

**ECHO IDAHO**

Substance Use in Idaho

# Adolescent SUD Treatment

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Debbie Ruiz, LMSW - Therapist

Trivium Life Services

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# Learning Objectives

- Understand Adolescent Substance Use Disorder
- Evidence-based Treatment Approaches
- Discuss Family, School and Legal Considerations



\*\*Nearly 90% of adults with SUD began use in adolescence (NIDA, 2023)\*\*

# What is Adolescent Substance Use Disorder

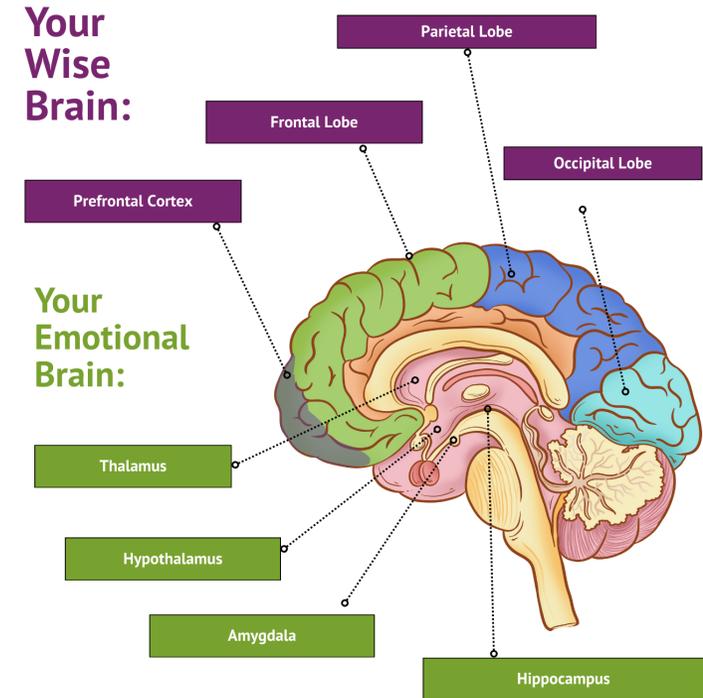
- Problematic use of substances leading to impairment in life areas (physical, mental, emotional, educational, familial, school, etc.)
- Different from adult SUD due to brain development.
- Adolescent SUD is diagnosed using the DSM-5-TR criteria.
- Frequently co-occurs with depression, anxiety, ADHD and trauma-related disorders.



# Why Adolescents are Different

## Neurodevelopment Matters

- Brain is still developing until mid-20s
- Heightened limbic system reactivity
- Increase reward sensitivity
- Higher impulsivity and risk taking
- Peer influence is significant
- Adolescence is a critical stage for intervention in SUD
- Engaging adolescences in treatment is essential for successful outcomes.



# Risk Factors

## Individual

- Trauma
- Impulsivity
- Depression/Anxiety
- Early substance experimentation

## Family

- Family/Parental Substance Use
- Low Supervision
- Family Conflict

## Environmental

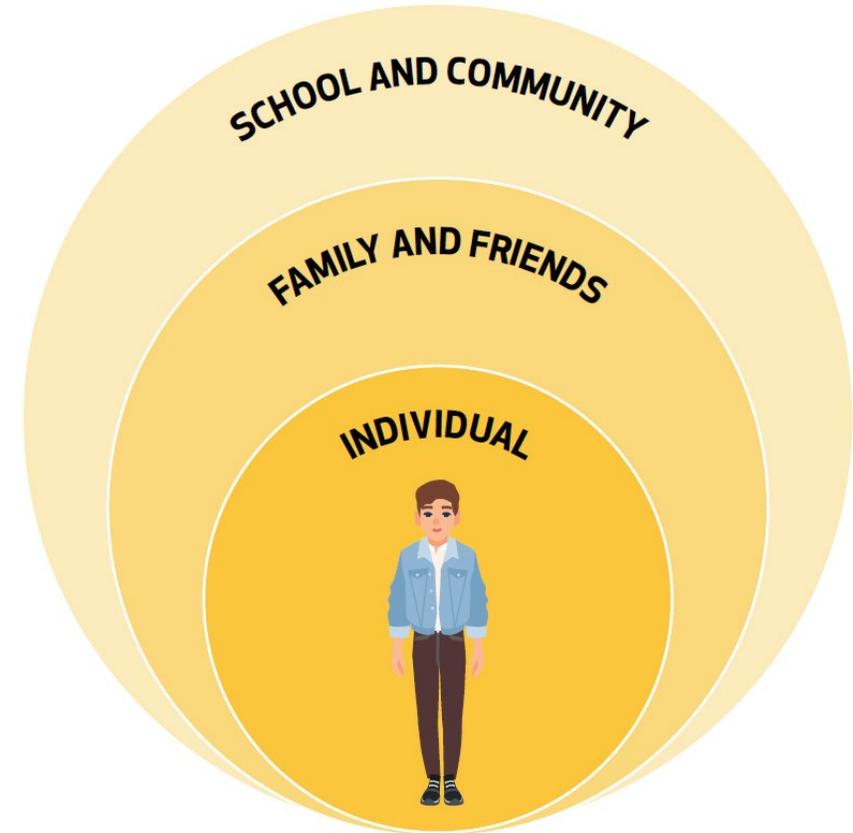
- Peer substance use
- Academic failure
- Community norms



# Protective Factors

## Research-based protective factors

- Parental Monitoring
- Clear behavioral expectations
- School Engagement/Connectedness
- Pro-social Activities
- Strong Family Support
- Mentorship relationships



# Screening and Assessment

## Available Screening Tools

- SBIRT Model
- CRAFFT Screening Tool
- AUDIT/ASSIST
- Urinalysis/Saliva as a Clinical Tool

## Clinical Assessment Tool

- ASAM (American Society of Addiction Medicine) Criteria (Adolescent Specific)  
Level of Care Placement



# ASAM Dimensions

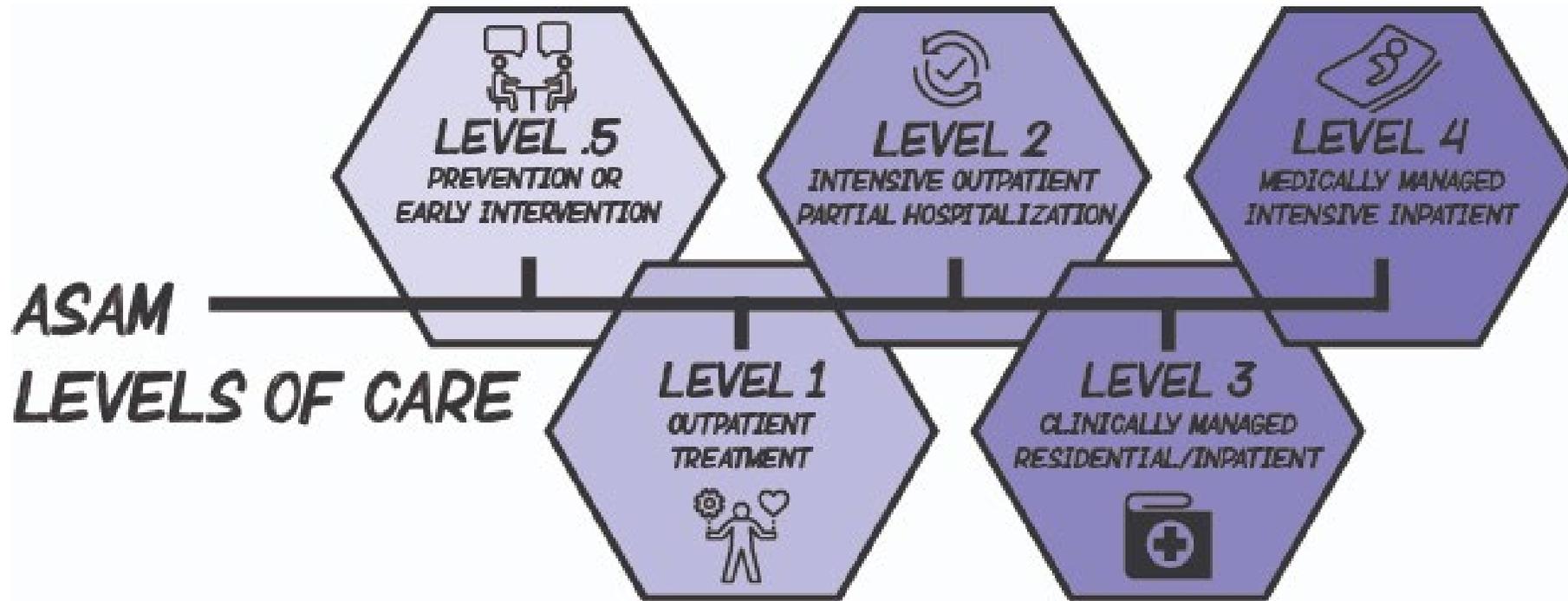
## ASAM Criteria 3<sup>rd</sup> Edition (Adolescent Specific)

1. Acute Intoxication/Withdrawal
2. Biomedical
3. Emotional/Behavioral
4. Readiness to Change
5. Relapse/Continued Use
6. Recovery Environment



# Levels of Care

ASAM Criteria 3<sup>rd</sup> Edition (Adolescent Specific)



# Evidence-Based Treatments

## Common EBT for Adolescents

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Family Based Approaches
- Contingency Management



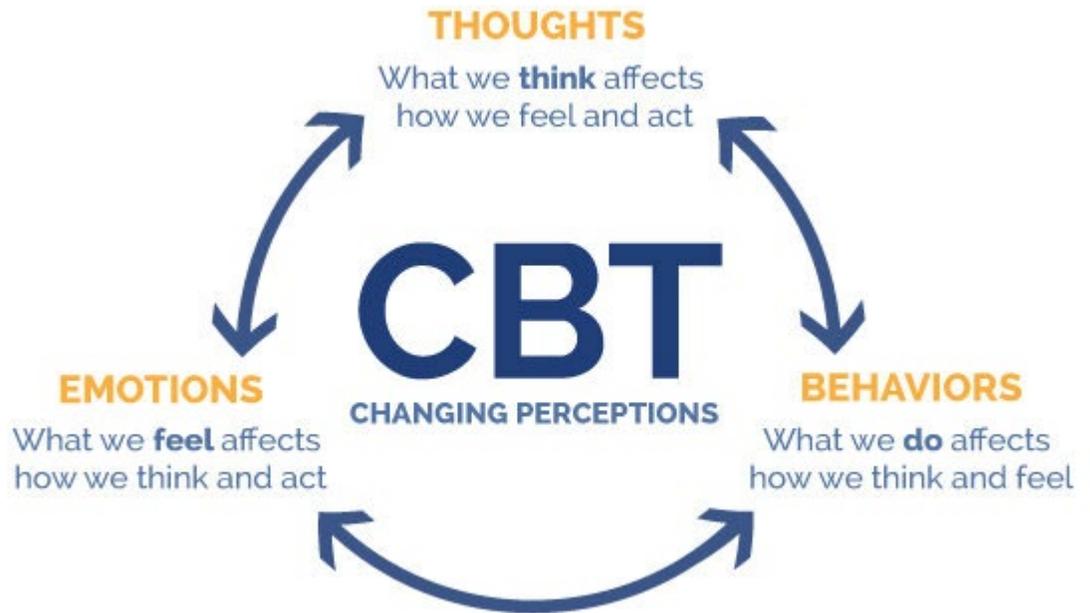
# Motivational Interviewing

- Build intrinsic motivation
- Non-confrontational approach
- Meet youth 'where they are'
- Express empathy
- Support self-efficacy
- Roll with resistance



# Cognitive Behavioral Therapy

- Functional analysis
- Identify triggers
- Build coping skills
- Challenge distorted thinking
- Identify high-risk situations
- Build support systems
- Cognitive restructuring
- Relapse Prevention



# Dialectical Behavioral Therapy

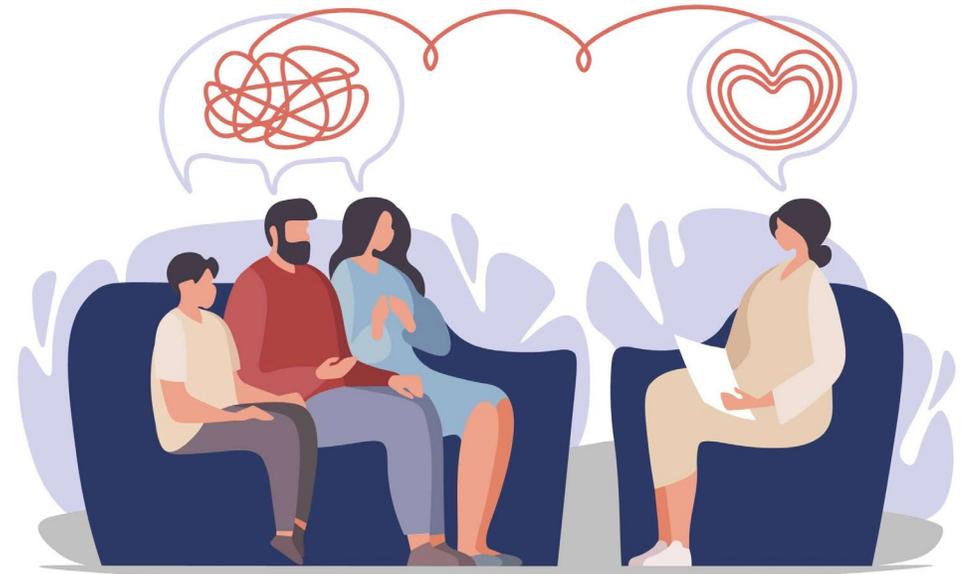
- Useful for co-occurring disorders and trauma history
- Emotional regulation
- Mindfulness
- Distress Tolerance
- Interpersonal Effectiveness
- Coping skills
- Improves impulse control
- Reduces self-destructive behaviors



# Family-Based Approaches

## Family Therapy Improves Outcomes

- Functional Family Therapy (FFT)
- Multidimensional Family Therapy (MDFT)
- Brief Strategic Family Therapy (BSFT)
- Parent Education and Support



# Group Therapy

## Developmentally Appropriate is Key

- Peer Connection
- Skill-building
- Interactive activities
- Relapse Prevention
- Role plays
- Visual tools



# School Involvement

- Wrap around case management to assist in engaging each agency in a Person-Centered Plan for the adolescent.
- Coordination with school counselors
- Attendance and academic support
- 504/IEP considerations
- Address truancy as symptom, not just behavior



# Juvenile Justice Involvement

- Probation requirements
- Court-mandated treatment
- Balancing accountability and treatment
- Treatment compliance vs. engagement
- Avoid purely punitive models
- Need for trauma-informed approach



# Cultural & Developmental Considerations

- LGBTQ+ youth have higher substance use risk
- Cultural humility vs cultural competence
- Rural vs urban access differences
- Developmental stage vs chronological age



# Ethics & Confidentiality

- Minor consent laws (Idaho requires parent consent to age 18)
- Parental Involvement and Expectations
- HIPAA & 42 CFR Part 2



# Key Points

- Early intervention changes trajectory
- Family engagement is non-negotiable (most of the time)
- Trauma-informed care improves retention
- Adolescents' requirement developmentally tailored treatment
- Engagement vs. compliance



# If You Remember Only 3 Things...

1. Adolescents are neurologically different.
2. Family treatment is essential.
3. Early interventions saves years of suffering.

Adolescents don't need punishment. They need connection, structure, and skill-building.



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