



Université **m** de Montréal



Toward Shaping the Future of Targeted Interventions for Victimised Youth: Adapting Personality-targeted Interventions for Reducing the Risk of Psychopathological Outcomes in Youth Involved in Youth Protection Services

Hanie Edalati, PhD

1. CHU Sainte-Justine Research Center, Department of Psychiatry, University of Montreal 2. Centre for Research on Children and Families, School of Social Work, McGill University Montreal

Homelessness more likely for those who grow up in Quebec youth protection, study finds



'I was not prepared for adulthood, to make a budget, to find an apartment,' says man who lived through system



Benjamin Shingler - CBC News - Posted: Nov 19, 2019 3:39 PM ET | Last Updated: November 21, 2019



Concerns about a lack of support for those who age out of youth protection have been raised at the ongoing inquiry into Quebec's youth protection services (DPJ). (Ivanoh Demers/Radio-Canada)

20% of youth who age out of care experience one or more homelessness episodes 13 months after leaving care (Goyette et al., 2019).

Youth receiving care in youth protection services suffer from several problems.

- Child maltreatment, complex trauma, parental substance use, multiple placement changes, and lack of family support when transitioning into independent living situations (Aarons et al., 2008; McCoy, McMillen, & Spitznagel, 2008; Walsh, MacMillan, & Jamieson, 2003).
- Lower educational outcomes, higher rates of homelessness, and criminal justice involvement (Gypen, Vanderfaeillie, De Maeyer, Belenger, & Van Holen, 2017).
- 49% meet the criteria for a current mental disorder, mainly disruptive disorders (conduct disorder, oppositional defiant disorder), followed by anxiety, depression, ADHD, and PTSD (results from a systematic review and meta-analysis; Bronsard et al., 2016).





- Substance use disorders are highly prevalent among adolescents receiving care in youth protection services (Aarons, Brown, Hough, Garland, & Wood, 2001)
- Canadian Incidence Study of Reported Child Abuse and Neglect-2003: 14% of all 10-15 year old individuals investigated for maltreatment and 16% of individuals with substantiated cases had substance abuse problem (Trocmé et al., 2005; Singh, Thornton, & Tonmyr, 2011).
- Living in foster homes increases the likelihood of substance abuse by 5X compared to no history of removal (Pilowsky & Wu, 2006).
- More problems with drugs than alcohol (Singh et al., 2011).
- Higher diagnosis of substance use disorders compared to youth in the general population

(e.g., Aarons et al., 2001; Aarons et al., 2008; Braciszewski & Stout, 2012; Narendorf & McMillen, 2010; Vaughn, Ollie, McMillen, Scott, & Munson, 2007; Wall & Kohl, 2007).





International Journal of Child and Adolescent Resilience

A Review to Identify Gaps in Research and Service Delivery for Substance Use Prevention among At-risk Adolescents Involved in Child Welfare System: The Promises of Targeted Interventions

Hanie Edalati¹, and Patricia J. Conrod¹

Less than 10% of adolescents and young adults in need receive such interventions (SAMHSA, 2009).

By targeting risk factors, such as personality, instead of onset of substance use or mental health problems, we have the advantage of:

- involving youth who might be higher functioning or not yet experiencing problems;
- promoting interventions as skill-building workshops and programs;
- and making them much more attractive and less stigmatizing and intimidating to vulnerable and victimised youth and their families.



Targeting Personality Risk Profiles for Building Resilience



Well-Venture Project



This project aims to adapt an evidence-based personality-targeted substance use prevention/early intervention program (i.e., Preventure programme) for reducing the risk of substance use and mental health problems in adolescents receiving services from the Youth Protection System.

- To <u>integrate a trauma-informed approach</u> into personality-targeted interventions using a developmental perspective.
- To <u>examine the feasibility and proof-of-concept</u> of implementing these interventions on reducing the risk of substance use and related problems in adolescents in Youth Protection System in a pilot study.
- To better understand the psychological pathways which link the experience of complex trauma to risk and resilience for substance use and related problems in youth under protection services.



CENTRE FOR RESEARCH



CENTRE DE RECH



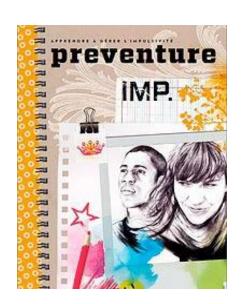
Les Centres de la jeunesse et de la famille Batshaw

Batshaw Youth and Family Centres

What are the Personality-targeted Interventions (i.e., Preventure Programme)?

Targets four personality Risk Profiles for Substance Abuse and Misuse:

- Impulsivity
- Sensation Seeking
- Negative Thinking
- Anxiety Sensitivity

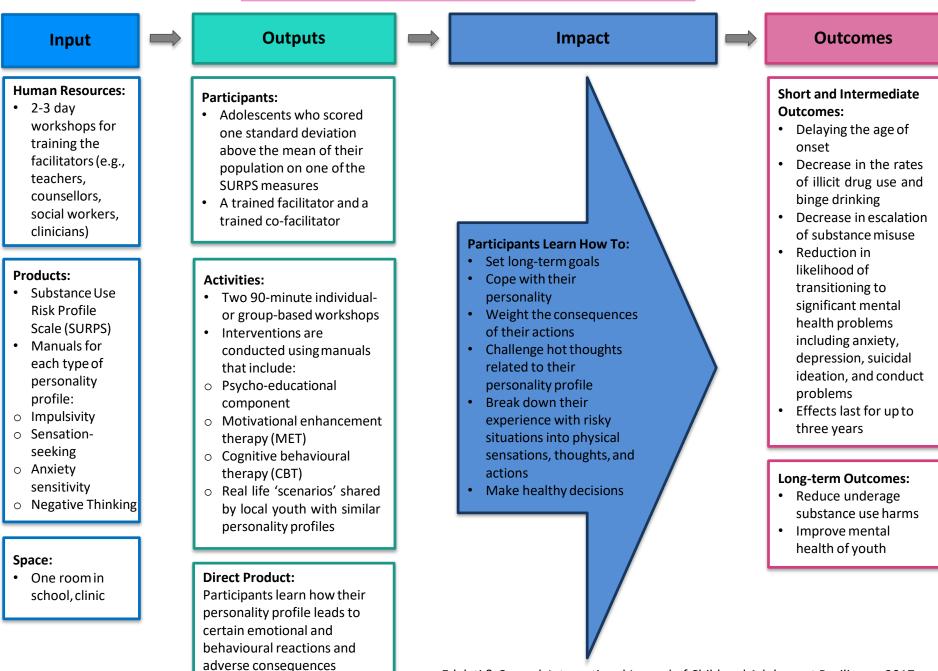




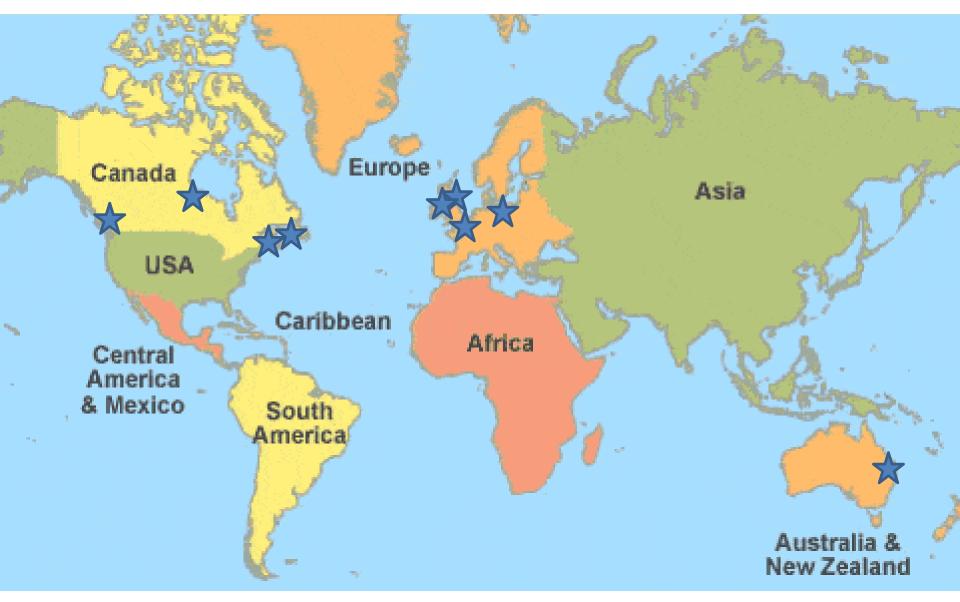
Dr. Patricia Conrod Department of Psychiatry University of Montréal

- Conrod PJ, Nikolaou K. Annual research review: on the developmental neuropsychology of substance use disorders. J Child Psychol Psychiatry (2016) 57:371–94. doi: 10.1111/jcpp.12516
- Conrod PJ. Personality-targeted interventions for substance use and misuse. Curr Addict Rep. (2016) 3:426–36. doi: 10.1007/s40429-016-0127-6
- Edalati H, Conrod PJ. A Review of Personality-Targeted Interventions for Prevention of Substance Misuse and Related Harm in Community Samples of Adolescents. Front Psychiatry. (2018), 9:770. doi: 10.3389/fpsyt.2018.00770

The Logic Model for the Preventure Programme



Validated Prevention Program through 8 Randomised Trials



Adapted from Preventure Training Workshop



<u>Front Psychiatry</u>. 2018; 9: 770. Published online 2019 Jan 22. doi: <u>10.3389/fpsyt.2018.00770</u> PMCID: PMC6349726 PMID: <u>30723431</u>

A Review of Personality-Targeted Interventions for Prevention of Substance Misuse and Related Harm in Community Samples of Adolescents

Hanie Edalati and Patricia J. Conrod*

TABLE 1 | Summary of five randomized trials of personality-targeted interventions (Preventure Programme) for substance misuse and related problems in community samples of high-risk adolescents.

Trial	Sample	Substance use outcomes	Mental health outcomes	Other related outcomes
1. Canadian preventure trial (4 months) (45)	HR secondary students (drinkers) IG: $n = 166$ CG: $n = 131$	Reduction in: Drinking rates (4 months) Drinking quantity (4 months) Binge drinking (4 months) Drinking problems (4 months)		
2. United Kingdom preventure trial (2 years) (40, 46–48)	HR secondary students IG: $n = 190$ CG: $n = 157$	Reduction in: Drinking rates (6 months) Binge drinking (6 months) Drinking problems (2 years) Uptake of illicit substance misuse (2 years) Drugs use rates (2 years) Drug use frequency (2 years) Cannabis use (2 years) Cocaine use (2 years)	Reduction in: Panic attack (6 months) Truancy (i.e., school avoidance) (6 months) Depression (6 months) Shoplifting (6 months)	
3. Dutch preventure trial (12 months) (44, 64)	HR secondary students (drinkers) IG: $n = 343$ CG: $n = 356$	Reduction in: Binge drinking (12 months) Growth of binge drinking (12 months)		Reduction in alcohol use outcomes in HR adolescents in lower education schools (e.g., vocational training)
4. United Kingdom adventure trial (2 years) (29, 39, 49, 51, 57, 59, 60, 64)	HR secondary students IG: $n = 558$ CG: $n = 437$	Reduction in: Drinking rates (2 years) Drinking quantity (2 years) Binge drinking (2 years) Growth of binge drinking (2 years) Drinking problems (2 years) Cannabis use (2 years)	Reduction in: Depressive symptoms (2 years) Anxiety symptoms (2 years) Conduct symptoms (2 years) Peer victimization (2 years) Bullying perpetration (2 years)	Reduction in alcohol us outcomes in HR adolescent with pre-existing depressio and anxiety symptoms, an those in different SES (years) Additional reduction in thos with pre-existing ADH and conduct problems an those victimized by peers (months & 2 years) Reduction in drinking rates and growth of binge drinking in LR students (i.e. herd effect)
5. Australian CAP trial (3 years) (41)	HR secondary students IG: $n = 202$ CG: $n = 291$	Reduction in: Drinking rates (3 years) Binge drinking (3 years) Drinking problems (3 years)		

Note. HR: High-risk; IG: intervention group; CG: control group; SES: Socioeconomic Status; LR: Low-risk; ADHD; attention-deficit/hyperactivity disorder; CAP: Climate and Preventure.

Associations of Personality with Alcohol Use Behaviour and Alcohol Problems in Adolescents Receiving Child Welfare Services

Sherry Heather Stewart · Melissa McGonnell · Christine Wekerle · Ed Adlaf · The MAP Longitudinal Study Research Team Personality traits of hopelessness, sensation seeking, and impulsivity were all associated with higher drinking levels and more alcohol problems. Anxiety sensitivity was positively correlated with difficulties at stopping drinking.

Personality risk profiles also explained the motivation underlying substance use behaviours: hopelessness and impulsivity were related to drinking to cope with negative emotions, whereas, anxiety sensitivity was linked to drinking to conform.

Int J Ment Health Addiction (2014) 12:270-282 DOI 10.1007/s11469-013-9451-4

Personality Traits and Drinking Motives Predict Alcohol **Misuse Among Canadian Aboriginal Youth**

Christopher J. Mushquash · Sherry H. Stewart · Aislin R. Mushquash · M. Nancy Comeau · Patrick J. McGrath

Personality and Individual Differences journal homepage: www.elsevier.com/locate/paid

Personality and Individual Differences 81 (2015) 84-89

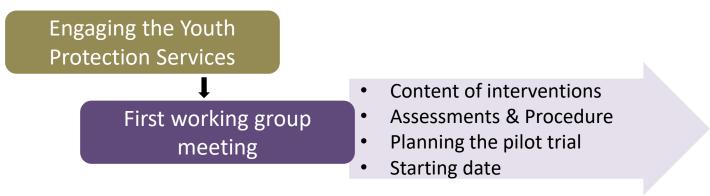
Contents lists available at ScienceDirect

Associations between personality and drinking motives in adolescents involved in the child welfare system *

Amanda Hudson ^{a,*}, Christine Wekerle^b, Sherry H. Stewart ^{c,a} *Department of Psychology and Neuroscience, Dalhousie University, Halifax, Nova Scotia B3H 4R2, Canada * The MAP Longitudinal Study Research Team, McMaster University, Hamilton, Ontario, Canada * Department of Psychiatry, Dalhousie University, Halifax, Nova Scotia B3H 2E2, Canada

Personality risk profiles also explained the motivation underlying substance use behaviours: hopelessness and impulsivity were related to drinking to cope with negative emotions, whereas, anxiety sensitivity was linked to drinking to conform.

Steps for Adapting the Preventure Programm for Adolescents Receiving Care in Youth Protection Services



Well-Venture Working Group

February 11, 2019



Dr. Hanie Edalati University of Montréal McGill University



Dr. Patricia Conrod University of Montréal



Dr. Delphine Collin-Vézina McGill University



Valerie Duncan Batshaw Youth and Family Centres



Dr. Christine Wekerle McMaster University



Dr. Sherry Stewart Dalhousie University

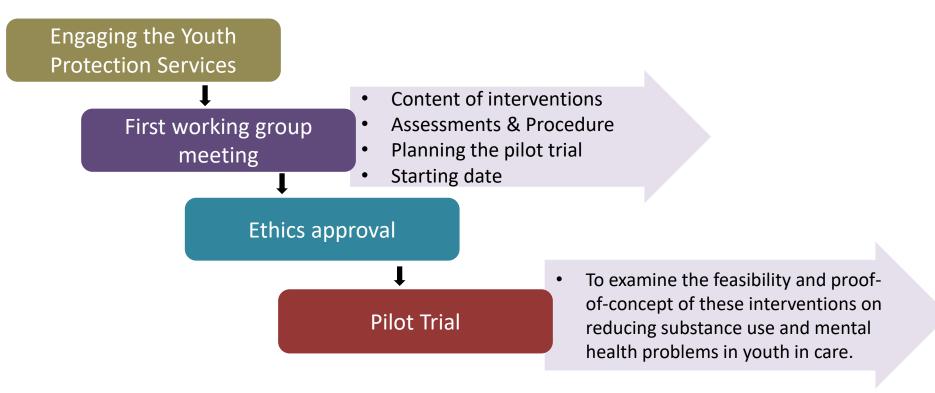


Dr. Christopher Mushquash Lakehead University



Dr. Florin Tibu Bucharest Early Intervention Project

Steps for Adapting the Preventure Programm for Adolescents Receiving Care in Youth Protection Services



Well-Venture Training

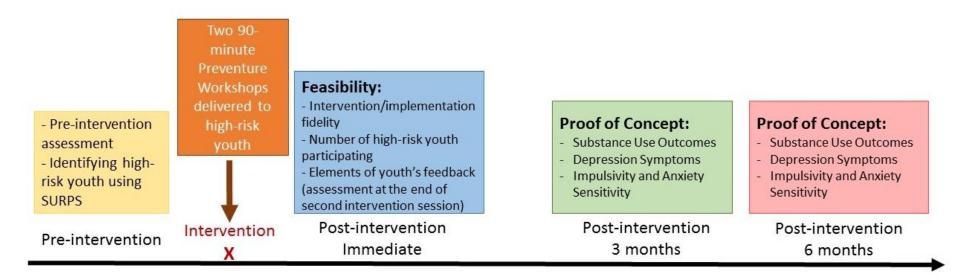
- Six facilitators (educators and counsellors) from <u>Batshaw Youth</u> <u>and Family Centres</u> were trained for delivering the program (June 5-6 2019).
- Also 9 clinicians from the <u>Dilico Anishinabek Family Care</u> working with Indigenous youth in care were trained.





Well-Venture Pilot Trial

To examine the <u>feasibility</u> and <u>proof-of-concept</u> of these interventions on reducing substance use and related problems in youth in care.



ClinicalTrials.gov ID: NCT04162977

Recruitment & Baseline Assessment

- 62 adolescents were recruited from Batshaw Youth and Family Centres (October 2019).
- 52% female; Mean age= 16.07 (SD = 1.18)
- Recruitment units:
 - o Prévost: n=26
 - Roxboro: n=7
 - o Dorval: n=8
 - De Maisonneuve: n=9
 - St-James: n=4
 - Rudel & Hawking: n=4
 - Inuit: n=4

Results from Baseline Assessment of Personality Risk Profiles

Number and Percentage of youth who completed the survey (N = 62)

_	Negative Thinking	Anxiety Sensitivity	Impulsivity	Sensation Seeking
SURPS Categories ¹				
High	36 (58%)	21 (34%)	20 (32%)	19 (30%)
Medium	25 (40%)	29 (47%)	35 (57%)	29 (47%)
Low	1 (2%)	12 (19%)	7 (11%)	14 (23%)

Note.

1. These norms were obtained by calculating the mean and standard deviation within a sample of 2975 secondary school students, aged 13-14 years old (male and female).

87% of youth received high scores on at least one trait.13 youth showed high scores on two or more traits.10 youth showed high scores on three or more traits.2 youth showed high scores on four.

Results from Baseline Assessment of Primary Outcome Measures

- Depression symptoms (ranging from 0 to 24): Mean = 12.88 (SD = 8.47) Using Brief Symptom Inventory (BSI; Derogatis, 1993)
- Anxiety Sensitivity (ranging from 5 to 20): Mean = 11.61 (SD = 3.39)
- Impulsivity (ranging from 5 to 20): Mean = 12.94 (SD = 3.11) Using Substance Use Risk Profile Scale (SURPS; Woicik et al., 2009)
- Last 12-month Substance Use Outcomes Using adapted version of 'Detection of Alcohol and Drug Problems in Adolescents Questionnaire' (DEP-ADO; Germain et al., 2005)
- Total Number of Drug Used (including 12 groups of drugs): Mean = 2.21 (SD = 2.40)
- Rate of Binge Drinking (4 drinks and more in the same occasion for girls, 5 drinks and more for boys): Mean = 6.05 (SD = 20.25)
- Rate of Alcohol-related Harm (ranging from 0 to 9): Mean =1.66 (SD = 2.46)
- Rate of Drug-related Harm (ranging from 0 to 9): Mean = 2.79 (SD = 2.98)

Personality and Mental Health Problems in the Past 12 Months at Baseline

Over and above other personality risk profiles:

- Higher AS and NT were related to higher internalizing symptoms (depression and anxiety) (t = 3.33, p < .01; t = 4.22, p < .001, respectively).
- Higher IMP was associated with higher externalizing symptoms (conduct problems and ADHD) (t = 5.00, p < .001).
- Higher SS was related to higher binge drinking (t = 2.37, p < .05).
- Higher AS was associated with lower binge drinking (t = -2.24, p < .05).
- No significant relationship between personality risk profiles and alcohol- and drug-related harm.

Feasibility Outcome 1: Intervention/implementation fidelity

The clinical research team observed and evaluated the quality and fidelity of <u>7 out of 9</u> two ninety-minutes intervention sessions ¹ (at least one complete intervention for each facilitator) using <u>PIFA</u>².

✓ All 6 Facilitators successfully completed running at least one complete intervention adhering to PIFA.

1. The two 90-minutes Intervention sessions included:
NT: 5 group-based
AS: 2 group-based and 1 individual
IMP: 1 group-based
SS: 1 group-based

2. Preventure Intervention/implementation Fidelity Scale (PIFA): evaluates adherence to 12 core treatment components of the personality-targeted intervention programme (e.g., goal setting, identifying and challenging automatic thoughts) (O'Leary-Barrett et al., 2017).

Feasibility Outcome 2: Number of high-risk youth participating in the intervention sessions.

Of all participants:

63% agreed to participate in the intervention sessions:

- 53% completed both intervention sessions.
- 10% completed the first intervention session but were not available for the second session (removed from the proof-ofconcept analyses)

37% did not participate in the interventions:

- Only 5% were not interested to participate.
- The other 32% were not available to participate (discharged, placement, visiting families, moved to another unit/group home).

Feasibility Outcome 3: Youth-generated feedback regarding their intervention experiences assessed directly following the final intervention.



Process variables predicting changes in adolescent alcohol consumption and mental health symptoms following personality-targeted interventions



Maeve O'Leary-Barrett^{a,b,*}, Robert O. Pihl^b, Patricia J. Conrod^{a,c,d}

ABSTRACT

Objective: This study aims to identify key process variables that are associated with changes in alcohol consumption and mental health symptoms over 12 months following personality-targeted interventions in youth. *Method:* 154 high-risk youth (aged 12–13 years) in 7 Montreal high schools were identified using the Substance Use Risk Profile Scale and participated in personality-matched interventions. Preliminary process variables were identified using a combination of psychotherapy process variables and youth-generated (qualitative) feedback immediately post-intervention.

Results: Learning, skill development and a positive group experience were key to positive behavioural change. Youth-generated feedback independently accounted for 12–25% of the variance in the change in alcohol use and mental health symptoms over 12 months. Changes in cognitive distortions and self-esteem accounted for somewhat less of the variance in alcohol use (0–9%), but a moderate-to-large portion of the variance in changes in mental health symptoms (up to 44%).

Conclusions: The study findings highlight candidate process variables relevant to future implementations of this program that might inform change processes relevant to brief interventions with youth more generally. This study suggests that youth experiences can indicate proximal measures of program efficacy, and has implications for the dissemination of this brief intervention program.

Something you liked about the group.

Theme	Example responses	Well-Venture	Co-Venture ¹
		%	%
Ambiance	The positive vibe.	39.3%	22.7%
	People were fun.		
	Facilitators took my opinion into consideration.		
	Activities.		
Sharing	We could share stories without feeling embarrassed.	28.6%	50.0%
	The situation of everyone to relate with them.		
	People understood you and didn't judge you.		
Material	The food.	21.4%	16.2%
reasons			
Learning	The stuff we talked about was helpful and I could use it as tools.	10.7%	15.6%
	It was a learning experience.		

1. O'Leary-Barrett M, Pihl RO, Conrod PJ. Process variables predicting changes in adolescent alcohol consumption and mental health symptoms following personality-targeted interventions. Addict Behav. (2017) 75:47–58.

Something you didn't like about the group.

Theme	Example responses	Well-Venture %	Co-Venture ¹ %
Nothing	Nothing. Perfect.	29.2%	51.9%
Group atmosphere	People trying to be the clown of the group. People that were not participating.	29.2%	12.3%
Intervention content or structure	Too long. I couldn't relate that much. The work.	20.8%	16.2%
Intervention setting	Traffic. The lights in the room.	12.5	-
Sharing	I wasn't comfortable talking about my answers. Girls are judgemental.	8.3%	6.5%

1. O'Leary-Barrett M, Pihl RO, Conrod PJ. Process variables predicting changes in adolescent alcohol consumption and mental health symptoms following personality-targeted interventions. Addict Behav. (2017) 75:47–58.

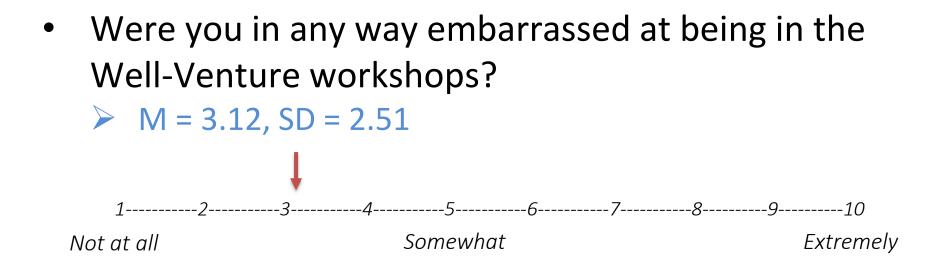
What is the most important thing you have learned?

Theme	Example responses	Well-Venture %	Co-Venture ¹ %
Managing/ challenging thoughts	To think before I act. How to deal with hot thoughts. To step back and think when you have bad thoughts. To think positive.	56.0%	26.6%
Psychoeducation	Physical sensations. Anxiety; stress; lack of confidence.	20.0%	24.7%
Coping	There's many more solutions to cope other than drugs and alcohol. That we all make mistakes and to have confidence in myself without fearing what others think. I learned that it is important to get to know your feelings.	12.0%	31.2%

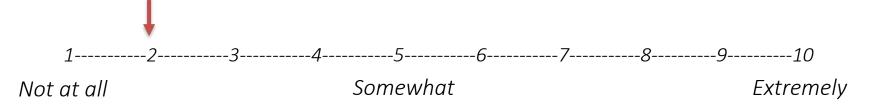
What is the change that you are considering?

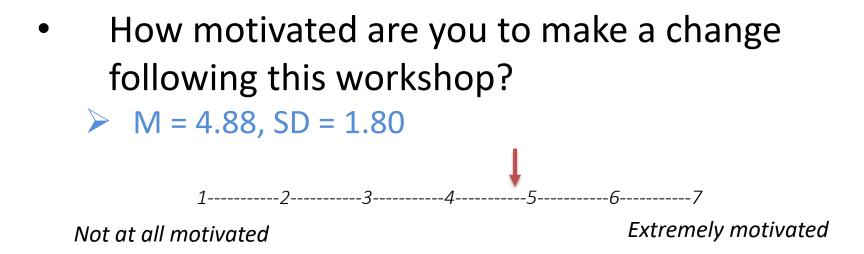
Theme	Example responses	Well-Venture	Co-Venture ¹
		%	%
Thoughts	Think before doing something.	43.5%	22.1%
	Not thinking drugs when I'm feeling down.		
	Thinking more and not letting my thoughts control me.		
	My negative mindset.		
Behaviours	To use those tools in my life to help me get out of the system.	21.7%	31.8%
	To be a nicer and less bitter person.		
Feelings	Expressing the way I feel.	8.7%	31.8%
	Be more confident.		

1. O'Leary-Barrett M, Pihl RO, Conrod PJ. Process variables predicting changes in adolescent alcohol consumption and mental health symptoms following personality-targeted interventions. Addict Behav. (2017) 75:47–58.



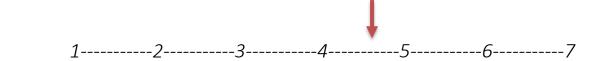
 Did you get picked on or teased by any other kids for being in the Well-Venture workshops?
 M = 2.00, SD = 2.25





 How confident are you that you will be able to make this change?

➤ M = 4.60, SD = 1.94



Not at all confident

Extremely confident

3-month post-intervention assessments will be completed in March 2020.

https://www.conrodventurelab.com/projets/well-venture

VentureLab

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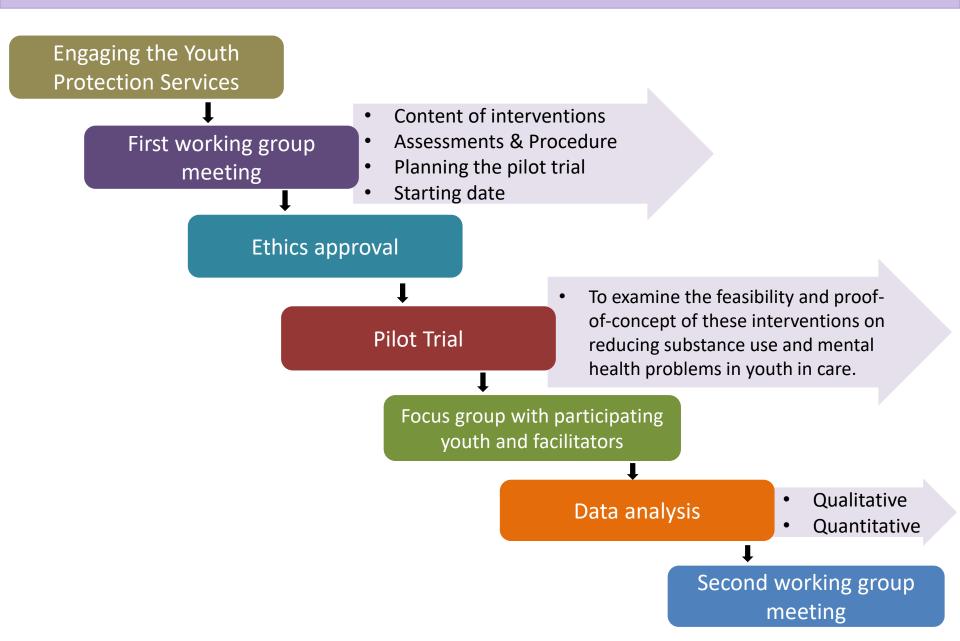


Adapting Personality-Targeted Interventions for Reducing the Risk of Substance Use and Mental Health Problems in Youth in Child Welfare System. This study is supported by a CIHR Fellowship to Dr. Hanie Edalati and the following Research Chair to Dr. Patricia Conrod: Fondation Julien/Marcelle et Jean Coutu en Pediatrie Sociale en Communaute de l'Universite de Montreal.



+ BACKGROUND + STUDY DESIGN + TEAM + NEWS & EVENTS

Steps for Adapting the Preventure Programme for Adolescents Receiving Care in Youth Protection Services



Disseminating and Planning Meeting

Early Targeted Interventions for Vulnerable and Marginalized Youth: Planning the Future Directions of Implementing Personality-targeted Interventions for Building Resilience against Substance Use and Mental Health Problems

April 24, 2020

Centre de recherche du CHU Sainte-Justine | CHU Sainte-Justine Research Center 3175, chemin de la Côte Sainte-Catherine, Montréal, QC, H3T 1C5



CIHR Planning and Dissemination Grant - IHDCYH

Future Directions

- New Project with Youth Protection Services: Using the results of the Well-Venture Project to develop prevention programmes for reducing the risk of substance use and mental health problems among youth involved in the system:
 - Modifying/Adding youth's stories and integrating youth's perspectives to the manuals and interventions
 - Extending the research to directeur de la protection de la jeunesse (DPJ)
 - Adding other interventions to target self-esteem?; rumination?; interpersonal difficulties?
- Project with Indigenous youth in care (cultural adaptation):
 - Nunavik Regional Board Of Health Service (NRBHSS); Québec
 - Dilico Anishinabek Family Care; Thunder Bay, ON

CONCLUSIONS

There is an urgent need for evidence-based early substance use and mental health interventions within the Youth Protection Services that are trauma-informed and sensitive to cultural values, developmental needs, sex/gender differences, and attitudes of the targeted youth.

The proper time to influence the character of a child is about a hundred years before he is born. – W.R. Inge



Merci!

Advisors:

Dr. Patricia Conrod Dr. Delphine Collin-Vézina

Working Group:

Dr. Sherry Stewart Dr. Christine Wekerle Dr. Christopher Mushquash Dr. Florin Tibu Valerie Duncan

Venture Lab Members:

Gabriella Anderson Aram Mahmoud Sima Noorbakhsh Johanne Jacques Rania Jellazi Dr. Mohammad H. Afzali Dr. Audrey Livet

Batshaw Centres:

Valerie Duncan **Beverley Robinson** Laurie-Ann Meyer **Jason Parris** Tania Gesualdi Jodi Marla Maria Giovanna Amato **Bertlyn Joseph**



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Universite de Montreal.



Centre de Recherche du CHU Sainte-Justine Le centre hospitalier universitaire mère-enfant

Pour l'amour des enfants

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Contact Information: hanie.edalati@umontreal.ca hanie.edalati@alumni.ubc.ca