



Table 3: Behavioural Treatment Models⁵

Treatment model	Description
Cognitive behavioural therapy (CBT)	CBT encourages adolescents to develop self-regulation and coping skills by teaching individuals to identify stimulus cues that precede drug use, to use various strategies to avoid situations that may trigger the desire to use, and to develop skills for communication and problem-solving. Trauma-focused CBT was developed to treat adolescents who have experienced a severe trauma, such as sexual abuse or domestic violence, and who have other emotional and behavioural problems. In this approach, parents attend parallel sessions and eventually joint sessions with the youth. CBT can be provided in a group setting or on an individual basis.
Contingency management (CM)	This treatment model encourages healthy changes in behaviour by providing adolescents with immediate rewards for positive changes in behavior, such as negative urine tests or meeting treatment goals. This approach regards substance use and related behaviours as operant behaviors that are reinforced by the effects of the drugs involved. Following the operant conditioning model, the adolescent’s drug use will subside when tangible incentives are offered for abstinence. These incentives include low-cost prizes or cash vouchers that are redeemable for gift cards to retail stores, food items, or other goods the youth finds rewarding. Contingency management can be delivered by parents at home, but is usually combined with other treatment approaches.
Adolescent community reinforcement approach (A-CRA)	This treatment model targets areas of the adolescent’s life that reinforce substance use and helps the adolescent to replace these negative influences with healthier prosocial behaviors. The adolescent’s needs are assessed and the therapist then chooses the appropriate topics for sessions. A-CRA can address problem-solving, communication skills, and relapse prevention, and can encourage participation in positive social and community activities. Role-playing is an integral part of the intervention and the adolescent is often given homework in which they must practice the skills they have learned in sessions in real-world situations. The adolescent’s caregiver is involved in treatment and will attend individual and joint sessions. Settles and Smith ³ identify A-CRA as incorporating the most comprehensive focus on youth development in comparison to other commonly used treatment models due to its attention to social, emotional, achievement, and identity domains.
12-step facilitation therapy	The goal of twelve-step facilitation therapy is to encourage adolescents to become involved in a 12-step program, such as Alcoholics Anonymous or AA (<i>*see description of 12-step and mutual support groups below</i>). These programs are a commonly applied strategy in inpatient and outpatient treatment programs, as well as a standalone approach. Approximately 2.3% of AA members in the USA and Canada are under the age of 21.