Welcome

Girls Matter!
A webinar series addressing adolescent girls’ behavioral health
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.
- In order to receive CEU credits the webinar screen must be primary for the duration of the webinar.
- Answer polls and ask questions.
- 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’ 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

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

Percent Using in Past Month

- Alcohol
- Marijuana
- Psychotherapeutics

+ 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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 12 or 13</td>
<td>1.5</td>
<td>1.5</td>
<td>2.4</td>
<td>0.8</td>
</tr>
<tr>
<td>Aged 14 or 15</td>
<td>2.0</td>
<td>1.9</td>
<td>6.3</td>
<td>2.1</td>
</tr>
<tr>
<td>Aged 16 or 17</td>
<td>3.7</td>
<td>3.1</td>
<td>10.7</td>
<td>6.0</td>
</tr>
</tbody>
</table>

- The 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

### Percent Using in Past Month

<table>
<thead>
<tr>
<th></th>
<th>Aged 18 or 19</th>
<th>Aged 20 or 21</th>
<th>Aged 22 or 23</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychotherapeutics</td>
<td>4.0</td>
<td>25.9</td>
<td>64.1</td>
</tr>
<tr>
<td>Marijuana</td>
<td>24.1</td>
<td>5.2</td>
<td>15.1*</td>
</tr>
<tr>
<td>Alcohol</td>
<td>43.7</td>
<td>40.6</td>
<td>71.5</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychotherapeutics</td>
<td>5.9*</td>
<td>5.2</td>
<td>5.5</td>
</tr>
<tr>
<td>Marijuana</td>
<td>17.6*</td>
<td>5.2</td>
<td>13.0*</td>
</tr>
<tr>
<td>Alcohol</td>
<td>6.6</td>
<td>15.1*</td>
<td>66.8*</td>
</tr>
</tbody>
</table>

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

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

- Past Month Alcohol Use-Male
- Past Month Alcohol Use-Female
- Past Month Binge Alcohol Use-Male
- Past Month Binge Alcohol Use-Female


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

Past Month Use

Percent Using in Past Month

Past Month Use (Male)

Past Month Use (Female)

Perceptions of Great or Moderate Risk of Smoking Marijuana Once a 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.
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.
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent Using in Past Month</th>
<th>Perceived Great or Moderate Risk of Smoking One or More Packs of Cigarettes Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>Male 92.9# Female 92.7#</td>
<td>Male 94.1# Female 93.8#</td>
</tr>
<tr>
<td>2003</td>
<td>Male 92.7# Female 92.2#</td>
<td>Male 94.0# Female 92.9#</td>
</tr>
<tr>
<td>2004</td>
<td>Male 94.2# Female 92.2+</td>
<td>Male 92.5+ Female 92.7#</td>
</tr>
<tr>
<td>2005</td>
<td>Male 94.2+ Female 91.5</td>
<td>Male 90.3+ Female 90.7</td>
</tr>
<tr>
<td>2006</td>
<td>Male 94.1+ Female 91.2</td>
<td>Male 90.3+ Female 89.8</td>
</tr>
<tr>
<td>2007</td>
<td>Male 93.8+ Female 92.2</td>
<td>Male 90.6+ Female 92.1</td>
</tr>
<tr>
<td>2008</td>
<td>Male 92.4# Female 92.4+</td>
<td>Male 92.5+ Female 92.7#</td>
</tr>
<tr>
<td>2009</td>
<td>Male 94.0# Female 92.9</td>
<td>Male 92.7# Female 92.2</td>
</tr>
<tr>
<td>2010</td>
<td>Male 92.9# Female 92.2#</td>
<td>Male 92.7# Female 92.2</td>
</tr>
<tr>
<td>2011</td>
<td>Male 92.2# Female 92.1#</td>
<td>Male 92.1# Female 92.1</td>
</tr>
<tr>
<td>2012</td>
<td>Male 92.1# Female 90.6</td>
<td>Male 90.6# Female 90.6</td>
</tr>
</tbody>
</table>

+ 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

- **Aged 12 to 13**
  - Male: 2.3
  - Female: 8.7#

- **Aged 14 to 15**
  - Male: 5.5
  - Female: 15.2#

- **Aged 16 to 17**
  - Male: 6.1
  - Female: 16.8#

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

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

- Had Major Depressive Episode in Past Year-Male
- Did Not Have Major Depressive Episode in Past Year-Male
- Had Major Depressive Episode in Past Year-Female
- Did Not Have Major Depressive Episode in Past Year-Female

# 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

- Court/Criminal Justice Referral / DUI / DWI*: 47.3% (Male: 33.0%, Female: 20.7%)
- Individual (Includes Self-referral): 15.9% (Male: 14.1%, Female: 13.4%)
- Other Community Referral: 20.7% (Male: 16.4%, Female: 17.2%)
- School (Educational): 5.7% (Male: 6.2%, Female: 6.3%)
- Alcohol/Drug Abuse Care Provider: 0.1% (Male: 0.1%, Female: 0.1%)
- Other Health Care Provider: 3.5% (Male: 6.2%, Female: 6.3%)
- Employer/EAP: 3.5% (Male: 6.2%, Female: 6.3%)

* Cohen’s h ≥ .20: Court/Criminal Justice Referral/DUI/DWI: male vs. female.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, Treatment Episode Data Set, 2011.
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
Deborah Werner
Project Director
SAMHSA’s TA and Training on Women and Families Impacted by Substance Abuse and Mental Health Problems
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

© S. Covington, 2009
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.
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

© S. Covington, Ph.D., 2012
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

© S. Covington, Ph.D., 2012
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)
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

<table>
<thead>
<tr>
<th>Session 1</th>
<th>Who am I?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 2</td>
<td>My Life Story</td>
</tr>
<tr>
<td>Session 3</td>
<td>Breaking the Silence</td>
</tr>
<tr>
<td>Session 4</td>
<td>The World Girls Live In</td>
</tr>
<tr>
<td>Session 5</td>
<td>Support and Inspiration</td>
</tr>
</tbody>
</table>

(27 activities)
Module B: Connecting with Others

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

(36 activities)
Module C: Healthy Living

Session 13      Our Bodies
Session 14      Emotional Wellness
Session 15      Alcohol and Other Drugs
Session 16      Spirituality

(24 activities)
Module D: Journey Ahead

Session 17  Crossroads
Session 18  Packing for My Journey

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References


For More Information...

For more on *Voices*, visit:


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Deborah Werner

Project Director

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

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.
▲ MDFT Website: www.mdft.org
Deborah Werner
Project Director
SAMHSA’s TA and Training on Women and Families Impacted by Substance Abuse and Mental Health Problems
Featured Speaker

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
This work was supported by Grant Numbers R21 DA-019045 and R01DA029785-01A1 from the National Institute on Drug Abuse. The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of the National Institute on Drug Abuse or the National Institutes of Health.
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.”
“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.”

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;

SOURCE: Association of Recovery Schools, 2013
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.

SOURCE: Association of Recovery Schools, 2013
“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 a student wants to stay until earning a diploma.
FACILITIES
FACILITIES - INTERIORS
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
“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
“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
Deborah Werner

Project Director

SAMHSA’s TA and Training on Women and Families Impacted by Substance Abuse and Mental Health Problems
Girls and Substance Use: Trends, Challenges, and Opportunities

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

Girls Matter!
A webinar series addressing adolescent girls’ behavioral health
Resources

- Other SAMHSA resources [http://www.samhsa.gov](http://www.samhsa.gov)
- HHS, Office of Women’s Health, girls health website [www.girlshealth.gov](http://www.girlshealth.gov)
Resources continued

- Interagency Working Group on Youth Programs, collaborative website [http://findyouthinfo.gov/](http://findyouthinfo.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 20\textsuperscript{th}. 