

Feasibility of Adolescent AOD Interventions in Headspace Centres

Presenters

Ms Nicole Snowdon & Dr Julaine Allan

Research Team

Dr Julaine Allan

Ms Nicole Snowdon

Prof. Anthony Shakeshaft

Dr Ryan Courtney

Prof Debra Rickwood

Questions

Overview of reviews

- What are the available AOD EBT's for implementation in headspace centres?

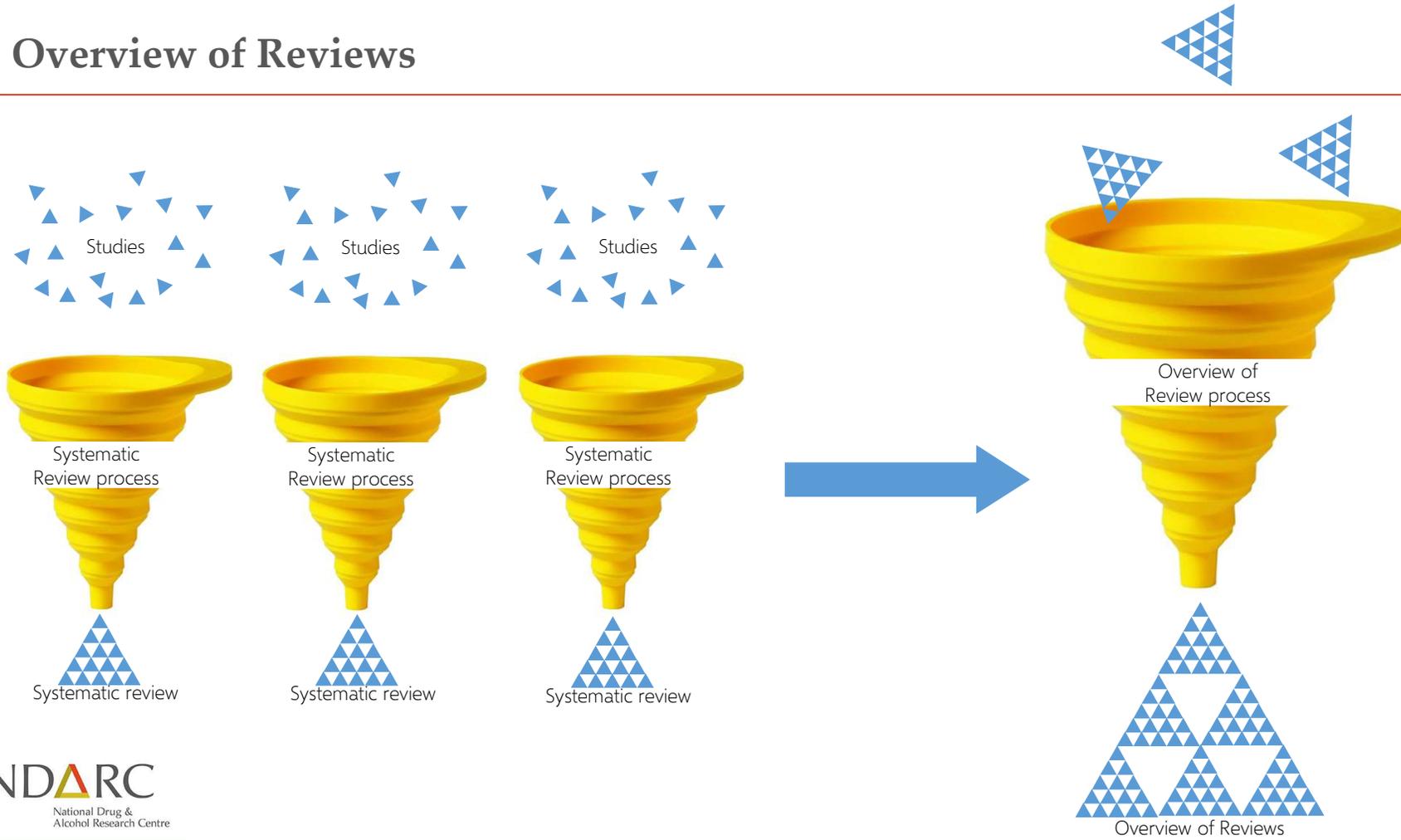
Focus groups

- What do health professionals, YP & their families perceive to be effective outpatient AOD interventions & how would they like them to be provided?

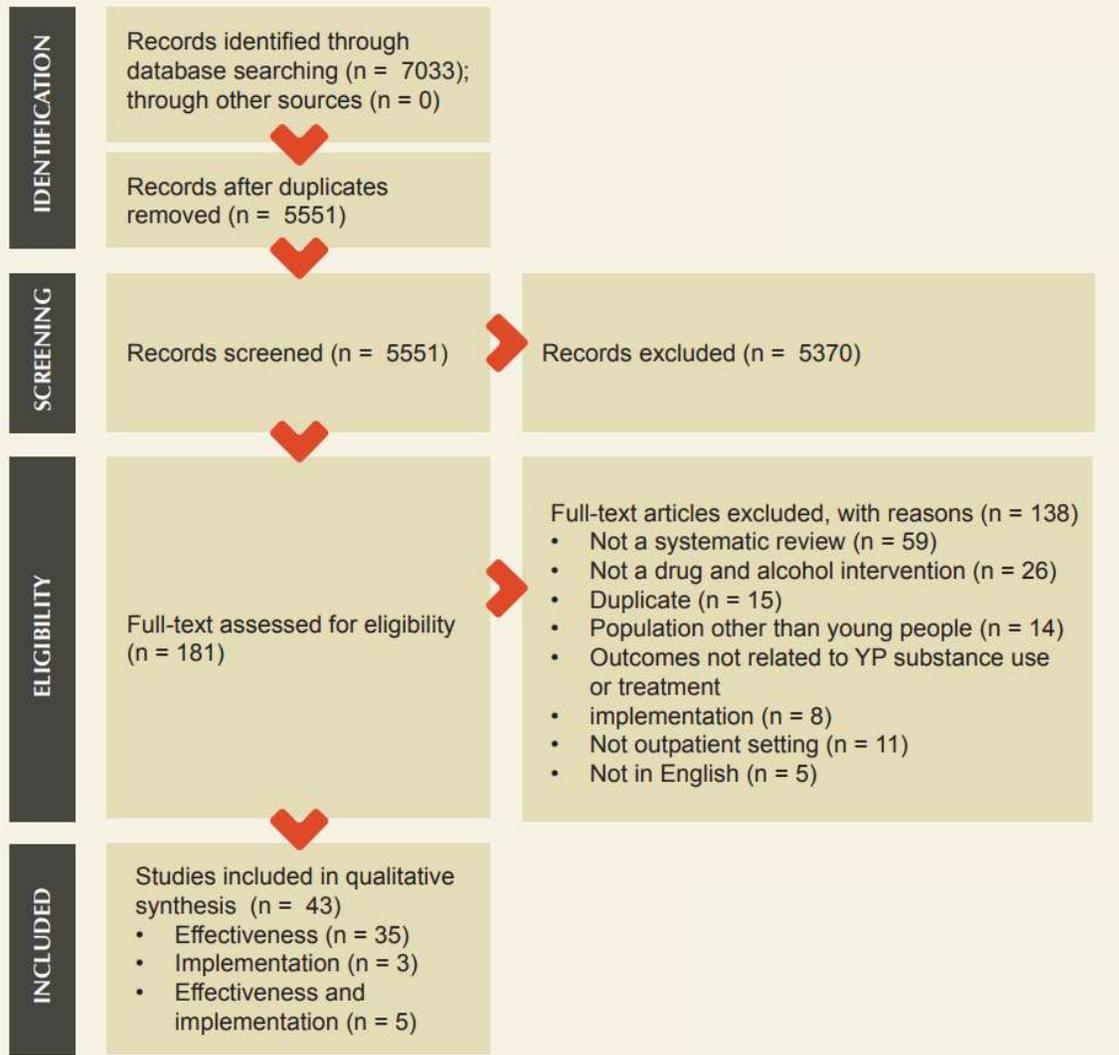
Costing

- How much will it cost to implement the preferred model in headspace centres?

Overview of Reviews



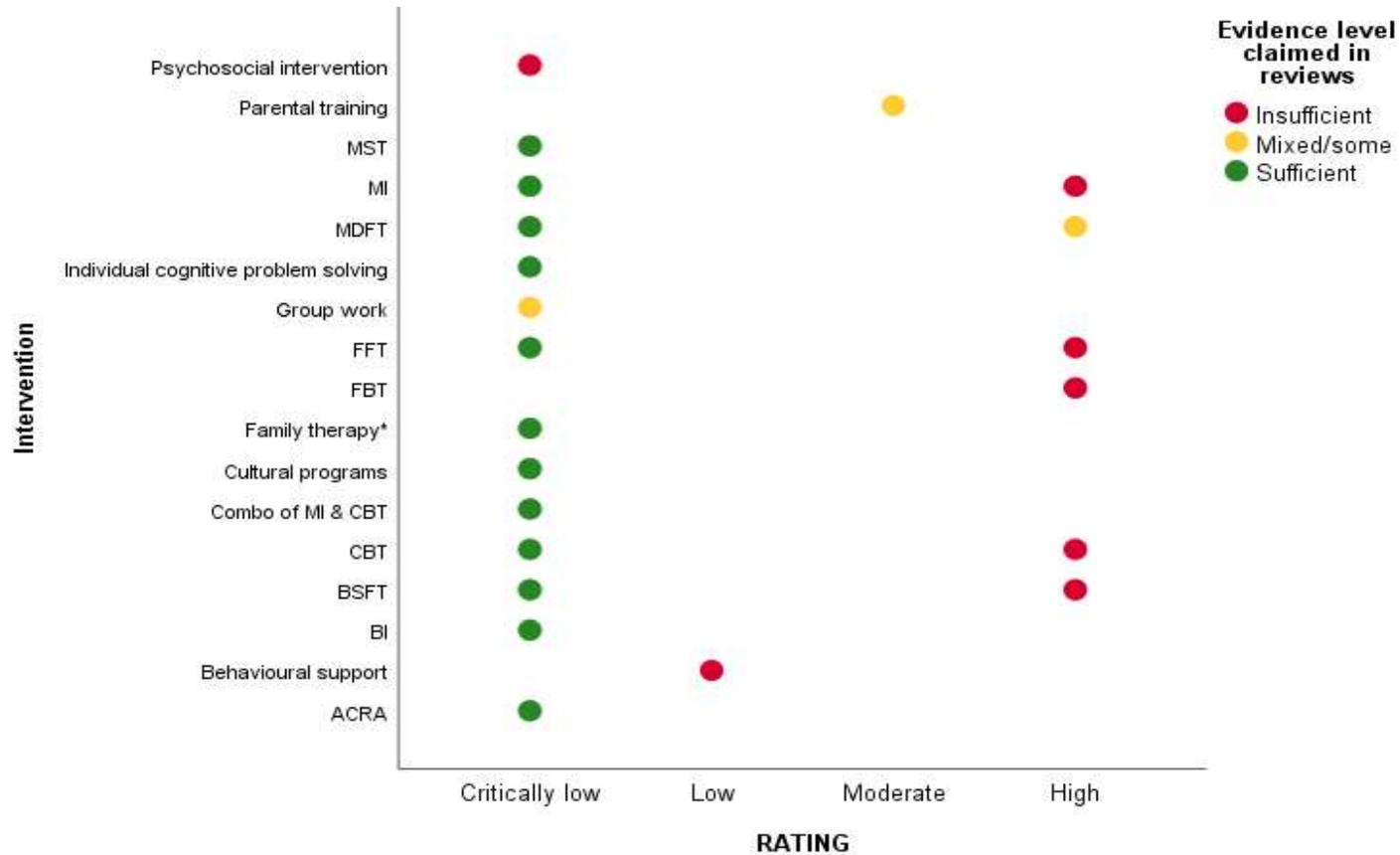
PRISMA Flowchart



Review quality and intervention examined

Number of articles reviewing an intervention (& substance under investigation)	Methodological quality (AMSTAR2 rating) of reviews					
	Critically low quality	Low quality	Moderate quality	High quality	AMSTAR2 N/A	Total
* Intervention model not defined further						
Brief interventions (alcohol, tobacco and general substance use)	4				1	5
➤ Brief strategic family therapy (general substance use)				1		1
➤ Cognitive Behavioural Therapy (non-opioid substance use)				1		1
Culturally sensitive intervention (general substance use)	2					2
Family therapy* (general substance use)	3					3
➤ Family Behavioural Therapy (non-opioid)				1		1
Functional Family Therapy (non-opioid substance use and general substance use)	1			1		2
Group work* (general substance use)	1					1
➤ Multidimensional Family Therapy (non-opioid substance use)				1		1
➤ Motivational Interviewing (alcohol and general substance use)	4			1		5
Parent training* (general substance use)			1			1
Psychosocial* & pharmacological intervention (tobacco and general substance use)	4	1				5
Psychosocial intervention* (alcohol, cannabis and general substance use)	13				1	14
Youth engagement* (general substance use)					1	1
Total	32	1	1	6	3	43

Evidence level claimed & quality rating



Results

34 reviews

32 reviews were rated as critically low quality, 1 as low quality and 1 as moderate. The findings of reviews rated as critically low and low quality cannot be considered reliable

3 reviews

3 reviews were qualitatively assessed and found to be methodologically flawed

6 reviews

All high quality methodological reviews (n = 6) focused on intervention efficacy and none on treatment feasibility. 5 of these reviews found that the primary studies (commonly RCT's and NRCT's) were generally of poor methodological quality and thus their findings unreliable

1 review

One (n = 1) high quality review reported evidence for an intervention; Multidimensional Family Therapy (MDFT)

MDFT

MDFT has possible efficacy in reducing YP substance use when compared to treatment as usual, Cognitive Behavior Therapy, Adolescent Community Reinforcement Approach and Multifamily Educational Therapy

Costs of Implementing Multi-Dimensional Family Therapy

Yr 1 – Implementation	Yr 2 – Sustainability
Initial training, systems & monitoring – A team of x2 therapists w/ master’s degree (costs incl. clinician backfill)	Follow-up training, annual accreditation (costs incl. clinician backfill)
\$263,819.88	\$231,880.88

Focus groups

Focus groups

14 focus groups in 4 regional sites;

- headspace staff (n = 30)
- Young people (n = 16)
- Family and friends (n = 9)

Asked their perspectives on:

- current AOD treatment
- perceived barriers
- enablers of the current service

Analysed data using an iterative thematic approach

Challenges to Treatment

Perceived population needs

Perceived population need

“It's just they don't access them [support services] and don't identify with the problem” – headspace staff

Challenges to Treatment

Model structure & organisational culture

“Like, I don’t – even - like, I didn’t even know headspace had the drug thing until today” – Young person

“The drug and alcohol team that we have at the moment aren’t youth specific. They’re not a youth-specific team. So, I think there’s definitely issues around being able to build engagement, trust, to build that rapport with YP that’s really kind of lacking” – Clinical lead

So do the psychologists here do drug and alcohol counselling?

“They’re not - that’s not an area of their expertise. They’re general psychologists, so if there was a particular problem with that per se, they would refer to our alcohol and drug counsellor that comes in here”
– Centre manager

Challenges to Treatment

Clinician knowledge, beliefs & self-efficacy

“A lot of young people see that alcohol is a depressant, and then you say to them, “How often have you been to a party and then you feel the vibe change and then things starts to get a bit funny? Well, that’s when the alcohol is turning into stimulants”, and they’re like, “Oh, I never knew that””

- headspace staff

“I work within my limits. I can do psychoeducation, but I can’t do anything really more than that”

- headspace staff

Facilitators to Treatment

“I think providing a safe environment to begin with and building that rapport before kind of going in – like. For some of the YP I see there’s a lot of embarrassment attached to it [talking about problems]. So, you know, it takes them a while to disclose what’s going on. That could be their own drug use or their partner or their family. Yeah, I think that safe place and over time being able to open up about those things.”

- headspace staff

Summary

- Multiple barriers to the provision & uptake of AOD interventions for YP in regional NSW
 - YP are reluctant to seek help
 - systemic barriers to providing treatment
 - clinicians under skilled in providing treatment
- No treatment modalities are consistently applied and there is an inconsistent approach to clinical processes
- The overview of review identified MDFT as the only treatment modality with sufficient evidence of efficacy – however this model is not considered feasible
- There is insufficient quality evidence in support of any other efficacious and/or feasible treatment modality

Future Directions

- Methodological and reporting quality of reviews require improvement
- Increase tertiary and vocational AOD education in AOD
- MH & AOD continue to sit in “silos” – need to consider their integration

Snowdon, N., Allan, J., Shakeshaft, A., Rickwood, D., Stockings, E., Boland, V. C., & Courtney, R. J. (2019). “Outpatient psychosocial substance use treatments for young people: An overview of reviews”. *Drug and alcohol dependence*, 205, 107582.

Snowdon, N., Allan, J., Shakeshaft, A., Rickwood, D., & Courtney, R. J. (2020) “Substance Abuse Treatments for Young People in Youth Mental Health Outpatient Settings: Preferences, Perceptions and Attitudes of Health Professionals”. Manuscript in preparation.