Time to transform adolescent treatment

By Kathleen Meyers, PhD

Adolescence is a time of growth and great potential, but it is also a time of risk-taking and experimentation with drugs and alcohol. At no other time in human development is the risk for developing a substance use disorder so high. In fact, more than 90% of those suffering from addiction meet diagnostic criteria before the age of 22.

While research has clearly shown that adolescence is the at-risk period for the development of a substance use disorder, only 52% of the 13,600 addiction treatment programs in this country even admit adolescents and only 32% offer programs or groups specially designed for them. And there are even fewer options for developmentally appropriate continuing care.

Compounding this paucity of adolescent-specific treatment programs is the fact that despite more and better evidence-based practices (EBPs) than ever before, very few of these are in place within adolescent programs. For example, research conducted by the Treatment Research Institute (TRI), as well as others referenced in this article, shows that despite the science supporting family-based therapies, only 22% of adolescent programs deliver family services. Similarly, regardless of the science supporting the existence of comorbid conditions, only slightly more than half of the programs (56%) provided adequate mental healthcare, either on-site or through referral.

We are faced with an ongoing challenge not only to increase access to adolescent-specific treatment programs, but also to ensure that programs are funded to deliver—and that they do deliver and deliver well—those EBPs shown to be effective in treating this disease.

There are obvious barriers to adoption and delivery of EBPs. First is the issue of dissemination, as not all EBPs have been adequately translated for use in community programs. Staff turnover (frequently resulting from workload and salary considerations) compromises the sustainability of such practices when they do make it into programs. Finally, cost containment pressures in the healthcare service delivery system and yearly budget cuts further contribute to a picture of oftentimes inadequate treatment in traditional models of care.

Despite compassion, interest and the best efforts of adolescent treatment providers to provide good treatment, the already enormous task of helping a young person recover from a substance use problem becomes extraordinarily difficult to achieve.

Consumer Guides

TRI is in the process of taking a step toward change by employing a Consumer Guide approach to measuring, reporting on, and ultimately improving the quality of adolescent substance abuse treatment.
Consumer Guides, as we know them, offer comparable information on features such as relevance, quality and value, which can inform and direct a consumer’s purchase. But equally, and perhaps more importantly, giving consumers ready access to this information can improve the service marketplace. This approach offers transparency in that it delineates those EBPs that are measureable quality indicators, reports on the availability of such specific treatment programs, and demarcates those not offered because of funding issues.

In this way, consumers can make informed choices by selecting programs that offer elements a teenager needs (different levels of substance use severity and concomitant problems are optimally treated with varying, coordinated and complementary levels and intensities of diverse intervention strategies). Programs can advocate for dollars to support EBPs that they cannot offer because of budget constraints, and purchasers can see areas where funding limits should be reconsidered.

To this end, we have systematically identified 10 Key Elements (broad principles) with 62 corresponding Components (discrete practices) of effective adolescent substance abuse treatment programs (see Table 1 in image gallery). By conducting literature reviews and commissioning panels made up of scientific experts, practitioners and parents, we built the Consumer Guide4 to improve upon and advance the seminal work of the organization Drug Strategies.5

We have standardized a protocol to measure treatment quality and have adapted transparent means to present comparative information in an intuitively understandable manner (see Table 2 in image gallery). We are measuring quality features of adolescent programs and are in the process of developing a Consumer Guide to Adolescent Substance Abuse Treatment website to display the results of this work.

We believe that this guide will reveal the baseline measures of where programs currently stand, offer rapid expansion of consumers’ access to and utilization of comparative information for decision-making, result in systemwide improvements, and provide a transportable protocol for use by others interested in this work.

This stepping stone toward greater delivery of EBPs and improved treatment quality provides an opportunity for our field to advocate on behalf of adolescents dealing with addiction. Informed consumers (and providers) are an essential force for improving availability, quality and cost of services and products, particularly those within healthcare.6

**Acknowledge need for change**

As substance use researchers, treatment specialists and addiction professionals, we have the opportunity each day to change the course of addiction for adolescents. But to do so we must first acknowledge that there is much room for improvement. As we move toward parity and changes in the Affordable Care Act (ACA), the time is now to commit to join together to ensure that sustained improvements in programming are made; that parity becomes a true reality; that insurers are exposed to the key elements of effective treatment and recognize the value in ample reimbursement; that healthcare reform legislation covers EBPs; and that the field becomes more receptive to opportunities in which quality can be incentivized.
Adolescent substance use treatment has been woefully underfunded, often misunderstood and sometimes inadequate for far too long. Now more than ever, it is time to change this.

Kathleen Meyers, PhD, has more than 25 years of clinical research experience and is a Senior Scientist at the Treatment Research Institute (TRI). She is a recognized leader in the assessment and treatment of adolescent substance use disorders, delinquency and comorbidity and is the author of the Comprehensive Adolescent Severity Inventory (CASI), a multidimensional assessment instrument for youth with comorbidity that is widely used throughout the United States, Canada and abroad. Her e-mail address is kmeyers@tresearch.org.

References


