Transporting Evidence-Based Substance Abuse Treatment for Youth in Community Settings
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The significant gap between science and service has been widely acknowledged in the field of substance abuse treatment (e.g., Brown, 2000; Carroll & Rounsaville, 2003; Compton et al., 2005). For example, the Institute of Medicine (1998) concluded that only a small proportion of substance abusers receive treatment; and of those who do, the quality of care is highly variable and they are not likely to receive an evidence-based treatment (ebt). Similarly, McLellan and colleagues (McLellan, Carise, & Kleber, 2003) concluded from their survey that the nation’s substance abuse treatment infrastructure will not be capable of adequately supporting efforts to bring most evidence-based treatments into the field. Likewise, Morgenstern and colleagues (Morgenstern, Morgan, McCrady, Keller, & Carroll, 2001) suggested that the science-service gap might be wider in the addiction field than for any other behavioral or emotional problem.

The purpose of this paper, therefore, is to examine possible barriers to the transport of evidence-based substance abuse treatment for adolescents to community settings and to propose solutions to those barriers. These barriers pertain to several levels, including the nature of the intervention, characteristics of practitioners, and aspects of the broader systems in which the practitioners work.

Nature of the Intervention

Validation of effective substance abuse services for adolescents. As described by NIDA (1999) and Waldron and Turner (2008), several treatments of adolescent substance abuse have reasonably strong empirical support (e.g., multisystemic therapy [MST], contingency management [CM], and multidimensional family therapy).

Complexity of ebts. Most of the evidence-based treatments are relatively complex, which serves as a barrier to adoption and implementation. For example, MST requires an extensive site assessment process, considerable funding, commitment to an intensive and ongoing quality assurance system, and, often, modification of organizational practices. CM, on the other hand, is less complex, can be tried on a limited basis, and has highly observable results – qualities that should enhance the potential for diffusion (Rogers, 1995).

Characteristics of Practitioners

Attitudes of substance abuse treatment providers. There has been speculation that substance abuse practitioners hold negative attitudes toward evidence-based treatments, and that such attitudes impede their adoption of evidence-based treatments. Our recent research, however, clearly shows that community-based practitioners are very interested in learning about evidence-based treatments of adolescent substance abuse (Henggeler et al., 2007) and have generally favorable attitudes about such services (Henggeler et al., 2008).

Clinical skill deficits. Anecdotal evidence suggests that many practitioners have fundamental clinical skill deficits that impede their ability to engage clients in treatment – thereby limiting their capacity to implement ebts. Similarly, anecdotal evidence also suggests that supervisors often lack the skills needed to guide their therapists in the implementation of ebts.

System-Level Barriers
Crumbling substance abuse treatment system. As suggested previously, McLellan et al. (2003) concluded from their national survey that the nation’s substance abuse treatment system is crumbling and cannot meet the nation’s treatment needs. Our recent research shows that the public mental health sector holds the potential to greatly increase the availability of evidence-based substance abuse services for youth (Henggeler et al., 2008). Moreover, assuming a good fit between the nature of certain ebts (e.g., CM) and the skills of juvenile justice professionals, the juvenile justice system might also have the potential to increase access to ebts substantively.

Effective and efficient transport strategies. The development of effective approaches to transporting ebts to the field has become an important focus of research. Although efficient and effective models have been developed for transporting complex treatments of antisocial behavior in adolescents (e.g., Schoenwald, 2008), the picture is not clear for the larger scale transport of less complex treatments such as CM to a broader array of community-based practitioners. We are currently researching such transport.

Funding structures. This is an area that is likely relevant, but I am not immediately familiar with.

Summary

In spite of the development of effective treatments of substance abuse in adolescents, few youth receive such interventions for their substance abuse problems. Moreover, although the transport of some ebts is impeded by their complexity, others can be implemented more readily. Community-based practitioners generally hold favorable attitudes toward ebts, but anecdotal evidence suggests that the effective implementation of such interventions is restricted by clinical skill deficits. Likewise, the adoption and effective implementation of ebts is limited by the nature of the current substance abuse treatment system, the lack of existing effective and efficient transport strategies, and extant funding structures.

References


