

Continuing Care for Adolescents in Treatment for Substance Use Disorders



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KEYWORDS

- Adolescents • Aftercare • Continuing care • Assertive continuing care
- Adaptive treatment • Mutual aid groups

KEY POINTS

- Adolescents who enter treatment for substance use often do not complete the recommended program, return to regular use, and do not initiate continuing care services.
- Assertive approaches (counselor-initiated home or school-based continuing care) increase linkage to continuing care, and rapid initiation of continuing care makes a difference in reducing substance use.
- Findings suggest that continuing care is appropriate for those who successfully complete treatment.
- Evidence is accumulating to suggest that matching adolescents to age-appropriate 12-step and other mutual aid groups can support recovery.
- Adaptive treatment designs hold promise for establishing decision rules as to which individuals need low-intensity continuing care services and which need more intensive care.

INTRODUCTION

Several evidence-based treatments for adolescent substance use have emerged since the early 1990s. Treatments such as Multidimensional Family Therapy, Family Behavior Therapy, the Adolescent Community Reinforcement Approach (A-CRA), Motivational Interviewing, cognitive-behavioral therapy, and contingency management have all been adapted for and tested with adolescents. Randomized clinical trials using singular or integrated protocols of these interventions have demonstrated

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improved short-term substance use outcomes in outpatient clinics, hospital emergency rooms, and school settings.^{1–12}

Despite these advancements, adolescent relapse rates during the year after treatment often exceed 60%, and many youth cycle between periods of substance use and abstinence.^{1,13–17} These statistics are reinforced by analysis of a large national dataset of adolescents entering outpatient and residential treatment programs for substance use disorders.¹⁸ **Fig. 1** shows that more than one-half of adolescents relapse within 90 days of the end of an acute episode of care.

These data support research that indicates that alcohol and substance use disorders, like other chronic relapsing illnesses (eg, asthma, diabetes), require long-term monitoring and support.^{19–23} Research also suggests that addressing substance use problems is a process that involves acute treatment, ongoing management, and multiple continuing interventions as needed.^{19,24–27}

Although high rates of adolescent relapse may reflect that youth tend to be less motivated to change substance use than adults, have low problem recognition, and enter treatment because of external pressures,^{28,29} it is impossible to know which adolescents are beginning a long-term chronic relapsing illness and which will “age out” or enter long-term remission and recovery through treatment. Regardless of which path will be followed, recent investigation into adolescent brain development points to the importance of treating substance use disorders in youth.³⁰

Brain imaging research demonstrates that the human brain is still developing until the early 20s, notably in the prefrontal cortex regions that control executive functioning such as reasoning, decision making, impulse control, and judgment. Therefore, it may be assumed that adolescents entering treatment for substance use disorders have poor executive functioning in the prefrontal cortex and are potentially at higher risk to the effects of drugs.^{31,32} They may make emotional and impulsive decisions. Evidence is accumulating that adolescent brains may be more sensitive to the effects

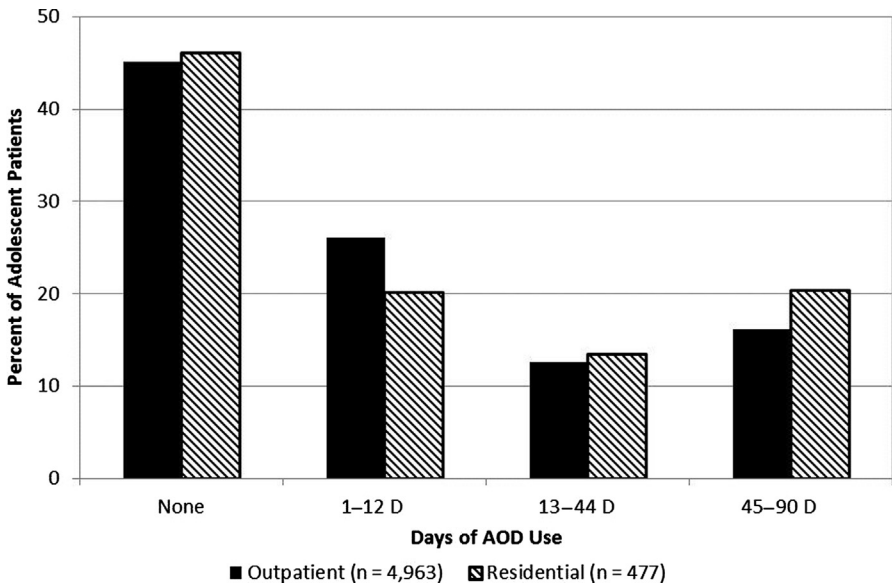


Fig. 1. Adolescent alcohol or drug use in the 90 days after discharge from treatment.

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