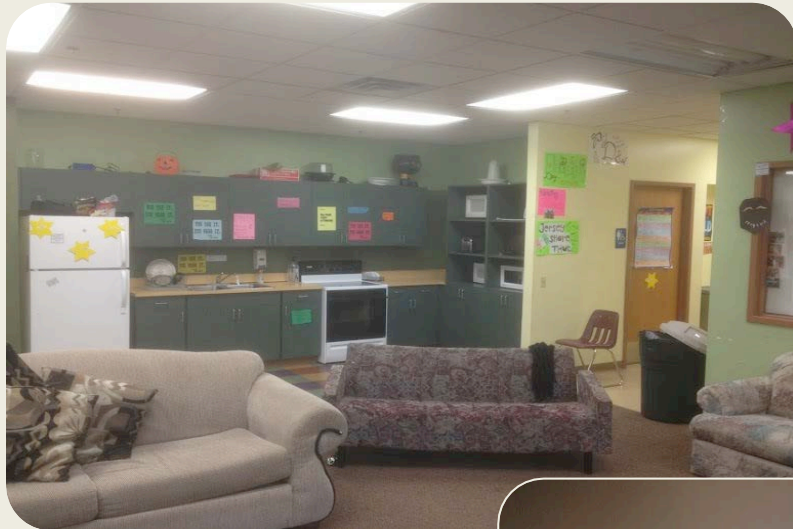
Recovery = Positive HE

- **Challenge** – New ways of being and knowing challenge the familiar desires to fall back into “using” behaviors. Rules challenge old behaviors.
- **Support** – Being sober is “normal” . New growth in wanting to be sober and graduate is affirmed. Recovery schools support unknown strengths and holds a person who is struggling. New support group forms that does not use drugs. Authority figures reinforce new behaviors.
- **Consistency** – Recovery schools usually set no time limits for enrollment. Supports students as long as student wants to stay until earning a diploma.

FACILITIES



FACILITIES - INTERIORS



SCHOOL/PROGRAM

Admission requirements:

- Sobriety Duration (none to at least 30 days)
- Recovery (Contemplation through active recovery)
- Treatment history (none required through some—undefined-- prior treatment program)
- Voluntary through coerced

Frameworks of Recovery:

- Most include daily group plus available one on one counseling.
- All utilize some variant of Twelve Step/Minnesota Model, some also incorporate harm reduction, CBT, etc.

ACADEMIC PROGRAMS

- Most share school staff with other schools/programs
 - Embedded programs usually use parent organization's staff/classes
- Individualized, self-paced learning, often tutorial in nature
 - Classes often blend grade levels and sometimes subject material
- Some schools use externally created curriculum aligned with state standards
- Strive to:
 - transition students to regular high schools
 - to graduate students, or
 - either transition or graduate, depending on student need
- Typically no set limit on length of stay

VOICES



“Teachers need to care about their students, not all teachers know what students are going through, there should be more counselors at school because being in your teens are such crucial years.”

THERAPEUTIC PROGRAMS

- All have counselor/therapist involved, some contracted/outsourced to treatment programs
- Counseling staff credentials vary (most have licensed A&D counselors, LPCs, LMFTs, and/or social workers).
- Generally eclectic professional orientation for clinical staff:
 - reality therapy
 - brief therapy (MET)
 - cognitive-behavioral (CBT)
 - dialectical behavior therapy (DBT)
 - client/student centered
 - family systems
 - behavior modification (threat of incarceration)
 - psychopharmacology (for mental health issues)
 - AA and NA emphasis

VOICES



"Life experiences make you who you are. Our worries are much greater than most regular girls our age."

STUDENT SURVEYS (N=321): TREATMENT HISTORY

- Student tenure: mean 232 days (just over 7.5 months), range 0-1440 days (4 yrs)
- 78% report substance abuse treatment history
 - 54% Inpatient/Residential
 - 55% Outpatient
- 49% report mental health treatment history
 - 23% Inpatient/Residential
 - 25% Outpatient
- 48% report they are currently receiving counseling or treatment outside of school (18% for AOD, 16% MH, 22% both)

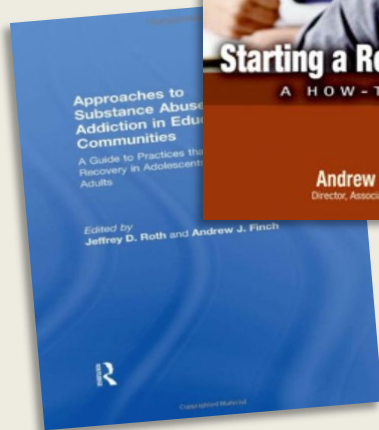
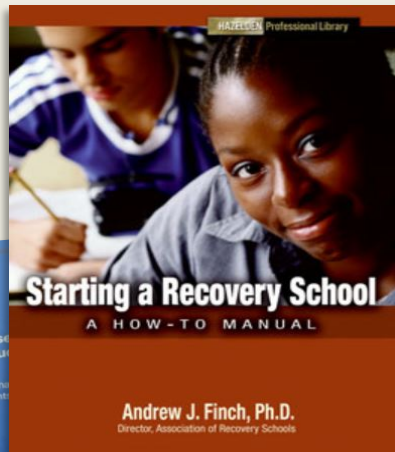
CURRENT NIH COMPARATIVE OUTCOMES STUDY: PRELIMINARY 6-MONTH OUTCOMES

- Preliminary results suggest RHS programs can be successful in supporting young people in recovery, and promoting both behavioral and academic outcomes.
- Compared to students not in RHSs, students in RHSs:
 - Reported fewer days using alcohol, marijuana, and other drugs than students not in RHSs
 - Reported higher math scores

FOR MORE INFORMATION



- 13th Annual Conference June 2014 in San Diego (www.recoveryschools.org)
- Publications:
 - *Starting a Recovery School*
 - *Approaches to Substance Abuse and Addiction in Education Communities*



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Girls' abuse of substances has been increasing, with dangerous consequences to their health and well-being.

Closing Comments



Girls Matter!

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Resources

- SAMHSA's Girls Matter! <http://www.tinyurl.com/girlsmatter2014>
- Other SAMHSA resources <http://www.samhsa.gov>
- HHS, Office of Women's Health, girls health website www.girlshealth.gov
- HRSA Office of Women's Health, health & wellness <http://www.hrsa.gov/womenshealth/wellness/>
- Futures without Violence <http://www.futureswithoutviolence.org/>

Resources *continued*

- Interagency Working Group on Youth Programs, collaborative website <http://findyouthinfo.gov/>
- National Institute on Drug Abuse, teen website <http://teens.drugabuse.gov/>
- National Online Resource Center on Violence Against Women, Teen Dating Violence Special Collection <http://www.vawnet.org/special-collections/TDV.php>
- Federal collaborative website on bullying <http://www.stopbullying.gov/>

Announcements

- Following the webinar you will need to complete a brief satisfaction survey at <https://www.surveymonkey.com/s/GirlsandSubAbuse>.
- Must complete the survey and enter name and email addresses for CEUs.
- All qualified attendees for today's training will receive an email from ceu@attcnetworkoffice.org within 72 hours of today's event with instructions for obtaining your certificate of attendance.

THANK YOU

We hope you enjoyed the presentation
and that you will join us for the
Digital Girls on May 20th .

