



The Effectiveness of Time-Limited Psychotherapy among Youths with Substance-Use Disorders Receiving Community-Based Treatment

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Abstract

Studies have shown that youth tend to engage in dangerous and unhealthy behaviors, despite potential negative consequences. One of these unhealthy behaviors is different forms of substance abuse. In addition, research and studies have provided extended and detailed insight into the rate at which young adult substance abuse has negatively affected the youth themselves, their families, and the public. These effects are cumulative and lead to costly social, economic, physical, and mental health problems. This paper will present the option of using time-limited therapeutic approaches in treating substance-use disorders, the goals of these approaches, when to use them, components of effective time-limited psychotherapies, and an overview of studies on the effectiveness of time-limited psychotherapies in the prevention and reduction of substance-use disorders among youth.

Keywords: Time-limited; Psychotherapy; Substance abuse; Treatment benefits; Youth; Community-based setting

Abbreviations: CBT: Cognitive Behavioral Therapy; IPT: Interpersonal Therapy; WHO: World Health Organization

Introduction

In recent times, addiction has become an epidemic in the global, continental, national, and local contexts. More importantly, this epidemic has continued to affect one of the most vulnerable populations: adolescents. The record number of adolescents who have abused and are currently abusing drugs and alcohol has become of great concern to many policy makers, psychologists, social workers, and scientists. Adolescents present a vulnerable population in the sense that their brain development is incomplete. Thus, many studies have been conducted in order to identify the therapeutic services that will best

serve this population. Some results have suggested that time-limited psychotherapy could be effective. This paper will review the literature regarding adolescent brain characteristics with two psychotherapy methods: cognitive behavioral therapy (CBT) and interpersonal therapy (IPT). It also will review the different conceptualizations of CBT and IPT, their effectiveness, and their goals, and it will identify when each can be applied.

The Adolescent Brain: Structure and Characteristics

Generally, adolescents are identified as individuals who fall within the age range of 10 to 19 years. The World Health Organization has defined this population to be individuals within the transitional phase between childhood and adulthood. This means they fall within the

population identified as “young people” by the WHO (10–24 years old) [1]. This tells us that their brains are very immature, only developing toward maturity around age 24-until then; they are at a transitional stage of human development in cognition, emotions, and physiology. The process of brain development among this population tends to concentrate around three areas: the nucleus accumbency (the center for the production of euphoria), the amygdala (aimed at controlling the emotional experiences of adolescents), and the prefrontal cortex (which engages in impulse control, the processing of complex information, the development of judgmental skills, the review of the consequences of human behavior, and creating plans) [2,3].

Furthermore, the adolescent brain tends to exhibit some behaviors that represent the very robust structure of the developing organ. Among the factors underlying risky behaviors are poor judgmental/decision-making skills, poor impulse management, and a limited ability to conceptualize the consequences of actions-resulting in increased risk taking and heightened-sensation-seeking attitudes, including substance abuse. These attributes situate the adolescent brain in a vulnerable state, in which it will exhibit high levels of feelings of social disinhibiting and low levels of sensitivity to the intoxicating effects of substances including alcohol [2,3]. It is no surprise that a United Nations report expressed serious concerns regarding the global epidemic of substance abuse among adolescents [3].

Nonetheless, the adolescent brain has some positive attributes, including a high level of plasticity (changeability). This allows the brain to remain flexible in addressing environmental stressors and situations [2].

Adolescents and Substance Abuse

In 2018, UNODC presented concerns regarding a serious global and national epidemic related to the prevalence of substance abuse among youth. It highlighted the need for age-sensitive drug policies among nations, along with an exploration of the needs (internal and external) of youth in the global society. This challenge is faced by national, continental, and global governments and organizations [1].

In its report, UNODC stated it is categorically clear that adolescents tend to abuse drugs at higher levels than adults. The data collected and presented indicate that drug abuse is at an all-time high among youths in recent years across nations and continents [1,4-6]. The report also emphasized and outlined some of the factors that

might contribute to the vulnerability of youth. Such factors include the following: “Micro (family, schools and peers) and macro (socioeconomic and physical environment) levels, the interplay of which may render young people more vulnerable to substance use” [1,5-7]. In addition, it is reported that many individuals among this population tend to use psychoactive substances to deal with stressors associated with their transition from adolescence to adulthood. Some of these stressors are socially motivated and stem from an urgency to feel good and to feel a sense of belonging [8,9].

In addition, adolescence is characterized by the individual’s need to explore and to experience new things in life [9-11]. Experimentation with drugs appears to be a way in which many adolescent individuals address these needs: to satisfy their thirst for euphoria, young individuals seek agents that provide instant gratification. Depending on the adolescent’s socioeconomic and cultural circumstances, psychoactive substances and alcohol appear to be “starters.” In addition, some young individuals might use these substances as recreational channels and as a means of socialization [1].

The reality, though, is that the use of controlled substances has a history of negative impacts on this population. It exposes them to significant health risks or conditions, triggers some behavioral changes, and possibly activates some psychiatric symptoms associated with substance use and abuse [5,7,10]. At the center of addictive symptoms are the consistent and overpowering urgency to continue to use and the complete inability to stop. Thus, the adolescent may devote more time to find and use these substances; he or she may perceive their use as the highest priority and experience a loss of interest in school, family, and social responsibilities. In addition, there is the possibility of engaging in other risky behaviors (such as stealing, participating in sexual activities while under the influence of substances, receiving lower grades in school, and so forth). Some other studies have suggested other undesired effects of drugs on this population, including damage to the frontal cortex (cognitive deficits), to the cerebellum (loss of coordination), and to the smaller hippocampus (problems with memory) [2,12].

Over time, these undesired behaviors will continue if the individual does not seek help. Consequently, the adolescent’s tolerance level will increase, making it even harder to satisfy the need for euphoria, even with the same number of drugs used initially. Moreover, even when a person stops using for a while, the addictive symptoms can be reactivated. This makes addiction a

complicated and deadly disorder. However, these undesired effects of addiction are culturally bound; cultural elements tend to have some influence on these effects [1,11,13]. With these ideas in mind, studies have sounded the urgent need for effective psychotherapeutic approaches appropriate for this population. Some studies have shown that time-limited psychotherapeutic interventions (CBT and IPT) seem to have a record of effectiveness in treating addictive disorders among the adolescent population.

Time-Limited Psychotherapeutic Modalities

In the global context, studies have stressed the importance of treatment modalities to reflect the international standard. It implies that any clinical modality that adheres to these international standards will surely produce clinically effective results. This is because most of these psychological modalities have been tested and proven effective. In other words, these modalities are evidence-based interventions. Some of these psychotherapies include CBT and IPT. Stuart and Robertson (2003) explain CBT as a therapeutic process that targets behavior modification, which takes into account underlying cognitions. They believe that cognitions and emotions affect behavior and psychopathology and that to relieve psychological problems, cognitions need to be changed. Furthermore, they noted that CBT certainly is not thought control, but it does include questioning of the validity of thoughts, an exploration of a client's beliefs, and an analysis of the resulting consequences of those beliefs. The objective and goal of CBT here is typically to identify and monitor thoughts, assumptions, beliefs, and behaviors that are related to and accompany debilitating negative emotions and then to identify those that are dysfunctional, inaccurate, or unhelpful. What follows is an effort to replace them with more realistic and useful cognitions. It is time-limited, symptom-targeted, and is structured" [14].

On the other hand, researchers have shown that IPT was developed as a manualized placebo condition, or simply a condition of nonspecific therapeutic factors common to all psychotherapies; it was largely accidental that IPT was discovered to be of benefit in treating addictive disorders. IPT is a time-limited psychotherapy that focuses on an interpersonal context and on building interpersonal skills. IPT is based on the belief that interpersonal factors may contribute greatly to some psychological problems. It is commonly distinguished from other forms of psychotherapy in its emphasis on the interpersonal rather than the intrapsychic. IPT is a focused short-term psychotherapeutic work in a here-and-now framework

[15]. It is time-limited, symptom-targeted, and is structured just like CBT" [14].

Some studies identified four major problem areas that are commonly addressed in IPT: grief, role dispute, role transition, and interpersonal deficits. They also indicated that the main goal of IPT during therapeutic sessions is to relate patients' current symptoms to an interpersonal context and to individually attribute the symptoms to one of the four problem areas [15]. The intention of using these therapies is to manage substance abuse among adolescents. Some studies have suggested that these interventions aim at preventing future relapse, reduce risk factors, and enhance the protective factors of the individuals affected [1,15].

The Effectiveness of Cognitive Behavioral Psychotherapy

Some studies have shown that CBT alone provided in community-based facilities has proven to be effective for adolescents struggling with addictive disorders. These studies indicated that individuals engaged in CBT were able to enhance their protective factors and reduce their risk variables [1,16]. The reality is that CBT was used at these community-based facilities to change some distorted thought processes, which in turn influenced the behavior of the individuals struggling with addiction. CBT's techniques were directed toward identifying and modifying distorted or irrational thought processes. In addition, some studies have shown that CBT has been used in community-based facilities to identify negative moods and manage those moods with the intent to prevent full-blown relapses [14,16,17].

Studies also have shown that CBT techniques are very effective in dealing with adolescents struggling with various drugs. However, they are specifically effective in managing the symptoms and cravings of adolescents struggling with alcohol, cannabis, amphetamines, cocaine and heroin, and other injected drugs. Thus, the use of CBT techniques has been globally accepted, and evidence shows that patients, family members, and therapists find its techniques very useful and effective. Some of the behavioral-modification techniques used include helping adolescents develop some behavioral skills, such as craving-management skills; identification of relapse cues; staying away from people, places, and things related to drugs; refusal skills; problem-solving skills; and relaxation skills. All these skills are essential for adolescents as they navigate the complexity of transitioning into adulthood. These skills also help adolescents deal with social pressure and the need to find

safety [14,16-19].

The Effectiveness of Interpersonal Psychotherapy in Substance-Use Disorders

Although studies on the effectiveness of IPT on the management of the substance-abusing population have been limited, certain ones have shown the effectiveness of IPT in treating substance-use disorders. For instance, a few studies have shown that adolescents have been helped with IPT to manage specific areas of need associated with their interpersonal issues. Community-based therapists have used the role-transition method of IPT to help adolescents evolve from abusing substances to making full recoveries and achieving sobriety. Such transitions have been proven to be easier with the support of role-transitional techniques. In sum, IPT helps individuals to manage role changes and acknowledge the stress associated with transition [20-22].

In addition, it is very common for adolescents, as they proceed toward recovery, to encounter persons, places, and situations that present some elements of conflict. Some of these conflicting variables might be intentional or unintentional. Nonetheless, IPT provides interpersonal conflict-resolution techniques to help adolescents develop the skills to manage these conflicting situations and people in order to remain sober and healthy [21,23]. The early stages of recovery always involve loss. Studies have identified these to include the loss of family relationships, the loss of friends to drug- or alcohol-related deaths or addiction, and the loss of jobs due to addiction history. These losses have been identified by some studies as sources of possible triggers and relapse. Therefore, studies have identified the loss and grief component of IPT as helping these individuals develop the skills needed to manage their sense of loss in order to prevent relapse [20,24,25].

Furthermore, studies have identified low self-esteem, lack of trust, low self-worth, and conditional positive regard as significant problems for many adolescents in the early stages of recovery or sobriety. When not treated, these factors become a major source of trigger and relapse for this population. In IPT, these are considered interpersonal sensitivity crises. Using IPT techniques, adolescents have been helped to develop skills to manage or reduce the impact of these deficits. In some instances, IPT has helped adolescents to overcome these deficits within community-based facilities [20,23,24].

The Goals of Time-Limited Psychotherapy

Studies have shown that the general goal of all time-limited psychotherapy techniques is to assist patients in focusing on their immediate clinical goals. These short-term goals foster the development and accomplishment of the patient's long-term needs. Some of these immediate needs include reducing the use of particular drugs or alcohol, reducing the frequency of using, attending self-help groups, reducing the undesired effects of use, and increasing the protective factors surrounding their lives and community [4,26,27].

For instance, IPT focuses on helping young abusers identify the negative emotions that tend to put them at risk of using or relapsing. In addition, it helps adolescent patients to identify and manage some environmental and conflicting intrapersonal relationships that might trigger relapse or sustain their use. It also assists adolescents in developing important communication skills and problem-solving skills in order to manage their daily life stressors [4,27]. In contrast, CBT's general goal is to help identify and restructure dysfunctional thought patterns. Some of these dysfunctional thought patterns may lead adolescents toward risky behaviors such as substance use. CBT gives adolescents the opportunity to examine their unproductive thought patterns, identify how they can be adjusted, and restructure them. Some of the cognitions to be examined include the following: attributions, appraisals, self-efficacy expectancies, and substance-related effect expectancies [4,26-29].

When to Use Time-Limited Psychotherapy

Studies have shown that there are no general techniques or strategies to apply in order to determine when any of the abovementioned psychotherapies might be most effective. However, certain important factors need to be considered. Some of these factors include an individual's background, extent of use, drugs used, presence of dual diagnoses, cultural background, educational level, socioeconomic status, availability of support resources, history of treatment related to substance abuse, and level of motivation [4,28]. In other studies, different elements have presented as considerations when attempting to determine when to use time-limited psychotherapy. Some of these include the length of time drugs have been abused, level of peer pressure and community involvement, and history of traumatic experiences, if any [4,26,30].

In general, there are very limited data to help determine when to use time-limited therapy in dealing with adolescents with substance abuse. However, there is a consensus that therapists should pay attention to the level

of desired effects of the therapy. For instance, some studies have suggested that short-term psychotherapy might be effective for individuals struggling with moderate to heavier addiction who are not ready for long-term treatment. Therefore, the skill of the therapist is at play in determining when and when not to use time-limited psychotherapy when dealing with adolescents struggling with issues related to substance abuse [4,26,31,30].

Conclusion

It is clear that time-limited psychotherapy-in particular, CBT and IPT-is a very effective therapeutic treatment modality appropriate for adolescents struggling with substance abuse disorders. Extensive studies have been performed on the effectiveness of CBT in assisting this population with their addictive behaviors, while only a limited number of studies demonstrate the effectiveness of IPT in the same population. However, these studies do indicate that IPT can support adolescents while they go through the recovery process. This is related more to adolescents who have been diagnosed with dual disorders that include a substance-use disorder.

Finally, studies have continued to show that the needs of the patient are very important in determining when to apply any of these psychotherapeutic services. In addition, studies have suggested that therapists pay attention to the cultural background of the patient in determining when to apply these therapeutic services.

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