



What are some treatments used with adolescents?

This sheet serves as an introduction to different treatment options that are used with adolescents. The treatments offered will differ depending on your community. If you would like more information, we have created a more detailed fact sheet for each treatment.

Adolescent Community Reinforcement Approach (A-CRA)

Adolescent Community Reinforcement Approach is based on the thought that the home and community environment have a great influence on the encouragement or discouragement of drug use. A-CRA seeks to involve youth in activities that discourage drug use and utilize the strengths of the home and community. A-CRA includes individual adolescent sessions, individual caregiver sessions and community work that address peer relationships, youth motivation, and problem solving skill building.



Behavior Therapy (BT)

Behavior Therapy is also called Behavioral Management/Modification. This model looks at several principles that might trigger substance abuse including:

- Substance abusers begin to use after watching peers (and sometimes family members) use drugs.
- Substance use seems enjoyable at times so they continue to use.
- Substance use gets tied to other things like earning money or hanging out with what seems like “popular” people, etc. Over time, being in the mist of earning money and hanging out with “popular” people, becomes enough to make youth want to continue to use.

Behavior Therapy uses therapist modeling (showing client the way they are expected to act), behavioral reversal (replacing one behavior with another- stop doing this and start doing that), homework (practicing what was discussed during the session), self-recording between sessions (writing down what is happening in your life between sessions), and extensive praise for progress to encourage change in behaviors.

Sometimes urine tests are used and rewards are given for clean results. Punishment may consist of loss of privileges when the test is not clean, but that varies by the treatment provider.

Brief Strategic Family Therapy (BSFT)

Brief Strategic Family Therapy uses reduction or elimination of illegal drug use as the way to address problem behaviors. Family involvement is a key part of the therapy, which includes establishing a healthy relationship with both the client and the family. The therapist works with the family to identify times in the family’s life when youth has the most acting out behaviors. After these patterns are identified, the therapist helps the family change these patterns and encourages more positive family time. Specific strategies are used to assist the family with making the changes necessary such as:



- Reframing (Finding and stating something positive about a negative statement)
- Changing alliances (Two in the family ganging up on another about their thinking)
- Building conflict resolution skills (Learning better ways to solve problems)
- Parental empowerment (Parents learning to take some control in the lives of their children)



Cognitive-Behavioral Therapy (CBT)

Cognitive-Behavioral Therapy is a combination of cognitive therapy and behavior therapy. It works with the thoughts of youth (what are they thinking about just before they start to use drugs, while they are using and after they finish using) and how those thoughts influence their behaviors. Several areas are reviewed during therapy:

- Start to figure out why youth use and help them to deal with the “trigger” thoughts that make them want to use;
- Talk about what makes it hard to stop using and why;
- Talk about the skills needed to stop using, practicing the skills with the therapist, and using the skills learned between sessions while in the community (e.g., what to do when your thoughts are telling you to use but you don’t want to);
- Talk about problems the youth faces and how to address them;
- Learn what to do when “just say no” is not enough (e.g., distraction methods); and
- Plan for emergencies like when the youth uses drugs after being clean for a while (e.g., crisis planning).

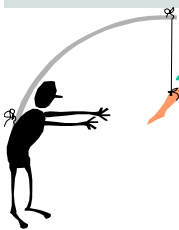


Family Support Network (FSN)



Family Support Network involves the family in treatment in order to help adolescents during recovery. The therapist works with the family to talk about authority, roles, rules, boundaries, communication, and routines in the family. Caregivers are supported as the ones in charge of the family and the responsibility that comes with that position. Caregivers will get help in setting rules and consequences in the home and add some new ways to problem solve. Caregivers will learn how to respond to the youth that is using drugs and the behaviors that come when they are using. Caregivers are taught how to participate in the drug treatment of the youth.

Motivational Enhancement Therapy (MET)



Motivational Enhancement Therapy works well with youth that cannot attend therapy on a regular basis or for only a few sessions. The youth uses self motivating statements and are encouraged to pull on the strengths available (both within the youth and in the youth’s environment) to resist drug use. This therapy is usually used in combination with Motivational Interviewing.

Motivational Interviewing (MI)

Motivational Interviewing is used to help the youth understand that motivation to change their drug using behavior comes from within the youth themselves. The youth must discuss any resistance they have to stopping their drug use. They also are helped to develop confidence in their ability to change. The relationship between the therapist and the adolescent is one of genuine partnership and collaboration. This therapy uses open-ended questions, affirmations (positive up lifting statements), reflective listening (repeating what was said in different words), and summaries (going over the high points of everything discussed during the session).



Motivational Enhancement Therapy with Cognitive-Behavioral Therapy (MET/CBT)



MET/CBT is a therapy used with adolescents that are using and abusing marijuana. It includes conversations about the positive and negative results of using marijuana, about what triggers a person to use marijuana, and the feelings, thoughts, and behaviors of the person using the drug.

This therapy IS NOT for an adolescent that has severe behavior problems, or for an adolescent using different or multiple drugs. It also isn't appropriate for an adolescent who does not work well in groups, or if the adolescent has a mental health challenge that would prevent him/her from participating in this kind of therapy.

Multidimensional Family Therapy (MDFT)



Multidimensional Family Therapy works with the youth, family, the family as a unit, and the family as it interacts in the community. The therapy works in the youth's everyday environment. Some of the areas addressed include: the youth's current difficulties, skills needed (these are taught and practiced), and how to access their peers and discuss some problem behaviors of their peers. Everyday events of the family are reviewed to see areas in family relations that may need to be improved and important past events in the youth's life are explored. School and community are important partners in this therapy. This is part of Cannabis Youth Treatment (CYT).

Multisystemic Therapy (MST)

Multisystemic Therapy is an intensive family therapy that gives strong focus to substance use and abuse. Services are provided in the home or in the community. Parents collaborate with the therapist on how to best improve the youth's behavior. Therapists are available 24 hours a day 7 days a week in order to provide services at times that are convenient for the family. A major focus is empowering the family and helping them to develop their own supports. The family learns skills on how to set and enforce curfews and rules, how to cope with illegal behaviors that maybe in the neighborhood, and how to help the youth separate from peers with problem behaviors.

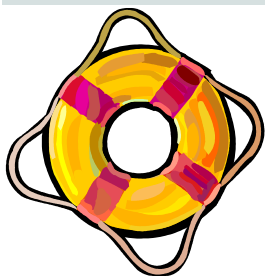


Relapse Prevention Therapy (RPT)

Relapse Prevention Therapy teaches youth to recognize and respond to their relapse warning signs. This model is used with youth that have not been successful at keeping clean after treatment. Areas addressed in this therapy include:

1. Self regulation of your thinking, feeling, memory and behavior
2. Integration – understanding and accepting events that have led to past relapses
3. Understanding what causes relapse
4. Self-knowledge – recognizing your personal relapse warning signs
5. Coping skills – managing your relapse signs
6. Change – the program changes to meet the needs of the youth
7. Awareness – check yourself daily for relapse warning signs
8. Significant others become involved in recovery planning
9. Maintenance – regularly update your recovery plan

Seeking Safety (SS)



Seeking Safety model can be used with youth struggling with both substance abuse and Post Traumatic Stress Disorder (PTSD). Safety of the youth is the first priority of this therapy model. Treating the effects of the past trauma and the substance abuse happens at the same time. Some of the process used in this therapy includes: going deep into the issues of the youth, giving the youth praise and expecting accountability for behaviors, teaching the youth to "take back their power", validating the criticisms of previous treatment, and focusing on good use of their time to create a positive future.

Seven Challenges® Program

Seven Challenges® meets the youth where they are in their substance use. It assumes that adolescents cannot change until they are personally ready to change. Trust and relationship building are keys to the youth making the change. Youth are taught to think through their decisions about alcohol and drugs and how they may affect their health.



The Seven Challenges are:

1. We decide to open up and talk honestly about ourselves and about alcohol and other drugs.
2. We look at what we like about alcohol and other drugs, and why we were using them.
3. We look at our use of alcohol or other drugs to see if it has caused harm or could cause harm.
4. We look at our responsibility and the responsibility of others for our problems.
5. We think about where we seem to be headed, where we want to go, and what we want to accomplish.
6. We make thoughtful decisions about our lives and about our use of alcohol and other drugs.
7. We follow through on our decisions about our lives and drug use. If we see problems, we go back to earlier challenges and master them.

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)



Trauma-Focused Cognitive-Behavioral Therapy meets the needs of adolescents who are suffering from Post-Traumatic Stress Disorder (PTSD). This is a reaction to trauma that can include flashbacks, nightmares, physical complaints, and other symptoms. The therapist uses Cognitive Behavioral Therapy (CBT) and other techniques that are sensitive to the adolescent's experiences to help them cope with negative consequences and increase coping skills.

These skills may include managing distressing thoughts, feelings, and behaviors; enhancing the family's safety, parenting skills, and family communication. This therapy does not specifically treat substance abuse; however, adolescents who are using drugs may be trying to deal with past traumatic experiences. Helping the adolescent to work through the traumatic experience and learn more positive coping skills should help them decrease their substance use.