Week 2 Topic 1 DQ#1

What are the benefits and drawbacks of treating an adolescent substance user in an inpatient facility?

**Sherri Galloway**

1 posts

**Re: Topic 2 DQ 1**

A major step in seeking substance abuse treatment is chooing the type of treatment setting (inpatient or outpatient).  Inpatient substance abuse facilities for adolescents usually offer a thirty, sixty or ninety day length of treatment. Recovery may be a difficult process for some adolescents and being away from home or their familiar surroudings can be even more difficult. Some of the benefits of an adolsescent inpatient substance abuse treatment program include  being supervised by trained counselors, having less access to drugs, having time to focus on their addiction, having support from other adolescents in the treatment and receiving the treatment necessary to help them live healthier lives. Inpatient substance abuse treatment can help adolescents to build their self-esteem and confidence (Roemer, 2015). Adolescents can have the assurance of knowing that they are not alone in dealing with their substance use as others are in treatment for the same purpose.

Some of the disavdantages of adolescent inpatient substance abuse treatment include being in a structured environment (not able to come and go as desired), they may be there involuntarily (at request of parents or court ordered), their treatment goals may not align with their parents goals for treatment,  confidentility and trust may be an issue. Whether adolescents are in treatment voluntarly or involuntarily, they desire communication and treatment that is non-judgemental (Roemer, 2015). Even thouh an adolescent may be in treatment seeking real help with their substance use, there is  chance that they can be negatively influenced by others in the inpatient  setting who may not be serious about treatment.

References

Roemer, A. (2015). Ethcal Issues Surrounding In-Patient Treatment for Adolescents with Substance Use Disorders: University of Victoria, Canada

Retrieved from https://clinmedjournals.org

My response:

**Katrina Oliver**

3 posts

**Re: Topic 2 DQ 1**

Hello Professor and Class,

Working with adolescents can be very challenging based of many factors but there are several benefits and disadvantages that are somewhat similar, and also very different in relation to utilizing inpatient facilities to assist with the treatment of substance use disorders. In treating adolescents there are a few things to consider to begin with gaining an understanding that the teenage brain is still developing, adolescents and young adults who use alcohol or other substances are at risk of altering their brains in lasting ways, including a greater susceptibility to eventually developing addiction (hazeldenbettyford.org). An interuption in brain development is very dangerous because during the adolescent ages many things are being understood relating to basic essentials of life needed to assist in life progression into adulthood/maturity. Adolescent brain research suggests that the prefrontal cortex—which monitors impulsivity, goal setting, reasoning, and judgment—is immature throughout the period of adolescence. These biological immaturities may increase the propensity to act impulsively and disregard negative consequences such as those involved with drug and alcohol use(ncbi.nlm.nih.gov). As treatment programs were originally developed they were not developed to cater to the needs of the adolescent population, so they were basically in a losing situation. It was stated through research that adolescents were treated by sending them to correctional institutions or inebriate housing and asylums created for adults, which was not in the best interest of the adolescent or assisting with any of the presented issues. In the 1950s, hospitals and churches began to recognize that adolescent drug use behaviors did not mimic those of adults, and that adolescents may benefit from a different treatment approach (ncbi.nlm.nih.gov). So 68 years later there has still continued to be many methods implemented for the purpose of properly assisting the adolescent inpatient treatment programs in order to promote better outcomes.

Drawbacks include:

Adolescents present higher rates of binge use, lower problem recognition, and higher rates of comorbid psychiatric problems as compared with adults.

Adolescents are more likely to be more susceptible to peer influence, which I compare to basic social influences that are encountered on a daily basis in simple places such as school. Influences from the media, which include the internet and television from celebrities/reality television.

Treatment programs created specifically for teenagers did not materialize until the 1980s and slowly continued to grow through the 1990s. With this problem being identified in the 1950’s too much time had elapsed without being able to properly assist the adolescent population.

Benefits include:

Advances in SUD assessment have led to more thorough needs assessment and improved service placement for adolescents. These types of things ensure that the client is receiving the most appropriate/the best treatment possible.

Nearly all adolescent drug treatment approaches are based on an abstinence model.

There are also several approaches used in the inpatient setting that allow the adolescent to be dealt with somewhat differently than adults, to include some of these things mentioned by addictioncenter.com:

Adolescent Community Reinforcement Approach, which is an intervention method that helps replace negative environmental factors with healthy ones. This approach focuses on improving the adolescents support systems, communication, coping and problem solving skills.

Motivational Enhancement Therapy which includes One to three therapy sessions inspiring teens to take part in drug addiction treatment. This method is paired with other therapy methods to motivate adolescence to plan for recovery.

Contingency Management is a treatment system using instant, real rewards to encourage positive, healthy behavior. Adolescents can earn prizes for participating in addiction recovery and not abusing drugs. This method is also often combined with other adolescent rehab methods.

Overall I feel that adolescent treatment gives advantages based on the person being treated being that unlike adults adolescents may allow more room for molding, versus the resistance from adults.  Adolescent relapse rates are high in the are of more that 50% but so are the adults.

<https://www.addictioncenter.com/teenage-drug-abuse/addiction-treatment/>

**Week 2 Topic 2 DQ#2**

Read the Topic 2 Case Study: Cami, which is located in the Topic 2 materials. What are the prodromal phase symptoms that Cami is experiencing associated with her substance use and what is the level of care that you would recommend? Explain your rationale.

**Yolanda Bush**

1 posts

**Re: Topic 2 DQ 2**

Prodromal is the mark that influx or an early sign of schizophrenia. Some say this term is classified as being in its prenatal moment. In actual, the term is prodromal, in which a person may not demand genuine sick. Cami is transitioning into puberty, in which one normal body offers experience abnormal effects to their body. Cami is also dealing with stress due to the loss of her grandmother and the fact that he family is no longer all living together. Cami friends could be a certain size, which could be why she is was caught on an anorexic site. trying to fit in with her friends which could be from peer pressure, which is the reason her grades dropping. Cami could possibly have an attention-deficit/hyperactivity disorder (ADHD) which is common with a person who has a mental disorder affecting them.

Cami meets a level 1 care since she is only the prime of her behavioral. Cami meets the criteria of a serious, mentally ill person. Even though she diagnoses with an addiction yet, she is showing many signs and symptoms, in which bothers her family. For this reason, Cami can attend an outpatient facility, which will be able to medication or outpatient therapy with the assistance of medication support. She will also be able to attend peer pressure group and have low-intensity support, daily living skills, social/interpersonal functioning and/or educational/occupational role maybe now and then, Cami may need other support to require little to no assistance in these areas.

(n.d.). Retrieved November 11, 2018, from https://www.psychiatry.org/patients-families/adhd/what-is-adhd

Level of Care Descriptions \* Adults with Developmental ... (n.d.). Retrieved from http://www.genhs.org/Portals/0/3. Adults with Developmental Disabilities LOC Descriptions.pdf

What Are the Prodromal Symptoms of Schizophrenia. (n.d.). Retrieved November 11, 2018, from https://psychologenie.com/what-are-prodromal-symptoms-of-schizophrenia

My response:

**Alexia Fletcher**

2 posts

**Re: Topic 2 DQ 2**

Cami is presenting with suicidal ideations and a mild substance use disorder. The prodromal phase is the first phase of substance use disorder development in which casual or social use of substances begins changing to a means of psychological relief from problems and inhibitions. Symptoms in the prodromal phase can develop subtly and gradually, being mistaken for typical adolescent behavior (Stevens & Smith, 2012). If Cami were just presenting with a case of mild substance use disorder this writer would recommend Level 2.1 level of care as defined by the ASAM criteria for the client (ASAM, 2015). This would be an outpatient program which the client could attend throughout the week. Yet, it seems that Cami is presenting with suicidal thoughts and an intent to harm herself. Therefore for her own safety she needs to be admitted to an inpatient facility. This level of care is considered Level 4. As Level 4 care Cami will receive what is “called Medically Managed Intensive Inpatient Services for adolescents, this level of care offers 24-hour nursing care and daily physician care for severe, unstable problems” (ASAM, 2015). This level of care is necessary to monitor her self harming behavior concerning substances, anorexia and depression. Hopefully Cami can attend a facility that can treat co-occurring disorders.

Reference

Stevens, P., & Smith, R. (2012). *Substance abuse counseling: Theory and practice* (5th ed.). Upper Saddle River, NJ: Pearson.

American Society of Medicine (ASAM). (2015). What are the ASAM levels of care? Retrieved from      https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

My response: