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TARGETING YOUTH'S MOTIVATION TO CHANGE SUBSTANCE USE BEHAVIORS:

Feasibility & Preliminary Outcomes from an Open Trial Of The Free Talk Program in a Short-Term Juvenile Detention Facility



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- Adolescent substance use contributes to an increased risk for a variety of negative outcomes, including delinquency and justice system involvement (Put, Creemers & Hoeve, 2014)
- The high prevalence of substance use disorders (SUDs)
 within the juvenile justice system has been consistently
 demonstrated in research



Half of incarcerated boys and almost half of incarcerated girls met the diagnostic criteria for a SUD (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002)



81.4% of incarcerated youth met the diagnostic criteria for a SUD and for many of these youth, substance use persists into adulthood (Welty et al., 2002)

- One one hand, involvement with the juvenile justicesystem may create a risk for continued problems with SUDs
- On the other hand, it is also possible that involvement with the juvenile justice system facilitates an opportunity for underserved youth to access treatment
- Intervention science has established several interventions to prevent substance use problems in general populations of adolescents, including motivational interviewing.

- Motivational interviewing (MI) is a collaborative, goal-oriented conversation style for building a person's motivation and commitment to behavior change (Miller & Rolnick, 2012)
- May be particularly helpful for juvenile-justice involved youth who
 may be less likely to respond to more directive approaches (Clair-Michaud
 et al., 2016)
 - Studies of MI to reduce adolescent substance use have yielded promising results (Jensen et al., 2011)

- Free Talk (FT) is a six-session manualized group intervention that aims to increase motivation for substance use cessation (D'Amico, Chan Osilla, & Hunter, 2010)
 - Developed for at-risk adolescents participating in a diversion program with a first-time drug charge
 - Uses a motivational interviewing approach
- Preliminary evaluation of FT revealed reduced substance use at 3 months (D'Amico et al., 2012)

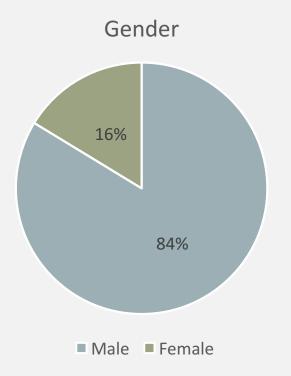


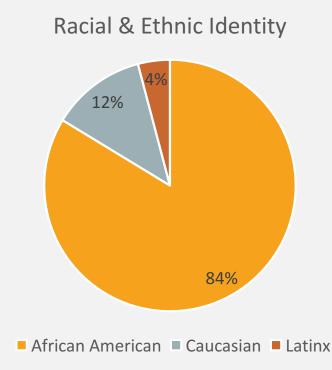


- The current open-trial implementation study aimed to:
- 1. Evaluate the feasibility of FT within a short-term juvenile detention facility as part of universal health curriculum.
- 2. Determine whether incarcerated youth participating in FT within the juvenile detention center reported expected changes in motivation to change substance use
 - We hypothesize that the youth participating in FT would report a significant increase in motivation to change substance use

METHODS

- N=49 youth aged 12-18 (*M age*=15.31, *SD*=1.56) who were detained in a short-term juvenile detention center
 - Primarily African American and male-identifying





MEASURES

Construct	Motivation to Change Substance Use	
Measures	Contemplation Ladder (Biener & Abrams, 1991; Slavet et al 2006)	URICA (DiClemente, Schlundt, & Gemmel, 2004)
Items	1-item self-report visual analog measure	 24 items on a 5-point Likert scale from strongly disagree to strongly agree Example Item: "I have a problem and I really think I should work on it."
Administered	Pre- & Post-intervention	Pre- & Post-intervention

RESULTS & DISCUSSION

- H1: The youth participating in FT would report a significant increase in motivation to change substance use
- Paired samples t tests revealed:
 - There was **no significant difference** between pretreatment (M=8.10, SD=2.86) and post-treatment (M=8.19, SD=2.96) motivation to change substance use as measured by the Modified Contemplation Ladder scores, t(20)=-0.28, p=.785, d=0.33.
 - There was a **significant decrease** between pre-treatment (M=6.71, SD=2.74) and post-treatment (M=5.74, SD=2.95) motivation to change substance use as measured by the URICA, t(23)=3.23, p=.004, d=0.35



H1: Contrary to our hypothesis, the youth participating in FT did not report a significant increase in motivation to change substance use

DISCUSSION

- Group treatment can be contraindicated
- Networking with peers who display deviant and delinquent behavior can influence the socialization of youth and contribute to iatrogenic treatment effects (Dishion, 1994)
- The results from the current study provide no evidence to suggest that FT is a helpful program when implemented as a universal program
 - It may be that group treatment as a universal program such as FT negatively impacted substance use outcomes
 - Due to the high-risk population and setting, it's possible that deviancy training occurs during the intervention, and when youth learn of other youth whose substance use is worse, they may view their own use as less problematic



- Barriers to alliance
 - Support for implementation of the intervention varied within the detention center
 - absence of familiar staff members to co-lead groups led to a barrier of rapport building between youth and the therapist
- Planning for future implementations should ensure that a trusted staff member is trained in delivering the intervention and available to lead groups

FEASIBILITY

- Scheduling Barriers
 - Groups took place during visitation and many youth were absent for varying amounts of time during sessions
 - The schedule at the facility changed daily and detention center staff were not able to share the schedule prior to the day of the session
- Planning for future implementations should ensure that a comprehensive schedule and protocol for sessions should be developed and shared between the clinical/research team and detention center staff prior to implementation



- Intervention Barriers
 - Although FT requires several clinical materials for games and activities during sessions, the treatment manual does not include these materials
 - FT focuses on discussing the use of a variety of different substances, some of which youth did not endorse using.
- Planning for future implementations should tailor discussions and handouts to relevant substances.
- Treatment developers could consider creating printable templates for materials or including instructions for clinical materials in the manual.

LIMITATIONS& FUTURE DIRECTIONS



Limitation: No comparison group

Future Direction: Randomized controlled design



Limitation: Reliance on self-report data while incarcerated

Future Direction: Collect parent/guardian report data, long-term follow up after release



Limitation: Did not measure session fidelity

Future Direction: Measure fidelity of sessions



Limitation: Attendance

Future Direction: Create plan for makeup sessions and abbreviated sessions prior to intervention

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