What Does the Research Tell Us About Good and Modern Treatment and Recovery Services for Youth With Substance Use Disorders?
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Background
• SAMHSA efforts to improve treatment and recovery
  • Development of a Good and Modern Addictions and Mental Health Service System
  • Service Definitions
  • Recovery Services
  • Assessing the Evidence Base
  • Technical Expert Consensus Panel

Technical Expert Consensus Panel
• Twenty-five researchers
• Meeting Format:
  — presentation of the research base by topic
  — facilitated topical discussions guided by three questions:
    • What does the research tell us about this service for youth with substance use disorders?
    • What are recommendations for the implementation of what we know?
    • What are recommendations for advancing the knowledge base?
  • Panelists developed candidate consensus statements at the meeting.
  • Employed Modified Delphi process to reach consensus.

Technical Expert Consensus Panel
10 Topic Areas
I. Neuroscience and Behavioral Research
II. Pharmacotherapy
III. Treatment Modalities and Evidence-Based Practices
IV. Organizing Treatment for Youth with Increasing Levels of Substance Use Disorder Severity
V. Treatment for Youth with Increasing Levels of Severity

Technical Expert Consensus Panel
10 Topic Areas
VI. Facilitating and Maintaining Treatment Gains
VII. Supporting Recovery
VIII. Providing Support to Parents/Caregivers
IX. Treatment and Recovery for Youth with Substance Use and Co-occurring Mental Health Diagnoses
X. Integrating Treatment and Recovery for Youth with Substance Use or Co-occurring Disorders in Primary Care Settings

What Was Not Addressed
• Services
  — Screening
  — SBIRT
• The TEP also did not focus on:
  — workforce issues
  — outcomes measures
  — financing issues
• The Panel stressed that these areas must be addressed in order to implement the consensus.
### Neuroscience and Behavioral Research: Selected Consensus Findings

- Developmentally-focused neurobiological and neurocognitive approaches will improve treatment.
- The short/long term impact of substance use on the brain supports the importance of early screening.
- Apply neuroscience research findings to:
  - the content of assessment, treatment and recovery.
  - policy development.
- Psychotherapeutic/behavioral interventions affect the neurobiology of substance use disorders in youth.

### Neuroscience and Behavioral Research: Implementing What We Know

- Brain development in youth makes this a period of particularly high vulnerability to substance use disorders.
- There is emerging evidence regarding the neurological basis for substance use disorders in youth.
- Understanding the neurobiological processes that influence youth development across major domains of functioning is critical to developing models of effective interventions.
- Psychotherapeutic/behavioral interventions affect the neurobiology of substance use disorders in youth.

### Pharmacotherapy: Implementing What We Know

- The neurobiology of youth requires unique approaches to pharmacotherapy.
- Only Buprenorphine and Methadone (with some regulatory restrictions) are approved for use in youth age 16 and older.
- Youth with co-occurring mental health disorders may be in most need of pharmacotherapy.
- For youth, pharmacotherapy has been shown to work best in conjunction with psychosocial treatments.

### Pharmacotherapy: What Do We Know?

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### Evidence-Based Practices: What Do We Know?

- Evidence-based, developmentally appropriate psychosocial treatment for youth with substance use disorders is effective.
- The fidelity to and degree of implementation of evidence-based practices improves outcomes for youth with substance use disorders.
- MET, MET/CBT and family-based treatments each show effectiveness over other treatments for youth with substance use disorders.
- The costs of implementing evidence-based practices yielding similar outcomes for youth with substance use disorders vary.

### Evidence-Based Practices: Implementing What We Know

- Medications must be safe, efficacious, tolerable, acceptable, accessible, developmentally appropriate, and have no/low abuse potential.
- Need to engage providers and parents/caregivers on the evidence/value of pharmacology for youth with substance use disorders.
- Counseling and case management should be used with medication-assisted treatment to facilitate symptom monitoring and medication adherence.
- Need to improve the competency of the substance use disorder workforce in the use of medication-assisted treatments for youth.
Evidence-Based Practices: Implementing What We Know

- Assure formal training, coaching, certification and supervision of staff implementing evidence-based practices.
- Funders/providers should choose the best evidence-based practice that can be implemented with fidelity.
- If two or more interventions show similar levels of effectiveness, funders/providers should choose that which is most affordable and can be implemented well.

Organizing Treatment for Youth with Increasing Levels of Severity: What Do We Know?

- Level of care decisions for youth with substance use disorders should be based on a comprehensive psychosocial assessment.
- There is a lack of empirically supported and valid criteria on which to base treatment and level of care decisions for youth with substance use disorders.
- The criteria for level of care decisions should be public and transparent.
- Evidence-based treatment practices must be differentiated from levels of care.

Organizing Treatment for Youth with Increasing Levels of Severity: Implementing What We Know

- Adopt common assessment instruments for substance use disorders and co-occurring substance use/mental health disorders.
- Identify how care for youth should be managed through the treatment/recovery system.
- Provide incentives to maintain youth in the community alternatives to residential treatment.
- Develop clinical practice guidelines that include criteria for level of care placement decisions.

Facilitating and Maintaining Treatment Gains: What Do We Know?

- Youth with substance use disorders who receive continuing care have better treatment outcomes than those who do not receive continuing care.
- Continuing care should be provided for all youth who enter treatment for substance use disorders regardless of treatment completion.
- There should be an emphasis on providing youth a choice of continuing care services.
- Low case load, higher fidelity to case management models and more time spent on key care management functions are associated with better outcomes.
- The effectiveness of case management/intensive case management may be dependent upon the quality and availability of services in the community.

Facilitating and Maintaining Treatment Gains: Implementing What We Know

- Continuing care should:
  - be presented as part of the treatment/recovery continuum during the first week of the treatment episode,
  - include linkage with substance use, mental health and primary care services as clinically indicated, and
  - be delivered in developmentally appropriate settings (i.e., school-based, home-based, etc.).
- Case management should:
  - include linkage to services for the parents/caregivers of the youth as needed,
  - include linkage to and monitoring of youth’s involvement in pro-social activities, and
  - document dose and services provided.
Supporting Recovery: What Do We Know?

- Recovery support services should:
  - be identified at the beginning of treatment,
  - be included in the youth and family service plan,
  - continue post discharge, and
  - include services and supports for both the youth and the family.
- Engagement in pro-social activities should be promoted as an essential component of youth treatment/recovery.
- Preliminary studies of the effectiveness and feasibility of implementation of technology-based recovery supports are promising.
- Mutual self-help, peer-to-peer support, 12-step programs are promising approaches.
- School and college-based recovery initiatives and community recovery centers show great promise for supporting youth in recovery.

Supporting Recovery: Implementing What We Know

- Recovery support services should attract youth and be developmentally appropriate.
- Long-term involvement of youth in recovery support services should be assured.
- Technology-enhanced recovery support services should be implemented using a systematic, centralized approach that adheres to participant protections rules/regulations.
- Providers should be educated in the appropriate use of technology and social media.

Providing Support to Parents/Caregivers: What Do We Know?

- There is very limited research on the effectiveness of parent-to-parent support for families of youth with substance use disorders.
- There are programs in other areas (e.g., mental health, chronic illness) that can provide guidance for the development of parent-to-parent support programs.
- Parent-to-parent support is a promising approach to enhance treatment and recovery services for youth with substance use disorders.

Providing Support to Parents/Caregivers: Implementing What We Know

- Specify training/supervision procedures in parent-to-parent support programs.
- Monitor program fidelity.
- Credential parent support providers.
- Address training issues.
- Develop outcomes measures.
- Include multiple modes (e.g., group, parent-to-parent, individual, technology based, etc.) of support.

Treatment and Recovery for Youth with Substance Use and Co-occurring Mental Health Disorders: What Do We Know?

- The majority of psychiatric and substance use disorders emerge during childhood/adolescence; presence of one increases risk for the other.
- The majority of youth with substance use disorders have co-occurring mental health disorders.
- There is evidence to support concurrent or integrated substance use disorder/mental health treatment.
- There is empirical support for the safety and efficacy of a limited number of medications targeting co-occurring psychiatric disorders even in non-abstinent youth who are concurrently receiving psychosocial/behavioral treatment for substance use disorders.

Treatment and Recovery for Youth with Substance Use and Co-occurring Mental Health Disorders: Implementing What We Know

- Youth in SUD treatment should be assessed for mental health disorders and vice-versa.
- There is a need to increase the availability of evidence-based treatment for youth with co-occurring disorders.
- It is essential to address the critical shortage of clinicians trained in integrated treatment.
Integrating Treatment and Recovery for Youth with Substance Use and Co-occurring Disorders in Primary Care: What Do We Know?

- Youth receiving substance use disorder treatment have a significantly higher prevalence of several medical conditions than youth without substance use disorders including asthma, allergies, injury, sleep disorders, pain conditions, sexually transmitted diseases, gastroenteritis, sinusitis and urinary tract infections.
- More research has been conducted on diagnosing mental health disorders among youth with substance use disorders than on diagnosing co-occurring medical conditions.
- The field knows very little about how to address medical conditions co-occurring with substance use disorders during treatment.

Integrating Treatment and Recovery for Youth with Substance Use and Co-occurring Disorders in Primary Care: Implementing What We Know

- There is a need to educate pediatric primary care providers on substance use disorders.
- All pediatric health care providers should screen youth for substance use disorders and provide or refer/coordinate with substance use/mental health services as needed.
- All youth in substance use disorder treatment should have a primary care physician and should receive comprehensive, seamless medical care during and after treatment.
- There is a need to educate substance use disorder treatment providers in how to address physical health problems of youth with substance use disorders.

What are Recommendations for Advancing the Knowledge Base?

- There is a need for more neuroscience research focusing on youth brain development, susceptibility to substance use disorders, response to interventions, and relapse.
- There is a need to study how to implement what we know about neurobiology in treatment approaches for youth with substance use disorders.
- There is a need for neuroimaging/biomarkers to identify the impact of behavioral/cognitive behavioral interventions on changing the brain/neuropathology of substance use disorders.

Neuroscience and Behavioral Research

- There is a need for research on the efficacy and effectiveness of medications that are Food and Drug Administration approved for adult substance use disorder treatment for use with youth with substance use disorders.
- Research should focus on issues that influence the adoption and sustainability of pharmacotherapies for youth with substance use disorders.
- There is a need for more studies that test protocols for combining medications and psychosocial/behavioral interventions for youth with substance use disorders.

Pharmacotherapy

- There is a need for research on transition services that link one level of care to another.
- There is a need for research to improve treatment matching for initial and subsequent treatment for youth with substance use disorders.
- There is a need for more long-term follow-up of outcomes in controlled studies of treatment and recovery for youth with substance use disorders.

Evidence-Based Practices
Organizing Treatment for Youth with Increasing Levels of Severity

- There is a need to study the comparative effectiveness of partial hospitalization versus intensive outpatient treatment and/or residential treatment for youth with substance use disorders.
- There is a need for research to identify appropriate markers for transitioning youth from one level of care to another.
- There is a need to develop payment models that facilitate service delivery within and across levels of care for youth with substance use disorders.

Facilitating and Maintaining Treatment Gains

- There is a need for more research on how to utilize family or other supports in a youth's environment to improve engagement in the continuum of treatment/continuing care/recovery.
- There is a need for research on the effects of continuing care for diverse populations.
- There is a need to research organizational structures and payment models that could facilitate the provision of continuing care.

Providing Support to Parents/Caregivers

- There is a need for research that includes developing and testing theoretical models for parent-to-parent support services.
- There is a need for research on parent preferences for content, format, frequency of services, etc. for parent-to-parent support.
- There is a need to identify what components of parent-to-parent support programs are most helpful to whom and for how long.
- There is a need for research on outcomes of parent-to-parent support for families of youth with substance use disorders.

Supporting Recovery

- There is a need for research on the effectiveness of recovery support services for youth with substance use disorders.
- There is a need to identify effective recovery strategies for diverse ethnic/socioeconomic groups of youth with varying severity of substance use disorders.
- There is a need for rigorous evaluation of the impact of high school and college recovery initiatives on substance use disorder outcomes and achievement of developmental milestones of education/training for youth.
- There is a need for research on mutual support groups for youth with substance use disorders to determine for whom and why/how mutual support groups work most effectively.

Treatment and Recovery for Youth with Substance Use and Co-occurring Mental Health Disorders

- There is a need to study the efficacy and effectiveness of integrated treatment models for youth with co-occurring substance use/mental health disorders.
- Research studies should include a broad range of outcomes (e.g., health, education, juvenile justice) for youth with co-occurring substance use/mental health disorders.
- There is a need for health services research on youth substance use/mental health disorders treatment integration delivery models.
Integrating Treatment and Recovery for Youth with Substance Use and Co-occurring Disorders in Primary Care

There is a need for research on the essential components of an integrated model of substance use/mental health/primary care treatment/recovery.

There is a need for a follow-up consensus panel on financing reforms and organizational models that would best facilitate primary care/substance use/mental healthcare integration.

SAMHSA Dissemination Efforts

Infuse TEP Findings Into SAMHSA Programs

- Many findings have already been incorporated into CSAT programs such as:
  - Cooperative Agreements for State Adolescent Treatment Enhancement and Dissemination, and,
  - Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination.

- TEP findings informed the development of the State Adolescent Substance Use Disorder Treatment and Recovery Practice Guide.

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Integrating Treatment and Recovery for Youth with Substance Use and Co-occurring Disorders in Primary Care

There is a need to examine the feasibility and effectiveness of delivering medical care in substance use disorder treatment settings for youth.

There is a need for research on approaches to educate/motivate youth with substance use disorders about primary health care.

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CSAT
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For more information on findings from the Technical Expert Panel:

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