Prevention and Intervention for Cannabis-abuse Youth: Screening Test and Integrated Cognitive-behavioral Intervention (SBCBT) (BDF 210032)

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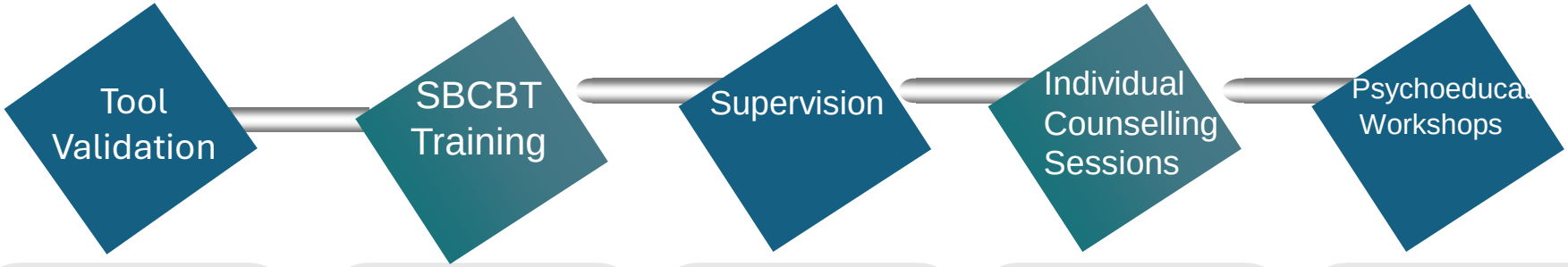
Project Content



440 local youths were invited to fill in the Chinese-translated Cannabis Use Disorder Identification Test-Revised (CUDIT-R) questionnaire.

A 3-month training course with 12 sessions for a total of 167 social workers/ counsellors on drug-related knowledge as well as training on the SBCBT approach. The learning outcome was assessed by Cognitive Therapy Rating Scale (CTRS).

A 9-month implementation and group supervision for a total of 40 social workers/ counsellors for monthly 3-hour session. The learning outcome was assessed by Cognitive Therapy Rating Scale (CTRS).

One-to-one SBCBT intervention was provided by social workers/ counsellors to the high-risk youths or youths who are already abusing cannabis.

The workshops which covered myths about cannabis abuse; psychological and physical problems that are related with cannabis abuse and skills in refusing cannabis taking or skills in engaging a young person with potential cannabis abuse.

Screening Tool Validating

Tool Validation

The Chinese CUDIT-R has been shown to be a valid and reliable screening test and an effective rating scale for measuring the severity of cannabis use disorder in a sample of Chinese adolescents:

▪The standardized Cronbach's α coefficient of the CUDIT-R was .83, indicating a good internal consistency and reliability.

•CUDIT-R demonstrated good convergent validity by being positively correlated with related constructs (drug use frequency, cessation motivation, and permissive cannabis attitudes) while showing acceptable discriminant validity through non-significant correlation with mental health problems.

•The optimal cutoff point for screening cannabis use disorder in Chinese adolescents has been determined with predictive accuracy and the cut-off points of CUDIT-R for low- and high-risk is 13.

The Chinese CUDIT-R

問卷 1

在過去的六個月中，你是否吸食過任何大麻？　是 / 否

如果是，請回答以下有關你吸食大麻的問題。圈出過去 6 個月中與您吸食大麻有關的最正確的回答。

1. 你有幾經常吸食大麻?				
從不 0	每月一次 或以下 1	每月 二至四次 2	每星期 兩至三次 3	每星期 四次或更多 4
2. **在你吸食大麻的日子裡，一天中有多少小時處於「神智恍惚」的狀態？**				
少於 1 小時 0	1-2 小時 1	3-4 小時 2	5-6 小時 3	7 小時及以上 4
3. **過去 6 個月中，你試過多少次一旦開始吸食大麻便不能停止？**				
從不 0	每月少於一次 1	每月一次 2	每星期一次 3	幾乎每日或每日 4
4. 過去 6 個月中，你有多少次因為吸食大麻而未能做到本應要做的事？				
從不 0	每月少於一次 1	每月一次 2	每星期一次 3	幾乎每日或每日 4
5. **過去 6 個月中，你有多少次將大量時間用於獲取、使用大麻或從大麻中恢復過來？**				
從不 0	每月少於一次 1	每月一次 2	每星期一次 3	幾乎每日或每日 4
6. **在過去 6 個月中，你有多少次在使用大麻後出現記憶力或注意力不集中的問題？**				
從不 0	每月少於一次 1	每月一次 2	每星期一次 3	幾乎每日或每日 4
7. **你有多少次在可能對身體造成危害的情況下使用大麻，例如駕駛、操作機器、或照顧孩子？**				
從不 0	每月少於一次 1	每月一次 2	每星期一次 3	幾乎每日或每日 4
8. **你是否考慮過減少或停止吸食大麻？**				
沒有 0	有，但不是在過去 6 個月中 2		有，是在 過去 6 個月中 4	

SBCBT (Theoretical and Practical Understanding)

SBCBT Training

This 2-year capacity building project aimed to train social workers and counsellors to deliver prevention and intervention services for at-risk young Cannabis abusers. It included two levels of training:

Completion of the 12-session SBCBT Training:

1. Knowledge of Cannabis taking, medical, legal and psychosocial issues.
2. Integrated Cognitive Behavioral Therapy (SBCBT) Training.
3. Monthly Group Supervision (3 hours per session).

What is Integrated Cognitive Behavioral Therapy (SBCBT)

Stages of changes:

- Precontemplation stage – helping the person to find a reason to change (***Motivation Interviewing Strategies***).
- Contemplation, Preparation and Action stages – facilitating the young drug abuser to be aware of his/her triggers and cravings and to learn to recognize his/her emotive, cognitive and behavioural dysfunctions ***(Cognitive Behaviour Strategies).***
- Maintenance stage – educating the young person on relapse prevention, to deal with craving in high-risk situations and maintain treatment gains ***(Cognitive Behaviour Strategies).***

- **Two more foci:**

- Developing skills to handle negative emotions (***Emotional Management Strategies***).
- Understanding and developing one's strengths (***Strength Building Strategies***).

Foci on Strengths

A unique and personal journey towards hope, meaning, identity and responsibility for self.

Focuses on (a) identifying and developing strengths and (b) finding ways of overcoming the obstacles to goal attainment.

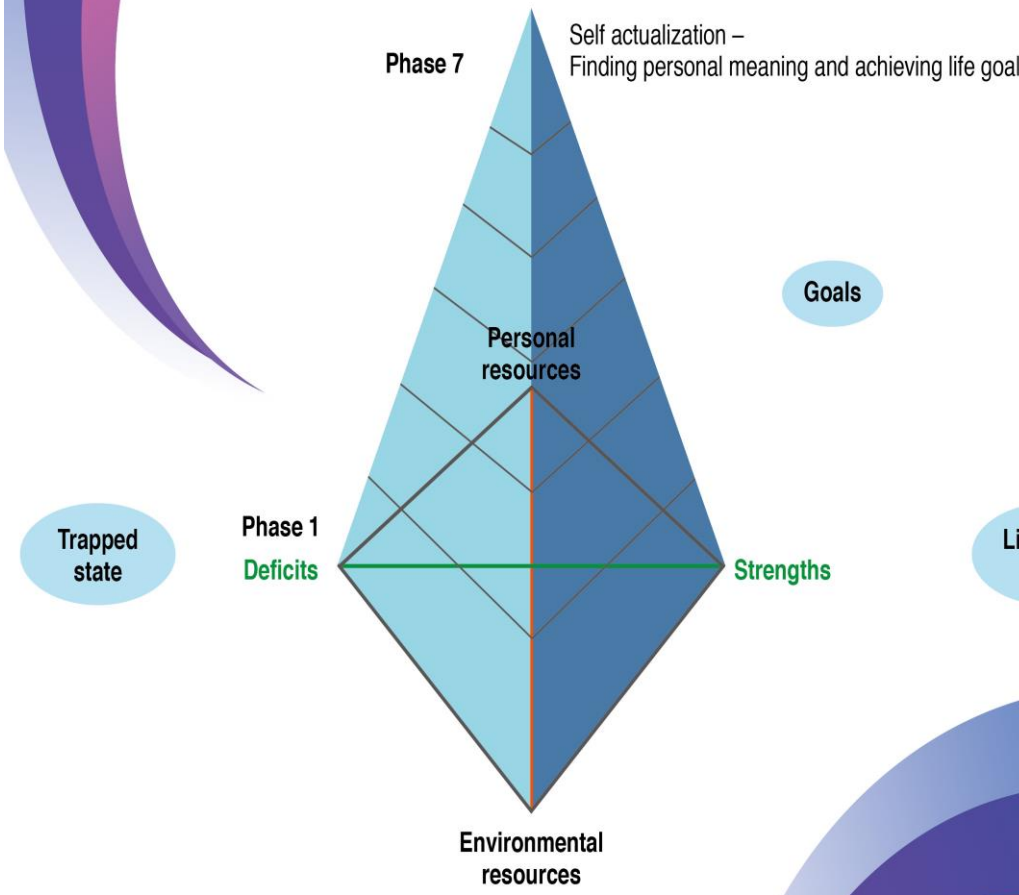
Draws on the person's own experiences to explore and develop strengths.

Involves using a set of techniques to facilitate the person to engage in a meaning-making process.

How CBT can be incorporated into a strengths model?

1. SBCBT is strengths oriented, focusing on the positive aspects of an individual.
2. Personal growth includes the existence and acceptance of deficits. CBT focuses on identifying some of the deficits that pose obstacles to recovery.
3. CBT has a set of tools, techniques and skills that can be transformed into strengths-oriented tools, techniques and skills (***Indeed, this fills the gap in current literature concerning the availability of user-friendly tools and techniques that can actualize the concepts of recovery in daily practice).

Conceptual Framework of a strength-based CBT model

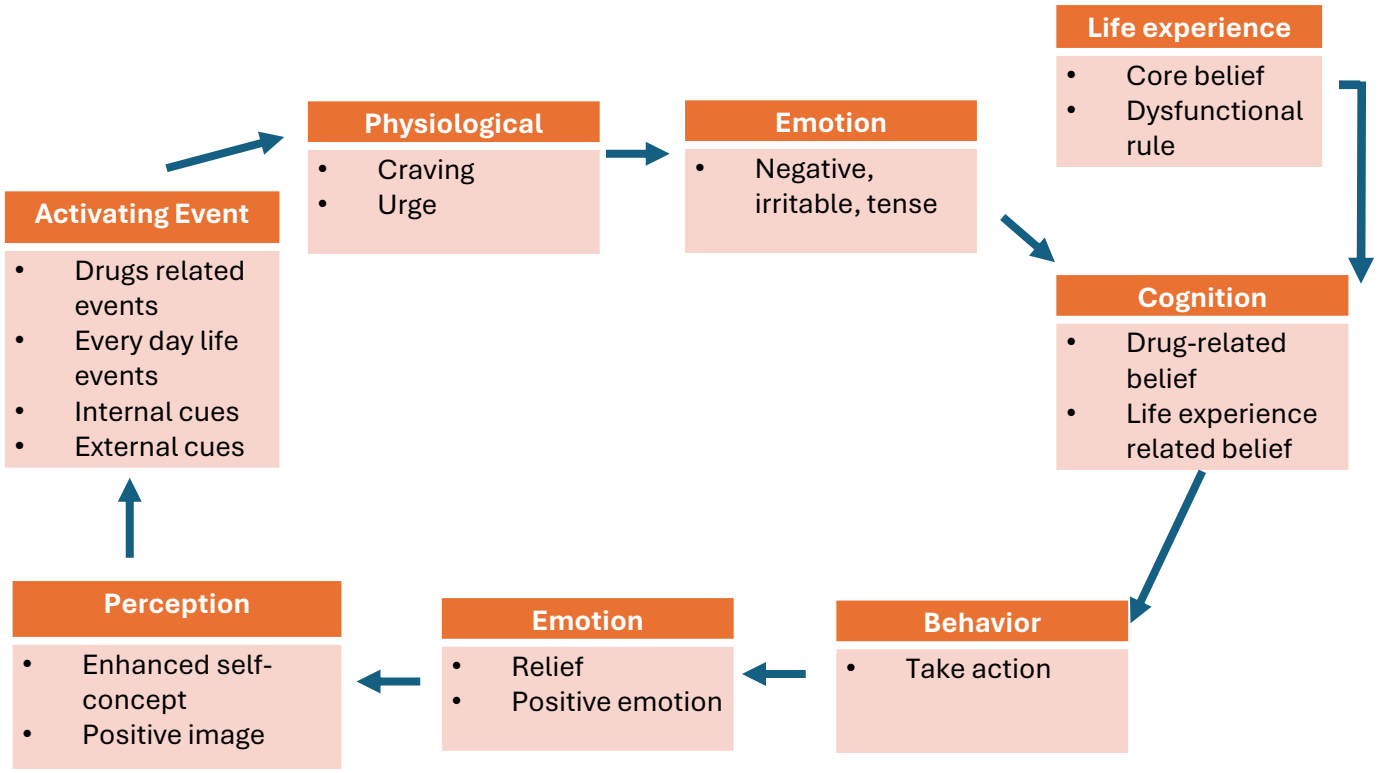


SEVEN PHASES OF THE SBCBT MODEL

Phases of service	Techniques and tools
Phase I: Instilling hope and motivation to change	1. Relationship building 2. Motivational interviewing Validation Normalization Be curious 1. Detecting dysfunctional responses in life situations • Situational Self-Analysis Exercise • Identify negative automatic thoughts • Emotion Thermometer
Phase II: Identifying needs	1. Helping the client to understand his/her circumstances · Dysfunctional and Functional Cycle Diagrams 1. Identifying interests and aspirations of the person with mental illness · Life Priorities Game
Phase III: Formulating and developing goals	1. Identifying short-term and long-term goals · Personal Strengths Assessment Form · Brainstorming · Pie Chart · Life Goal Formulation Chart 1. Evaluating the relative importance of the goals and their attainment feasibility
Phase IV: Exploring internal strengths and external resources	1. Identifying the internal and external resources of the person with mental illness Personal Strengths Assessment Form Life Review Exercise Internal and External Resource Inventory
Phase V: Setting up tasks, strategies and plans in achieving the goals	1. Prioritizing goals · Encouraging the person's participation in the setting up and execution of the strategies · The 5-Strategies 1. Behaviour approach to overcoming cognitive blind spot · Behaviour Experiment
Phase VI: Identifying individual or environmental barriers to achieving goals	Creating new experience to changing cognitive schemas and dysfunctional behavioural responses · Developing and staging the new experience Identifying rigid dysfunctional values and rules in life · Costs and Benefits Analysis · Rewriting one's dysfunctional rules
Phase VII: Engaging in continuous review and feedback	Reviewing and consolidating lessons learned · Old Me/New Me Exercise · Piggy Bank Technique

Cognitive – Behavioral Model of Substance Use Disorder

Deal with drug (cannabis) taking habit???Why do people keep taking drugs?



Identifying triggers

Recall past events of drug taking and put a ‘tick’ in the box if you think the item is related to your drug taking. Please record the intensity of that situation.

1. Internal cues

	Intensity (0 -10)
Psychological	
☐ 空虛寂寞 (Feeling lonely)	
☐ 唔開心 (Feeling unhappy)	
☐ 好開心/興奮 (Feeling happy/elated)	
☐ 緊張 / 壓力大 (Feeling tense)	
☐ 煩惱	
☐ 嬲/忤	
☐ 多野諗	
☐ 無所事事/無聊	
☐ 舒服/成功感	
☐ 挫敗	

1. Internal cues

	Intensity (0 -10)
❖ **Physiological**	
☐ 身體不舒服(痛) (Pain)	
☐ 睡眠質素/失眠 (Sleep disturbance/insomnia)	
☐ 頭暈/ 心跳手震/ 出汗 (Dizziness…)	
☐ 提神	
❖ **Psychiatric**	
☐ 幻聽/ 幻覺 (Hallucinations)	
☐ 抑鬱 / 焦慮 (Depressed/anxious)	
☐ 情緒高漲	

2. External cues

	Intensity (0 -10)
☐ 人際關係 (Interpersonal relationship)	
☐ 感情 (Intimate relationship)	
☐ 過時過節 (Major festivals)	
☐ 工作困難 / 讀書 (Work/study issues)	
☐ 見到吸毒工具 (Availability of drug taking tools)	
☐ 有錢 (Availability of money)	
☐ 朋輩影響/特定人物	
☐ 吸毒熱點 (如: Disco / Karaoke /藥房/私竇/Clubs)	
☐ 外來物質(如:汽水)	
☐ 增加性能力 / 性興奮	
☐ 減肥	
☐ 身上有毒品	
☐ 自己一個人獨處	
☐ 慶祝活動(如:生日會)/應酬	

Identifying urges

Cognitive	Behavioural
❖ 心思思 (Wanting)	❖ 俾蟻咬，坐唔定 (Feeling like ants crawling on the body)
❖ 腦中空白一片 (Mind being blank)	❖ 頭痛 (Headache)
❖ 精神不集中	❖ 失眠
❖ 囉囉攣	❖ 發蹄騰
Psychological	**Emotional**
❖ 心跳加速 (Heart beating fast)	❖ 亢奮 (Feeling excited)
❖ 呼吸急速 (Breathing fast)	❖ 掙扎 (Feeling torn)
❖ 瞳孔放大	❖ 煩躁
❖ 胸口被壓	❖ 焦慮
❖ 心嗡	❖ 焦急
	❖ 忐忑不安

Drug taking beliefs

2. Drug-related beliefs
   - Anticipatory (the expectation of a positive experience).
   - Relief-oriented (the expectation of feeling better or coping better).
   - Facilitating beliefs (granting an individual the permission to take drugs).

Drug taking fallacies/ beliefs

Types of fallacies	Statements
Minimising consequences.	Drug does not hurt me. I feel no physical problems with it.
I can control it.	Taking one time does not get me hooked. This is my last time doing this. I have a strong mind. I can control it.
Drug can get me there.	I feel confident after taking drugs. I can forget my hurts and unhappiness. I can sleep better with drugs. I have so many friends to talk to.
It is normal.	Every of my friends does this. It is legal to take some drugs. My drug taking does not affect others. I'll never be able to quit.
Interpersonal.	They make me do it. I have a poor childhood. No one cares.

Coping with urge and negative emotions

When the urges and negative emotions start to come, use the 5-Strategies.

- Be aware of your urges.
- Thought stopping (e.g. positive or negative image replacement).
- Self-disputing questions.
- Distractions.
- Positive self-statements.

Make them into a cue card.

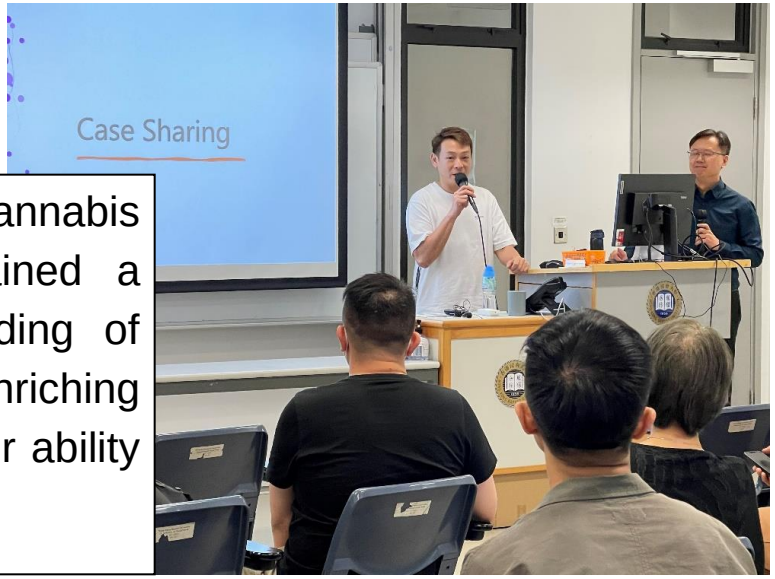
Refusal techniques (For urges only).

Activity scheduling.

12-session Training and Supervision

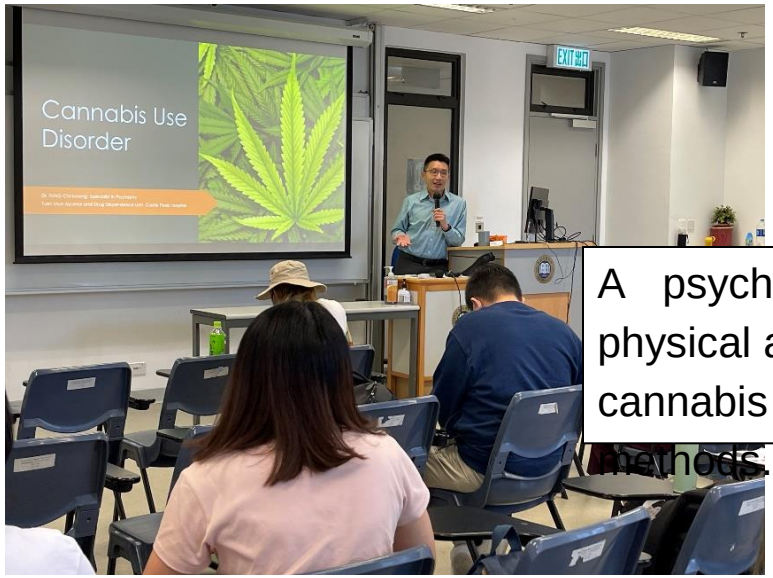
The training involved 5 guest speakers from different professional areas for enhancing the participants' knowledge of drug taking.

The guest speaker, clinical psychologist from HK Lutheran Social Service was invited to share the theories and strategies in cannabis addiction treatment.

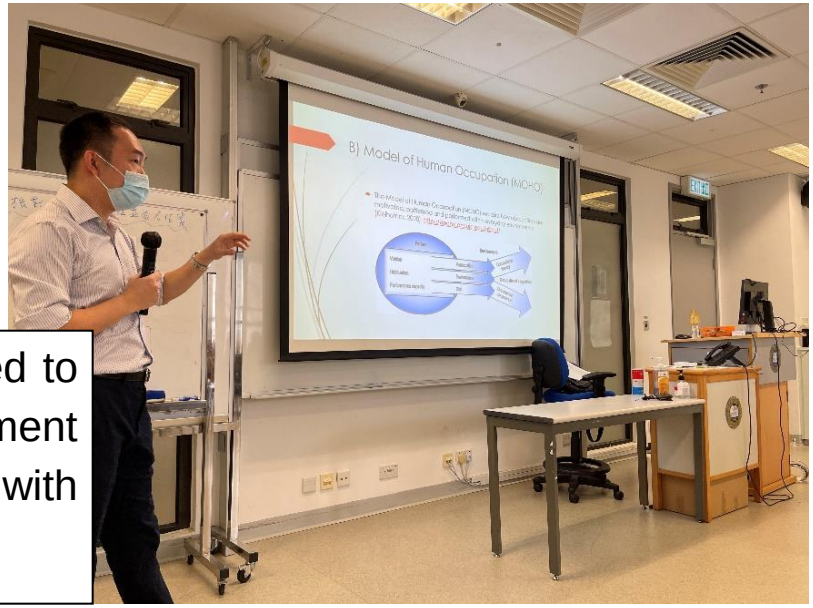


By incorporating the testimony of a former cannabis user, social workers and counsellors gained a comprehensive and empathetic understanding of substance use and the recovery process, enriching their learning experience and enhancing their ability to apply SBCBT techniques.

By inviting a barrister to share their expertise, social workers and counsellors gained a comprehensive understanding of the legal landscape surrounding drug trafficking and consumption in Hong Kong, enhancing their academic and practical knowledge.

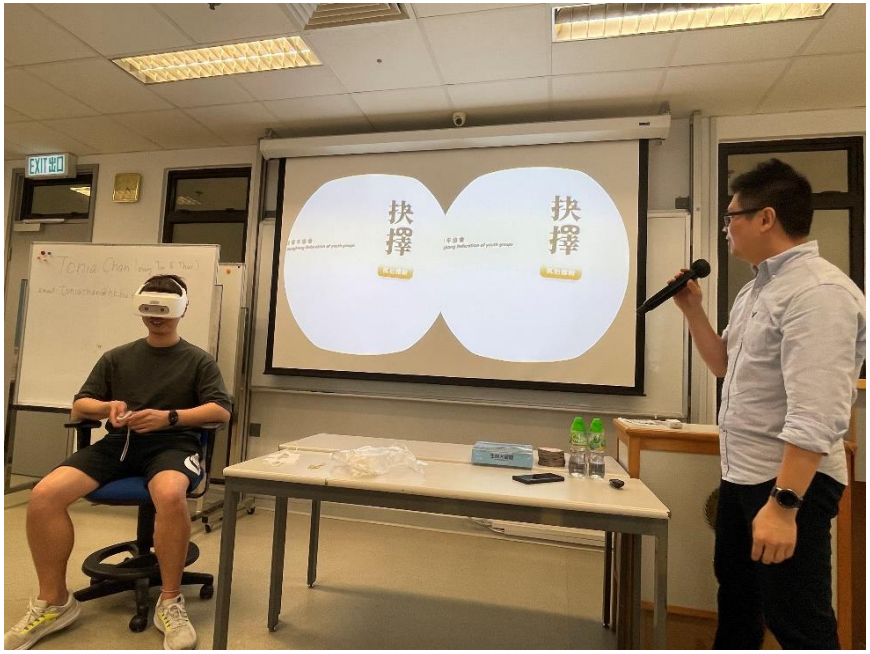


A psychiatrist was invited to explain the physical and mental health damages caused by cannabis abuse, as well as the treatment. methods.



An occupational therapist was invited to explain the recovery treatment programs targeted at individuals with substance use disorders.

By inviting the representatives of The Hong Kong Federation of Youth Groups to share the information of their current practice on supporting the adolescents with substance abuse, the social workers and counsellors could gain a comprehensive understanding on the available support services and learn how to effectively support these adolescents.



By inviting the representatives of Narcotics Bureau to share the information of common substances (drugs) in Hong Kong, the social workers and counsellors gained valuable insights into the types of substances (drugs), their harmful effects, and the measures being taken to prevent and combat drug abuse. This knowledge is crucial for raising awareness and promoting a substance-free community.

SBCBT Training

Prof. Daniel F. K. Wong introduced to the social workers and counsellors the theory and working principles of the SBCBT approach.

Dr. Ginette P. C. Cheung, the Clinical Psychologist of the Project, taught the social workers and counsellors the application techniques of SBCBT.

Through group discussions and sharing cases, social workers and counsellors could actively engage with the materials, practice the techniques and gain confidence in their ability to apply SBCBT in their service units.

Supervision

A 9-month implementation and group supervision were provided to the social workers and counsellors who had completed 12-session professional training in application of SBCBT.

Group supervision was a platform for the social workers and counsellors to present their casework, bring their clinical experience and issues in the group for a discussion with other teammates.

The supervisor facilitated the case sharing and discussion in the right direction and also provided advice and knowledge for enriching their knowledge and building confidence to apply SBCBT into their practices.

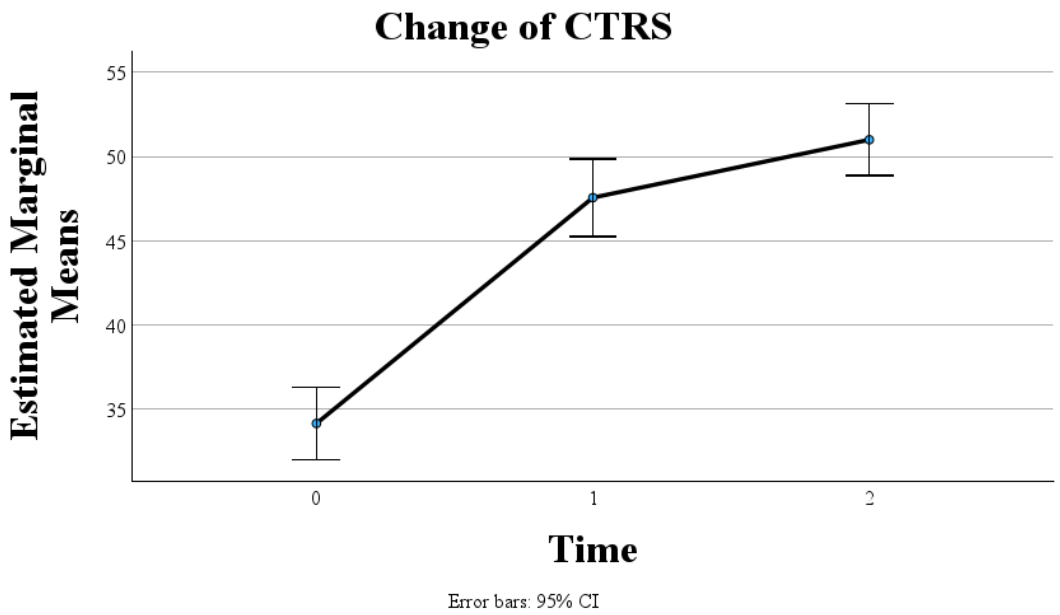
Psychoeducation Workshops

Psychoeducation workshops on preventing substance abuse for adolescents, teachers and parents were conducted by the trained social workers and counsellors.

Through these workshops, the audiences would be empowered with the knowledge and skills needed to prevent substance (drug) abuse and promote healthy and drug-free lifestyles.

Outcomes

Results of Learning Outcome



149 Participants demonstrated significant improvement in their competence to deliver SBCBT, as measured by the Cognitive Therapy Rating Scale (CTRS), with large effect sizes (partial η^2 = .47 to .76) , with most reaching high levels of proficiency.

Results of Focus Group

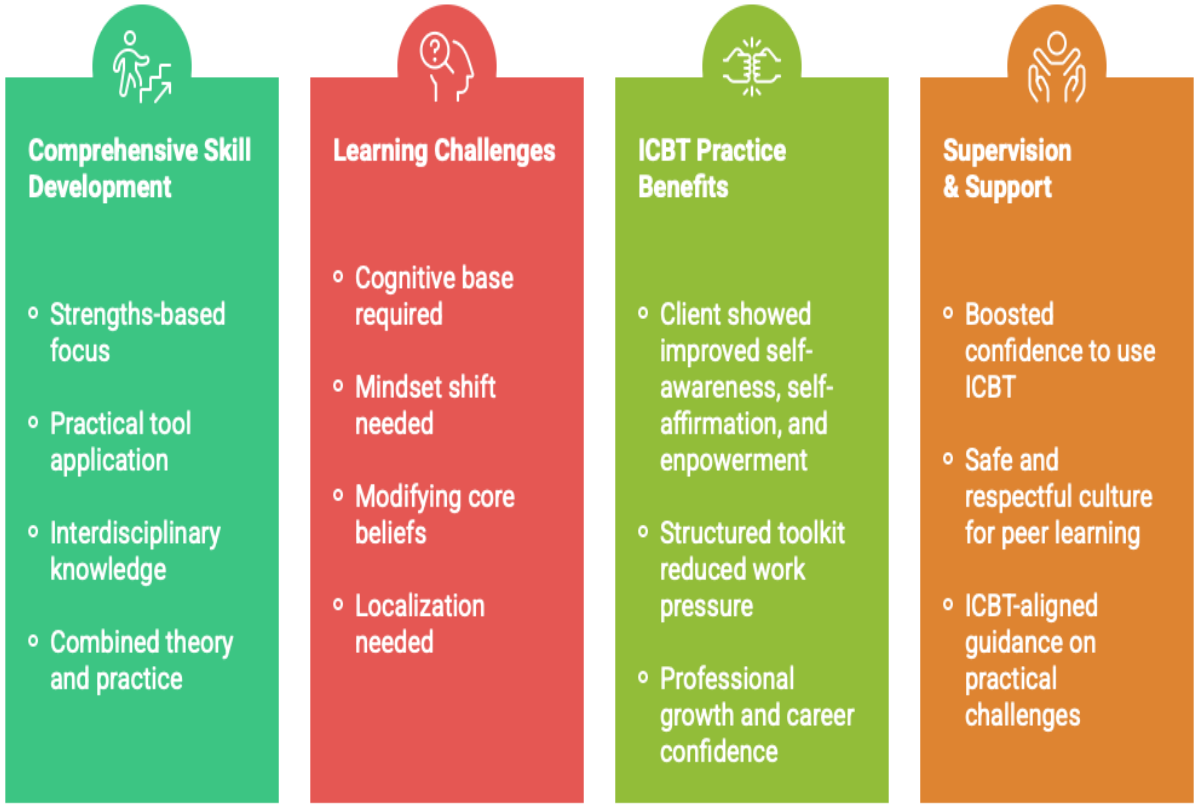
Two focus groups were conducted.

1）To evaluate the effectiveness and impact of the project;

2）To gather qualitative insights from trained participants regarding their learning experiences and feedback.

Participants:

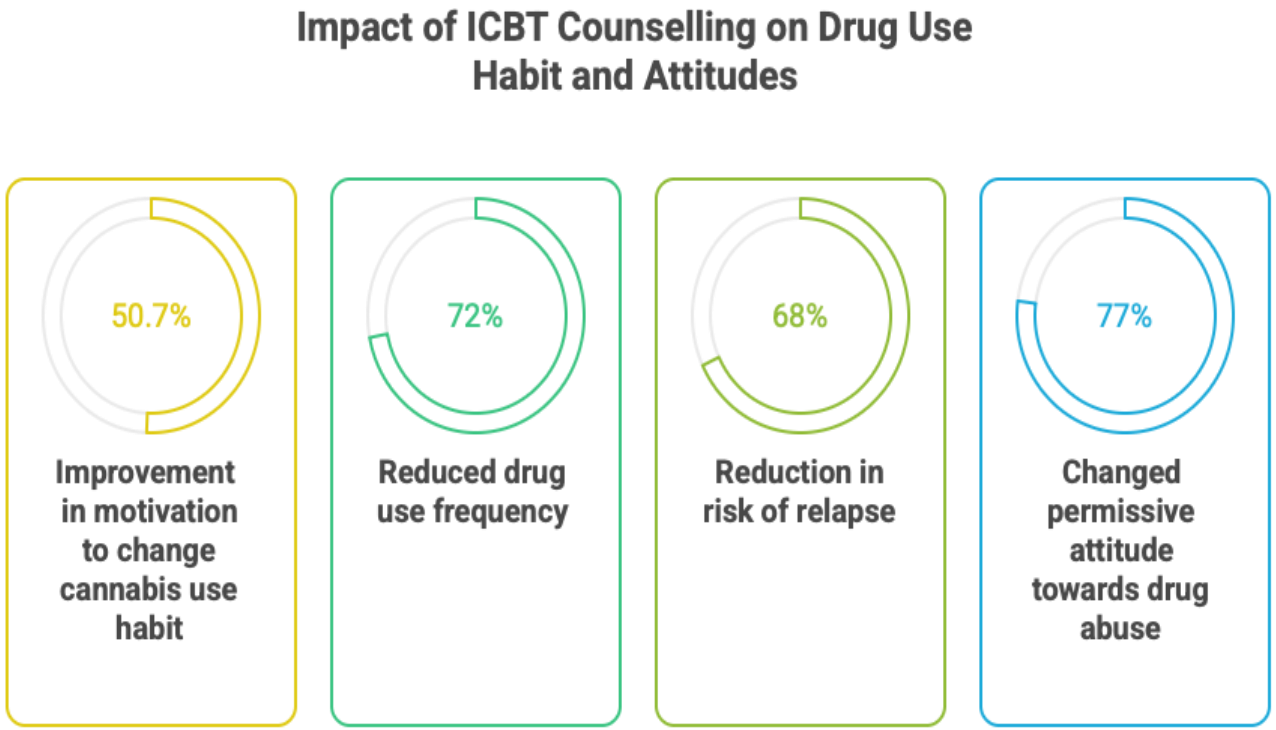
10 professionals who completed the 12-session SBCBT training and 9-month group supervision.



Output Evaluation

	Expected Result	Achieved Result
Output Indicator 1	To provide 48 training sessions to 160 social workers and counsellors with total attendance of 1760 man-times.	Have provided 60 training sessions to 167 social workers and counsellors with total attendance of 1766 man-times.
Output Indicator 2	To provide 36 supervision sessions to 40 social workers and counsellors with total attendance of 320 man-times.	Have provided 36 supervision sessions to 40 social workers and counsellors with total attendance of 320 man-times.
Output Indicator 3	To provide 80 psychoeducation workshops to 1200 youths, parents and/or teachers with total attendance of 960 man-times.	Have provided 80 psychoeducation workshops to 1822 youths, parents and/or teachers with total attendance of 1822 man-times.
Output Indicator 4	To provide 480 individual counselling sessions to 80 drug abusers and high-risk youths with total attendance of 320 man-times.	Have provided 536 individual counselling sessions to 80 drug abusers and high-risk youths with total attendance of 536 man-times.

Outcome Evaluation



Strengths of SBCBT in Substance (Drug) Use Disorder

Identifying and enhancing motivation and modifying beliefs that maintain substance abuse.

Ameliorating negative affect status that triggers drug use.

Teaching clients to apply a pool of SBCBT skills and techniques.

Focusing on positive changes -view themselves, their lives and their future, thus leads them to have new lifestyles.

Limitations of CBT in Substance (Drug) Use Disorder

Is there a physiological base for dependence?

Environmental influence.

Deeper intrapsychic issues.

Conclusion

SBCBT individual counselling showed significant effects in changing participants' permissive attitudes towards drug abuse. Furthermore, over 70% participants obviously reduced the frequency of drug use.

Nearly 70% participants avoided the relapse of drug use after received SBCBT individual counselling.

Thus, the outcome of SBCBT intervention was positive and effective among the participants in this project.

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The End