

EXAMPLE 3

Reducing Regular Substance Use in Adolescents



Introduction

According to the Australian Secondary School Students' Alcohol and Drug Survey (Commonwealth of Australia, 2020), substance use is prevalent in adolescence. It can expose an individual to a variety of long and short term adverse outcomes. This report will detail the importance of reducing substance use in adolescents and how that can be achieved through a motivational interviewing (MI) intervention applied via the transtheoretical model (TTM). Moreover, this paper will detail the barriers to successfully applying the aforementioned behaviour change theory and intervention in the population selected.

Population and Behaviour

Substance use is prevalent in young people, with the Australian Secondary Students Alcohol and Drug Survey 2017 revealing that cannabis was the most frequently used substance, with 16% of high school students having had used it (Commonwealth of Australia, 2020). The survey further revealed that almost half of twelve to seventeen-year-olds had consumed alcohol (Commonwealth of Australia, 2020).

Whilst most young people will avoid harms associated with substance use; research indicates an association between use and many adverse long and short-term outcomes (Headspace, 2012). Squeglia & Gray ^{& or and} that adolescence is a crucial period for the growing brain due to rapid neural development. This growth leaves the brain particularly vulnerable to the effects of substance use (Squeglia & Gray, 2016).

Furthermore, due to the inhibitory nature of substances, users are left exposed to the potential of other negative consequences when acutely intoxicated (Headspace, 2012; Li et al., 2015). Additionally, early engagers may also be faced with long term physical effects

such as liver function issues, cognitive impairment and reduced respiratory function as well as the risk of long-term substance dependence (Headspace, 2012).

According to Luciana, et al. (2018) adolescence is marked by hormonal and physical changes, endeavours for increased independence, a rise in dependence on peers as supports, and increased participation in risk-taking behaviours. To avoid the potential for ongoing personal and societal costs, reducing substance use in adolescents is essential.

Intervention: Motivational Interviewing

According to Jensen et al. (2011), MI is a therapeutic approach that is effective in promoting substance use behaviour change for adults and has been used extensively over the past twenty-five years (Barnett et al., 2012; Headspace, 2012; Li et al., 2015). However, a paucity of data exists on its application to adolescent groups (Jensen et al., 2011). The small but growing amount of available data suggests the effectiveness of MI on substance use reduction in adolescent populations (Feldstein Ewing et al., 2016; Headspace, 2012; Jensen et al., 2011).

It has been posited that MI is efficacious in reducing substance use behaviours in adolescent groups due to its possession of developmentally appropriate qualities (Barnett et al., 2012; Luciana et al., 2018). A non-confrontational approach, outcomes that are driven by the consumer rather than being imposed by the method or clinician and the promotion of independent decision making (thus, avoiding an adolescents' psychological reactance) are all central to this intervention (Barnett et al., 2012; Headspace, 2012; Li et al., 2015). MI also imparts an equitable relationship where neither participant holds authority or power, which engages with an adolescent's desire for increased independence as is fundamental to this stage in their development (Headspace, 2012; U.S. Department of Health & Human Services,

2019). According to Barnett et al. (2012, p. 1326), "MI has met the American Psychological Associations criteria for promising treatments of adolescent substance use"



Theoretical Perspective: The Transtheoretical Model

MI is central to the TTM (Prochaska & DiClemente, 1982) and positive substance use outcomes in adolescent populations (Serafini et al., 2015). The TTM is the most common behaviour change theory applied to substance use (Serafini et al., 2015).

The TTM is relevant to the reduction of substance use in adolescents because it offers the potential for tailored interventions that focus on the decision making of the individual due to promotion of self-efficacy and because it is a model of intentional change (Barnett et al., 2012; Evers et al., 2012; Morris et al., 2012; Prestwich et al., 2017; Sternberg et al., 2018).

These are all qualities that are imparted in MI through the TTM.

However, the TTM does have its disadvantages; it does not consider the social context in which the change needs to occur and it imposes arbitrary subdivisions of the change process (Feldstein Ewing et al., 2016; Harrell et al., 2013; Morris et al., 2012; Prestwich et al., 2017; Sternberg et al., 2018).

Firstly, the TTM is the most widely applied behaviour change theory to substance use and, as such, has been used extensively as a guideline to positive health behaviour change (Feldstein Ewing et al., 2016; Liu et al., 2018). The model proposes that individuals progress through five distinct stages of change and asserts that there are ten different processes of change involved in mobilising between different stages (Sternberg et al., 2018).

Implementing interventions appropriate to a particular stage aims to progress a person towards their goal; this is central to the TTM (Morris et al., 2012; Prestwich et al., 2017). MI is amongst the interventions that are used to do this. In essence, these constructs can provide a 'road map' to change that is unique to the individual (Sternberg et al., 2018). This is a

distinct strength of the TTM, as according to Prestwich et al. (2017), it allows for the tailoring of interventions such as MI to meet the individual's particular needs. Similarly, Evers et al. (2012) discerned that personalised interventions may provide more optimal treatment than standardised interventions.

Furthermore, according to Sternberg et al. (2018), self-efficacy plays a central role as part of the TTM as it influences substance use treatment outcomes. In the TTM, self-efficacy is defined as an individual's confidence and level of temptation regarding the ability to perform a particular behaviour change (Sternberg et al., 2018). One of the goals of MI is to increase confidence which aids in enhancing self-efficacy, coinciding with the development of an adolescent's desire for and acquisition of independent decision-making skills (Barnett et al., 2012; Luciana et al., 2018). Thus, with the effective delivery of MI through the TTM lens, self-efficacy can be increased. The findings of Prestwich et al. (2017) are congruent with this, highlighting that increased levels of self-efficacy promote positive progress in stages of change, moving the individual closer to their goals.

Finally, the TTM is a model of intentional change that operates on the decision making of the individual. This model is effective when applied through MI in treating substance use in adolescents because it engages their desire to make independent decisions (Barnett et al., 2012; Luciana et al., 2018). In keeping with this finding, Sternberg et al. (2018) posit that the client's ownership of the change process is a catalyst for further development within the individual. Congruently, Barnett et al. (2012) speak of the TTM's and MI's ability to encourage the individual's intrinsic motivation towards behaviour change while preserving their autonomy and avoiding psychological reactance.

Conversely, a significant limitation of the TTM is the stages of change themselves. Morris et al. (2012) indicated that a lack of clarity in the model leads to questions around the discreteness and necessity of each stage in the behaviour change journey. Prestwich et al.

(2017) purported that segmenting the stages of change instead of viewing them as a cyclical process destabilises the processes within the model, consequently adding complexities to its application and the application of its interventions, such as MI. Congruently, conceptualising adaptations in substance use as a continuous process rather than in stages was identified by Sternberg et al. (2018) as being more accurate. Thus, it can be understood that an adolescent wanting to address their substance use may find the stages of change a challenging concept due to not being able to relate to where they sit due to the cyclical, fluid nature of their substance use and this may inhibit the practical application of MI.

Furthermore, another major criticism of the TTM for substance use behaviour change is that it does not consider social, economic, and environmental factors that affect the individual's ability to change (Morris et al., 2012). Given the developmental changes that occur in adolescence, this criticism is particularly pertinent to this group. However, the ability to tailor interventions such as MI through the lens of the TTM provides a level of mitigation against this criticism (Evers et al., 2012; Sternberg et al., 2018).


Barriers to Treatment

There are several barriers to implementing an MI intervention through a TTM lens in adolescents to reduce substance use. Firstly, an adolescents inability to access treatment poses the most significant limitation. This barrier is multifaceted and involves the inability to afford treatment (where payment is necessary), inability to access treatment due to geographical location and being unaware of how to access services (Harrell et al., 2013; Li et al., 2015).

However, these barriers can be overcome. State Governments and some non-government organisations provide alcohol and drug services free of charge (Lives Lived Well, 2021; Queensland Government, 2020). These providers service rural and remote areas

face to face on an outreach basis for those who are geographically challenged (Lives Lived Well, 2021; Queensland Government, 2020). Additionally, there is an increasing supply of treatment providers that are now willing to provide a free and confidential service via telehealth means on a regular and ad-hoc basis to young people seeking help with their substance use (Headspace, 2021; Lives Lived Well, 2021; Queensland Government, 2020).

Furthermore, fears about confidentiality may discourage adolescents from receiving treatment, complicated by lack of understanding around consent (Harrell et al., 2013; Li et al., 2015). It is commonly recognised that substance use has an associated stigma and fear of reprisals from loved ones and peers which may prevent an adolescent from seeking help with their substance use reduction (Harrell et al., 2013; Li et al., 2015). These barriers can also be addressed through telehealth, phone and online services, which provide a private and confidential service (Headspace, 2021; Lives Lived Well, 2021; Queensland Government, 2020).

Additionally, Feldstein Ewing et al. (2016) and Serafini et al. (2015) spoke of an adolescent's reluctance to recognise a problem with their substance use as a barrier to receiving treatment. Interestingly, they identified that whilst the adolescents' ment may not be as goal-orientated as a person identifying a problem, "data support that among non-treatment seeking adolescents who are likely not ambivalent about their use and who have limited interest in changing do show positive behaviour change in MI" (Feldstein Ewing et al., 2016, p. 1907); therefore, supporting the efficacy and use of MI through the TTM in reducing substance use in adolescent groups. Thus, implementing MI sessions around substance use in school settings as part of the curriculum may present a way to overcome lack of identification of a problem (Evers et al., 2012; Serafini et al., 2015).

Conclusion

In conclusion, with the prevalence and known harms of substance use in the adolescent community, reduction in use is pertinent. Reduction can be achieved through the application of MI through the TTM of behaviour change. Barriers to treatment do exist but can be overcome through means mentioned earlier. The TTM has the most extensive evidence base compared with other models of behaviour change that are applied to substance use (Feldstein Ewing, Apodaca, & Gaume, 2016; Serafini et al., 2015). To summarise, “evidence suggests that MI is an effective intervention for promoting adolescent substance use behaviour change. Although the literature evaluating the effectiveness of MI for adolescent populations is just emerging, results of studies examining the utility of MI for adolescent substance use are promising” (Jensen et al., 2011, p. 439).

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GENERAL COMMENTS

Instructor

Dear Student,

Well done with submitting an assignment that adequately addresses the assessment tasks.

The assignment starts with a succinct introduction that provides an overview of what will be discussed throughout the assignment; this immediately gives the reader a good idea what the assignment is about.

The section that follows gives a good insight regarding substance use in Australian adolescents. It adequately describes a variety of problems that can be accompanied when use is excessive and done frequently. A comprehensive outline is given about MI and the promises that this interview technique holds in helping adolescents overcoming substance use behaviours. Some robust evidence from the literature clearly points to the effectiveness of MI in this endeavour. You make a very good reflection on how the process and positive impact (as well as some of the downsides) of MI could be understood through the lens of the TTM; also a sound application is made with regards to how MI through the stages of TTM should be applied when specifically treating adolescents with substance use behaviours. The barriers that prevent a young person from receiving MI are sound, and all of these are supported by an in-text reference (revealing that these are indeed commonly seen barriers).

The conclusion accurately connects the dots of what was discussed throughout the assignment. However, it is very unusual to insert a direct quote

in a conclusion. There is also no need for including in-text references because a conclusion should be a clear reflection on the main bottlenecks that were discussed throughout a paper, therefore does not share new insights and thus there is no need for in-text references.

You demonstrate good writing and referencing skills with this assignment. In both, however, a few (tiny) hiccups could be identified; please check inline comments for these.

A very good assignment [redacted] that did really well in discussing the use and promises of MI within a TTM framework when helping adolescents overcoming their substance use behaviours. I wish you all the best with the writing of the final assignment.