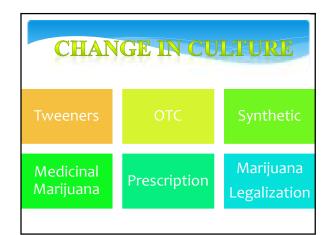
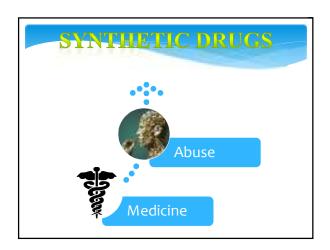
* Anthony Muller MA, LPC, CAADC, CCS * Director of Clinical and Business Development * Wedgwood Christian Services * MYTIE Team Member



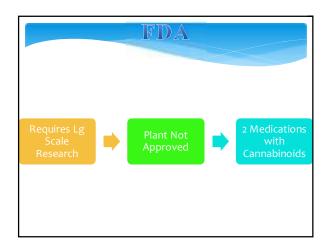




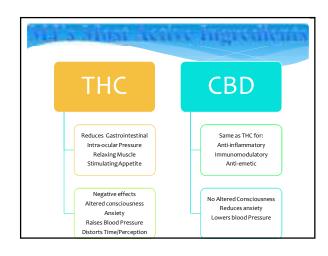






















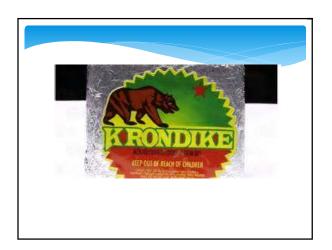


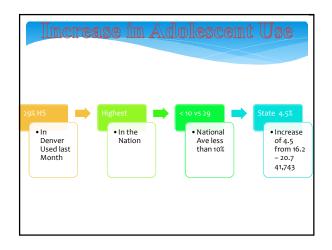


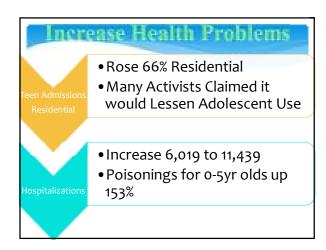


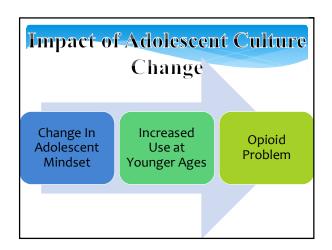






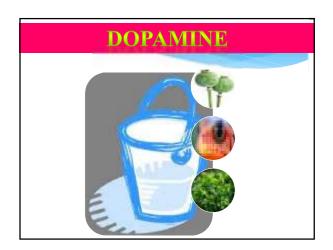


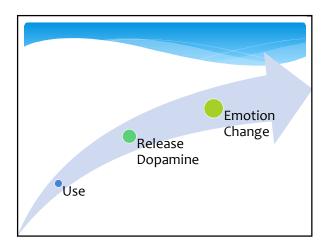


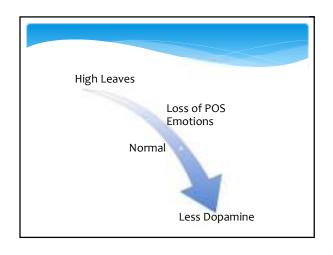


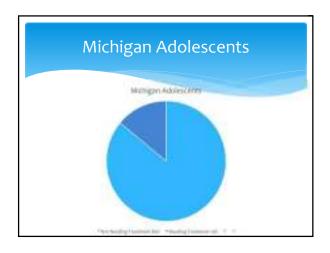


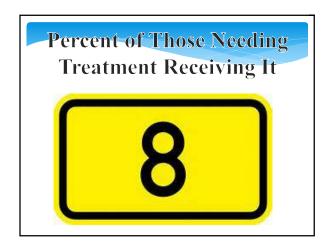


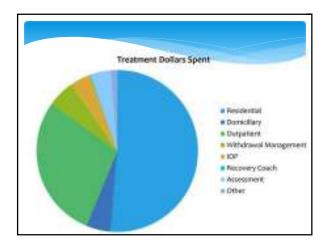


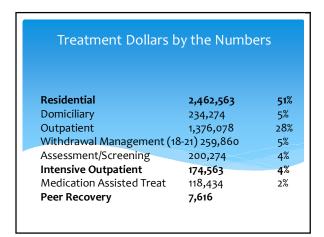


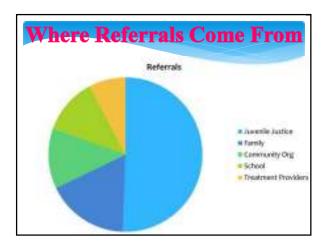
















Research Summary on Adolescents

Use is Prevalent

Treatment is Effective

Treatment Outcomes 35% 5-6 Episodes

Retention Important 75% Drop out of Outpatient Programs

Treatment Completion has Strong Link to Long Term Positive Outcomes Total Abstinence is not the Norm

Treatment Most Effective when it Includes 12 Month Continuum of Care Those who Start Use before age 14 are at Highest Risk for Lifelong Dependency Issues

Some Researchers use 1 wk as Minimal Abstinence and 6 wks as Substantial.

Measurable Successes Strategies to Move Significant Break in Learn how to Stop out of Pre-**Even if Temporary** Use Contemplation Opportunity to Try Set "Personalized Insight into Personal and Fail "Théir Plan' Feedback" If I do Consequences in a Therapeutic This I Have A Process Problem

Measurable Successes Cont. If Another Dose Is Able to Figure Out Honest About Necessary Are What Caused a They More Open Using Lapse/Relapse to Attend Obtain More Delay or Stop Verbalize Long Sobriety than Term Concerns Progression of Use Before

* Especially True for Adolescent Treatment Providers * "We are trying to create a drop out prevention, discovery plan"



