

**NIH
HEAL
INITIATIVE**

Preventing Opioid Use
Disorder in Older Adolescents
and Young Adults

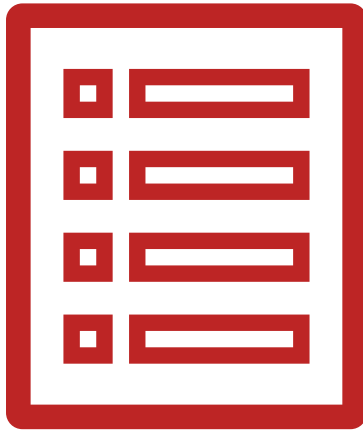
June 14, 2022

Youth in the Legal System: A Critical Prevention Population

Presented by Barbara Oudekerk, Yang Yang, Danica Knight,
Kym Ahrens & Carrie Mulford



Today's Agenda



- 1. Helping to End Addiction Long-term (HEAL), HEAL Prevention Initiative (HPI) & HEAL Prevention Cooperative (HPC)**
- 2. Importance of Prevention**
- 3. Prevention in the Field**
- 4. Wrapping Up**

1. HEAL, HPI & HPC

Barbara Oudekerk, PhD
National Institute on Drug Abuse

PREVENTION





HEAL Prevention Initiative Vision

Healthcare organizations and public systems will be able to make evidence-based preventive intervention services available and accessible to all persons who experience risk for opioid and other substance misuse or use disorder.

**1. Risk
Identification**

**2. Social Determinants,
Health Equities &
Policy**

**4. Dissemination,
Implementation,
Scale-up &
Sustainment**

**3. Intervention
Development**



HEAL Prevention Cooperative Aim

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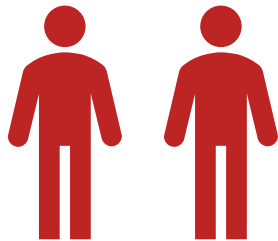
Preventing Opioid Use
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Develop and test 10 interventions to prevent opioid misuse and opioid use disorder (OUD) among young people ages 15-30

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The transition from adolescence into young adulthood is a key developmental period for preventing opioid misuse.

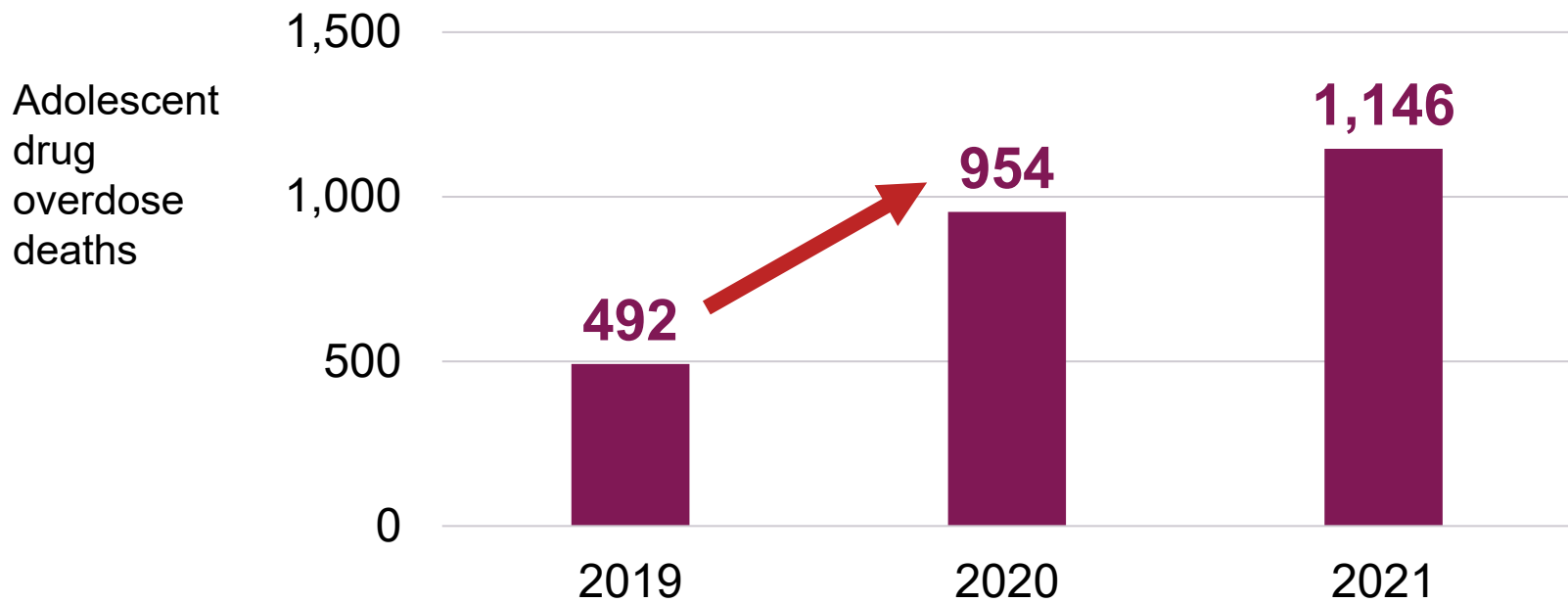


12-17-year-olds



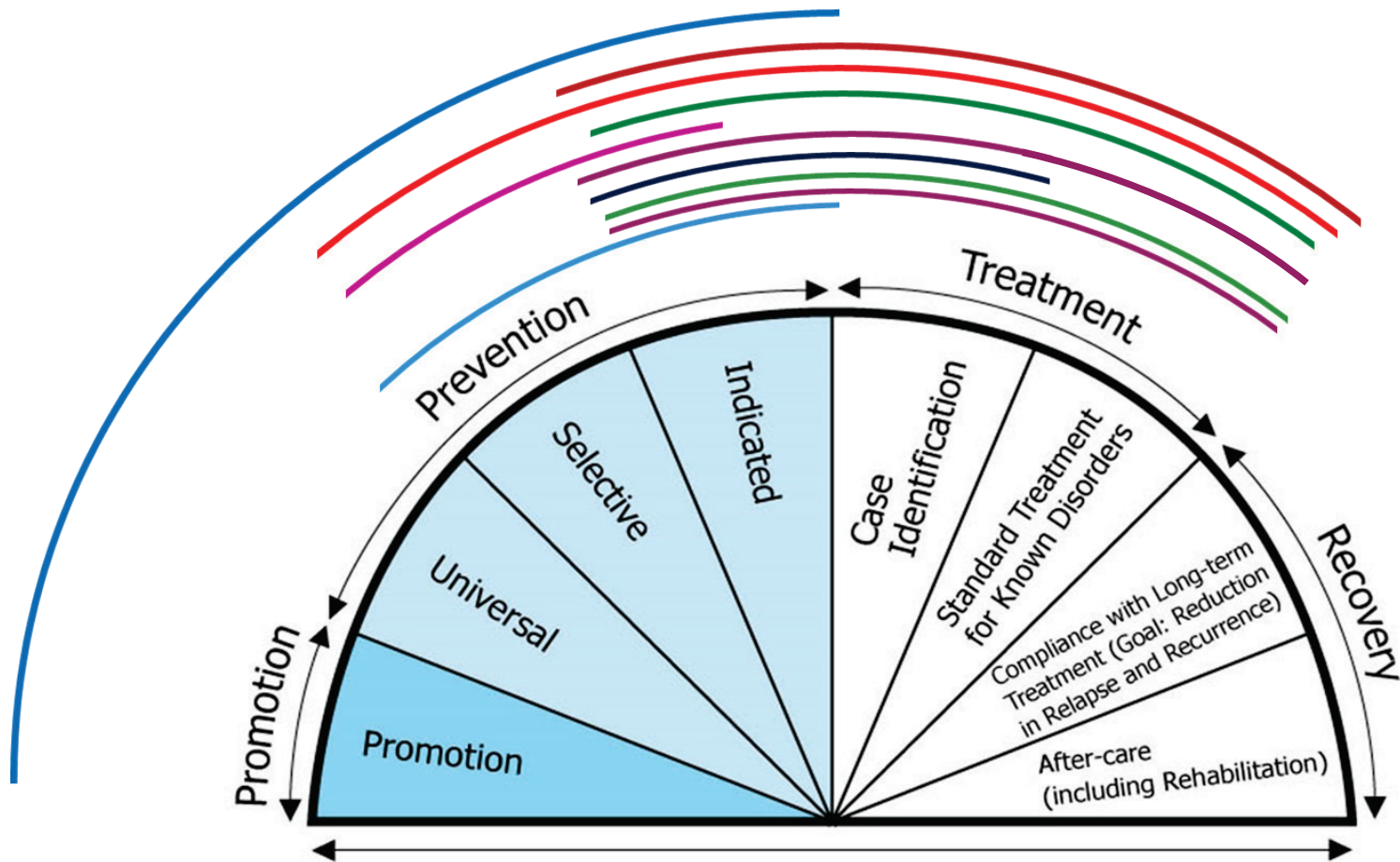
18-25-year-olds

Adolescent overdose deaths increased 94% from 2019 to 2020



Source: Wide-Ranging Online Data for Epidemiologic Research (WONDER, CDC).
Reported in Friedman, Godvin, Shover, Gone, Hansen, & Schriger, 2022

Coordinated Continuum



Substance Abuse and Mental Health Services Administration, 2014. Retrieved from <https://www.samhsa.gov/prevention>

HEAL Prevention Cooperative Projects

- 10 projects
- All focused-on adolescents and young adults (AYA) 15-30 years
- Target populations
 - Native AYA (2)
 - AYA experiencing homeless (1)
 - AYA in a school-based health center (1)
 - AYA parents in rural areas enrolled in services (1)
 - AYA receiving behavioral health treatment (1)
 - AYA parents referred or at-risk for referral to the child welfare or self-sufficiency systems (1)
 - AYA emergency department patients (1)
 - Incarcerated AYA (2)

HPC Research Projects

- **Emory University/Cherokee Nation**
Kelli Komro, TK Kominsky, Juli Skinner
- **Massachusetts General Hospital/
Boston Medical Center**
Tim Wilens, Amy Yule
- **Ohio State University**
Natasha Slesnick, Kelly Kelleher
- **Oregon Social Learning Center**
Lisa Saldana
- **Seattle Children's Research Institute/
University of Washington**
Kym Ahrens, Kevin Haggerty
- **Texas Christian University**
Danica Knight
- **University of Michigan**
Maureen Walton, Erin Bonar
- **University of Oregon**
Beth Stormshak, Lisa Leve
- **RAND Corporation/UCLA**
Liz D'Amico, Dan Dickerson
- **Yale University**
Lynn Fiellin, Claudia-Santi F.
Fernandes, Tyra Pendergrass
Boomer, Kammarauche Asuzu

2. Importance of Prevention

Yang Yang, PhD
Texas Christian University



Youth in the Legal System

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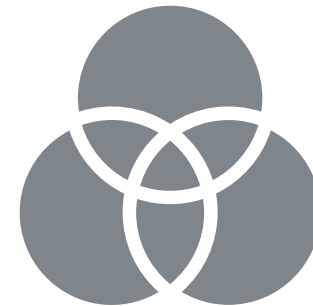
YILS are an important population for substance misuse prevention.



risk factors



prevalence



co-occurrence

⚠ Types of risk factors



correlated



caused



system

Correlated risk factors

- Racism, discrimination
- Adverse Childhood Experiences
- Child welfare system involvement
- Homelessness
- Unaddressed mental health needs



A photograph of the entrance to a facility. The entrance features a set of double green doors with large glass panels. Above the doors is a teal-colored sign with the words "JUVENILE DIVISION" in white, serif, capital letters. The building's facade is made of light-colored stone or brick. The ground in front of the doors is paved with grey concrete tiles.

JUVENILE DIVISION

Risk factors caused by legal involvement

- Trauma within facilities
- Educational disruption
- Reduced positive social connection

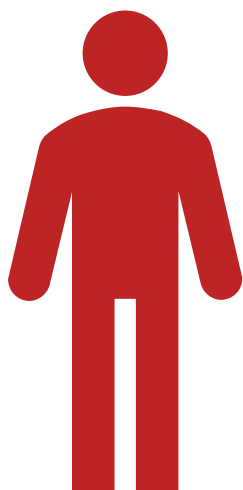


Legal system risk factors

- Prioritization of treatment and addressing imminent needs
- Lack of funding for substance misuse prevention in detention facilities

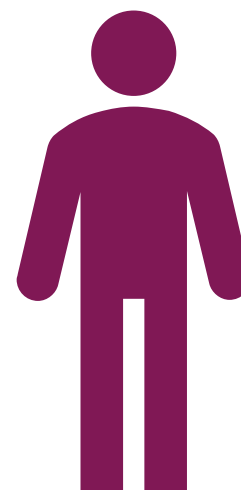


Guess the Relative Risk for Substance Use Disorder



*jail or juvenile detention
before age 18*

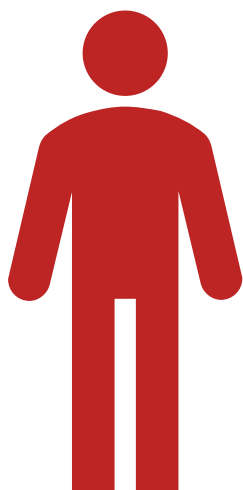
- a. Equally likely?
- b. ← Twice as likely?
- c. ← Three times as likely?
- d. ← Four times as likely?



everyone else



Guess the Relative Risk for Substance Use Disorder



*jail or juvenile detention
before age 18*

- a. Equally likely?
- b. ← Twice as likely?
- c. ← Three times as likely**
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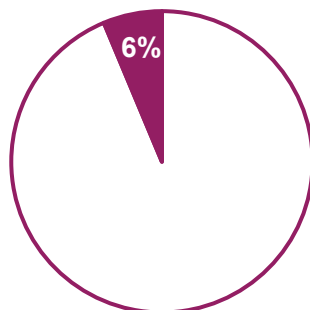


everyone else

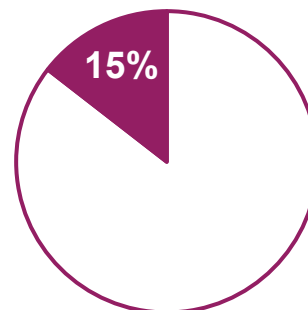


Prevalence of Substance Use Disorder (SUD)

General population, past year SUD

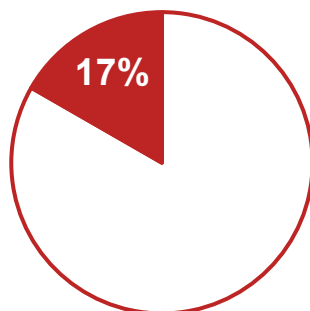


ages 12-17

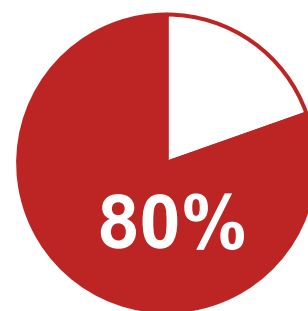


ages 12+

YILS population, past month SUD



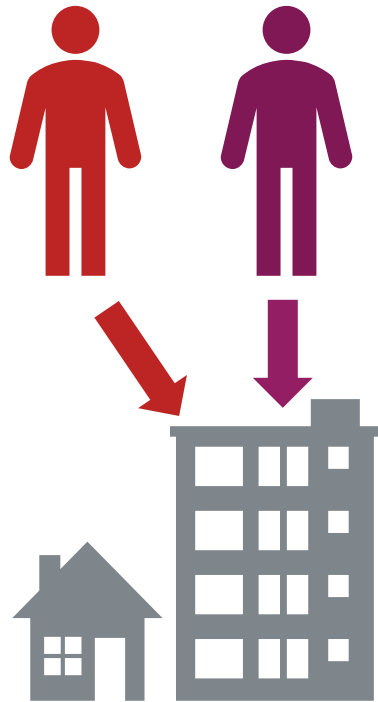
intake



intake + 12 years

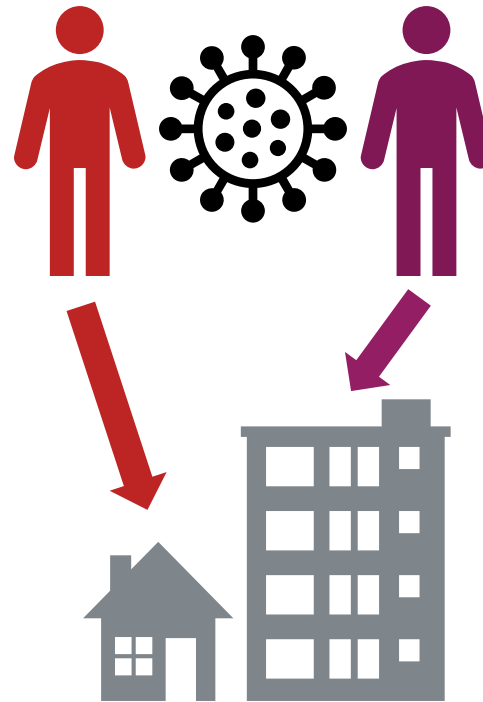
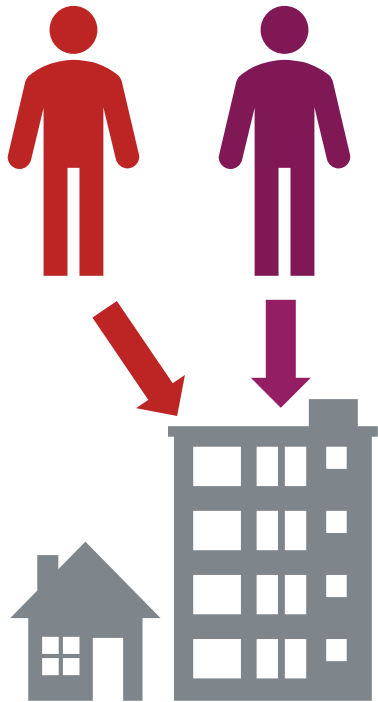


COVID-related diversion raised prevalence even more.



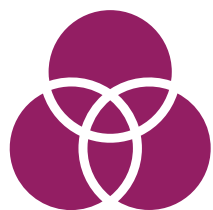


COVID-related diversion raised prevalence even more.



PREVENTION





Preventing SUD may prevent related adverse outcomes.

- Deficits in learning, memory, attention
- School truancy, drop-out
- Social and family dysfunction
- Other psychiatric disorders
- Risky sexual behavior, sexually transmitted infections
- Recidivism
- Escalation in seriousness of offenses

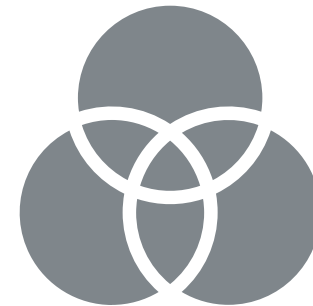
YILS are an important population for substance misuse prevention.



risk factors



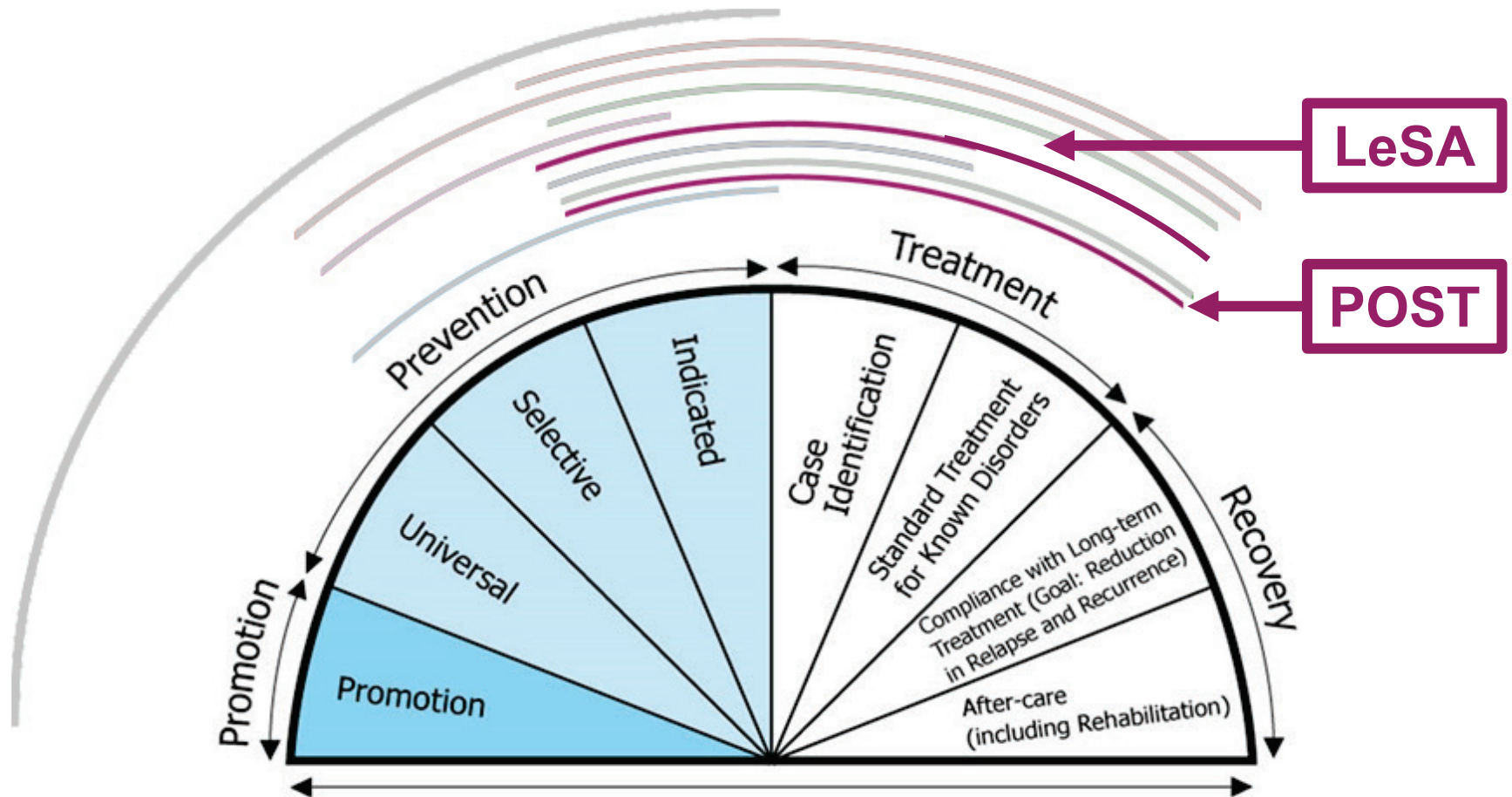
prevalence



co-occurrence

3. Prevention in the Field

Coordinated Continuum



Substance Abuse and Mental Health Services Administration, 2014. Retrieved from <https://www.samhsa.gov/prevention>

Leveraging Safe Adults (LeSA)

Danica Kalling Knight, PhD

Karyn Purvis Institute of Child Development
Texas Christian University

Funding from NIDA: 4UH3DA050250

Spectrum of Legal Involvement

Pre-
involvement

Arrest

Post-arrest
Diversion

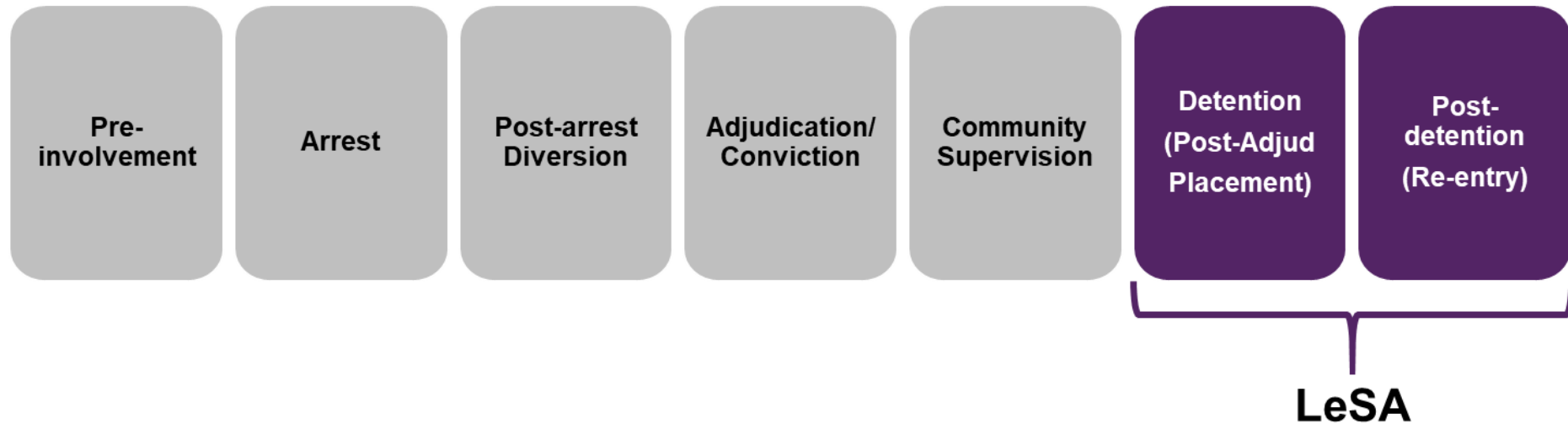
Adjudication/
Conviction

Community
Supervision

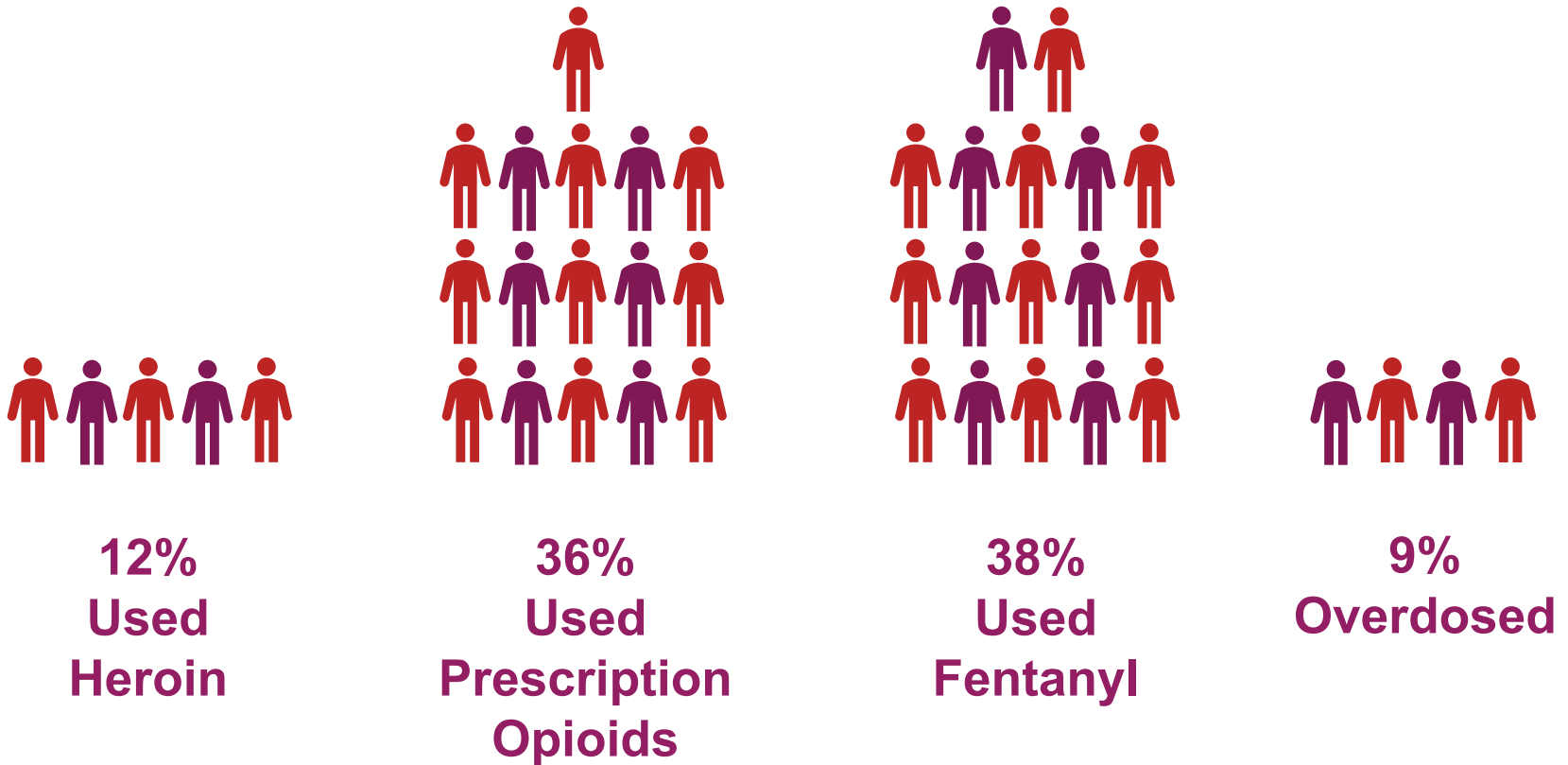
Detention

Post-
detention

Spectrum of Legal Involvement: LeSA



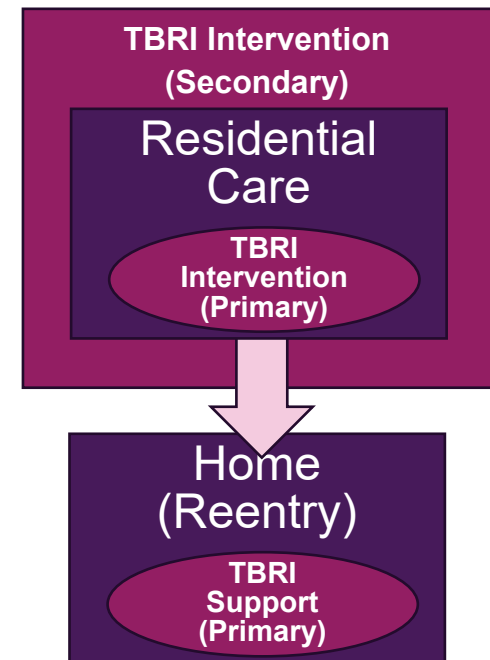
Of 45 youth enrolled in LeSA*



Leveraging Safe Adults

AIM: To prevent the initiation or escalation of opioid use among youth as they transition home from secure residential settings.

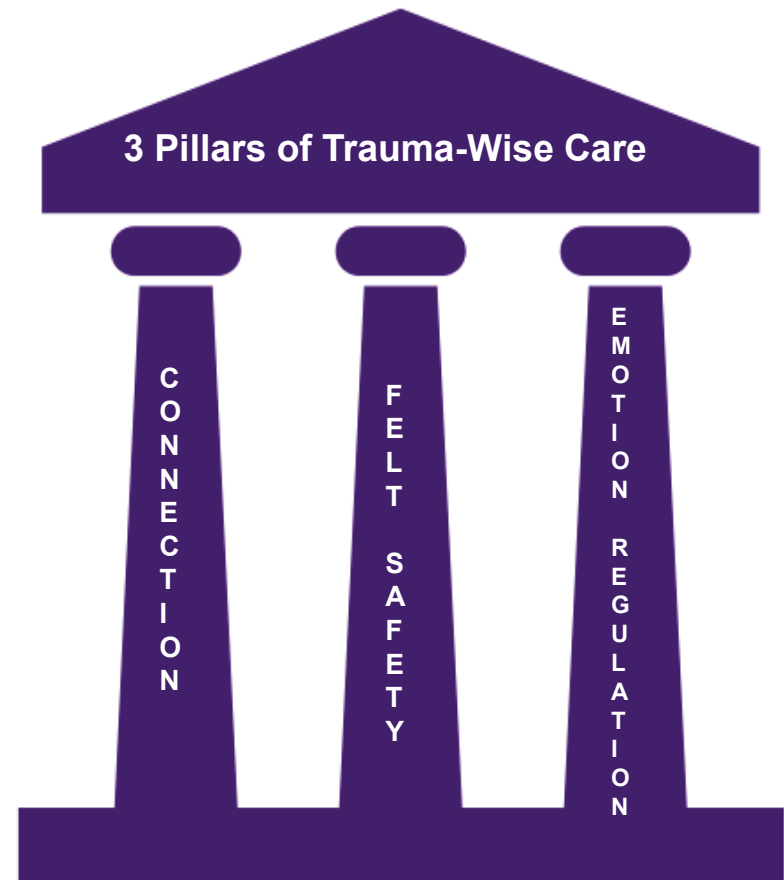
- Does Trust-based Relational Intervention® (TBRI®) decrease the likelihood of youth substance use?
- Is it enough to train caregivers in TBRI before the youth returns home or do they need additional support?
- Is the intervention more effective when TBRI is used by caregivers AND by staff in secure residential facilities?



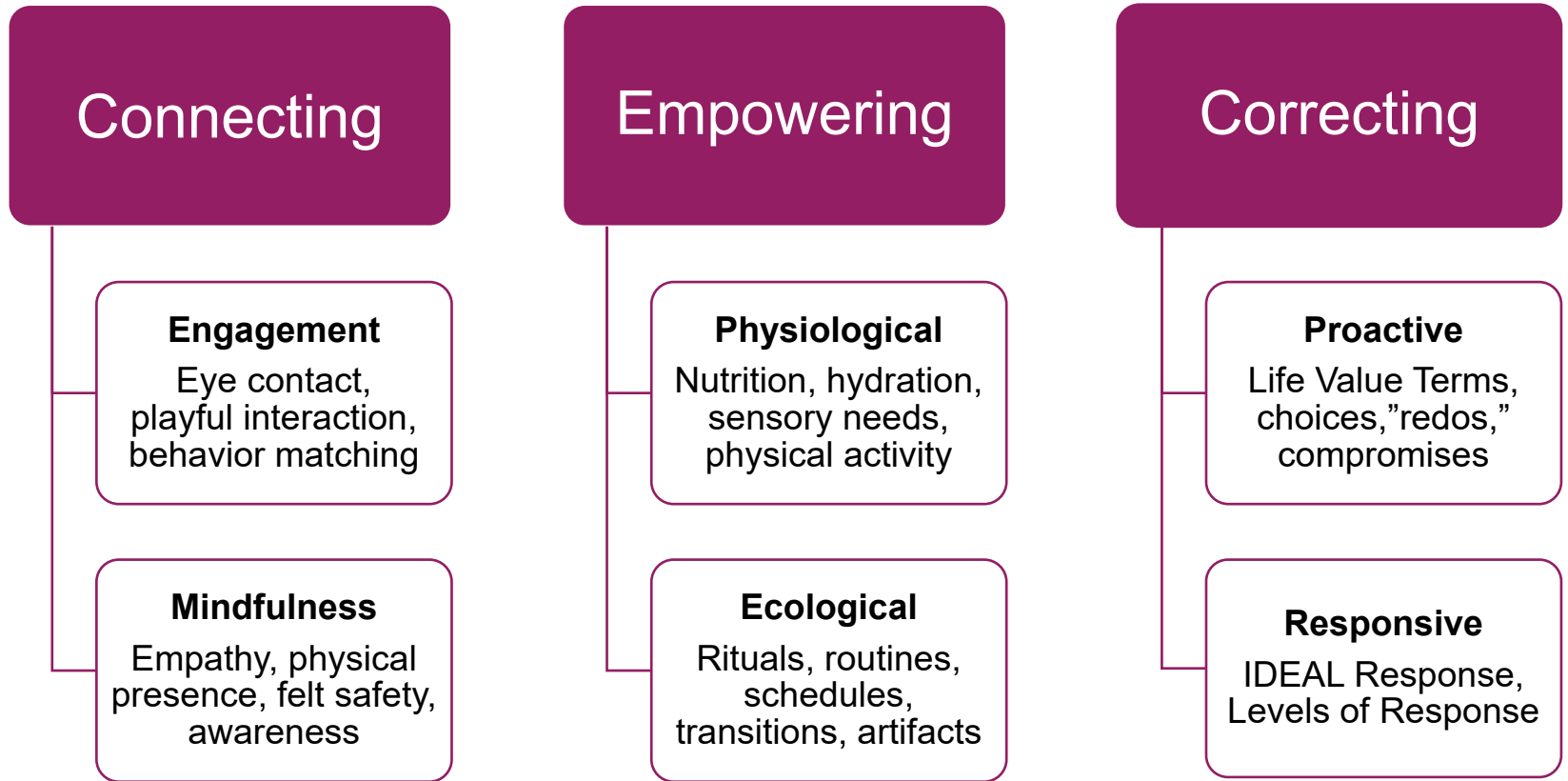
Trust-based Relational Intervention[®]

TBRI is an attachment-based, trauma-informed intervention designed to meet the complex needs of children and youth who have experienced early abuse, neglect, and/or trauma (Purvis et al., 2015).

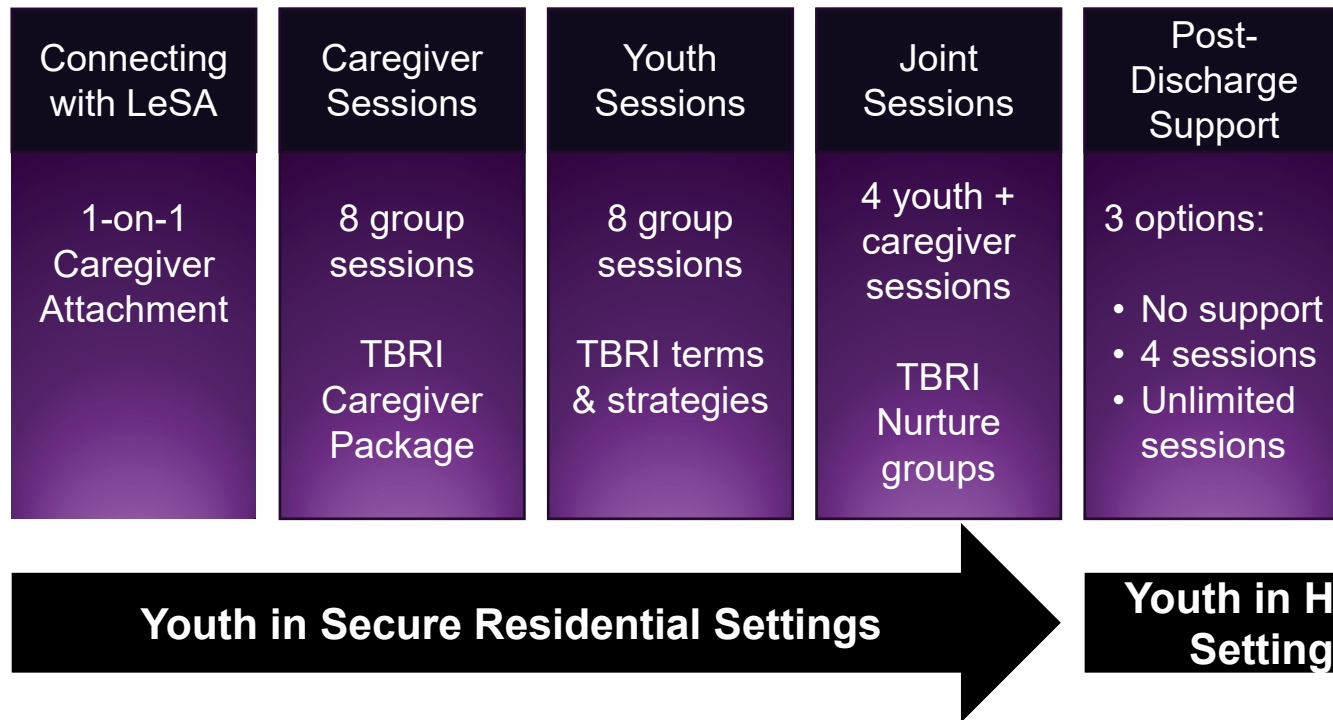
TBRI strategies are used by responsive and caring adults to strengthen the three pillars of trauma-wise care (Bath, 2015).



Trust-based Relational Intervention[®]



The Primary LeSA Intervention



Youth Session Topics



Understanding TBRI and building relationships



The balance of structure and nurture



Attachment, rupture, and repair



Mindfulness and emotional safety



The why behind nurture groups



Practicing supportive communication



Ecological strategies and the goals of correction



Life value terms and sharing power

TBRI Nurture Groups



Nurture group elements adapted from TheraPlay and Alert Program

Feasibility and Acceptability of the LeSA TBRI Intervention

Caregivers

“TBRI gave me hope”

“... [what we learned in TBRI] began to empower us to speak up for him in a way that we hadn't before, because we felt that we were now part of the team and could request information.”

Youth

“I'm given voice and encouraged to speak up for my needs and learning how to communicate to my family about my needs when I go home.”

Staff

“What I saw is that those students (youth at their site) that were involved in it (LeSA study) were able to communicate their needs better.”

TBRI as a Secondary Intervention

TBRI principles and strategies are appropriate across ages and risk levels

- Detention facilities
- Courts
- Community probation
- Secure residential treatment
- Security
- Classrooms



TBRI Nurture Group Rules (adapted from "TheraPlay")

Implementing TBRI® in JJ Settings



Key Insights from Adaptation and Pilot Testing

- TBRI can be adapted for adolescents in the legal system
- Youth and adults respond favorably to TBRI
- Implementing TBRI within secure residential facilities takes time and requires a long-term commitment from staff at all levels
- TBRI is a promising approach for strengthening relationships and building resiliency

The LeSA Team

Principal Investigator: Danica Knight

Co-Investigators: David Cross, Kevin Knight, Marina Tolou-Shams

Project Director: Yang Tlou; **Project Coord:** Lainey Tinius; **Asst Project Coord:** Lacey Bills

TCU/IBR Contributors: Rachel Crawley, George Joe, Shatoya Young, Lizzie Joseph, Felix Stiggers, Jessica Sanchez, Lynzie Ferguson, Lucas Davis, Amanda Soto, CallieAnn Petree, Samantha Dehner, Sabrina Roberson, Viridiana Munoz, Kristen Adams

TCU/KPICD Contributors: Casey Call, Daren Jones, Erin Razuri, Ashley West, Amanda Purvis, Megan Austin, Katelyn Rinaudo, Elizabeth Joseph, Lillyan Shelley, Stephanie Villaire, McKenna Chalman, Shelby Baker, Alex Reyes, Kiley Tomes, Avery Clark, Aliya Moore, Michelle Coad

External Contributors: Kathryn McCollister, Diana Bowser, Brooks Kaskela, Kathleen Bush, Jennifer Gregory, Matt Smith, Shandra Carter, Lou Serrano, Debi Joy, Greg Sumpter, Aaron Hogue, Nancy Arrigona, Rick Bonnell, Lynn Kessel

Thank you!

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NIH HEAL INITIATIVE

The POST Project

Kym Ahrens
Kevin Haggerty



Positive
Outcomes
through
Supported
Transitions





Positive
Outcomes
through
Supported
Transitions



Goal

Evaluate opioid prevention intervention strategies of various intensity levels among SUD and non-SUD youth transitioning from juvenile justice back into the community

Spectrum of Legal Involvement: POST

Pre-
involvement

Arrest

Post-arrest
Diversion

Adjudication/
Conviction

Community
Supervision

Detention

Post-
detention

POST

POST Study

Partnership between:

- Seattle Children's Hospital
- University of Washington
- Washington State Department of Children, Youth, and Families Juvenile Rehabilitation (DCYF JR)



Base Interventions

- Adolescent Community Reinforcement Approach (ACRA)
- Assertive Continuing Care (ACC)
- Trauma Affect Regulation: Guide for Education and Therapy – 4 session version (T4)
- Motivational interviewing (MI)

Base Intervention: ACRA

- Behavioral skills-based
- Goal = non-use more rewarding than use
- Reinforce sessions with refreshments
- Evidence-based for SUD treatment
- Hasn't been studied as prevention

Base Intervention: ACRA

- Sessions with:
 - Client (10)
 - Caregiver or natural support person (2; optional)
 - Both (2; optional)
- Broad skills, e.g., communication, job searching, anger management in addition to alcohol/drug-based skills, e.g., relapse prevention and drinking/drug refusal skills

Base Intervention: ACC

- Home visits
- Active linkage to community resources (if they try to disengage, interventionist steps up the effort)

Base Intervention: T4

- Strengths-based approach to education and treatment for trauma survivors
- Skills (not exposure) based
- 4 sessions

Base Intervention: Motivational Interviewing (MI)

- Used for engagement, retention
- Integrated into ACRA

Testing Two Intervention Intensities

Component	High: <i>Enhanced ACRA</i>	Lower: <i>Assertive Community Support</i>
Goal-setting	✓	✓
ACC-based case management	✓	✓
MI strategies	✓	✓
ACRA/T4 skills	✓	
Caregiver involvement	✓	
Frequency: Pre-release	8 weeks of in-person or virtual sessions	1 in-person or virtual session + 3 phone check-ins
Frequency: Post-release	12 weeks of in-person or virtual sessions	1 in-person or virtual session + 7 phone check-ins

Intervention Refinement During Pilot Phase

- Intervention supervisor delivered intervention, gave feedback
- Combination of virtual and in person sessions due to COVID
- Weekly intervention development meetings
- Periodic meetings with ACRA and T4 developers
- Fluid modification of intervention content to allow for testing of modified content
- Participant feedback



Changes to Screening

- Reconfirmed or corrected state SUD classification
- Changed SUD definition for over 21 years



Changes to Recruitment

- Obtained parental consent waiver for some youth
- Adapted flyer based on youth feedback
- Created video flyer
- Translated materials into Spanish



Changes to Intervention

- Increased # of in-person sessions
- Defined minimum sessions
- Revised content for both intensity interventions to make more distinct

Insights from 3-Month Surveys

I think that lady that first talked to me, she would talk to me and check in. Having somebody to talk to, someone just constantly reminding me what I want to do...I been better with my anger, I think I've been better at understanding what I want with life.

My communication is a lot better and managing my emotions is a lot easier now because there will be times where I'll catch myself.

Noticing the respect another person can have for my good decisions.

Had help at the lowest part of my life. I didn't ask but you all gave me what I needed and [my coach] looked out for me. I have a lot of respect for him.

Key Insights

- It is feasible to develop a university/hospital/agency collaboration.
- We needed 2 years of planning time to ensure success of full study, as well as personnel both in and out of DCYF JR.
- Partnerships in one aspect can lead to other collaborations.
- ACRA/MI/T4-based preventive intervention is a promising approach.

The POST Team

Principal Investigators: Kym Ahrens and Kevin Haggerty

Co-Investigators: Ted Ryle, Cari McCarty, Ahnalee Brincks, Isaac Rhew,

Program Director: Katie Albertson; **Clinical Research Coordinator:** Alexis Coatney

Interventionists: Shemonta Dean (Supervisor), Icela Gonzalez, Ayla Koob

DCYF JR Data and Recruitment: Stephanie Cross, Rob Hopkins

Seattle Children's Recruitment & Survey Team: Alicia Wun, Terrance Williams

Seattle Children's Data Analyst: Julie McGalliard

Thank you!

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4. Wrapping Up



Key Takeaways

- Youth in the legal system are an important prevention priority population.
 - The COVID-19 pandemic has made this critically important.
- Preventing opioid misuse/ODU may impact other outcomes.
- There is a variety of promising approaches.

For More Information



Sign up for the HPC Listserv:

<https://survey.alchemer.com/s3/6449408/HEAL-Prevention-Network> 

Visit the HEAL Prevention Initiative website:

<https://heal.nih.gov/research/new-strategies/preventing-opioid-use-disorder>





Key Takeaways

- Youth in the legal system are an important prevention priority population.
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- There is a variety of promising approaches.