



Introduction

What is the purpose of this primer?

The Adolescent Substance Abuse Treatment Project at UNCG's Center for Youth, Family, and Community Partnerships compiled this document to serve as a comprehensive introduction to several important evidence-based practices for adolescent substance abuse assessment and treatment. Inclusion in this primer does not constitute an endorsement of the approach by our agency. Our intent is to provide information to parents and providers for assistance in making informed choices about which treatment approaches to use.

What do all the acronyms mean?

There are many different acronyms used in adolescent substance abuse treatment. Many practitioners (and researchers) use these terms without completely understanding their meaning. At the back of this primer, Appendix A explains the most commonly used terms and acronyms. This section should provide much needed clarity around the various treatments and practices. Please do not practice without it!

What information does this primer contain?

This primer contains a brief overview of 11 evidence-based treatment programs (EBTs) and one evidence-based assessment commonly used in the adolescent substance abuse field. They were selected because of their inclusion in several databases of EBPs and the strength of the literature available on them. See Appendix B for a matrix that summarizes those databases and which EBPs they include. A brief description of behavior therapy and cognitive-behavioral therapy comes first because they form the foundation of several of the treatments presented. We also are including a four-page fact sheet for caregivers that provides a brief description of each approach. The primer concludes with additional resources highlighting the most current available research on each EBP (see Appendix C).

What is the difference between Evidence-Based Practice and Practice Based Evidence?

As defined by the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP), EBPs "...generally refer to approaches to prevention or treatment that are validated by some form of documented scientific evidence."¹ This simply means that several clinical research studies showed the treatment was effective. EBP promotes high quality care and better outcomes for adolescents with substance use disorders.²

Practice-Based Evidence (PBE) is the flip side of EBP, but is proving to be just as important. Communities, agencies and families create PBE when they attempt to adapt treatment practices to their unique needs.³ Treatment methods based on the intuition and experience of practitioners and families often are tough to measure with traditional research methods. Practitioners of PBE merge culturally and traditionally defined methods of treating substance abuse to insure a comprehensive, or wellness, approach to treatment. PBE informs selected interventions with the history and culture of the community in which it is practiced. PBE accepts that treatment should be grounded by scientific evidence, but also recognizes that treatment is most successful when informed by community experience.² The involvement of an adolescent and his or her family is a strong component of PBE, with the adolescent and his or her caregivers collaborating with the provider on goals, success measures, and the best ways to achieve success.

In adolescent substance abuse treatment, EBPs range widely in their design and application, from individual forms of counseling to family therapy. The expected outcomes for EBPs often are not the same, though all seek a measurable reduction in the negative consequences of substance abuse. EBPs used without regard for a person's cultural, family, or community values will likely lower long term, positive outcomes.³ Similarly, PBE by itself is a subjective collection of judgments about what might work. Therefore, achieving the best outcomes for adolescents requires some combination of EBP and PBE.³

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NC DHHS
DMH/DD/SAS
Community Policy Management
Substance Abuse Services
3005 Mail Service Center
Raleigh, NC 27699-3005
919-733-4670
919-733-4556 (fax)

What is the Cannabis Youth Treatment Series (CYT)?

The Cannabis Youth Treatment Series (CYT) is not a treatment unto itself. It is a compilation of five treatments for adolescent substance abuse. The Substance Abuse Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) funded this treatment series in 1997.⁴ The goals were: 1) to determine the relative effectiveness as well as the costs and benefits of five treatment programs for adolescent substance abuse, and 2) to provide evidence-based, manualized treatment models for community practice.⁴ This study was the first of its kind, arising out of a need to better understand how to treat adolescent substance abuse according to unique developmental needs. Until this time, all adolescent treatment was based on adult treatments modified to fit adolescents. The CYT study paved the way for further research in adolescent-specific treatment modalities for substance abuse. This research continues contribute to viable evidence to support the premise that adolescents with substance abuse problems benefit the most from treatment programs designed specifically for them.

The five treatments included in CYT are the Adolescent Community Reinforcement Approach (A-CRA), the Family Support Network (FSN), Motivational Enhancement Therapy and Cognitive-Behavioral Therapy (MET/CBT5, MET/CBT12), and Multidimensional Family Therapy (MDFT). For a comprehensive introduction to each treatment, see Diamond et al.⁵ The CYT authors chose these treatments because they were grounded in theory, appropriate for community implementation, had a draft manual, and showed some promising evidence of effectiveness. The researchers randomly assigned participants to a treatment condition and evaluated outcomes at intake, three, six, nine, and twelve months.⁴ The researchers used urine tests and family reports to validate self-reports of abstinence.⁴ Six hundred adolescents between the ages of 12 and 18 participated in the study at four different sites across the country for two trials.⁴ Inclusion criteria were: used cannabis in the past 90 days; met American Society of Addiction Medicine (ASAM) 1996 criteria for outpatient or intensive outpatient treatment; and met one or more of the DSM-IV criteria for cannabis abuse or dependence.⁴

The two central outcomes of the study were days of abstinence from baseline to 12-months and whether the adolescent was in recovery by the end of treatment, defined as living in the community and reporting no past-month substance use or related problems at the follow-up interview.⁶ Cost effectiveness (the cost per day of abstinence and cost per person in recovery) also was measured.⁶ All of the treatments demonstrated increases in days abstinent and percent in recovery; however, the outcome measures did not differ significantly between treatment modalities.⁶ The same was also true for percent in recovery.⁶ The positive effects of each treatment modality were stable through the 12-month follow up interview.⁶ Cost effectiveness differed significantly between conditions, with MET/CBT5 being more cost effective in trial one and A-CRA being more cost effective in trial two, compared to all other treatment modalities.⁶

What directories are available for Evidence-Based Practice?

Several evidence-based practice registries have been created and are publicly accessible. For the purposes of this primer, we have consulted five such databases: the State of Oregon's Addictions and Mental Health (AMH) Approved Practices; SAMHSA's National Registry of Evidence-based Programs & Practices (NREPP); Helping America's Youth (HAY) Community Guide; the University of Washington's EBP Database; and the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Model Programs Guide. We picked these five databases because they contain a comprehensive set of criteria that together present a consensus on how to best determine whether or not a treatment is evidence-based and applicable in a community setting.

Each database uses a slightly different set of criteria to determine whether a treatment is "evidenced-based," although there are some commonalities:

- Positive outcomes - must demonstrate a reduction in problem behaviors or risk factors;
- Evaluation design - must be experimental and published in peer-reviewed journals;
- Fidelity - must demonstrate consistency between with the experimental design and the actual intervention; and
- Conceptual framework and standardization – must include a manual or materials are available to the public.

Three of the databases have their own rating system to provide an additional level of information. SAMHSA rates the quality of the research and the readiness for dissemination of each intervention on a scale from zero to four, zero being the lowest. OJJDP and HAY have the same rating system but the names for the levels are different. The type of experimental design and the strength of the positive results determine each level. The levels are as follows:

- Exemplary/Level 1 – experimental design and random assignment of subjects, evidence demonstrates prevention and/or reduction;
- Effective/Level 2 – experimental or quasi-experimental with a comparison group, evidence suggests effectiveness; and
- Promising/Level 3 – limited research methods, strong theoretical base, evidence is promising but more research is needed.

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Appendix B contains a matrix that lists each of the EBPs discussed in this primer and indicates which databases have included each EBP. If there is more information available on the approach through the database, there is a link in the corresponding box. The information we have provided is the most up to date and available as of July 2008. Information in the databases are subject to change because of funding, re-reviewing periods, and changes in criteria.

Databases:

- State of Oregon's AMH Approved Practices: <http://www.oregon.gov/DHS/mentalhealth/ebp/main.shtml>
- SAMHSA's NREPP: <http://www.oregon.gov/DHS/mentalhealth/ebp/main.shtml>
- HAY Community Guide: <http://guide.helpingamericasyouth.gov/programtool-ap.cfm>
- University of Washington's EBP Database: <http://www.adai.washington.edu/ebp/>
- OJJDP Model Programs Guide: http://www.dsgonline.com/mpg2.5/mpg_index.htm

Additional Sites:

- Ohio State EBP Database: <http://www.alted-mh.org/ebpd/search.php>
- Hawaii Dept of Health EBP Services: <http://hawaii.gov/health/mental-health/camhd/library/webs/ebs/ebs-index.html>

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