
Evidence-Based Cognitive-Behavioral and Family Therapies for Adolescent Alcohol and Other Substance Use Disorders

Yifrah Kaminer and Natasha Slesnick

Although the research on adolescent substance abuse treatment is increasing, it still lags far behind that of adults. In comparison to over 1,000 alcohol treatment outcome studies with adults (Miller et al., 1995), Williams and Chang (2000) were able to locate and review only 53 empirical studies investigating the relative effectiveness of treatments for adolescents. Family Therapies (FT) and Cognitive Behavioral Therapy (CBT) has demonstrated repeatedly to be effective in randomized trials since the 1970s for adult alcohol and other substance use disorders (AOSUD). CBT has been an active ingredient in a variety of intervention conditions including FT. In comparison, while the evidence supporting FT and CBT use either independent or jointly in youth is promising, controlled clinical efficacy and effectiveness trials have only begun to emerge in 1990s.

Latest innovations in the management of treatment protocols for adolescent AOSUD and the recent completion of several randomized clinical trials examining manualized FT and CBT, have established the empirical support for these approaches in youth (Dennis et al., in press; Kaminer et al., 2002; Liddle, 2002; Waldron et al., 2001). The purpose of this chapter is to review: 1) theoretical models underlying FT and CBT, 2) evidence-based literature on FT and CBT for AOSUD in youth, and 3) mechanisms and therapeutic processes of FT and

Yifrah Kaminer • University of Connecticut Health Center, Alcohol Research Center and Department of Psychiatry, Farmington, CT 06030-2103.

Natasha Slesnick • Department of Psychology, University of New Mexico, Albuquerque, New Mexico 87131.

CBT associated with change are examined and future research directions and treatment implications wrap up the chapter.

1. Family Therapy Outcome for Adolescent Substance Use Problems Theoretical Rationale and History

Family systems researchers consider the behavior of a person to be best understood in terms of the individual's family interactions. According to Jacob (1987) the family systems theoretical and methodological perspective has two goals: 1) to identify family patterns and processes that are precursors to disordered behavior, and 2) to integrate this knowledge with the genetic, sociocultural and personality factors found to affect the development and perpetuation of psychopathology.

For this review, we will first define family and family treatment. Gladding (2000) utilizes the definition of family being "a group of two or more persons related by birth, marriage, or adoption and residing together in a household" (Statistical Abstracts of the United States, 1991, p. 5). This definition is flexible enough to encompass non-traditional family situations, as well as divorce or death. In addition, some interventions may involve the family but are not considered family therapy (Liddle & Dakof, 1995). These interventions might include the family in a psychoeducational intervention but do not focus on changing family interactions or relational patterns. To help clarify, Carr (2000) summarizes effective family therapy as helping "families clarify communication, family rules and roles, routines, hierarchies and boundaries; resolve conflicts; optimize emotional cohesion, develop parenting and problem-solving skills, and manage life-cycle transitions" (p. 42).

Family systems theory purports that adolescent problem behaviors, including substance abuse, running away and other externalizing problems are symptoms of maladaptive family interaction patterns (Jacob, 1987). In order to understand and address these problems, the therapist must work with the entire family to improve family functioning. Even so, given that the individual problem is often considered a symptom of broader systemic problems, the tendency among researchers is still to discuss the individual problem (adolescent substance use) as primary rather than the underlying systemic issue of which it is a symptom (Carr, 2000).

Dating nearly thirty years ago, the adult literature has shown that the adult alcoholic exhibits unique relationship patterns that are repetitive and identifiable and are relevant to the emergence and perpetuation of alcoholism (e.g., Steinglass, 1980). The literature continues to show that the family plays a role in the development, maintenance and recovery from substance use disorders (Hops et al., 1996; Stanton, Todd & associates, 1982). This research on family factors that influence addiction has been influential in developing intervention strategies for distressed marriages and family situations.