Vera Institute of Justice

Criminal Justice Issues and Prisoners' Rights

https://www.vera.org/blog/what-time-didnt-tell-about-teen-treatment-programs

Public Facing Advocacy Writing

Time.coms recent feature story, Does Teen Drug Rehab Cure Addiction or Create it? by Maia Szalavitzis a fascinating and disturbing report about drug-involved teens who fare poorly in treatment programs. It is also disturbing for the story it fails to tellthe advent over the past decade of innovative programs to address adolescents with substance-use problems that have not made it into mainstream practice.

In the late 1990s, leaders in the drug treatment community, charitable foundations such as the Robert Wood Johnson Foundation, and the federal agencies that fund drug treatment (The Center for Substance Abuse Treatment and the Substance Abuse and Mental Health Administration) responded to mounting evidence that the traditional models of treatment originally designed for drug- and alcohol-dependent adults were neither developmentally appropriate nor effective for adolescent drug users. They began a collaboration designed to reinvent the field of adolescent substance-abuse treatment.

Research was beginning to show that putting troubled teens together in therapy groups, separating them from their families by placing them in residential treatment centers, and attempting to engage them in a long-term, open-ended treatment process driven by disease labels like addiction were not producing positive results. The new public-private collaboration, which included initiatives like theCannabis Youth Treatment studyand theReclaiming Futures Initiative, set about first to stimulate innovation, then to build a solid evidence base around a new set of treatment methods that will work for adolescents, and finally to attempt to disseminate these methods to mainstream community-treatment settings like clinics.

Fast-forward to 2010, and this effort appears to have borne fruit. The field now has a set of adolescent-specific and highly effective drug-treatment methods. One of the models that emerged from that collaboration is theVera Institute of Justices Adolescent Portable Therapy (APT)a new model for youth that addresses all the pitfalls that old-school adult drug treatment holds for adolescents. APT is delivered in the home and involves the family; it is teen-friendly and strengths-based in its themes and concepts; it doesnt involve a group-therapy interaction with problematic peers; and it collaborates closely with the juvenile justice system to better serve a population of young people who come into contact with the courts.

Like other models that emerged during the past 10 years such as Motivational Enhancement /Cognitive-Behavioral Therapy and the Adolescent Community Reinforcement Approach, APT is a brief, efficient intervention that takes place in the community, not in a residential setting. Most of the adolescent treatment models are nonproprietary, straightforward to learn, and have significant amounts of research behind them proving their effectiveness.

Why, then, are outdated methods like 12 stepinspired group-therapy programs and residential centers still the treatments of choice among community providers, schools, parents, and the courts?

The Time.com article explores some of what is behind this conundrum. One explanation is economic: in spite of little evidence that traditional group treatment is effective for substance-using teens, clinics still receive a bigger bang for their buck by billing third-party insurance payers for eight group participants attending a single session with one therapist than for eight individual sessions. Another major disincentive is that most state Medicaid systems will not reimburse for home-based treatment sessions.

As APTs developer, I know that implementing and sustaining these new approaches is a challenge. Clinicians are trained to engage their clients in long-term treatment relationships and have trouble integrating short-term approaches into the way they practice. Another factor is that juvenile courtsthe primary source of drug-treatment referrals in most communitiesstill prefer residential treatment because of its restrictive nature and favor long-term approaches to short-term evidence-based treatment because it almost always ends before a youths probation ends. Figuring out how to fully shift the adolescent treatment paradigm and bring these evidence-based treatment practices into mainstream community treatment settings is the next challenge the field must face.

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