

THE CASTLE

AT MEADOWBROOK

Clean And Sober Teens

Living Empowered



December 2011

Welcome



Getting settled in... is Kevin Hall, new Clinical Director at CASTLE.

CASTLE extends a warm welcome to Kevin Hall, LICSW, its new clinical director.

He completed the Masters of Social Work program at Boston University in 1989 and has 20 years' extensive experience treating, assessing, and diagnosing children and families in resi-

dential settings and specialized schools.

Here, Kevin presents an overview of CASTLE: "We treat adolescents age 13-17 with a drug addiction problem. Our goals are to detoxify and begin the process of educating them about how their brains work,

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Questions to Ponder Asking...

Foreword: Coming into treatment can be difficult. But leaving a child in treatment may be excruciating for parents. The frontline for many folks is my nursing staff, a team of skilled people who bring nursing experience and enthusiasm to ease parents' concerns already worried beyond belief.

I am honored to share with you thoughts from nurse Melissa Crawford, who

has a BA in Sociology with a concentration in social work from U-MASS Dartmouth, and a diploma RN from Brockton Hospital School of Nursing. We are fortunate to have her as part of our team.

-Joseph Shrand, MD, Medical Director CASTLE Program

**By Melissa Crawford, RN,
Opioid Prevention Coordinator,
CASTLE Program**

"Prior to CASTLE, I was naive about addictions. I had case management experience with child and adolescent mental health and found those skills wonderfully applicable here. I really like the combination of the two fields that my position entails. I am not shy to say I have learned

a tremendous amount working here. There is enormous enjoyment speaking with the children individually and having them begin to trust us.

I speak with parents each day.

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Gateway Drug Hypothesis Given New Life

In a paper looking at the controversial gateway drug idea, published in the November 2011 *Science Translational Medicine*, re-

searchers found that the use of nicotine actually causes changes in gene regulation that enhance the brain's subsequent response to cocaine.

Blog by Erich Engelhardt, MA, CBIS- CASTLE Clinician

The finding in mice provides the first clear evidence for a molecular mechanism supporting the idea of 'gateway drugs.'

Epidemiologist Denise Kandel at Columbia University reported back in 1975 that drug-using adolescents

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Some, like the children they are calling about, are in crisis; they have just found out their child is using drugs, discovered the extent of the child's drug use, their child has been injured, or is in legal trouble related to the drug use.

This is a difficult time for parents; they want to help and make sure their child is going to a facility where he/she will be safe. In this forum, I would like to review frequently asked questions we hear, and provide answers.

While some are specific to CASTLE, the questions are general, and I encourage parents to ask them.

Q. Will I be able to talk to or see my child while he/she is in treatment?

A. Contact with parents is a critical part of treatment. Patients place one phone call daily to a parent or guardian, which is

monitored by a clinician. Some patients may have agency social workers, attorneys, or probation officers they need to contact. These kinds of calls are not counted as their one phone call.

Parents are encouraged to visit, understanding that sometimes their child may beg to be taken home! Visiting hours are limited to 1 hour on weekends and at scheduled times and are monitored by a Recovery Specialist. This monitoring is important, albeit intrusive.

Unfortunately, we have had parents bring in cigarettes or other contraband. Parents, guardians, siblings under ten, and other family or support people (with prior arrangement by the clinical team) can visit. Sometimes it is hard to leave your child, but remember his/her day is pretty full with groups, therapy, and other activi-

ties designed to help recovery. We know it is hard to say good-bye.

Q. What should we bring with us upon admission?

A. Many programs need some documentation of your child's health insurance card and separate pharmacy coverage information, if applicable. We recommend three changes of clothing (due to limited storage space), which patients can wash on the unit. Many teens use music as a coping skill, so they can bring an Ipod here, as long as it does not have a camera. Most programs, like ours, will provide toiletries.

If your child needs a special product, try to arrange to bring it in. At CASTLE, your child does not need money because food and snacks are provided, as well as materials for school, art, etc. Many programs, like ours, pro-

hibit cell phones and smoking. We also don't allow parents to bring food to their children.

Q. What if my child is a smoker?

A. For patients addicted to nicotine, our Medical Director will determine if nicotine replacement is needed and may order nicotine lozenges, to be used on an as-needed basis. Additionally, there is a weekly nicotine education group and a trained nicotine coordinator to help patients who want to quit.

In general, many programs encourage cessation of smoking as research shows people who do not give up this addiction have a higher rate of relapse regarding other substances. However, we recognize nicotine withdrawal is very uncomfortable, and nicotine replacement therapy helps ease this discomfort.

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tend to start with cigarettes, which contain the addictive substance nicotine and alcohol before progressing to illicit substances such as cocaine.

The idea that smoking and alcohol act as gateway drugs, making teenagers more likely to experiment with other drugs, has proved controversial since. However, the finding that nicotine causes epigenetic changes—long-lasting changes in the control of gene expression—that subsequently boost the response to other drugs gives new life to this theory.

Amir Levine, a member of the Columbia team, acknowledges there could be other reasons, such as social factors, for the progression from soft to hard drugs, but “adolescence is a time when the brain is very malleable,” he points out. “We wondered if drug-induced brain alterations could have long-term molecular impacts.”

To investigate,

researchers plied mice with nicotine, followed seven days later by cocaine. What they found was striking. Compared with mice on cocaine who had not previously received nicotine, the animals were 98% more active and 78% more likely to return to areas previously associated with the cocaine.

The team also re-evaluated existing epidemiological data on the drug use of 1,160 high school students and found it confirmed smoking increased the risk of cocaine dependency in people—consistent with the findings in mice.

Levine and Eric Kandel now hope to determine whether alcohol and marijuana similarly prime the response to illicit drugs or have a different effect. “Is there a common gateway mechanism or a family of gateway mechanisms?” questions Kandel.

This research makes the prevention and interventions of teen drug addiction a major

priority. The discovery that gateway drugs are changing gene expressions in the brain is a call to arms for interventions that work to help adolescents change behaviors.

We know at CASTLE, because the adolescent brain is still developing, changed gene expressions can be adjusted with rigorous effort and healthy behaviors. Addiction results from changed gene expressions, from biological vulnerabilities, environmental exposure, and other developmental factors.

And long-term consequences of behaviors begun in adolescence may be detrimental to quality of life in adulthood.

Successful therapy utilizes a program of changing behavior and triggers recognition that slowly retrains the brain.

The I-MAX techniques at CASTLE teach the power of respect; utilizing mindfulness and empathy, and we know the brain responds by

activating neuro-hormones such as oxytocin, which help balance our limbic activity. It is hypothesized this neural activation can also lead to changes in gene expression, and this can help adolescents gain power over addictions.

Establishment of healthy patterns such as exercise or eating fruits and vegetables also begin during adolescence. Like people with diabetes or heart disease, adolescents in treatment for drug addiction can learn to make changes to live healthier lives.

1. <http://www.nida.nih.gov/consequences/>
2. ⁵ Rivers, S., Reyna, V., Mills, B. (2008) Risk taking under the influence: A fuzzy-trace theory of emotion in adolescence. *Developmental Review*, 28 : 107–144
3. <http://www.drugabuse.gov/infofacts/reatmeth.html>
4. Shirliff, E., Vitacco, M., Graf, A., Gostisha, A., Merz, J., Zahn-Wexler, C. (2009). Neurobiology of Empathy and Callousness: Implications for the Development of Antisocial Behavior. *Behav. Sci. Law* 27: 137–171.
5. Centers for Disease Control and Prevention [CDC] (2004). Youth Risk Behavior Surveillance—United States, 2005. *Morbidity and Mortality Weekly Report*, 53, 1–96.

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Q. What happens after my child's stay?

A. Depending upon your child's needs and the recommendations from the treatment team and other collaterals (social services, probation, school), aftercare arrangements are made. Some patients will continue seeing current care providers after discharge.

For children who have not previously had providers, the child's clinician will arrange these services (with the parents in agreement) in the patient's community and with providers covered by the patient's health insurance. Some require further treatment at a longer term residential facility after stabilizing at a short-term program like ours.

This recommendation could come from the patient, patient's family, the program's team, or collaterals. These facilities are voluntary, and the patient must be willing to attend. Again, arrangements would be made by the clinical team treating the child at the particular facility. At CASTLE, we take the Imax Approach, and address the domains that impact the child: home, social, Ic, and biology.

Q. What if my child wants to leave the facility before the program is ready to discharge?

A. Though most facilities are voluntary, many patients come to a program at the urging of parents, school counselors, therapists, or probation offi-

cers. CASTLE is relatively unique in that we also take patients via a Section 35, which is an involuntary commitment by a judge in Massachusetts for a patient to be held for up to 30 days in a substance abuse treatment facility.

In cases where a child wants to leave, staff meets with the patient to discuss the reasons, in hopes of addressing the issue, so the patient remains in treatment. Should the patient insist on leaving, the parent/guardian is notified, and arrangements made for pick-up. Staff provides parents with information regarding support services.

I hope this has been helpful, giving them an idea of what

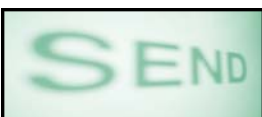
types of questions to ask of admissions. We recognize this is not an easy decision. Most of you have spent your lives protecting your children.

There is something very real and disturbing when the door closes, and you walk into the parking lot without your child.

But remember, your goal, our goal, is to have your child walk out our door back into your home, clean, sober, with the tools and skills needed to live up to what CASTLE stands for: “Clean and Sober Teens Living Empowered.”

Clearly, leaving your child at a treatment program can be hard, but having him/her taken by drugs is much, much harder.

Please Stay in Touch



If you know someone who would like to receive this newsletter, please e-mail kathy.norris@hptc.org. Conversely, if you would like

to be removed from our mailing list, please let us know at the same e-mail address.

E-mail address changes can be sent along as well.

introduce mindfulness, help them practice self-awareness, and teach relapse prevention.

Adolescence is a time of major developmental growth, both physiologically and emotionally. Substance use interrupts or derails these growth processes. We aim to put adolescents back on track with tools such as medication for

stabilization when necessary. Just as importantly, we work at teaching teens about themselves through education, and encouraging self-knowledge, so they can prevent relapse.

Our teens come from all backgrounds and cultures. Many have endured trauma and life-changing events that have impacted them tre-

mendously. Long-term pain, anxiety, and depression are some of the elements that have led to the abuse of many substances and narcotics.

This drug use serves to self-medicate against ill and uncomfortable feelings, which result in derailed development and, at times, death.

In regard to service to teens, it is our work to be on the cutting edge of substance abuse treatment and serve as many adolescents as possible. We strive to avoid pathologizing teens and support them through outreach and collaboration with various systems of aftercare in the region.”

ASAM Redefines “Addiction”

The American Society of Addiction Medicine (ASAM) recently came out and declared it had redefined

the word “addiction.”

In a summer press release, it stated that “... addiction is a chronic brain disorder

and not simply a behavioral problem involving too much alcohol, drugs, gambling, or sex.

This is the first

time ASAM has taken an official position that addiction is not solely related to problematic substance use.”

WANTED: CLUNKERS Etc.

Help Support Program That Benefits CASTLE



Want to help the CASTLE program and receive a tax deduction at the same time?

If you have a car, truck, boat, RV, Jet Ski, or snowmobile to donate, running or not, read on.

Grab your title, and call DonationLine (877-227-7487, X 2764). Or, you can go online to www.donationline.com. Either way, you will receive a tax deduction.

If you visit CASTLE’s website (www.castlekids.com), you can also access the site from the toolbar under ‘Donations.’ There is no fee involved, and the entire process should take just minutes.

Contact Kathy Norris if you have any questions about the process (kathy.norris@hptc.org).