

A Family-Based Substance Abuse, Delinquency and HIV Prevention Intervention for Detained Adolescents



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Introduction



- Compared to peers, teens who have been arrested are:
 - More than twice as likely to have used alcohol
 - More than 3.5 times more likely to have used marijuana
 - More than 3 times more likely to have used prescription drugs for non-medical purposes
 - More than 7 times more likely to have used ecstasy
 - More than 9 times more likely to have used cocaine
 - More than 20 times more likely to have used heroin

Introduction



- 60-75% of incarcerated teens have a psychiatric disorder
- 80% of incarcerated teens have a learning disorder
- 20% of incarcerated teens +STD; 75% multiple partners
- Young offenders generally face multiple interrelated risk factors in the home, peer group, school, and community
- They often lack resources in the community, school, and family to counteract these risk factors
- Comprehensive, intensive intervention is needed at multiple levels to lower risk and bolster protective factors

Rationale for the “Detention to Community” Model and Study



- Existing services for substance using young offenders:
 - Frequently unavailable or insufficient
 - Rarely evidence-based; sometimes shown ineffective
 - Generally fragmented, with little coordination of systems
- Effective, multiple systems, coordinated services recommended by expert panels and workgroups
- Need powerful interventions to impact multiple problems
- Adaptation and implementation of existing evidence-based treatment may have potential to bridge systems

Detention to Community Study Aims



- **Aim 1 Intervention Development.** Develop an integrated cross-context intervention for substance using youth in detention and upon release (MDFT-DTC)
- **Aim 2 Effectiveness.** Evaluate the effectiveness of MDFT-DTC in comparison to ESAU (standard services)
- **Aim 3 HIV/STD Prevention.** Evaluate the effectiveness of a family-oriented HIV/STD prevention intervention

Method



- Randomization to either MDFT or ESAU

| Group | MDFT (Multidimensional Family Therapy) | ESAU (Enhanced Services) |
|--------------------------|---|---|
| Service | HIV/STD education module | |
| Assessment | Both adolescents & caregivers: intake of detention, discharge from detention, at 3, 6, and 9 months following release from detention | |
| Outcome Variables | Substance use, delinquency (adolescent self-report & juvenile justice records), risk sexual activity, biological measures of sexually transmitted infection incidence | |

Study Sample



- Total 154 teens recruited in detention and their parents
- 60% African American; 22% Hispanic; 17% White NH
- Average 3.9 lifetime arrests
- 61% cannabis use disorder, 20% alcohol use disorder, 10% other drug dependence or abuse
- 43% met criteria for conduct disorder, 20% ADHD
- 74% reported moderate-high risk sex
- 64% sing-parent homes; average income \$18,000
- 39% of parents with alcohol or drug abuse, 75% parent in criminal justice system

Settings



- Juvenile detention centers in two South Florida counties, Miami-Dade & Pinellas
- **MDFT Condition**: following detention discharge, youths received outpatient treatment from the same therapists in the detention phase of the study
- **ESAU condition**: received group-based cognitive behavioral treatment from local substance abuse treatment agencies
- **Both conditions**: therapists received weekly supervision, including videotaped review of treatment sessions & fidelity to the respective intervention.

Multidimensional Family Therapy-DTC



- **Stage 1. In Detention: Engagement and Motivation**
 - Meet with youth in detention and parents in the home
 - Build relationships with detention staff, P.O., and attorneys
 - Standard HIV prevention group intervention
- **Stage 2. In the Community: Create Change**
 - Parent sessions (functioning, parenting)
 - Adolescent sessions (self examination, behavior change)
 - Family sessions (change family interactions)
 - Multifamily HIV prevention intervention
 - Case management reduces stress and treatment barriers

MDFT HIV Prevention Intervention



- Three 2-hour multifamily group sessions integrated into the ongoing MDFT treatment
- Parents and teens engage in some separate activities to facilitate self examination and knowledge acquisition
- Part of each group brings all parents and teens together to open lines of communication, face teens' actual risk level, and develop plans/commitment to keep teens safe
- Content and themes discussed in groups are brought into and deepened further in ongoing MDFT sessions

Enhanced Services as Usual (ESAU)



- **Stage 1. In detention:** Included crisis intervention as needed, group psychoeducation, and standard HIV prevention group
- **Stage 2. In the Community:** Referred to community-based drug treatment facilities
 - Services based on cognitive-behavioral treatment
 - Both programs offered 2 CBT groups per week
 - Individual sessions to motivate and engage
 - Random drug testing
 - Referrals for additional services as needed

Results



- **Relative to Miami-Dade County, Pinellas County participants had:**
 - More female participants
 - More White, Non-Hispanic participants
 - Higher family incomes
 - Higher number of lifetime arrests
 - More likely to meet substance dependence criteria
 - Higher number of comorbid diagnoses
 - More likely to have family members with substance use problems or CJ involvement

Results



- Treatment differences favoring MDFT more pronounced in Pinellas County
 - Substance use
 - Delinquent behavior
 - Total number of sex acts
 - Unprotected sex acts
 - No treatment differences in STI incidence

Explanation for Site Effects



- **First hypothesis: Client Severity**
 - Henderson et al. (2010) shows MDFT more effective with higher severity youth
 - Pinellas County: More juvenile justice involvement, more severe substance use, more comorbidity, more family problems (substance use, CJ involvement)
 - However, it is not true that MDFT is not effective with low severity youth (Liddle et al., 2009)
- **Second hypothesis: JPO-Treatment provider collaboration**
- **Third hypothesis: Treatment fidelity not as strong in Miami-Dade County**

Conclusions



- MDFT-DTC impacted wide range of outcomes
- Site differences must be taken into account (more on this momentarily)
- MDFT significantly impacts intervention targets, and change in these targeted variables is, in turn, related to change in unprotected sex
- Juvenile justice-treatment systems collaboration may be critical in predicting adolescents' outcomes

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