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Characteristics of Successful Adult and Adolescent Treatment Programs

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There are several benchmarks that indicate a baseline of quality and professionalism in the provision of adult addiction treatment services. Some of the most significant of these include:

- state licensure
- Accreditation by the Joint Commission on Accreditation of Health Organizations (JCAHO) or the Commission on Accreditation of Rehabilitation Facilities (CARF)
- medical/psychiatric services or linkage arrangements
- multidisciplinary staff; direct service staff certified as addiction counselors; supervising staff trained at M.A. to Ph.D. level
- prior experience with drug choice, age, ethnicity, clinical profile of client being referred
- use of global assessment instruments and processes
- diversity of treatment modalities (full continuum of care)
- high intensity of family involvement
- high intensity of linkage to mutual aid groups and other recovery support services
- duration of continuing care following discharge from primary treatment
- presence and strength of alumni association, and
- specialized services for clients with special needs, e.g., adolescents, women, clients of color, dually diagnosed, relapsed clients.

Programs that have the best outcomes treating adolescent substance use disorders:

- use comprehensive assessment processes,
- focus on the special developmental needs of adolescents (family and group-oriented treatment),
- address co-occurring emotional/behavioral problems,
- provide strong programming in classroom academics and vocational counseling,
- have flexible policies regarding rule violations, and

- have well-organized monitoring and recovery support services that continue after initial treatment (Friedman & Glickman, 1986; White, Dennis, & Tims, 2002; Williams & Chang, 2000).

Seen as a whole (adult and adolescent treatment), the treatment programs that are most effective offer a comprehensive range of services, provide ancillary services that address issues that may contribute to or result from prolonged substance use and which provide case management or recovery support services that address obstacles to treatment completion and recovery maintenance (Siegal, Rapp, Li et al., 1997; McLellan, Grisson, Zanis, Randall, Brill, & O'Brien, 1997; McLellan, Hagan, Levine et al., 1999).

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