



WELCOME to the

*All in This Together ECHO:  
Practical Strategies for Teen Substance Use*

*Session 1, Overview of Substance Use in Adolescents,  
April 30, 2025*

## Funding Statement

This Project ECHO series is/was supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human (HHS) as part of an award totaling \$4 million with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the US Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

# Series Learning Objectives

After participating in this activity, learners will be able to:

1. Understand the Spectrum of Youth Substance Use – Participants will differentiate between experimentation, problematic use, and clinical substance use disorders by examining the progression of SUD and its impact on youth.
2. Analyze the Science of Addiction and Developmental Impact – Participants will explore the clinical science of addiction, the effects of substances on the developing brain, and the role of risk factors, including trauma and mental health comorbidities.
3. Integrate Family and School-Based Frameworks for Support and Recovery – Participants will assess the role of families and schools in prevention and intervention, addressing barriers to family involvement, privacy considerations, and the protective factors of engagement.

## Series Sessions

| Date     | Session Title  |
|----------|--|
| April 30 | <a href="#"><u>Overview of Substance Use in Adolescents</u></a>  |
| May 7    | <a href="#"><u>The Adolescent Brain and Substance Use</u></a>  |
| May 14   | <a href="#"><u>Adolescent Substance Use- Engaging Families</u></a>   |
| May 21   | <a href="#"><u>Substance Use Disorders in Adolescence- Effective Interventions</u></a>                         |
| May 28   | <a href="#"><u>Trauma, Substance Use, and Mental Health in Adolescents: Bringing Knowledge to Practice</u></a> |
| June 4   | <a href="#"><u>Recovery Frameworks in Schools and Communities</u></a>  |



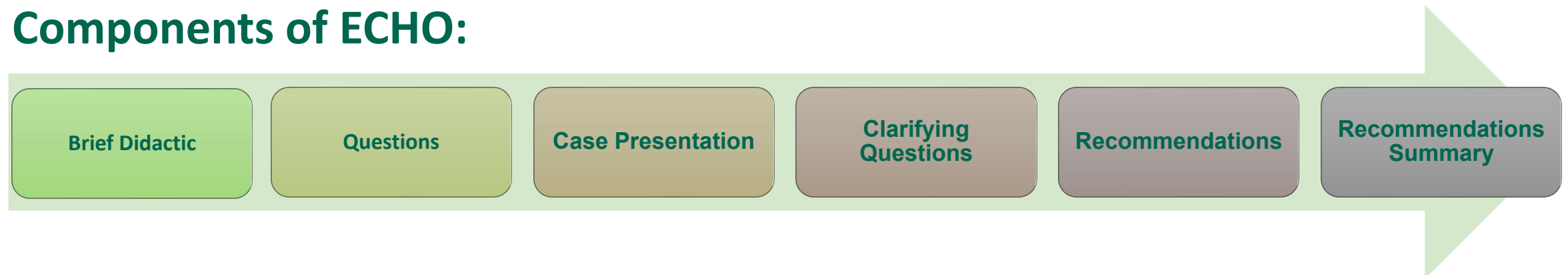
# Today's Program

- Brief housekeeping
- Didactic: Overview of Substance Use in Adolescents
  - Lucy Pilcher, MSW, LICSW
- Case presentation: Todd Schillinger
- Case discussion
- Summary
- Up Next

# Project ECHO (Extension for Community Healthcare Outcomes)

- All teach, all learn.
- ECHO is a telementoring model that uses virtual technology to support case-based learning and to engage the wisdom and experience of all attending.
- Highly Interactive.

## Components of ECHO:





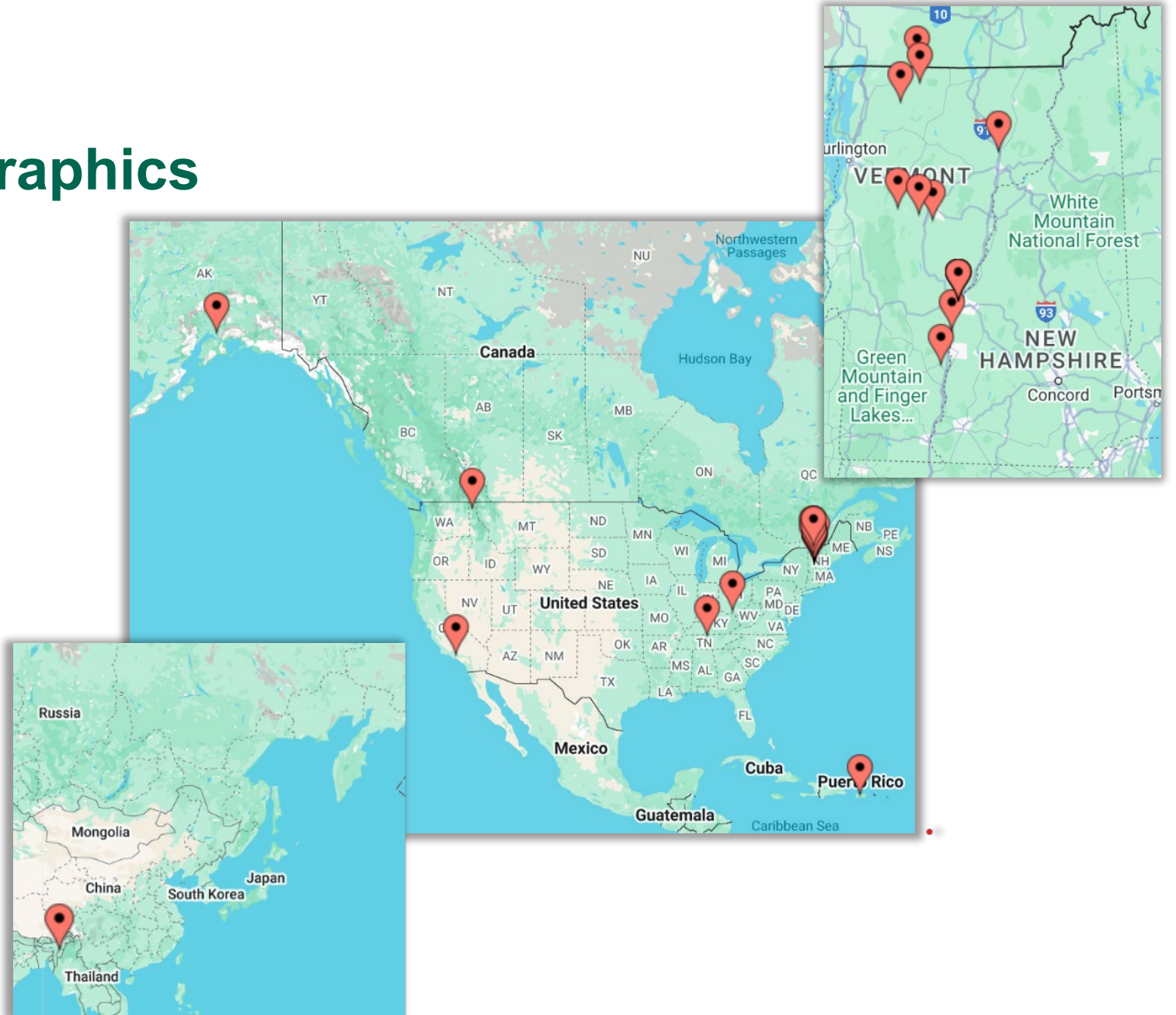
# Notes

- Pre course survey: <https://redcap.hitchcock.org/redcap/surveys/?s=H44WM4KNEP93DN7L>
- Raise virtual hand or enter comments in chat at any time. We will call on you when it works. Please mute otherwise.
- To protect individual privacy, please use non-identifying information when discussing cases.
- We will be recording the didactic part of these sessions. *Participating in these session is understood as consent to be recorded. Thank you!*
- Closed Captioning will be enabled during sessions
- Questions to ECHO Tech Support thru personal CHAT or [ECHO@hitchcock.org](mailto:ECHO@hitchcock.org)

# ECHO Participant Demographics

## Total Registrants: 109

|                                 |    |
|---------------------------------|----|
| Counselors                      | 33 |
| Nurses                          | 27 |
| Behavioral Health Professionals | 13 |
| Special Education/Teachers      | 10 |
| Admin                           | 7  |
| Public Health                   | 6  |
| Other Healthcare Providers      | 5  |
| Diverse Others                  | 11 |



# Core Panel

- Alannah Cota, Peer Support, Dartmouth Health
- Caroline Christie, LICSW, DH Psychiatry – Dartmouth Health
- Eva Johnson – School Counselor, Newport High School
- Holly Gaspar, MED, MPH, PMP – ECHO Facilitator
- Jennifer Goulet, CHW/RC, AS - Program Manger, North Country Health Consortium
- Julie Balaban, MD – Child Psychiatrist, Dartmouth Health
- Lucy Pilcher, MSW, LICSW – Manager of Behavioral Health Clinicians, Dartmouth Health
- Shyanne Allbee, M.Ed – Dean of Students, SAU23
- Susanne Tanski, MD, MPH – Section Chief, Pediatrics, Dartmouth Health
- Taysa Lynch, CRC – Youth Program Coordinator, Turning Points Center of Springfield

# **SUBSTANCE USE AND ADOLESCENTS**

Lucy Pilcher, LICSW



# SUBSTANCE USE AND ADOLESCENTS

- Distinguish between a substance use disorder and substance use
- Gain knowledge about types of substances teens are using
- Gain knowledge about prevalence of substance use for teens nationally and in our region

The background features a grid of question marks in the top-left corner, transitioning from yellow to orange to red. On the right side, there is a large, light pink curved shape with a dark blue circle inside it. The bottom of the slide is a solid olive green bar.

**SUBSTANCE USE  
DISORDER**

**OR**

**SUBSTANCE USE**



# Substance Use disorder

“A Substance Use Disorder (SUD) is a **medical condition that is defined by the inability to control the use of a particular substance (or substances) despite harmful consequences.** SUDs occur when an individual compulsively misuses drugs or alcohol and continues abusing the substance despite knowing the negative impact it has on their life. People with SUD have an intense focus on using a certain substance(s) such as alcohol, tobacco, or illicit drugs, to the point where the person's ability to function in day-to-day life becomes impaired” (American Addiction Centers 2024)

What is Substance Use Disorder? | SAMHSA



# EXPERIMENTATION AND HARMFUL USE

- Many young people experiment with various substances
- **Most** will not go on to develop a substance use disorder
- Age of first use and type of substance makes a **big** difference
- The younger a person is when they try a substance for the first time, the more likely they are to develop a substance use disorder.
- E.g. Trying substances for the first time at 13 years old puts an adolescent at higher risk than delaying the onset of substance use until age 16. Delaying until age 18 reduces the risk further, delaying until 21 even more so.
- Research tells us that delaying by even one year is significant

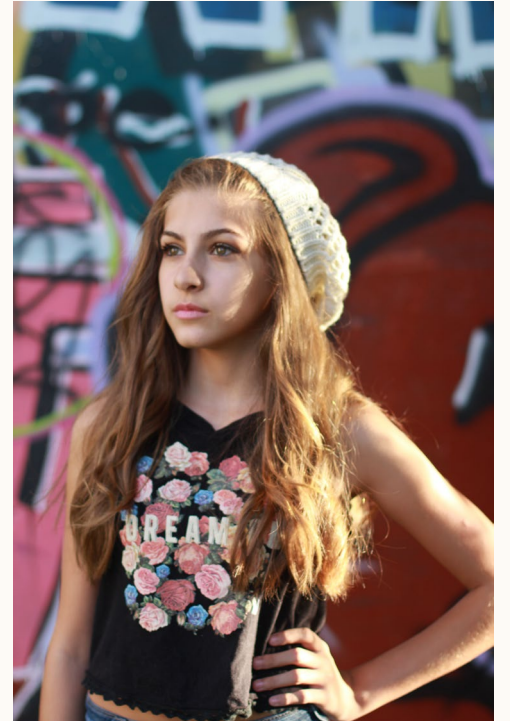
# QUESTIONS WE ASK

- Are you using more frequently and bigger quantities than you used to use and/or than you intended to use?
- Is your use of substances impacting your relationships with friends, family, peers?
- Is your use of substances impacting your participation in things you used to enjoy such as sports, hobbies, social activities?
- Does the majority of your socializing revolve around gaining, using and/or recovering from using a substance?
- Are you experiencing withdrawal symptoms when you don't use a substance for a period of time? This could include physical or mental symptoms.
- Is your health being impacted by your use of substances?
- Are you engaging in high risk behaviors or ending up in risky situations as a result of substance use?
- Can you easily stop all use of the substance without much difficulty?

# PROGRESSION CURVE



Jellinek Curve - Progression of Addiction Recovery







**Most addictive substances affect the brain's reward system.** They trigger the brain to release dopamine, often in excessive amounts.

These increased dopamine levels cause euphoria, reinforcing the desire to repeat pleasurable but unhealthy behaviors like taking addictive drugs.

# WHAT ARE TEENS USING?

Most common:

- **Nicotine**

11% 8<sup>th</sup> graders

20% 10<sup>th</sup> grade

27% 12<sup>th</sup> grade

- **Cannabis**

8% 8<sup>th</sup> Graders

18% 10<sup>th</sup> Graders

29% 12<sup>th</sup> graders

- **Alcohol**

15% of 8<sup>th</sup> graders

30% of 10<sup>th</sup> graders

45% 12<sup>th</sup> graders

Less Common:

- Opioids

- Cocaine

- Bath Salts

- 63% 12<sup>th</sup> Graders report complete abstinence

*2023 NIDA National survey*

*Opt-in*

*90%+ participated at school so may not accurately represent school absentee population, who may be at higher risk of substance use.*



# YOUTH RISK BEHAVIOR SURVEY NH AND VT

[Youth Online: High School  
YRBS - New Hampshire 2021  
Results | DASH | CDC](#)

[Youth Online: High School  
YRBS - Vermont 2021 Results |  
DASH | CDC](#)

[Teenage Drug Use Statistics  
\[2023\]: Data & Trends on Abuse](#)

Teens living in New England have some of the highest reported rates of substance use compared to other parts of the US.

Teenagers in **New Hampshire** are 27.56% more likely to have used drugs in the last month than the average American teen.

Teenagers in **Vermont** are 75.83% more likely to have used drugs in the last month than the average American teen.

National Center for Drug Use  
Statistics (2023)





# LOCAL STATISTICS

Of the 16-22% of teens age 12-17 in NH and VT who report substance use in the last month, 80% - 83% of report using marijuana.

0.5%-1.2% of teens age 12-17 in VT and NH report using Heroin/Fentanyl in the last month.

2024 data suggests overall overdose deaths are lower compared to 2020-2023

[Opioid Overdose Dashboard | Vermont Department of Health](#)





# WHAT DO WE KNOW?

Cannabis, Nicotine and Alcohol are the most problematic substances of choice by teens in our region and nationwide.

Substance use continues to be an important public health issue.

Substance use risk is higher for teens with co-occurring mental health diagnoses.

Prevention is key! Evidenced based prevention programs that include individual, family, school and community tiers of intervention are most successful.

Substance use treatment resources for teens in our region are limited.

Engaging teens in conversation around substance use, risks, healthy decision making and goal oriented actions can be more effective than “just say no” tactics.

Family, school and community stance and response to substance makes a significant difference.

More permissive stance = greater risk

# REFERENCES AND RESOURCES

- [Evidence-Based Interventions for Preventing Substance Use Disorders in Adolescents – PMC](#)
- [Youth Online: High School YRBS - Vermont 2021 Results | DASH | CDC](#)
- [What is Substance Use Disorder? | SAMHSA](#)
- [NCDAS: Substance Abuse and Addiction Statistics \[2023\]](#)
- [You and Me, Together Vape-Free Curriculum | Tobacco Prevention Toolkit | Stanford Medicine](#)
- [Welcome | The Doorway Call 211 24/7 to be connected to a NH Doorway Clinician](#)
- [Reported drug use among adolescents continued to hold below pre-pandemic levels in 2023 | National Institute on Drug Abuse \(NIDA\)](#)
- [Drugs, Brains, and Behavior: The Science of Addiction: Preface | NIDA](#)



# THANK YOU

Lucy Pilcher, MSW, LICSW

[Lucy.j.r.pilcher@hitchcock.org](mailto:Lucy.j.r.pilcher@hitchcock.org)



WELCOME to the

*All in This Together ECHO:  
Practical Strategies for Teen Substance Use*

*Session 2, The Adolescent Brain and Substance Use*

*May 7<sup>th</sup>, 2025*



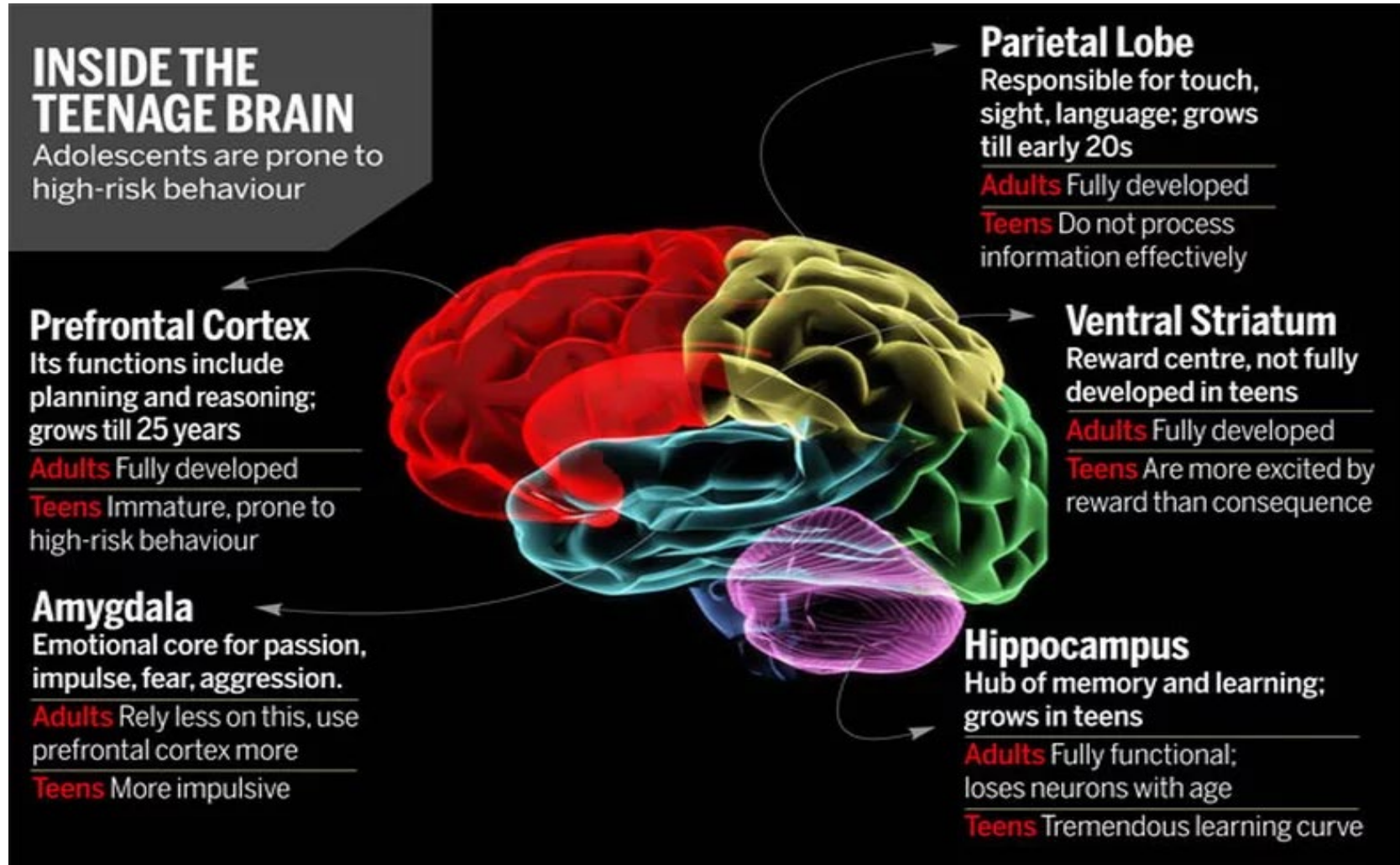
# Adolescent Brain Development and Substance Use: The Beauty and the Curse

*JoAnne Malloy, MSW, PhD*

*Research Associate Professor*

*Institute on Disability- University of New Hampshire*

# The Adolescent Brain



# In adolescence....

- ❖ There is a fundamental reorganization of the brain that continues into the beginning of the third decade of life.
- ❖ Brain development is characterized by an imbalance between the limbic and reward systems, which mature earlier, and the not yet fully mature prefrontal control system. This imbalance may be why we see typical emotional reactive behavior, and it may promote risky behavior.
- ❖ The behavior we see is the basis for the development of autonomy and promotes emancipation from the primary family.
- ❖ The hormones of puberty affect the further sex-specific restructuring of the adolescent brain.
- ❖ The reorganization of the brain renders it particularly susceptible to environmental influences, both positive and negative.

# Adolescent Brain Reorganization....

- “Use it or lose it”- the brain retains and grows neural connections that are frequently used and “prunes” connections that are not used, preparing the brain for adulthood. This leads to a more efficient and organized cognitive network.

This is a normal process and is influenced by environment issues, genetics

- Adolescents rely more on the amygdala for rewards- this is the impulsive or emotional center of the brain.
- The pre-frontal cortex is less developed and so the ability to plan and put off immediate gratification are less prominent in adolescence.



## Adolescent Behavior ...

Based on the stage of their brain development, adolescents are more likely to:

- act on impulse
- misread or misinterpret social cues and emotions
- get into accidents of all kinds
- get involved in fights
- engage in dangerous or risky behavior


Adolescents are less likely to:

- think before they act
- pause to consider the consequences of their actions
- change their dangerous or inappropriate behaviors

## Adolescents and Substance Misuse

- Every Year 1 out of 3 teenagers will experiment with alcohol or drugs
- Adolescent substance use is associated with risky sexual behaviors, fatal motor vehicle accidents, and psychiatric comorbidities
- 15-20% of young Americans will develop a substance use disorder at some point during their lifetime
- Teenagers represent almost 8 percent of those admitted to publicly funded treatment facility's
- Only 10 percent needing treatment will receive services.

# The Adolescent Brain is Susceptible to Longterm Damage by Substance Use



## SUBSTANCE USE

during adolescence can harm development of abilities like:

- Extended reasoning
- Impulse control
- Delaying gratification

**Prefrontal cortex** is one of the last regions of the brain to reach maturity. All addictive drugs, including alcohol and marijuana, have especially harmful effects on the adolescent brain.

Hanson, K. L., Medina, K. L., Padula, C. B., Tapert, S. F., & Brown, S. A. (2011). Impact of adolescent alcohol and drug use on neuropsychological functioning in young adulthood: 10-year outcomes. *Journal of Child and Adolescent Substance Abuse*, 20(2), 135-154. Giedd, J. N., Blumenthal, J., Jeffries, N. O., Castellanos, F. X., Liu, H., Zijdenbos, A., Rapoport, J. L. (1999). Brain development during childhood and adolescence: A longitudinal MRI study. *Nature Neuroscience*, 2(10), 861-863. Squeglia, L. M., Tapert, S. F., Sullivan, E. V., Jacobus, J., Meloy, M. J., Rolfing, T., & Pfefferbaum, A. (2015). Brain development in heavy-drinking adolescents. *American Journal of Psychiatry*, 172(6), 532-542.

#FacingAddiction

## Adolescents VS Adult Addiction

Adolescents are more likely ...

- to become addicted to marijuana than alcohol (65.5 percent versus 42.9 percent),
- to binge drink
- to report hiding their substance use, getting complaints from others about their substance use, and continuing to use in spite of fights or legal trouble
- to be blinded to their own behavior patterns that have caused the consequences
- Be referred by the juvenile justice system

## Adolescents vs. Adult Addiction

- Less likely
  - to feel they need help and seek treatment
  - to report withdrawal, being unable to stop using a drug, continued use of a drug in spite of physical or mental health problems
  - to have significant consequences
    - shorter use history and parental protection
  - to have socially driven motivations to quit
- Incentive to change/engage in treatment corresponds to the number of consequences they identify

## Mindsight Exercises- creating an integrated brain

- Mindfulness awareness: breathing. Sit with back straight, feet planted. ...
- Balancing both sides of the brain. Scan body one side at a time then both.
- Connecting mind and body. ...
- Changing the past. ...
- Making sense of our lives. ...
- Integrating multiple selves. ...
- Advocate for each other.

<https://www.youtube.com/watch?v=0O1u50Ec5eY&t=11s>

## We need to pay attention to LGBTQ+ youth

- Youth with substance use disorder are seven times more likely of dying by suicide, compared to those who do not have a substance use disorder (Conner et al., 2019).
- National prevalence data on substance use among lesbian, gay, and bisexual (LGB) high school students indicate that LGB students use substances at significantly higher rates than their straight peers (Jones et al., 2020).
- This risk is compounded by LGB youths' increased risk of attempting suicide compared to their straight, cisgender peers (Johns et al., 2019; Johns et al., 2020)



## We need to pay attention to youth from ethnically and racially diverse communities

- 8.33% of all 12- to 17-year-olds nationwide report using drugs in the last month.
- Hispanic/Latinx adolescents are only 22.8% of the total U.S. adolescent population (U.S. Census Bureau, 2020), 31.3% reported used alcohol during the past 30-days, and 23.4% smoked marijuana during the past 30-days (Kann et al., 2014).
- African American/Black adolescents represent 14% of the total U.S. adolescent population (U.S. Census Bureau, 2020), yet, 20.8% used alcohol during the past 30-days, and 25.3% smoked marijuana during the past 30-days (Kann et al., 2014)



## Example: Peer-led, youth-focused groups

### NH Youth in Recovery Face Many Risk Factors for Substance Use...

% of NH 12th graders reporting in the past 30 days having used...\*

Alcohol.....39.3%

Marijuana.....33.9%

Vaping Products.....42.7%

% of NH 12th graders reporting in the past year they...\*

Were offered illegal drugs at school...18%

Thought that it was "very easy to access alcohol".....40%

Thought that it was "very easy to access marijuana" .....50.6%

### ...Peer Support Can Set Them Up for Success

Alternative Peer Groups (APGs) support wellness by offering...



Substance-free environment



Harm-reduction approach



Engaging group activities



Sense of belonging

## Peer Support for NH Youth with Substance Use Challenges



Creating Connections NH is building supportive recovery communities called Alternative Peer Groups (APGs) for youth who have concerns about their use of drugs or alcohol. APGs offer young people a chance to connect at least once a week with peers in an environment that is fun, safe, substance-free, and recovery-focused.



Alternative Peer Groups (APGs) offer young people a chance to connect with peers in an environment that is safe, substance-free, and recovery-focused.

- APG Facilitators are trained recovery support professionals
- Youth help choose fun group activities that match their interests
- Youths' physical and emotional safety and privacy are a priority
- Opportunities for family/caregiver involvement

### Connect with a Group in Your Area

Live Free Recovery  
Dover, Newton  
[livefreerecovery.com](http://livefreerecovery.com) | 603.702.2461

Addiction Recovery Coalition of NH  
Souhegan Valley  
[arcnh.org](http://arcnh.org) | 603.554.8142

Revive Recovery | Nashua  
[reviverecovery.org](http://reviverecovery.org) | 888.317.8312

The Youth Council | Nashua  
[tycnh.org](http://tycnh.org) | 603.889.1090

Hope for NH Recovery | Manchester  
[recoverynh.org](http://recoverynh.org) | 603.935.7524

Archways of Greater Franklin/Tilton  
[gtafr.com](http://gtafr.com) | 603.286.4255

Plymouth Area Recovery Connection (PARC)  
[parcnh.org](http://parcnh.org) | 603.238.9291

Safe Harbor Recovery Center  
Portsmouth  
[granitepathwaysnh.org](http://granitepathwaysnh.org) | 603.570.9444

# Implications for Treatment?

- Notes

## Resources

- NH Alternative peer groups: <https://iod.unh.edu/substance-use-youth/alternative-peer-groups>
- The Seven Challenges®: <https://www.sevenchallenges.com/>
- Mindsight Institute: <https://mindsightinstitute.com>
- RENEW (resilience, Empowerment Natural supports, Education, and Work): <https://iod.unh.edu/renew>



# Thank you!!!!

JoAnne Malloy (*she, her*)  
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WELCOME to the

*All in This Together ECHO:  
Practical Strategies for Teen Substance Use*

*Session 3, Adolescent Substance Use – Engaging  
Families  
May 14, 2025*



# Engaging Families: Adolescent SUD and Recovery

*Jennifer Goulet, AS, CHW/RC*

*SUD Program Manager*

*PETRA Direct at North Country Health Consortium*

# Objectives:

- **Understanding Substance Use and Recovery**
  - The Disease Model
  - The Pie Plate of Recovery
- **Family Considerations**
  - Risk Factors as barriers
- **Strategies to Create Protective Factors**
- **The Best of Intentions**
  - Tips for Engaging Families and Communities

# Applying the Disease Model

- Organ

- Defect

- Symptoms



- Brain

- Stimulant Use Disorder

- Craving, Loss of Control,  
continued use despite  
negative consequences  
and withdrawal



# What Fills Your Pie Plate?

Many aspects of our lives play a role in who we are as a whole person:

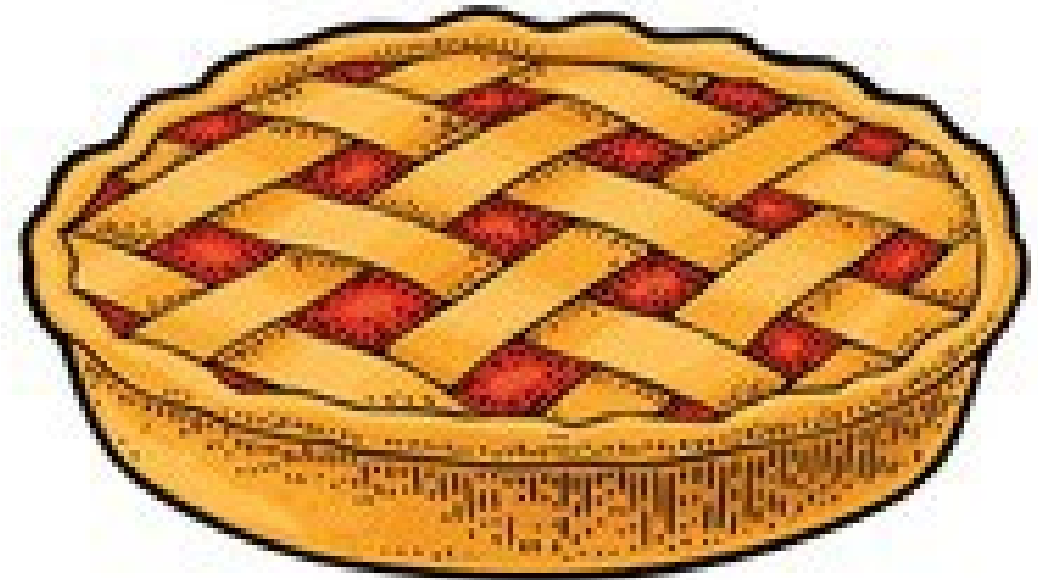
- ❖ Family Relationships
- ❖ Friendships
- ❖ Education
- ❖ Employment Status
- ❖ Living Arrangements
- ❖ Hobbies and Interests
- ❖ And so much more...



# What Fills Their Pie Plate?

The Pieces of their pie are centered around active use:

- Substances of choice
- Relationships dependent on use
- Funds for use
- Living arrangements based on use
- Hobbies and Interests related to use
- And so much more...



# An Empty Pie Plate

Often, people enter recovery and they begin with an empty pie plate.

- The things that made them whole centered around active use
- They are starting from scratch



# Biology as a Risk Factor

**Substance Use Disorders tend to run in families**

- **Genetics account for approximately 50% of a person's risk for developing a Substance Use Disorder.**
- **This includes factors such as :**
  - **Developmental stages of exposure**
  - **Gender**
  - **Ethnicity**
  - **Mental Illness**



# Environment as a Risk Factor

Our environment contributes to risk for all substance use

- Chaotic home life
- Abuse
- Parent's substance use and attitude
- Community attitude
- Peer influence



**Trauma and trauma responses contribute to developing Substance Use Disorders**

# Access as a Risk Factor

Increased access to substances increases risk of developing a stimulant use disorder. Access is simple and can be found in many places

- Prescription medications in your home
- At school
- In peer groups
- In your community





# Recognizing Protective Factors

Internal protective factors are the individual traits and attitudes such as:

- Resilience
- Positivity
- Self-esteem
- Confidence
- Determination
- And so many more



External protective factors are the safeguards created by families and communities:

- Nurturing environments
- Positive social connections
- Safety
- Parental involvement
- Reliable and trusting relationships
- And so many more

# Creating Protective Factors at Home and In Schools

- Talk to students about substance use
- Lock up medications (at home and in school)
- Use Detera Bags, locate safe disposal sites, and participate in Drug Take Back Days
- Be a reliable presence for students and families
- Model expected behaviors
- Nurture interests
- Be a trusted adult
- Value uniqueness
- Allow growth
- Set boundaries and respect boundaries
- Practice active listening
- Be Involved
- Empower Informed Choices and their Impact
- Provide learning opportunities and consequences
- Reinforce the behaviors that you want to see

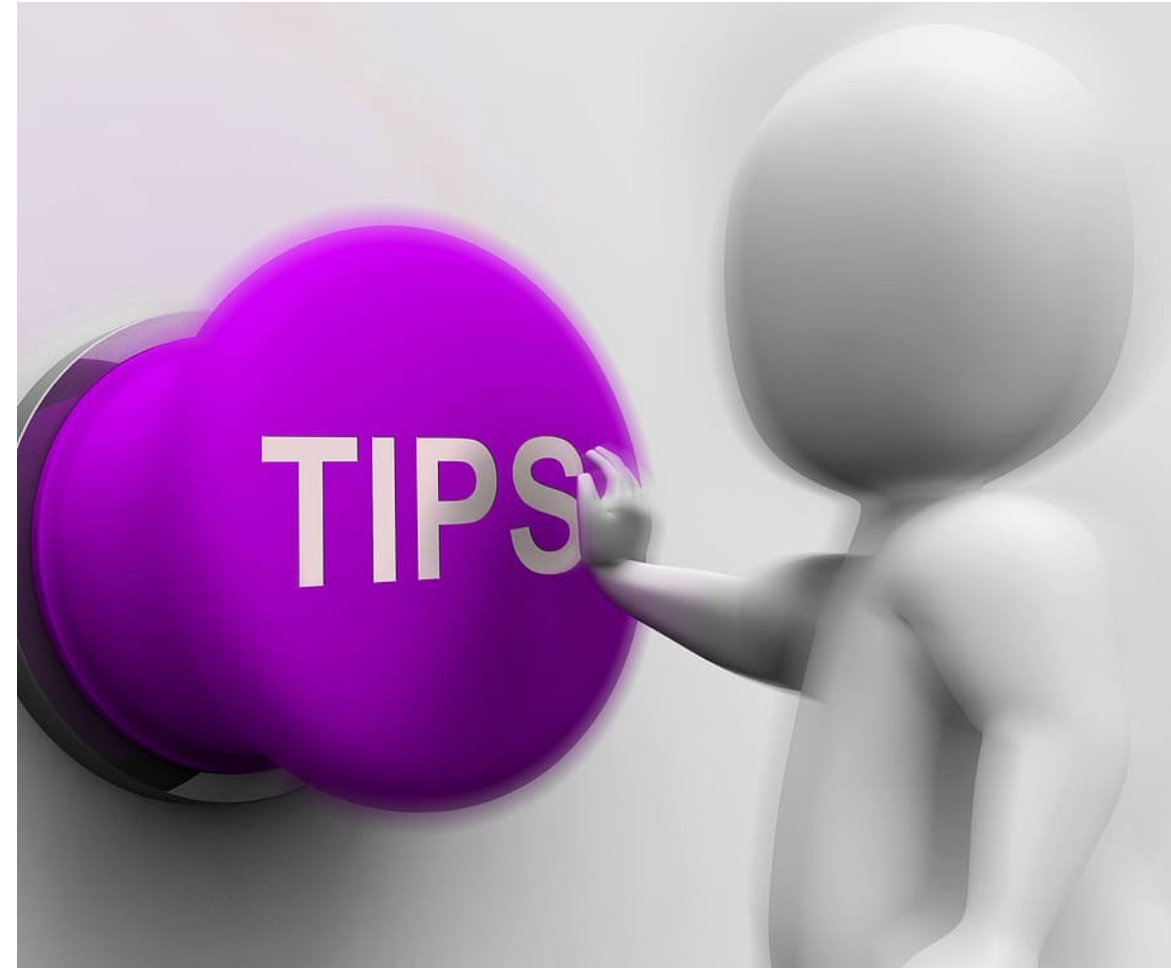


**Share This Information with Families: All Parents want what is best for the kids, even if they struggle to provide it!**



# Six Tips for Creating Engaged Family Environments

- Implement Evidence-Based School Programs
- Foster a Recovery-Oriented System of Care
- Encourage Early Interventions
- Utilize Restorative Practices
- Provide Access to Resources
- Language Matters





# Thank you!!!!

Jennifer Goulet (*she/her*)

CHW/RC, Recovery Support Trainer

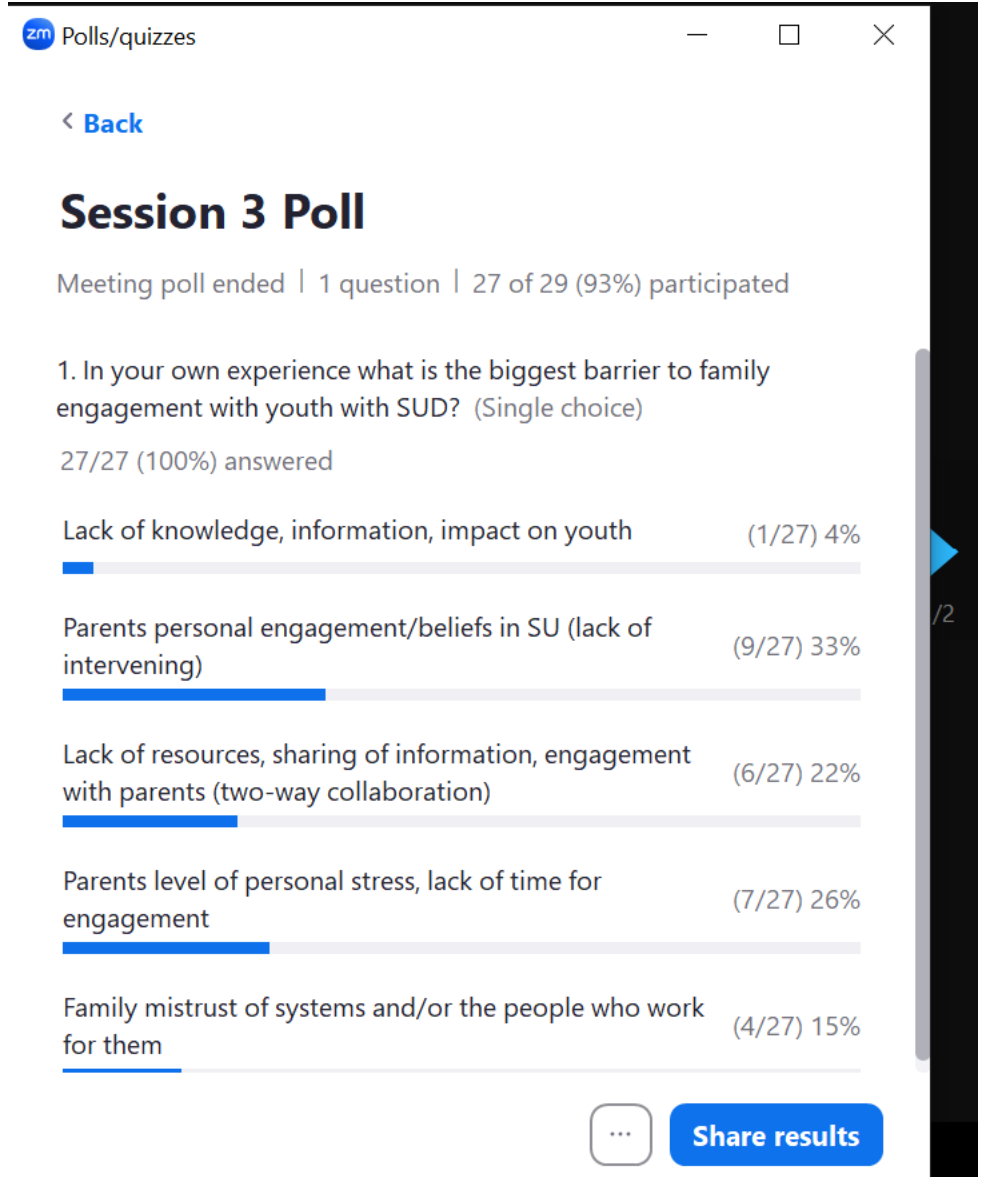
SUD Program Manager

PETRA Direct, North Country Health Consortium

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# Poll





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*Session 4, Substance Use Disorders in Adolescence –  
Effective Psychosocial Interventions  
May 21, 2025*

# Substance Use Disorders in Adolescence- Effective Psychosocial Interventions

Caroline Christie, LICSW



## SUBSTANCE USE AND ADOLESCENTS-Effective Psychosocial Interventions

- Review types of substances teens are using
- Review prevalence of substance use for teens nationally and in New Hampshire
- Gain knowledge about barriers to treatment
- Gain Knowledge about effective clinical interventions
- Gain knowledge about effective non-clinical interventions

# EXPERIMENTATION AND HARMFUL USE

Many young people experiment with various substances

**Most** will not go on to develop a substance use disorder

Age of first use and type of substance makes a **big** difference

The younger a person is when they try a substance for the first time, the more likely they are to develop a substance use disorder.

E.g. Trying substances for the first time at 13 years old puts an adolescent at higher risk than delaying the onset of substance use until age 16. Delaying until age 18 reduces the risk further, delaying until 21 even more so.

Research tells us that delaying by even one year is significant



# Youth Risk Behavior Survey – Substance Misuse



**22%**

of high school students **drank alcohol in past 30 days**



**17%**

of high school students **used marijuana in past 30 days**



**12%**

of high school students had ever **misused prescription opioids**



**10%**

of high school students had ever **used illicit drugs**

# WHAT ARE TEENS USING?

Most common:

- **Nicotine**

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20% 10<sup>th</sup> grade

27% 12<sup>th</sup> grade

- **Cannabis**

8% 8<sup>th</sup> Graders

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- **Alcohol**

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Less Common:

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# Treatment for MH and Substance Use Disorder

11.2%

were either **diagnosed with a SUD** or were **receiving SUD treatment** in the past year (identified as in need of SUD treatment)

38.9%

of these adolescents **received treatment**



**AMONG THOSE WHO DID NOT RECEIVE TREATMENT...**

96.6%

**did not perceive that they needed treatment.**

They did not seek treatment and did not think that they needed it

# Unmet Needs for Treatment Among Adolescents

42%

of adolescents with a MDE reported an “unmet need”

7.7%

tried to seek treatment without success

33.8%

did not seek treatment

## REASONS FOR NOT SEEKING TREATMENT:

85%

reported that they should be able to handle their problems on their own

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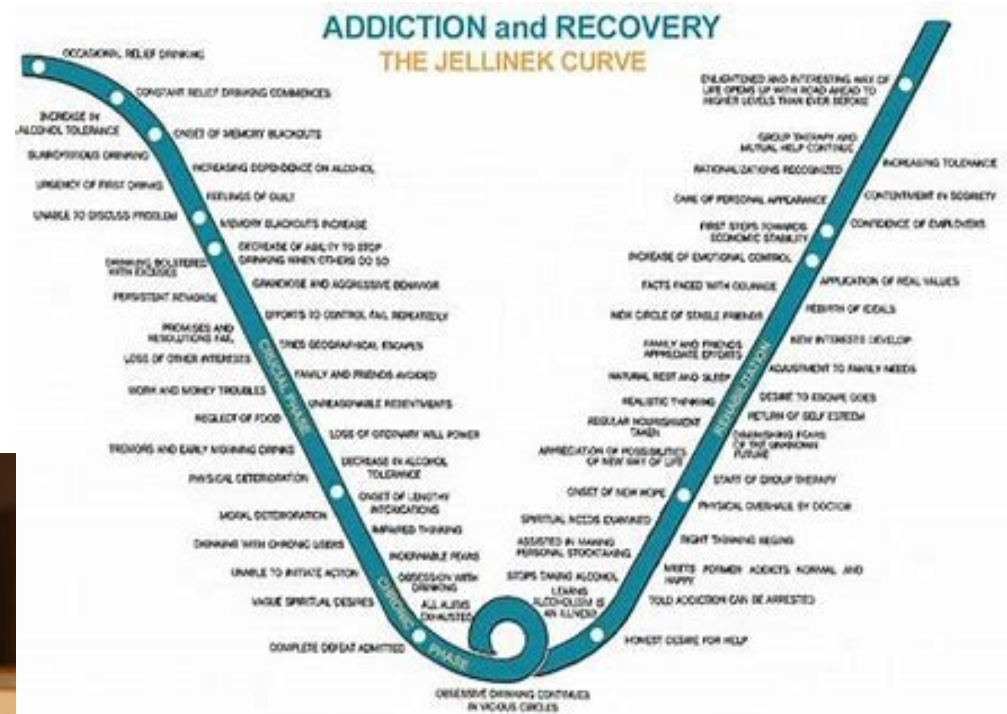
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48%

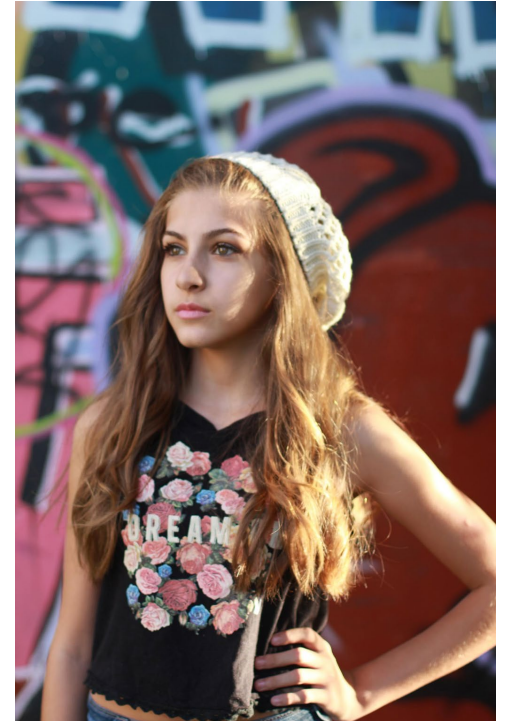
thinking that no one would care if they got better



# PROGRESSION CURVE



Jellinek Curve - Progression of Addiction Recovery



## **Effective Non-Clinical Interventions**

- Motivational Interviewing
  - Screening for Risk
  - Community Actions



- **CRAFFT**
- **S2BI**
- **SUMI**
- **SBIRT**

## **Screening Tools**

## SUD Screening Tools Implemented in Clinic

### S2BI

#### Screening to Brief Intervention

In the past year, how many times have you used tobacco, vape pen, or e-cig?

In the past year, how many times have you used alcohol?

In the past year how many times have you used marijuana?

In the past year, how many times have you used prescription drugs that were not prescribed for you (such as pain medication or Adderall)?

In the past year, how many times have you used illegal drugs (such as cocaine, Ecstasy, heroin, buprenorphine, etc.)

In the past year, how many times have you used inhalants (such as nitrous oxide)

In the past year, how many times have you used herbs or synthetic drugs (such as salvia, K2, or bath salts)

### CRAFFT

**C.** Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

**R.** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

**A.** Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

**F.** Do you ever **FORGET** things you did while using alcohol or drugs?

**F.** Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

**T.** Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

# Motivational Interviewing

Interactions to Motivate Positive  
Change

## MOTIVATIONAL INTERVIEWING

**R**

**RESIST** telling them what to do:  
*Avoid telling, directing, or convincing your friend about the right path to good health.*

**U**

**UNDERSTAND** their motivation:  
*Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.*

**L**

**LISTEN** with empathy:  
*Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.*

**E**

**EMPOWER** them:  
*Work with your friends to set achievable goals and to identify techniques to overcome barriers.*

# What can a community do?

## Break into small groups

### ■ Your ideas first!

Meals (outside of school day?)

Coalitions for housing, safe communities

Physical activity!

Parent activities at the center/  
school

# Group Discussion:

## Where should we put our resources?



# Multisystemic Therapy

MST IS THE **ONLY INTERVENTION** FOR HIGH-RISK YOUTH WHERE RESULTS HAVE BEEN **REPEATEDLY REPLICATED** BY INDEPENDENT RESEARCH TEAMS



MST is an **intensive, family and community-based program** addressing the various aspects of a young person's **environment** and the **impact on mental health and substance use**.



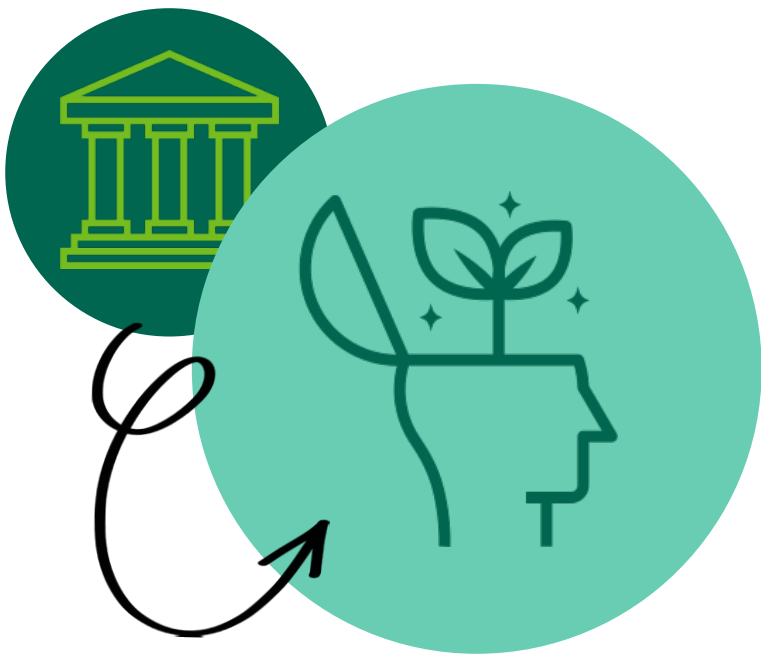
MST can and should be **delivered in multiple settings** including school, community centers, and home



MST recognizes the importance of peer relationships and works with families to help youth **establish positive peer connections**

# An Alternative to Juvenile Court Systems

MST SHIFTS AWAY FROM YOUTH INVOLVEMENT IN THE JUVENILE COURT PROCESS  
AND TOWARDS **POSITIVE SELF-DEVELOPMENT**



- MST encourages and promotes **full-family participation in the recovery process**, including services for caretakers and siblings
- MST clinicians facilitate **family and caretakers treatment goals**
- MST collaborates with **community systems** including schools, physicians, and community centers to **support holistic recovery**



# Functional Family Therapy (FFT)



FFT improves family communication and support, while decreasing negativity and dysfunctional behaviors. The program targets parenting skills, youth compliance, and behaviors. FFT is effective for youth and their families in various cultural contexts.

## Target Population

- At risk youth (ages 12-18) and their families



## Length of Program

- 12 to 14 sessions
- Spread over 3-4 months



## Focus of Treatment

- Conduct Disorders
- Violence and acting out
- Drug and alcohol use



## Outcomes

- Improve conduct problems, delinquency and criminal behavior, gang involvement, and drug/alcohol use
- Improve school attendance and social behaviors
- Strengthen family relationships





# Functional Family Therapy:

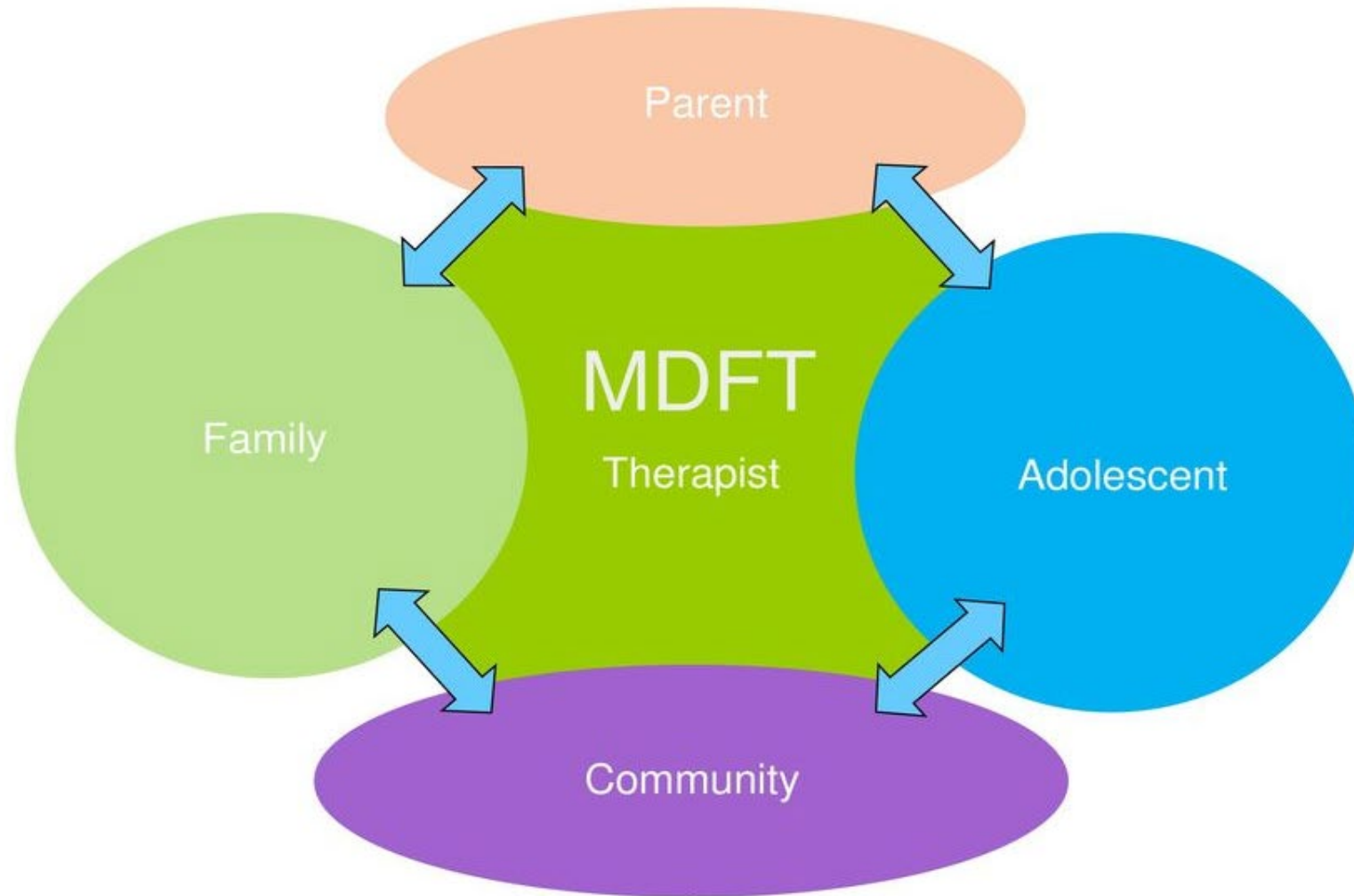
Families change their interactions to address youth and young adult behavioral or emotional issues.

Behaviors focused on the system not the individual

Focuses on family functioning and strengths and targets treatment to needs

Work with families to change how they interact as a way to impact behavior change

# Multi-dimensional family therapy: 4 Domains of Change



|                              |   |
|------------------------------|---|
| <b>ADOLESCENT<br/>DOMAIN</b> | <ul style="list-style-type: none"><li>• Improve self-awareness and enhance self-worth and confidence</li><li>• Develop meaningful short-term and long-term life goals</li><li>• Improve emotional regulation, coping, and problem-solving skills</li><li>• Improve communication skills</li></ul> |
| <b>PARENT<br/>DOMAIN</b>     | <ul style="list-style-type: none"><li>• Strengthen parental teamwork</li><li>• Improve parenting skills &amp; practices</li><li>• Rebuild parent-teen emotional bonds</li><li>• Enhance parents' individual functioning</li></ul>   |
| <b>FAMILY DOMAIN</b>         | <ul style="list-style-type: none"><li>• Improve family communication and problem-solving skills</li><li>• Strengthen emotional attachments and feelings of love and connection among family members</li><li>• Improve everyday functioning of the family unit</li></ul>                           |
| <b>COMMUNITY<br/>DOMAIN</b>  | <ul style="list-style-type: none"><li>• Improve family members' relationships with social systems such as school, court, legal, workplace, and neighborhood</li><li>• Build family member capacity to access and actualize needed resources</li></ul>   |

# Risk Reduction Through Family Therapy: RFT

**Integrative treatment for co-occurring substance use problems and posttraumatic stress disorder symptoms in adolescents who have experienced interpersonal violence and other traumatic events**

# The Seven Components of RRFT

## **Psychoeducation & Engagement**

Goal setting, treatment motivation, education, overview of the model

## **Coping**

Identify emotions, maladaptive and adaptive coping skills, distress tolerance, mindfulness

## **Family Communication**

Assess current communication, establish rules, develop skills

## **Substance Abuse**

Assess motivation/triggers, increase monitoring, and use harm reduction

## **Post-Traumatic Stress Disorder (PTSD)**

Psychoeducation, cognitive distortion, narrative

## **Healthy Dating & Sexual Decision Making**

Healthy relationships, family discussion, sexual decision making

## **Revictimization Risk Reduction**

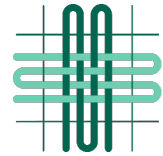
Education, identification, role play, safety-plan

# What Role Can You Play

Where do you fit into the evidence based interventions?

Environment matters

Community engagement is part of every successful intervention mentioned



Dartmouth  
Health



WELCOME to the

*All in This Together ECHO:  
Practical Strategies for Teen Substance Use*

*Session 5, Trauma, Substance Use, and Mental Health in  
Adolescents: Bringing Knowledge to Practice*

*May 28, 2025*

# Trauma, Substance Use and MH in Adolescents: Bringing Knowledge to Practice

Kay Jankowski, Ph.D.  
ECHO presentation  
May 28, 2025





# How Common Are Mental Health and Substance Use Disorders in Adolescents?

Among adolescents aged 12-17 in 2023,

**22%** or 5.9 million had an MDE or an SUD in the past year *(National Survey on Drug Use and Health, SAMHSA)*

Of the 4.5 million who reported having an MDE in the past year,

**856,000** reported also having a SUD

Of the 2.2 million who reported having a SUD, slightly less than

**50%** had a MDE as well



**MDE**

Major Depressive Episode



**SUD**

Substance Use Disorder

➤ Adolescents with a **past year MDE** were **more likely to have used substances** in the past year than their non MDE counterparts (nearly every substance and by a lot)

# Youth Risk Behavior Survey 2023 – MH & Suicide

40%

of youth experienced **persistent feelings of sadness or hopelessness**  
(down from 42% in 2021)

29%

experienced **poor mental health**

20%

**seriously considered** attempting **suicide**

16%

made a **suicide plan**

9%

**attempted suicide**

# Co-Occurring SUD and MDE in Adolescents

42%

of adolescents with a MDE reported an “unmet need”

7.7%

tried to seek treatment without success

33.8%

did not seek treatment

## REASONS FOR NOT SEEKING TREATMENT:

85%

reported that they should be able to handle their problems on their own

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not knowing how or where to get treatment

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48%

thinking that no one would care if they got better

# Adverse Childhood Events (ACE) - YRBS

76%

OF YOUTH REPORTED AT LEAST ONE ACE

18.5%

OF YOUTH EXPERIENCED 4+ ACES

**ACES WERE ASSOCIATED WITH NEARLY EVERY RISK FACTOR** on the YRBS, but most highly associated with suicide attempts, seriously considered attempting suicide and prescription opioid misuse



# Trauma, MH and SUD – What is the Relationship?

- **Healthy emotional development**
- **Early successful co-regulation leads to greater ability to regulate oneself**
- **Positive, trusting, supportive internal models of adults**
- **Ability to cope with range of stressors**



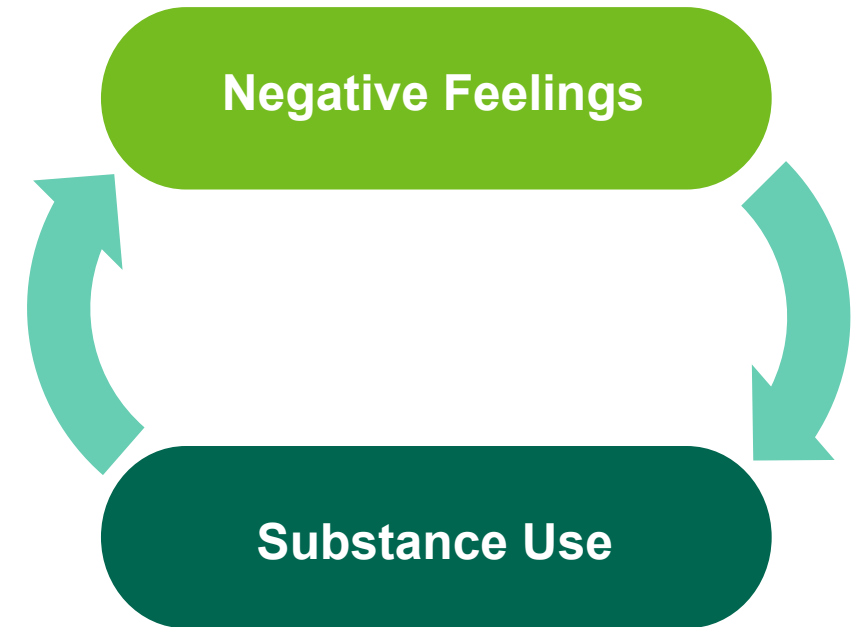
# Trauma, MH and SUD – What is the Relationship?

## When Trauma Disrupts Healthy Emotional Development...

- Chronic activation of the stress/survival response
- Disruption of successful co-regulation
- Impairments in emotion regulation and soothing
- Disrupted ability to cope with range of stressors

# Vulnerability to Substance Use Disorder

- **Very effective in the short-term**
- **Typical for co-occurring mental health & SUD**
- **Increases risk for more trauma & adversity**
- **Negative feedback circle** in which negative feelings lead to use which leads to more negative feelings and disconnection which then leads to more use





# Intergenerational Transmission of Trauma and SUD

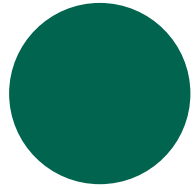
- **Strong intergenerational trends in trauma and SUD within families**
- **Genetic and Environmental**
- **Role modeling of SUD behaviors as regulatory strategies**
- **Everyone is put at risk for more trauma and adversity**



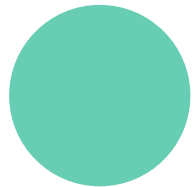
# How Do We Help Break the Cycle?



**Applying a Trauma Informed Lens**



**Realize, Recognize, and Respond**



**Creating Safety with Youth**

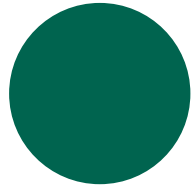


**Regulate, Relate, and Reason**

# How Do We Work with Traumatized Caregivers?



**Traumatized caregivers are traumatized children grown up**



**Realize, Recognize, and Respond**

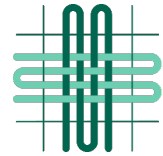


**Creating Safety with Caregivers**



**Regulate, Relate, and Reason**

How can we better help teens with SUD or teens that have family that suffer with SUD?



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WELCOME to the

*All in This Together ECHO:  
Practical Strategies for Teen Substance Use*

*Session 6, Recovery Frameworks in Schools and  
Communities*

*June 4<sup>th</sup>, 2025*



# Prevention & Intervention in Schools

*Kara Toms, MEd, LADC, CPS*

*Student Assistance Professional, Thetford Academy*

*Annie Luke, MA, LADC, LCMHC*

*Student Assistance Professional, Woodstock Union High School & Middle School*

## About Us

### Kara

- Been a SAP since 2015
- Worked in other intervention and prevention capacities for 29 years
- Enjoys wild ice skating, all kinds of skiing, ice hockey, hiking, kayaking, mountain biking, travel, canyoning - anything outdoors (especially with dog). Just launched 3rd kid, so now an empty nester



### Annie

- Been a SAP in VT since 2005, NH-1992
- Worked in adolescent psychiatric hospitals, residential treatment programs, outpatient counseling agencies, and the AZ Department of Juvenile Corrections.
- Enjoys traveling, being a softball and volleyball coach, and spending time with my 2 adult daughters.



# What is a Student Assistance Provider (SAP), also known as Student Assistance Professional?

- Addresses a broad range of student needs, recognizing that various factors can impact learning and well-being.
- Accessible and integrated within the school environment, making it easier for students to receive support.
- Provides services at three levels: prevention, early intervention, and support/referral for more complex issues. Bound by Federal Confidentiality Law 42 CFR, part 2
- Works with school staff, counselors, mental health professionals, and community providers to ensure a holistic approach to student support.
- Utilizes evidence-informed strategies and interventions to maximize their effectiveness in addressing student needs. Some of these will be addressed in this presentation.
- Often have various other duties such as: Threat Assessment Team Member, Student Support Team Member, Coordinator of Mentoring Program, plus more.

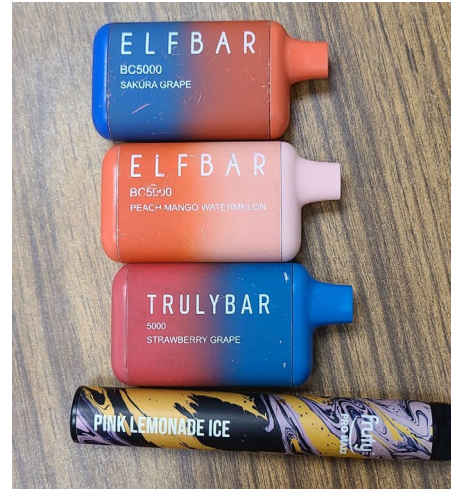


# Benefits of a SAP in the schools

- Improved student well-being
- Better academic performance
- Reduced risk behaviors
- Increased school safety
- Available to all students
- Community and school presentations
- Group leader for support groups
- Prevention, Intervention, Resources, and Referrals
- Aftercare support to those students returning from treatment
- Works in collaboration with community partners
- In-class presentations; Health, Driver's Ed, etc.
- Advisor to peer leadership groups
- and after school

# Most common substance-related contraband we have found in our schools:

- Confiscated items





## Clothing and other personal items:

### *Dress*

#### WOODSTOCK UNION MIDDLE/HIGH SCHOOL STUDENT

Woodstock Union High School and Middle School expectations for positive self-expression and appropriate dress at school are:

- Clothing does not display offensive, violent, or threatening messages and/or inappropriate language
- Clothing does not endorse and/or advertise alcohol, drugs, or tobacco/nicotine
- Footwear must be worn at all times



# Intervention

## Referral system

Who can make a referral - can be anonymous:

- administration
- faculty and staff
- other students
- self-referral
- family
- community members
- coaches

# Intervention (individual):

- Restorative Justice
  - SBIRT (Screening, Brief Intervention, and Referral to Treatment)
  - Alternative to Suspension (ATS): Cannabis Prevention, PTTC
  - Teen Intervene
  - ACRA Functional Analysis (Adolescent Community Reinforcement Approach)
  - Vape Educate (Online Educational Program for students)
  - I Am Sober App
  - My Life, My Quit

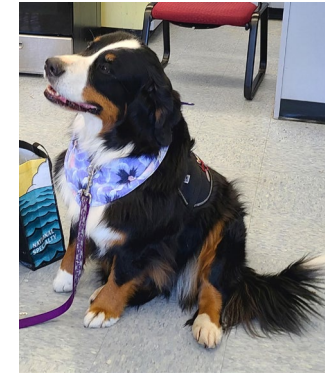
# Intervention: Groups

- INDEPTH (Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health)
- All Recovery Group (Collaboration with Turning Point)
- Therapy Dog Group (Collaboration with Therapy Dogs of Vermont)
- Making Change (Second Growth) - free food
- N-O-T (Not-On-Tobacco & Vaping)



# Prevention

- Vape Disposal Boxes
- Passive Education (educational bulletin boards, pamphlets, posters), PSA's-videos, radio announcements, resources, parent/family newsletters, and webinars (Johnny's Ambassadors, Screenagers, PAVE-Parents Against Vaping E-Cigarettes).



# Quit Kits

- Students decided what they needed
- Any student can get a quit kit
- SAP discusses cravings and alternatives to using
- In the quit kits are fidgets, metal straw, theraputty, gum, water bottle with straw, etc





# Prevention

## Education:

### Evidence-based curriculums in middle and high school

- [Stanford REACH Toolkits](#)
- [Project Alert](#)
- DEA: [Operation Prevention](#)
- Paid options: [Too Good](#) and [Botvin Lifeskills](#)
- [Teen Mental Health First Aid Training](#)
- [Second Step](#) for elementary and middle school



# School Policy Example

## Example:

*It is the policy of the Mountain Views School District that no student shall knowingly possess, use, sell, give or otherwise transmit, or be under the influence of any illegal drug, mind-altering substances, regulated substances or medication not prescribed by a physician and approved in writing by the parent/guardian, drug paraphernalia or alcohol on any school property, or at any school sponsored activity away from or within the school. It is further the policy of the District to make appropriate referrals in cases of substance abuse.*

1. Uses or possesses tobacco products, tobacco paraphernalia, tobacco substitutes (e.g. vaping electronic cigarettes/dabs), alcohol, or any illegal substance not specifically prescribed by a physician on or off school premises during any time of the day. (Sports and extracurricular activities)

**If a participant is found to have committed any prohibited conduct, he or she will be subject to the following disciplinary action:**

1. First Offense: No prior offense during the preceding two (2) calendar years.
  1. The participant will be suspended from participating in 20% of games during the regular season and/or postseason, depending on the time and timing of the offense.
  2. During the suspension period, the participant remains eligible for practices and will travel to all functions with the team, but is ineligible to participate in games.
  3. Unexcused absences of the participant during the suspension period will result in the window being extended by the number of days the participant is absent (i.e. two (2) unexcused absences will result in two (2) games being added to the suspension).
  4. Student must complete ten (10) hours of community service within the suspension period.
  5. Student must meet with Student Assistance Professional (SAP) at least four (4) times.
    1. The suspension will be extended until community service and SAP meetings are completed.
    2. Verification of community service and SAP meetings must be submitted to the Athletic Director and Assistant Principal.

## Programs: Getting to Y through UP for Learning

- Students bring meaning to their own YRBS data
- Leadership, partnership, action research, peer & community engagement
- Personal Growth & civic engagement
- Snacks!
- Sustainable change in youth behavior, community, and school culture
  - Examples of projects: Zen Zone, Sunshine Boxes, Presentations at assembly, Resource Area, Suicide Prevention trainings, Mental Health Check-ins, Bathroom Installments, etc.





## Prevention Programs with Students:

VTLSP/OVX (*Vermont Teen Leadership Safety Program/Our Voices Xposed*):

The purpose is to develop among teen leaders an awareness of prevention and wellness issues while providing them with the resources, skills, and support with which to facilitate positive change among their peers and community. Some of our annual campaigns and projects are: Red Ribbon Week, Project Sticker Shock, PS I Love You Campaign, The Quechee Card, and attending a Leadership Summit and Statehouse Rally. This group is for both middle and high school students.



Quechee Card | Developed by Members of Woodstock Union HS VTLSP

**Need to TALK?**  
Having a Hard Time?  
**TEXT VT to 741741**

800.273.8255 | National Suicide Prevention Lifeline | CONFIDENTIAL | FREE | ANYTIME

Please don't make a  
**PERMANENT SOLUTION**  
to a  
**TEMPORARY PROBLEM**

Get Help. You Can Do This.  
**YOU ARE NOT ALONE.**  
**YOUR PROBLEMS DO MATTER.**  
Please Call or Text.

## Prevention: Sober Summer Events

### Community Examples:

#### Hartford Community Coalition:

- Teen Pool Parties on Thursdays (free food)
- Outdoor Movies

#### Lebanon Parks & Recreation:

- Farmers Markets
- Concerts in the Park

#### Second Growth:

- Free sports camp
- Free arts and music camp



## Calendar based prevention

- Suicide Awareness Month
- Red Ribbon Week
- When the Holidays Aren't So Happy
- National Drug and Alcohol Facts Week
- National Mental Health Awareness Month
- P.S. I Love You Campaign
- Project Sticker Shock



## Final Thoughts and Q & A

- SAPs are key to prevention and intervention in schools.
- Good work is being done!
- SAP positions are either grant-funded, school budget funded, or a combination of both. SAPs are not in all VT schools.
- Only one part of the puzzle.
- Need more support, especially for high risk populations.

# Questions & Comments



## Resource Slide

### Evidence-Based Prevention & Intervention:

<https://pttcnetwork.org/wp-content/uploads/2022/11/Cannabis-Alt-to-Suspension-PPT-2022.pdf>: PCCT

<https://www.hazeldenbettyford.org/addiction/teen-intervention>

<https://nh.mylifemyquit.org/en-us/>

<https://iamsober.com/en/site/home>

<https://vapeeducate.com/>

<https://www.lung.org/quit-smoking/helping-teens-quit/not-on-tobacco>: American Lung Association

<https://www.med.stanford.edu/tobaccopreventiontoolkit.html>

<https://www.projectalert.com/>

<https://www.operationprevention.com/> : DEA

<https://www.secondstep.org/> for elementary and middle school

<https://www.upforlearning.org/initiatives/getting-to-y/>: Up for Learning





# Thank you!

- Please Complete our Post-Course Survey:  
<https://redcap.hitchcock.org/redcap/surveys/?s=CJ4KTXPECJN48889>
- Recordings will be posted on the D-H ECHO website <https://www.dartmouth-hitchcock.org/project-echo/enduring-echo-materials>