

“Assisting adolescents to reflect on their current situation and experiences and helping them to envision a positive future may promote motivation to change, especially among those who have ‘been there, done that’ and are willing to look ahead.”

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*A Post-Treatment Examination of Adolescents’ Reasons for
Starting, Quitting, and Continuing the Use of Drugs and Alcohol*

To successfully identify and treat adolescents with traumatic stress and substance abuse, clinicians must continually explore better ways to encourage their participation in treatment. This is particularly important in mental health and substance abuse service systems, where these teens present a unique set of challenges.

Adolescents with both traumatic stress and substance abuse often have complex histories and numerous additional problems that make them particularly difficult to treat. Although empirically-based treatment interventions offer adolescents a good chance of success in overcoming a variety of psychological problems, many youth fail to obtain treatment, and those who enter treatment often terminate prematurely.

Clinicians who work with adolescents encounter a series of challenges when trying to engage youth who have histories of traumatic stress and substance abuse. Most adolescents do not enter treatment voluntarily and are often apprehensive about the process. Furthermore, **substance abusing adolescents, much like their adult counterparts, often have a hard time making positive changes in their use patterns.** To provide effective services, these challenges and barriers must be addressed.

Identifying and Encouraging Youth to Seek Help

Teens tend not to seek out professional help for a variety of reasons. They may not believe they need help. They often are not aware of the range of services available. They may be concerned about the stigma of obtaining mental health services or hesitant to seek out an adult for assistance. Researchers and clinicians have developed a variety of ways to overcome these initial hurdles.

Offer multiple types of assistance

Teens are far more likely to seek assistance for problems with employment, relationships, and family than they are for mental health or emotional issues like posttraumatic stress or substance abuse. Agencies that can act as resource centers and offer a variety of services that might be sought by teens themselves are more likely to be in a position to help an adolescent with multiple problems, including those related to trauma and/or substance abuse.

Identify youth in schools

Schools are a key access point for early identification of at-risk youth. Outreach can be conducted in school using peer networks, standardized screening programs, or a combination of the two.

Peer networks utilize student leaders who have been trained to provide assistance to at-risk teens. By making use of in-school student support resources, clinicians are more likely to identify youth who would otherwise not have approached an adult for treatment. Programs that employ peer support networks should provide close adult supervision to peer supporters and have counselors readily available to provide assistance to at-risk youth identified by their peer supporters.

At-risk students can also be identified through screenings and evaluations conducted in school or after-school settings. Clinicians administering annual or semiannual mental health or substance abuse screenings at a school can help

Brenda's Story*

Brenda, a 16-year-old mother of a 10-month-old boy, was mandated to treatment after a marijuana-related arrest. Born into a chaotic family, Brenda has lived at various times with her mother, her father, and other family members; she now spends most of her time with the father of her son at his parents' home.

Brenda began drinking and smoking marijuana when she was 10. At age 12, she began selling marijuana and other drugs and became involved in a loosely organized gang. She has attended school only sporadically since she was 14 years old.

Illegal substances were common in the environment where Brenda was raised. Both of Brenda's parents have been intermittent users of heroin and other drugs, and her father spent a significant amount of time in jail during Brenda's childhood. Brenda was sexually assaulted by an adult friend of her father's at age nine. Brenda prided herself on never using heroin, and on "just" using marijuana and alcohol. Even the occasional use of cocaine was of very little concern either to her or to most of the important figures in her personal life.

Brenda is a watchful, cautious, strong-willed, and outwardly confident girl. She speaks quietly about feeling old, feeling responsible for her younger siblings and her son, and about feeling disillusioned with the world, particularly with her father. Attending school, following the rules, and meeting the expectations that are typical for girls her age hold little meaning for her, and she has few dreams for her future. She is highly suspicious of other people's intentions, and experiences a sense of profound interpersonal distance. It is not likely that Brenda would have entered treatment without having been mandated by the court.

**"Brenda" is a composite representation based on real teenage clients struggling with traumatic stress and substance abuse.*

identify youth who would not have sought treatment or otherwise been identified, thus facilitating youths' engagement in treatment or services.

Many schools screen their adolescent students for substance abuse problems using the CRAFFT questionnaire, a brief (six-item) screening test that can identify adolescents who are engaged in risky behaviors with alcohol or drugs.¹⁻³ Programs that employ the Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) have also successfully screened large numbers of students for traumatic stress within high school populations. (For more information on screening tools, see *Treatment for Youth with Traumatic Stress and Substance Abuse Problems*.)

Getting Adolescents in the Door

No-show rates for initial sessions at substance abuse clinics are reported at about 50%.⁴ Factors associated with missed appointments include active substance abuse, young age, and antisocial behavior. Listed below are some of the ways clinicians can increase the likelihood that an adolescent will attend the first session and continue coming thereafter:

- **Make reminder calls.** Call the adolescent's home prior to the appointment and speak with both the youth and a parent. Tell them that you look forward to meeting them. Discuss the importance of arriving at the sessions on time; mention a couple of success stories with previous clients, and ask about any obstacles to attendance they anticipate
- **Be especially welcoming at the first session.** Praise the teen and family for just making it to the first session
- **Be culturally aware and sensitive.** When engaging youths—and especially their caregivers—from diverse backgrounds, it is essential to be aware of cultural values and expectations that guide social interaction, mental health/substance abuse treatment, and salient themes in their communities. Establishing the trust of youths and families from diverse backgrounds is an important factor in determining whether they will continue to show up for appointment, and the quality of the initial interaction will greatly influence this decision. If any staff members are unaware of the cultural backgrounds of the youths and families they are likely to assist, make sure they receive training in cultural competence; this will greatly contribute to successful treatment engagement and delivery (For more on this topic, see *Treatment for Youth with Traumatic Stress and Substance Abuse Problems*.)
- **Reach out to the family.** Make an intense outreach effort starting with the very first session. Obtain several ways to get in touch with the youth and the family and

get contact information for those involved in their care. Make follow-up phone calls, letting them know that you care and that you want to continue to see them. This is particularly important for adolescents who are mandated for treatment

Engaging Homeless Youth

Drug use by homeless youth is reported to be double that of youth in school.⁵ Furthermore, **homeless adolescents who abuse substances engage in more high-risk behaviors, are more resistant to treatment, and have higher rates of psychopathology and family problems than substance-using adolescents who are not homeless.** While engaging this overlooked population in treatment is particularly important, it is also an especially challenging endeavor. Homeless youth are very unlikely to self-refer to treatment and, as they are frequently not in touch with caregivers, are rarely referred by motivated family members who may have otherwise initiated treatment. Although shelters are the primary intervention for these adolescents, many are not equipped to provide treatment for the multiple areas of need and diverse co-occurring conditions characterizing this population. Strategies to engage substance-abusing homeless adolescents and their families in treatment include:⁶

- **Stay “at their level” when making the first contact.** Showing the adolescent that you understand his or her language and culture will facilitate engagement. Let him or her know that you are knowledgeable about the issues faced by many homeless adolescents, such as a history of abuse
- **Present treatment options in a non-threatening, appealing manner.** Avoid asking personal questions, and stress that teens similar to him or her have participated in and benefited from the program
- **Avoid blaming.** Reframe current situations (e.g., drug behavior, living in a shelter) in terms of relational factors rather than personal failure
- **Convey hope and empowerment.** Communicate that change is possible and that the teen will have control over his or her participation in treatment
- **Respect his or her concerns,** such as those surrounding confidentiality or engaging primary caregivers, and being open to negotiation

Addressing Practical Barriers to Care

Many adolescents encounter real barriers to accessing treatment, and it is sometimes necessary to provide guidance and assistance to help parents, caregivers, and adolescents overcome them.

Scheduling

Both parents and adolescents may have difficulty with scheduling appointments. If a family is working with other treatment team members, try to coordinate with these members to schedule as many appointments as possible on the same day, so that the family has to make only one trip to your location. Discuss the possibility of holding sessions before or after usual business hours to enable families to schedule appointments around work and school commitments.

Transportation

Discuss with the youth and family any potential obstacles they might have to getting to appointments regularly. Whenever possible, offer to provide bus or transit passes if your center is near public transportation.

Address child care limitations

Families may have young children to care for and may not be able to afford child care during family sessions or parent sessions. If your agency has access to volunteers, ask them to assist with child care while parents are in session.

Address caregivers' treatment issues

Caregivers may need referrals for treatment themselves. Providing independent referrals for caregiver treatment may help to alleviate stress on a family.

Getting Families Involved

Adolescents whose caregivers are involved and engaged in treatment are more likely to have better outcomes than those whose caregivers do not believe that treatment will help and/or who are unwilling to work with treatment providers.⁷ Specific strategies for involving families in treatment include:

- **Foster family motivation.** Determine what changes each family member would most like to see and incorporate those changes into treatment goals to increase the family's motivation and engagement
- **Validate parents.** Validate parents' past and ongoing efforts to help their adolescent
- **Acknowledge parental stress.** Acknowledge parents' stress and sense of burden (both as parents and as individuals)
- **Be an ally for the parent.** In addition to trying to manage their teen's emotional and behavioral problems, parents are often overwhelmed by difficulties in their own lives. Be sure to provide active support and guidance

- **Provide education about the nature of mental health problems.** Families may prefer to see their adolescent's symptoms solely as a medical and/or behavioral problem, and not as a mental health problem. In the case of substance abuse, for example, families may believe that once the adolescent is sober, all emotional and/or behavioral problems will disappear. Psychoeducation regarding the nature of substance abuse and emotional problems may help family members better understand their adolescent's issues
- **Address complex family dynamics.** Adolescents often come to treatment with complex family backgrounds. It is important to identify the family members and/or caretakers who have legal custody and practical influence over treatment-related decisions. It is also important to identify others who are most likely to be involved in an adolescent's care day to day, including close friends and mentors who might support the adolescent's successful engagement in treatment. Be particularly sensitive to situations in which an adolescent does not live with a biological parent

Building Alliances

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

- **Establish rapport, set clear boundaries, and allow for autonomy.** Many adolescents do not respond to an intervention that they perceive as being imposed upon them, whether by a clinician, parents, or other authority figures. Regardless of the specific treatment approach, it is essential to get to know the adolescent in the beginning of treatment and develop a solid working relationship. It is also essential to outline a framework for the therapeutic relationship that establishes clear boundaries but also allows the adolescent to make autonomous decisions
- **Find out what the adolescent wants to talk about.** Although adolescents may be reluctant to disclose details about their risky behavior, there are ways to encourage meaningful conversations that will lead to open discussion about what is going on in their lives. These strategies include:
 - Showing genuine interest in—and respect for—his or her unique interests, concerns, and worldview
 - Demonstrating understanding of his or her culture
 - Offering guidance that addresses the adolescent's life problems as he or she perceives them

Informing youth about normal behavior

Teenagers benefit from contrasting their behavior with that of the average person their age. A 13-year-old who believes that “everyone gets drunk sometimes” may be surprised to learn, for example, that the majority of 8th-graders have never been drunk.⁸ It is crucial to provide teens with information that clarifies the difference between recreational use and problematic use (including abuse or dependence).

Using appropriate assessment tools

Administering assessment instruments that aren’t face-to-face tends to encourage greater disclosure. Adolescents tend to provide more information on topics such as substance abuse and suicidal ideation when they aren’t talking to a clinician. For example, clinicians can use the Adolescent Questionnaire (Adquest), an 80-item self-report measure that includes questions about health, sexuality, safety, substance abuse, and friends, designed to open up many areas of interest and engage the adolescent in conversations involving these topics.⁹ (See *Treatment for Youth with Traumatic Stress and Substance Abuse Problems* for more on this and other assessment resources.)

Discussing the limits of confidentiality

To build trust with an adolescent, discuss the limits of confidentiality at the start of treatment and plan with the adolescent specifically how information will be communicated to parents and other authority figures. Stick to your agreement! There is no surer way to lose the trust of an adolescent than by sharing information without the adolescent’s awareness. Reassure the adolescent that if you must disclose information (e.g., if someone’s life is in danger), you will make every effort to tell him/her before you do it.

Employing Motivational Interviewing

Motivational interviewing (MI) has been shown to be effective at reducing alcohol and substance use in adolescents with an initial low motivation to change.¹⁰ Although it is not possible to address the full scope of MI in this abbreviated format, some of the main principles include:

- Taking an empathetic, nonjudgmental stance and listening reflectively. This involves attempting to understand teenagers’ perspectives and helping them feel understood, so that they can be more open and honest with others
- Identifying how the adolescents’ current behavior may affect their goals. This involves working with adolescents to identify personally meaningful goals, and helping them to evaluate whether what they are doing now will interfere with where they want to be in the future

- Rolling with resistance. Rather than arguing with teens when they hit a roadblock, help them develop their own solutions to the problems that they have identified
- Supporting self-efficacy for change. The belief that change is possible is an important motivator for successful change. Help adolescents to be hopeful and confident about their ability to impact their own future in a positive way

Leaving the door open

When adolescents want to terminate treatment, make sure they know that they can come back at any time. Experienced treatment providers know that often it takes awhile for an adolescent to start coming in regularly.

Enhancing Community Awareness

Community members often interact with teens, but they often do not have the training to identify and understand youth at risk. To improve community awareness, substance abuse professionals and mental health providers should make every effort to provide community groups with information about the symptoms associated with substance abuse and traumatic stress, as well as information about factors that can increase or mitigate the risk of these disorders. Arming the community with this knowledge will be useful in identifying and treating youth in need, as well as in preventing future difficulties.

It is also critical to provide community member with links to help. This includes information regarding hotlines to call when a person suspects that a child or adolescent is being abused, contacts for guidance during a crisis, and referrals for meeting additional youth and family needs.

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