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Annotated Bibliography on Adolescent Substance Abuse



1. Dennis, M.L. (2002, May) Treatment research on adolescent drug and alcohol abuse: despite progress, many challenges remain. *Connection*, pp.1-2, 7.

This article is an invited commentary to a newsletter of drug abuse services research supported by the National Institute on Drug Abuse. The author reports on recent trends among young substance abusers, describing how rates and patterns of drug use are different from adults, with higher rates of co-occurring internal and external problems. He reports on how research on adolescent development has advanced treatment and practice, resulting in the development of more effective models of adolescent substance abuse treatment.

2. Dennis, M.L., Dawud-Noursi, S., Muck, R.D., McDermeit, M. (2002). The Need for Developing and Evaluating Adolescent Treatment Models. In S.J. Stephens & A.R. Morral (Eds.), *Adolescent Substance Abuse Treatment in the United States: Exemplary Models from a National Evaluation Study* (pp. 3-33). New York: The Haworth Press.

Adolescent substance abuse follows different patterns and progression than with adults, and treatment models for adults have provided mixed results when used with adolescents. This book chapter describes the increase in adolescent substance abuse and associated problems, chronicles the history and evaluation of adolescent treatment, and reviews data and evaluations of the public treatment system as it has been applied to adolescents in the United States in the last century. The Adolescent Treatment Model (ATM) program is described as an effort to identify, evaluate, and formalize models of effective adolescent substance abuse treatment. By utilizing standardized assessment, tracking and evaluation tools, researchers are finding early indications of improvements in actual practice in community based treatment models.

3. Dennis, M., Titus, J.C., Diamond, G., Donaldson, J., Godley, S.H., Tims, F.M., et al. (2002). The Cannabis Youth Treatment (CYT) experiment: rationale, study design and analysis plans. *Addiction*, 97, (Supplement 1), 16-34.

The goals of the Cannabis Youth Treatment (CYT) study are to identify and test the relative effectiveness, cost and benefit-cost of five promising treatment interventions under field conditions and provide evidence-based and affordable manual-guided treatment models that could be readily disseminated to the field. This paper describes the design and procedures of CYT and reports its implementation. The researchers found that despite costs and challenges, studies of treatment interventions have potential for developing innovative methods and procedures, answering critical treatment policy questions and advancing clinical practice.

4. Diamond G.S., & Liddle, H.A. (1999). Transforming negative parent-adolescent interactions: From impasse to dialogue. *Family Process*, 38, 5-26.

Providing in-depth case descriptions of therapeutic impasse in family therapy, the authors describe strategies that shift the therapeutic focus from behavior management to interpersonal relationship failures as a way to advance therapeutic progress. The article examines the theoretical foundation of the Multidimensional Family Therapy "shift intervention" strategy, the phenomenology of the conflict leading to what is termed "the impasse," and the specific therapist's actions that guided the family's resolution process.

5. Diamond, G., & Liddle, H.A. (1996). Resolving a therapeutic impasse between parents and adolescents in multidimensional family therapy. *Journal of Consulting and Clinical Psychology*, 64, 481-488.

Conflict between family members in therapy sessions often results in an impasse that can lead to noncompliance, early termination and treatment failure. By employing a Multidimensional Family Therapy (MDFT) strategy called “shift intervention” to resolve in-session conflict between parents and adolescents, the therapist can resolve the impasse. The authors report on the design of the “shift intervention” technique, provide an in-depth analysis of its application to episodes of therapeutic impasse, and evaluate its effectiveness both short and long term.

6. Harwood, H.J., Fountain, D. & Livermore, G. (1998). Economic costs of alcohol abuse and alcoholism. In M. Galanter (Ed.), *Recent Developments in Alcoholism, Volume 14: The consequences of Alcoholism* (pp.307-330). New York: Plenum Press.

This book chapter examines the process of estimating the economic costs to society of alcohol abuse and alcoholism in the United States. It describes the process of using cost of illness (COI) studies to study alcohol abuse, compares previous studies to current analyses, and details expanded definitions and contributing factors used to determine costs and who bears them. The most recent (1995) comprehensive study of the economic costs of alcohol and drug abuse estimates a 12.5% increase over the previous (1992) study.

7. Johnson, P.B., Boles, S.M., Kleber, H.D., Vaughan, R.D. & McVeigh, K.H. (2000). Age-related differences in adolescent smokers’ and nonsmokers’ assessments of the relative addictiveness and health harmfulness of cigarettes, alcohol, and marijuana. *Journal of Substance Abuse*, 11(1), 45-52.

The authors examined the beliefs of younger and older adolescents regarding addictiveness of cigarettes as compared to alcohol and marijuana through telephone survey. Results suggested that younger adolescents (age 12-14) believe marijuana is more addictive and harmful than cigarettes, while older adolescents (age 15-17) believe cigarettes are more harmful and addictive. Cigarette smokers of both age groups were more likely than nonsmokers to believe cigarettes are more harmful and addictive than marijuana.

8. Johnson, P.B., Boles, S.M., Vaughan, R. & Kleber, H.D. (2000). The co-occurrence of smoking and binge drinking in adolescence. *Addictive Behaviors*, 25(5), 779-783.

Researchers examined the connection between adolescent cigarette and alcohol consumption, conducting secondary analysis using the 1995 National Household Survey on Drug Abuse. The findings demonstrated a strong link between the two, with adolescent smokers likely to be binge drinkers and adolescent binge drinkers likely to be smokers, while those abstaining from one substance were also likely to abstain from the other. Findings also suggest the need for a dual focus in prevention and early intervention efforts.

9. Liddle, H.A. (2002, May). The research renaissance in adolescent substance abuse treatment. *Connection*, 4-5.

An overview of advances in research in adolescent substance abuse and the potential for applying research-derived therapies to regular clinical settings. The author reports on how clinical practice has benefited from new developmental knowledge changing the way treatment is provided. Research focus is expanding beyond treatment outcomes to process questions, and specialized and multi-component treatment models have shown promise with more advanced forms of adolescent dysfunction.

10. Liddle, H.A. (2002). Advances in family-based therapy for adolescent substance abuse: Findings from the Multidimensional Family Therapy research program. In L.S. Harris (Ed.), *Problems of Drug Dependence 2001: Proceedings of the 63rd Annual Scientific Meeting* (NIDA Research Monograph NO. 182, NIH Publication NO. 02-5097, pp. 113-115). Bethesda, MD: National Institute on Drug Abuse.

This monograph summarizes a presentation of treatment findings on empirically supported family based treatment for adolescent drug abuse. Two theoretically different therapies were compared for effectiveness. Studies comparing Multidimensional Family Therapy (MDFT) to individual adolescent treatment showed greater and more sustained improvement of symptoms for those treated with MDFT.

11. Liddle, H.A. (2001) Professional Interview Series: Introducing Howard A. Liddle, Ed.D. At *Health*. Retrieved April 3, 2003 from www.athealth.com/practitioner/particles/interview_howardliddle.html

An in depth interview with Dr. Liddle in which he discusses national trends in adolescent substance abuse and recent developments in evidence-based treatment for adolescent substance abuse. A clinical vignette serves as a basis for discussing treatment issues, focusing on the role of family in effective treatment. An extensive list of recommended resources follows the interview.

12. Liddle, H.A. (1999). Theory development in a family-based therapy for adolescent drug abuse. *Journal of Clinical Child Psychology*, 28, 521-532.

This article traces theory refinement within family therapy leading to the formation of Multidimensional Family Therapy. The goal of treatment development research has been to develop effective therapeutic models for treating adolescent problem behavior and drug abuse. Operating from a theoretical level regarding dysfunction, risk factors, interpersonal processes, and historical perspective, researchers developed an expanded theoretical definition of change leading to targeted, theory-derived intervention strategies.

13. Liddle, H.A. (1994). The anatomy of emotions in family therapy with adolescents. *Journal of Adolescent Research*, 9, 120-157.

Liddle focuses on the growing understanding of the role of emotions in the development and functioning of adolescents, describing them as important factors in family development, problem behaviors and problem solving, and dysfunctional family patterns. Through clinical illustration, this article examines chronic, stable and quick-to-escalate negative emotional exchange between family members participating in Multidimensional Family Therapy, a family-based-treatment approach designed to treat adolescent drug abuse and behavior problems. This case study illustrates how emotions are targets of therapeutic work as well as mediating variables and can become part of a positive intervention strategy.

14. Liddle, H.A., Dakof, G.A., Parker, Diamond, G., Barrett, & Tejada, M. (2001). Multidimensional Family Therapy for adolescent drug abuse: Results of a randomized clinical trial. *American Journal of Drug and Alcohol Abuse*, 27(4), 651-688.

This article reports on a study comparing the effectiveness of Multidimensional Family Therapy (MDFT) and two alternative treatments in reducing adolescent drug use and associated problems such as delinquent behaviors, school failure, and maladaptive family functioning. Comparison therapies were selected because of the theory-based contrasts, testing the influence and limits of treatments developed from psychotherapy rather than drug counseling traditions. Measured by outcome indicators of attrition, drug use, problem behaviors, school performance, and family functioning, results showed that all treatments resulted in improvements. Treatment effectiveness was greatest for MDFT, maintained even at a 1-year follow-up.

15. Liddle, H.A., Dakof, G.A. (1997). Family therapy supervision. In C.E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 400-418). Needham Heights, MA: Allyn & Bacon.

Family therapy training and supervision models have evolved along with the field of family therapy and psychotherapy. Clinical supervision has benefited from research on family therapy training that has led to the development of assessment instruments and evaluated training outcomes. As treatment models become more integrated and multidimensional, therapists may find learning them to be complex. The authors focus on Multidimensional Family Therapy, describing supervision guidelines and methods used in therapist training.

16. Liddle, H.A., Dakof, G.A. (1995). Efficacy of family therapy for drug abuse: Promising but not definitive. *Journal of Marital and Family Therapy*, 21, 511-534.

This article presents a critical review of controlled treatment outcome research in the area of family therapy for drug abuse in both adults and adolescents. Studies demonstrate that family intervention therapy can be more effective than nonfamily therapies in engaging and retaining drug users and their families in treatment, significantly reducing drug use and other related problem behaviors and enhancing particular domains of prosocial functioning. While family therapy of adolescent drug abuse is more developed at present than family therapy of adult drug abuse, limitation in numbers and scope of studies published to date limit definitive confirmation of family therapy's effectiveness.

17. Liddle H.A., Dakof, G.A., & Diamond, G.S. (1992). Adolescent substance abuse: Multidimensional family therapy in action. In E. Kaufman & P. Kaufman (eds.), *Family therapy of drug use and alcohol abuse* (2nd ed., pp.120-171). Needham Heights, MA: Allyn & Bacon.

This book chapter presents aspects of Multidimensional Family Therapy, a family therapy treatment model for adolescent drug abuse and behavior problems developed in a National Institute on Drug Abuse-funded study called the Adolescents and Families Project. An overview of the conceptual framework of Multidimensional Family Therapy and key units of the family therapy treatment manual that directed the clinical work are presented. Case studies are used to illustrate the therapeutic model.

18. Liddle, H.A., Dakof, G.A., Diamond, G., Holt, M., Aroyo, J., & Watson, M. (1992). The adolescent module in multidimensional family therapy. In G. Lawson & A. Lawson (eds.), *Adolescent substance abuse: Etiology, treatment, and prevention* (pp. 165-186). Gaithersburg, MD: Aspen Publishers, Inc.

A comprehensive description of Multidimensional Family Therapy, its development and application. The authors distinguish it from other family therapy approaches and detail the characteristics of this approach. The content domain of the Multidimensional Family Therapy model is defined as 'modules,' and therapists are taught to utilize these basic building blocks of the content of therapy in work with adolescents and their families.

19. Liddle, H.A., Rowe, C. Dakof, G., & Lyke, J. (1998). Translating parenting research into clinical interventions for families of adolescents. *Clinical Child Psychology and Psychiatry* 3, 419-433.

The authors review advancing knowledge of basic developmental research on parenting during adolescent years, with particular attention to clinical implications. This research led to the identification of models of empirically based, developmentally sensitive interventions for problem adolescents. A particular intervention model used in the context of Multidimensional Family Therapy, called 'parent reconnection interventions', is described.

20. Liddle, H.A., Rowe, C.L., Quille, T.J., Dakof, G.A., Mills, D.S., Sakran, E., Biagge, H. (2002). Transporting a research-developed adolescent drug abuse treatment into practice. *Journal of Substance Abuse Treatment*, 22, 1-13. Special Edition on Transferring Research to Practice. (D. Simons, Ed.).

This article presents the details of a process of experimentally testing the integration of Multidimensional Family Therapy (MDFT) into an existing community-based adolescent drug abuse program. The study described is a collaborative project between researchers at the University of Miami School of Medicine and treatment providers at the University of Miami/Jackson Memorial Hospital, and was designed to adapt and transport MDFT interventions into a day treatment program for substance abusing youth. The authors detail the process including the technology transfer involved, its challenges and evidence of initial success.

21. Mendel, D. (2002). A Family Affair. [electronic version]. Advocasey, 12-19. www.aecf.org/publications/advocasey/spring2002/pdf/family_affair.pdf

An Annie E. Casey Foundation publication report on the community-level application of a combination of two theory-based adolescent substance abuse treatment programs, Brief Structural Family Therapy and Multidimensional Family Therapy. Program success at two clinics in Miami, Florida is detailed along with research studies evaluating the effectiveness of these treatment methods. The benefits and challenges to broader implementation of this model is discussed.

22. Pond A, Aguirre-Molina M, Orleans J. (2002). *The adolescent substance abuse treatment workforce: Status, challenges, and strategies to address their particular needs*. Princeton: Robert Wood Johnson Foundation.

A background paper commissioned by the Robert Wood Johnson Foundation to facilitate discussion among adolescent substance abuse researchers and practitioners about the current status of the adolescent treatment workforce, challenges associated with treating adolescents, major issues impacting the adolescent treatment workforce's recruitment and retention in the field, and innovative strategies to strengthen the workforce over both the short and long terms. Based on a review of current literature as well as interviews with researchers and practitioners associated with substance abuse workforce issues, this paper addresses issues on the staff, organizational, systems, and policy levels, and suggests strategies for reform.

23. Rowe, C. Liddle, H., McClinti, K., Quille, T., (2002). Integrative treatment development: MDFT for adolescent substance abuse. In F.W. Kaslow & J Lebow (Eds.), *Comprehensive handbook of psychotherapy: integrative/eclectic*, 4. (pp. 133-161). New York: John Wiley & Sons.

This chapter reports on the history and theoretical basis of Multidimensional Family Therapy (MDFT), its adaptation for application to unique clinical needs of different populations, as well as the creation of higher intensity treatment where there is a greater degree of dysfunction. Several specific interventions are described in the context of the role of the therapist. Results of MDFT outcome and process research studies are also discussed.

24. Rowe, C.L., Liddle, H.A., Dakof, G.A. (2001). Classifying clinically referred adolescent substance abusers by level of externalizing and internalizing symptoms. *Journal of Child and Adolescent Substance Abuse*, Vol. 11(2), pp. 41-65.

Adolescent substance abuse is understood within a context of interrelated problems, yet knowledge is lacking about the relationships among substance abuse disorders and comorbid emotional and behavioral problems. This study assessed the level of externalizing and internalizing symptoms of adolescents using self-report and parent-report assessments. Findings suggest that distinct levels of internalizing and externalizing behavior can be identified and lead to different prognosis and understanding of treatment needs.

25. Schmidt, S.E., Liddle, H.A., & Dakof, G.A. (1996). Changes in parenting practices and adolescent drug abuse during multidimensional family therapy. *Journal of Family Psychology*, 10, 12-27.

This study examined the nature and extent of change in the behavioral, affective and cognitive features of parenting observed in families participating in Multidimensional Family Therapy. It looks at the link between parental subsystem changes, or lack thereof, and reduction in adolescent substance abuse and behavior problems. Findings suggest that change in the parental subsystem is related to improvement in the problem behavior of adolescents.

26. Schoenwald, S.K., Ward, D.M., Henggeler, S.W., Pickerel, S.G., & Patel, H. (1996). Multisystemic Therapy Treatment of Substance Abusing or Dependent Adolescent Offenders: Costs of Reducing Incarceration, Inpatient, and Residential Placement. *Journal of Child and Family Studies*, 5, 431-444.

Multisystemic Therapy (MST), a community-based treatment model used with adolescent substance abusers and juvenile offenders is demonstrating promising results. The authors report on a randomized study linking treatment outcomes with treatment costs when compared to out-of-home placements such as residential treatment centers, psychiatric hospitalization and incarceration. Results showed that the incremental costs of MST were nearly offset by the savings incurred because of reduction in days of out-of-home placement.

27. Spoth, R., Goldberg, C., Neppl, T., Trudeau, L., & Ramsetty-Mikler, S. (2001). Rural-urban differences in the distribution of parent-reported risk factors for substance use among young adolescents. *Journal of Substance Abuse*, 13, 609-623.

Based on the body of literature reporting that adolescents in rural populations showed higher prevalence of substance abuse than urban areas, researchers studied rural-urban differences in cumulative risk for youth substance abuse among young adolescents using parent surveys. Data was collected using a statewide sample in Iowa. Analysis showed parent-reported cumulative risk for young adolescent substance use was significantly higher for rural youth.

28. Substance Abuse and Mental Health Services Administration. (2002). Annual household survey finds millions of Americans in denial about drug abuse. [press release] Washington, DC: U.S. Department of Health and Human Services. Retrieved on March 24, 2003 from www.samhsa.gov/news/content/2001nhsda.htm

Announcement and overview of the 2001 National Household Survey on Drug Abuse, released September 5, 2002. The survey of 70,000 U.S households indicates that drug abuse continues to be a serious public health crisis that affects every aspect of society. Specific findings about extent of abuse are included. Features quotes from government officials, including HHS Secretary Tommy G. Thompson, SAMHSA administrator Charles G. Curie and John Walters, Director of National Drug Control Policy.

29. Substance Abuse and Mental Health Services Administration. (2002). 2001 National Household Survey on Drug Abuse. Washington, DC: U.S. Department of Health and Human Services. Retrieved on April 3, 2003 from www.samhsa.gov/oas/nhsda.htm

The home page for the National Household Survey on Drug Abuse (NHSDA) from the Office of Applied Studies of SAMHSA, this site links users to the 2001 NHSDA questionnaire, reports, detailed tables of NHSDA data, methodology and questionnaires. Researchers can access NHSDA data to run their own tables. Links to the NHSDA full report covering topics such as ecstasy, injection drug, alcohol, marijuana and tobacco use, prevention-related measures, treatment, mental health issues are available, as well as press releases and fact sheets. Other NHSDA reports available include summary of findings, state data, special NHSDA studies on topics such as mental health, drug use and driving, workplace policies, and drug use by racial and ethnic groups. Over 50 reports are available.

30. Substance Abuse and Mental Health Services Administration. (2002). Highlights. 2001 National Household Survey on Drug Abuse. Washington, DC: U.S. Department of Health and Human Services. Retrieved on April 3, 2003 from www.samhsa.gov/oas/nhsda/2k1nhsda/vol1/highlights.htm

This initial report of the National Household Survey on Drug Abuse from the Office of Applied Studies of SAMHSA presents national findings from the 2001 survey. Patterns and trends in current illicit drug use in different populations are examined and compared with previous years. The report includes information on public awareness of prevention related measures, rates of substance dependence and abuse, statistics on treatment for substance abuse problems, and findings on serious mental illness and mental health treatment.

31. Substance Abuse and Mental Health Services Administration. (2002). Illicit Drug Use. 2001 National Household Survey on Drug Abuse. Washington, DC: U.S. Department of Health and Human Services. Retrieved on April 3, 2003 from www.samhsa.gov/oas/nhsda/2k1nhsda/vol1/chapter2.htm

The National Household Survey on Drug Abuse collects data on nine categories of illicit drug use, including marijuana, cocaine, heroin, hallucinogens, inhalants, and nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives. This report is a summary of the findings on illicit drug use from the 2001 survey. Charts and graphs detail drug use by various populations, and include types of drugs used and the rate or frequency of use. Information is available on age, gender, race/ethnicity, geographic location, pregnancy, student, and employment status of illicit drug users.

32. Substance Abuse and Mental Health Services Administration. (2002). Alcohol use. 2001 National Household Survey on Drug Abuse. Washington, DC: U.S. Department of Health and Human Services. Retrieved on April 3, 2003 from www.samhsa.gov/oas/nhsda/2k1nhsda/vol1/chapter3.htm

This chapter from the National Household Survey on Drug Abuse focuses on survey findings on alcohol use. It estimates the prevalence and degree of consumption as well as the percentages of persons reporting alcohol use in the previous month. Charts and graphs detail rates use by race/ethnicity, gender, pregnancy, education, student/employment status, and geographic area. Findings of alcohol use associated with illicit drug use and persons driving under the influence of alcohol are also included.

33. White, W.L., Dennis, M. & Tims, F.M. (2002) Adolescent treatment: its history and current renaissance. *Counselor* 3 (2), 20-24. Retrieved April 14, 2003 from www.counselormagazine.com/display_article.asp?aid=Adolescent_Treatment.asp

With adolescent substance abuse on the rise, alcohol-and drug-related deaths, emergency room admissions, arrest and incarceration rates and treatment admissions have also increased for this group. This trend has focused on the need for evidence-based intervention programs for adolescent substance abusers and their families. The authors review youthful alcohol and drug abuse and treatment from the late 1700s to the present and show that despite efforts to develop programs for an adolescent population, adult treatment models were used with limited success. The last 15 years have benefited from clinical research advances in the field, resulting in more developmentally appropriate treatment, with promising results and the anticipation of more advances in the future.

34. Zeitlin, H., (1999). Psychiatric comorbidity with substance misuse in children and teenagers. *Drug and Alcohol Dependence* 55, 225-234.

The author reviews research on comorbid disorders and their association with substance abuse in adolescents. Several psychiatric and psychological disorders are discussed, including depression, suicidal behavior, conduct disorder, attention deficit hyperactivity disorder, eating disorders, and psychosis. Because comorbid disorders present diagnostic and therapeutic challenges, early identification, treatment of comorbid condition, and the development of specific services for young substance abusers are needed.



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