

**Today's
Youth,**

**Today's
Substances,**

**Today's
Knowledge**



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Today's Agenda



- Recent Oregon and National Data on Youth SUD
- Stigma, Harm Reduction & Prevention
- Burn-out Prevention, Self-Care & Supervision
- Cultural Competencies and Diverse Communities
- Resource scarcity, MH & SUD Collaboration and ongoing Professional Development with training.
- Closing Statements
- Q&A

Trending

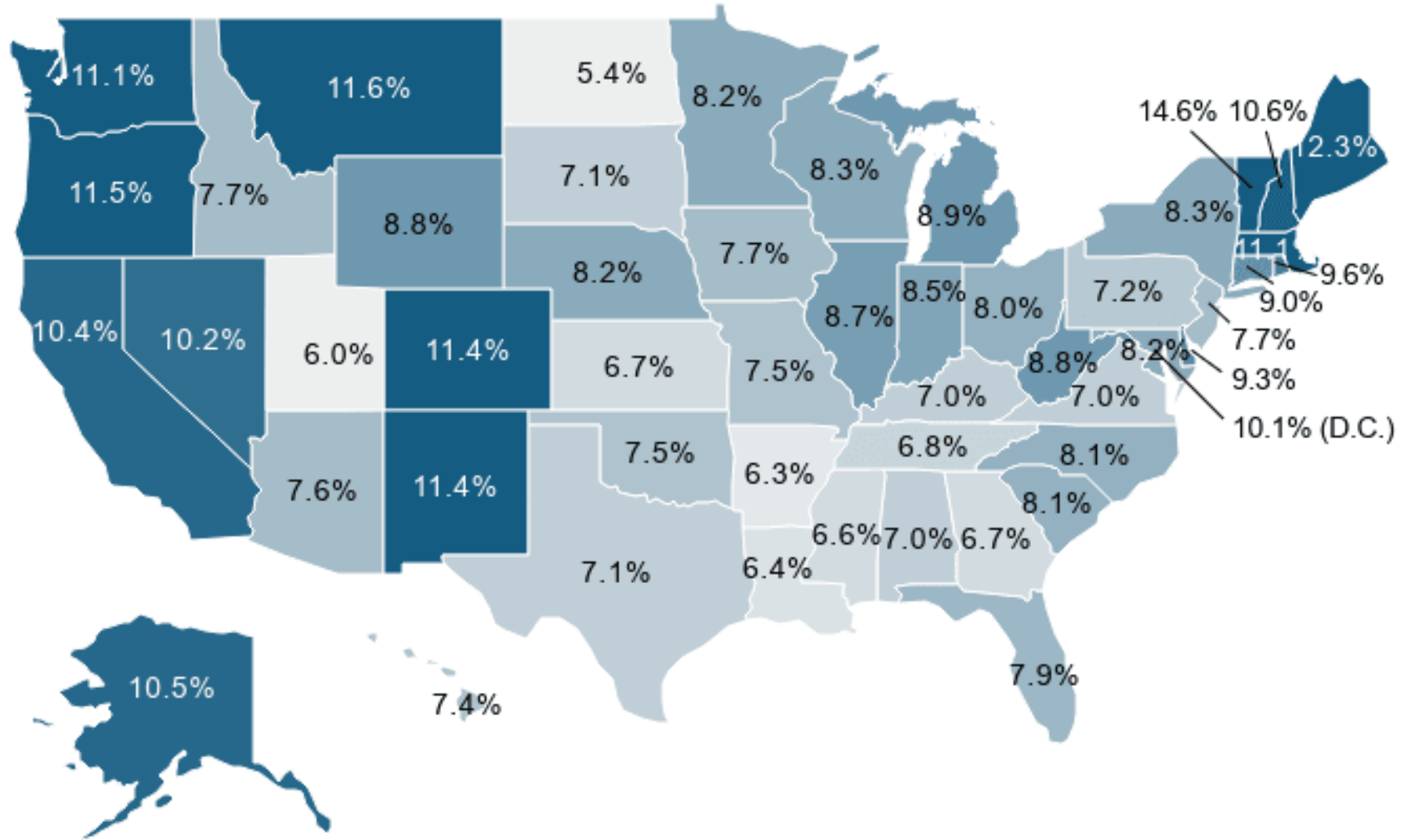


Youth drug abuse is a high-profile public health concern, with at least 1-in-8 teenagers abusing an illicit substance in the last year. Drug use went up 61% among 8th graders from 2016 to 2020, and 50% of teenagers have misused a drug at least once.

Across the Nation and Closer to Home

Teenagers in Oregon are 37.62% more likely to have used drugs in the last month than the average American teen

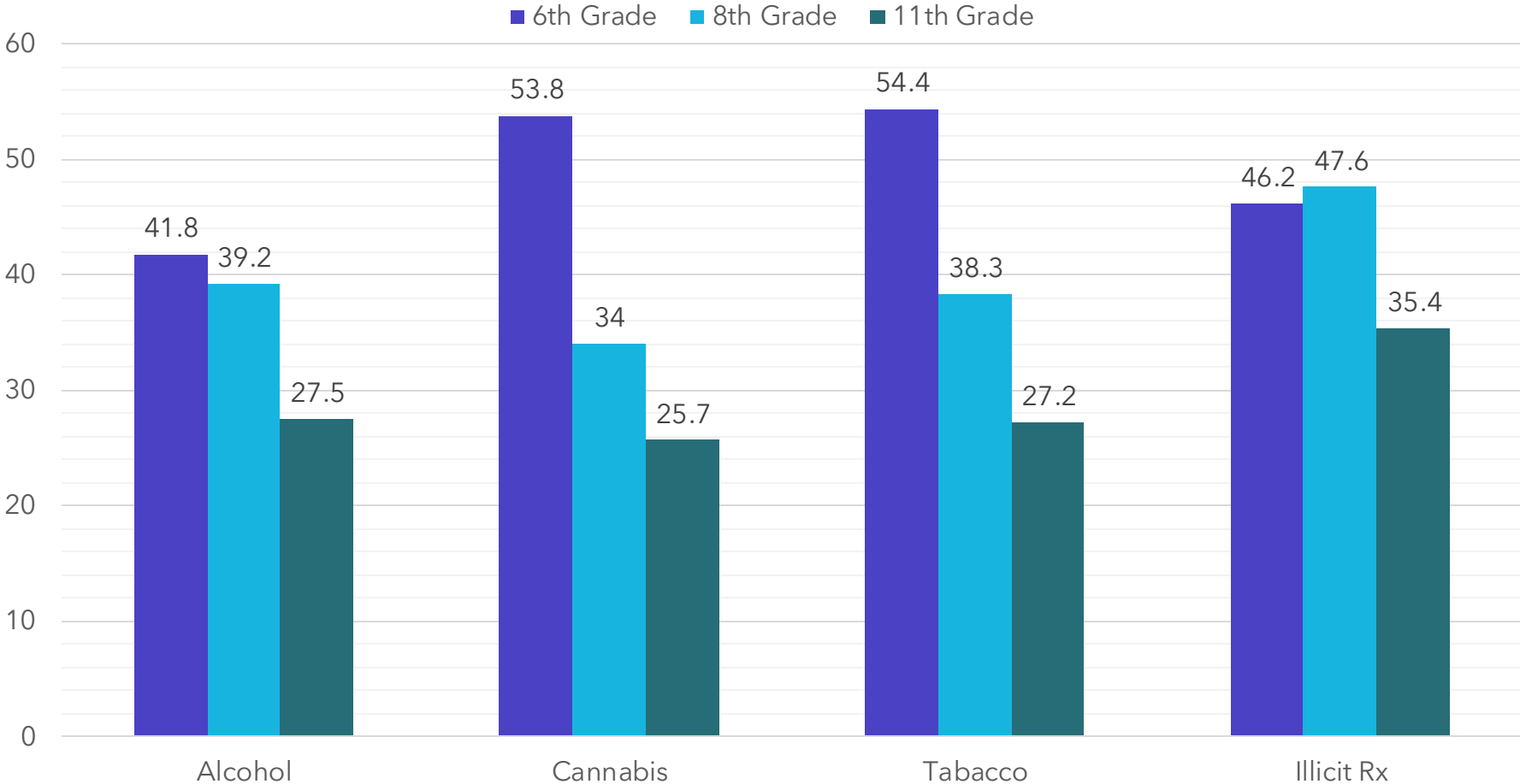
Illicit Drug Use in the Last Month Among 12- to 17-year-olds




Youth SUD and Gambling

Around 13,000 adolescents between ages 10 and 17 in Oregon have problem gambling concerns or are at risk of developing these concerns. Results from the 2022 Student Health Survey show that young people's use of substances and gambling are highly correlated.

Gambling and Substance Utilization



A glowing yellow tent is pitched on a rocky mountain peak at night. The tent is illuminated from within, casting a warm yellow light. The background shows dark, rugged mountain ranges under a deep blue night sky with a few stars and a bright moon in the upper right corner.

**The way to get
started is to quit talking
and begin doing.**

Walt Disney

Prevention & Stigma/Harm Reduction



Prevention

Parental/Guardian Involvement is Key

- 78% of Oregon teens report that their parents/guardians are their preferred source of information regarding substances and substance abuse*
- [Thenewdrugtalk.org/oregon](https://thenewdrugtalk.org/oregon)
 - Provides interactive resources for parents/guardians to approach conversations with their youth

*Source: The New Drug Talk Presentation at OPAT 2024

Psychoeducation, Not "Preaching"

- Ask, Tell, Elicit method
 1. Ask - ask permission before "info-dumping"
 2. Tell - Share the info in as neutral a tone and language as possible
 3. Elicit - ask them what they make of the information

Reducing Harm and Stigma

The Myth of "Everyone's Doing It"

- Approximately 52% of youth/teens think it's common for people their age to use*
- Overall, youth substance use has been on the decline for 10 years*

*source: "Youth Voices in Focus" & "The New Drug Talk" Presentations at OPAT 2024

Drug Testing = A Refusal Skill

- Informed consent! UAs are a treatment tool and should not be used punitively.
- Random 1-2x annual UAs conducted at home by guardians offer youth an easy, ever-present refusal skill

Normalize Narcan

- Offer it early and often!
- Equip them to save their own lives or another's life if needed
- YouTube training: "Using Adapt Nasal Narcan to Reverse Opiate Overdose" by Multnomah County Health Dept.

Burn-out Prevention

The Good, The Bad, and The Ugly



The Bad and The Ugly

Vicarious Trauma

- Emotional residue of exposure to traumatic stories and experiences of others through work
- Included in the DSM-5 as part of the cluster of “trauma and stressor-related disorders”
- Witnessing fear, pain, and terror that others have experienced
- Not the same as “burnout”

Compassion Fatigue

- Beyond empathy, a condition characterized by gradual lessening of compassion over time.
- Can happen quite quickly (as opposed to vicarious trauma or burnout)
- Is responsive to evidenced-based treatment interventions

Burnout

- Long term stress reaction and process that occurs among professionals who work with people in some capacity.
- Can be brought about by workplace conflict, overload of responsibilities, perception of inequality and inadequate rewards, and constant exposure to traumatic materials.
- Emotional exhaustion, depersonalization, and reduced personal accomplishment
- Feelings of being emotionally overextended, depleted or self-doubt
- Increasing disillusionment
- End result - depersonalized and apathy

The Good

Self-Care

- What brings you joy??
- Is it intentional? (planned or spontaneous)
- Work/ Life balance
- Don't forget to Breathe!
- Self-compassion practice
- Mindset (the story I am telling myself)

Supervision

- Administrative, Clinical, and Reflective Supervision
- Strengths-based, person-centered, trauma-informed, grounded in collaboration and awareness of parallel process.
- Celebrate Success!
- Team building! Have fun together.
- Gestalt - the whole is greater than the sum of the parts

Workforce Development

Workforce Development

- Recruitment
- Retention
- Professional Development
- Trauma informed policies, services and ultimately; systems.

Culturally Relevant

- Youth driven services for youth...
- Honoring lived experience

Cultural Humility:

Serving Diverse Communities



If we don't consciously include, we unconsciously exclude

Movement from Cultural "Competence" to Cultural Humility

- Approach all humans without assumptions - culture varies from person to person
- Constant continuing education

Pronouns: Offer & Ask!

- Include your pronouns when introducing yourself
- Always ask someone for their pronouns - never assume someone's pronouns nor gender identity based off appearance

Sensory Sensibilities

- Are your lights dimmable?
- Sound dampeners
- Fidget toys!
- Don't demand eye contact

Additional Considerations



Know Your Resources

- Local support groups/centers I.E. Lower Columbia Q Center
- Online resources I.E. thetrevorproject.org

Accessibility

- Is your paperwork/website truly inclusive? I.E. Assigned at Birth Sex, Gender ID, pronouns, etc.?
- Are all areas in your building(s) accessible for those with mobility devices?

Resource Scarcity, MH/SUD Collaborations, and ongoing Professional Development / Support



We can accomplish more
together than we can alone.

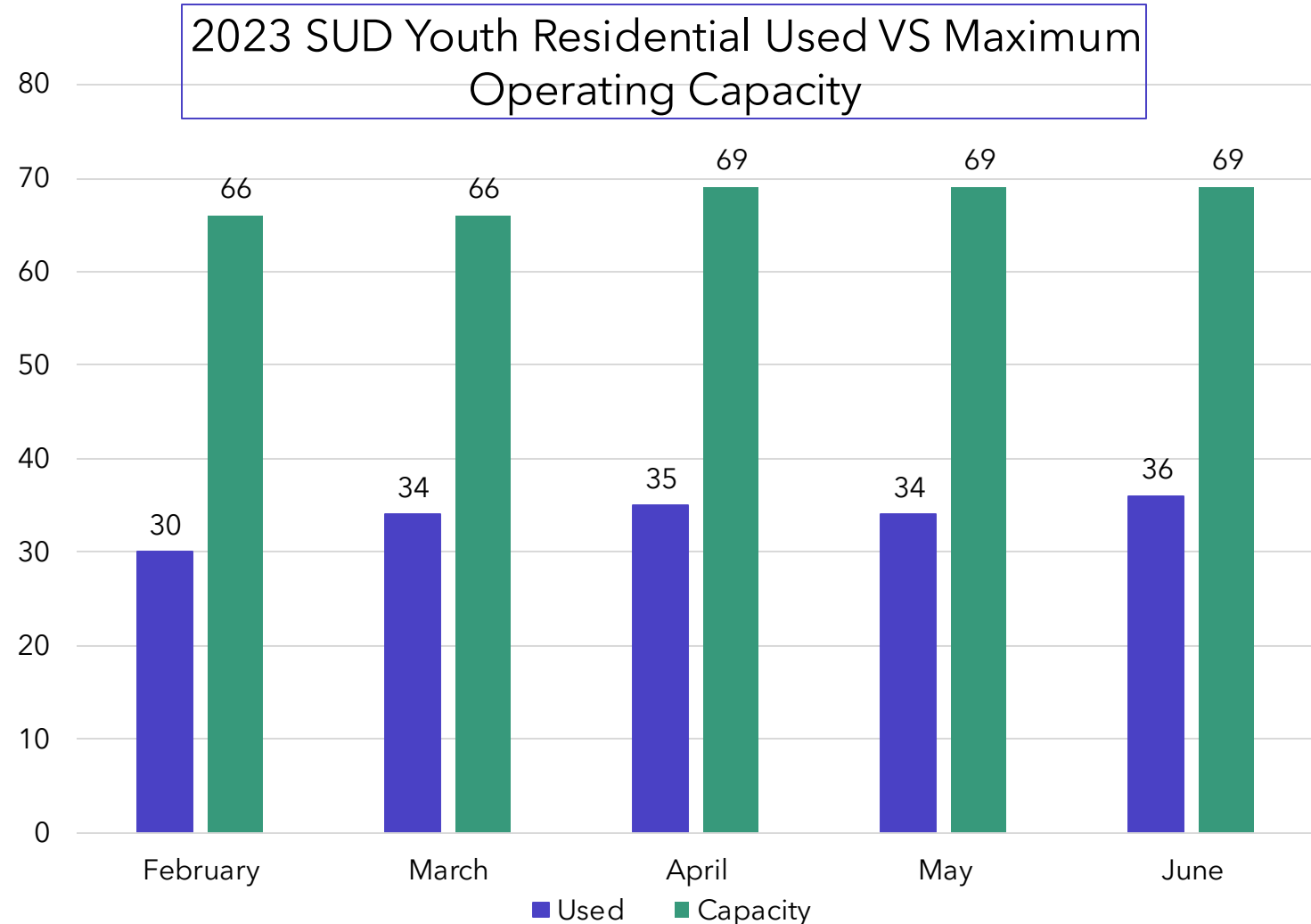
Max De Pree

SHORTAGE

Resource Scarcity

Youth Residential

- There are four youth residential treatment facilities licensed to provide substance use disorder treatment in Oregon, including a total of 69 beds available statewide.
- In 2022, 96 youth ages 12-17 were served in Residential facilities, that that same year, 882 young adults ages 18-25 were also served.



Breaking the Barriers

- Trained and experienced staff (retention)
- Access to Treatment- Beds, Array of Services, outpatient to inpatient, peer and mental health services.
- Options for complex youth including co-occurring disorders
- Youth specific services and supports



Collaborate and Develop

Collaboration

- Micro, Mezzo and Macro levels.
- Treatment providers/individual
- Family/group
- System collaboration (mental health and substance abuse, as well as other systems such as DHS and JJ)
- Flexibility on all levels



Professional Development

- Cross training (MH and SUD)
- Youth specific training, supervision, policies and practices.
- Youth driven (experience)

Our Roles



- As agencies - Continue to work on closing the gap of services needed and services available and recruiting/retaining care providers. Develop and promote trauma informed policies and practices at the micro, mezzo and macro level.
- As Individual Care Providers - lead with curiosity, understanding, and continue to build trust in the provider / client relationship.
- As Adults - using the tools provided to parents to facilitate conversations with our youth

Thank you

Thank you

Thank you

Thank you

Thank you

Thank you

• **Q & A!**

• **www.clatsopbh.org**

