

Sarah Bagley:

The CATALYST program is a multidisciplinary program at Boston Medical Center that developed because Boston Medical Center has this long history of taking care of adults with substance use disorder and primary care and does an excellent job in doing that. They care for patients in primary care and the emergency department and in OB and obstetrics.

There was really a gap though in terms of the services that were being offered to adolescents and young adults. We recognize that that was actually a gap that was felt across our city. So CATALYST was created to address the need of ongoing substance use in adolescents and young adults.

We have a team that's composed of physicians, social workers, nurses, program manager. We also work really closely with our child and adolescents psychiatrist. Importantly we have added a recovery coach to our model which is a little bit different so that individual has a background in what's called, recovery coaching and can address patients specific needs to their recovery in addition to their social determinant.

We see patients in both the adolescent center of Boston Medical Center and also in adult primary care. So we're able to match our patients to sort of where they fit developmentally.

When a patient calls or a family member calls or we receive a referral for a new patient, we set up an appointment with a physician and a social worker so we can do a first visit and an assessment of what's going on with the patient.

We then, the following week develop a treatment plan. We meet every week as a team to talk about what's going on with our patients and there we'll discuss new patients and ongoing issues with existing patients.

We feel like the team base approach that we have is really important. I think another really important part of our model is that there we try to have basically no hierarchy and everyone's really contributing to the treatment plan in an equal way.

We recognize that addiction is a complicated disease and although it's a brain disease there are a lot of other things going on in that person's life that need to be addressed. That each team member's specific training is there to be able to address those different issues.

We started seeing patients in the CATALYST program in May of 2016. At this point we are putting together a database so that we can start to track out outcomes because we recognize that there's so few programs like this in the United States that it's important that we figure out what we're doing well but also different things that we need to do to improve so that we can share our models with other programs.

I'm gonna talk about some of the biggest challenges that we face in treating teens and young adults with substance use disorder. The first is ambivalence. So the teenage years and young adulthood is really characterized by ambivalence and difficulty in making decisions. So we find that it can be very difficult to engage our patients and have them agree with us that they may need treatment for their substance use disorder and this can be a huge barrier to care.

Another significant challenge that we face everyday in our work is the stigma associated with both the disease of addiction and the medications that we're using to treat addiction. This can be ... make it difficult to get patients to come into care for the first place or it can make patients and families resistant to accepting the kind of treatment that when we wanna offer them.

The third challenge that we see commonly and this is particular to my practice are issues around social determinant of health. So such as housing and employment, school issues, transportation, being able to pay for bills. We've heard from our patients and their families time and time again that if those basic needs aren't being met, it's really hard for them to focus on their recovery. So we do everything that we can in our program to try to address those needs, but we're an outpatient based program [inaudible 00:06:51] and there are limited resources.

There are different ways that you can involve parents and family members and treatment for a substance use disorder with their teen or their young adult. We invite all parents or family members into visits and sometimes have family meetings. This is of course done with the permission of the patient. The patients can provide guidelines for how those visits are gonna go and what information is gonna be shared. But we try to explain to our patients that it's really important and it's really critical to their success to have their families involved as much as possible. We also provide referrals for families to mutual help groups which really means support groups that are led by other parents and family members who have loved ones who are struggling with addiction, or to family therapy. In our program, we plan to start parent groups and so these are gonna be educational sessions for parents and other family members who are affected by substance use, specifically targeted for those who have loved ones not willing to engage in treatment.

It can be a lot to be telling a 18 or 19 year old that they have a chronic illness that they're gonna be living with for the rest of their life. Once they start to hear that message, they may not wanna come into clinic to receive treatment.

What we try to do is we tell our patients from the start that we're there for them no matter what. We try to identify other things that are going on in their lives that might be challenging. So issues around school or a job or with transportation and sometimes by addressing some of the other challenges that they have going on in their life we're able to then engage them in treatment for their substance use.

When caveat to this is that when we're taking care of patients who are less than 18 years old, sometimes other challenges come up and because of their age. So for example, if we have a patient who is 16 and we know that that person may be injecting heroine or other opioids and is really at acute risk, then sometimes we may have to break confidentiality and engage other agencies to assure the safety of that child.

It's really important when working with teens and young adults who have substance use disorder or who are using substances, to spend a lot of time building trust and building rapport. A lot of these teens and young adults might be coming from families where there are issues around communication or they might have a lot of other experiences in their life where their trust was broken. So spending some concentrated time, really explaining, reassuring and demonstrating through having open doors, calling back quickly, having other members of the team sort of address their other social needs, can make a real difference in terms of engaging with them.

I think it's also important to recognize with teens and young adults because they may be ambivalent. That they might not show up initially to an appointment or they might stay engaged and then drop out of care. But we have also found that by giving them this message that we're there no matter what. That a lot of our patients, even if it's been a couple of months will come back to us and they will tell us and their parents will tell us, that they felt that it was important to come back to us because we were safe, we had told them that no matter what was going on, this was a place that they could come to.