

UNDERSTANDING AND TREATING ADOLESCENT SUBSTANCE USE DISORDERS

Assessment, Treatment, Juvenile Justice Responses

**Edited by
Nancy Jainchill, Ph.D.**



Civic Research Institute

4478 U.S. Route 27 • P.O. Box 585 • Kingston, NJ 08528

Copyright © 2012

By Civic Research Institute, Inc.
Kingston, New Jersey 08528

The information in this book is not intended to replace the services of professionals trained in psychiatry, psychology, social work, law or any other discipline discussed in this book. Civic Research Institute, Inc. provides this information without advocating the use of or endorsing the issues, theories, precedent, guidance, resources, or practical materials discussed herein. Any application of the issues, theories, precedent, guidance, resources, or practical materials set forth in this book is at the reader's sole discretion and risk. The authors, editors, and Civic Research Institute, Inc. specifically disclaim any liability, loss or risk, personal or otherwise, which is incurred as a consequence, directly or indirectly, of the use and application of any of the contents of this book.

All rights reserved. This book may not be reproduced in part or in whole by any process without written permission from the publisher.

This book is printed on acid free paper.

Printed in the United States of America

Library of Congress Cataloging in Publication Data
Understanding and Treating Adolescent Substance Use Disorders: Assessment,
Treatment, Juvenile Justice Responses / Nancy Jainchill, Ph.D.

ISBN 978-1-887554-89-3

Library of Congress Control Number: 2012941793

Table of Contents

<i>Acknowledgements</i>	xvii
<i>Introduction</i>	xvix
<i>About the Editor and Contributors</i>	xxi

**PART 1: UNDERSTANDING ADOLESCENT
SUBSTANCE ABUSE: CONTENT AND
SCOPE OF THE PROBLEM P1-1**

Chapter 1: Summary of the Problem

by Nancy Jainchill, Ph.D.

Introduction	1-1
Data	1-1
Interventions and Treatment	1-2
Factors Affecting Alcohol and Drug Use	1-3
Conclusion	1-4

**Chapter 2: Assessment of Adolescent Involvement With Alcohol
and Other Drugs**

*by Andria M. Botzet, M.A., Tamara Fahnhorst, M.P.H.,
and Ken C. Winters, Ph.D.*

Introduction	2-1
Developmental Context	2-2
Assessment Tools	2-3
Screening Tools	2-3
Comprehensive Tools	2-4
Collateral Information	2-8
Mode of Administration	2-12
Additional Assessment Issues	2-12
Validity of Self-Report	2-12
Diagnostic Criteria	2-13
Psychosocial Factors	2-14
Comorbidity	2-15
Psychometric Issues	2-15
Assessment of Select Treatment Factors	2-16
Conclusion	2-16

PART 2: ADDRESSING CO-OCCURRING PROBLEMS AND DISORDERS P2-1

Chapter 3: Problems and Approaches to Effective, Integrated Treatment of Comorbid Psychiatric Illness in Adolescents With Substance Use Disorders

by Robert D. Davies, M.D., Paula D. Riggs, M.D., and Christian Thurstone, M.D.

Introduction 3-1

Recognition and Referral 3-3

 Identifying Psychiatric Illness in the Drug Treatment Setting 3-3

 Identifying “At-Risk” Youth in the Community Setting 3-3

Diagnostic Evaluation 3-5

Integrating Treatment for Substance Use Disorders and Comorbid Psychiatric Conditions 3-7

Paucity of Empirical Evidence of Safety and Efficacy of Psychotropic Medications 3-9

 For Depression 3-10

 For Bipolar Disorder 3-11

 For ADHD 3-11

 For Anxiety Disorders 3-12

Lack of Continuing Care 3-12

Summary 3-14

Chapter 4: Treating Complex Trauma: Interventions for Substance Using Adolescents

by Josephine M. Hawke, Ph.D., and Julian D. Ford, Ph.D.

Introduction 4-1

High Prevalence of Trauma Exposure 4-2

Posttraumatic Stress Among Substance Abusing Youth 4-3

Complex Trauma and Dysregulation 4-4

Trauma-Based Models for Substance Abusing Adolescents 4-5

 Trauma-Focused Cognitive Behavioral Therapy 4-5

 Cognitive Behavioral Intervention for Trauma in Schools 4-6

 Life Skills/Life Story 4-6

 Seeking Safety 4-7

 Trauma Adaptive Recovery Group Education and Therapy for Adolescents 4-7

 Structured Psychotherapy for Adolescents Responding to Chronic Stress 4-8

 VOICES: A Program of Self-Empowerment and Discovery 4-8

 Girls Trauma Recovery and Empowerment 4-9

 Sanctuary Model 4-10

Implications for Clinical Researchers Developing and Evaluating
Interventions for Youth With Co-Occurring Substance Use
Disorders and Posttraumatic Stress Disorder 4-10

Chapter 5: Psychiatric Subtypes: Differentiating Conduct Disorder

by Nancy Jainchill, Ph.D.

Introduction 5-1
Mental Health Disorders Among Substance Abusing Youth 5-2
Characterization of Conduct Disorder 5-4
Relationship Between Conduct Disorder and
Other *DSM-IV* Disorders 5-4
Subtypes of Conduct Disorder 5-5
Callous Conduct Disorder 5-5
Assessing Callous Conduct Disorder 5-7
Causes and Consequences of the Callous
Subtype of Conduct Disorder 5-7
Gender Differences in Psychiatric Disturbance, Aggression,
and Antisocial Behavior 5-8
Interventions 5-9

PART 3: ADDRESSING THE TREATMENT NEEDS OF SPECIAL POPULATIONS P3-1

Chapter 6: Treatment of Substance Use Disorders in Adolescent Girls

by Redonna K. Chandler, Ph.D., Beverly Pringle, Ph.D., and Dionne Jones, Ph.D.

Introduction 6-1
Substance Use in Girls: Nature of the Problem 6-2
Treatment Needs of Girls With Substance Abuse Disorders 6-5
Promising Treatments for Girls With Substance Abuse Disorders 6-9
Gender-Specific Treatments for Girls 6-10
 Seeking Safety 6-10
 VOICES 6-10
Interventions Commonly Used to Treat Adolescents 6-11
 Therapeutic Communities 6-11
 Twelve-Step Programs 6-12
 Cognitive Behavioral Therapy 6-12
 Family-Based Treatment Models 6-13
 Pharmacotherapy 6-14
 Smoking Cessation Treatments 6-14
Delivery of Treatment Services for Girls With Substance Use Disorders 6-16
Identification, Screening, and Assessment 6-16
 Accessibility and Utilization of Treatment Services 6-17

Pathways Into Treatment	6-17
Comprehensive and Integrated Treatment Services	6-18
Conclusion	6-19

Chapter 7: Substance Abusing Teens and STD/HIV Risk

by Jessica M. Sales, Ph.D., Ralph J. DiClemente, Ph.D., and Joshua Spitalnick, Ph.D.

Introduction	7-1
Adolescents and STDs: The Risk Is Real	7-2
Brief Review of Recent Adolescent STD/HIV Interventions: What Works	7-3
School-Based Interventions	7-4
Clinic-Based Interventions	7-5
Community-Based Interventions	7-7
Residential Drug Treatment Centers	7-8
Strengths and Limitations of Recent Adolescent STD/HIV Interventions	7-9
Future Directions of STD/HIV Prevention Interventions for Adolescents:	
Implications for Programs Targeting Substance Abusing Youth	7-10
Tailor Interventions to the Population	7-10
Target Those Behaviors That Are Most Amenable to Change	7-11
Expand the Scope of STD/HIV Intervention Programs	
Beyond the Individual	7-11
Enlist the Family as a Behavioral-Change Agent	7-12
Incorporate Long-Term Maintenance Strategies Into Interventions	7-12
Use Biological Outcomes in STD/HIV Prevention Research	7-13
Measure Cost Effectiveness in STD/HIV Prevention Research	7-14
Translate and Disseminate Effective STD/HIV Interventions	7-14
Conclusions	7-15

Chapter 8: Pathways to Substance Use and Abuse Among Homeless Youth: Risk, Resilience, and Implications for Treatment

by Marya Viorst Gwadz, Ph.D., Karla Gostnell, M.P.H., Amanda Ritchie, M.A.A., and Noelle R. Leonard, Ph.D.

Overview	8-2
Description of the Population	8-2
Context of Youth Homelessness Creates Great Vulnerability to	
Substance Use Problems	8-3
Epidemiology of Substance Use and Abuse Among Homeless Youth	8-3
Prevalence of Substance Use	8-3
Prevalence of Substance Abuse and Dependence	8-4
Demographic Correlates of Substance Use and Abuse	8-4
Adverse Consequences of Substance Use for Homeless Youth	8-5
Pathways to Substance Abuse	8-5
Early Exposure to Drugs and Alcohol	8-5
The Role of Childhood Abuse, Victimization, and Chronic Stress	8-6

Linking Childhood Trauma and Later Substance Abuse Among Homeless Youth: The Risk Amplification Model	8-6
Resilience Among Homeless Youth	8-7
Peer Networks	8-8
Treatment and Service Issues	8-8
Transitional Living and Supportive Housing	8-9
Street Outreach Linking Youth to Low-Threshold Services	8-9
Harm Reduction	8-10
Strategies That Foster Engagement	8-10
Treatments Involving the Families of Homeless Youth	8-11
Discussion and Recommendations	8-12

PART 4: FAMILY THERAPY TREATMENT APPROACHES P4-1

Chapter 9: Multisystemic Therapy With Substance Using Adolescents: A Synthesis of the Research

by Ashli J. Sheidow, Ph.D., and Scott W. Henggeler, Ph.D.

Introduction	9-1
Empirical Bases for Using Multisystemic Therapy	9-1
Clinical Implementation	9-3
Treatment Delivery	9-4
Clinical Procedures	9-4
Quality Assurance	9-6
Empirical Findings	9-7
Empirical Evidence for Multisystemic Therapy in Treating Serious Antisocial Behavior in Adolescents	9-7
Substance Use Outcomes Within Multisystemic Therapy Clinical Trials	9-8
Integrating Contingency Management Techniques	9-9
Empirical Evidence for Multisystemic Therapy With Contingency Management Integration	9-10
Current Multisystemic Therapy Substance Abuse–Related Research	9-11
Transportability and International Replication	9-12
Comorbid Substance Use and Mental Health Disorders	9-12
Integrating Evidence-Based Adult Treatments Into Family-Based Treatments for Adolescents and Children	9-12
Conclusion	9-13

Chapter 10: Brief Strategic Family Therapy

by Michael S. Robbins, Ph.D., Viviana Elizabeth Horigian, M.D., and José Szapocznik, Ph.D.

Introduction	10-1
Overview of Brief Strategic Family Therapy	10-2
Research Support	10-3

Conceptual Foundations	10-6
System	10-6
Structure	10-6
Strategy	10-7
Intervention Strategies	10-7
Joining: Preparing the Terrain	10-7
Assessment, Diagnosis, and Treatment Planning	10-9
Eliciting Family Interactions: Enactments	10-9
Dimensions of Family Functioning	10-11
Organization	10-11
Resonance	10-12
Developmental Stage	10-13
Identified Patienthood	10-14
Conflict Resolution	10-14
Orchestrating Changes in Family Functioning	10-15
Working in the Present: Process vs. Content	10-15
Reframing	10-15
Working With Boundaries and Alliances	10-17
Assigning of Tasks	10-19
Engaging Hard-to-Reach Families	10-20
Conclusions	10-23

Chapter 11: Multidimensional Family Therapy: An Evidence-Based Treatment for Juvenile Justice Involved and Substance Abusing Adolescents

by Craig E. Henderson, Ph.D., Francoise A. Marvel, B.A., Cynthia L. Rowe, Ph.D., Gayle A. Dakof, Ph.D., and Howard A. Liddle, Ed.D.

Background and Overview	11-1
New Perspectives on Service Needs of Justice Involved Youth	11-2
Juvenile Justice-Based Interventions	11-3
“Treatment as Usual” in Juvenile Justice Settings	11-4
Empirically Supported Treatments Implemented in Juvenile Justice Settings	11-5
Multidimensional Family Therapy: A Promising Intervention for Justice Involved Youth	11-5
Overview of Multidimensional Family Therapy	11-5
Brief History of Multidimensional Family Therapy Treatment Development and New Applications	11-6
Research Evidence Supporting Multidimensional Family Therapy With Juvenile Offenders	11-7
Multidimensional Family Therapy: A Flexible Approach for the Juvenile Justice Setting	11-7

Putting Theory Into Practice: The Criminal Justice-Drug Abuse	
Treatment Studies Detention to Community Study	11-10
Summary and Conclusions	11-13
PART 5: TREATMENT STRATEGIES	P5-1
Chapter 12: Therapeutic Community Approach for Adolescents:	
Genesis and Evolution	
<i>by Nancy Jainchill, Ph.D.</i>	
Introduction	12-2
The Adolescent Therapeutic Community	12-2
Therapeutic Community Perspective	12-2
Treatment Structure and Process	12-3
Treatment Protocol	12-3
Role of the Family	12-4
The Adolescent Client	12-5
Profiles of Admissions to Therapeutic Communities	12-6
Posttreatment Outcomes	12-6
Five-Year Posttreatment Outcomes	12-7
Five-Year Posttreatment Outcomes: Substance Use	
and Criminal Activity	12-8
Correlates of Posttreatment Substance Use and Criminal Activity	12-9
Substance Use	12-9
Criminal Activity	12-9
Pre- to Posttreatment Changes in Substance Use and Criminal	
Involvement	12-10
Substance Use	12-10
Criminal Activity	12-10
Summary	12-10
Client Subtypes	12-10
The Therapeutic Community in Transition	12-12
Application of the Therapeutic Community Approach	
in Other Settings	12-12
Therapeutic Community in Juvenile Corrections	12-12
Therapeutic Communities and Mental Health	12-13
Outpatient Therapeutic Communities	12-14
Therapeutic Communities: A Model in Evolution	12-15
Chapter 13: Group Therapy for Adolescent Substance Use Disorders	
<i>by Holly Barrett Waldron, Ph.D., Janet L. Brody, Ph.D., and Charles W. Turner, Ph.D.</i>	
Introduction	13-1
Group Treatment Outcomes	13-3
Debunking the Myth of Pervasive Iatrogenic Effects	13-5

Group Composition and Deviancy Training	13-6
Characteristics of Effective Groups	13-6
Summary	13-8
Cognitive Behavioral Group Therapy	13-8
Group Intervention Overview	13-9
Detailed Session Descriptions	13-10
Session 1: Introduction and Orientation	13-10
Session 2: Defining Drug and Alcohol Abuse	13-10
Session 3: Functional Analysis of Drug Using Behavior	13-11
Session 4: Information About Drugs	13-11
Session 5: Consequences of Drug and Alcohol Use	13-11
Session 6: Alternatives to Drug and Alcohol Use	13-11
Sessions 7 and 8: Communication Skills	13-12
Sessions 9 and 10: Emotion Regulation	13-12
Session 11: Relapse Prevention and Goal Setting	13-12
Session 12: Group Wrap-Up	13-12
Group Process	13-13
Summary and Future Research	13-14

**Chapter 14: Continuing Care Following Residential Treatment:
History, Current Practice, Critical Issues, and Emerging Approaches**

by Mark D. Godley, Ph.D., and Susan Harrington Godley, Rh.D.

Introduction	14-2
History	14-3
Current Practice of Continuing Care	14-4
Factors Related to Determining Who Gets Continuing Care	14-4
Underlying Program Theory or Orientation	14-5
Standards of Care	14-5
Discharge/Linkage Factors	14-5
Adolescent Factors	14-6
Research on Continuing Care Linkage	14-7
Linkage Following Detoxification	14-8
Continuing Care Linkage Following Residential Treatment	14-8
Linkage to Twelve-Step Meetings Following Residential Treatment	14-9
Factors Influencing Linkage to Continuing Care	14-10
Summary of Continuing Care Linkage Findings	14-11
Assertive Continuing Care	14-11
Description	14-11
Linkage to Assertive Continuing Care After Treatment	14-12
Assertive Continuing Care Research	14-12
Secondary Analyses of Clients Who Do Not Link to Usual Continuing Care	14-13

Recommendations	14-15
In General	14-15
Issues Related to the Adoption of Assertive Approaches	14-17
Recommendations for Further Research	14-18
Incentives for Continuing Care Linkage and Retention	14-18
Appropriate Use of Treatment Resources	14-18
Continuing Care Following Outpatient Treatment	14-18
Common Factors	14-19
Improving Effectiveness of Continuing Care	14-19
Targeting Environmental Risk	14-19
Conclusion	14-20

**Chapter 15: Juvenile Assessment Centers: Early Intervention
With Youth Involved in Drug Use**

by Richard Dembo, Ph.D., and Wansley Walters, B.A.

Continuing Need for Innovative, Cost-Effective Intervention Services	15-2
Value of Centralized Intake Facilities	15-4
Brief History of Juvenile Assessment Centers	15-5
Key Elements of Assessment Centers	15-6
Identifying and Responding to the Needs of Drug-Involved Youth	15-7
Brief Description of the Tampa Juvenile Assessment Center	15-7
Flow of Arrested Youth Through the Tampa Juvenile Assessment Center	15-7
Demographic Description of Juvenile Assessment Center Processed Youth	15-10
Drug Involvement Among Juvenile Assessment Center Processed Youth	15-10
Program Placement Recommendations for Juvenile Assessment Center Processed Youth	15-11
Nondiversion Cases	15-11
Placement in Detention	15-11
Placement in Nonsecure Detention (Home Arrest)	15-11
Cases Assigned to Department of Juvenile Justice Field Units by Juvenile Assessment Center Case Management Unit	15-11
Diversion Cases	15-11
Arbitration	15-11
Juvenile Drug Court	15-12
Prodigy	15-13
Intensive Delinquency Diversion Services	15-13
Juvenile Post Arrest Diversion Program	15-13

Further Opportunities to Serve Youth With Substance Use and Related Problems	15-13
Truant Youth	15-14
Youth With Sexually Transmitted Diseases	15-17
Continuity of Care Resource	15-18
National Commitment to Troubled Youth Remains Needed	15-18
Exhibit 15.1: More Detailed Description of Diversion Programs	15-24

**Chapter 16: Contrasting Patient Characteristics, Treatment Processes,
and Outcomes Across Treatment Modalities for Substance Abusing Youth**

by Christine E. Grella, Ph.D.

Introduction	16-2
DATOS-A Study Design	16-3
Characteristics of Programs in DATOS-A	16-3
Residential Treatment Programs	16-5
Outpatient Drug-Free Programs	16-5
Short-Term Inpatient Programs	16-6
Characteristics of Youth in DATOS-A	16-6
Demographic Characteristics	16-6
Drug and Alcohol Use	16-7
Mental Disorders	16-7
Criminal Involvement	16-7
Treatment Processes and Service Delivery	16-8
Motivational Readiness and Engagement in Treatment	16-8
Services Received in Treatment	16-9
Treatment Retention	16-9
Treatment Outcomes	16-10
Drug and Alcohol Use Outcomes	16-11
Outcomes for Youth With Comorbid Mental Disorders	16-11
Criminal Activity Outcomes	16-12
Conclusion	16-12
Future Directions	16-13

**Chapter 17: Recovery-Oriented Integrated System for
Juvenile Justice Clients**

by George De Leon, Ph.D., and Nancy Jainchill, Ph.D.

Introduction	17-1
Current State of Aftercare	17-2
Call for Integrated Systems	17-2
Recovery-Oriented Integrated System	17-3
Research and Clinical Basis for Recovery-Oriented Integrated System	17-3
Client Profiles in Correctional Treatment	17-3
Treatment Effectiveness, Duration, and Aftercare	17-4

Client Motivation for Treatment	17-4
Recovery	17-5
Recovery-Oriented Integrated System for Adolescents:	
Special Issues and Considerations	17-5
Profiles	17-5
Retention and Outcomes in Adolescent Research	17-6
Juvenile Motivational Factors	17-7
Recovery and Developmental Issues	17-7
Juvenile Justice System Issues	17-8
Staff Training and Recovery	17-9
Systems Issues: A Case Illustration	17-9
Conclusion	17-10
<i>Appendix A: Table of Abbreviations and Acronyms</i>	<i>A-1</i>
<i>Appendix B: Bibliography</i>	<i>B-1</i>
<i>Index</i>	<i>I-1</i>

Acknowledgements

I would like to acknowledge the following individuals—Peter Vamos, Ken Pompei, James Newsome, Jack Godlesky, Jeanne Godlesky, Richard Kelly, Jeff Giovino, Nancy Hamilton, Bob Neri, Jerome Carroll, Kathy Riddle, Kevin Wadalavage, John Tavolucci, David Kerr, Ed Lyons, Oswaldo Fiero, and others for their support of the research that I was conducting for more than twenty years. I also acknowledge the programs that accommodated the challenges of research activities to the daily operations of schedules and activities: Portage, Outreach Project, Operation Par, Cornell Abraxas, Project Return, C.U.R.A, Integrity House, MidAtlantic Youth Services, and more.

Of course, I want to acknowledge the clients for whom the challenge of recovery highlighted the urgency of this work. I did not start out focusing on the issues of adolescents and their substance use and related problems. However, their predicament seemed even more crucial to me as these young people are at a crossroads of their lives, and to be able to influence the trajectory of their decision making and direction became a goal of the research conducted by my colleagues and me.

Special thanks to my staff at the National Development and Research Institutes, Josephine Hawke, Sarah Farkas, Maria Messina, John Yagelka, Chunki Fong, Maria Fernandez, and others, whose tireless efforts assured that the quality and consistency of the work was never in doubt, and to Lisa Bernhard and Fred Streit who helped make sure the work would happen. Also thanks to the consultants and collaborators on the various projects: Charles Turner, James Alexander, Carl Reddick, and Richard Dembo.

For various reasons, this volume has been a long time coming, and I want to thank each of the authors for sticking with me and with the effort. Similarly, I wish to thank Deborah Launer of Civic Research Institute, who would not let me forget that there was a book that was scheduled for publication.

Introduction

by Nancy Jainchill, Ph.D.

This book came about in response to the ever-present challenge of treating adolescent drug use and abuse. Adolescent substance abuse treatment, in contrast to adult treatment, which historically has been adapted for adolescents, has finally emerged as a modality in its own right with a concomitant growth of research to answer the time-honored questions of what works and for whom. However, after a rather impressive emergence of programs and research projects in the mid-1990s, the funding climate has made a marked impact on opportunities for new initiatives as well as for maintaining existing programs.

In a recent report released by the Center on Addiction and Substance Abuse (CASA; 2011, 1), it is noted that “adolescence is *the* critical period both for starting to smoke, drink or use other drugs and for experiencing more harmful consequences as a result.” The reasons for the severity of the consequences are several fold. The teen brain is still developing: the areas related to judgment have not matured, making youth especially vulnerable to poor decision making and risk-taking behaviors, and making the brain itself more vulnerable to the harmful effects of alcohol and drug use. Adolescents are still dependent financially and emotionally, so they are more vulnerable to family factors that may increase the risk of substance use. Drug and alcohol use also seriously affects the emotional, social, and behavioral development of young people. Their academic performance is impeded, and they frequently engage in activities that involve them in the criminal justice system, often with a lasting impact on their social and vocational status. They are also more prone to mental health problems, whether as cause or consequence of their involvement with substances. And alcohol and drug use increases the likelihood of engaging in other risky behaviors (e.g., driving under the influence), with potential negative outcomes including, for example, threatening the health and lives of others. The earlier that alcohol and drug use is initiated, the greater the likelihood of substance use problems in adulthood.

According to CASA (2011), three fourths of high school students (75.6 percent, 10.0 million) have smoked cigarettes, drunk alcohol, or used another drug; and nearly half of high school students (46.1 percent, 6.1 million) are current (in the past thirty days) users. Of high school students who have ever smoked a cigarette, had a drink of alcohol, or used other drugs, 19.4 percent have a clinical substance use disorder, as do 33.3 percent of current users. Among all high school students, 11.9 percent have a substance use disorder. Of note is that these numbers are low as they do not include adolescents who have dropped out of school or who are incarcerated. Alcohol remains the drug of choice among teenagers and is the drug most associated with risky behaviors such as drunk driving, teen pregnancy, suicide, and violence.

The CASA report highlights the role of American culture in the perpetuation of the problem of teen substance use. There are cultural messages that condone and even encourage the use of alcohol and tobacco; and there are significant economic factors that would be impacted in any reversal of such trends.

Risk factors—environmental, interpersonal, and individual—must be addressed through both prevention and intervention strategies. For example, adverse childhood events, such as abuse, peer victimization or bullying, socioeconomic status

(e.g., involvement in the child welfare system), or having a minority sexual identity, increase a youth's risk of using alcohol and drugs. The recommendations offered in the report include education about the problem, enforcement of public health measures to delay if not prevent teen substance use, identification of those most at risk, and early intervention and appropriate treatment as needed. Underlying these recommendations is the need for a community and cultural sense of responsibility and response to the situation. Adolescent drug use is more than an individual problem—it is a public health problem, characterized by its prevalence throughout the population; and it is preventable through population-based interventions designed to modify individual behaviors, reduce exposure to harmful influences, and detect and treat people who are at risk of or already suffering from the problem. The ongoing challenge is to make treatment programs more accessible and to assure that they are implemented with fidelity (i.e., that effective programs are implemented as intended to maximize their potential for positive outcomes).

The current volume on adolescent substance use provides an overview of the problem and examines critical issues and treatment approaches. Part 1 offers an assessment and summary of the problem. Part 2 focuses on critical issues related to adolescent mental health. Part 3 describes special populations and their treatment needs. Family therapy treatment approaches are examined in Part 4. More general treatment strategies are discussed in Part 5, which includes a chapter on the outcomes from a national, multimodality treatment outcome study (Drug Abuse Treatment Outcome Studies for Adolescents; DATOS-A). Chapter 17 offers a perspective on the future of adolescent treatment, suggesting that an integrative treatment system may provide the optimal approach for working with youth, their families, their communities, and institutions such as schools and juvenile justice settings.

References

- Center of Addiction and Substance Abuse. (2011). *Adolescent substance use: America's #1 public health problem*. New York: National Center on Addiction and Substance Use, Columbia University.

About the Editor and Contributors

Nancy Jainchill, Ph.D., is a psychologist in private practice and is working toward an M.F.A. in creative writing at Bennington College. Previously, she was Director of the Center for Therapeutic Community Research of the National Development & Research Institutes in New York City, where the focus of her work was on the treatment of adolescents with substance use/abuse and related problems. She had a number of projects funded by the National Institute on Drug Abuse that involved residential therapeutic communities for the treatment of adolescent substance abusers and on the treatment of youth in the juvenile justice system. She was a member of the Teen Treatment Expert Advisory Panel for Drug Strategies, a nonprofit research institute that promotes more effective approaches to the nation's drug problems.

Andria M. Botzet, M.A., has worked in the Center for Adolescent Substance Abuse Research at the University of Minnesota for over sixteen years, conducting assessments and interventions on youth with drug and gambling addictions. She received her B.A. and M.A. in counseling psychology from the University of Minnesota. Ms. Botzet has also published several research articles on addictions and has been involved with multiple community organizations in roles that serve youth.

Janet L. Brody, Ph.D., is a Research Scientist at Oregon Research Institute and Clinical Director of the Center for Family and Adolescent Research, in Albuquerque New Mexico. She is also an Adjunct Associate Professor of Pediatrics at the University of New Mexico School of Medicine and a licensed psychologist. She received her doctorate in psychology from the University of New Mexico. Dr. Brody has been co-investigator and clinical supervisor on numerous clinical trials funded by the National Institute on Drug Abuse to evaluate behavioral treatments for adolescent substance abuse disorders, including Cognitive Behavioral Therapy group and individual therapies as well as Functional Family Therapy. She has co-authored papers and book chapters on these treatments and on treatment outcomes. Dr. Brody also directs a separate National Institutes of Health-funded research program examining ethical issues related to the participation of children and adolescents in biomedical research.

Redonna K. Chandler, Ph.D., is the Chief of the Services Research Branch, Division of Epidemiology, Services & Prevention Research, National Institute on Drug Abuse (NIDA). In her current position, she provides scientific leadership to the extramural community on developing research to improve the delivery and quality of drug abuse treatment. Previously, she served as Deputy Chief of the Services Research Branch and Health Scientist Administrator, and was responsible for developing a research agenda for NIDA on addressing the drug treatment and health care needs of individuals in the criminal justice system. She is a licensed psychologist and member of the American Psychological Association. She received her bachelor's degree in psychology and U.S. history, and doctorate degree in psychology from the University of Kentucky.

She has published numerous peer-reviewed articles and book chapters on a range of topics, including measuring treatment process and outcomes, treating offenders with substance abuse disorders, treating co-occurring substance abuse and mental health disorders, and substance abuse problems of adolescent girls. Prior to joining NIDA, she worked for the Bureau of Prisons, implementing and evaluating evidence-based substance abuse treatment programs for federally sentenced offenders.

Gayle A. Dakof, Ph.D., is a Research Associate Professor at the University of Miami Miller School of Medicine Department of Epidemiology & Public Health, Center for Treatment Research on Adolescent Drug Abuse, and Director of the MDFT Institute, a 501(c)(3) public charity dedicated to training clinicians in Multidimensional Family Therapy (MDFT). She received her doctorate in psychology at the University of California at Berkeley. Dr. Dakof is a scientist-practitioner specializing in the development and testing of psychotherapeutic and systemic interventions directed toward preventing and treating substance abuse, child maltreatment, delinquency, and criminality among adolescent males and females, and adult women. Dr. Dakof has contributed to the development and testing of MDFT, an evidence-based treatment of adolescent problems. She directs the MDFT training program in the United States. Dr. Dakof is also the developer of a promising intervention for addicted mothers—the Engaging Moms Program. Dr. Dakof has been a principle investigator or co-investigator on numerous National Institutes of Health–funded research projects, and she has authored over fifty publications. She is a licensed clinical psychologist in the states of Florida and California.

Robert D. Davies, M.D., is an Associate Professor of Psychiatry at University of Colorado School of Medicine. He received his medical degree from University of Colorado School of Medicine and completed his residency in psychiatry at Dartmouth-Hitchcock Medical Center. He has been a co-investigator on numerous federally funded studies examining treatment of co-occurring disorders in substance abusing adolescents and was principal investigator on a National Institute of Drug Abuse–funded grant that developed and tested a martial arts–based early intervention for adolescent substance use. In addition, Dr. Davies is the Associate Residency Training Director and Director of 4th Year Psychiatry Medical School Curriculum at University of Colorado School of Medicine as well as the Medical Director of the Aspen Hope Center.

George De Leon, Ph.D., is an internationally recognized expert in the treatment of substance abuse and acknowledged as the leading authority on treatment and research in therapeutic communities. He received his doctorate from Columbia University. He is founder of the Center for Therapeutic Community Research, a founding member and former President of the American Psychological Association’s Division 50 on Addictions, and is Clinical Professor of Psychiatry at New York University School of Medicine. He has published over 165 scientific papers and chapters. He has authored and edited seven books and monographs including *The Therapeutic Community: Theory, Model and Method*, which is considered the definitive text in the field. His training videos are available on the stages of recovery and on the essential elements of the therapeutic community. Dr. De Leon is a recipient of national and international awards.

Richard Dembo, Ph.D., is a Professor of Criminology at the University of South Florida in Tampa. He received his doctorate in sociology from New York University.

He has conducted extensive research on the relationship between drug use and delinquency; has published three books and over 180 articles, book chapters, and reports in the fields of criminology, substance use, mental health, and program evaluation; and has guest edited five special issues of journals addressing the problem of drug misuse. He is a member of the editorial boards of the *International Journal of the Addictions* (renamed *Substance Use and Misuse*), *Violence, Aggression and Terrorism*, the *Journal of Drug Issues*, the *Journal of Child and Adolescent Substance Abuse*, the *Journal of Offender Rehabilitation*, and *Neurobehavioral HIV Medicine*. He has served as a consultant to the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the National Institute on Drug Abuse (NIDA), the National Institute of Mental Health, the Center for Substance Abuse Treatment, the Office of Substance Abuse Prevention, and the National Science Foundation. As well, he is a reviewer of manuscripts for numerous professional journals. He is past-Chair of the American Sociological Association Section on Alcohol and Drugs. He has extensive experience working with troubled youth in a variety of settings and in applying research technology to social problems. He recently completed a NIDA-funded experimental, longitudinal service delivery project designed to implement and test a Family Empowerment Intervention involving high-risk youth and their families. He is currently involved in (1) a NIDA-funded truancy intervention project; (2) a Research Center as part of the NIDA, National Criminal Justice Drug Abuse Treatment Research Studies (CJDATS-2) Cooperative Agreement initiative; and (3) a NIDA-funded multidisciplinary Research Core Center (P30 grant) focusing on research into co-occurring mental health and substance use disorders within the justice system. He is also involved in the Casey Foundation, Juvenile Detention Alternatives Initiative in Hillsborough County. He helped develop the Hillsborough County Juvenile Assessment Center (JAC) in Tampa and supports JAC operations by (1) completing special research studies and (2) developing, implementing, and evaluating the impact of innovative service delivery projects for youth processed at the JAC and their families. He has been a major party in the flow of millions of dollars in federal, state, and local funds into the University of South Florida and the Tampa Bay area for various research and service delivery projects addressing the needs of high-risk youth, their families, and their surrounding communities.

Ralph J. DiClemente, Ph.D., is Charles Howard Candler Professor of Public Health and Associate Director, Emory Center for AIDS Research. He holds concurrent appointments as Professor in the School of Medicine, Department of Medicine, in the Division of Infectious Diseases and the Department of Pediatrics, in the Division of Epidemiology, Infectious Diseases and Immunology, and the Department of Psychiatry. He was, most recently, Chair, Department of Behavioral Sciences and Health Education at the Rollins School of Public Health, Emory University. Currently, Dr. DiClemente is President, Georgia Chapter of the Society for Adolescent Health & Medicine, a member of the Executive Committee of the American Society Sexually Transmitted Disease Research, a member of the American Psychological Association's Committee on Psychology & AIDS, and a member of the Executive Committee of the Social & Behavioral Sciences Research Network of the Centers for AIDS Research. Dr. DiClemente also currently serves as a member of the Board of Scientific Counselors for the Centers for Disease Control & Prevention, the Scientific Advisory Council of the National Campaign to Prevent Teen Pregnancy, the Advisory Council of the Office of AIDS Research, and the National Mental Health Advisory Council of the National Institute of Mental Health at

the National Institutes of Health. Dr. DiClemente was trained as a health psychologist at the University of California San Francisco where he received his Ph.D. in 1984 after completing an M.S.P.H. in behavioral sciences at the Harvard School of Public Health and his undergraduate degree at the City University of New York. He has published over 350 peer review articles, 150 chapters, and fifteen books.

Tamara Fahnhorst, M.P.H., received her degree in maternal and child public health from the University of Minnesota in 2000. Since 1988, she has worked in the Department of Psychiatry at the University of Minnesota on numerous preventive and early intervention initiatives for children and adolescents who are at risk for mental health problems and drug abuse. Ms. Fahnhorst was a psychometrician in the ADHD and LD Clinic and has been involved in both administrative and therapeutic capacities including implementation of individual and group interventions for children and their parents. She has authored several journal articles and book chapters pertaining to adolescent alcohol and drug use prevention, assessment, and intervention.

Julian D. Ford, Ph.D., is Professor of Psychiatry at the University of Connecticut School of Medicine and Graduate School, and Director of the University of Connecticut Health Center Child Trauma Clinic and the Center for Trauma Response Recovery and Preparedness (<http://www.ctrp.org>). Dr. Ford developed the Trauma Affect Regulation: Guide for Education and Therapy (TARGET) intervention model for adult, adolescent, and child traumatic stress disorders, and co-occurring substance use disorders. He conducts research on psychotherapy and family therapy, health services utilization, psychometric screening and assessment, and psychiatric epidemiology, including serving as the principal investigator on several federally funded studies evaluating TARGET and other evidence-based psychosocial interventions for families, adults, and youth. Dr. Ford has co-edited three recent books, *Treating Traumatized Children* (October 2008, Routledge, with D. Brom & R. Pat-Horenczyk), the *Encyclopedia of Psychological Trauma* (November 2008, Wiley, with G. Reyes & J. Elhai), and *Treatment of Complex Traumatic Stress Disorders* (February 2009, Guilford, with C. Courtois), and he has authored a textbook on posttraumatic stress disorder, *Posttraumatic Stress Disorder: Scientific and Professional Dimensions* (June 2009, Elsevier/Academic Press).

Mark D. Godley, Ph.D., is Director of the Lighthouse Institute, the research and training division of Chestnut Health Systems in Bloomington-Normal, Illinois, USA. Lighthouse Institute has more than 130 staff conducting National Institutes of Health, Substance Abuse and Mental Health Services Administration, and private foundation-funded research and training on the assessment, treatment, and long-term management of substance use disorders. Over the past thirty-five years, he has served as a clinician, treatment program director, research scientist, and administrator in the addictions field. Along with Drs. N. Azrin and R. J. Meyers, Dr. Godley was one of the original investigators on the early Community Reinforcement Approach (CRA) trials. His CRA research has extended to both outpatient and postresidential continuing care studies of Adolescent CRA (A-CRA). In addition, his current research includes innovative approaches to longer-term recovery management using mobile phones and text messaging, and the dissemination of evidence-based practices including A-CRA and Assertive Continuing Care. Dr. Godley has an M.S.W. from Our Lady of the Lake University and a Ph.D. in educational psychology from Southern Illinois University.

Susan Harrington Godley, Rh.D., is a Senior Research Scientist and the EBT Coordinating Center Director at Chestnut Health Systems in Bloomington-Normal, IL. She received her doctorate in rehabilitation from Southern Illinois University. She has been a principal or co-principal investigator on several Center for Substance Abuse Treatment (CSAT), National Institute on Alcohol Abuse and Alcoholism (NIAAA), and National Institute on Drug Abuse adolescent studies. She is the lead author of the Adolescent Community Reinforcement Approach (A-CRA) for Adolescent Cannabis Users, one of five Cannabis Youth Treatment (CYT) study treatment manuals, and was a principal investigator for one of the CYT study sites. She is also the lead author on the companion case management manual used in the Assertive Continuing Care (ACC) approach. Along with Dr. Mark Godley, she has developed and continues to evaluate the latter approach under NIAAA funding to learn more about improving posttreatment outcomes for adolescents. As one of the CSAT Strengthening Communities for Youth grant recipients, she replicated one of the CYT interventions within an existing outpatient program and in student assistance programs in eighteen schools. Dr. Godley currently heads the CSAT-funded Technical Assistance Contract that trains and certifies clinicians and clinical supervisors in more than eighty clinics across the United States in A-CRA and ACC.

Karla Gostnell, M.P.H., is a Research Associate at the Baron Edmond de Rothschild Chemical Dependency Institute in New York City. She received her master's degree at the Mailman School of Public Health at Columbia University, where her thesis focused on homeless youth in New York City. She has worked on research projects funded by the National Institute on Drug Abuse and the Centers for Disease Control, and has contributed to a variety of published articles on substance abuse and HIV/AIDS.

Marya Viorst Gwadz, Ph.D., is a Senior Research Scientist at the New York University College of Nursing. Dr. Gwadz is the Deputy Director of the National Institute on Drug Abuse-funded Center for Drug Use and HIV Research and the Director of the Center's Intervention Core (CDUHR, P30 DA11041). She is also the Director of the Behavioral and Social Science Research Core in the Center for AIDS Research at the New York University Langone Medical Center. Dr. Gwadz has been involved in intervention research for over two decades, with a particular emphasis on health disparities in urban populations of color and among adolescents and women. Dr. Gwadz is an expert in developing, refining, and evaluating behavioral interventions. She is the author of over fifty articles on health disparities, HIV, homeless youth, interventions, mental health, substance use, and related topics.

Christine E. Grella, Ph.D., is a Professor of Psychiatry and Biobehavioral Sciences at the Integrated Substance Abuse Programs (ISAP), Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles. Her research focuses on the intersection of multiple service delivery systems, including substance abuse treatment, mental health, child welfare, health services, HIV services, and criminal justice. Her work has examined the relationship of service delivery to treatment outcomes, focusing on treatment for women, adolescents, individuals in the criminal justice system, and individuals with co-occurring mental health and substance use disorders. She has published her work widely in the areas of addiction, mental health, health services, and evaluation research. She is currently conducting an evaluation of

a “trauma-informed” substance abuse treatment program at a community correctional facility for women offenders. She recently completed a study funded by the National Institute on Drug Abuse (NIDA) in which twenty-five-year follow-up interviews were conducted with a cohort of heroin users who were originally sampled in the early 1980s. In addition, Dr. Grella directs the NIDA-funded pre- and postdoctoral training program at ISAP and is a co-investigator on the NIDA-funded Center for Advancing Longitudinal Drug Abuse Research.

Josephine M. Hawke, Ph.D., is an Assistant Professor in the Department of Psychiatry at the University of Connecticut Health Center. She received her doctorate degree from Ohio State University and completed postdoctoral work at the National Development and Research Institutes, Inc., in New York City. Her research has examined factors that influence prevention and treatment outcomes among adolescents with comorbid substance use and trauma-related disorders, the evaluation of evidence-based services in juvenile justice and child welfare, the effects of mentoring children with incarcerated caregivers on resiliency and coping, and gender-responsive approaches for the treatment of substance use and mental health problems. She has authored and co-authored several peer-reviewed publications on the effects of trauma, violence, childhood abuse, and resiliency on drug use and mental health outcomes.

Craig E. Henderson, Ph.D., is Associate Professor of Psychology at Sam Houston State University (SHSU) and Adjunct Research Assistant Professor of Epidemiology and Public Health at the University of Miami Center for Treatment Research on Adolescent Drug Abuse. Dr. Henderson’s research focuses on testing the effectiveness of family-based treatments for adolescent substance abuse and delinquency. He is an expert in state-of-the-art methodological approaches for data analysis, particularly randomized control trial (RCT) design and analysis, latent growth curve modeling, and general growth mixture modeling. Current projects involve an RCT comparing the Assertive Community Reinforcement Approach to services as usual for adolescents with drug problems under community supervision (CSAT Grant No. TI 17817) and a National Institute on Drug Abuse grant examining gender and ethnic differences in ten RCTs in which Multidimensional Family Therapy was tested against a variety of comparison treatments (R01 DA 029089). He has twice been awarded the Excellence in Teaching Award, once the Excellence in Research Award in the Department of Psychology and Philosophy, and twice the Excellence in Research Award in the College of Humanities and Social Sciences at SHSU.

Scott W. Henggeler, Ph.D., received his doctorate in clinical psychology from the University of Virginia in 1977. He is Professor of Psychiatry and Behavioral Sciences at the Medical University of South Carolina where he founded the Family Services Research Center (FSRC). The mission of the FSRC is to develop, validate, and study the dissemination of clinically effective and cost-effective mental health and substance abuse services for children presenting serious clinical problems and their families. As such, FSRC projects have included numerous community-based randomized trials with challenging clinical populations (e.g., violent and chronic juvenile offenders, youth presenting psychiatric emergencies, substance abusing juvenile offenders, maltreating families), and transportability studies for Multisystemic Therapy and other evidence-based treatments are being conducted in multiple states and nations. The FSRC has received the Annie E. Casey Families Count Award, the GAINS Center

National Achievement Award, and the Points of Light Foundation President's Award in recognition of excellence in community service directed at solving community problems. Dr. Henggeler has published more than 260 journal articles, book chapters, and books; and he has received grants from NIMH, NIDA, NIAAA, OJJDP, CSAT, the Annie E. Casey Foundation, and others. He is Associate Editor of the *Journal of Consulting and Clinical Psychology*, has been on the editorial boards of more than ten journals, and is on the board of the National Association of Drug Court Professionals.

Viviana Elizabeth Horigian, M.D., is an Assistant Professor in the Department of Epidemiology and Public Health, Miller School of Medicine. She is the Project Director of the Florida Node Alliance of the National Drug Abuse Treatment Clinical Trials Network (CTN). In this role, she has contributed to the design of numerous studies, including over ten years of experience in the implementation of multisite clinical trials. She has expertise in research design, project management, and working with remote sites in community-based implementation research. Most recently, she coordinated the National Institute on Drug Abuse CTN national multisite trial of Brief Strategic Family Therapy (BSFT), which randomized 480 families (included over 2,000 participants) across eight treatment programs across the nation, was directly responsible for the daily oversight of five of the eight sites, one of which was Spanish-speaking only in Puerto Rico. She has led the translation and Spanish adaptation efforts of the BSFT training manual in Spanish and developed culturally relevant materials in Spanish to support the implementation of this trial. She is currently the principal investigator for a project that aims to develop the research infrastructure for the implementation of rigorous randomized clinical trials at the National Institutes of Psychiatry in Mexico City where she mentors researchers of all levels.

Dionne Jones, Ph.D., is Deputy Chief of the Services Research Branch, Division of Epidemiology, Services & Prevention Research, National Institute on Drug Abuse. She manages a grant portfolio that includes women and gender issues, rural services and treatment, HIV/AIDS, co-occurring disorders, and health disparities. She plans and organizes meetings on various topics, including health disparities and intervention strategies for women at risk for HIV, and she was guest editor for supplemental issues of *Public Health Reports* (2002) and the *Journal of Urban Health* (2005). Previously, Dr. Jones held administrative and research positions at nonprofit and for-profit organizations, including the National Urban League, Howard University, The Lewin Group, and Pacific Institute for Research and Evaluation. She was also managing editor of *The Urban League Review*, a policy research journal of the National Urban League. She has published journal articles, book chapters, and a monograph in a number of public health-related areas.

Noelle R. Leonard, Ph.D., is a Senior Research Scientist at the New York University College of Nursing. She received her doctorate in an APA-approved dual degree program in counseling psychology and school psychology. She completed her child clinical internship at Queens Children's Psychiatric Center, an inpatient and day hospital for children and adolescents. Dr. Leonard's expertise is developing, evaluating, and disseminating primary and secondary prevention interventions for youth at risk for substance use problems, sexually transmitted infections, and HIV/AIDS particularly among homeless and runaway youth and those involved in the criminal justice system. She is an Adjunct Associate Professor of Psychology and Education at Teacher's College, Columbia University.

Howard A. Liddle, Ed.D., is Professor in the Departments of Epidemiology and Public Health and Psychology, and Director of the Center for Treatment Research on Adolescent Drug Abuse at the University of Miami Miller School of Medicine. Dr. Liddle's research focus is on the development, testing, implementation, and dissemination of family-based treatment for adolescent substance abuse and delinquency. His research in this area has been funded by a variety of National Institute on Drug Abuse grants since 1985. Current projects include implementation grants that are testing the incorporation of a cross-system juvenile justice–substance abuse and HIV prevention intervention in the state justice systems, a study that is introducing and testing Multidimensional Family Therapy (MDFT) in a juvenile justice day treatment school setting, and a multinational controlled trial that tested MDFT in community-based settings in five European countries.

Francoise A. Marvel, B.A., is a medical student at Florida State University College of Medicine. She received her bachelor's degree in psychology and biology from the University of Virginia. She served as a research associate at the Center for Treatment Research on Adolescent Drug Abuse at the University of Miami Miller School of Medicine where she worked on testing, implementing, and adapting the Multidimensional Family Therapy (MDFT) model for adolescent substance abuse, delinquency, risk behavior, and its sequelae. She has worked on several national and international research projects funded by grants from the National Institute on Drug Abuse and the Center for Substance Abuse Treatment. She has authored and co-authored peer-reviewed articles and book chapters on MDFT's evidenced-based approach to adolescent health issues.

Beverly Pringle, Ph.D., is Program Chief of Child and Adolescent Mental Health Services Research at the National Institute of Mental Health. Previously, she served as Chief of the Services Research Branch at the National Institute on Drug Abuse. Dr. Pringle received her Ph.D. in pediatric clinical psychology from the University of Maryland Baltimore County and completed her predoctoral internship at the Kennedy Krieger Institute. She has an M.A. in clinical psychology from the University of Maryland Baltimore County and an M.A. in education psychology from the University of Michigan. Her clinical training includes pediatric psychology; affective and anxiety disorders; traumatic brain injury; parenting, group, and family therapy; domestic violence; and psychodiagnostic and behavioral assessment. Her research has covered a variety of topics including treatment services for adolescent drug abuse; pain, memory, and distress management in pediatric cancer patients; parent behaviors in pediatric settings; and education policy for underserved and disadvantaged populations.

Amanda Ritchie, M.A.A., is Research Scientist at the New York University College of Nursing. Ms. Ritchie is currently Project Director of a National Institute of Allergy and Infectious Diseases–funded study that is evaluating the efficacy of a peer-driven intervention to improve AIDS clinical trials screening and enrollment rates among racial/ethnic minority and female persons living with HIV/AIDS. Ms. Ritchie has been involved in HIV intervention research since 2003, working primarily with vulnerable and hard-to-reach populations in New York City. She has managed several National Institutes of Health– and foundation-funded research studies on health disparities in HIV clinical research, adolescent stress and coping, and health and homeless youth. Ms. Ritchie is a trained applied cultural anthropologist with expertise in qualitative

research methods. She is also an experienced trainer and curriculum writer in the areas of implementation and cultural tailoring of HIV prevention programs.

Paula D. Riggs, M.D., is Professor and Director of the Division of Substance Dependence in the Department of Psychiatry at the University of Colorado School of Medicine. She is board certified in child, adolescent, and adult psychiatry, with added qualifications in addiction psychiatry. She is one of the country's leading clinical experts and researchers in the area of treatment development for adolescents with co-occurring mental health and substance use disorders. Dr. Riggs has conducted numerous federally funded research projects and authored many peer-reviewed papers on this topic. She and her research team have also developed and are disseminating a research-based integrated mental health and substance treatment model for adolescents and young adults, known as ENCOMPASS. Dr. Riggs is also the principal investigator of a National Institute on Drug Abuse-funded physician scientist career development award to increase the number of child and adolescent psychiatrists with addiction research training.

Michael S. Robbins, Ph.D., is a Senior Scientist at the Oregon Research Institute and Director of Research for Functional Family Therapy, Inc. Dr. Robbins has extensive experience conducting clinical research on family therapy with drug using, delinquent adolescents and their families. He has directly overseen the training of hundreds of family therapists, both nationally and internationally. Dr. Robbins is a frequent lecturer and consultant, and is recognized as a leader in the areas of process and outcome research in adolescent drug abuse treatment. He has led numerous federally funded research studies, including innovative process studies that involve the examination of in-session processes across three, empirically validated family interventions as well as one of the largest multisite family therapy trials conducted with adolescent drug users. Dr. Robbins has extensive publications in the area of family therapy for adolescents with behavior problems, including co-editing the third edition of the *Handbook of Family Therapy* (Brunner Routledge, 2003), a primary source textbook for many family therapy training programs. He has also served as consulting editor for the *Journal of Consulting and Clinical Psychology*.

Cynthia Rowe, Ph.D., is Associate Professor of Epidemiology and Public Health at the University of Miami Miller School of Medicine's Center for Treatment Research on Adolescent Drug Abuse (CTRADA; Howard Liddle, Director). Since 1994, she has contributed to the center's work focused largely on refining, testing, and disseminating family-based interventions for adolescents with emotional and behavioral problems, delinquency, and substance abuse. She works actively with her colleagues to promote the translation of research findings into practice and to train providers throughout the United States and in other countries to implement Multidimensional Family Therapy (MDFT) in clinical settings. She was co-principal investigator of the Florida Research Center of the NIDA's CJDATS collaborative and contributed to the study of an innovative cross-systems version of MDFT with integrated HIV prevention delivered to youth in detention and as they transitioned home. She was principal investigator of a NIDA-funded R01 investigating the long-term effects of this integrative MDFT "Detention to Community" drug abuse and HIV prevention intervention. She was also integrally involved in the research and clinical activities of a multisite randomized controlled trial of MDFT in five countries in Western Europe. She was principal

investigator of a NIDA-funded randomized clinical trial examining the effects of MDFT for clinically referred youth in greater New Orleans impacted by Hurricane Katrina. She is principal investigator of a grant from the NIAAA to conduct a randomized clinical trial of two innovative family interventions for youth identified with alcohol problems in the emergency department. She has been a regular peer reviewer of health services research grants with NIDA and NIH since 2006. In addition to contributing peer-reviewed research articles, clinical publications, and book chapters, she co-edited (with Howard Liddle) a comprehensive volume dedicated to treatment research on adolescent substance abuse (*Adolescent Substance Abuse: Research and Clinical Advances* [Cambridge University Press, 2006]).

Jessica M. Sales, Ph.D., is Research Assistant Professor in the Department of Behavioral Sciences and Health Education, Rollins School of Public Health at Emory University. She is also a researcher in the Emory Center for AIDS Research and the Center for Contextual Genetics and Prevention Science at the University of Georgia. She received her bachelor's degree in 1998 from the University of Iowa and was awarded her Ph.D. from Emory University in 2004. By training, Dr. Sales is a developmental psychologist with expertise in cognitive and emotional development. Over the past ten years, she has been involved with designing and implementing cross-sectional and prospective studies in childhood stress and trauma, chronic disease risk reduction for children and preadolescents, and HIV/STD prevention for adolescents. She currently serves as principal investigator on a National Institute of Mental Health-funded Career Development Award exploring patterns of adolescent risk-taking post HIV-prevention intervention participation. Additionally, she is principal investigator on a National Institute on Drug Abuse-funded project exploring genetic, environmental, and psychosocial factors associated with teens' nonresponsiveness to HIV intervention. Dr. Sales has co-authored over fifty peer-reviewed manuscripts as well as ten book chapters. Additionally, Dr. Sales received the Editor's Choice Award for Best Article in the *Journal of Cognition and Development* (2005).

Ashli J. Sheidow, Ph.D., is Associate Professor of Psychiatry and Behavioral Sciences, Family Services Research Center, Medical University of South Carolina. She received her Ph.D. in 2001 in clinical psychology from the University of Illinois at Chicago, conducting research at the Institute for Juvenile Research and receiving clinical training in Cook County Hospital's adolescent division. Dr. Sheidow's research interests have focused broadly on the development, prevention, and treatment of adolescent psychopathology and juvenile delinquency from an ecological perspective, with concentrations in co-occurring disorders, effective dissemination of evidence-based practices, and advanced quantitative methods. Her work has included intervention development and evaluation projects as well as dissemination and implementation research. She has been National Institute on Drug Abuse funded since 2003 for her work developing and evaluating an ecological clinic-based treatment for youth diagnosed with comorbid substance use and mental health disorders. In addition, Dr. Sheidow has collaborated on a variety of other treatment development, quantitative, and economic evaluation projects for federally funded studies of evidence-based practices, including dissemination and implementation research for adolescent substance abuse interventions. She is on the editorial board of the *Journal of Child and Adolescent Substance Abuse* and has led programming for national conferences on adolescent substance abuse research.

Joshua Spitalnick, Ph.D., is the Director of Research and Clinical Services at Virtually Better, Inc. (VBI), a Decatur, Georgia–based company developing virtual reality (VR)–based applications for treatment, training, and consultation practices in health care. Dr. Spitalnick, a clinical psychologist, specializes in cognitive behavioral interventions to treat anxiety, trauma, and mood disorders. He holds master’s and doctorate degrees in clinical psychology from the University of Georgia and a master’s degree in forensic psychology from John Jay College. He is a recipient of Ruth L. Kirschstein National Research Service Award from the National Institute on Mental Health to conduct HIV/AIDS Clinical Research. Dr. Spitalnick maintains an appointment as Adjunct Assistant Professor in psychiatry at Emory University’s School of Medicine where he supervises and trains residents. Dr. Spitalnick has presented and published nationally and internationally in the areas of sexually transmitted diseases/HIV, substance use, posttraumatic stress disorder (PTSD), and VR and telemedicine applications to enhance treatment, education, and training in the area of behavioral health. Dr. Spitalnick is a co-investigator on several National Institutes of Health–funded VR research and development grants focused on HIV risk reduction and treatment of substance use disorders. He is also a principal investigator and program manager for several Centers for Disease Control and Department of Defense contracts emphasizing the use of VR for training of clinicians, addressing public health deployment stress and resiliency, and treatment of combat PTSD and its sequelae among wounded warriors.

José Szapocznik, Ph.D., is the developer and has conducted research on Brief Strategic Family Therapy® for the last thirty years. He is currently principal investigator of the Florida Node Alliance of the National Institute of Drug Abuse (NIDA) National Drug Abuse Treatment Clinical Trials Network. He is also the Chair of the Department of Epidemiology & Public Health, Executive Dean for Research and Research Training at the University of Miami Miller School of Medicine, and Director of the University-wide Clinical and Translational Science Institute. He has received over \$100 million in National Institutes of Health (NIH) funding as principal investigator or co-principal investigator and has over 200 scholarly publications with a broad background in interdisciplinary research. Dr. Szapocznik’s work has revolved around the study of contexts such as culture and family in development, behavior, and health. He also has a strong personal interest in improving the quality of care for racial/ethnic minorities and a long-standing commitment to work with Hispanics. Dr. Szapocznik’s research on interventions with minority families has been recognized by national awards from the Society for Prevention Research, American Psychological Association, the American Association for Marriage and Family Therapy, the American Family Therapy Academy, the National Hispanic Family Alliance, the Latino Behavioral Health Institute, the Association of Hispanic Mental Health Professionals, and the National Prevention Congress/Center for Substance Abuse Prevention, and, internationally, by the Pan American and World Health Organizations. His policy roles include current membership on the National Advisory Council of the NIH/National Institute on Minority Health and Health Disparities and past service on the National Advisory Councils of NIH/NIDA and National Institute of Mental Health (NIMH), NIH AIDS Program (now the NIH Office of AIDS Research), and the Center for Substance Abuse Prevention. He has also served on the search committees for the directors of the Food and Drug Administration, NIMH, NIDA, and both Centers for Substance Abuse Treatment and Prevention.

Christian Thurstone, M.D., graduated from the University of Chicago Pritzker School of Medicine. He is board certified in child psychiatry and addiction psychiatry, and is the medical director of an adolescent substance treatment program at Denver Health and Hospital Authority. He is also an Assistant Professor of Psychiatry at University of Colorado School of Medicine.

Charles W. Turner, Ph.D., received his doctorate from the University of Wisconsin, Madison in 1970. He has over forty years of experience conducting treatment and prevention research on children, adolescents, and young adults with a variety of behavior problems, including substance use. These projects have led to more than 100 peer-reviewed articles and book chapters. Before he retired from the University of Utah, Dr. Turner had conducted numerous advanced-level graduate statistics classes and served as a statistical advisor on more than 100 graduate-level thesis projects. He has participated as a lead statistical analyst on more than thirty federally funded research projects. He is currently the principle investigator on a secondary data analysis project that is synthesizing the findings for seven separate randomized clinical trials addressing treatments for adolescent substance abuse. These studies compared family therapies, group therapies, and individual Cognitive Behavioral Therapy.

Holly Barrett Waldron, Ph.D., received her doctorate in clinical psychology from the University of Utah in 1987 and, following postdoctoral clinical training with adolescents in residential treatment, joined the faculty in the Department of Psychology at the University of New Mexico. In 2002, she left her tenured faculty position for a full-time research position at the Oregon Research Institute (ORI). As a Senior Scientist at ORI, Dr. Waldron directs the ORI's Center for Family and Adolescent Research and oversees adolescent treatment programs in Portland, Oregon, and Albuquerque, New Mexico. Her primary clinical and research interests focus on the development and evaluation of interventions for adolescent substance use disorders, delinquency, HIV risk behaviors, and depression. Dr. Waldron has conducted a series of clinical trials, funded by the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, evaluating Functional Family Therapy and group and individual Cognitive Behavioral Therapy approaches for substance abuse and related problems. Her efforts are aimed at optimizing positive outcomes and examining treatment response patterns and mechanisms of change in order to refine and tailor interventions to the needs of youth and families. Dr. Waldron is also a licensed psychologist in New Mexico and Oregon. As a scientist-practitioner, she is actively engaged in supervising therapists and disseminating evidence-based treatments to community settings.

Wansley Walters, B.A., was appointed Secretary of the Florida Department of Juvenile Justice in January 2011. Secretary Walters is a proponent of prevention and intervention as the best methods to reduce detention and deep end placement. When appointed by Governor Rick Scott, she was tasked with applying that approach to juvenile justice reform for Florida. Previously, Secretary Walters was the Director of the Miami-Dade County Juvenile Services Department. Ms. Walters developed and headed a National Demonstration Project with the U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention and national researchers in the field of juvenile justice. The program facilitated a ten-year reform effort that has reduced juvenile arrests by over 50 percent, juvenile rearrest by 80 percent, and secure detention

by 66 percent. She is a frequent presenter on juvenile justice at both national and international conferences.

Ken C. Winters, Ph.D., is the Director of the Center for Adolescent Substance Abuse Research, a Professor in the Department of Psychiatry at the University of Minnesota, and a Senior Scientist with the Treatment Research Institute, Philadelphia, PA. He received his B.A. from the University of Minnesota and a Ph.D. in psychology (clinical) from the State University of New York at Stony Brook. His primary research interests are the assessment and treatment of addictions, including adolescent drug abuse and problem gambling. He is on the editorial board of the *Journal of Substance Abuse Treatment* and the *Journal of Child and Adolescent Substance Abuse*, and has received numerous research grants from the National Institutes of Health and various foundations. He was the 2008 recipient of the Research to Evidence-Based Practice Award from a national organization on effective treatment for adolescents (JMATE). Dr. Winters is a frequent speaker and trainer, and he is a consultant to many organizations, including the Center for Substance Abuse Treatment, the Hazelden Foundation, the National Institute on Drug Abuse, the Partnership for a Drug Free America, and the Mentor Foundation (an international drug abuse prevention organization).