Alcohol and substance abuse is a frequent problem for adolescents. Several successful treatment programs have been developed or adapted from adult models in order to focus on the unique cognitive changes, developmental transitions, and peer and family issues that typically occur during adolescence. The following treatments incorporate these developmental considerations in different ways. This document outlines the current approaches utilized within various types interventions as well as highlighting empirically supported treatment manuals available for substance-abusing adolescents in an outpatient setting.

**Brief Interventions:**
Interventions of shorter duration and less extensive than more traditional substance abuse treatments can appeal to consumers, service providers and managed care providers. These treatments have the overarching goal of addressing and enhancing motivation to change problem behaviors as well as provide skills to meet those goals. Generally, brief interventions can contain between one to five sessions and can be delivered virtually anywhere and by a variety of professionals. Two of the most widely used approaches include:

**Cognitive-Behavioral Therapy (CBT):** Cognitive-behavioral models, based on social learning theory, conceptualize substance use and related problems as learned behaviors that are initiated and maintained in the context of environmental factors. This treatment approach incorporates the principle that unwanted behavior can be changed by clear demonstration of the desired behavior and consistent reward of incremental steps toward achieving it. CBT may incorporate, emotional exposure to internal cues in order to inoculate individuals against future relapse. Therapeutic activities include completing specific assignments, rehearsing desired behaviors, experiencing imagined and real exposures to emotions and situations to enhance emotional tolerance, and recording and reviewing progress. Praise and privileges are given for meeting assigned goals. This model can be implemented via individual sessions as well as within a group treatment approach. According to research studies, individual and group CBT can help adolescents become drug free and increase their ability to remain drug free after treatment ends.

**Motivational Interviewing (MI):** This treatment approach involves using specific interviewing and discussion techniques in order to enhance the individual’s motivation to change their problematic behavior. MI pertains to both a style of relating to the client as well as therapeutic techniques that facilitate the process. Its main tenets include (a) taking an empathic, non-judgmental stance and listening reflectively, (b) developing discrepancy, rolling with the client’s resistance, and avoiding argumentation, and (c) supporting self-efficacy for change. Motivational interviewing has been found to significantly reduce drinking and driving in teens with initial low motivation to change.

**Manual:** Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Cannabis Users: 5 Sessions: The Cannabis Youth Treatment Collaborative developed an empirically tested five-session treatment manual that combines the Motivational Interviewing treatment approach and Cognitive Behavioral Therapy. The treatment consists of two initial individual sessions designed to increase the adolescent’s motivation to deal with their drug use, followed by three group CBT sessions designed to help adolescents develop skills useful for stopping or reducing marijuana use. This brief therapy has been proven effective in reducing marijuana use in adolescents. The option also exists for therapists to utilize an additional 7-session CBT component in order to provide additional skills training. The complete manuals for both the brief 5-session treatment as well as the extended treatment with 12 CBT sessions are available at: [http://www.chestnut.org/CL/cyt/products/](http://www.chestnut.org/CL/cyt/products/)
**Family-Based Therapies:**

Family-based treatment is the most thoroughly studied treatment modality for adolescent substance misuse. Considerable research underscores the influential role played by family relationships and family environments in the development of adolescent alcohol and drug problems. The more thoroughly researched family approaches are outlined below.

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**Multidimensional Family Therapy (MDFT):** This is an outpatient family-based drug abuse treatment for teenagers. MDFT views adolescent drug use in terms of a network of influences (made up of individual, family, peer, and community) and utilizes this network in order to reduce unwanted behavior and increase desirable behavior in different settings. Treatment includes individual and family sessions held in the clinic, in the home, or with family members at the family court, school, or other community locations.

**Manual:** [Multidimensional Family Therapy for Adolescent Cannabis Users](http://www.chestnut.org/LI/cyt/products/)

**Brief Strategic Family Therapy (BSFT):** This intervention is used to treat adolescent drug use that occurs with other problem behaviors such as conduct problems at home and at school, oppositional behavior, delinquency, associating with antisocial peers, aggressive and violent behavior, and risky sexual behavior. BSFT is a family systems approach based on the idea that the drug-using adolescent is displaying problem behaviors that are indicative of what is going on within the family system. BSFT holds the principle that patterns of interaction in the family influence the behavior of the adolescent. The role of the BFST counselor is to plan interventions that carefully target and provide practical ways to change the patterns of interaction (for example, failing to establish rules and consequences) that are directly linked to the adolescent's drug use. BFST has been found to be efficacious in treating adolescent drug abuse, conduct problems, associations with antisocial peers, and impaired family functioning.

**Manual:** [Brief Strategic Family Therapy for Adolescent Drug Abuse](http://www.nida.nih.gov/TXManuals/bsft/BSFT2.html)

**Multisystemic Therapy (MST):** This treatment approach targets multiple systems that contribute to the development of delinquent behavior in adolescents, including family, peers, school, and the neighborhood. MST is tailored to each individual’s needs and may include individual, family or marital therapy, peer group counseling, and case management. Services are provided within the adolescent’s natural environment, such as the home or school, which facilitates the application and maintenance of treatment gains in the "real world". MST also helps adolescents and their families to develop social support networks through such means as making connections with extended family or religious communities. MST has been shown to significantly reduce adolescent drug use during treatment and for at least 6 months after treatment. More information regarding the MST approach is available at: [http://www.mstservices.com/text/treatment.html](http://www.mstservices.com/text/treatment.html)
Community-Based Interventions:
Community-based interventions provide mental health services within the normal environment of an individual or population. Service sites may include the home, school, or other neighborhood settings and increase access to care for under-served populations, particularly for individuals who do not have the resources to travel to specialty clinics. Because teenagers are influenced by many aspects of their environment (such as family, peers, teachers, cultural norms), community interventions often take place across a number of settings to maximize the ecological validity of the intervention and to support practice of skills learned in treatment. Community interventions may target specific individuals who have already begun to display high risk behaviors, such as drug and alcohol abuse, delinquent behavior, and unsafe sexual behaviors, or they may target select groups who may be at greater risk for engaging in these behaviors, such as athletes who are at greater risk for steroid use, or teenagers who live in a community with a lot of gang violence. In many community interventions, a social support component for adolescents and their parents is important and may decrease the likelihood of relapse. Three interventions for adolescents displaying high-risk behaviors, which include a community-based component, are described below:

Adolescent Community Reinforcement Approach (ACRA): This treatment approach recognizes the powerful role the environment plays in encouraging or discouraging drug use. It attempts to rearrange environmental contingencies in order to make substance use a less rewarding behavior. ACRA blends an operant model with a social systems approach to teach teens new ways of handling life’s problems without drugs or alcohol. It focuses on the interpersonal interaction between individuals and those in their communities. ACRA teaches adolescents when and where to implement the techniques learned in treatment as well as how to build on positive reinforcements and use existing community resources that will support positive change. ACRA also guides adolescents in developing a positive support system.

Manual: The Adolescent Community Reinforcement Approach for Adolescent Cannabis Users: This fourteen-session treatment model consists of ten individual sessions with the youth, two sessions with one or two caregivers, and two sessions with both the youth and caregivers. This treatment uses functional analyses to identify triggers for drug use as well as other pro-social activities that compete with drug use, skills training in a variety of areas including relapse prevention and the “Happiness” scale to monitor progress. The manual is available online at: http://www.chestnut.org/LI/cyt/products/ACRA_CYT_v4.pdf

Student Assistance Program (SAP): This substance abuse intervention is a school-based program for identifying, assessing, and treating students with alcohol and/or substance abuse problems. There are over 1500 student assistance programs in the country; however, these programs tend to vary widely. For example, some SAPs refer all identified alcohol and drug users to clinics for treatment, while other programs bring trained clinicians to the school to provide intervention on-site. The most effective school-based substance abuse interventions are empirically-guided and manualized, and provide psychoeducation and skills training to adolescents. In addition, effective programs enforce school-wide policies regarding alcohol and drug use. Preliminary analyses of certain programs suggest that adolescents who participate in SAPs can show reduced substance use.

Manual: For information regarding the Residential Student Assistance Program (RASP), a residential substance abuse prevention program for high-risk adolescents modeled after the original Westchester Student Assistance Model, visit the SAMHSA website at: http://modelprograms.samhsa.gov/pdfs/Details/ResidentialSAP.pdf or locate information at the Student Assistance Services Corporation website: http://www.sascorp.org

For more information, please reference:
1) Substance Abuse and Mental Health Services Administration Model Programs: http://modelprograms.samhsa.gov/template_cf.cfm?page=model_list
2) Society for Adolescent Substance Abuse Treatment Effectiveness http://www.chestnut.org/LI/APSS/SASATE/
References:


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