Empirically based treatment interventions offer adolescents a good chance of success in overcoming a variety of psychological problems; however, many youth fail to obtain treatment, and those who enter treatment often terminate prematurely. Clinicians who work with adolescents encounter a series of challenges in trying to engage youth with a history of traumatic stress and substance abuse (TSSA). Not only do adolescents as a group tend to be more ambivalent and resistant to change than adults, but there are specific barriers facing TSSA youth that need to be addressed in order to effectively serve this population.

**Identifying Youth in Need of Help**

Teens tend not to seek out services for a variety of reasons. They may not be aware of the services available, they may be concerned about the stigma of obtaining mental health services, they may be hesitant or unsure about seeking out an adult for assistance, or they may not know how or be afraid to ask for help about topics that concern them. Researchers and clinicians have developed a variety of ways to overcome these initial hurdles.

**Provide youth with multiple domains of assistance:** Teens are far more likely to seek assistance with employment, relationship, or family issues than to obtain help for emotional issues or regarding trauma and mental health problems. An agency that can act as a resource center and offer specific services sought by teens is more likely to be in a position to help an adolescent with multiple problems including trauma or substance abuse related issues.

**Find out what kids want to talk about:** Mt. Sinai Adolescent Health Center has found that adolescents who have used drugs or who engage in risky behavior are interested in talking to a clinician and asking questions about their behavior. Researchers use their 80-item self-report Adolescent Questionnaire (Adquest) to engage adolescents in conversations about a variety of issues (such as health, sexuality, safety, substance abuse, friends, etc) by asking them to report on their own needs, worries, and what they would like to talk about. This process allows the clinician to build rapport and provide support regarding an issue of importance to the adolescent, therefore increasing the likelihood that the adolescent will discuss issues with more stigma.

**Inform youth about normal behavior:** Teenagers will benefit from contrasting their behavior to that of the average person their age. While they might believe that “everyone smokes or drinks” they will be surprised to know, for example, that only 6.7% of 8th graders reported having been drunk in the preceding 30 days. Information about the difference between recreational use vs. problematic use (abuse and dependence) will also be helpful.

**Identify youth in schools** – the school is a key access point for early identification of at-risk youth.

- **Through a peer network:** School based support programs offer a promising pathway to at-risk youth. In a suicide prevention program developed by Glenn Saxe, M.D. at Boston Medical Center, student leaders who are likely to be approached by peers for assistance are identified within individual schools. These “go to” students are trained to identify risk factors and provide appropriate assistance and referrals to professionals their peers. Through this in-school student network, clinicians are able to identify youth who likely would not have approached an adult for treatment.

- **Through standardized screening:** Youth at risk can be identified early by directly administering mental health evaluations. For example, researchers in Dane County, Wisconsin conduct a semi-annual depression screening at a local middle school. Children are given referrals to the treatment center based on the assessment, and often the depression screen identifies children who are not otherwise identified for treatment, such as the kids with a history of abuse who don’t act out.
Getting Adolescents in the Door

“No show” rates for the initial session at substance abuse clinics are reported at around 50%, furthermore active substance abuse, young age, and antisocial behavior are all associated with missed appointments. Although the choice whether or not to make an appointment ultimately lies with the teen and the family, there are a number of things clinicians can do to increase likelihood that the adolescent will attend the first session and continue coming thereafter.

- Make reminder phone calls prior to the appointment and speak with both the youth and a parent; let the both parties know that you look forward to meeting them. Discuss the importance of session promptness, the satisfaction of previous clients, and the obstacles to attendance.
- Reward the teen for just making it to the first session – let the teen know that you're glad to see them.
- Make an intense outreach effort from the first day. Obtain several ways to get in touch with youth and get contact information about those involved with their care. Make follow up phone calls and let the adolescent know that you care and you want to continue to see them. This is particularly important in the case of adolescents who are mandated for treatment.
- In the event that the adolescent does want to terminate treatment, make sure you leave the door open for them so that they know that they can come back at any time. Treatment providers in the field note that it often takes a while for an adolescent to start coming in regularly.

Practical Barriers to Care

Many adolescents encounter very real barriers to accessing treatment. Parents, caregivers, and adolescents need help to overcome them. Specific barriers and ways to assist include:

**Transportation:** Discuss with family possible obstacles to getting to appointments regularly. Whenever possible, offer to provide bus or transit passes if your center is near public transportation.

**Scheduling:** Both parents and adolescents may have difficulty with scheduling appointments – if the family is working with other treatment team members, try to schedule as many appointments together so the family has to attend only one meeting. Additionally, holding sessions outside of usual business hours may enable families to schedule around work and school commitments.

**Childcare limitations:** Families may have other, younger children to care for and may not be able to afford child care. If your agency has access to volunteers, utilize their time to assist with child care in the waiting room while the parents are in session.

**Stigma of mental health services:** Families may prefer to see their adolescent’s symptoms as a strictly medical or behavioral problem, not a mental health problem, and treat it with medical or behavioral solutions. In the case of substance abuse, for example, they may believe that once the adolescent is sober, any emotional or behavioral problems will disappear. Psychoeducation regarding the nature of substance abuse and emotional problems may help to remove the stigma.

**Caregiver limitations:** The caregiver may have experienced trauma and may need either referrals or treatment themselves. Providing independent referrals for caregiver treatment may help to alleviate stress on the family.

Getting Families Involved

Adolescents whose caregivers are involved and engaged in treatment likely will have a better outcome than those whose caregivers do not believe that treatment will help and are unwilling to work with treatment providers. As an example, Trauma Systems Therapy (TST), developed by Glenn Saxe, M.D. and colleagues, addresses the importance of involving both the youth and families in care. Specific strategies for family involvement in TST include:
- Determine what changes the families would most like to see and incorporate those changes into the treatment so the families have a clear motivation for engaging in treatment
- Provide psychoeducation to the family regarding the presenting problem and how they can help
- Validate parents’ past and ongoing efforts to help the adolescent
- Acknowledge parents’ stress and burden (as both a parent and an individual)
- Generate hope and act as an ally for the parent

**Building Alliances**

As with any treatment, it is important that the youth and caregivers feel that the clinician is an ally. This includes having a set of common goals. The family must believe that their work with the therapist and participation in treatment will lead to improvement in things that are important to them.

- Administer assessment instruments that aren’t “face-to-face” in order to encourage more disclosure. Adolescents tend to disclose more on certain topics when they aren’t talking to a clinician. These may include themes where they fear negative evaluation, such as substance abuse and suicidal ideation.
- In terms of building trust with the adolescent, discuss the limits of confidentiality at the start of treatment, acknowledge topics that may be uncomfortable to discuss and review what kind of information can and cannot be kept confidential in the interest of prioritizing safety
- Motivational Interviewing (MI) has been shown to be effective at reducing alcohol and substance use in adolescents with an initial low motivation to change. The complexity of MI goes beyond the scope of this fact sheet, but the main principles include:
  - taking an empathic, non-judgmental stance and listening reflectively,
  - developing discrepancy between the adolescent’s goals and their current behavior
  - rolling with the client’s resistance, and avoiding argumentation, and
  - supporting self-efficacy for change
  - working with the adolescent to identify personally meaningful goals
  - stressing that through working with you and engaging in treatment, they can affect changes in their lives

**Community Awareness**

Youth coaches, volunteers, and community leaders are typically the adults who interact most frequently with teens, but they often do not have the training or awareness to understand or identify youth at risk, or know how to handle problems should they arise. Specific suggestions to raise awareness about child abuse, for example, include:

- Provide information around “non-reportable” symptoms of abuse, such as sleep disturbance and difficulty urinating
- Provide information regarding help numbers to call with suspicion of abuse or trauma and people to talk to for guidance
- Help adults obtain information about to identify signs of substance use in adolescents
- Disseminate knowledge about known risk and protective factors associated with youth substance abuse

References:


Adolescent Traumatic Stress and Substance Abuse Treatment Center
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