

# Substance Use and Functional Significance:

## A Developmentally-Matched Approach to Working with Young People and their Families & Caregivers

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Principles to Practice, L3C

Vermont Treatment Enhancement Program

Centerpoint • Consultation, Training, Technical Assistance



*Treating mental health and substance use disorders in primary care and other settings*

*Delivered by The Center for Technology & Behavioral Health at Dartmouth College*

*Sponsored by the Vermont Blueprint for Health, Vermont Department of Health, and the New England Addiction Technology Transfer Center*

*Educational support provided by Dartmouth Health*

Thank you for being here.  
Today's single-session *brief intervention*,  
what we can look forward to...

a full - and short - hour for:

*inquiry...*

*introduction...*

*exposure...*

*consideration...*

*curiosity...*

*further exploration...*

*and... next-steps application*



*At your tables:*

## Who are we, in the room?

And our shared expertise in working with young people,  
their families and caregivers

*multiple perspectives, experiences, and learnings*

*Takeaways to share...*

*At your tables:*

Why does a young person\*\* get high?

Why does a young person\*\* make healthy choices and changes?

including refraining from or reducing substance use?

\*\* ... young people...

*Takeaways to share...*

# The behavioral consequence indicators of clinical diagnostics (DSM 5 TR®)

DSM V Diagnostic Criteria Mild: 2-3 items Moderate: 4-5 items Severe: 6 or more items	
A problematic pattern of use leading to distress, as manifested by:	
1 -	taken in larger amounts or over longer period than intended
2 -	persistent desire or unsuccessful efforts to cut down
3 -	great deal of time spent to obtain, use, or recover from effects
4 -	craving, strong desire, urge to use
5 -	failure to fulfill major role obligations
6 -	causing or exacerbating recurrent/persistent social/interpersonal problems
7 -	abandoned or reduced social/occupational/recreational activities
8 -	creating physical hazards, recurrent
9 -	causing or exacerbating persistent or recurrent physical/psychological problems
10 -	tolerance: increased amount or diminished effect
11 -	Withdrawal: symptoms, or use to alleviate symptoms

# The behavioral consequence indicators of clinical diagnostics (DSM 5 TR®)

- Opioid Use Disorder

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- Alcohol Use Disorder

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- Cannabis Use Disorder

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- Stimulant Use Disorder-  
Amphetamine-Type Substance

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- Stimulant Use Disorder-  
Cocaine

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- Sedative, Hypnotic, or  
Anxiolytic Use Disorder

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- Other Hallucinogen Use  
Disorder

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- Stimulant Use Disorder- Other  
or Unspecified Stimulant

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- Phencyclidine (PCP) Use  
Disorder

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- Inhalant Use Disorder

[DSM-5 & ICD-10  
Table.docx](#)

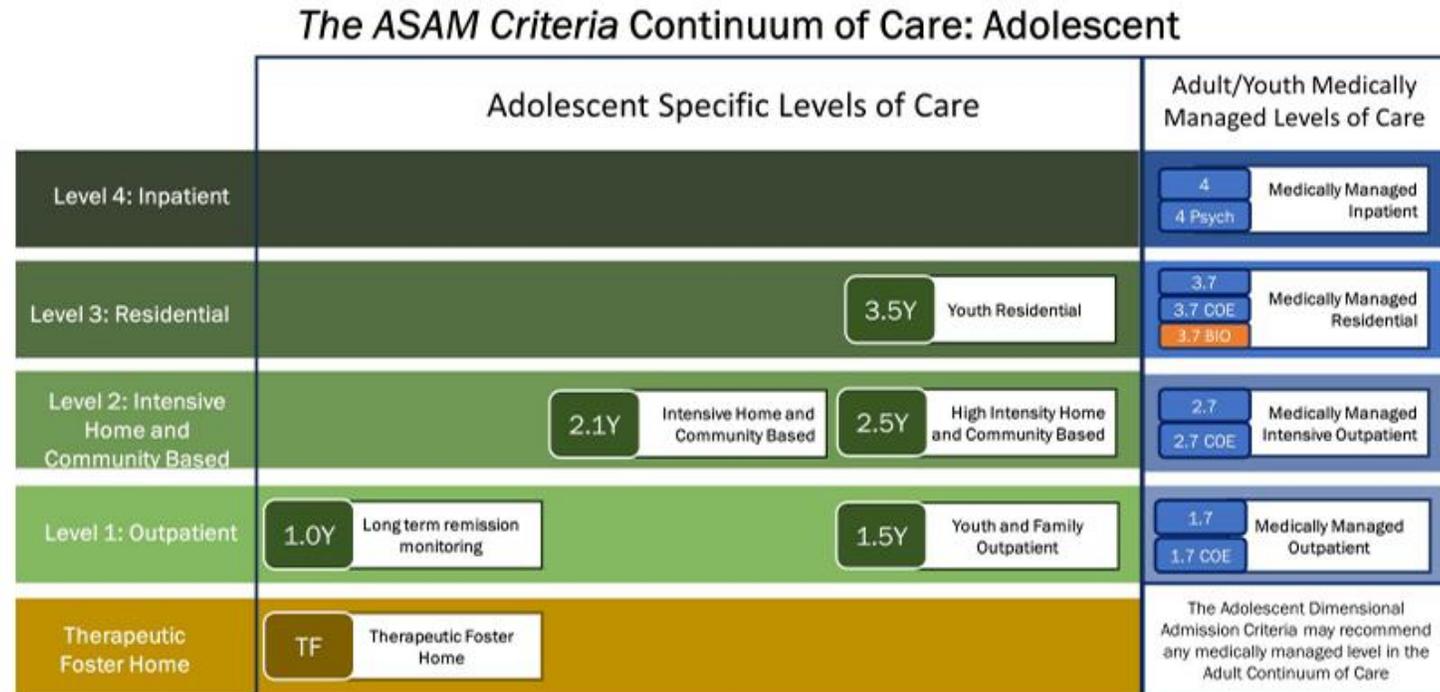
DSM V Diagnostic Criteria Mild: 2-3 items Moderate: 4-5 items Severe: 6 or more items	
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[ICD10-Changes-Listed-by-DSM5-October-2017.pdf](#)

Heroin, Hydrocodone (Norco, Vicodin), Oxycodone (OxyContin, Percocet), Morphine, Hydromorphone (Dilaudid), Codeine (cough syrup), Meperidine (Demerol), Fentanyl, etc.	F11.10
	F11.20
	F11.20
Beer, liquor, etc.	F10.10
	F10.20
	F10.20
Marijuana and marijuana-related products	F12.10
	F12.20
	F12.20
Methamphetamine (crystal meth, crank, speed, tweek, glass, etc.)	F15.10
	F15.20
	F15.20
Cocaine (coke, blow, snow, etc.)	F14.10
	F14.20
	F14.20
Benzodiazepines (Xanax [alprazolam], Ativan [lorazepam], Valium [diazepam], Klonopin [clonazepam]) Barbiturates (Pentobarbital, Secobarbital, etc.) Z-drugs (Ambien [zolpidem], Lunesta [eszopiclone], Sonata [zaleplon], Imrest [zopiclone], etc.)	F13.10
	F13.20
	F13.20
LSD (acid), Ecstasy (MDMA), Ketamine, magic mushrooms (Psilocybin), Peyote (Mescaline), etc.	F16.10
	F16.20
	F16.20
Ritalin (methylphenidate), Adderall (dextroamphetamine/ amphetamine), Vyvanse (lisdexamfetamine), etc.	F15.10
	F15.20
	F15.20
PCP (phencyclidine)	F16.10
	F16.20
	F16.20
Glues, spray cans, etc.	F18.10
	F18.20
	F18.20

# The behavioral consequence indicators of clinical diagnostics (DSM 5 TR®)... and the 'where of care...'

DSM V Diagnostic Criteria	
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Moderate: 4-5 items	
Severe: 6 or more items	
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[ASAM-adolescent-standards-public-comment-fall-2024-final.pdf](#)

# The functional significance of substance use in the lives of teens:

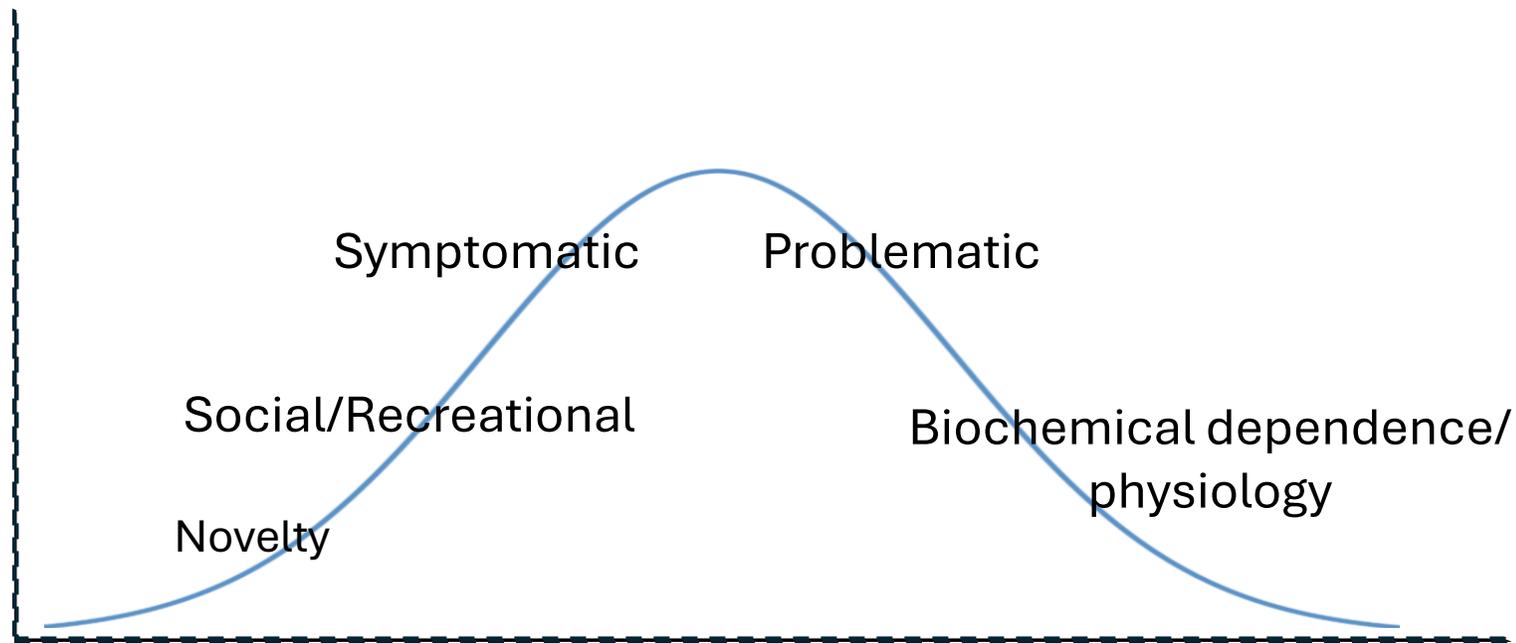
integrative understandings as cross-compared to clinical diagnostics

*and...experimentation?*

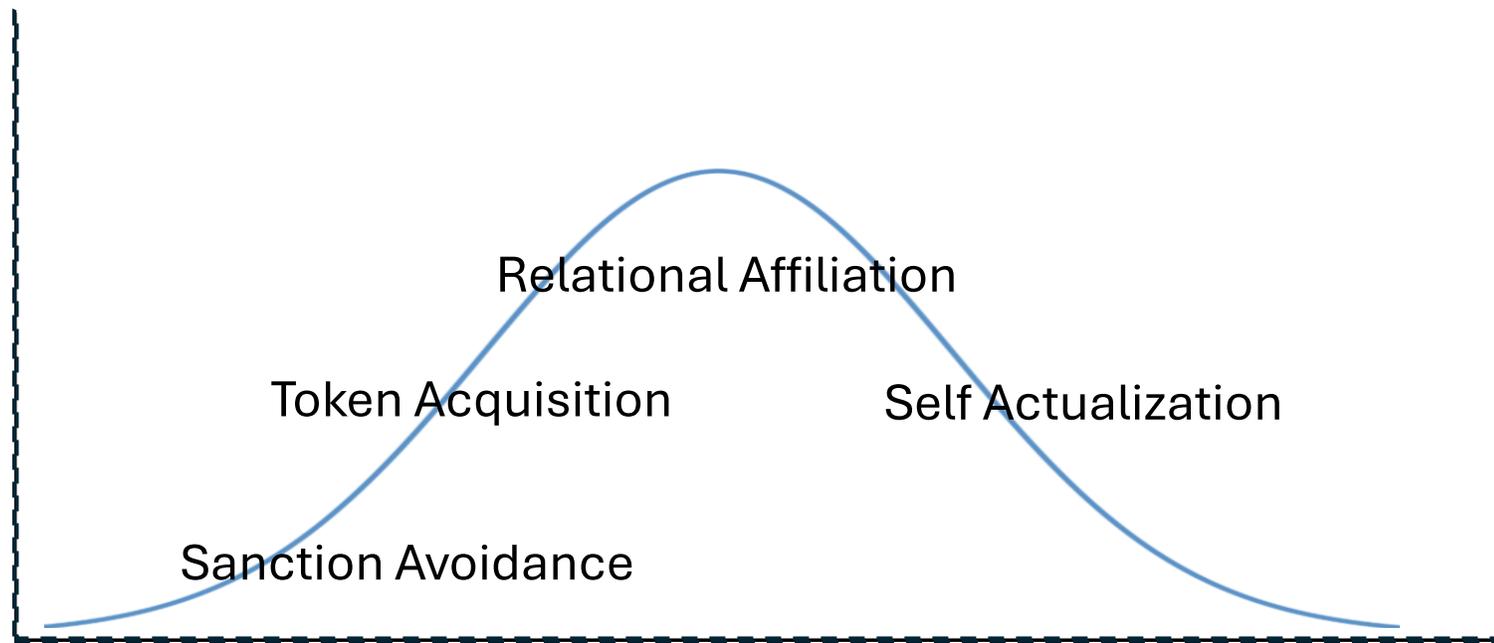
*"They'll grow out of it"*

*and... addiction?*

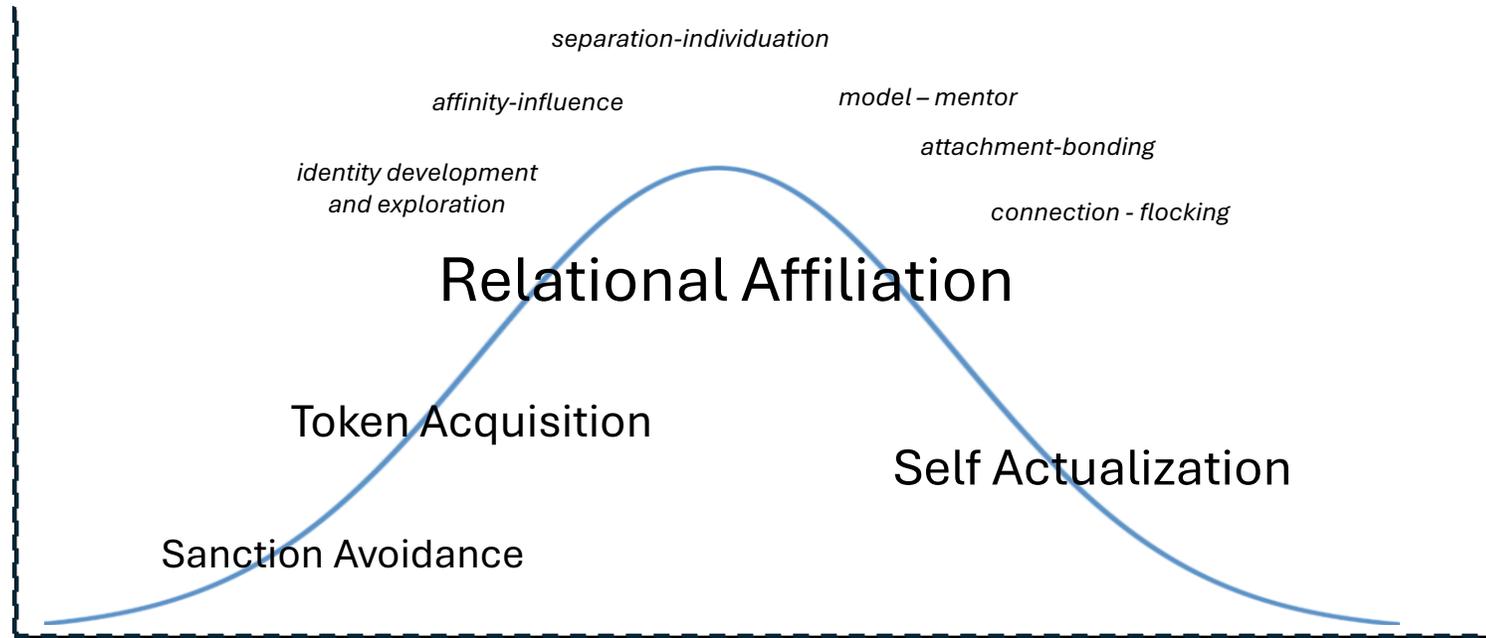
*"Get them to rehab"*



# Why do people change?



# Why do young people change?



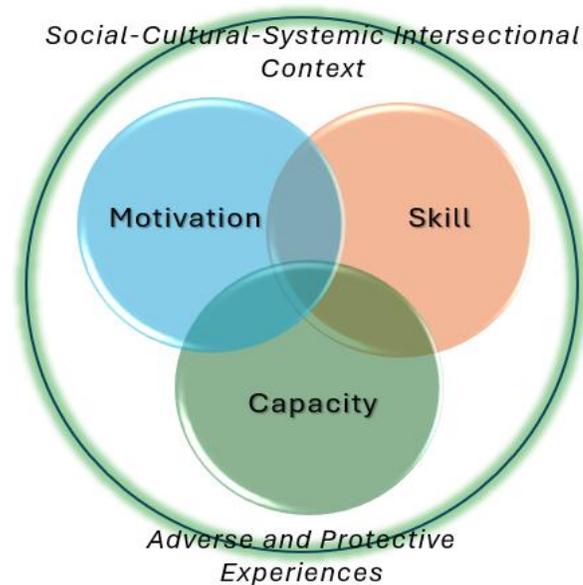
# Why do young people change?

The *why* to change...

The *what* to change...

The *how* to change...

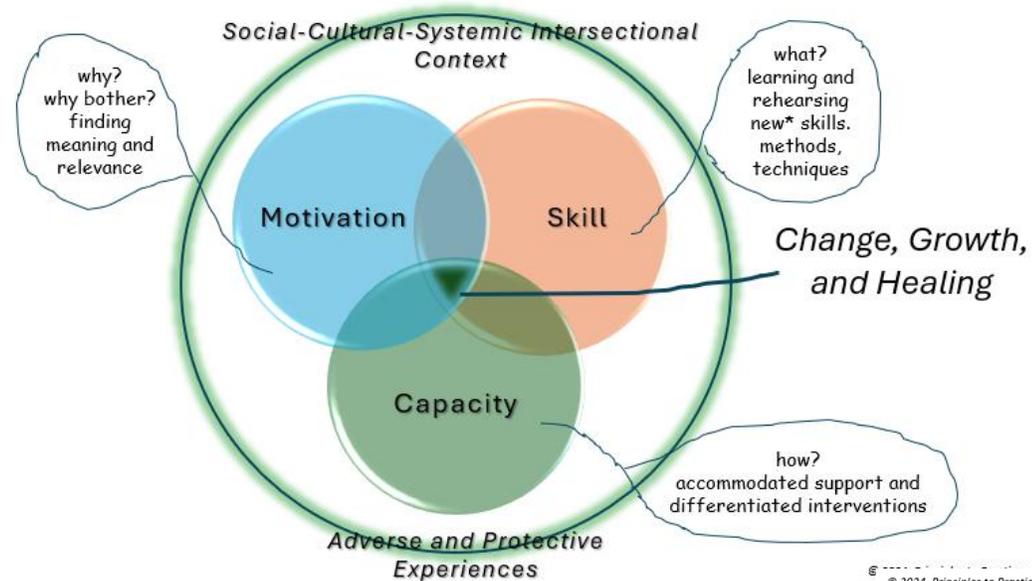
Developmentally-matched      meaningful and relevant      relationally-integral  
differentiated  
based on the *complementary* and *compensatory* interplay of



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Barron, M.J. (1999). All Rights reserved.

# An Integrative & Compensatory Model of Change (ICMC<sup>©</sup>)

Developmentally-Matched, Culturally Considerate, Non-Categorical



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# Why do young people change?

The *why* to change...

The *what* to change...

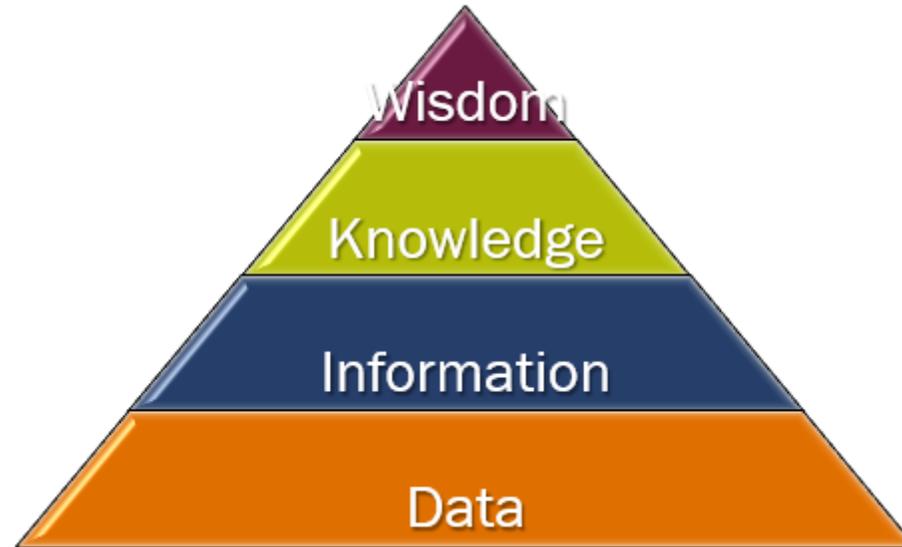
The *how* to change...

And... our roles,  
with complementary expertise

# Meaning and Relevance: developmental matching and complementary expertise

T.S. Eliot, (excerpt)  
*The Rock*

*Where is the life we have lost in living?  
Where is the wisdom we have lost in  
knowledge?  
Where is the knowledge we have lost in  
information?*



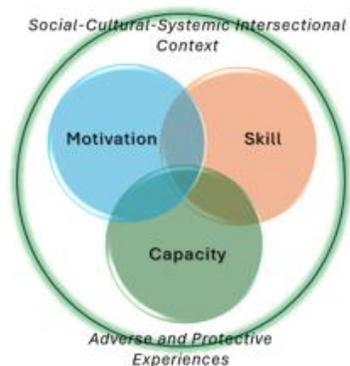
And... Eliot, T.S. (1934)

# CCTTA Core: The sciences... and the arts... of developmentally-matched services

A Corrective Experience  
with intention,  
inspiration,  
habilitation,  
accommodation,  
restoration,  
and... as needed... reparation

# CCTTA Core ©: core principles and effective strategies

- Carry ourselves with personal presence that is dynamic, engaging, responsive, and participatory
- Reframe and differentiate between the client's goals (aspirations) and other's expectations (hopes for)
- Resist artificial, arbitrary, and oppressive categorization
- Carry unconditional regard for the person *with* conditional response to behavior
- *Emotionally* divest from knowing “the truth”
- Engage the paradox, embrace the dissonance, honor the conundrum with authentic curiosity
- Distinguish between and balance for internal motivation with the development of external reinforcers
  - Foster affiliation
  - Instill Hope



# CCTTA Core ©:

[Centerpoint Core Strategies with M-S-C and U-I-A. pdf - Google Drive](#)

**Carry ourselves with personal presence that is dynamic, engaging, responsive, and participatory:**

*Within our relationships with our clients, we can expect them to offer no more than we reciprocate, and often we must first demonstrate our commitment to the qualities that we hope to elicit from our clients.*

# CCTTA Core ©:

[Centerpoint Core Strategies with M-S-C and U-I-A. pdf - Google Drive](#)

**Reframe and differentiate between the client's goals (aspirations) and other's expectations (hopes for):**

*Often care providers express frustration or disappointment when a client is not progressing toward the "identified goal"...*  
*relapse! regression! precontemplation! denial! deception! ... or...*  
*we may consider this lack of progress as an indication that this target may not actually be a goal of the client. Rather the target may be an expectation placed upon the client or a reflection of others' hopes for the client. The "client's goals" and "others' expectations" may be of similar value to the client's overall success, but they are not interchangeable and not to be confused.*

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## Carry unconditional regard for the person *with* conditional response for the behavior:

*Many of our clients have confused understandings of their self-worth as distinct from their behaviors or life situations. Many come to believe that if they “do bad” then they “are bad.” When we demonstrate, with integrity and sincerity, our positive regard for the client as “an individual that is worthy,” then we are better able to help our client account for their choices and behaviors.*

Secondary Impact: **Distinguish between and balance for internal motivation with the development of external reinforcers:** *Motivation for making changes in our lives generally includes internal inspiration (self-actualization) – and - external incentives (which may include sanction-avoidance). As our clients may experience less internal locus-of-control, they benefit may from our assistance in helping to establish external reinforcers, including rewards for healthy choices and sanctions for unhealthy choices.*

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## ***Emotionally divest from knowing “the truth”:***

*There are many significant and dramatic situations that impact our clients every day. There is also the daily and normative life experience that may not have critical impact, but may be just as powerful for the client ‘in the moment.’ When we get overly distracted by the detail and drama of a client’s experience, or by trying to prove or disprove stories, we may no longer be able to help our clients ‘rise above’ to see the themes, trends, and implications of their experiences, choices, and behaviors.*



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## **Engage the paradox, honor the conundrum, embrace cognitive dissonance:**

*Many have beliefs about the responses they will garner from their choices and behaviors. These “scripts” become self-reinforcing and self-fulfilling - and can result in obstacles to growth and change. Responding differently than expected (“off script”) can help to create cognitive dissonance and the discrepancy that develops from attempts to reconcile inconsistent thoughts, beliefs, and behaviors. This dissonance is essential to increase motivation for change.*

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## Approach the work with curiosity:

*Our work in helping our clients to ‘learn’ rather than to ‘know’ – and our own modeling of the learner’s stance – is most effective as we assist our clients in building a life of meaning and relevance, a life worth living for themselves and those around them. Authentic curiosity, as reflected in our questions, styles, and attitudes, is often more important than providing answers – the counsel of guidance is more effective than direction and control - to nurture personal, meaningful growth.*

Secondary consideration: **Use externalizing strategies to avoid power conflicts** *Many of the expectations that our clients experience – and that we may be asked to enforce - are neither about us personally nor about the relationships that we establish with our clients. Rather, they are reflections of greater societal norms that exist well beyond our work in scope and duration. While at-times we may function as ‘agents of social control,’ we must not confuse our roles of influence with control. When we carry ourselves as ‘counsel to our clients process,’ we can be more available to our clients to assist them as they negotiate compliance and resistance to the expectations that are placed upon them within their lives.*

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## **Foster Affiliation:**

*The power of our work comes from the corrective emotional experience that develops within the interpersonal power of integral relationship. Relational attachment is an essential element necessary for long-lasting change. With the sense of safety, stability, and consistency in relationship, our clients are more able to risk, to be vulnerable, to explore, and to reflect. Without this sense of safety, we should expect no more than the vigilance and self-protection that many use for self-preservation.*

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## **Instill hope:**

*Many of our clients have lost, or have never had, the belief that things can change, improve, or progress. Their own experiences - as well as messages directed at them - may reinforce this hopelessness. Our ability to offer hope for our clients, through word and deed, may be necessary to ignite or rekindle the hope within them. Without this core element of hope, motivation cannot develop, change cannot sustain.*

# CCTTA Core: The sciences... and the arts... of developmentally-matched services

A Corrective Experience  
with intention,  
inspiration,  
habilitation,  
accommodation,  
restoration,  
and... as needed... reparation



And what comes next?  
please reach out if we can be of assistance!



 **CENTERPOINT**  
CONSULTATION. TRAINING. TECHNICAL ASSISTANCE.

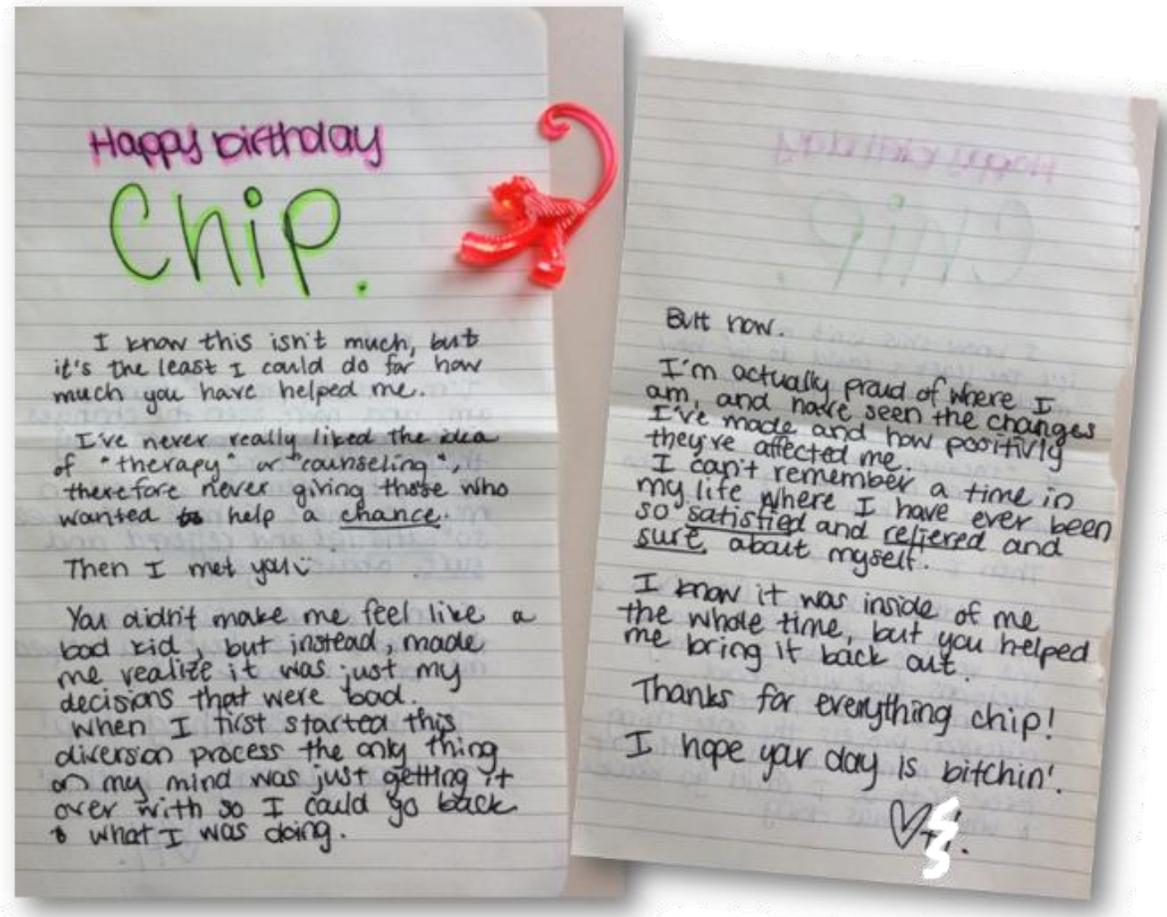
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 Principles to Practice  
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# A Corrective Experience

*for the teen*



# A corrective experience

*for the parent  
and caregivers*

Mitch-  
Again I cannot  
ever express the  
gratitude I have for you  
throughout this whole  
Centerpoint has been incredible  
to E & to me. Thank you for  
believing in her & giving her the  
chance that she so deserved. I am  
so very proud of her & how you have  
helped her along her journey. Please  
never forget the impact you made on  
that black day. God Bless you &  
know you are forever in my heart.  
I can't wait to see the Road that  
lies ahead for my E  
Forever Grateful  
M

# A corrective experience

*for the future  
and for all of us in this work*

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**From:** I  
**Sent:** Wednesday, May 21, 2025 4:15 PM  
**To:** mitchb@centerpointservices.org <mitchb@centerpointservices.org>  
**Subject:** Hi Mitch!

Hey Mitch,

Its been a very long time. But I wanted to share with you that last year my wife and I adopted a 7 year old out of foster care. Her name is I . I think I remember telling you this was a goal of mine to pay forward the luck I had by adopting a kid around the age I was at the time I was taken into SRS custody.

Thank you for your guidance during my time in Spectrum. It was appreciated even if I didn't say so!

Hope you are well!



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