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Overview of Evidence-based and Promising Treatment Practices for Youth with Substance Use and Co-occurring Disorders

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Adolescent development affects substance use patterns and their consequent impact in several ways: Prefrontal Cortex brain development which controls 'executive management' functions, continues to develop through the mid-20s; drug and alcohol use among youth and young adults can be sporadic, opportunistic and bingeing; youth describe less withdrawal and fewer consequences from drug and alcohol use; motivation to change may be much lower for youth as they have experienced fewer consequences from drug and alcohol use than adults; and adolescents answer to many more authority figures, and most who enter treatment do so only with strong urging, with the juvenile court being the largest referral source for youth. (Adapted from 5 & 6).

There are numerous promising and evidenced-based treatments that demonstrate positive outcomes in reducing substance use in adolescents (1, 2, and 3). Nearly all treatment approaches show some associated reduction of use in adolescents, but those involving the family have demonstrated the greatest effect (1). In addition, a number of these community and family-based interventions have demonstrated cost effectiveness (1, 4).

The National Institute of Health's National Institute on Drug Abuse (NIDA) in their research-based guide, *Principles of Adolescent Substance Use Disorder Treatment* sets forth the following best practice tenets (5; p. 9-11)

1. *Adolescent substance use needs to be identified and addressed as soon as possible*
2. *Adolescents can benefit from a drug abuse intervention even if they are not addicted to a drug*
3. *Routine annual medical visits are an opportunity to ask adolescents about drug use*
4. *Legal interventions and sanctions or family pressure may play an important role in getting adolescents to enter, stay in, and complete treatment*
5. *Substance use disorder treatment should be tailored to the unique needs of the adolescent*
6. *Treatment should address the needs of the whole person, rather than just focusing on his or her drug use*
7. *Behavioral therapies are effective in addressing adolescent drug use*
8. *Families and the community are important partners in treatment*
9. *Effectively treating substance use disorders in adolescents requires also identifying and treating any other mental health conditions they may have*
10. *Sensitive issues such as violence and child abuse or risk of suicide should be identified and addressed*
11. *It is important to monitor drug use during treatment*
12. *Staying in treatment for an adequate period of time and continuity of care afterward are important*
13. *Testing adolescents for sexually transmitted diseases like HIV, as well as hepatitis B and C, is an important part of drug treatment*

In addition, NIDA (5) recommends that providers attend to treatment differences related to gender and culture. In terms of gender differences, treatment with adolescent girls needs to accommodate for higher rates of internalizing disorders and trauma, while treatment with boys must accommodate for their higher rates of externalizing disorders and juvenile justice involvement (5, p.,19). For example, providers who are treating adolescent girls might add components on personal safety, positive respectful relationships, and trauma-focused therapy (7, 8). NIDA recommendations with regard to cultural responsiveness urge programs to consider the influence of stigma, discrimination, acculturation, language, and paucity of community resources for racial/ethnic minorities (5, p. 19). In a study on racial and ethnic disparities, Alegria, Carson, Gonclaves & Keefe (9) found significant disparities for African-American and Latino adolescents in receiving certain types of substance use care as compared to non-Latino White youth. The authors state “because treatments appear to work well independent of race/ethnicity, translational research to bring evidence-based care in diverse communities can bolster their effectiveness (9; p. 22).” They conclude that the same treatments that work for white youth appear to be effective for non-white youth and there is a disparity in terms of access to these evidence-based treatments that needs to be addressed. They Treatment providers must also be cognizant when working with LGBTQ adolescents. Substance use among LGBTQ adolescents was significantly higher (by 190 %) than among heterosexual youth and was even higher for bisexual youth and LGBTQ females (10, p 546).

Evidenced-based and Promising Programs Effective in Reducing Substance Use in Adolescents.

According to NIDA (5), effective practices for youth substance use fall into four main categories: Family-based programs; behavioral and cognitive-behavioral; recovery support services, and addiction medications (4):

Behavioral and Cognitive Treatments

- Adolescent Community Reinforcement Approach
- Contingency Management
- Cognitive Behavior Therapy
- Motivational Enhancement Therapy
- Twelve Step Facilitation Therapy

Family-Based Treatments

- Brief Strategic Family Therapy
- Family Behavior Therapy
- Family Support Network
- Functional Family Therapy-CM (FFT-CM)
- Multidimensional Family Therapy (MDFT)
- Multisystemic Therapy-SU (MST-SU)

Recovery Support Services

Intended to reinforce gains made in treatment and improve quality of life

- Assertive Continuing Care
- Mutual Help Groups
- Peer Recovery Support Services
- Recovery High Schools

Addiction Medications

- Opioid Use Disorders
- Alcohol Use Disorders
- Narcotic Use Disorders

(For more detailed information see NIDA’s Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide, NIH Publication Number 14-7953).

Adolescent opioid and heroin use and the unintentional deaths associated with it is a growing concern in many communities nationwide. According to the National Center for Health Statistics, unintentional drug poisoning deaths involving opioid analgesics and heroin 1999-2011 (for all ages) increased 28% for opioid analgesics and 119% for heroin (11). Using data from Monitoring the Future study, McCabe, West, Teter, and Boyd (12) estimate that over their lifetime, almost 13% of high school seniors will have abused an opiate (pain-killers like Percocet or Vicodin) and 1 % will have used heroin (13). New treatments for opioid and heroin addiction have emerged and have shown promising results with adults and adolescents. One of the new medication-assisted therapies available is buprenorphine. In the first study on buprenorphine treatment and adolescents, Marcsh and her colleagues (14) found that buprenorphine treatment coupled with behavioral therapy was effective in facilitating abstinence, treatment completion, and continued treatment with medications that block the effects of the opiates. Medication-assisted therapy is available through specially trained physicians who are authorized to prescribe it.

Recovery Support Process: High Fidelity Wraparound (HFWA) and Continuing Care Needs of Youth with Substance Use Issues:

The research is clear that substance use is a chronic relapsing disorder (15), and while there is some evidence that group therapy can be effective for youth with substance use disorders (16), an experienced and skillful group facilitator is necessary to manage the potential for negative peer contagion effects (17). Ongoing recovery supports are necessary to facilitate sustained abstinence. In addition to the recovery supports listed by NIDA, High Fidelity Wraparound (HFWA) is a care planning process that is well suited to the unique needs of youth with co-occurring disorders (COD). HFWA is a holistic, individualized approach to care planning and coordination that identifies strengths and needs, and incorporates both formal and natural supports. HFWA is designed to facilitate planning and monitoring of the ongoing mental health and recovery support needs of youth and family with complex concerns. For youth with COD these supports might include: recovery mentors, positive activities, youth peer support, positive adult connections or mentors, family recovery environment and supports, positive school connections, etc.

Promising Integrated Treatment Programs for Youth with Co-Occurring Mental Health and Substance Use Disorders:

Several evidence-based practices designed for treatment of youth with externalizing disorders have shown positive results with persons with substance use disorders (18, 19). These treatments include Multisystemic Therapy or MST-Substance Abuse (MST-SA, also known as MST-CM for MST enhanced with Contingency Management protocols), and Functional Family Therapy (FFT-CM) that, in response to the need for effective treatments for youth with COD have been modified to include substance use treatment adaptations. Multidimensional Family Therapy (MDFT) is an integrated, comprehensive, family-centered evidenced-based treatment for substance use that includes modules on individual emotional regulation and problem solving and treatment objectives that address mental health symptoms and behavioral problems.

Despite this however, programs that were designed specifically for youth diagnosed and referred for treatment for co-occurring disorders are limited. Two such promising approaches include:

Family Integrated Transitions (FIT; 20). FIT is designed for juvenile offenders with co-occurring disorders and is primarily comprised of three evidenced-based programs (Multisystemic Therapy, dialectical behavior therapy, and motivational enhancement), plus a parent skills training module (9, p. 423).

Integrated Co-occurring Treatment (ICT; 21, 22). ICT is an integrated mental health and substance use treatment designed specifically for youth with co-occurring disorders. ICT utilizes an intensive

home-based service delivery model to provide a comprehensive set of individual and family-focused mental health and substance use interventions to positively impact functioning in key developmental areas, with an emphasis on addressing safety, risk reduction, developmental skill deficits, and resiliency and recovery environments.

Promising and Best Practice Websites

While a complete review of all the promising and evidenced-based practices for substance use is beyond the scope of this brief, there are many websites that have comprehensive lists of best practices for youth with substance use disorders.

1. Blueprints for Healthy Youth Development: <http://www.blueprintsprograms.com/>
2. Child Welfare Gateway: <https://www.childwelfare.gov/>
3. Coalition for Evidence Based Policy: <http://coalition4evidence.org/>
4. Department of Justice/OJJDP: <https://www.crimesolutions.gov/>; <http://www.ojjdp.gov/MPG>
5. Juvenile Justice Information Exchange-JJIE: <http://jjie.org/hub/evidence-based-practices/>
6. National Center for Mental Health and Juvenile Justice: <http://cfc.ncmhjj.com/>
7. National Registry for Evidence Based Programs and Practices: <http://www.nrepp.samhsa.gov/>
8. Washington State Institute for Public Policy: <http://www.wsipp.wa.gov/>

Treatment Matching – Level of Care and Setting Selection

As with any medical condition, substance use treatment should be matched to the appropriate level of intensity and duration of service (5). The American Society of Addiction Medicine (ASAM) has developed widely accepted guidelines to measure a youth’s level of need regarding substance use treatment (23). While quite useful, clinical judgment remains important also, as these guidelines do not always cover all evidenced-based and promising practices, particularly for adolescents. Common level of care placements for adolescent treatment include:

- Outpatient and Intensive Outpatient Services
 - Individual outpatient
 - Intensive home-based interventions
 - Intensive Outpatient
- Partial Hospitalization
- Residential (‘Inpatient’) Services

This brief summarizes a number of promising and evidenced-based treatments that are emerging for youth with co-occurring disorders. In order to maximize effectiveness, integrated treatments for youth with complex needs must be accessible to all populations of youth, and address both the youth’s mental health and substance use disorders in order for progress to be made and improvement realized and sustained over time.

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ABOUT THE TECHNICAL ASSISTANCE NETWORK FOR CHILDREN'S BEHAVIORAL HEALTH

The [Technical Assistance Network for Children's Behavioral Health](#) (TA Network), funded by the Substance Abuse and Mental Health Services Administration, Child, Adolescent and Family Branch, partners with states and communities to develop the most effective and sustainable systems of care possible for the benefit of children and youth with behavioral health needs and their families. We provide technical assistance and support across the nation to state and local agencies, including youth and family leadership and organizations.

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