DEPARTMENT OF HUMAN SERVICES

SUBSTANCE USE DISORDER (SUD) FACT SHEET

- Substance Use Disorder (SUD) is a pattern of alcohol and/or drug use that leads to clinically and functionally significant impairment or distress.
- Any drug use by a child is cause for concern, as it exposes them to the dangers of the drug and associated risky behaviors, and may lead to more drug use in the future.
- In 2016, 79% of Minnesota eighth grade boys and girls had used alcohol and/or other drugs in the past year (Source: 2016 Minnesota Student Survey).

Clinical Symptoms

SYMPTOM	WHAT DOES A PARENT/CAREGIVER SEE?
Recurrent and significant consequences related to repeated use of substances	• Missing important social and recreational activities • Impaired judgment • Failure to complete chores or show up for work • Poor grades • School absences, suspensions, or expulsions • Mood swings • Anxiety or irritability • Appetite changes • Legal trouble • Health problems caused by use
Lack of control over substance use	• Preoccupation with substance use • Spending great deal of time anticipating, using and recovering • Inability to quit or cut down • Setting limits and going over limits • Cravings or strong urges to use
Tolerance	• Need to use more of substance to achieve same effect or less effect with same amount
Withdrawal	• Physical withdrawal symptoms or substance use to get rid of prevent withdrawal symptoms

Evidence-Based Practices

Evidence-based practices are treatments that have been shown through clinical research to produce positive outcomes for children and their families.

Treatment Approaches

The following are the best-supported treatment approaches for treating substance use in children and adolescents:

- Family Therapy
- Motivational Interviewing/Engagement
- Cognitive Behavior Therapy
- Community Reinforcement
- Contingency Management

Treatment Practices

The following are the best-supported treatment practices for treating substance use in children and adolescents:

- Psychoeducation: Psychoeducation is teaching children and their caretakers about their mental illness. The purpose is to help children and their families understand how the illness affects them, what kind of activities or treatment might help, and that there are others who have similar problems. This type of education helps them understand what will happen in the treatment sessions and how long the treatment might take. They will also learn what role the parent, the therapist, and the child will play in the treatment, and that they will be a team that will work on problems together.
- Motivational Enhancement: Motivational enhancement involves exercises designed to increase a child's readiness to participate in therapeutic activities or programs. These exercises can involve cost-benefit analysis, persuasion, or Socratic questioning or a variety of other approaches, but the goal is to increase motivation for engagement in a therapeutic change process.
- Communication Skills: Communication skills training involves teaching youth or caregivers in how to communicate more effectively with others to increase consistency and minimize stress. This training include a variety of specific communication strategies (e.g., active listening, "I" statements, constructive criticism).
- Problem Solving: Children with mental illnesses often think their problems are too big to handle. Problem solving is a strategy that teaches a child how to clearly identify a problem, look at all possible solutions, and choose a solution. They also learn to evaluate their choices, and if necessary, come up with different solutions. This strategy teaches children how to use problem solving in their day-to-day activities.
- Family Engagement: Family engagement involves the use of skills and strategies to facilitate the family's positive interest in participation in therapy.

- Family Therapy: Family therapy is a set of approaches designed to shift patterns of relationships and interactions within a family, typically involving interaction and exercises with the youth, the caregivers, and sometimes siblings. Sometimes family therapy is performed with a single client, but uses the same approaches to shifting patterns of family interactions that are part of more traditional, multi-client family therapy.
- Maintenance/Relapse Prevention: Maintenance/relapse prevention includes exercises and training designed to consolidate skills the child has already developed and to anticipate future challenges that might arise after the termination or reduction of therapeutic services. The overall goal of maintenance/relapse prevention is to minimize the chance that the gains made during the course of treatment will be lost in the future.
- Assertiveness Training: Assertive training includes exercises or techniques designed to promote the youth's ability to assert his or her needs appropriately with others, usually involving rehearsal of assertive interactions.
- Cognitive Processing: Cognitive processing is used to teach children about how the way they think about things can affect how they feel, and how they feel can affect how they behave. Cognitive methods might be used to help children understand how their thoughts are related to their moods and behaviors. They are taught strategies to help them check the accuracy of their thoughts and replace negative or unhelpful thoughts with more positive or helpful thoughts.
- Relationship/Rapport Building: Relationship/rapport building utilizes strategies in which the primary aim is to increase the quality of the relationship between the youth and the therapist. These strategies can include play, talking, games, or other activities.
- Stimulus Control or Antecedent Management: Stimulus control or antecedent management utilizes strategies to identify specific triggers for target behaviors and to alter, schedule, or eliminate those triggers in order to increase, reduce, or eliminate the behavior. This includes the manipulation of the environment to remove specific triggers (e.g., no TV in the bedroom to improve sleep), setting a specific schedule for a behavior to occur (e.g., schedule toileting practice or scheduled awakening), as well as the development of plans to cope with situations known to be challenging (e.g., shopping at the grocery store with a disruptive youth).