

Chapter 15

Jin: A 16-Year-Old Korean-American Male with Drinking Issues



Jin is a 16-year-old Korean-American cisgender male who was referred by his parents to your outpatient clinic after his parents found him “passed out and dead drunk” for the second time in 2 months. His parents report that they are very concerned about his drinking and that he has “changed recently,” which includes a decline in his grades at school. He is also “more disrespectful” to his parents. Further, according to his parents, Jin is more interested in his friends than his family. His parents report that they have always been a close family and believe very strongly in having protected family time. Jin appears to be less interested in this and states that he would rather spend time with his friends rather than attend family gatherings.

In speaking to Jin, he is quiet and appears irritated that he is being asked to come to the clinic. When questioned about his feelings about being at the clinic, he shrugs and states, “Well I didn’t have much of a choice, did I?”. Jin does state that his grades have fallen but quickly adds that his parents’ expectations are “over the top, so any imperfection seems like a big deal to them.” When asked more specifically about the changes, he says that he used to get straight As and recently he has gotten some Cs and low Bs, which he says is “pretty typical of most kids in high school.” He also states that he believes it is “normal” for kids his age to want to spend more time with his friends at 16 rather than their families. He adds that his parents “don’t get that and think that we should want to spend all of our free time with family.”

When asked about his drinking, he admits to those “two times” his parents found him drunk and says that the other times are not “that big of a deal.” When asked to clarify what that means, he says that he drinks but those two were the times when it “got out of control.” He stated that the other times are more “normal” and he defined this as “drinking ‘til you feel the buzz, but not to the point of passing out.” He reported that he is drinking almost every weekend but that it is “not a big deal” because he is “always around my friends and we drink at someone’s house rather than at a bar somewhere.” He was unable to report on average how many drinks per night he is consuming, as he is not “paying attention to that stuff.” However, upon further questioning, he did state that he loses track of the number of drinks he has

each night but says that he “definitely has more than three or four” and that the number of drinks he has in an evening has increased. He denies the use of any other substances other than alcohol.

In discussing his parents’ concerns, Jin states that he thinks his parents are “making a big deal out of normal American teenage behavior.” He says that they do not understand him and his life because they did not grow up here. He says that he feels more American than Korean and “they cannot understand that reality.” He reports that he does not feel that his drinking “is a big deal or a problem” and that “it is under control.” He doesn’t believe that his drinking is a “problem” since he does not drink alone, he only drinks with friends on the weekends, and he does not drink enough to “pass out each time.” Jin does not yet drive, but he did not understand the concept of a designated driver. When questioned about his declining school grades, he replied that his GPA is “still fine” and that his parents’ expectations are “unreasonable” even though he has met them consistently in the past.

Jin, his siblings, and his parents were born in North Korea. His parents held professional-level jobs there until they fled with their family approximately 10 years ago. They are all legal immigrants in America, on their way to citizenship, and feel very thankful to be here. The parents speak English with heavy accents, although Jin has none. Since arriving in America, his parents have had to work in blue-collar jobs. They place a high value on education in raising their children. They also state that they want Jin to fit in with American culture. Jin is the middle child. He has an older sister who is a sophomore at an Ivy League college. He also has a younger brother who is 14 and has just started high school. So far, the younger brother is doing well academically, but his parents say he is a little shy socially.

Jin’s family’s immigration to the USA was supported by a Korean Presbyterian church. Their local church has an active and large congregation. Although Jin’s parents feel the loss of their country, family, and friends who remain in Korea, they state that the Korean community they have found in the USA has become their family. Most of their social and family functions revolve around individuals from the church community. They do have a few extended family members in the area who were also supported by the church in their immigration but feel supported by all the community, “blood relatives or not.”

While their financial or social status is not as high as it was in Korea, they are relatively stable financially, they live in a safe community where there are good schools, and they have no health concerns. They state that there is no history of mental illness in their families to their knowledge, nor significant health problems. They are very concerned about Jin’s alcohol use, as “drinking in our community is a sign of a serious problem.” They believe that the drinking is increasing and feel that Jin is pulling farther and farther away from the family and their community. They are also concerned that when colleges see the precipitous drop in Jin’s grades over the last year—his junior year in high school—they will not accept him as this is such an important year in college admissions process.

Jin currently meets criteria for DSM-5 Alcohol Use Disorder. He has demonstrated a maladaptive pattern of substance use leading to clinically significant impairment or distress, where he has recurrent substance use that is affecting his

school work. He is continuing this alcohol use despite the interpersonal problems it is causing within his family. It is unclear at this point if he meets the criteria for dependence since Jin is not very forthcoming or clear about the increased amount of alcohol he uses and how much that has changed over time.

In addition, he does not appear to have traits of personality disorder despite his minimization of his drinking problem, and he is too young to be formally diagnosed with these disorders. In addition, he does not have any medical health concerns which could impact his drinking. While his family is not wealthy, they are stable financially, have stable housing, and have access to health insurance through their employment. In addition, they have a strong support network around them.

Applying the Six Steps of EBP to the Case

Step 1: Drawing on Client Needs and Circumstances Learned in a Thorough Assessment, Identify Answerable Practice Questions and Related Research Information Needs

This case is complicated by the fact that although Jin is technically the identified client, he does not believe that he has a problem of any kind. As such, he does not feel that he needs any sort of intervention. Jin's parents, however, believe strongly that he is drinking in excess and his drinking is causing a number of problems for him, including academic and family conflict. However, Jin's episodes of passing out clearly pose risk. As such, his drinking is a very real concern to others.

In addition, there are acculturation issues to consider. Jin is growing up in a very different culture from his parents. Although he was born in Korea, he identifies more with the American culture, while his family remains strongly connected to the Korean community in their area. Jin chooses to spend time with non-Koreans and has made references several times to what he believes is typical behavior for American teenagers. Given these differences between Jin and his parents, any intervention must be sensitive to the complexities of working with different levels of acculturation and cultural perspectives that are present in the one family.

Due to these issues, it is difficult to begin the EBP process and even to identify the initial practice question. In speaking with Jin, he is willing to agree to work with his parents "only to get them off my back and so that maybe they will ease up and start to understand that I am not them and want to have a different life from what they had growing up." Therefore, he agrees to work with the therapist in a family format only, since he sees "this whole thing as their problem, not mine." Family conflict is clearly evident.

Given Jin's views, the clinician decides to "start where the client is" and is thankful that Jin is willing to engage at all in any form of therapeutic intervention. With this discussion, the clinician now has a searchable practice question: What are effective family interventions for families with an adolescent that abuses alcohol?

Ideally, within this search, the clinician would also be able to explore cultural differences among the interventions and begin to determine which treatments might be most appropriate for Jin's family given their biculturalism.

In the **PICO** model, the **P**opulation is adolescent male with substance abuse and family conflict. The **I**nterventions under consideration are psychotherapies or similar psychosocial interventions, including individual and family therapies. **C**omparisons would be between different therapies or psychosocial interventions as well as among medications and combinations of medications and psychosocial therapies. The **O**utcomes would be decreasing Jin's alcohol use and increasing communication and family functioning within the family unit.

Step 2: Efficiently Locate Relevant Research Knowledge

In exploring the Cochrane Library (www.cochranelibrary.com) using the search terms "adolescent alcohol abuse" and "family therapy," just one systematic review (SR) was located. However, this SR focused on opioid abuse. Searching only for "alcohol abuse" and "adolescent," 12 Cochrane SRs were located but most focused on prevention rather than treatment of an existing disorder. One Cochrane SR by Carney, Myers, Louw, and Okwundu (2016) found no significant difference between brief school-based interventions for substance abuse (not only alcohol misuse) than resulted from information provision only or assessment only. They report: "We found low- or very low-quality evidence that brief school-based interventions may be more effective in reducing alcohol and cannabis use than the assessment-only condition and that these reductions were sustained at long-term follow-up. We found moderate-quality evidence that, when compared to information provision, brief interventions probably did not have a significant effect on substance use outcomes" (Abstract, Authors' conclusions).

A search of the Campbell Collaboration Library located three relevant systematic reviews using the broad search terms "adolescent" and "alcohol." Smedslund et al. (2016) report that brief computerized interventions may reduce "risky" alcohol abuse in older adolescents. Aggregating 15 studies specific to alcohol misuse among persons ages 15–25, they found that:

For alcohol, we found moderate quality evidence that [computer based] multi-dose assessment and feedback was more effective than a single-dose assessment. We found low quality evidence that assessment and feedback might be more effective than no intervention. Assessment and feedback might also be more effective than assessment alone (low quality evidence). Short-term effects (< 6 months) were mostly larger than long-term (≥6 months) effects. (Abstract, Main results)

More specifically, they report that:

A meta-analysis of 15 studies found that [computer based] assessment and feedback significantly reduced short-term alcohol consumption compared to no intervention... The effect size is small (SMD: -0.17, 95% CI: -0.27 to -0.08, I-squared: 52 %). The quality of the evidence was low... (Section 4.3.1.1, p. 29)

The authors also provide a figure portraying the study results and quality of research (see Fig. 15.1 below). This SR indicates that a computerized brief intervention might be suitable for Jin to consider. It would be quite private and could be helpful at least in the short term. There is no mention, however, if the intervention is culturally appropriate for a Korean-American teen and family.

In the second Campbell SR, Hennessy, Tanner-Smith, Finch, Sathe, and Kugley (2018) found insufficient evidence to determine if recovery-oriented school programs were effective in recovery from substance abuse disorders. If locally available, such a program might be an option for Jin and his family to consider, but the best available evidence does not support it.

The final Campbell Collaboration SR by Smedslund et al. (2011) on motivational interviewing for substance abuse appears closer to Jin’s needs but seems to be based on adult participants and not adolescents. The authors report:

We included 59 studies with a total of 13,342 participants. Compared to no treatment control MI showed a significant effect on substance use which was strongest at post-intervention SMD 0.79, (95% CI 0.48 to 1.09) and weaker at short SMD 0.17 (95% CI 0.09 to 0.26), and at medium follow-up SMD 0.15 (95% CI 0.04 to 0.25). For long follow-up, the effect was not significant SMD 0.06 (95% CI-0.16 to 0.28). There were no significant differences between MI and treatment as usual for either follow-up post-intervention, short and medium follow up... (Abstract, main results)

Motivational interviewing might be a treatment option for Jin, especially for his ambivalence about treatment. It is not a family-based treatment modality. Further, these research results were not based on an adolescent sample, and the SR did not address cultural differences.

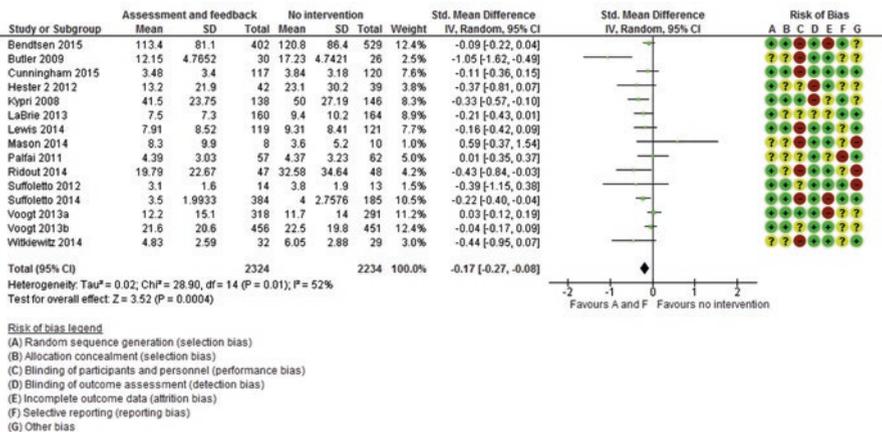


Fig. 15.1 Results of brief computerized interventions on alcohol misuse from Smedslund et al. (2016). (Note that all but two of the 95% confidence intervals (CIs) in the line chart touch the “0” value, indicating no difference between treated and control conditions. Study quality is summarized in ‘stop light’ fashion, with green indicating good study quality, and yellow and red indicating research quality concerns.)

Another resource is Substance Abuse and Mental Health Services Administration (SAMHSA) web site (<http://www.samhsa.gov>). This organization specializes in substance abuse issues and mental health services. The US government runs this web site. By typing into the search box “family therapy + alcohol abuse,” a booklet was located, called *What Is Substance Abuse Treatment? A Booklet for Families* (<https://store.samhsa.gov/system/files/sma14-4126.pdf>). This Center for Substance Abuse Treatment (2014) booklet can be downloaded for free. Within this booklet, there is information about substance use in families, cultural considerations, as well as information about the range of treatments that are available to individuals and families. However, there are no research-based citations provided as to which types of treatments might be most effective or for the research supporting these recommendations.

Additional resources on the SAMHSA web site included a link to the Center for Substance Abuse Treatment’s (2004) *Substance Abuse Treatment and Family Therapy*, a Treatment Improvement Protocol (TIP). This material is free and provides best practice guidelines for practitioners. In this book-length TIP, there are chapters exploring substance abuse and its many impacts on families. The TIP states that different models of family therapy have been shown to be effective in working with families where there is substance abuse, though few citations to research-based studies are provided. Chapter 5 on “Specific Populations” includes sections on adolescents and also addresses cultural differences in detail. One of the sections in Chap. 5 is dedicated to working with individuals who are from an Asian culture. Stated in the Executive Summary (<http://www.ncbi.nlm.nih.gov/books/NBK14505/>) regarding cultural issues, the TIP reports:

Although a great deal of research has been conducted related to both family therapy and culture and ethnicity, little research has concentrated on how culture and ethnicity influence core family and clinical processes. One important requirement is to move beyond ethnic labels and consider a host of factors—values, beliefs, and behaviors—associated with ethnic identity. Among major life experiences that must be factored into treating families touched by substance abuse is the complex challenge of determining how acculturation and ethnic identity influence the treatment process. (para. 17)

Another search using the terms “Asian” and “substance use” on the SAMHSA web site leads to a page that is dedicated to substance use and mental health issues within the Asian and Pacific Islander communities (<https://www.samhsa.gov/behavioral-health-equity/aanhpi>). On this page are many links to studies, resources, referral sources, and materials in different languages. Among these resources is a link to the National Asian Pacific Association of Families Against Substance Abuse (<http://napafasa.org/#top>) that provides still more resources. However, like several other resources, they do not provide specific research-based studies on what works to treat alcohol misuse. Instead, they provide referral resources and other educational materials to help Asian and Pacific Islander families understand issues around substance abuse.

While these web sites offer a great deal of information about the issues related to substance abuse among adolescents and its impact on the family, with some attention to cultural issues, the searches did not identify a particular model or

intervention that appears to be more effective than any other to treat Jin's and his family's concerns. Citations to specific studies and their results were limited.

A quick Google search identified a resource through National Institute on Drug Abuse (NIDA) (2014) entitled "Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide" (<https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/principles-adolescent-substance-use-disorder-treatment>). This web page describes individual therapy, family therapy, medical interventions, as well as support services for substance abuse treatment. While NIDA does report on the effectiveness of different forms of intervention, they do not compare the different options. However, the report does state that research shows that family-based treatments are highly efficacious; some studies even suggest they are superior to other individual and group treatment approaches. Yet, details on the research supporting these conclusions are limited.

The Google search also identified some additional specific models of intervention, such as Multidimensional Family Therapy, that have undergone randomized controlled clinical trials (RCTs) and have shown promising results for working with families with individuals who have abused substances. Six percent of the adolescents included in one of the studies identified as Asian, but the report did not state from what countries or their acculturation status (Liddle et al., 2001). However, the Liddle study included both marijuana abusers and alcohol abusers and did not break down results by type of substance use. Liddle is also the originator of the multidimensional family theory model found to be effective in this single RCT. (In the meta-analysis examined next, Liddle is the only researcher to study the effectiveness of MDFT across 64 included publications. Attribution bias may be a concern.)

The Google search further located a meta-analysis of adolescent substance abuse treatments that indicates that individual treatments are more effective than family treatments for adolescents who abuse alcohol, with behavioral interventions having the highest long-term effects (Tripodi, Bender, Litschge, & Vaughn, 2010). Based on 16 studies, the authors found that interventions significantly reduce adolescent alcohol use (Hedges' $g = -0.61$; 95% confidence interval [CI], -0.83 to -0.40). Stratified analyses revealed larger effects for individual treatment ($g = -0.75$; CI, -1.05 to -0.40) compared with family-based treatments ($g = -0.46$; CI, -0.66 to -0.26) (Abstract).

They conclude that "individual-only interventions had larger effect sizes than family-based interventions and effect sizes decreased as length of follow-up increased. Furthermore, behavior-oriented treatments demonstrated promise in attaining long-term effects" (Abstract).

A Google Scholar search including cultural competency located a meta-analysis by Steinka-Fry, Tanner-Smith, Dakof, and Henderson (2018) not found by any of the prior searches. These researchers found that:

The results from the meta-analysis indicated that culturally sensitive treatments were associated with significantly larger reductions in post-treatment substance use levels relative to their comparison conditions ($g = 0.37$, 95%CI [0.12,0.62], [based on 7 studies with]

n = 723). The average time between pretest and posttest was 21 weeks (sd = 11.79). There was a statistically significant amount of heterogeneity across the seven studies ($Q = 26.5$, $p = 0.00$, $\tau^2 = 0.08$, $I^2 = 77.4\%$). (p.22, Abstract)

Yet the authors also state that “strong conclusions from the review were hindered by the small number of available studies for synthesis, variability in comparison conditions across studies, and lack of diversity in the adolescent clients served in the studies” (p.22, Abstract). Most of the seven included studies addressed mixed substance abuse; only one was specific to alcohol abuse alone. Notably, none of the seven studies included in this review evaluated treatment of Koreans or Asians. The review does suggest that cultural sensitivity is very important to effective substance abuse treatment services for nonwhite clients.

There appear to be several treatment options for Jin and his family, from individual treatments including motivational interviewing to family treatments such as MDFT and even a computerized treatment model. Information specific to adolescents abusing alcohol is limited, and information specific to Korean-Americans or Korean emigrants is rare and limited.

Step 3: Critically Appraise the Quality and Applicability of This Knowledge to the Client’s Needs and Situation

In this case, the clinician thinks that while the research supports taking an individual behavioral approach to Jin’s alcohol abuse, the client factors in this case reduce the potential for positive outcomes that such as motivational interviewing might have. Jin’s refusal to participate in individual therapy reduces the likelihood that such an approach will be effective under the current circumstances. Yet motivational interviewing might prove effective to increase his awareness of his self-harming behavior. Also, as his parents are very concerned about Jin’s recent withdrawal from the family as a unit, the clinician believes that by focusing on the family several important issues related to this case can also be addressed. The first is that while individual treatment has been shown to be more effective, family therapy does have some empirical support and by using the TIPs from SAMHSA, the clinician will be able to include research and best practice guidelines into the treatment approach. Second, Jin has stated that he will not participate in individual therapy but has agreed to family therapy. In keeping with the adage of starting where the client is, having Jin participate in treatment at all is a first step in the engagement process and may eventually lead to his willingness to participate in an individual treatment later. Family work would also allow information about alcohol misuse to be shared with the entire family. In this case, client factors partially trumps the research, as the client refuses to participate in the potentially superior form of treatment. Third, Jin’s family is very concerned about the family conflict that has arisen and Jin’s withdrawal from the family. By focusing on the family as a unit, there will be time each week when Jin and his parents will be together. This will also increase their time together, and the clinician can focus on the family conflict while working to address Jin’s alcohol abuse.

A family-oriented plan will also allow for issues of migration and acculturation to be examined. Jin appears to feel under some pressure to follow the family's Korean practices and may feel stressed to also have to be part of American culture in school and with many peers. This may be an influence that exacerbates his drinking.

Step 4: Actively and Collaboratively Discuss the Research Results with the Client to Determine How Likely Effective Options Fit with the Client's Values, Preferences, and Culture

The clinician now has the task of taking this information back to the clients: Jin and his family. In the discussion with the clients, Jin confirms that he has only agreed to do family therapy. While it appears from the recent 2010 meta-analysis that individual therapy is more effective than family therapy, Jin's refusal to participate in individual therapy limits the choices that are options for Jin and his family. However, the research information must be shared with the family, and together the clinician and the clients make a decision. As Jin does not believe that his drinking is an issue, he does not feel that the individual therapy targets the primary issues concerning him or his family. While this viewpoint is in conflict with his parents who would like him to reduce his alcohol use, they all agree that they would like to improve their family functioning and communication among all members of the family. Given this focus, the family and the clinician agree to focus on family therapy at this time.

Additionally, the social worker discusses with the family whether they would be more comfortable to work with a therapist who is from Korea or from an Asian culture, should they be able to find one in their community. Jin strongly states that he does not want a therapist from Korea, as he wants someone who "will help my parents understand me as an American! We already are surrounded by Koreans and we need a different perspective." While his parents state that they would prefer to have someone from their own culture, they also state that they would prefer not to share the details of their life with someone who they might interact with socially in community events. They believe that the spiritual leaders at the church are different but would worry that it would be awkward to work with someone from their community in such a capacity. Cultural sensitivity, to the views of both Jin and of his parents, will be important in their treating clinician.

Step 5: Synthesizing the Clinical Needs and Circumstances with the Views of the Client and the Relevant Research, Develop a Plan of Intervention Considering Available Options

Based on the previous conversation, the family, including Jin, agrees to contract for 3 months of weekly family sessions. The clinical social worker has provided family therapy in the past, although not with individuals from Korea. Therefore, the

clinician obtained permission from the parents to contact one of the leaders of the church they attend to ask additional questions about their culture. This will include both the Korean culture and their spiritual culture as well. The parents state that since they have already sought help with these leaders, they are comfortable with these conversations and give permission for the therapist to speak with these individuals. In addition, the therapist is part of a peer supervision group and is planning on seeking consultation from the group members, many of whom have worked cross-culturally throughout their careers.

The clinician located and read the full reports of the two TIPs from SAMHSA. The clinician also read the abstracts of two articles on family therapy interventions by Liddle found on Google. This helps ensure that the essential components of effective family therapy are incorporated into the intervention with Jin and his family. The clinician hopes that Jin will eventually agree to participate in additional or adjunctive behavioral therapy to address his alcohol abuse as described by Tripodi et al. (2010). The clinician is working with a friend who has university library privileges to obtain a copy of the full Tripodi meta-analysis. For now, the client's views shape the current treatment plan.

Step 6: Implement the Intervention

Before the treatment began, the clinical social worker asked to have releases signed authorizing him to speak with a few of the leaders of the church. The clinician was able to have a meeting with two of the church leaders and learned a bit more about the community in which Jin's family is a member. The clinician also learned about the church and some of the teachings, as well as about some of the struggles that other families in their congregation have reported with their children of a similar age. The conversations helped the clinical social worker have a clearer contextual view of the family's world and begin to place some of the conflicts reported by the family. The conversations were particularly useful in helping the social worker understand how differences in level of acculturation manifest in this community.

For Jin's family, the main challenge was to have Jin be an active participant and begin to address some of the concerns raised by his parents. Simultaneously, the clinical social worker also needed to help his parents understand the cultural influences that Jin is exposed to that differ from their own adolescent experiences. It was difficult for the clinical social worker to accomplish both of the tasks described above. The initial goals agreed on by the family were to (1) identify structured time for the family to have time together, (2) increase an understanding of the different cultural norms between America and Korea, and (3) create a plan for addressing the school concerns. While the goals originally set on the initial treatment plan appeared to be modest at first, after a month of treatment, the clinical social worker realized that the goals needed to be scaled back and revisited them. After the first month, the focus of treatment shifted to simply increasing effective communication between the family members. There was so much conflict that the other goals could not be

addressed. Therefore, the clinical social worker moved to very basic communication skills, such as reflective listening, active listening, and “I statements.”

By the third month of treatment, the family was able to begin to target the second of the original goals, which was to help members understand the cultural differences in which they experience(d) their adolescent years. Through their increased capacity for listening to each other, the family was able to have moments where they laughed about differences between their adolescent experiences. Both the parents and Jin were able to ask questions to each other in a non-defensive manner about these experiences. This shift allowed the family members begin to appreciate more what was important for each of them during adolescence. This new understanding allowed them to work on a plan with the clinical social worker to help the family identify some activities and events that would meet both what the parents wanted but allow Jin some independence.

During the third month of treatment, the family began to address some of the school concerns, which led into concerns about Jin’s friendships and other activities. It was during this time that the clinical social worker brought up the end of their 3-month contract. All members of the family agreed that they were willing to work a bit longer and contracted again for another 3 months, which also “maxed out” the psychotherapy benefits offered by the parents’ insurance companies.

While there was definitely progress on the goals, especially around the conflict within the family, the clinical social worker remained somewhat frustrated about his inability to address the alcohol abuse. Jin continued to deny that there was a problem, and it remained difficult to determine how much he was actually drinking. However, the parents reported that they now felt more confident in knowing where Jin was and who he was with when he was out with his friends. Jin said he did not feel he needed to be as secretive since his parents seemed to be more accepting of his need to be with his friends. So, while there was progress, the clinical social worker still remained concerned that he was not addressing this important issue and hoped to offer Jin some individual sessions in the next month.

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