



Navigating Adolescent Development: A Community Session with Psychiatrists

Tuesday August 6, 2024



Opioid Response Network

- **Help is here!** The *Opioid Response Network (ORN)* is your resource for no-cost education, training and consultation to enhance efforts addressing opioid and stimulant use disorders.
- *ORN* has consultants in every state and territory to deploy across prevention, treatment, recovery and harm reduction.
- **Share your needs via the “Submit a Request” form at www.OpioidResponseNetwork.org.** Within one business day, your regional point person will be in touch to learn more.

Who are Addiction Psychiatrists

- Addiction Psychiatrists are physicians who have completed a year fellowship focused on addiction
- They are uniquely positioned to address our dual crises of rising rates of suicide and overdoses. They treat patients with alcohol and other substance use disorders, often with other co-occurring mental health disorders
- Provide treatment of patients in a variety outpatient, inpatient and residential treatment settings that can include: specialized tobacco or alcohol cessation programs; opioid treatment programs (OTP); outpatient buprenorphine clinics; and Inpatient or outpatient rehabilitation units, including dual diagnosis units

Speakers

Moderator:

- Jose Vito, M.D., Clinical Assistance Professor at NYU School of Medicine

Speakers:

- Kevin M. Gray, M.D., Professor and Director of Addiction Sciences in the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina (MUSC) in Charleston, South Carolina
- Alvaro Teixeira Filho, M.D., Psychiatry Resident, University of Miami
- Mario Renato Velit , M.D., Chief Resident, University of Miami
- Dhruti Patel, M.D., Assistant Professor of Clinical Psychiatry, Miller School of Medicine.

Agenda

Feature Speaker- Dr. Gray: 10-15 minutes

Case Presentation- Drs. Filho, Velit, and Gray:
15 minutes

Q and A –Drs. Patel, Filho, Velit, and Gray: 20-
30 minutes



Supporting Healthy Adolescent Development

Preventing and Addressing Mental Health and Substance Use Challenges

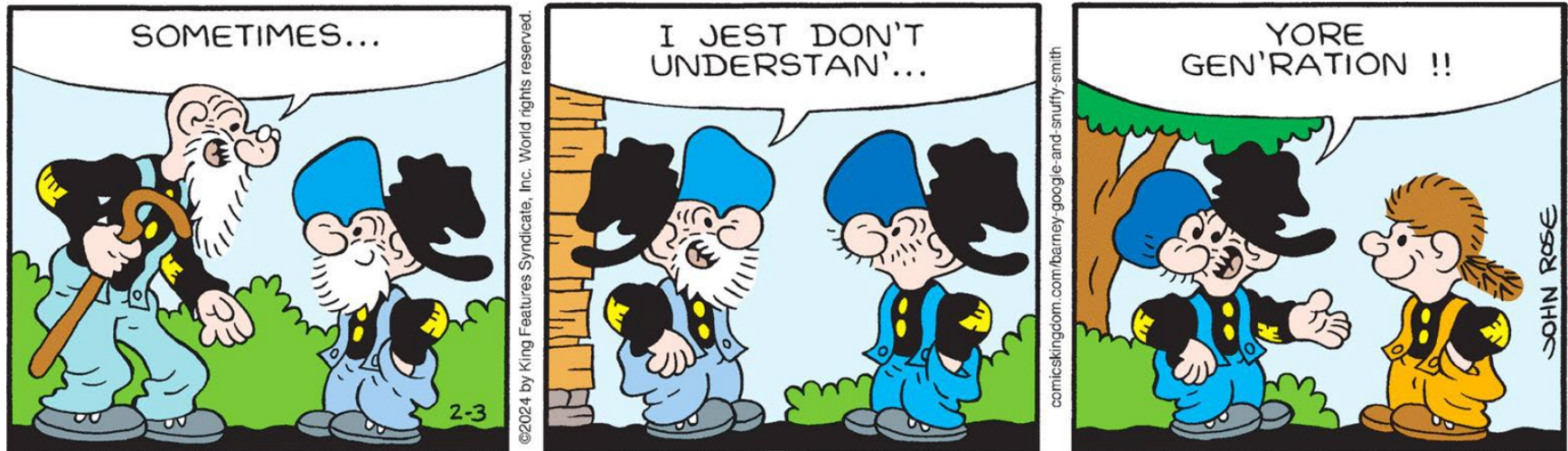
American Academy of Addiction Psychiatry
Kevin M. Gray, M.D.
Medical University of South Carolina

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DISCLOSURE

- Research discussed in this presentation is supported by the National Institutes of Health
- Dr. Gray has provided consultation to Indivior and Jazz Pharmaceuticals and has received research support from Aelis Farma

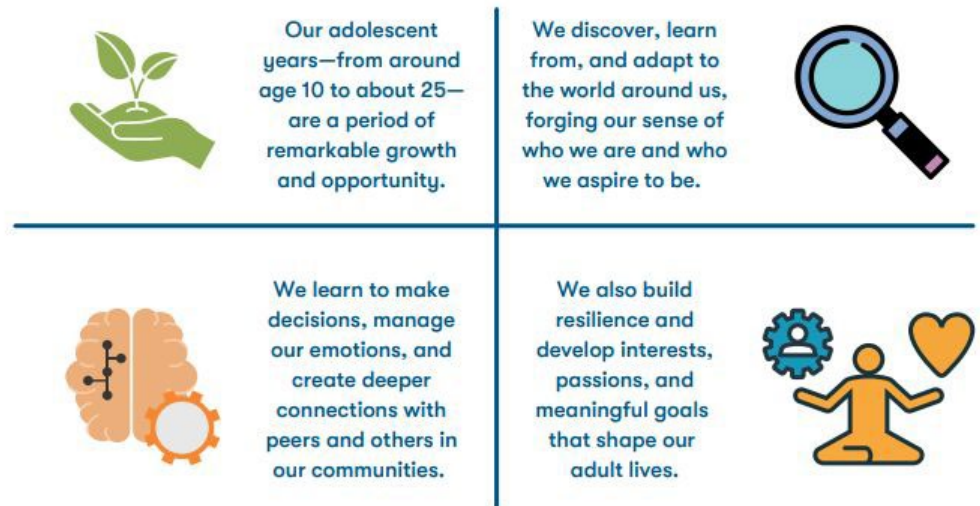
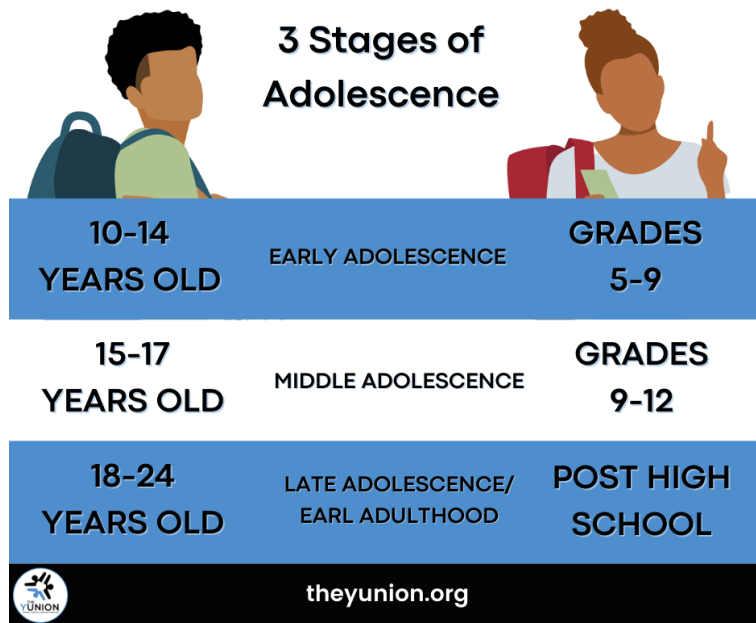
Complaining about adolescents: A phenomenon as old as time



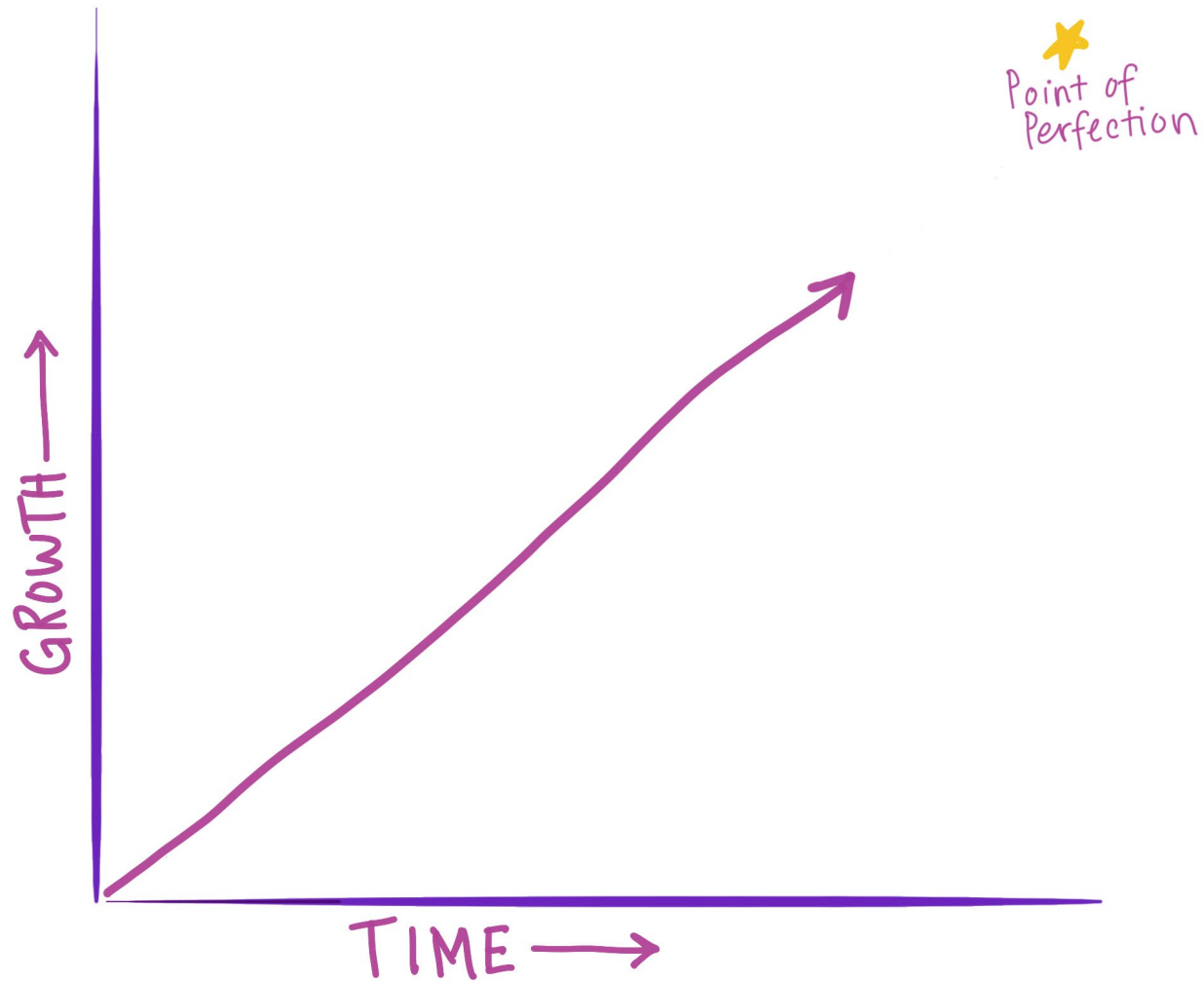
- “Teenagers these days are out of control. They eat like pigs, they are disrespectful of adults, they interrupt and contradict their parents, and they terrorize their teachers.”
- – Aristotle, 4th Century BC

It's time to flip the script:

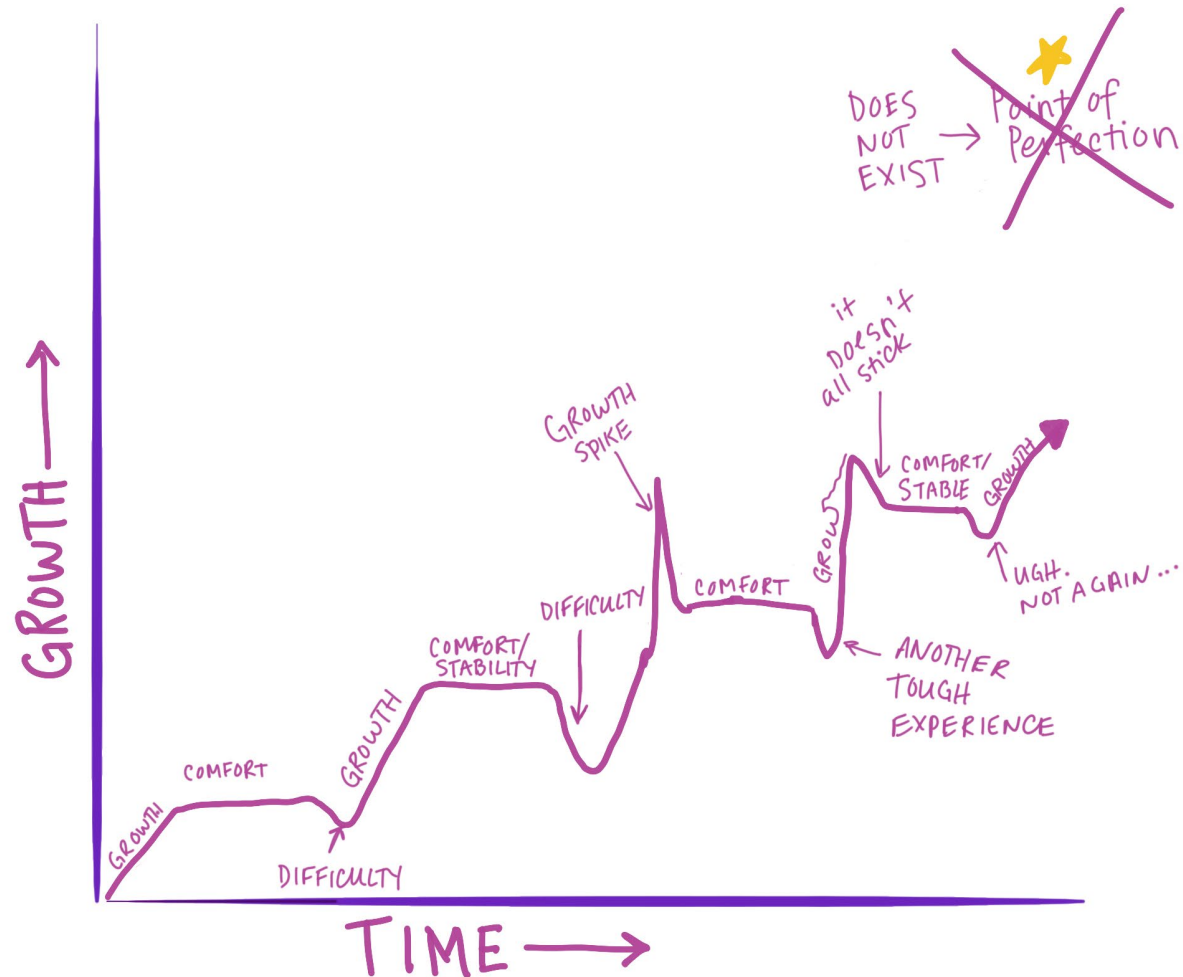
Adolescence is a critically important and exciting developmental stage!

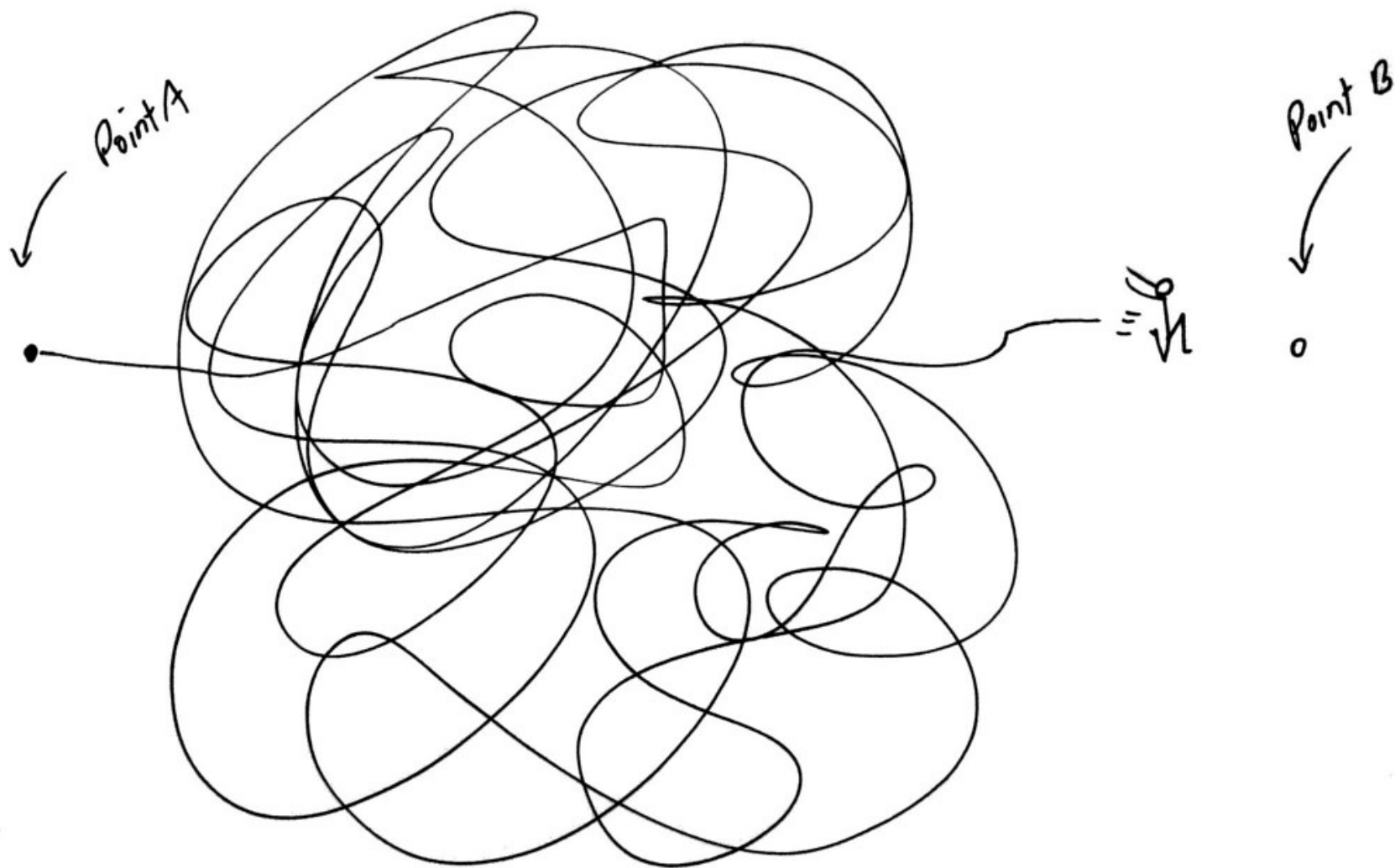


OUR IDEA of a GROWTH TRAJECTORY

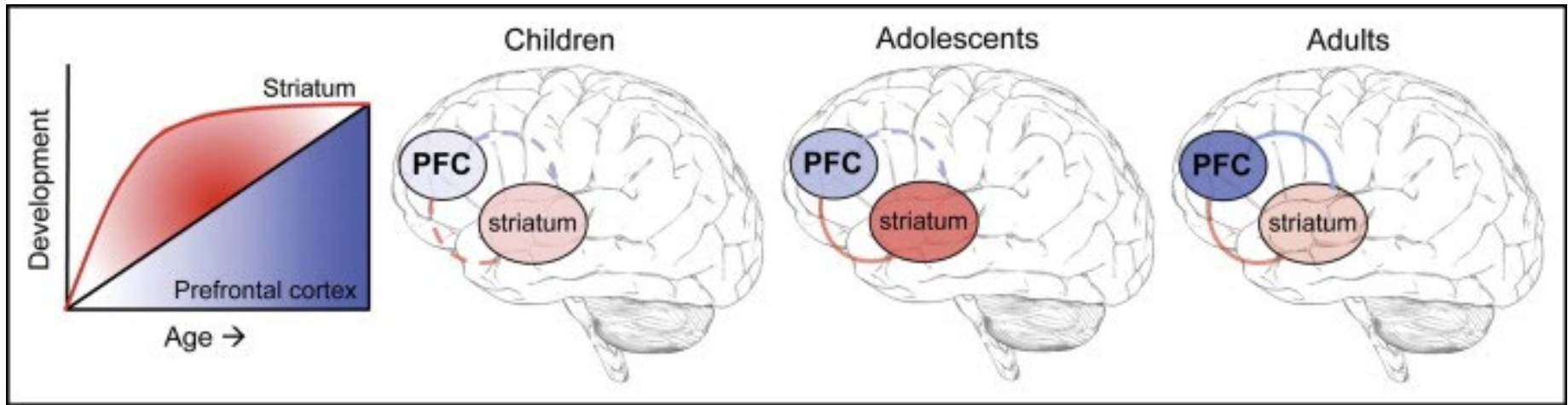


a REALISTIC GROWTH TRAJECTORY





What does the science of brain development tell us?



- Adolescent brain development is not a linear progression from childhood to adulthood
- The brain's “gas pedal” development outpaces “brake pedal” development during adolescence
- This helps explain adolescents’ propensity for risky behaviors
- Taking risks, learning from mistakes, and refining skills for navigating the world are critical aspects of adolescence, positioning young adults for independence

What does collective intergenerational wisdom tell us?

- Adolescents need to assert independence and work through failures along the way toward success
- Risks are inherent in this developmental stage
- Our roles as adults include
 - Acknowledging the challenges and complexities of this developmental phase
 - Providing sufficient guard rails to help ensure that the risks are manageable and surmountable—*despite their protests, adolescents need structure and limits!*
 - Providing steady modeling of adult maturity and sound decision-making
 - Encouraging and facilitating positive peer interactions
 - Reinforcing success along the way



What does collective intergenerational wisdom tell us?



- Not all adolescents are the same
 - Some mature earlier than others
 - Some take bigger risks than others
 - Some are more prone to adverse outcomes than others
 - **We can tailor our approaches accordingly!**

Challenges: Old and New

- Adolescence is the peak age of onset of most mental health and substance use disorders
 - This has been the case as long as we have understood and characterized these disorders
 - Much of this is believed to be related to the complex process of adolescent development
 - Notably, adolescents also experience a wide array of behavioral and emotional vacillations that do not always reflect a mental health disorder



Challenges: Old and New



- Several societal changes may be contributing to the current adolescent mental health crisis
 - With destigmatization, adolescents are more willing to speak up about challenges
 - Pandemic-related social isolation and learning loss
 - Transition from in-person to online socialization, with social media as a specific issue
 - Potentially reduced guard rails and structure we may have previously taken for granted

Solutions: Old and New

- What's old is new:
 - Adolescents benefit from structure and support
 - We can provide this individually and collectively
 - We ought not “bubble wrap” adolescents from risk-taking and asserting independence, but we also ought not shrug shoulders and assume they will navigate risks successfully
 - We need to pay attention and take action when adolescents are struggling



Solutions: Old and New



- What truly is new:
 - Many of new challenges can be leveraged as solutions
 - Interconnectivity via the Internet and mobile technology allows for provision of prevention, support, and treatment strategies more broadly
 - Destigmatization, research advances, and increased training of care providers allows for delivery of evidence-based care for adolescents struggling with mental health and substance use disorders

Reminder:

Adolescence is a critically important and exciting developmental stage!

- Rapid advances in science are teaching us a great deal about adolescent development
- Clinical interventions for adolescents who are struggling are becoming more effective and readily available
- Families and communities can complement clinical care with common sense approaches
 - Give adolescents room to learn from their mistakes
 - Provide a strong model of healthy adulthood for adolescents to observe
 - Facilitate positive peer interactions
 - Set firm and appropriate limits, tailored to the individual adolescent, with understanding of the necessity of “letting go” over time

Reminder:

Adolescence is a critically important and exciting developmental stage!

- We won't get a "thank you" from adolescents in real time, and that's OK
- Ultimately, adolescents, parents, and communities want the same thing: Growing into healthy and successful adults
- **Today's adolescents will be tomorrow's leaders . . . let's invest in their success!**



Resources

- Surgeon General's Youth Mental Health Advisory
 - <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- US Department of Health and Human Services
 - <https://opa.hhs.gov/adolescent-health/mental-health-adolescents/mental-health-resources>
- National Alliance on Mental Illness
 - <https://www.nami.org/your-journey/kids-teens-and-young-adults/>
- Partnership to End Addiction
 - <https://drugfree.org/prevention-and-early-action/>
- The National Institutes of Health Adolescent Brain Cognitive Development (ABCD) Study
 - The largest long-term study of brain development and child health in the United States
 - <https://abcdstudy.org>



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Case Presentation

American Academy of Addiction Psychiatry
Mario Renato Velit, MD
Alvaro Teixeira Filho, MD

Case Presentation

- Billy is a 17-year-old who's been having a tough time lately. He's been dealing with headaches and episodes where his heart starts racing uncontrollably. Over the past week, Billy has had to miss school because of these issues. These symptoms have become more intense and worrying, leading his mother to take him to the Emergency Department (ED).
- Billy's mother explains that she has noticed, along with his friends, family, and teachers, that he's been moodier and more irritable both at home and at school. He's even been falling asleep in class sometimes. On several school nights, Billy has been staying up past his bedtime because he just can't seem to fall asleep.

Screening

- At the ED, the nurse used surveys to help Billy talk about his problems.
 - Adolescents showing significant changes in their behavior should be checked for substance use disorders.
- Because of Billy's mood changes and trouble sleeping, the ED doctor ordered lab tests, including blood tests and urine drug testing.

Case Presentation

- The doctor spoke with Billy and his mother. Billy admitted he felt **less motivated, very tired, lost interest** in things he used to enjoy, and felt anxious. His mother agreed that something had changed over the past few weeks and found it hard to address. She noticed his mood worsening over time and shared that he had been dealing with these feelings of sadness since he was 14 years old, but his parents thought "it was just a phase."
- Billy seemed reserved around his mother, so the doctor asked to speak with him alone. During their private conversation, Billy revealed he had faced some difficult experiences in the past and had been using substances like cannabis, alcohol, and a powerful hallucinogen called LSD to cope with his feelings. He used these substances several times a week and felt uncomfortable being sober. Billy appreciated his mother's support but she was unaware of his substance use.

Case Presentation

- At age 14, Billy started using cannabis to cope with persistent feelings of sadness and anxiety. Initially, he tried it because of peer pressure after school, but he continued because it gave him temporary relief from his emotional distress. By age 15, he began drinking alcohol, which also helped ease his anxious and depressive thoughts, but only for a short time. His alcohol use quickly escalated to weekly binge drinking, which further complicated his emotional well-being and became another way to escape his feelings.
- At 16, Billy tried LSD at a music festival. The hallucinogenic experiences provided a complete detachment from reality, which he found appealing, leading to regular use. By the age of 17, he was using these substances several times a week and felt uncomfortable being sober.

Assessment and Engagement

The assessment helps determine how serious someone's substance use is and what kind of help they need. It's about finding the right services for each young person and connecting them with the proper resources and support.

Areas of evaluation include:

- **Acute intoxication and overdose risk**
- **Suicide risk**
- **Violence risk**
- **Medical complications**
- **Co-occurring mental health conditions**
- **Social and environmental safety**

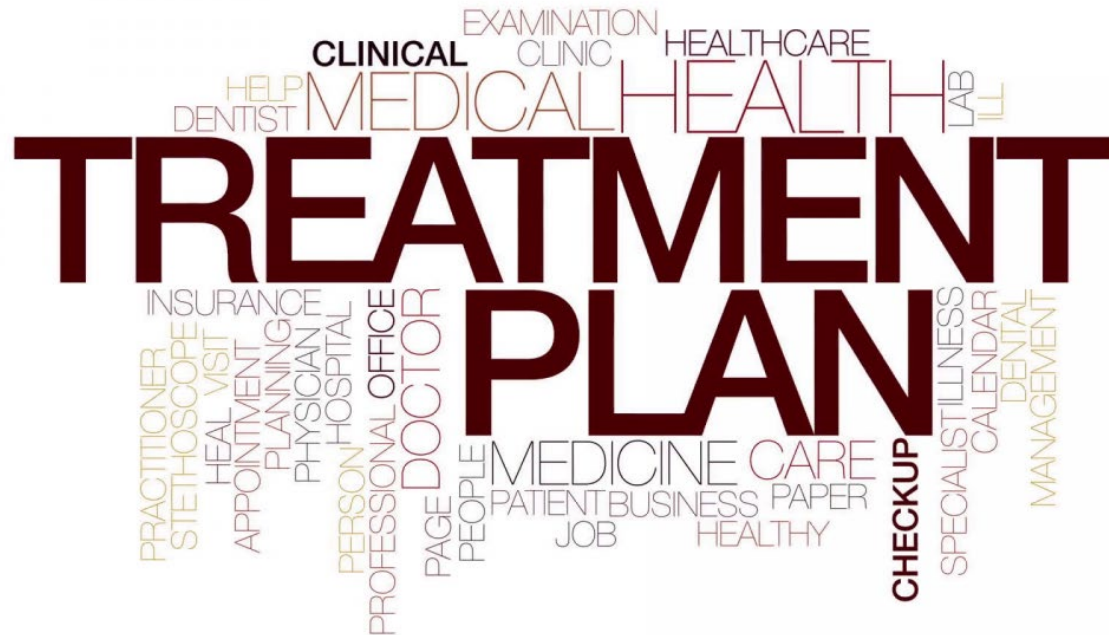
Involving the patient and family in making decisions together helps build a supportive and effective therapeutic relationship.

Case Presentation

- While waiting for the test results, Billy felt more comfortable sharing with his mother what he had discussed with the doctor. When the nurse returned with the lab results, they showed that his urine was positive for cannabis, but otherwise, everything else was negative. Billy's mother felt a mix of emotions, including shock, disappointment, anger, and confusion about how to handle the situation.
- The treatment team explained to Billy's mother that the issue was complex and that his substance use was linked to underlying mental health problems. They clarified that one of the reasons that Billy had been using substances was to try to manage his anxious and depressed thoughts.

Treatment Plan

- A treatment and recovery plan serves as a roadmap for treatment and recovery support service delivery.
- The treatment is divided into acute and long-term management.



Acute Management

In the acute setting, priorities include:

- Stabilizing any **medical complications** from intoxication or withdrawal.
- Checking for and dealing with any **mental health** issues like depression and anxiety.
- Bringing in the **family** and teaching them about substance problems and ways to help.
- Having a short talk to boost **motivation** for change (Motivational Interviewing).
- Helping find the **right kind of treatment**, such as seeing a counselor regularly or staying in a treatment center.
- Ensuring regular **follow up**.

Long-term Care

- Setting up a **multidisciplinary care team**, including psychologists, psychiatrists, social workers, and primary care physicians.
- **Therapy** options such as family-based therapy, cognitive behavioral therapy, and multicomponent interventions.
- **Counseling** for individuals, families, and groups.
- **Setting goals** and monitoring progress.
- **Medication**, especially for co-occurring substance use and mental health disorders.
- **Continuing care** and support, including education, employment or vocational services, life skills training, technology, exercise, yoga, and mindfulness.
- **Culturally-based programs.**

Barriers to Treatment

- Feeling **invincible**
- **Immaturity**
- **Mixed feelings** about treatment
- Feeling **overwhelmed** by prospect of treatment
- **Pushback** against parental dependence
- **Stigma**

Case Presentation

- During his visit, Billy received a prescription for **medication** to help control his **mood and anxiety** symptoms. Understanding that he had been self-medicating, the medical team offered extensive **education** to explain how prescribed medications like selective serotonin reuptake inhibitors (SSRIs), a type of antidepressant, can help alleviate these symptoms over time.
- They emphasized that SSRIs work differently from intoxicating substances, which offer immediate but temporary relief. This **education** aimed to help Billy recognize that while SSRIs do not produce instant effects, consistent use can lead to significant **long-term improvements** in his mental health.

Case Presentation

- The family felt a **mix of emotions**, including shame, sadness, confusion, and anger. They wondered why he didn't talk to them first and felt unsure about how to react—whether to scold or comfort him, monitor his every move, talk to his school, set limits.
- The doctor reassured their feelings as their emotions are very common and **normal response to parents**, and suggested they **talk openly with Billy, set clear rules while trying to trust him**, keep track of his activities and friends without being too intrusive, work with the school and other trusted adults for support, and take care of their own emotional health to stay strong for Billy.
- The doctor reassured the family that they're not alone and that there are resources available to support them during this difficult period, such as therapies that involve parents, caregivers, and siblings (**family-based therapies**).

Case Presentation

- Before leaving the hospital, Billy expressed a **desire to stop** his substance use and showed willingness to **join a program** that could assist him with this. His ongoing care will include **appointments** with **mental health** professionals to continue with his medication management and to provide **therapy** and **counseling** for his substance use.
- His mother felt **encouraged and supported**, seeking to understand and navigate the situation with a mix of hope and determination.

Take-Home Point

In summary, evidence-based psychosocial interventions—especially those involving **family** participation—and addressing any **concurrent mental health issues**, form the cornerstone of treating adolescent substance use disorders.

Free In-Person Community Event



Opioid
Response
Network

Navigating Adolescent Development: A Community Session with Psychiatrists



Sunday, November 17, 9:30 am – 11:30 am
Naples Grande Beach Resort (475 Seagate Dr), Florida

Let Us Know How We Did

- **To let us know if this presentation was helpful to you, take this survey to let us know:**
- **<https://bit.ly/AAAPFLyouth>**



Together We CAN Make a Difference

[Opioid Response Network \(opioidresponsenetwork.org\)](https://opioidresponsenetwork.org):

Provides evidence-based, culturally responsive education, training and consultation, also known as technical assistance or TA. Every state and territory have designated Technology Transfer Specialists to facilitate the work and are your point person to meet your needs!

[American Academy of Addiction Psychiatry \(aaap.org\)](https://aaap.org): a national professional society that focuses training and evidence-based prevention, treatment and recovery approaches, particularly for people with substance use disorders and co-occurring psychiatric disorders.