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DATA presents some of the best scientific and research articles on alcoholism and related drug dependencies published recently in scholarly journals in the United States and other countries. The multidisciplinary faculty of the Brown University Center for Alcohol and Addiction Studies, composed of 60 faculty and staff from 11 university departments, selects articles for each issue from 80 journals on the basis of practicality, significance, and wide interest to those whose work with or lives are touched by the problems of alcoholism and other drug dependence.

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Treatment Approach

Family therapy reduces substance use and related problems in young teens

Multidimensional family therapy (MDFT) was more effective than peer group therapy in reducing substance use and delinquency in a sample of clinically referred young adolescents, concludes research published in the *Journal of Consulting & Clinical Psychology*.

Researcher Howard A. Liddle, of the University of Miami Miller School of Medicine, and colleagues reached this conclusion after analyzing outcome data on a controlled effectiveness trial that compared MDFT with peer group for young teens. The researchers hypothesized that MDFT adolescents would show less drug use, delinquency, and psychological distress than adolescents in group treatment. They also expected these gains to be sustained at the one-year follow-up.

Study sample

N=83

74% male

Average age = 14 years

42% Hispanic, 38% African American

47% involved in juvenile justice system

53% resided in single-parent homes

Median family income = \$19,000

47% had substance abuse at intake

16% had substance dependence

Participants were adolescents, aged 11 to 15 years, referred from juvenile justice, schools, substance abuse/mental health facilities, or other sources (e.g., parents). Eligible participants were: referred for outpatient treatment for a substance abuse problem; living with at least one parent or parent-figure who could participate in the assessments and therapy; not in need of inpatient detoxification or other intensive services; and not actively suicidal, psychotic, or mentally retarded.

Of the 130 adolescents and families referred, 64% were eligible and consented to participation. After a baseline assessment, study participants (N=83) were

randomly assigned to MDFT (N=40) or peer group therapy (N=43). Both treatments were conducted twice per week for 12 to 16 weeks. Treatments were free of charge and transportation assistance was provided.

Measures

Assessments were conducted at intake, six weeks post-intake, discharge, and again 6 and 12 months following treatment. Measures included the Global Appraisal of Individual Needs (GAIN), Parent and Adolescent Interviews, timeline follow-back for substance use, Problem Oriented Screening Instrument for Teenagers (POSIT), National Youth Survey Self-Report Delinquency Scale (SRD), Adolescent Daily Interview, and the National Youth Survey Peer Delinquency Scale. Juvenile justice records were also collected for the year prior to and following treatment intake. School outcomes (grades, conduct, and absences) were examined using records obtained from the public school's database. Additional covariates included age, gender, ethnicity, referral source, and number of treatment sessions attended.

Results

The study found high retention rates for both study treatments, with 97% of MDFT and 72% of peer group participants completing treatment. Analysis revealed that both treatments showed reductions in the number of adolescents reporting any substance use problems during the one-year follow-up period. Overall, adolescents averaged 2.5 substance-related problems at intake and showed significant decreases in the number of problems over the one-year follow-up period.

Analysis of treatment comparisons revealed that MDFT adolescents showed more improvement than those assigned to peer group treatment on a variety of outcome measures. Specifically, from intake to 12 months, MDFT participants demonstrated more improvement than peer group adolescents in substance

Multidimensional family therapy

Multidimensional family therapy (MDFT) is a comprehensive, manual-guided, family-based program for substance-abusing adolescents and those at high risk for substance use and related problem behaviors. MDFT targets the risk factors and processes that have created and perpetuated substance use and its associated problems, such as conduct disorder and delinquency. Several versions of the approach — office-based, in-home, brief, intensive outpatient, day treatment, and residential treatment — have been developed and tested.

Adolescent group therapy is a manual-guided intervention based on social learning principles and cognitive-behavioral therapy. This treatment targets substance use both directly and by focusing on accompanying risk factors/behaviors, such as low self-esteem, school problems, and poor social functioning. Group participation, teaching, and practice (i.e., behavioral rehearsal emphasizing repetition) are core principles of this treatment.

use, delinquency, internalized distress, affiliation with delinquent peers, and family and school functioning. Similarly, analysis of substance-related problems (psychological, interpersonal, school, legal, and familial consequences of use) favored the MDFT condition over group treatment. Adolescents in the MDFT reported almost no substance-related problems by the one-year follow-up.

Analysis also indicated that MDFT significantly reduced delinquency compared with group treatment. Findings revealed that frequency of self-reported delinquent acts was significantly reduced among MDFT participants over 12 months compared with an increase in delinquency among group treatment participants. Analyses of court records showed that MDFT adolescents were less likely than group treatment adolescents

to be arrested or placed on probation during the 12-month follow-up period. Internalized distress was also significantly reduced in MDFT relative to group treatment.

Among the study's other findings: MDFT adolescents reported more significant increases in positive family interactions than did group treatment adolescents from pre- to posttreatment. These gains were maintained at the 12-month assessment.

Study limits

The present sample consisted of mostly urban, low-income African American and Hispanic male youths; findings may not generalize to other adolescent populations. This single-site study also had a relatively small sample size. In addition, MDFT is a more thoroughly researched

treatment than the comparative treatment (group therapy). Finally, the possibility of investigator bias cannot be completely ruled out, as MDFT's developer (Howard A. Liddle) was an investigator on this study.

Authors' conclusions

These data suggest that a comprehensive, relatively brief, family-based treatment altered the trajectories of clinically referred youths for at least 12 months. Treatment models such as MDFT have demonstrated efficacy in treating teen drug abuse; the challenge is that settings are often not organized to work with families, do home visits, work evening hours, or make appearances at school or juvenile justice/court meetings.

Training therapists to use these approaches in usual care settings is an important next step in treating adolescent substance abuse.



Support provided by grants from the Center for Substance Abuse Treatment, National Institute on Drug Abuse, and the Substance Abuse and Mental Health Services Administration.

Liddle HA, Rowe CL, Dakof GA, et al.: Multidimensional family therapy for young adolescent substance abuse: Twelve-month outcomes of a randomized controlled trial. *J Consult Clin Psychol* 2009; 77(1):12-25. E-mail: Hliddle@med.miami.edu.

Suggested reading:

Waldron HB, Turner CW: Evidence-based psychosocial treatments for adolescent substance abuse. *J Clin Child Adolesc Psychol* 2008; 37:238-261.

Treatment Approach

Motivational interviewing reduces heavy drinking in college-age students

Motivational interviewing (MI) with feedback appears to be a robust intervention for reducing drinking in heavy-drinking college students, according to findings published in the *Journal of Consulting & Clinical Psychology*.

Researcher Scott T. Walters, of the University of Texas School of Public Health, and colleagues reached this conclusion after analyzing data from a randomized clinical trial investigating MI and feedback among heavy-drinking college students. Specifically, the researchers tested three questions: whether intervention would show a

greater reduction in drinking than assessment only (AO), whether an in-person feedback intervention would reduce drinking over a feedback intervention delivered without human contact, and whether MI's effectiveness would be bolstered through the inclusion of a feedback profile.

Included in the study were college students recruited between 2006 and 2007 via e-mails to undergraduate psychology classes, brief presentations in undergraduate psychology and health courses, and flyers posted around campus. Eligible students were at least 18 years of age

Study sample

N=279

64% female

85% White

Mean age = 20 years

41% were freshmen

Average drinks/week = 16

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