

## **Assessment and Treatment of Children and Adolescents with Substance Use Disorders Clinical Practice Guideline Summary for Primary Care**

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### **DIAGNOSIS AND CLINICAL ASSESSMENT**

Alcohol and drug use is a common behavior among adolescents. Most adolescents experiment with using substances such as alcohol and cigarettes; a portion of them may move on to marijuana and a smaller portion may move on to the use of other drugs. A Substance Use Disorder diagnosis in the adolescent population is categorized by a maladaptive pattern of substance use with significant levels of impairment such as decreased academic and psychosocial functioning, risk taking behavior and negative consequences due to use. The course for Substance Use Disorders in adolescents is variable ranging from periods of substance abuse in early adolescence with decreased use in later adolescence/early adulthood to potentially more serious abuse/dependence for some adolescents. Developmental factors that may contribute to early use or ongoing use include common adolescent feelings of being vulnerable, issues of autonomy and “peer pressure”.

A comprehensive diagnostic evaluation requires careful attention to the patient’s medical and substance use history and should include the following elements:

- An appropriate level of confidentiality for the adolescent during the assessment is critical as adolescents are more likely to provide truthful information if they believe that detailed information will not be shared
- Detailed substance use history including age of first and last use; types of substance used including alcohol, caffeine, nicotine, illicit drugs, prescription and over-the-counter medication
- Amount, frequency, duration and pattern of use; negative consequences of use
- Review of adolescent’s prescription and over-the-counter medication
- Drug urinalysis
- Substance use treatment including levels of care and response to treatment
- Periods of abstinence; triggers for relapse
- General medical history and physical examination to rule out co-morbid medical issues related to substance use
- Family substance use history
- Family supports
- Psychiatric history, including current and past treatments (i.e. behavioral health therapy and pharmacotherapy) and responses to treatment
- Personal history including milestones, psychological development, major life events, and response to life transitions

- Academic and social history
- School supports
- Readiness for change and motivation for treatment

One way to improve diagnostic efficiency in detecting Substance Use Disorders in the adolescent population is the use of the following screening instruments:

- CRAFFT Screening Tool
- DUSI-A (Drug Use Screening Inventory-Adolescents)
- POSIT (Problem-Oriented Screening Instrument)
- PESQ (Personal Experience Screening Questionnaire)

### **POTENTIAL WARNING SIGNS IN TREATING ADOLESCENTS WITH SUBSTANCE USE DISORDERS**

- Patients exhibiting signs and symptoms of alcohol withdrawal may require medical intervention and/or detoxification.
- Any significant or sudden change in a patient's mental status, such as a new onset of impulsive, self-destructive or violent behaviors, warrant consultation with a behavioral health specialist and may require urgent or emergent treatment including hospitalization.

### **EFFECTIVE TREATMENT**

Treatment options for Substance Use Disorders in the adolescent population are generally determined by clinical presentation and severity of symptoms. A multimodal approach is required, with a focus on helping the adolescent identify awareness regarding his/her substance use, consequences of use and motivation for change.

Comprehensive treatment plans should be developed and reviewed during all phases of treatment and include the following interventions:

- Collaboration with the adolescent to develop a treatment plan and help with decision making; attend to the adolescent's preferences and concerns
- Establish the most appropriate treatment setting based on the severity of the adolescent's substance use, potential withdrawal symptoms and safety concerns
- Ongoing assessment and monitoring of adolescent safety and thoughts of harm to self or others is essential
- Ongoing monitoring of the adolescent's substance use disorder, co-occurring disorders and response to treatment
- Family involvement in treatment is critical

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Clinical practice summaries are intended to guide treatment for patients with a specific behavioral health disorder. This summary is not meant to substitute for individualized evaluation and treatment specific to patient needs.

- Coordinate the adolescent's care with other treating clinicians to ensure that relevant information is communicated to guide treatment decisions, and treatments are synchronized
- Assess potential barriers to treatment adherence including lack of motivation, logistical, economic, family or cultural barriers to treatment
- Provide education to adolescent/family regarding substance use disorders, relapse prevention and the importance of sober supports
- Promote healthy behaviors such as exercise, good sleep hygiene and nutrition

Treatment settings for adolescents presenting with Substance Use Disorders can include:

- Hospitalization/Inpatient Detox  
(typically for older adolescents presenting with Opioid Use Disorders)
- Outpatient Detox/Medication Assisted Treatment  
(typically for older adolescents presenting with Opioid Use Disorders)
- Residential Treatment
- Partial Hospitalization Program
- Intensive Outpatient Services
- Outpatient Therapy (Individual, Group and/or Family)

### ***Medication***

The presence of a Substance Use Disorder and co-morbid Psychiatric Disorder may increase the adolescent's potential for intentional or unintentional overdose. Therefore clinicians should use caution when considering pharmacological treatment for adolescents. Pharmacological treatments for Substance Use Disorders may be recommended for the following purposes:

- To treat intoxication states
- To decrease or eliminate withdrawal symptoms (i.e. methadone or buprenorphine for opioids and benzodiazepines for alcohol)
- To promote abstinence and prevent relapse (i.e. acamprosate, buprenorphine, disulfiram, naltrexone, and naltrexone for extended release injectable)

### ***Therapy/Community Supports***

Psychosocial treatments are an essential component for adolescents with Substance Use Disorders and include the following:

- Family Intervention/Therapy
- Group Therapy
- Behavioral Therapies
- Peer Support
- School Support

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- Cognitive Behavioral Therapy (CBT) – for adolescents with co-morbid conditions
- 12 Step Programs

***The National Committee for Quality Assurance HEDIS® Measure Recommendation  
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)***

- ***Initiation of AOD Treatment:*** patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization should have a subsequent visit within 14 days of the AOD diagnosis.
- ***Engagement of AOD Treatment:*** patients who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization should have three subsequent visits within 30 days of the AOD diagnosis.

**RESOURCES**

For further information you may access the complete version of the American Academy of Child and Adolescent Psychiatry's *Practice Parameter for the Assessment and Treatment of Children and Adolescents with Substance Use Disorders*, available at [www.aacap.org](http://www.aacap.org).

**OPTUM CONTACT INFORMATION**

- Optum Physician Consultation Service (800) 292-2922 to discuss treatment concerns with an Optum psychiatrist.
- Optum Customer Service (888) 777-4742 if you would like to make a referral to a behavioral health professional.
- Optum 24/7 Substance Use Disorder Helpline (855) 780-5955 for education regarding substance use, treatment options for the adolescent and available community support services.