
Treatment Approaches in Adolescent Substance Abuse For North Carolina:

A Description of Provider Survey Results

Conducted by UNCG's Center for Youth, Family, and Community Partnerships in collaboration with the NC DMH/DD/SAS with financial support from the SAMHSA, Center for Substance Abuse Treatment Adolescent Treatment Infrastructure Grant (Grant #: 6J79T117387-02-2.

A copy of the full report is available from: Kelly N. Graves, Ph.D.
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<http://www.uncg.edu/csr/asatp/researchbriefs.htm>

Purpose of the Survey and Participants

- To obtain information about evidence-based practices (EBPs) used across North Carolina to address adolescent substance abuse.
- Web-based survey sent out to provider lists between November 1st-Dec 31st, 2008.
- 126 providers responded (3 did not agree to participate in the survey)
 - Total sample size: 123
 - 35 Counties Represented
 - Diverse in terms of gender and race

SNAPSHOT OF THE WORKFORCE

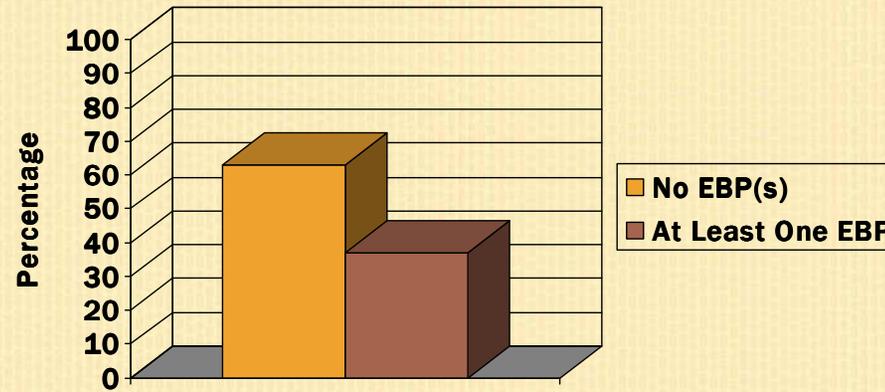
Certifications	Percent of total providers surveyed (<i>n</i> = 123)
Certified Substance Abuse Counselors (CSAC)	5.7%
Licensed Clinical Addiction Specialist (LCAS)	8.9%
Certified Criminal Justice Addiction Professional (CCJP)	0.8%
Certified Clinical Supervisor (CCS)	4.1%
Certified Substance Abuse Prevention Consultant (CSAPC)	2.4%
Certified Substance Abuse Residential Facility Director (CSARFD)	0.0%
No response or not applicable (i.e., did not have any of these certifications)	85.4%

SAMHSA Model/Promising Programs for Adolescent Substance Abuse

- **Programs Include:**
 - **Cannabis Youth Treatment**
 - **Motivational Interviewing**
 - **Motivational Enhancement Therapy**
 - **Cognitive-Behavioral Therapy**
 - **Behavioral Therapy**
 - **Multisystemic Therapy**
 - **Multidimensional Family Therapy**
 - **Brief Strategic Family Therapy**
 - **Seeking Safety for Trauma**
 - **Relapse Prevention Therapy**
 - **Family Support Network for Adolescent Substance Abuse**
 - **Matrix Intensive Outpatient Program**
 - **Trauma-Focused Cognitive Behavioral Therapy (under review)**
 - **Seven Challenges (under review)**

Current Utilization Rates of Evidence-Based Practices Among Substance Abuse Providers Across North Carolina

Screening and Assessment



63% of all respondents reported not using any evidence-based assessments

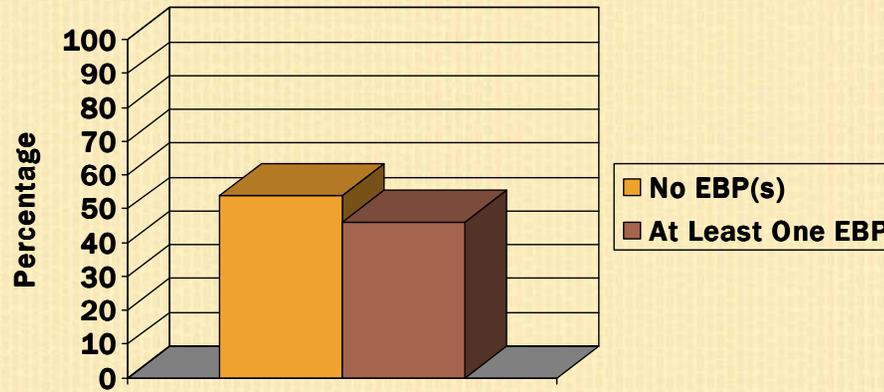
Top Five Screening and Assessment Tools Used By Providers

- CAGE Questionnaire, used by 16.3% (20) of all providers surveyed.
- Substance Abuse Subtle Screening Inventory-Adolescent Version, used by 13.8% (17) of all providers surveyed.
- Other Screening/Assessment, used by 12.5% (16) of all providers surveyed.
- Adolescent Drug Abuse Diagnosis, used by 10.6% (13) of all providers surveyed.
- Drug Abuse Screening Test, used by 9.8% (12) of all providers surveyed.

Note. % will not equal 100% because the same provider may have endorsed using multiple EBP(s).

Current Utilization Rates of Evidence-Based Practices Among Substance Abuse Providers Across North Carolina

Treatments



- 54% of all respondents reported not using any evidence-based treatments

Top Five Treatment Approaches Used By Providers

1. Cognitive-Behavioral Therapy, used by 40.7% (50) of all providers surveyed
2. Motivational Interviewing, used by 31.7% (39) of all providers surveyed.
3. Behavioral Therapy, used by 25.2% (31) of all providers surveyed.
4. Relapse Prevention Therapy, used by 24.3% (3) of providers surveyed.
5. Motivational Enhancement Therapy, used by 18.7% (23) of all providers surveyed.

Note. % will not equal 100% because the same provider may have endorsed using multiple EBP(s).

Provider Caseloads and Lack of Training on Evidence Based Practices

- Per provider, and among those who endorsed use of EBP(s):

# of clients currently receiving an Evidence-Based Practice (EBP)	Approximate # of clients served per year	Percent of clients treated with EBP(s)	
17.6	85.8	20.50%	Mean

- Only approximately 5% were trained by a certified trainer on how to use EBP screening and assessments
- 5%-18% were trained by a certified trainer on how to use EBP treatments

What Keeps You From Using EBP(s)?

	Percent of total providers surveyed (n=123)
Lack of opportunities to be trained in EBP	21.1%
Cannot fit EBP into existing service definitions	4.9%
Lack of ability to bill for clinical supervision/ongoing coaching for EBP	19.5%
Lack of knowledge about which EBP is best	10.6%
Lack of opportunities for clinicians to become licensed SA counselors	11.4%
Lack of agency support and infrastructure	4.9%
Lack of practical fidelity monitoring instruments	12.2%
Agency does not philosophically support use of EBP's	1.6%
Not enough time to provide an EBP	6.5%
Other	3.3%

Future EBP Training Directions

Top Four EBP(s) In Which More Training Was Desired

1. Global Appraisal of Individual Needs (GAIN-Q or GAIN-I), more training desired by 22.0% (27) of all providers surveyed.
2. Motivational Interviewing, more training desired by 22.0% (27) of all providers surveyed.
3. Cannabis Youth Treatment, more training desired by 20.3% (25) of all providers surveyed.
4. Relapse Prevention Therapy, more training desired by 20.3% (25) of all providers surveyed.

Key Points

- Evidence based screenings, assessments and treatments are *grossly* underutilized
- Very few people trained by certified trainers
- Clear need for further trainings on EBP(s)
- Clear need for greater workforce capacity in terms of the number of certified substance abuse specialists

Division Response to this Challenge

With funding from the SAMHSA/CSAT grant, offering introductory and in-depth training and technical assistance on:

- GAIN Screening/GAIN Assessment
- Cannabis Youth Treatment
- Trauma-Based CBT
- Motivational Interviewing
- Providing ASA Treatment within a Person-Centered, System of Care Philosophy
- Seven Challenges (summer 2008)