



# 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

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### Overview of reviews

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

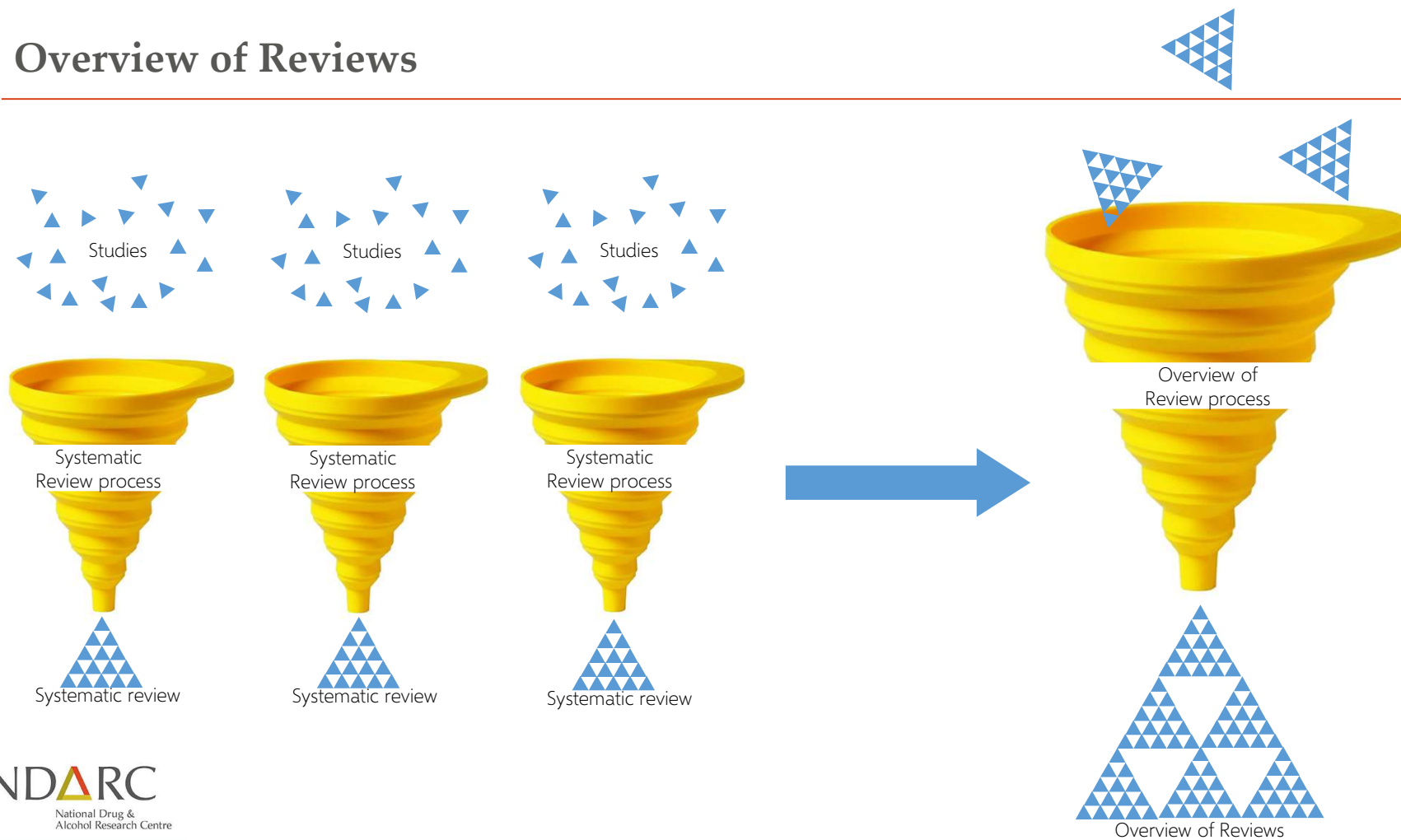
### Focus groups

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

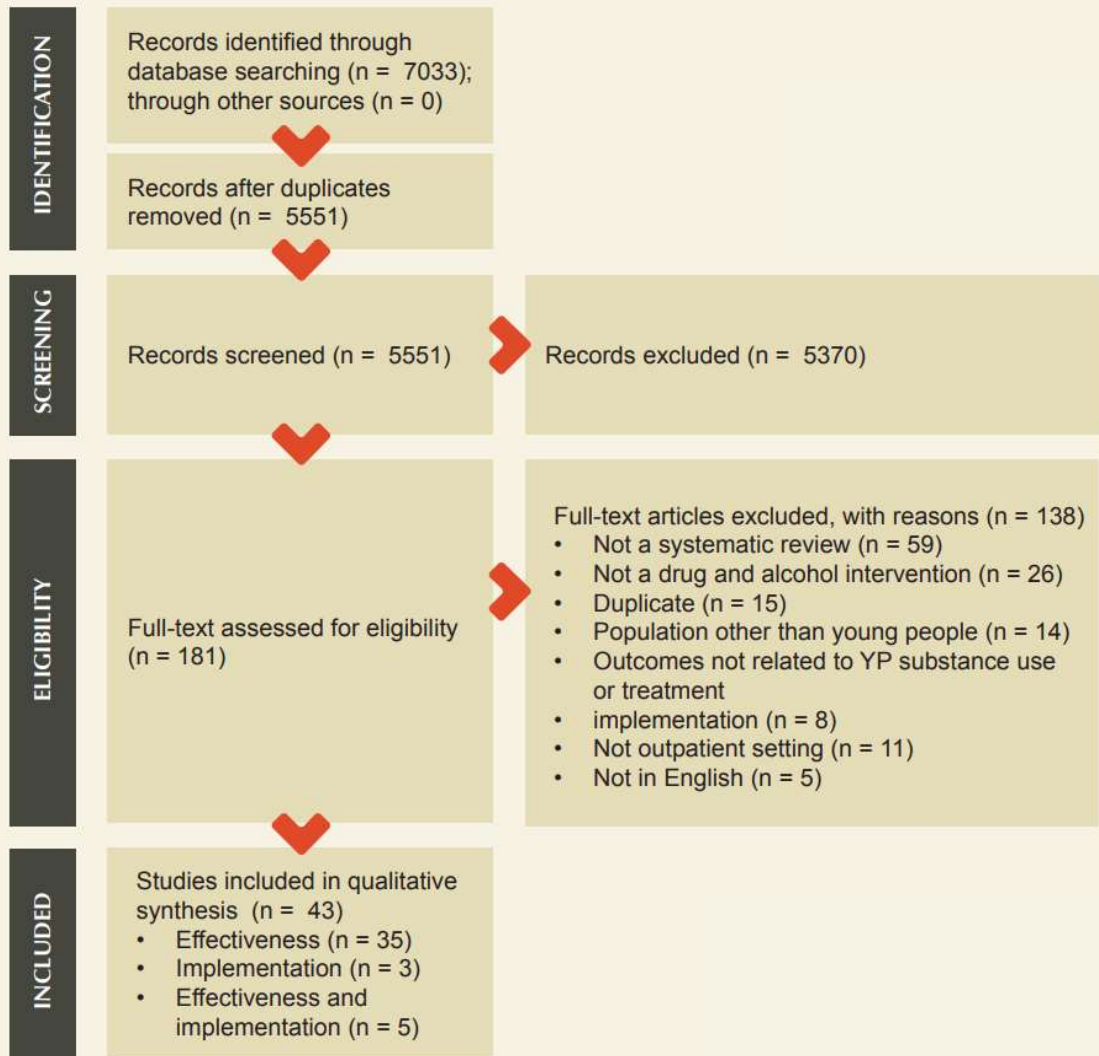
### Costing

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

# Overview of Reviews



# PRISMA Flowchart





## Review quality and intervention examined

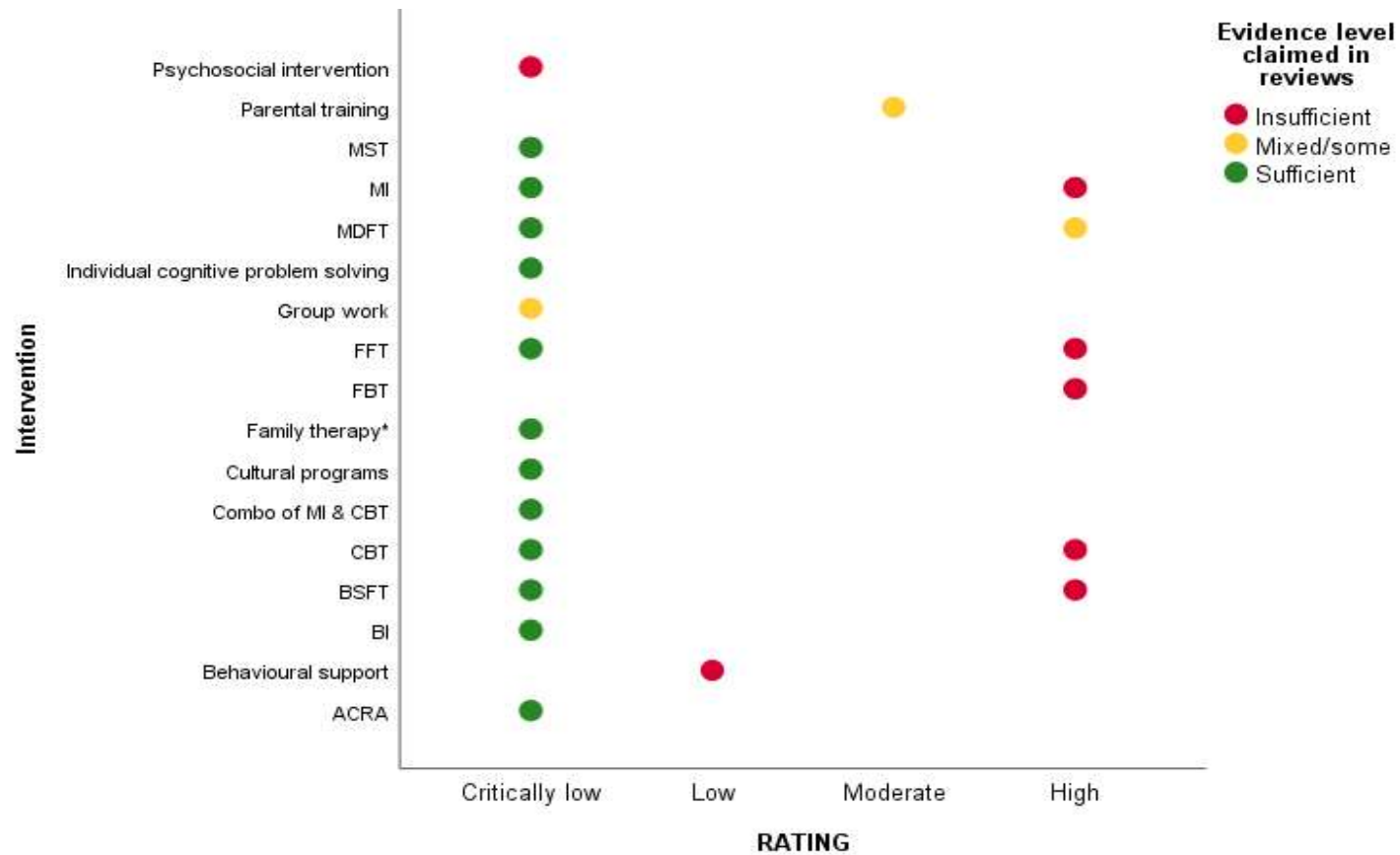
### Number of articles reviewing an intervention (& substance under investigation)

\* Intervention model not defined further

### Methodological quality (AMSTAR2 rating) of reviews

	Critically low quality	Low quality	Moderate quality	High quality	AMSTAR2 N/A	Total
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
<b>Total</b>	<b>32</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>3</b>	<b>43</b>

## 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

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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

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## Focus groups

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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

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## 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

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## 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

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## 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

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*“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

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- 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

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- 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., Bolland, 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.