

Caregiver Guide

Substance Use Disorder Treatment Planning for
Youth with Co-Occurring Disorders

Written By:

Brigitte Manteuffel
Shannon CrossBear



Table of Contents

Executive Summary.....	ii
Introduction	ii
What Are Substance Use Disorders?	ii
Purpose of the Guide	ii
Tips for Caregivers.....	ii
Organization of the Guide	iv
Caregiver Guide	1
Why Is This Guide Needed?.....	1
What Is the Caregiver's/Family's Role in Treatment and Recovery?	1
Take Care of Yourself First.....	1
Overview: Mental Health And Substance Use	2
Prevention and Early Intervention.....	5
Treatment Services	8
Finding Treatment	16
Post-Treatment and Continuing Care	21
Paying For Treatment & Continuing Care	24
Resources	27
Question Cards	31

Executive Summary

INTRODUCTION

Youth with mental health conditions¹ have an increased risk of developing a substance use disorder. Some youth who need services for substance use problems² may have undiagnosed mental health conditions that are identified during treatment. Caregivers of youth with both mental health and substance use problems often face challenges in finding appropriate treatment. Caregivers of youth whose mental health conditions are discovered in substance use disorder treatment may discover that the treatment program cannot provide adequate mental health services.

Mental health specialists often have little training in substance use disorders, and substance abuse counselors often have little mental health education. Substance use disorder treatment programs may not have mental health services or staff with certification in both substance use disorder and mental health treatment.

Caregivers need information about the best treatment practices for recovery from substance use disorders when mental health conditions are also present. They need to know how to find, evaluate, choose, and finance these services under often stressful conditions. This Guide is intended to help caregivers identify the right services for their youth.

What Does Co-Occurring Mean?

Co-occurring means that both substance use problems and at least one mental health condition are present at the same time.

¹ In this Guide, *mental health condition* refers to any diagnosable mental illness such as anxiety disorder, ADHD, bipolar disorder, conduct disorder, depression, personality disorder, post-traumatic stress disorder, and others. A youth may have more than one diagnosable mental health condition.

² *Substance use problems* refers to any concerning use of alcohol or other legal or illegal drugs.

WHAT ARE SUBSTANCE USE DISORDERS?

Substance use affects the reward systems in the brain. A substance use disorder develops when the need for the reward provided by a substance affects use (or the inability to stop using) despite negative consequences. Substance use disorders range from mild to severe depending on the extent of the problems associated with their use. A substance use disorder without treatment or recovery is a progressive chronic illness. As use increases, tolerance to a substance and withdrawal symptoms also increase. Addiction is a term for this brain disease that is characterized by the inability to control or stop use despite resulting problems.

Substance use disorders affect both youth using substances and their families, so both must work on recovery. Like other chronic conditions, substance use disorders need long-term management. Both youth and families need to learn new skills to support long-term recovery.

PURPOSE OF THE GUIDE

This Guide can help caregivers understand the treatment of co-occurring substance use disorders and mental health conditions. Although this Guide is primarily directed toward caregivers of youth who have an identified mental health condition, any caregivers seeking substance use disorder treatment services for their youth will also find it useful.

The Guide is a single source that gives caregivers basic information about topics relevant to substance use disorder treatment. These topics range from understanding and identifying substance use problems to finding and paying for treatment and ongoing services after intensive treatment services end. For caregivers who want more information, the Guide includes an extensive list of resources relevant to the treatment of co-occurring disorders.

Although some caregivers may want to sit down and read the Guide in its entirety, it may be used as a resource to look up information as needed.

TIPS FOR CAREGIVERS

The Guide stresses six key messages to caregivers. These tips will help caregivers stay on track with finding the right services for their youth and

family and, ultimately, support their youth's recovery from a substance use disorder.

- 1. Find support:** You are not alone. Others have been where you are and can guide you to where you are going. They can walk alongside you.

A substance use disorder is an isolating illness both for youth and for their caregivers and families. To get help, it is important to break out of isolation and talk to professionals and others—caregivers, families, and youth—who have experience with substance use disorders and their treatment. Learn about

- the help you need and where to turn for it;
- how to communicate with your youth to intervene in his or her substance use problem; and
- what may be keeping you from reaching out for help and how many other caregivers and families experience this reluctance.

- 2. Obtain an assessment:** Get your youth an in-depth, integrated, trauma-informed substance use and mental health assessment.

An integrated screening and assessment process investigates both mental health and substance use problems. It will identify the nature of the substance use problem and any mental health needs. Because youth who have mental health or substance use problems may have experienced trauma at some time in their lives, an assessment process that addresses trauma will help uncover, in a sensitive manner, important treatment needs. Assessment is the first step to knowing what type of treatment is needed. Learn about

- integrated screening and assessment and
- what to look for to know whether the approach taken is trauma informed.

- 3. Decide what is best for your family:** Determine the best course of action given the identified needs of your family.

The needs and circumstances of every youth and family are different. Only you, your family, and your youth can know what best meets your needs. A treatment plan and services received should address the unique, individualized needs of each youth and family. Learn about

- planning the unique services that your youth and family need and
- advocating for these services with providers and insurance companies.

- 4. Ask questions:** Screen treatment providers to find out whether they can meet your family's needs.

Although seeking treatment may be urgent, you have the right to fully understand the services your youth and family will receive. You have the right to have all the facts about a treatment program to make an informed decision. Learn about

- questions to ask to be fully informed about services, treatment providers, and insurance coverage to help you make the best treatment decisions.



- 5. Investigate costs and coverage:** Find out as much as you can about the costs and what is covered by your health care plan.

You may be afraid to explore treatment options because of the cost involved. Find out what the costs are and what is covered by your insurance. Being fully informed about your youth's insurance coverage, costs, and the services included in those costs puts you in the best position to get the help your youth needs. Learn about

- different types of services, differences in costs, and supports for payment that can reduce costs and
- questions to ask about costs and insurance.

- 6. Plan for after treatment:** Prepare an “after” plan for ongoing healing and health maintenance after co-occurring treatment.

Long-term post-treatment supports have been demonstrated to produce the best chance of treatment success. Treatment—whether inpatient or outpatient—is just the start of this management process. Youth and families learn how to manage a substance use disorder in treatment. Maintaining what was learned in treatment needs regular, ongoing support. Learn about

- the types of supports that you and your family may need post-treatment to maintain long-term recovery.

ORGANIZATION OF THE GUIDE

The Guide is organized in the following sections:

Overview: Mental Health and Substance Use.

This section introduces co-occurring disorders; characteristics of substance use disorders; the impact of substance use disorders on families; signs and symptoms of substance use; and barriers to intervention and treatment.

Prevention and Early Intervention. This section offers a brief overview of basic steps that caregivers can take as prevention and intervention strategies. It emphasizes the importance of catching problems early and communicating with youth. As with any health problem, catching problems early and preventing more severe problems apply to both mental health and substance use disorders.

It also describes the roles that schools and law enforcement can have in supporting early intervention and treatment. Finally, it describes integrated screening and assessment as the first steps to identifying the nature of substance use problems and mental health conditions. The results of the screening and assessment provide the information needed to plan treatment.

Treatment Services. This section gives an overview of best practices for treating co-occurring disorders and of different types of substance use disorder services, evidence-based practices, medications, self-help programs, and other services. It describes the critical elements of effective, integrated treatment programs and presents an overview of what youth and families will experience during treatment.

Finding Treatment. This section addresses decision-making steps for finding and choosing treatment providers. Topics addressed include deciding on the treatment location, investigating service quality, understanding the characteristics of treatment providers, getting help finding treatment, and getting youth to treatment.

Post-Treatment and Continuing Care. This section addresses services and supports to maintain recovery after intensive treatment. It also addresses the risk of relapse, how to reduce the chance of relapse for youth with co-occurring disorders, and what to do if relapse occurs. Some other topics in this section are suggestions for making a continuing care plan with treatment providers, making service decisions, and identifying good-quality continuing care services and supports.

Paying for Treatment and Continuing Care.

This section provides information about variation in treatment and continuing care costs and what to discuss with providers and insurers about coverage, costs, and payment. It also gives information about health reform and mental health and substance use disorder services and links to more information about federal and state coverage requirements.

Resources. A comprehensive list is provided for easy access to additional, reliable information on the Internet. This list is a single source for access to additional information on critical topics.

Question Cards. The last pages of the Guide recap the questions for follow up that have been presented throughout the Guide. You can print these “Question Cards” (recommended by caregivers who reviewed the Guide) and use them when talking to providers or insurers about treatment services.

Authors and Acknowledgments

Authors: Brigitte Manteuffel, PhD, advisor, National Family Dialogue for Youth with Substance Use Disorders and Children’s Mental Health Network, and Shannon CrossBear, co-director, National Family Dialogue for Youth with Substance Use Disorders

Acknowledgments: Three caregivers and three young adults with youth mental health and substance use disorder treatment experience reviewed drafts of the Guide and provided input. We are grateful for their many helpful recommendations and improvements.

This document was produced with partial support from the Child, Adolescent and Family Branch, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS) through Contract No. HHSS280201000001C with the American Institutes for Research. The content of this publication does not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

Caregiver Guide

WHY IS THIS GUIDE NEEDED?

Substance use problems³ by a youth is frightening and overwhelming. Caregivers are often completely unprepared to face substance use problems. They lack information and don't know where to go for reliable help. Fear, anger, and helplessness often take hold as they struggle to help their youth, and themselves, regain their lives. When a youth also has mental health conditions, finding the right resources is even harder.

Physicians, mental health service providers, and school staff often are not well trained in substance use disorders and their treatment. Information on the Internet may be overwhelming and confusing. It may add to fears, or promise hope. Marketing by treatment centers can be hard to separate from facts. Information may not address the specific needs of youth with both mental health and substance use problems. Fear of treatment expenses can paralyze efforts to seek help.

Treatment providers offer hope for recovery. Yet, caregivers generally do not know how to judge which treatment is best for their youth.

- Is this hope real for my youth?
- Is it the best treatment for my youth with mental health conditions?
- Do the treatment providers really provide the services that they advertise?
- Where will the money for treatment come from?
- What do I do if support and treatment are not available near home?

These and many other questions add to the challenges of seeking treatment. We hope this Guide gives caregivers of youth with co-occurring substance use problems and mental health conditions the information they need to make the best treatment decisions.

³ *Substance use problems* refers to any concerning use of alcohol or other legal or illegal drugs.

What Does Co-Occurring Mean?

Co-occurring means that both substance use problems and at least one mental health condition are present at the same time.

WHAT IS THE CAREGIVER'S/FAMILY'S ROLE IN TREATMENT AND RECOVERY?

Caregivers and families have a critical role in recognizing substance use problems and seeking help for their youth. They are the ones who find treatment services and plan action to intervene with their youth. They base their treatment decisions on the needs of their youth, the availability of services, and the cost.

When their caregivers and families are involved in treatment, youth have the best chance of recovery. This involvement includes choosing services, educating the family, working toward their own recovery, and planning for and supporting their youth's long-term recovery.

TAKE CARE OF YOURSELF FIRST

Caregivers are in the best position to make good decisions when they take care of their own well-being first. Self-care helps reduce the effects of stress and brings new supports to the problem. Working on their own recovery helps caregivers take care of themselves. It connects them with a support network that can help them through the difficult process of recovery and will thereby also help their youth.

Seeking help and guidance are essential first steps toward support. The chaos that substance use disorders bring into families often makes it hard to sort emotions from facts. It can be difficult to remain calm and listen to advice from professionals. It can be hard to know how to use information to make decisions. It can be especially difficult to find treatment that addresses both mental health and substance use problems.

Who Wrote This Guide?

Caregivers who sought and received treatment for their youth with both mental health and substance use treatment needs wrote this Guide. Caregivers and young adults with youth mental health and substance use treatment experience reviewed and improved the Guide.

OVERVIEW: MENTAL HEALTH AND SUBSTANCE USE

What Are the Risk Factors for Substance Use Among Youth with Mental Health Conditions?

Youth who have mental health conditions are generally no more likely than other youth to be predisposed to addiction, but they may be more likely to experiment with substance use at an early age. Like their peers, these youth may drink or use drugs to fit in. But they may be less able to make wise decisions, say no in risky situations, or resist peer pressure. Some may try substances to defy authority.

Youth with mental health conditions are also at risk for experimenting with substances to self-treat their psychological discomfort. This can be especially true when they have unwanted side effects to medication or their conditions are untreated or unsuccessfully treated. Some youth stop taking their medication because they don't want to be different or sick. Youth may not understand why they feel the way they do, and they may discover that drinking or taking drugs makes them feel better. For some youth, this use can lead to a substance use disorder.

What Are Mental Health Conditions?

In this Guide, **mental health condition** refers to any diagnosable mental illness, such as anxiety disorder, ADHD, bipolar disorder, conduct disorder, depression, personality disorder, and post-traumatic stress disorder. A youth may have more than one diagnosable mental health condition.

Do Traumatic Events Affect Substance Use?

Childhood trauma has been linked to a range of mental and physical health problems and social problems across the lifespan. Past or recent experience with traumatic events can increase a youth's risk of substance use problems. Trauma spans the spectrum of hurts to the body, mind, emotions, and spirit. Some events—such as sexual abuse, bullying, or the death of a parent—are widely accepted as causing trauma, but less severe events may also be traumatic to a child.

National Child Traumatic Stress Network

Information about child and adolescent trauma and substance abuse can be found at <http://www.nctsn.org/resources/topics/adolescence-and-substance-abuse>.

What Are Substance Use Disorders?

Substance use affects the reward systems in the brain. A substance use disorder develops when the need for the reward provided by a substance affects use (or the inability to stop using) despite negative consequences. Substance use disorders are considered mild, moderate, or severe depending on 11 criteria associated with their use according to the DSM-V (see text box).

11 Criteria of Substance Use Disorders

1. More or longer use than intended
2. Not being able to cut down or stop using
3. A lot of time spent in getting, using, and dealing with the aftereffects of substances
4. Cravings or urges for a substance
5. Neglect of responsibilities at home, school, or work because of use
6. Continued use despite relationship problems
7. Giving up important activities because of use
8. Repeated use despite being put in danger
9. Continued use despite physical or psychological consequences
10. Tolerance (needing more of the substance to get a desired effect)
11. Withdrawal symptoms that are relieved by taking the substance

A substance use disorder without treatment or recovery is a progressive chronic illness. As use increases, tolerance to a substance and withdrawal symptoms also increase. Addiction is a term for this brain disease that is characterized by the inability to control or stop use, impaired control over behaviors, cravings, altered emotional responses, and reduced recognition of problems with people, responsibilities, and physical or mental health.

Not everyone who uses a substance develops a disorder. The unique characteristics of an individual, his or her developmental stage, social, cultural, and environmental conditions, and the type of substance affect substance use disorders. Genetics can also make a person more vulnerable to addiction. The rapidly developing brain of an adolescent is especially vulnerable to addiction; early exposure to drugs or alcohol increases the likelihood of addiction.

Environmental, social, cultural, and economic factors may influence whether a youth uses alcohol or other drugs. Access to substances at home, in school, or in the community can affect first use. The level of social acceptability among peers and family and cultural values about alcohol and drugs can influence use. The cost of substances and finances also contribute to use and abuse.

In addition to the brain's reward systems, addiction affects motivation, memory, judgment, and impulse control. It is hard to understand that a person addicted to a substance cannot control his or her intake of a harmful substance and that his or her behavior may not be willful. In particular, it can be hard to accept when the person's behavior becomes intolerable at home and produces problems with school, work, or law enforcement or when substance use results in a health crisis.

Why Is a Substance Use Disorder a Family Disease?

Substance use disorders affect everyone in a family, not just the person using alcohol or drugs. Each family member reacts to the youth using substances in his or her own way. Fear and anxiety about a youth's life may affect each family member differently, and attempts to control the substance use and related problems can be exhausting. Families often develop patterns of behavior and communication as they struggle with the effects of substance use that are harmful to themselves and to the person using substances.

Signs and Symptoms of Substance Use

Many resources are available to help families recognize symptoms of substance use and talk to their youth about substance use. The Partnership for Drug-Free Kids (www.drugfree.org) has a Parent Toolkit that provides guidance on

Getting Support: Connecting With Experienced Families

Other caregivers and family members who have experienced finding substance abuse treatment for their youth know what you are going through. Self-help groups formed around personal experience with alcohol or substance use disorders in the family are found in many communities and on the Internet. Books written by parents about their experience with their youth's substance use disorder are another resource.

Self-Help Groups. These groups help family members understand addiction and recovery and regain stability and well-being while dealing with alcohol or substance use disorders. They do not help you find a treatment program, although other people you meet in groups may be able to share their own experiences with treatment outside of formal meetings.

Family Advocacy and Support Groups. The number of support and advocacy groups for families of children with mental health or substance use disorders is growing in communities and on the Internet. These groups may provide resources to help with decisions about services. They also may lead community change and advocacy efforts. See the **Resources** section for support group websites.

recognizing symptoms of substance use and talking to youth about substance use at various ages.

Youth can more easily hide substance use and illegal behaviors from caregivers who do not understand youth culture and language. Becoming familiar with abbreviations in text messages, for example, can help you recognize communication about drugs.

Signs and Symptoms of Substance Use

Changes to or worrisome:

- Personal appearance, hygiene, habits
- Personal actions
- Behaviors, moods, relationships
- School or work status
- Health conditions
- Home or car conditions

www.drugfree.org/the-parent-toolkit/how-to-spot-drug-alcohol-use/

How Do I Know If My Youth Really Has a Problem?

Caregivers know when the behavior of their youth changes. They may not know whether the changes are due to adolescence or are caused by a problem that should not be ignored. It can be difficult to know whether worrisome changes in a youth's appearance or behavior are signs of mental health conditions or substance use. It can be especially hard for caregivers and others to accept that substance use is the cause of these changes.

If you notice a change in the behavior or mood of your youth that concerns you, talk to your youth about it. Make his or her mental health or primary care provider aware of the change and ask for a thorough assessment for your youth.

If you are concerned about a change in your youth that suggests substance use or abuse, talk to him or her, seek advice and support, and take actions that address your concerns.

Many fine mental health professionals and primary care providers are not well trained in substance use disorders and treatment. As a caregiver, you may need to help providers understand your concerns. Insist on help with access to services. A



thorough, integrated assessment by a professional trained in evaluating mental health and substance use problems can determine the nature of the problem. (See the **First Steps to Treatment—Integrated Screening and Assessment** section.)

Barriers to Intervention and Treatment

Recognizing a substance use problem and seeking treatment can be delayed by social, cultural, and personal barriers, as well as by problems with accessing services. These barriers include stigma, or the way society as a whole considers substance abuse. They also include poor access to the information needed to make treatment decisions and limited availability and high cost of services. Helping a youth accept treatment, especially when she or he is at a legal age to refuse treatment, can be especially difficult.

Stigma and denial can play a powerful role in keeping caregivers, families, and other adults from clearly recognizing a youth's substance use problem or sharing knowledge about the problem.

What Is Stigma and How Does It Affect Us?

Stigma refers to the way a society—and the people in it—views people with certain traits as being different, in a negative way, from others. Substance use disorders and mental illness are still largely viewed negatively by society, although this is changing.

It is important for family members to take action to get the best possible services, despite these concerns. Support that can help overcome concerns based on stigma can be obtained from support groups such as Al-Anon, Nar-Anon, and Parent's Anonymous; from trained peer support; and from treatment professionals.

What Is Denial?

Denial means all the ways we do not want to believe that there is a problem and how we convince ourselves that the problem does not exist. Substance use problems breed denial. People using substances deny they are addicted, and people who have a loved one with a substance use disorder engage in denial. Accepting that the problem is real is the first step to overcoming the urge to deny the problem.

Types of Denial

- **Complete denial**—“There’s no problem. There’s no addiction in our family.”
- **Minimizing**—“It’s not that bad. It’s just experimentation.”
- **Avoiding**—“I don’t have time to deal with this. I’m not going to talk to my child about any signs I see.”
- **Rationalizing**—“The warning signs are due to something else, not substance use.”
- **Blaming**—“It’s other people’s fault, not my youth’s.”
- **Lying**—The caregiver covers up for the addict.
- **Comparing**—“It’s not as bad as something/someone else.”
- **Complying**—The caregiver goes along with what the addict wants.
- **Manipulating**—The caregiver bargains with the addict.
- **Giving up**—“There’s nothing I can do about it. I don’t know what to do about it, so I won’t try.”

Cultural and Social Barriers to Seeking Help

Barriers to treatment include community and family beliefs about substance use. Beliefs about experimentation with alcohol or drugs as normal adolescent behavior can delay recognition of a problem. Cultural norms may keep families from revealing problems outside the family.

Feelings of shame and guilt about a substance use problem may keep families from reaching out for help. Caregivers may feel that they have failed or that the problem reflects badly on themselves. Youth may feel shame and guilt about their inability to control their substance use, their behavior, and the negative effect they have on those around them. Recognizing that a substance use disorder is a disease that responds to treatment can reduce these barriers.

Cultural barriers include difficulty finding providers who have an ethnic or cultural background similar to those of the youth, who speak a language other than English, or who are trained in cultural sensitivity. Services may not be easily available, especially in rural communities. Caregivers who are informed about substance use disorder and mental health treatment and reach out for help are better able to find the right treatment.

PREVENTION AND EARLY INTERVENTION

Prevention and early intervention are essential. Taking steps early can keep problems from getting worse, and a lower level of treatment may be able to address problems before they escalate.

Prevention means taking actions that will keep a problem from happening before it starts.

Early intervention means taking action as early as possible when a problem is recognized to keep it from getting worse.

By the time it is clear that substance use disorder treatment is needed, caregivers and families may feel intense guilt about failing to recognize problems earlier. By knowing that youth with mental health conditions are vulnerable to substance use disorders, caregivers can help prevent problems and intervene early if signs of substance use appear.

Caregivers do not carry the responsibility for prevention and early intervention alone. Schools and communities also have a responsibility for prevention and early recognition of substance use problems, and communicating with caregivers.

What Can Caregivers Do?

Caregivers have influence over communication with their youth and the environment in which their youth lives. Communicating values about alcohol and drugs, and taking actions that limit access to substances, can help prevent substance use.

Prevention: What Caregivers Can Do

- Talk about your position on drugs and alcohol. Be clear that you do not support the use of drugs. Begin these conversations early.
- Get rid of leftover prescription drugs by turning them in to drug recycling programs.
- Control access to prescription drugs and alcohol in the home.
- Limit unsupervised time between the end of school and when adults return home from work.
- Get to know your youth's friends and their families.
- Limit access to money.
- Maintain communication with schools. Advocate with schools to implement best practices for substance abuse prevention.
- Let your youth's doctor know that regular mental health and substance use screening should be a part of a health visit.

Early Intervention: What Caregivers Can Do

- Communicate with your youth early and often.
- Err on the side of caution by intervening early.
- Gather concrete information to support your concerns.
- Talk calmly and without accusation. Be specific.
- Talk in a setting where your youth can listen and you will not be interrupted. Let your youth know that you have his or her full attention.
- Explain your position to your youth. Be clear that you do not accept the behavior.
- Set expectations for your youth. Set limits for which consequences can be enforced, and be prepared to take action if limits are not respected. Do not make ultimatums that you cannot enforce.
- Seek help from others about how to address the problem. Don't assume you have to do it alone.
- If problems persist, get a thorough, integrated substance use and mental health assessment for your youth from a professional such as a mental health provider, a pediatrician, or a substance use disorder specialist.

Why Is Intervening Early Important?

Catching problems with alcohol or drugs early reduces the chance that they will get worse. This can be hard to do when youth who are using substances do not want their families to know. Families may not believe that there is a problem.

Early intervention has been proven to reduce deepening involvement with alcohol and other drugs and to prevent escalation to more serious problems, including physical dependency.

Intervention can occur at any level of substance use. Intervening early can make the difference between experimentation and a youth's progression to more serious substances, increased use, and addiction. It can also mean interrupting a relapse before it gets worse.

Communication is an intervention that is effective in influencing a youth's behavior. Even though your youth may not tell you the truth, your conversation tells him or her that you are concerned and can help. If you discover obvious signs of substance use, communicating with your youth, as calmly and rationally as possible, and acting to seek help are essential steps to take as soon as possible. CRAFT (see text box) provides excellent tools for productive communication.

Community Reinforcement and Family Training (CRAFT)

CRAFT is an evidence-based program that trains parents on ways to communicate with their youth to help him or her change substance use behaviors and accept treatment, to support youth behavior change after treatment, and to improve family functioning (see the **Resources** section).

School and Community Early Intervention

Schools. Caregivers should follow up with the school about substance use concerns to make sure that an appropriate plan is in place at the school. Some schools have special programs to prevent substance use or to support recovery. Advocate for changes in policies and programs, especially if circumstances at school may contribute to substance use.



Law Enforcement. Keeping your youth out of deepening involvement with the courts and getting intervention for substance use should be goals to prevent worsening problems if he or she gets in trouble with the law. Find out whether your community has a youth treatment drug court.

First Steps to Treatment—Integrated Screening and Assessment

Integrated screening and assessment of both mental health and substance use can determine the nature of your youth's substance use, mental health conditions, and treatment needs. Treatment plans should be based on the results.

What Is Integrated Screening?

Integrated screening collects basic information to identify substance use problems and one or more co-occurring mental health conditions. Screening questions also may explore related service needs such as medical, trauma, and family supports. Screening may take 30 minutes. If evidence of substance use, mental health, or co-occurring disorders is found, an in-depth assessment is the next step.

What Is Integrated Assessment?

An in-depth, integrated assessment gives detailed information about the nature of both substance use disorders and mental health conditions and how each relates to the other. It is used to plan treatment and how services are delivered. Assessment should be conducted by a trained and licensed mental health or substance use disorder treatment professional. Diagnoses are determined by psychiatrists, clinical psychologists, and other qualified health care professionals.

The assessment process may use a combination of assessment questionnaires; interviews with the youth and family members, friends, or others (with permission); review of medical and psychiatric records; physical examination; and laboratory tests.

Components of a Thorough, Integrated Assessment

- Demographic information
- History of symptom and treatments for both mental health conditions and substance use
- Strengths, supports, limitations, and cultural barriers relevant to treatment
- Perception of change needs and readiness to change related to substance use and mental health conditions
- Diagnoses and functioning, severity of substance use disorder
- Cultural and linguistic issues
- Gender and sexual orientation issues
- Social support and special life circumstances
- Legal and educational issues
- Medical conditions and sexually transmitted diseases
- Initial decisions about treatment

A thorough assessment may take several hours and may take place over several days during the early days in a treatment program. It cannot be done over the phone alone. Assessment may also occur over several days in a hospital setting to determine the nature of the substance use disorder and treatment needs.

Integrated assessment should be part of the treatment intake process to inform the treatment plan. Assessment should also occur regularly over the course of treatment to examine progress and gather information to adjust the treatment plan.

For more information:

<http://media.samhsa.gov/co-occurring/topics/screening-and-assessment/index.aspx>

What Is Trauma-Informed Assessment?

An integrated assessment of substance use and mental health should be trauma informed. A trauma-informed assessment asks questions about past or recent traumatic experiences (such as loss of a loved one, domestic violence, sexual abuse, witness to violence or crime, accidents, surgeries, and other traumatic events). A trauma-informed approach recognizes that revealing traumas may be difficult for the person. (For more information, see www.nctsn.org.)

TREATMENT SERVICES

Many different types of services are available for treating substance use disorders, ranging from free, 12-step and other self-help programs to outpatient services to residential and inpatient programs. State-of-the-art treatment for co-occurring conditions ***integrates mental health and substance use disorder treatment and employs evidence-based practices—those that have been shown to produce positive results in research studies***. It addresses all aspects of an individual's physical, mental, emotional, and spiritual well-being, culture and gender identity, and any issues with families, employment, school, and courts that may have an impact on recovery.

The treatment needs of individual youth differ by drug of choice, severity of substance use disorder, co-occurring mental health conditions, physical health problems, individual characteristics,

family and community characteristics, and other factors. Not all youth need residential services to recover. Some recover with outpatient services or attendance at 12-step meetings or other support groups, and supports at home and in school.

How Long Should Treatment Last?

Substance use disorders develop over time, and recovery takes time. The evidence supports a ***minimum of three months*** of treatment, with longer than three months of services being more effective. Whether treatment occurs in residential or other service settings depends on factors such as drug of choice and severity of substance use disorder. Longer periods of time in treatment allow more time for alcohol and drugs to leave the body. Drugs vary in the length of time it takes for them to fully leave the body, and risk of relapse is greater during these withdrawal periods. Changing behaviors and learning new behaviors take time. Longer treatment periods allow these changes to be adopted. Ongoing, long-term continuing care is essential for maintaining progress made in treatment.

What Is Integrated Treatment?

For individuals with co-occurring disorders, integrated services for mental health conditions and substance use disorders offer the best chance of attaining recovery and preventing relapse. Treatment programs for youth with a co-occurring mental health condition must address both mental health and substance use disorders in an integrated manner.

Starting with the assessment process, mental health concerns are addressed at the same time as, or together with, substance use problems. Treatment for mental health conditions is not suspended while substance use disorders are

treated, and one condition is not treated before the other.

In an integrated treatment approach, a treatment team with both mental health and substance use disorder expertise works together to determine the needs of individual youth and develops together a treatment plan that addresses all these needs. Members of the treatment team may include mental health specialists, substance use disorder specialists, pediatricians, social workers, families, and others.

It is important to monitor and treat multiple conditions at the same time because when one condition is left untreated while the other is treated, the untreated condition can cause problems that may negatively affect treatment and recovery. For example, if a youth suffers from depression and has been self-treating depression with drugs, when these drugs are removed and begin to clear from the youth's body, the risk of suicide may increase. For a youth with impulse control or conduct problems, if these issues are not addressed, they may result in acting out behaviors that may endanger the youth, cause him or her to run away, or negatively affect others.

For some youth, it may not be clear that mental health concerns are present until progress is made through substance withdrawal. Some mental health conditions may have been brought on by substance use, and symptoms may clear up quickly. Substance use can have long-term mental and physical health consequences. When mental health conditions are identified during substance use disorder treatment, treating these conditions may need to wait until it becomes clear that symptoms are not a result of the substances or the withdrawal process.

Integrated Medication Management. Providers must assess how best to manage medications and the withdrawal process. They must weigh the risks and benefits of stopping a medication for a mental health condition for a time during withdrawal. They may change medications to ones that do not have potential for abuse. A good treatment team will work together to make these decisions, solicit information from caregivers, and monitor the youth closely to make adjustments as needed.

How Do You Know Whether an Integrated Approach Is Used? Treatment providers should be able to describe their integrated approach, beginning with assessment. Their integrated treatment team should have expertise in both substance use disorders and mental health. Staff should be cross-trained and credentialed in integrated treatment or in both mental health and substance use disorder treatment.

What Are Substance Use Disorder Treatment Services?

The options available for treatment can be confusing to those unfamiliar with substance use disorder treatment. It can be easy to assume that the advice of a professional is the right advice for your youth. This Guide next describes various types of services and how they may be used.

Crisis Intervention

Reaching out for help in a crisis, or before a crisis occurs, applies to the difficult and sometimes life-threatening situations that surround alcohol or drug use, just as it does to other health concerns. Help should be obtained by seeking out appropriate and immediate crisis services.

Crisis hotlines. Help in a crisis is available in states and communities through alcohol and drug crisis hotlines. Trained staff are available to help address the crisis and guide callers to services. In some states, youth hotlines are available to provide peer-to-peer guidance to youth.

Emergency services. Get medical help promptly if you are concerned about the physical condition of your youth. If you cannot get your youth to go to an emergency room or rouse him or her sufficiently to get in the car, call 911. Both drugs and alcohol can have lethal consequences. Do not assume that your youth will be able to sleep it off. The type and amount of a substance, and the combination of substances, can be lethal. When taking your youth to the emergency room or calling 911, be direct and clear with staff about his or her alcohol or drug use, the probable drugs used, and your uncertainty about the drug or drug combination.

An alcohol or drug crisis is a medical emergency. Your youth may tell you that he or she is fine, but your intoxicated youth is not a judge of a medical emergency. A crisis is not a time to wonder

whether your youth needs to learn a lesson. The encounter with medical services will be a sufficient lesson and may save a life.

Essential Elements of Effective Integrated Treatment

- Thorough, integrated mental health and substance use assessment at intake and reassessment throughout treatment
- An individualized, integrated treatment plan that is implemented as planned and reviewed and revised over time to address changes in treatment needs
- A comprehensive, integrated treatment approach that is culturally competent and employs multiple strategies
- Evidence-based treatments for mental health conditions and substance use disorders
- A trauma-informed approach to treatment
- Continuous monitoring of drug use
- Family involvement in treatment, including family education and training
- Flexibility in level of care as determined by reassessment
- A minimum of three months of treatment
- Readily available treatment through all stages of recovery
- A strong, implementable continuing care plan developed with the youth and family

Naloxone (Narcan®). Naloxone is a nasal spray or injection medication that blocks opiate absorption and can stop an opiate overdose. If your youth overdoses on opiate medication or heroin, administering naloxone can save his or her life. Medical professionals, including ambulance personnel, should be prepared to administer naloxone. In some states, naloxone and training in its use are available to lay people, including family members.

Treatment program staff should have access to naloxone for use in a crisis. Although treatment programs are expected to be drug free, residents may bring in drugs if they are not thoroughly screened. A crisis may involve the resident who brought in drugs or other residents.

Detoxification

Detoxification refers to the process of safely reducing and removing drugs from an individual's system. Medically supervised detoxification may occur in a community detoxification center or in a hospital. Because medical crises can occur when a drug that a person's system has grown used is removed, close observation and administration of other medications to control the body's reaction to the removal of the substance are needed for some substances. Medically supervised detoxification is essential for alcohol and benzodiazepines because withdrawal can be deadly if not properly monitored, and is advised for opiate withdrawal for symptom management. Because you may not know which substances your youth has taken, you may not be able to judge whether medical detoxification is needed.

Detoxification may involve a short period of observation and administration of medication, or it can require stays of five days or more under medical supervision, depending on the substances and severity of the substance use disorder. Securing a bed in a detoxification facility can be difficult because beds often are not immediately available. Working with a provider who can help secure a bed, or checking multiple facilities to locate a bed, may be required.

The number of days covered by insurance for detoxification may be too short to hold a youth long enough to get him or her into treatment. You may need to work with your insurance company to facilitate transition to treatment.

Not all treatment programs, including residential programs, are equipped or licensed to provide detoxification. They may require that medically supervised detoxification take place before a youth can enter the program, or they may arrange detoxification in another facility before intake.

Self-Help

Support for people in recovery. Self-help groups that address alcohol and substance use disorders are an important resource for maintaining sobriety in recovery. Self-help programs provide structure, connection with other people who know and understand the recovery process from personal experience, and acceptance of the person in recovery.

For some people, recovery is possible through participation in self-help programs without enrolling in a treatment program. A recovering person's success with self-help programs alone may depend on several factors: the nature and severity of the substance use disorder, the motivation to change, the commitment to program activities, and the support structure.

Support for families. Self-help groups also provide support to families, including siblings. These groups provide structure, a peer group who has had similar experiences, and acceptance. Most important, these groups allow family members to heal from the chaos that a substance use disorder has created in their lives. By healing themselves and learning about what it takes to recover, they are in a better position to understand and to contribute to an environment that supports recovery.

Choosing a group. Attending at least six different groups (if possible) is recommended to find one that is comfortable. Not all groups are the same, although they may function on the same or similar principles. Some groups may be healthier environments than others. A choice of groups may not be available in all communities. Participating in the group in your community will be beneficial, even if there is only one group.



Sponsorship. In some self-help groups, sponsorship provides individualized support for members. A sponsor is an experienced member who becomes a resource and guide. Not all group members make good sponsors. A sponsor should have a history of recovery and an ongoing commitment to working on his or her own recovery. A

good sponsor is not easily manipulated and does not have a personal agenda in working with the person he or she is sponsoring, except to help that person in recovery. A good sponsor for a youth newly in recovery also has time to spend with the youth outside of meetings and to support the youth's recovery process.

Support Groups for People in Recovery

Alcoholics Anonymous (AA). Founded in 1935, this 12-step recovery program was developed by recovering alcoholics to address alcoholism. It is the foundation for all other 12-step programs. AA groups are found in most communities and around the world. Although AA's focus is on alcoholism, persons recovering from other types of addictions often also attend AA. Individual groups may differ in whether they only allow participation by those recovering from alcoholism. In many communities, no other groups may be available. Some AA groups meet online. Considerable resources, including books and speaker recordings, are also available online at www.alcoholics-anonymous.org.

Online AA speaker archives can be accessed at www.aaspeakers.org and <http://12step.org/Podcasts-Talks>.

Narcotics Anonymous (NA). These groups follow the same principles as AA but focus on recovery from narcotic addiction. NA is also open to alcoholics. For individuals who are recovering from drug addiction, it may be easier to relate to peers with similar histories in these groups (www.na.org). Online NA speaker archives can be found at <http://carrythemessage.com/>.

Cocaine Anonymous (CA). These groups follow the same principles as AA but focus on recovery from cocaine addiction and other mind-altering substances. CA may be a better fit for individuals with addictions to substances other than alcohol or narcotics. www.ca.org

SMART Recovery. This alternative to 12-step programs is intended to help people gain independence from all types of addictions. It is a 4-point program that integrates scientific evidence relevant to addiction recovery. SMART stands for Self-Management And Recovery Training. <http://www.smartrecovery.org/>

Celebrate Recovery (CR). This Christian alternative to traditional 12-step recovery programs includes persons in recovery from alcoholism and drug addiction, as well as those with other “hurts, habits, and hang-ups,” including codependency, eating disorders, sex addiction, and sexual abuse. www.celebraterecovery.com

Dual-Diagnosis Groups

Some programs address the recovery needs of dually diagnosed individuals but are less available than AA, NA, or CA. Two groups are listed below.

Double Trouble in Recovery (DTR). These groups follow a 12-step approach to recovery and are designed to meet the needs of individuals with co-occurring mental health conditions and substance use disorders.

<http://www.hazelden.org/web/go/dtr>

Dual Recovery Anonymous. This is a 12-step self-help program for dually diagnosed individuals. <http://www.draonline.org/>

For more information on dual-diagnosis groups, see <http://www.ncbi.nlm.nih.gov/books/NBK64192/>.

Family Support Groups

Al-Anon. Al-Anon is the family self-help group aligned with AA. Al-Anon follows AA’s 12 steps but focuses on the recovery of family and friends affected by someone’s alcoholism. Individuals share their own experience, strength, and hope to help one another overcome the effects of alcoholism on their lives. Although the focus of Al-Anon is on alcoholism, participation generally is not limited to families affected by alcoholism. www.al-anon-alateen.org

Alateen. Children and siblings are also affected by substance use problems around them. Alateen, aligned with Al-Anon, provides self-help support to teens affected by the alcohol or substance use disorders of others. These groups give teens a place to share their experiences and a means to address the effect of the disease on their lives. www.al-anon-alateen.org

Nar-Anon. Like Al-Anon but less available, these groups are for individuals affected by someone’s substance use disorder. Because they focus on experiences with drug addiction, these groups

may be a better fit for families whose primary experience is with drug addiction. www.nar-anon.org

Families Anonymous (FA). These 12-step groups focus on the experiences of caregivers and other family members of youth who struggle with alcohol or substance use disorders. Families sometimes find these groups to be a better fit than Al-Anon or Nar-Anon because members all have experiences with children and do not focus on spouses or adult children struggling with alcohol or substance use disorders. <http://www.familiesanonymous.org/>

Outpatient Services

Outpatient services are received in the community. They may be appropriate as the primary treatment option or may be recommended as a way to continue treatment and to maintain sobriety after residential or other intensive treatment.

Outpatient. These services are usually provided at a practice or facility specializing in substance use disorder treatment. Youth usually live at home while attending the program. Treatment activities typically involve group and individual therapy. Schedule, amount of time in treatment per week, and length of involvement in services will vary by severity of substance use disorder, age of youth, treatment plan, goals, and progress. Programs only for youth may not be available. Youth in programs with adults may not relate to adult issues and may disengage. Providers may not be able to address youths’ needs adequately. Programs may run during the day or in the evening.

Individual, Group, or Family Counseling

Therapy sessions may be used as a treatment approach for early stages of substance use, as one part of a comprehensive treatment plan, or after other types of treatment as a part of continuing care. Therapy may help uncover reasons for substance use, improve relationships, and develop new strategies for addressing problems. Not all types of therapy are equally effective and not all therapists are trained in substance use disorders. The therapeutic approach used and the therapist’s training and experience should be evaluated when choosing a therapist.

Intensive outpatient program (IOP). This level of treatment is more intense than outpatient services. More hours of service are provided per week and for longer periods of time. An IOP may be recommended for youth with multiple needs, including physical illnesses and mental health conditions. This may be the next step if a youth is not successful with outpatient services only.

Day treatment/partial hospitalization. With these services, youth live at home and receive treatment at a facility four to eight hours per day. A more intensive, structured treatment experience, it is appropriate for treating more severe substance use problems.

Residential Services

To receive residential services, youth live at a treatment facility for a specified length of time. The residential treatment should be in a program that is specifically for youth or young adults and should not mix youth and adults. Residential treatment programs vary in length and cost. Youth in these programs generally have more serious substance use problems, have been unsuccessful in other types of treatment, or have complex treatment needs.



Residential and outpatient programs should provide an integrated, comprehensive approach to treatment of co-occurring disorders. They should offer a range of individual, group, and family services; engage families in treatment; address educational needs so that youth do not fall behind in school; provide vocational services and life skills training; and have staff dedicated to preparing comprehensive continuing care plans for when youth leave treatment.

Residential Services

Residential Treatment Programs. Youth live at the residential program from one month to a year or more. Length of stay depends on the program and the youth's progress. Programs are usually divided into phases and should include a variety of effective treatment strategies, family involvement, and preparation for post treatment. Youth may have limited contact with family, except during family programming.

Therapeutic Communities. In these residential programs, individuals stay for six months or longer. Highly structured environments use the community (staff and residents) as change agents influencing an individual's perceptions, attitudes, and behaviors associated with drug use. Individuals receiving this type of treatment may include those who have a long history of addiction, have been involved in serious criminal activities, have serious social problems, or have been unsuccessful with other treatment approaches. Their goal is to resocialize individuals to a drug-free, crime-free lifestyle.

Inpatient Treatment. Residential services in special hospital units or clinic settings provide detoxification and treatment. They are used to treat individuals who have more serious medical or mental health conditions. Length of stay depends on progress.

Evidence-Based Substance Use Disorder Treatments

Recognized evidence-based substance use disorder treatments—those that have been shown to work—are available and fall into two categories: those that focus on behavior (behavioral interventions) and those that use medication (medication treatment).

The tables below briefly describe evidence-based behavioral interventions and medication treatments for substance use disorders. An integrated treatment program provides these interventions together with those addressing mental health conditions.

Behavioral Interventions

Behavioral interventions change attitudes, beliefs, and behaviors. They may be used alone or in combination with one another and other treatments. Some behavioral interventions used for substance use disorder treatment are the same as those used for some mental health conditions.

Substance use disorder treatment should include more than one kind of behavioral intervention.



Evidence-Based Behavioral Substance Use Disorder Treatments and Interventions

Behavior Therapy

Behavior therapy rewards behaviors that do not support drug use and applies sanctions for drug or alcohol use or other unwanted behaviors. Urine testing is part of behavior therapy.

Cognitive Behavioral Therapy (CBT)

CBT changes thinking and behavior. By teaching new coping strategies, practicing these strategies in therapy sessions and in homework, and reviewing success and setback in subsequent sessions, it helps individuals recognize, avoid, and cope with situations where they are likely to use drugs. Mindfulness approaches may be incorporated into CBT.

Community Reinforcement Approach (CRA)

CRA builds motivation, helps individuals understand their alcohol and drug use patterns, provides practice in new coping skills, and involves significant others who can help support the individuals' change in behavior.

Family-based Approaches

These approaches provide strategies to improve communication and overall family functioning and help sustain gains made in treatment. They also teach parents better monitoring skills and behavior management techniques to improve a youth's behavior and reduce drug use. They include Brief Strategic Family Therapy (BSFT), CRAFT, Functional Family Therapy (FFT), Family Behavior Therapy (FBT), Parent Management Training (PMT), Multisystemic Therapy (MST), and multidimensional Family Therapy (MDFT).

Motivational Interviewing (MI)

MI combines an assessment of the stage of readiness for change and motivational communication strategies to help individuals move forward toward behavior change and/or entry into treatment.

Motivational Enhancement Therapy (MET)

MET strengthens motivation for developing a plan to change and helps resolve ambivalence about engaging in treatment. It can be used as a stand-alone, brief intervention or as part of a comprehensive treatment plan.

Motivational incentives (contingency management)

Positive reinforcement is used to encourage abstinence from drugs and changes in behavior.

Trauma treatment is another type of behavioral intervention. Trauma-focused CBT (TF-CBT) is an evidence-based intervention that uses CBT (see table above) to treat the effects of trauma. Trauma treatment also may include **Eye Movement Desensitization Reprocessing (EMDR)**, which is used to change an individual's emotional response from dysfunctional to healthy by allowing access to adult coping skills and resources to use later in life.

Medication Treatments

Medication alone cannot treat substance use disorders, but it can support the recovery process, either initially or in the long term. Although medications for substance use disorder treatment are not as well tested in youth as in adults, some medications may be appropriate for the overall treatment plan.

There are differences of opinion about using medications to treat substance use disorders despite their effectiveness. These differences stem from conflicting treatment philosophies and goals related to a person becoming entirely drug free.

It is important for caregivers to understand how medication (or lack of medication) fits into the treatment plan and whether the use of medication is intended to be temporary or long term. For youth with co-occurring disorders, particular care should be given to possible drug interactions between medications for substance use disorder treatment and those for mental health conditions.

Medication Treatments	
Alcohol and Opioid Dependence Treatment	
Naltrexone	Opioids: Blocks effects of opioids and should be used only after detoxification Alcohol: Reduces relapse to heavy drinking; effective only in some people
Opioid Dependence Treatment	
Buprenorphine	Suppresses withdrawal symptoms and relieves cravings
Methadone	Suppresses withdrawal symptoms and relieves cravings
Alcohol Dependence Treatment	
Acamprosate	Reduces withdrawal symptoms
Disulfiram	Produces an unpleasant reaction if the person drinks alcohol while taking this medication

Other Interventions

Treatment programs, such as those that integrate physical health with mental health and substance use disorder treatment, may include brain imaging and attention to nutrition, relaxation, and fitness. They may include involvement in sports and activities such as yoga, massage, shiatsu, and acupuncture. Experiential therapies, such as challenge, wilderness, or adventure programs, may also be part of the treatment approach. While these activities may compliment treatment, they are **not** evidence-based treatments for mental health or substance use disorders.

What Are Other Important Considerations?

Treatment plans and services should be individualized or customized to the results of the youth's assessment. The treatment environment should be able to provide treatment specific to the characteristics of your youth.

Age. A treatment program should specifically serve and be designed to meet the needs of the age group of your youth or young adult. Your youth should be treated in an environment with other youth and not with adults who have adult issues.

Culture and language. Cultures differ in concepts that explain mental illness and substance use problems. Treatment is more successful when mental health and substance use disorder treatment includes the values and beliefs of an

individual's culture. Staff should be trained in cultural and linguistic competence. If a program does not have staff who speak the language of caregivers, it should have a means to address language needs to involve caregivers in treatment.

Treatment and Cultural Diversity

- How do services address cultural differences, if at all?
- Are services available in the youth's or family's language, if that language is not English?

Some excellent examples of co-occurring treatment approaches integrate culture, such as the Navajo Regional Behavioral Health Center (<http://media.samhsa.gov/co-occurring/news-and-features/navajo-regional-behavioral-health-center.aspx>), which is funded by SAMHSA.

A review of treatment approaches for substance use and co-occurring disorders for ethnic/racial minority youth can be found at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3488852>

Gender identity and sexual orientation. Substance use disorders are higher among youth who struggle with gender identity and sexual orientation issues than among those who do not. Program staff should be trained to assess and incorporate these issues into an individualized treatment plan.

What to Expect When a Youth Is in Treatment

In treatment, youth experience the adjustment of their bodies to the absence of drugs and alcohol. They learn about their substance use disorder and ways to change their behavior as it relates to substance use. They participate in structured activities individually, in groups, and with their peers in treatment. They may attend school, participate in support groups at the treatment location or in the community, and participate in activities with their families at structured times. They have an activity schedule and limited time to themselves. They share a room and have treatment homework, chores, and other responsibilities.

As youth adjust to the absence of substances, their bodies will continue to want these substances. They may act out in ways to obtain drugs and try strategies that worked while they were using. They will try to manipulate staff and families with

their needs. They may try to run away. These behaviors are part of the youths' denial of their substance use disorder. Programs will work with youth to help them recognize their denial. As youth adjust to treatment and the effects of withdrawal diminish, they can begin to take treatment seriously and change.

Limited communication. To help youth adjust and change, they may have limited contact with families and no contact with friends while in residential treatment. Families should expect that they will have no contact with the youth except at designated times, such as parent workshops and supervised phone calls or sessions that involve both family members and youth. Family members can reduce their anxiety about this separation by attending self-help groups and using self-care.

Screening of belongings, mail, or packages. Youth will have restrictions on what they bring with them and what they can receive by mail. The treatment program should thoroughly screen what is brought to treatment and the content of any mail received so that drugs and other prohibited items are not brought into the facility.

What Is the Family's Role in Treatment?

Caregivers and families must prepare to be in the best position possible to support ongoing sobriety during and after treatment. Families should learn about substance use disorders, begin to understand that substance use disorder is a chronic illness that is not cured during treatment, participate in family activities, and attend Al-Anon, FA, Nar-Anon, or other family support meetings.

Caregivers should have an active role in treatment and continuing care planning. They should make sure that mental health services are not neglected and that mental health staff are present and involved in treatment. If a treatment program cannot address the youth's needs adequately, decisions may need to be made to move the youth to a different program. Keep in mind that caregivers and families may have developed a distorted view of their youth's needs and experience while dealing with their youth's substance use and may need professional help to make the best decisions.

Regular staff contact. Staff should regularly contact you and update you about your youth's progress. You should have an assigned staff person to contact with questions. Staff should involve you in planning both the treatment and planning services and supports post-discharge. Family members should participate in family activities and should follow through with recommendations or assignments, such as attending support groups themselves.

FINDING TREATMENT

Once you know that substance use disorder treatment is needed, figuring out which services are needed, where they are available, and how they can be obtained become critical steps in deciding how to proceed with seeking treatment. Issues that may affect access to services include

- availability of services,
- nature of available services,
- whether services are available in the language that the youth or family members speak if other than English, and
- cost and source of payment.

Help from someone who is knowledgeable about treatment services and the process for obtaining these services makes it much easier to determine which services are best for your youth. Professionals such as mental health providers and pediatricians are one source of help. State-run substance abuse hotlines are another. Reputable helplines, such as the one run by the Partnership for Drug-Free Kids, or websites that provide unbiased help can also help sort out treatment needs and services.



Other parents attending self-help groups may have experience with specific services. Trained parent partners or peer support staff, or caregivers who have experience with seeking treatment for youth with substance use or co-occurring disorders, may be available in your community or state to help you make a plan.

Decision-Making Steps

The best match of treatment to your youth's needs is possible when a thorough assessment has been completed to ensure that the right level of care and combination of treatments can be received.

- Study your youth's medical benefits and call your insurance provider to know what is covered. Investigate resources for treatment in your state or community. Contact county substance abuse services to get information.
- Once you have identified treatment providers that may be a fit for your youth's needs, seek out more detailed information about each. Study their websites and call them to ask questions about their programs for youth like yours.
- Seek out information from others who may be familiar with the program. If needed, have someone else, such as your youth's mental health provider, call to ask questions for you.
- Rank treatment programs according to best options. Call them as often as necessary to get your questions answered.
- Once you decide on the best option, work with the treatment provider on the steps required to get your youth into treatment.

Should Services Be Found Locally or Outside the Community?

Where services are obtained should take into account the specific service needs of the youth, the availability of appropriate services locally, the cost, and the ability for caregivers and family members to be involved in the recovery process. These factors may combine to determine the best possible treatment option for a youth. Consider the questions below when reviewing treatment options.

What to Find Out About Local Services*

- What services, if any, are available locally? Are services available only at a distance from home?
- Are locally available services appropriate for my youth's co-occurring disorders?
- What are the available public and private services? How do they address co-occurring substance use problems and mental health conditions?
- How does admission to these services (public or private) occur?
- Are there low-cost or no-cost services options that are right for my youth?
- Is it better for recovery outcomes for my youth to receive services locally or away from home?

Research supports better recovery outcomes when youth receive services at a distance from home. However, receiving services away from home is not needed by every youth, and it is not an option for every family. Distance between home and the treatment program also can make it impossible for families to be involved in treatment if they cannot travel to the treatment location.

For some youth and families, treatment for youth in a location away from home, even when services are available locally, may be the better option. Reasons include greater difficulty for a youth to run away from treatment, difficulty in returning to or connecting with old friends and dealers who support his or her habit, a need for greater separation between the youth and family so that both can work on their recovery independently for a time, and ways a new environment far from home can help the youth overcome denial.

Some families may have no choice but to send youth away from home for treatment if services are not available nearby. This may be especially true in rural locations.

Quality of Services

The quality of treatment depends on the type of available services, staff training and supervision, and the alignment of the treatment plan with the youth's needs. When caregivers seek co-occurring treatment services, they need to determine the following:

- Is an integrated mental health and substance use disorder treatment approach used? How are mental health services provided?
- Are evidence-based treatment approaches used and with whom?
- Are staff trained and certified in evidence-based treatments and co-occurring treatment?
- Are licensing and accreditation of the treatment program current (see below)?
- Are services available that will address the youth's needs?

Treatment programs can have high staff turnover, which can significantly affect the quality of services. Some types of training may be limited to certain employees. Even though a program may tell you that its staff use specific approaches, the quality or frequency with which these approaches are used may be limited.

Substance use disorder treatment staff often are not trained or certified in mental health services. Mental health staff often are not trained or certified in substance use disorder treatment. This may mean that youth with co-occurring disorders do not receive the services they need or that their unique circumstances are not appropriately addressed.

Treatment Success Rates

Not all treatment programs keep statistics on their participants' outcomes. Outcomes can be difficult to track, and treatment providers may not want to take on the expense of surveying outcomes. But treatment programs should have information

Questions to Ask Treatment Providers About Services

- What is the nature of your youth treatment program? What services does it include? What is the evidence base for these services? How do services address cultural differences (e.g., ethnic, gender, sexual orientation)?
- Why do you think this program is a match for my youth?
- What is your approach to addressing mental health disorders? How will your program address mental health treatment needs of my youth? How do you integrate substance use disorder and mental health treatment?
- What is your assessment process? What does it include? How often are assessments done?
- How is the treatment program tailored to individual needs? How is it adapted throughout treatment?
- How are treatment decisions made? To what extent are families involved in these decisions?
- How do you access medical services? Do you have a psychiatrist on staff?
- What are the credentials of your staff? What are the credentials of substance use disorder treatment staff? What are the credentials of mental health staff?
- How are families involved in treatment and in aftercare planning?
- How does my youth continue education during treatment? Who provides education?
- How are outstanding legal and court issues that my youth has handled? Is there a person on staff who deals with these issues?
- What is the length of treatment? Are there different programs that have different lengths? Will my insurance cover the type of treatment my youth needs?
- How are 12-step or other recovery programs incorporated into substance use disorder treatment?
- What is the planning process for ongoing services and supports after treatment? Who is involved in this process and who makes decisions?
- How is confidentiality handled during and after treatment?

Adapted from http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Substance_Abuse_Treatment_For_Children_And_Adolescents_Questions_To_Ask_41.aspx

available about their outcomes, at least to three months post treatment and preferably longer.

Relapse rates for substance use disorders (40% to 60%) are similar to those of diabetes, hypertension, and asthma. Effective treatment should meet or exceed these odds. Relapse can be significantly reduced with an effective treatment program and an effective continuing care plan of long-term recovery supports (support for 5 years post treatment has been found to be most effective) that can be **implemented**.

What Do I Look for in a Treatment Provider?

As a consumer of treatment services for your youth, you have the right to know details about the organization and any conditions that may affect the quality of treatment and your relationship with the treatment provider. The treatment provider should be willing to share basic details about the history of the organization with you. Basic facts may be posted on the program's website.

Problems with treatment programs may be found by searching the Internet and can be checked with the Better Business Bureau (www.bbb.org) or the Single State Agency in the state in which the treatment program is located (see the **Insurance** section).

Certification, Licensing, and Accreditation Resources

For state alcohol and drug treatment programs and certification standards, see http://www.hhs.gov/partnerships/resources/fbc_i_co_unselor_standards.pdf.

SAMHSA's treatment locator (<http://findtreatment.samhsa.gov/>) provides information about treatment providers.

SAMHSA conducts an annual survey of treatment providers (National Survey of Substance Abuse Treatment Services, N-SSATS; <http://www.samhsa.gov/data/substance-abuse-facilities-data-nssats>).

A brief accreditation resource can be found at http://www.helpguide.org/mental/choosing_drug_rehab_treatment.htm.

What to Find Out About Treatment Providers

- How long have the treatment providers existed?
- How are they accredited and licensed?
- Is there special accreditation or licensing for serving youth and young adults?
- What is their reputation? Have there been any complaints against them? Are they in good standing financially? Is their accreditation up to date?
- How long have they served youth?
- Have they ever had a youth die during treatment? What about after treatment? What were the circumstances?

What Do I Need to Know About Licensing and Accreditation of the Treatment Provider?

Treatment providers are accredited by their state and should tell you about their accreditation. Staff should be trained and licensed mental health and substance use disorder specialists. You can check with the state in which the treatment program is located to find out whether it is accredited. Programs may also be independently accredited as a medical provider (The Joint Commission, formerly JCAHO) or as a rehabilitation facility (Commission on Accreditation of Rehabilitation Facilities; CARF).

Promises and Pitfalls: Be Alert to Problems

Talking to treatment program admissions staff may lead you to believe that their answers to your questions all line up with what you want. It is important to ask detailed questions, call back and ask more questions, and check out the information provided. Treatment programs are sometimes mismanaged or in financial trouble. Their number of residents may be very low. Even if they have a youth program, few youth may be there. Ask to talk to parents of other youth they have served and treatment staff. Ask to visit the facility. Treatment programs should allow access to staff and visitors.

Who Can Help Me Find Treatment?

Specific resources are available to help identify treatment programs and services. Two national helplines are included in the table below.

SAMHSA's National Treatment Referral Helpline

1-800-662-HELP
(1-800-662-4357)
24/7, 365 days a year

<http://www.samhsa.gov/find-help/national-helpline>

Referrals to local treatment facilities, support groups, and community-based organizations

The Partnership for Drug-Free Kids

1-855-DRUGFREE
(1-855-378-4373)
Monday–Friday,
10 a.m.–6 p.m. ET
English and Spanish

<http://www.drugfree.org/get-help/helpline/>

Professionally trained parent support specialists listen to concerns; help outline an effective, science-based plan for prevention, intervention, seeking treatment or supporting recovery, and provide information about resources available nationally.

Patient Navigators. A patient navigator helps guide individuals through the complexities of the health care delivery system. The support of a patient navigator can increase access to care, reduce health disparities, and improve patient outcomes.

When talking with insurance and health care providers, ask about patient navigators. They can help you with complex decision making. Patient navigators are not medical professionals and cannot give medical advice, but they can provide information about available options and information relevant to your decisions.

Parent Partners/Peer Support. Parents and other caregivers who have youth who have received substance use disorder treatment may be trained to work as parent partners or peer support workers. Youth in recovery may also be trained as peer support to help other youth. Parent partners or peer support for youth may be available in your community through public agencies or not-for-profit organizations. Groups that provide parent support may have helplines, Internet sites, or Facebook pages to help them reach out and communicate with families. See the **Resources** section.

How Do I Get My Youth to Treatment?

Youth and young adults may not be willing to go to treatment. Getting young adults to go to treatment and figuring out how you will get them there can be especially difficult. Involving youth in the treatment decision process and using motivational techniques

can help engage them. Caregivers can use these techniques themselves and may be coached by treatment providers in the techniques to use. In some cases, outside intervention may be needed.



Interventions and Transportation to Treatment

Intervention providers use different intervention approaches. The Johnson model of intervention, for example, has family and friends confront the person with the substance use disorder in a surprise meeting about the effect the addiction has on them. Individual interventionists may use motivational techniques to conduct interventions. Motivational approaches, including those used by families (e.g., learned with CRAFT; see **Resources** section), are found to be more effective than confrontation.

Interventions and transportation can be expensive. Some treatment programs include intervention and transportation in their services and may bill these services as a part of their treatment program cost. Check with treatment providers and insurers before incurring intervention costs.

Court Involvement in Getting Treatment

It can be extremely difficult to get youth who are legally adults to medical care or to a treatment program or to keep them in the program. They have the right to refuse treatment or to leave whenever they want.

Youth or young adults who have criminal charges may be remanded to treatment by the court. Court decisions can be an effective method for getting a youth to treatment, and court-ordered treatment may reduce treatment costs.

Young adults without criminal charges generally can be court ordered to treatment in only two situations: they show that they are at risk of harming themselves or others in front of law enforcement personnel who can assess this or they have been declared incompetent by the court. Different states have different laws governing court actions to turn over an adult's rights to a guardian when the adult is a danger to self or others. Knowing what these laws are can help you note conditions that qualify.

Health Care Laws

A significant issue in getting medical care for mental health conditions and substance use disorders is that the same laws apply as those that guide physical health care decisions. The law does not consider whether the person is in a mental state to make a sound medical decision, as they might be when needing care for an injury or a physical illness.

POST-TREATMENT AND CONTINUING CARE

What Happens After Treatment?

Detoxification and treatment are just the beginning of management of a substance use disorder. As with other chronic diseases, such as diabetes, people who have substance use disorders must learn how to stay healthy over the long term. They must apply what they learned in treatment to their everyday lives. In the treatment of chronic diseases, **self-management** means doing the things needed to stay healthy.

Both the individuals receiving treatment and their families often want to believe that after treatment, they will be able to live their lives without concern about substance abuse again. This is a form of denial. A substance use disorder is a chronic disease. The addiction recovery process takes time and develops over time. The needs of people in recovery in the early stages will differ from what they will need in later stages. A good continuing care plan addresses support at home, in school, and in the community and by medical professionals, as needed, for mental health and physical health concerns to support recovery.

Questions to Consider for Return Home After Treatment

- Have I and my family learned new skills to support recovery?
- Does the environment at home support sobriety?
- Does the environment at school support sobriety? Does the school or school system have a recovery support program or recovery school?
- Are 12-step or other support meetings nearby for the youth to attend?
- Are 12-step or other support meetings nearby for my family to attend? Have family members been attending 12-step or other support groups?
- Which mental health professional will manage mental health needs and medications? Is this person knowledgeable about addiction?

Relapse and Youth With Co-occurring Disorders

Relapse refers to the return to using substances after a period of sobriety achieved in treatment or out of treatment. Relapse is a part of the learning process in recovery. The brief use of a substance again (sometimes called a slip) or the prolonged return to substance use (relapse) can help youth understand triggers and the danger of substance use for them. A relapse is not the end of the world, but it can create considerable challenges. Having good recovery supports in place and using these supports to get back to recovery quickly will limit the length and severity of the relapse.

For youth with mental health conditions, ongoing treatment and monitoring of these conditions is needed so that their symptoms do not trigger relapse. A youth's own efforts to control troubling mental health symptoms can lead to substance use post-treatment. Integrated mental health and substance use disorder services post-treatment mean that youth are more likely to have the tools they need to address their mental health needs effectively.

Am I Enabling or Helping?

People with substance use disorders learn to be good manipulators of the emotions and behavior of those around them to support their use. Caregivers are enabling when they do something that their youth can and should do for themselves or give their youth something that they don't need, such as money or possessions. They are helping when they do something that their youth cannot do for themselves. As caregivers grow in their own recovery, they become better at recognizing when the things they do go beyond their absolute responsibility. Caregivers should learn skills to manage these types of situations as a part of family involvement in treatment.

Continuing Care Planning

For youth, especially youth who return to environments where they were using, support for changed behavior may be limited. Under these conditions it can be especially hard for youth to maintain what they learned in treatment. They can easily return to old behaviors.

Youth are more likely to maintain sobriety post-treatment when they are part of an environment that support their sobriety and recovery and minimize the chance that they can return to pre-treatment behaviors. An effective continuing care plan provides the infrastructure for this support, whether in a sober living/recovery house, at home, at school or college, or in the community.

Continuing care planning needs to take into account best practices, as well as the practical realities of the circumstances and community of the youth and the family. Best practices include having the right services and support for recovery, applying what was learned in treatment, and taking steps to avoid or minimize triggers for substance use.

All treatment programs should have processes for setting up the best possible post-treatment plans. This planning process should include both substance use and mental health recovery needs and should involve the youth, family members, and professionals.

Questions for Residential Continuing Care Programs

- What kind of residents do you have (youth, men, women, elderly, etc.)?
- What are the living arrangements (types of rooms, number of people per room, mix of older and younger residents, etc.)?
- How long do residents generally stay in your program?
- What is the daily routine of residents? What level of supervision do residents have?
- How long have you been in existence? What type of changes do you foresee in your program in the next six months?
- How do residents access mental health services, if these are needed?
- What level of responsibility does the program have to these needs? What support does the program provide so that residents are able to obtain ongoing mental health services?
- Whom can I talk to about their experience in your program?
- What kind of accreditation do you have?

Integrated Treatment and Relapse Prevention

The integrated treatment approach established in treatment should be maintained in continuing care settings. When mental health conditions and substance use disorders are not addressed together, confusion may result about the use of medication. Individuals knowledgeable about substance use disorder treatment who have limited or no training related to mental health treatment may believe that the use of appropriate prescription medication is in conflict with treatment.

Mixed messages about sobriety and medications can cause youth to stop using medications for mental health conditions. This can lead to a return to self-medication with alcohol or other drugs when mental health symptoms return.

When continuing care settings do not include attention to mental health, changes in behavior that are due to mental health conditions can be missed. These situations can be dangerous, not only for relapse but also for increased mental health problems that can result in death from suicide or new risk-taking behaviors.

Choosing Services

Caregivers have a large role in setting up continuing care services. Older youth and young adults can also have a significant role in decisions. Choosing services should take into account the support needs specific to the youth's substance use disorder and mental health conditions. Treatment providers should work with the youth and family to choose continuing care services that are consistent with the continuing care plan.

Services need to be available and accessible, and consistency with the treatment approach should be considered. If nearby services differ from those of the treatment program, connecting treatment and continuing care service staff may help create consistency. Most but not all treatment programs use a 12-step approach. Shifting between 12-step and other approaches can be confusing during recovery.

Post-Treatment Support and Sponsorship

Youth in treatment will learn that they need to seek out and attend 12-step or other support group meetings and, in 12-step groups, choose a sponsor after treatment. If possible, youth should visit more than one group to find the best fit. Youth receiving services near home often attend 12-step or other support meetings in the community during treatment and already have a local sponsor. See the **Self Help** Section for more information on 12-step groups and sponsorship.

Sober Living Programs and Recovery Residences

Sober living residences are one way to extend the period of time when a youth is in an environment that supports sobriety. Post-treatment sober living residences may be available through the treatment provider, may be independent community-based houses, or may be sober living dorms at colleges.

Individual-level support for recovery is available through personal recovery assistants, sober coaches, sober companions, and monitoring/recovery care management.

Some schools and colleges have sober living programs, and some school districts have recovery high schools. These programs provide an environment for youth and young adults that

understands substance use disorders and supports recovery.

Community-based sober living residences should be environments appropriate to youth or young adults. They must be well managed and supervised. They must have well-trained staff and have policies and procedures to keep them drug free. They should not mix youth with older adults. For youth with co-occurring conditions, these residences should facilitate access to mental health care, and their staff should have mental health training.

When choosing a sober living residence, it is important to have a good understanding of the nature and quality of its services. These residences are often poorly regulated. Find out whether they are licensed, how long they have been in existence, how they screen for drugs, and what training their staff have.

Many continuing care programs, including recovery houses and sober living programs, are not equipped to address mental health needs. They may be based on philosophies that do not support ongoing treatment for mental health disorders with medication. The quality of these services and ongoing attention to mental health needs can mean the difference between recovery and relapse—and sometimes life and death.

Young Adults in Recovery

For young adults, returning to a home community where they are exposed to past triggers for using can create new risks for relapse. Returning to a home, school, or community environment where a daily regimen that supports recovery and personal growth and maturation cannot be maintained can contribute to relapse.



Remaining in a community where supports are in place and where youth have an established network that supports their sobriety can be the better option. Getting a job, being self-supporting, going to school, and going to 12-step meetings all support the self-esteem and well-being of a young adult. For young adults who will be living independently, continuing care plans should include supports for independent living.

Caregiver Support for Recovery

When families understand substance use disorders and learn to interact differently with their recovering youth, they are in a better position to support ongoing sobriety. Caregivers can help create conditions that support recovery by working on their own recovery, attending their own support group meetings, and connecting with other parents they meet during their youth's treatment or in family support groups.

If needed services are not available locally, caregivers can work with providers to put together the best possible supports based on the continuing care treatment plan. They can help establish 12-step or other recovery groups in their communities, identify options for services by communicating with treatment professionals, and help arrange transportation to services so that problems getting to services (e.g., no driver's license, no one to drive youth to support group meetings or mental health services) do not derail the recovery process.

Online Supports for Recovery

Several websites for recovery support connect people who are in recovery to information and online communities. Some of these resources include websites for the self-help groups described above. Others, such as **The Fix**, share information. Other groups connect youth or provide youth support and counseling. See the **Resources** section for links to websites.

PAYING FOR TREATMENT & CONTINUING CARE

Substance use disorder treatment includes detoxification, outpatient services, day treatment, residential or inpatient services, and continuing care. These services differ in cost and may be treated differently by insurance. Public services may be available at

low cost. Some treatment programs offer financial aid or scholarship programs. Treatment providers may have sliding scale or payment plan options. Some youth may be eligible for Medicaid, which covers substance use disorder treatment.

Treatment Costs and Payment

Treatment costs, especially residential costs, can vary tremendously. Obtaining lower levels of treatment when higher levels are actually needed can waste time and resources and thereby delay recovery. Getting a thorough assessment to determine treatment needs can help you avoid unnecessary additional costs. The best possible alignment of the treatment plan with those needs will reduce the likelihood of repeated treatment attempts that do not meet your youth's needs.

Length of stay in treatment is key to outcomes. Do not assume that a longer stay costs more than a shorter stay or that a program that costs more is better. Low-cost programs with strong treatment approaches are likely to be more effective than costly programs that advertise heavily. The cost of 30 days of treatment at one location may be more than the cost of 90+ days at another location.

The level of treatment should be adjusted to the needs of the recovering youth over time. Generally, the most intensive, and therefore the most expensive, services occur in the early weeks. Cost may decrease over longer periods if there is a step-down process in level of care. For longer programs, the entire rate structure may be different, and cost may be distributed differently.

Treatment providers generally do not publish their costs; however, an overview of the range of potential costs can be seen in the independent reviews published by **The Fix** (thefix.com).

The SAMHSA behavioral health treatment services locator (findtreatment.samhsa.gov/) provides information about accepted methods of payment by treatment programs. It does not provide cost information.

Cost and Payment Questions for Treatment Providers

- What is the cost of the programs you offer?
- Do you have cost options that take into account different levels of need and continuing care options?
- Is there a separate cost for participation in family workshops?
- When is payment expected? Do you have a payment plan option?
- Do you have a sliding scale for payment?
- What insurance do you accept?
- Do you accept Medicaid (if applicable)?
- What is your process for contacting and billing insurance companies? What is my responsibility in this process?
- Do you offer scholarships? What are the requirements for a scholarship? What is the application process?

Continuing Care Costs and Payment

Some services received after intensive treatment may be free, such as support group attendance. Others may require payment, such as residential stays in a sober living house and ongoing mental health services or other post-treatment counseling related to substance use disorders or issues discovered during treatment.

The costs of residential continuing care services vary considerably. Reasonable costs should be consistent with the service provided—for example, room and board with oversight. If other services are provided, there may be other costs, some of which may be billable to insurance.

Young people should be directed by a residential continuing care program to seek or participate in volunteer or paid work. They may also contribute a portion of their earnings to their living expenses or work in lieu of living expenses. Working helps youth regain a sense of self-worth and supports recovery goals. Helping to pay for costs builds accountability. Opportunities for accountability support the development of healthy self-worth.

Insurance

Caregivers may be afraid to contact their insurance companies about a youth's substance use problems. They may worry about treatment as a part of their youth's medical history. If your youth has insurance coverage, accessing these resources is essential. Familiarize yourself with the policy, review information on the insurance provider's website, and call to discuss coverage. These steps will help you figure out what services are covered, how much time (e.g., number of sessions, length of stay) is covered, what you can afford, and what other resources you may need to support treatment.

A Word About Confidentiality

Medical records are protected by the **Health Insurance Patient Protection and Portability Act (HIPAA)**. Information about treatment cannot simply be given out without legal consequences for insurance carriers and treatment providers. See www.hhs.gov/ocr/privacy/index.html.

Insurance providers may not always communicate accurate information. The person you get on the phone may not be knowledgeable about your state's minimum coverage requirements. Knowing your state's requirements will prepare you to discuss benefits with your insurance provider.

The results of a thorough assessment (usually covered by insurance) put you in a better position to leverage your insurance and get your insurance provider to support recommended treatment.

Each state has a Single State Agency for Substance Abuse, which oversees insurance coverage requirements. For contact information for the Single State Agency in your state, go to <http://www.samhsa.gov/sites/default/files/ssadirectory.pdf>

Links to updates to state mental health legislation can be found here: <http://www.ncsl.org/issues-research/health/mental-health-benefits-state-mandates.aspx>.

What to Discuss With Insurance Companies and Payers

Treatment providers generally will work with your insurance provider to determine coverage. They are often knowledgeable about what your provider covers and can help you get the best possible coverage for your youth's treatment. Limitations in your insurance plan related to length of stay and lack of coverage for family or other services recommended for your youth's recovery could limit the services received by your youth and family. You may need to argue for coverage for recommended services to receive the most appropriate treatment.

Cost and Payment Questions for Insurance Providers

- What treatment services are covered by my plan? What is covered for mental health services? What is covered for substance use disorder services?
- Are there any details related to billing for different types of services about which I need to be aware? How should mental health and substance use disorder services be billed?
- Are there any conditions under which intervention or transportation to treatment is covered?
- How are family services billed?

Research evidence supports extended periods of treatment for youth. You can help your insurance company see the benefit in paying for the most effective treatment. Because relapse is reduced with longer treatment and ongoing continuing care, the long-term cost of repeated treatment also falls. Under the Affordable Care Act, providers are expected to show that the services their patients received were effective. In some cases, treatment providers (hospitals) can be denied payment when treatment results in readmission. This is an incentive to put in place effective long-term post-treatment support.

Health Reform and Mental Health Parity

Each state follows its own plans to implement the Affordable Care Act (ACA) and the Mental Health Parity and Addiction Act (MHPAEA), which improve access to mental health and substance use disorder services. Mental health and substance use disorders are considered chronic illnesses and services to treat these conditions are essential benefits under ACA.

Mental health parity means health insurance plans must cover mental health and substance use disorder treatment at the same level as medical or surgical care.

As federal and state implementation of ACA goes forward, be aware of changes occurring in your state that may affect benefits.

For more information, see

<http://www.whitehouse.gov/ondcp/healthcare>.

Comprehensive information about health coverage under health reform can be found at

www.healthcare.gov.

MHPAEA requirements can be found at

<http://www.dol.gov/ebsa/mentalhealthparity/>.

Some Final Words of Encouragement

You have the skills and information you need to reach out for help and find the services your youth and family need.

1. **Find support:** You are not alone. Others have been where you are and can guide you to where you are going. They can walk alongside you.
2. **Obtain an assessment:** Get your youth an in-depth, integrated, trauma-informed substance use and mental health assessment.
3. **Decide what is best for your family:** Determine the best course of action given the identified needs of your family.
4. **Ask questions:** Screen treatment providers to find out whether they can meet your youth and family's needs.
5. **Investigate costs and coverage:** Find out as much as you can about the costs and what is covered by your health care plan.
6. **Plan for after treatment:** Prepare an "after" plan for ongoing healing and health maintenance after co-occurring treatment.

Authors and Acknowledgments

Authors: Brigitte Manteuffel, PhD, advisor, National Family Dialogue for Youth with Substance Use Disorders and Children's Mental Health Network, and Shannon CrossBear, co-director, National Family Dialogue for Youth with Substance Use Disorders

Acknowledgments: Three caregivers and three young adults with youth mental health and substance use disorder treatment experience reviewed drafts of the Guide and provided input. We are grateful for their many helpful recommendations and improvements.

This document was produced with partial support from the Child, Adolescent and Family Branch, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS) through Contract No. HHSS280201000001C with the American Institutes for Research. The content of this publication does not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

RESOURCES

The list below provides links to websites with more information on topics addressed in this Guide. This list includes a broad range of resources that may help caregivers who are addressing their youth's substance use problems.

Signs and Symptoms of Substance Use

American Academy of Child and Adolescent Psychiatry (AACAP), Substance Use Resource Center, www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Substance_Abuse_Resource_Center/Home.aspx

The Partnership for Drug-Free Kids, The Parent Toolkit, www.drugfree.org/the-parent-toolkit/how-to-spot-drug-alcohol-use/

Substance Use and Childhood Trauma

National Child Traumatic Stress Network, www.nctsn.org

Prevention and Early Intervention

Make a Difference: Talk to Your Child About Alcohol,

<http://pubs.niaaa.nih.gov/publications/MakeADiffHTML/makediff.htm>

The Partnership for Drug-Free Kids, The Parent Toolkit, www.drugfree.org/the-parent-toolkit/

Preventing adolescent substance abuse,

www.hazelden.org/web/public/substance_abuse_prevention.page

Screening, Brief Intervention, and Referral to Treatment (SBIRT),

www.samhsa.gov/sbirt

Treatment Research Institute, University of Pennsylvania,

triweb.tresearch.org/index.php/strategies-for-parents-families/

Excellence in Prevention Strategy List,

www.theathenaforum.org/learning_library/ebp

Substance Use Disorder Treatment Information

Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide,

www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/principles-adolescent-substance-use-disorder-treatment

Sheff, D. (2013). *Clean: Overcoming Addiction and Ending America's Greatest Tragedy*, New York: Houghton Mifflin Harcourt,

<http://davidsheff.com/clean/>

Understanding the Disease of Addiction & the Process of Recovery for Healthcare Clinicians and Staff,

www.integration.samhsa.gov/about-us/Understanding_addictive_disorders_DBedit.pdf

Engaging Resistant Adolescents in Drug Abuse Treatment,

www.ncbi.nlm.nih.gov/pmc/articles/PMC2175207/

DrugFacts: Treatment Approaches for Drug Addiction,

www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction

Co-Occurring Disorders and Treatment

Substance Abuse and Mental Health Services Administration (SAMHSA), Co-Occurring Disorders, www.samhsa.gov/co-occurring/

Substance Abuse Treatment for Persons With Co-Occurring Disorders, www.ncbi.nlm.nih.gov/books/NBK64197/

Find Youth Info, Co-occurring Disorders, findyouthinfo.gov/youth-topics/substance-abuse/co-occurring-disorders

Co-occurring Mental Health and Substance Use Disorders in Young Adults: A Conversation with the Nation's Leading Expert, www.nami.org/Template.cfm?Section=ADHD&Template=/ContentManagement/ContentDisplay.cfm&ContentID=106829

Riggs, P.D. (2003). Treating Adolescents for Substance Abuse and Comorbid Psychiatric Disorders. *Science & Practice Perspectives*, 2(1), 18–29, www.ncbi.nlm.nih.gov/pmc/articles/PMC2851046/

The Status of Treating Co-Occurring Disorders in the U.S., www.drugfree.org/join-together/commentary-dual-diagnosis-the-status-of-treating-co-occurring-disorders-in-the-u-s/

Oregon Addictions and Mental Health Services, Co-occurring Disorders, www.oregon.gov/oha/amh/pages/co-occurring/main.aspx

California Institute for Mental Health, Co-Occurring Disorders, Best Practices and Adolescents Webcast, www.ayftx.com/wp-content/uploads/2012/08/Co-Occurring-Disorders-Webcast-Compatibility-Mode.pdf

University of Washington, Alcohol & Drug Abuse Institute, Co-Occurring Disorders in Adolescents, <http://ada.i.uw.edu/pubs/infobriefs/ADAI-IB-2011-01.pdf>

Evidence-Based Treatments and Practices

National Registry of Evidence-based Programs and Practices, www.nrepp.samhsa.gov/

University of Washington, Alcohol & Drug Abuse Institute (ADAI), Evidence-Based Practices for

Substance Use Disorders (EBP Substance Use), <http://ada.i.washington.edu/ebp/>

Miller, W. R., Meyers, R. J., & Hiller-Sturmhöfel, S. (1999). The Community-Reinforcement Approach. *Alcohol Research & Health*, 23(2), pubs.niaaa.nih.gov/publications/arh23-2/116-121.pdf

Services in Intensive Outpatient Treatment Programs, www.ncbi.nlm.nih.gov/books/NBK64094/

Evidence-Based Mental Health Treatment for Children and Adolescents, <http://effectivechildtherapy.com/>

Understanding Evidence-Based Practices for Co-Occurring Disorders, <http://store.samhsa.gov/shin/content/SMA07-4278/SMA07-4278.pdf>

Community Reinforcement and Family Training (CRAFT)

Robert Meyers, Ph.D., Founder of CRAFT, www.robertjmeyersphd.com/craft.html

HBO Feature, CRAFT: An Alternative to Intervention, www.hbo.com/addiction/treatment/371_alternative_to_intervention.html

American Psychological Association, Community Reinforcement and Family Training (CRAFT), www.apa.org/pi/about/publications/caregivers/practice-settings/intervention/community-reinforcement.aspx

Center for Motivation and Change, 20-Minute Guide, <http://the20minuteguide.com/>

Center for Motivation and Change, Beyond Addiction: How Science and Kindness Help People Change, <http://beyondaddictionbook.com/>

Treatment Locator Help

SAMHSA Behavioral Health Treatment Services Locator, findtreatment.samhsa.gov/

SAMHSA National Helpline FAQs, www.samhsa.gov/find-help/national-helpline

The Partnership for Drug-Free Kids, Helpline, www.drugfree.org/get-help/helpline/

Seeking Treatment—What to Consider

All Treatment, www.alltreatment.com

American Academy of Child and Adolescent Psychiatry (AACAP), Substance Abuse Treatment for Children and Adolescents: Questions to Ask, www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Substance_Abuse_Treatment_For_Children_And_Adolescents_Questions_To_Ask_41.aspx

Choosing a Drug Treatment Program, www.helpguide.org/mental/choosing_drug_rehab_treatment.htm

The Fix, www.thefix.com

Seeking Drug Abuse Treatment: Know What To Ask, National Institute on Drug Abuse (NIDA), www.drugabuse.gov/publications/seeking-drug-abuse-treatment

Choosing the Right Treatment: What Families Need to Know About Evidence-Based Practices, National Alliance on Mental Illness (NAMI), http://www.nami.org/Content/Microsites186/NAMI_Maine/Home174/FAMILY_Newsletter-Winter_2006/ChoosingRightTreatment1.pdf

Addiction Treatment Centers, Sober Nation, www.sobernation.com

Support Groups, Self-Help Programs

Family Support Organizations

Substance Abuse

National Family Dialogue for Youth with Substance Use Disorders, www.facebook.com/groups/165531130167937/

The Addict's Mom, www.addictsmom.com

Mental Health

National Federation of Families for Children's Mental Health (FFCMH), www.ffcmh.org

Help for Family & Friends, SMART Recovery, www.smartrecovery.org/resources/family.htm

12 Step Programs

For People in Recovery

Alcoholics Anonymous, www.alcoholicsanonymous.org
AA speaker tapes: www.aaspeakers.org/
Podcasts and speaker tapes: www.12step.org/Podcasts-Talks/

Narcotics Anonymous, www.na.org
Speaker archives: www.carrythemessage.com/

Cocaine Anonymous, www.ca.org

For Dually Diagnosed Adults

Dual Recovery Anonymous, www.draonline.org

Double Trouble in Recovery, www.hazelden.org/web/go/dtr

For Families of Substance Users

Al-Anon Family Groups, www.al-anon-alateen.org

Families Anonymous, www.familiesanonymous.org

Non-12 Step Recovery Support

Celebrate Recovery, www.celebraterecovery.com

SMART Recovery, www.smartrecovery.org

Youth Support Groups

Alternative Peer Group, <https://www.facebook.com/pages/Alternative-Peer-Group-Evolve-Counseling-and-Consultation-PLLC/283412735034699>

Youth Power!, www.youthpowerny.org/

Other Online Support

I Can Help Me, <http://icanhelp.me/community/>

In the Rooms: A Global Recovery Community, www.intherooms.com

Teen Line, www.teenlineonline.org

Recovery Schools

Reclaiming Futures, www.reclaimingfutures.org/blog/adolescent-substance-abuse-recovery-schools

Replacing Zero Tolerance with Boundless Compassion, Michelle Lipinski (Recovery High School TED Talk), www.youtube.com/watch?v=nsyHysONAGk

Advocacy Organizations

Changing Lives Foundation,
www.facebook.com/ChangingLivesFoundation

Drug Free America Foundation, Inc.,
www.dfaf.org/

Faces and Voices of Recovery,
www.facesandvoicesofrecovery.org

Hazelden's Center for Public Advocacy,
www.hazelden.org/web/public/center_for_public_advocacy.page

Mental Health America (MHA),
www.mentalhealthamerica.net/

National Alliance on Mental Illness (NAMI),
www.nami.org

The Partnership for Drug-Free Kids,
www.drugfree.org

SAMA Foundation, www.samafoundation.org

Students Taking Action Not Drugs (STAND),
www.studentstakingaction.org

Shatterproof, www.shatterproof.org

Young People in Recovery,
www.youngpeopleinrecovery.org/

National Associations

National Association of State Alcohol/Drug Abuse Directors (NASADAD), www.nasadad.org

National Council on Alcoholism and Drug Dependence, Inc. (NCADD), www.ncadd.org

National Drug Strategy Network, www.ndsn.org/

Addiction Technology Transfer Center Network (ATTC), www.attcnetwork.org

American Society of Addiction Medicine (ASAM),
www.asam.org

National Association of Addiction Treatment Providers (NAATP), www.naatp.org/

The Association for Addiction Professionals, (NAADAC), www.naadac.org

National Association of Drug Court Professionals (NADCP), www.nadcp.org

University Based Treatment Research Centers

Treatment Research Institute, University of Pennsylvania, www.tresearch.org

National Center on Addiction and Substance Abuse (CASA) at Columbia University,
www.casacolumbia.org

Alcohol & Drug Abuse Institute, University of Washington, <http://adai.washington.edu/>

Pediatric Medical Academies

American Academy of Child and Adolescent Psychiatry, <http://www.aacap.org/>

American Academy of Pediatrics, www.aap.org

Federal Agency Websites

MentalHealth.gov, www.mentalhealth.gov

A Comprehensive Approach to Drug Prevention,
www.whitehouse.gov/ondcp/prevention-intro

Substance Abuse and Mental Health Services Administration (SAMHSA), www.samhsa.gov

Directory of Single State Agencies for Substance Abuse Services, www.samhsa.gov/sites/default/files/ssadirectory.pdf

Find Youth Info, www.findyouthinfo.gov

Youth Substance Abuse,
findyouthinfo.gov/youth-topics/substance-abuse

Youth Mental Health,
findyouthinfo.gov/youth-topics/youth-mental-health

National Institute on Drug Abuse (NIDA),
www.drugabuse.gov

Centers for Disease Control and Prevention (CDC), www.cdc.gov

Adolescent and School Health,
www.cdc.gov/healthyyouth/alcoholdrug/

Alcohol and Public Health, www.cdc.gov/alcohol/

Prescription Drug Overdose,
<http://www.cdc.gov/homeandrecreationalafety/overdose/index.html>

Office of National Drug Control Policy (ONDCP),
www.whitehouse.gov/ONDCP

Office of Juvenile Justice and Delinquency Prevention (OJJDP), www.ojjdp.gov

QUESTION CARDS

The “Question Cards” are also found throughout the Guide. Family members who reviewed the Guide thought that caregivers might want to print and use these questions as a reference when phoning or meeting with treatment providers or insurers.

What to Find Out About Treatment Providers

- How long have the treatment providers existed?
- How are they accredited and licensed?
- Is there special accreditation or licensing for serving youth and young adults?
- What is their reputation? Have there been any complaints against them? Are they in good standing financially? Is their accreditation up to date?
- How long have they served youth?
- Have they ever had a youth die during treatment? What about after treatment? What were the circumstances?

What to Find Out About Local Services

- What services, if any, are available locally? Are services available only at a distance from home?
- Are locally available services appropriate for my youth's co-occurring disorders?
- What are the available public services? How do they address co-occurring substance use problems and mental health conditions?
- What are the available private services? How do they address co-occurring substance use problems and mental health conditions?
- How does admission to these services (public or private) occur?
- Are there low-cost or no-cost services options that are right for my youth?
- Is it better for recovery outcomes for my youth to receive services locally or away from home?

Questions to Ask Treatment Providers About Services

- What is the nature of your youth treatment program? What services does it include? What is the evidence base for these services? How do services address cultural differences (ethnic, gender, sexual orientation, etc.)?
- Why do you think this program is a match for my youth?
- What is your approach to addressing mental health disorders? How will your program address the mental health treatment needs of my youth? How do you integrate substance use disorder and mental health treatment?
- What is your assessment process? What does it include? How often are assessments done?
- How is the treatment program tailored to individual needs? How is adapted throughout treatment?
- How are treatment decisions made? To what extent are families involved in these decisions?
- How do you access medical services? Do you have a psychiatrist on staff?
- What are the credentials of your staff? What are the credentials of substance use disorder treatment staff? What are the credentials of mental health staff?
- How are families involved in treatment and in aftercare planning?
- How does my youth continue education during treatment? Who provides education?
- How are outstanding legal and court issues that my youth has handled? Is there a person on staff who deals with these issues?
- What is the length of treatment? Are there different programs that have different lengths? Will my insurance cover the type of treatment my youth needs?
- How are 12-step or other recovery programs incorporated into substance use disorder treatment?
- What is the planning process for ongoing services and supports after treatment? Who is involved in this process and who makes decisions?
- How is confidentiality handled during and after treatment?

Planning for After Treatment

Questions to Consider for Return Home After Treatment

- Have I and my family learned new skills to support recovery?
- Does the environment at home support sobriety?
- Does the environment at school support sobriety? Does the school or school system have a recovery support program or recovery school?
- Are 12-step or other support meetings nearby for the youth to attend?
- Are 12-step or other support meetings nearby for my family to attend? Have family members been attending 12-step or other support groups?
- Which mental health professional will be managing mental health needs and medications? Is this person knowledgeable about addiction?

Questions for Residential Continuing Care Programs

- What kind of residents do you have (youth, men, women, elderly, etc.)?
- What are the living arrangements (types of rooms, number of people per room, mix of older and younger residents, etc.)?
- How long do residents generally stay in your program?
- What is the daily routine of residents? What level of supervision do residents have?
- How long have you been in existence? What type of changes do you foresee in your program in the next six months?
- How do residents access mental health services, if these are needed?
- What level of responsibility does the program have to these needs? What support does the program provide so that residents are able to obtain ongoing mental health services?
- Whom can I talk to about their experience in your program?
- What kind of accreditation do you have?

Finance and Insurance

Cost and Payment Questions for Treatment Providers

- What is the cost of the programs you offer?
- Do you have cost options that take into account different levels of need and aftercare options?
- Is there a separate cost for participation in family workshops?
- When is payment expected? Do you have a payment plan option?
- Do you have a sliding scale for payment?
- What insurance do you accept?
- Do you accept Medicaid (if applicable)?
- What is your process for contacting and billing insurance companies? What is my responsibility in this process?
- Do you offer scholarships? What are the requirements for a scholarship? What is the application process?

Cost and Payment Questions for Insurance Providers

- What treatment services are covered by my plan? What is covered for mental health services? What is covered for substance use disorder services?
- Are there any details related to billing for different types of services about which I need to be aware? How should mental health and substance use disorder services be billed?
- Are there any conditions under which intervention or transportation to treatment are covered?
- How are family services billed?