



## **SUBSTANCE USE DISORDER (SUD) FACT SHEET**

**SUBSTANCE ABUSE** is characterized by repetitive use of a substance in the face of significant negative consequences resulting from its use.

**SUBSTANCE USE DISORDER** is a pattern of substance abuse leading to clinically significant impairment or distress.

**SUBSTANCE DEPENDENCE** is a preoccupation with substance use, difficulty controlling or stopping use, negative consequences, and development of tolerance and withdrawal from the substance.

### **CLINICAL SYMPTOMS**

### **WHAT DOES A PARENT/CAREGIVER SEE?**

<b>Substance Use</b> →	Problems in other areas of life such as family, school and social  <i>Substance abuse disorder is less predictable in adolescents than adults and often develops in a complex situation.</i>
<b>Substance Use Disorders</b> →	Recurrent and significant consequences related to repeated use of substances; impaired judgment; failure to complete chores or show up for work; poor grades; absences; suspensions; expulsion; depressed mood; anxiety or irritability; inability to quit or cut down; setting limits and going over limits
<b>Substance Dependence</b> →	Compulsive substance use (preoccupation, spending great deal of time anticipating, using and recovering); continued negative consequences related to substance use; an increase in tolerance; withdrawal from important social and recreational activities

**EVIDENCE-BASED PRACTICES** are treatments that have shown through clinical research to produce positive outcomes for children and their families.

**The most common effective treatments for Substance Use Disorders (SUD) are:**

- **Family Engagement**
- **Communication Skills**
- **Stimulus Control / Antecedent Management**
- **Assertiveness Training**
- **Modeling**
- **Self-Monitoring**
- **Tangible Rewards**



**The most common effective treatments for SUBSTANCE USE DISORDERS / SUD are:**

**Family Engagement**

Family engagement is a set of strategies used to help families be actively involved, stay connected, feel empowered, and help their child or youth progress through therapy. The parents' desire to do what is good for the child/youth is recognized. The strengths and positive aspects of the family are emphasized and built upon to help the child or youth succeed in treatment.

**Communication Skills**

This is training for youth or caretakers in how to communicate more effectively with others to increase consistency and minimize stress. It can include a variety of specific communication strategies (e.g., active listening, "I" statements, constructive criticism).

**Stimulus Control / Antecedent Management**

This strategy helps the caregiver identify events that lead to good or bad behavior. Antecedents are things that happen right before a behavior. Often requests or commands can be the stimulus for a behavior. Teaching the caregiver to think about behaviors before they happen helps them to learn to manage their child's/youth's reactions. (In other words, managing the antecedents.) Over time, the caregiver is able to control the environment in a way that makes it more likely that the child/youth will behave more appropriately.

**Assertiveness Training**

Assertiveness training can help children and youth learn to get their needs met appropriately without attacking or being too aggressive. It can help them more comfortably say no or set limits with others. Being assertive is a positive way for them to clarify their expectations and limits, while at the same time avoiding problems.

**Modeling**

Modeling is used by the caregiver to show a child or youth how to respond to certain situations or events, particularly those that are scary for the child/youth. Caregivers are taught to demonstrate behaviors that show the child/youth they are not fearful, so that the child/youth will be less afraid. This can be done through role-play with the child or youth until they are comfortable facing the real situation. The caregiver models coping strategies that help the child/youth understand that the situation is manageable.

**Self-Monitoring**

Children and youth with mental illness often need help identifying and labeling their feelings and emotions. Self-monitoring helps them to keep track of a specific feeling or behavior. They learn to develop a rating scale to measure these feelings. They might keep track of how sad or happy they are feeling, or they might keep track of how anxious or relaxed they are feeling. Learning to do this will help them understand what they can do to increase or decrease the ratings.

**Tangible Rewards**

Tangible means using actual objects or activities as rewards for children and youth when they behave as requested. This can include gum, stickers, computer time, or small toys. (Intangible rewards are not objects and include things like praising or hugging the child/youth.) Tangible rewards can be helpful in promoting desired behaviors, particularly those that are more challenging for a child or youth to perform. Tangible rewards are often used at the same time as praise so that gradually the reward can be faded out and the praise is enough to continue the positive behavior.