

Index

Page numbers in *italics* refer to figures. Page numbers in **bold** denote entries in tables.

- acculturation 456–457
 - parenting practices 457
- Addiction Technology Transfer Centers (ATTCs) 179
- adolescence, characteristics 285
- adolescent community reinforcement approach (ACRA) 86, 108–109
- adolescent domain of the developmental model 28–29
- Adolescent Traditions Project 441
- adolescent treatment models (ATM) 323
- advocacy vacuum 483–487
- African-American adolescents 33, 36
- aggression in childhood 28
- AIDS *see* HIV/AIDS and substance abuse
- Al-Anon 44
- alcohol
 - drinking patterns 143
 - minimum legal age for purchase 143
 - policy development 486
 - prevalence rates **82**
- alcohol use disorders (AUDs) 139
 - contingency management 381
- alcoholics
 - offspring of alcoholics 33
 - genetic factors 34
- Alcoholics Anonymous (AA) 44, 90
- American Indian and Alaskan Native (AIAN)
 - adolescents
 - communities 426–429
 - disruption 427
 - ecological framework 424
 - family-centered treatment 423–425, 437–443
 - inpatient treatment 429
 - perceived support systems **436**
 - research
 - enhancement research 432–437
 - pilot research 431–432
 - substance use patterns **436**
- anticonvulsants 244
- antisocial behavior, cognitive–behavioral therapy 405
- anxiety disorders 233, 244, 269
 - therapy 404
- assessment and planning in adolescent substance abuse
 - treatment 8–9
- atomoxetine 245, 253
- attention deficit hyperactivity disorder (ADHD) 94, 233
 - onset 267
 - pharmacotherapy 244, 251–253
 - risk of developing SUD 268
- Austria, prevalence of substance use 133–134
- aversive therapy 247
- Be A Responsible Teen (BART) program 291
- Be Proud–Be Responsible program 291
- behavioral dysregulation 233
- behavioral management approach 375, 388–390
 - background 375–379
 - contingency management 379–380
 - concerns 387–388
 - implementation issues 385–387
 - treatment of adolescent substance abuse 381–385
- behavioral treatment 41
- binge drinking 79
- biological domain of the developmental model 33–34
- bipolar disorder 243, 269
- blocking strategies 247
- Bremen Adolescent Study 133, 136
 - comorbidity and temporal sequence of disorders 137
- brief strategic family therapy (BSFT) 42, 86
- British Crime Survey (BCS) 132
- buffering model 34
 - ethnic identity as a protective factor 36
 - familial factors as buffers 36–37
 - individual characteristics 35

502 Index

- buprenorphine 39, 246
 - opiate dependency treatment 247
- bupropion 245, 252, 274
 - nicotine addiction treatment 248
- bupirone 244
- Cannabis Youth Treatment (CYT) study 4, 104–105, 206, 401
 - field trials overview 110–111
 - trial 1 113–114
 - trial 2 114
 - findings highlights
 - common subtypes 112
 - co-occurring problems 111
 - improved treatment participation 112–113
 - positive therapist reaction to manualized treatment 115
 - problem recognition and low motivation 112
 - treatments are affordable 114–115
 - treatments reduced use and problems 113
 - implications and next steps 115–116
 - continuing care 117
 - future plans 120
 - high retention rates 116
 - manuals 119–120
 - mixed reactions 119
 - similar clinical outcomes 116–117
 - therapist acceptance of manualized therapies 117–118
 - therapist supervision level in community setting 118
 - treatments and rationale 105
 - adolescent community reinforcement approach (ACRA) 108–109
 - family support network (FSN) 107–108
 - MET/CBT5 105–106
 - MET/CBT12 106–107
 - multidimensional family therapy (MDFT) 109–110
- care, context of 174–175
 - background 175–176
 - existing system 176–177
 - financing mechanisms and funding streams 181–184, 212, 214
 - optimal system 177–179
 - providers of care 179–181
 - recommendations 185–186
 - technology transfer and treatment quality 184–185
- Center for Substance Abuse Treatment (CSAT) 2, 4, 105, 175
- Charles and Helen Schwab Foundation 484
 - recommendations 484–485
- child and adolescent mental health services (CAMHS) 193, 201
- childhood domain of the developmental model 28
- Children and Young People’s Unit (CYPU) 190
- Children’s National Service Framework 191
- cigarette smoking
 - cessation 248
 - contingency management 381
 - study procedure 382–384
 - study set-up 382
 - prevalence rates 82
- clinical course following treatment 79–80, 96–98
- relapse patterns
 - relapse process for adolescents 87–89
 - treatment outcome studies 80–87
- special challenges
 - comorbidity 93–94
 - developmental transitions 96
 - neurocognitive factors 94–95
- success-predicting factors
 - alternative pathways to success 91–93
 - personal/environmental characteristics 90–91
 - self-help group attendance 90
- clinical perspectives on assessment of drug abuse 223
 - assessment model 223–224, 224
 - print resources 224–225
 - public access internet sites 225
- bridging assessment and referral decisions 235, 235–236
- client self-reporting 226
 - clinical implications 228–229
 - diagnostic interviews 226–227
 - questionnaires 227
 - timeline follow-back 227
 - validity 227–228
- content variables 230
 - abuse and dependence diagnostic symptoms 231–232
 - clinical implications 234–235
 - coexisting psychopathology 233–234
 - drug use history 230–231
 - educational status 233
 - family functioning and parenting practices 232
 - peer drug involvement 232–233
- developmental considerations 225–226
- future directions 236
- non-self-reporting data 228
- sources of information 229
 - archival records 230
 - clinical implications 230
 - parents 229
 - peers 229–230
- cluster analysis procedures 362–364
- coalition building 491
- cognitive-behavioral skills training (CBST) 291
- cognitive deficits 94
- cognitive dysregulation 233

503 Index

- cognitive-behavioral therapy (CBT) 42, 86, 105–106, 106–107, 396
 - client-treatment matching 406–407
 - clinical trials for SUD treatment 398–402
 - common comorbid psychiatric disorders 402–403
 - anxiety disorders 404
 - conduct disorder/antisocial behavior 405
 - depression 403–404
 - post-traumatic stress disorder 404–405
 - future directions 411–412
 - group therapy 43
 - group versus individual intervention 407–408
 - mechanisms of change 408–411
 - underlying theoretical models 396–398
 - College on Problems of Drug Dependence (CPDD) 2
 - communication breakdown within families 425
 - communities
 - HIV/AIDS and substance abuse 296–298
 - large-group/community approaches to treatment 44
 - community reinforcement approach (CRA) 108, 209
 - comorbidity 93–94, 264–265, 276–278
 - clinical approach to integrating treatment of SUD and comorbidity 271–275
 - cognitive-behavioral therapy 402–403
 - developmental context and bidirectional impact 265–266
 - European studies 137–138
 - frequently occurring diagnoses 324
 - integrated clinical assessment 270–271
 - pharmacologic treatment of comorbid psychiatric disorders 248–250
 - role of psychiatric comorbidity 266–267
 - internalizing disorders 268–270
 - relationship of childhood psychiatric disorders to SUD 267–268
 - condom usage 293, 294, 302
 - females 300
 - males 300
 - conduct disorder (CD) 233, 249
 - cognitive-behavioral therapy 405
 - predictor of SUD 267
 - contextual predictors 287
 - control over external events as a protective factor 35
 - core team model SAPs 338
 - cost of treatment services 211, 212
 - craving reduction 247
 - crime and drug use 192
 - Criminal/Juvenile Justice Treatment Networks (C/JJTJN) 178
 - critical period hypothesis 409
 - cultural competence 450–452
 - culturally based treatment development in adolescent substance abuse 12–13
 - culturally informed family therapy for adolescents (CIFTA) 453
 - designing interventions 459–461
 - flexible design 461–462
 - draft manual 454
 - adolescent developmental literature 454–455
 - pilot cases 462–463
 - randomized trial testing of manualized model 464–465
 - curve-of-factors models 65
 - DARE program 487
 - depression 233, 249
 - cognitive-behavioral therapy 403–404
 - developmental context for intervention 44–45
 - adolescent domain 28–29
 - biological domain 33–35
 - childhood domain 28
 - ethnicity 32–33
 - family domain
 - marital relationship 30
 - parent-adolescent relationship 29–30
 - parental drug use and personality 30
 - implications for prevention and treatment 39–40
 - family treatment 41–42
 - group treatment 42–44
 - individual treatment 40–41
 - large-group/community approaches 44
 - interactions between individual, family, peer and environmental factors 34–35
 - environmental factors as buffers 37
 - ethnic identity as a protective factor 36
 - ethnic identity as enhancer of protective factors 37–38
 - familial factors as buffers 36–37
 - familial factors as enhancers of protective factors 38
 - individual characteristics as buffers 35
 - individual characteristics as enhancers of protective factors 37
 - peer factors as enhancers of protective factors 38
 - larger context 31–32
 - model 26–27, 27
 - peer domain 31
- dextroamphetamine 251
- diagnostic interviews 226–227
- diagnostic symptoms for abuse and dependence
 - assessment 231–232
- disulfiram 39, 243
 - aversive therapy 247
- divalproex 244

504 Index

- Drug Abuse Reporting Program (DARP) 150, 206, 316
 - treatment retention and outcomes 151–152
 - youth characteristics **149**, 150
- Drug Abuse Treatment Outcome Studies for Adolescents (DATOS-A) 81, 93, 155–156, 206, 317
 - changes in treatment profiles between TOPS and DATOS-A 160–161
 - program characteristics 156
 - outpatient drug-free programs 157
 - residential treatment programs 156–157
 - short-term inpatient programs 157
 - treatment outcomes 163–164
 - alcohol use 164
 - comorbid mental disorders 164–165
 - criminal activity 165
 - differences by ethnicity 165–166
 - differences by gender 166
 - drug use 164
 - HIV risk 165
 - types of service 161
 - youth characteristics **149**, 157
 - changes in client characteristics 159–160
 - criminal involvement 159
 - demographic characteristics 157–158
 - drug use 158
 - mental disorders 158–159
- drug action teams (DAT) 192
- Drug Affinity Study 133
- drug treatment principles 11
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) mandates 181–182
- Early Development Stages of Psychopathology (EDSP) study 133, 136
 - comorbidity and temporal sequence of disorders 137
- educational status 233
- efficiency of treatment provision 209–213
- emotional dysregulation 233
- empirically based interventions in adolescent substance abuse treatment 9–12
- empirically supported treatments 476, 477
- England, service organization and practice 189, 202
 - see also* UK
 - Heath Advisory Service (HAS) 193–194
 - achievements 201–202
 - aims, objectives and principles 194
 - examples of service tiers 199–**200**
 - links between tiers 198–199
 - links with evidence 199–201
 - strategic framework 194–195
 - legal framework 189–190
 - recent UK policy initiatives 190–193
- environment
 - environmental factors as buffers 37
 - treatment success predicting factors 90–91
- ethnicity 32–33
 - see also* American Indian and Alaskan Native adolescents, family-centered treatment; Hispanic adolescents, family-centered treatment
 - African-American adolescents 33, 36
 - differences in treatment outcomes 165–166
 - ethnic identity as a protective factor 36
 - ethnic identity as an enhancer protective factor 37–38
- Europe
 - alcohol
 - drinking patterns 143
 - minimum legal age for purchase 143
 - comorbidity and temporal sequence of disorders 137–138
 - epidemiological trends and clinical implications 129–130, 137, 142–144
 - acute drug-related deaths 129
 - Germany 141–142
 - risk factors 138
 - main target areas of EU drug strategy 140
 - coordination 140
 - information 140
 - international collaboration 140
 - reduction of demand 140
 - reduction of supply 140
 - political implications of adolescent substance abuse 139–141
 - prevalence of substance use 130
 - across Europe 130–132
 - Austria 133–134
 - Finland 134–135
 - Germany 133
 - Switzerland 134
 - UK 132
 - prevalence of substance use and dependence
 - Finland 136–137
 - Germany 136
 - Netherlands 135–136
 - Spain 135–136
 - research initiatives 5
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 131
- European Schools Project on Alcohol and other Drugs (ESPAD) 130, 131
- expulsions from schools 191
- externalizing behavior 456–457
- factor-of-curves models 65, 66
- families of adolescent substance abusers
 - see also* American Indian and Alaskan Native adolescents, family-centered treatment;

- Hispanic adolescents, family-centered treatment
- familial factors as buffers 36–37
 - parental monitoring 36
- familial factors as enhancers of protective factors 38
- family interventions 357–359, 369–370, 399, 401
 - cluster analysis procedures 362–364
 - differences in individual outcomes 360–362
 - family profiles of change 366–367
 - implications for treatment 368
 - individual profiles of change 364
 - marijuana drug use profiles 365
 - patterns of change 359–360
 - predictors of profiles 365
- family relationships 425
 - family functioning and parenting practices 232
 - parents as information sources for drug abuse assessment 229
 - role in therapeutic communities 320–321, 327
- family therapies 327, 328
- family treatment 41–42
- HIV/AIDS and substance abuse 295–296
- parent–adolescent relationship 29–30
 - immigration-related experiences 457–458
 - mutual attachment 29
 - parental discipline 29
- parental drug use 30
- parental monitoring 36
- parent–child relationship 26, 425
- parent-focused engagement intervention 401
- familism 32, 458–459
- family behavior therapy (FBT) 85
- family check-up 433, 434
- family support network (FSN) 86, 107–108
- fathers, protective characteristics 38
- females
 - HIV/AIDS and substance abuse 299
 - intent to use condoms 300
 - protective factors 35
- financing mechanisms and funding streams for care
 - provision 181–184, 212, 214
- federal support 213
- seeking more funding 494
- Finland
 - prevalence of substance use 134–135
 - prevalence of substance use and dependence 136–137
- fishbowl procedure 380
- fluoxetine 243, 250, 274
- full information maximum likelihood methods 65–66
- functional family therapy (FFT) 42, 86
- future developments and challenges in adolescent SUD treatment 13–14, 473–476
- policy as link between research and practice 494–495
- policy work 479–480
 - advocacy vacuum 483–487
 - coalition building 491
 - creating policy plans 481–483
 - fact finding 490–491
 - funding 494
 - links to other initiatives 492–493
 - recommendations 487–490
 - reviewing existing policies 480–481
 - strategic planning 492
 - training of next generation 493
- remaining gaps 476–478
- using science to improve practice 478–479
- gabapentin 244
- gateway substances 226
- gender differences in treatment outcomes 166
- general growth mixture modeling (GGMM)
 - framework 70
- genetic vulnerability 33
- Germany
 - clinical implications of substance use 141–142
 - treatment 144
 - prevalence of substance use 133
 - prevalence of substance use and dependence 136
- group therapies 42–44
 - comparison with individual intervention 407–408
- HIV/AIDS and substance abuse 291–292
 - effectiveness 292–294
 - limitations 294–295
- large-group/community approaches 44
- growth mixture modeling 70–72, 71
- Health Behaviour in School-aged Children (HBSC) 131
- Health Maintenance Organization (HMO) 403
- health service research 204–206
 - ideal features 205–206
 - effective 206–208
 - efficient 209–213
 - equitable 213–214
 - patient-centered 208–209
 - redesigned 214–215
 - timing 209
- Health Survey for England 132
- health values as a protective factor 35
- Heath Advisory Service (HAS) 193–194
 - achievements 201–202
 - aims, objectives and principles 194
 - examples of service tiers 199–200
 - links between tiers 198–199
 - links with evidence 199–201
 - strategic framework 194–195

506 Index

- Heath Advisory Service (HAS) (*cont.*)
 - tier 1 195–196, **200**
 - tier 2 196–197, **200**
 - tier 3 197–198, **200**
 - tier 4 198, **200**
- hierarchical clustering 362
- Hispanic adolescents, family-centered treatment 449
 - basic research and development 452–453
 - blending research and practice 465–466
 - empirically supported treatments 449–450
 - integrative family therapy 453–454
 - acculturation and parenting practices 457
 - basic research study 463–464
 - culture-related variables and processes 456–457
 - designing CIFTA interventions 459–461
 - draft manual from culturally informed model 454
 - family process and treatment 456
 - values and family processes 458–459
 - immigration-related experiences and parent–adolescent relationship 457–458
 - pilot cases to refine CIFTA 462–463
 - randomized trial testing of manualized CIFTA model 464–465
 - shortcomings in achieving cultural competence 450–452
- historical perspective on adolescent substance abuse treatment research 3–6
- HIV/AIDS and substance abuse 284–286
 - creating policy plans 482–483
 - empirical links 286–287
 - future directions 298–303
 - HIV risk and drug use 287–288
 - intervention levels 288–289
 - communities 296–298
 - families 295–296
 - individual HIV prevention counseling 289–290
 - small groups 291–292
- hypophyseal–pituitary–gonadal axis 266
- hypothalamic–pituitary–adrenal axis 266
- Indian Health Service (IHS) 426
- individual characteristics
 - as enhancers of protective factors 37
 - treatment success predicting factors 90–91
- individual cognitive problem-solving therapy (ICPS) 85
- interpersonal factors 139
- interpersonal group psychotherapy (IGP) 43
- interrupted time series (ITS) models 61–63
- intrapersonal factors 138
- IQ as a protective factor 35
- Join Together On-Line 207
- k-means clustering 362, 363
- latent growth curve model (LGCM) 370
- latent variable growth modeling (LGM) 52–53, 74
 - advantages 72–73
 - growth curve modeling 53–54
 - hierarchical or multilevel designs 64–65
 - full information maximum likelihood (FIML) methods 65–66
 - limited information multilevel latent growth modeling 67–69
 - incorporating missing data 73
 - integrated developmental model 55–56
 - interrupted time series (ITS) models 61–63, 63
 - limitations 74
 - modeling between-subjects effects 60–61
 - added growth models 61, 62
 - multivariate and higher-order extensions 59–60
 - multivariate extension 59
 - predictors and sequelae of change 58
 - sample size selection and power estimation 73–74
 - shape of growth over time 57–58
 - specification 56
 - intercept 56
 - slope 56–57
 - treatment audience profiling 69–70
 - growth mixture modeling 70–72, 71
 - two time point 57
 - typical approaches to studying change 54–55
- Latino adolescents 32
- learning disabilities 191
- levo- α -acetyl methadyl 246
- lifetime timeline 270
- limited information multilevel latent growth modeling 67–69
- lithium 244
- LoveLife program 297
- males
 - HIV/AIDS and substance abuse 300
 - intent to use condoms 300
- marijuana, prevalence rates **82**
- marital relationship of parents 30
- MATCH project 83, 406
- mechanism of drug reinforcement 378
- Medicaid 182
- medications 39
- methadone 39, 243, 246
- Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA) study 266
- methylphenidate 245, 251, 275

507 Index

- abuse 251, 252
 - immediate release 252
 - sustained release 252
- modified dynamic group therapy (MDGT) 43
- Monitoring the Future study 79
- mood disorders 249, 250–251
- motivation 88
- motivational enhancement therapy (MET) 86, 105–106, 106–107
- multidimensional family treatment (MDFT) 42, 86, 109–110
- multilevel covariance analysis (MCA) 65, 67, 68
- multisystemic therapy (MST) 42, 85
- naloxone 247
- naltrexone 243, 247
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) 4
- National Institute on Drug Abuse (NIDA) 1, 3
 - Behavioral Therapies Development program 4
 - definition of health services 205
 - treatment evaluations 206
- National Treatment Agency (NTA) 192, 202
- Native Americans 32
- Netherlands, prevalence of substance use and dependence 135–136
- network therapy 43
- neurocognitive factors 94–95
- oppositional defiant disorder (ODD) 233
 - progression to conduct disorder and SUD 267
- outpatient drug-free programs (ODF) 157
- ownership of service agencies 211
- parent–adolescent relationship 29–30
 - immigration-related experiences 457–458
 - mutual attachment 29
 - parental discipline 29
- parental drug use 30
- parental monitoring 36
- parent–child relationship 26, 425
- parent-focused engagement intervention 401
- patient-centered treatments 208–209
- patient-to-staff ratios 210
- peer groups
 - as information sources for drug abuse assessment 229–230
 - drug involvement 232–233
 - influences 31
 - peer factors as enhancers of protective factors 38
- pemoline 251, 252
- Personal Experience Inventory–Parent Version 229
- physiological factors 34
- popular opinion leaders (POLs) 296
- post-traumatic stress disorder (PTSD) 249
 - cognitive–behavioral therapy 404–405
- practice and policy trends in adolescent substance abuse treatment 7–8
- prevention case management (PCM) 290–291
- problem behavior syndrome 8
- process research 475
- protective factors 358, 368
 - ethnic identity 36
 - ethnic identity as enhancer of protective factors 37–38
 - familial factors as buffers 36–37
 - familial factors as enhancers of protective factors 38
 - individual characteristics as buffers 35
 - individual characteristics as enhancers of protective factors 37
 - peer factors as enhancers of protective factors 38
- providers of care 179–181
- proximity matrices 362
- psychodynamic approaches to treatment 43
- psychoeducational therapies (PET) 399
- psychopathology 233–234
 - adolescence 29
 - childhood 28
- psychopharmacology 241
 - current pharmacotherapy 241–242
 - current practice 253
 - future directions 253
 - extensions of adult literature 254
 - multimodal studies 255–256
 - studies of comorbidity 254
 - studies of compliance and motivational strategies 255
 - studies of safety, abuse and diversion 255
 - training of investigators 254
 - use of common, salient variables 254
 - use of multicenter trials 254
 - lessons from adult literature 242–245
- pharmacological treatment of comorbid SUDs and psychiatric disorders 248–250
- pharmacological treatment studies 245
 - substitution therapy 246–248
 - withdrawal treatment 246
- psychotherapy 268
- Quality Protects programme 190
- questionnaires for client self reporting 227
- reinforcement pathway 378
- relapse following treatment
 - cognitive–behavioral model 87
 - relapse process for adolescents 87–89
 - relapse rates 359

508 Index

- relapse following treatment (*cont.*)
 - survival rates 83
 - treatment outcome studies 80–87
- religion and religiosity 31, 35, 431
- research on adolescent substance abuse treatment
 - historical perspective 3–6
 - theoretical, empirical and methodological foundations 7
- residential therapeutic community programs 44
- residential treatment programs (RES) 156–157
- RESPECT (HIV risk reduction project) 289, 290
- respect for elders and authority 32, 458–459
- reward pathway 378
- risk factors 138, 358
 - interpersonal factors 139
 - intrapersonal factors 138
 - socio-environmental factors 138
 - substance-related factors 138
- Robert Wood Johnson Foundation 175
- Safer Choices program 292
- schools
 - educational status 233
 - expulsions 191
 - truancy 191, 335
- school-based treatments 334–336
 - effectiveness 336–337
 - future directions 347–350
 - mechanisms of change in group counseling 346–347
- Student Assistance Program (SAP) 337–340
- Teen Intervention Project
 - standardized Westchester model SAP 340–343, **342, 343**
 - study design and preliminary results 343–346
- Schwab *see* Charles and Helen Schwab Foundation
- search for contextual predictors 287
- selective serotonin reuptake inhibitors (SSRIs) 243, 269
- self-control as a protective factor 35
- self-help groups 90
- service costs 211, 212
- Services Research Outcomes Study (SROS) 4
- sexual behavior and drug use 287–288
- Shadow Project 432
 - analysis of outcomes 434, 438
 - demographics **435**
 - enhancement condition 433
 - evaluation model 432, 442
 - multilevel Adolescent Transitions Program strategy 441
 - seven-week protocol 424
 - traditional versus conventional services 439
- smoking *see* cigarette smoking
- social network analysis 301
- Society for Adolescent Substance Abuse Treatment
 - Effectiveness (SASATE) 2
- socioeconomic status (SES) 37
- socioenvironmental factors 138
- Spain, prevalence of substance use and dependence 135–136
- staff turnover 210
- staff-to-patient ratios 210
- stage model 452
 - stage I 452
 - stage II 452
 - stage III 452
- State Children’s Health Insurance Program (SCHIP) 183
- stimulants: prevalence rates **82**
- strategic planning 492
- Substance Abuse Block Grant 181, 182
- Substance Abuse Prevention and Treatment
 - Performance Partnership Block Grant (SAPTPPBG) 213
- substance-related factors 138
- Switzerland, prevalence of substance use 134
- synergistic protective factors 35
- systems of care 177
- technology transfer in care provision 184–185
- Teen Intervention Project
 - standardized Westchester model SAP 340–343, **342, 343**
 - study design and preliminary results 343–346
- therapeutic communities (TCs) for adolescents 313, 328–329
 - background and history 313–315
 - empirical basis 315–316
 - outcome studies 316–318
- prototypical community 318–319
 - continuity of care/aftercare 321
 - role of family 320–321
 - treatment protocol 319–320
- twenty-first century practice 321–323
 - client issues 324–325
 - clinical issues 323–324
 - methodological issues 323
 - policy issues 326–328
 - treatment issues 325–326
- timeline follow-back 227
- timing of treatment provision 209
- tobacco cessation 248
- training of next generation 493
- Treating Adolescent Substance Abuse: State of the Science*
 - conference 1–2
- treatment audience profiling 69–70
- Treatment Improvement Protocols (TIPS) 107, 485
- treatment outcome studies 148, 166–169
 - changes in treatment profiles between TOPS and DATOS-A 160–161

- Drug Abuse Reporting Program (DARP) 150, 206, 316
 - treatment retention and outcomes 151–152
 - youth characteristics **149**, 150
- Drug Abuse Treatment Outcome Studies (DATOS-A) 155–156, 206, 317
 - program characteristics 156
 - treatment outcomes 163–164
 - youth characteristics **149**, 157
- Treatment Outcomes Prospective Study (TOPS) 130, 152, 206, 317
 - in-treatment services 131, 153
 - treatment retention and outcomes 153–155
 - youth characteristics **149**, 152–153
- treatment processes 161–162
 - motivation and engagement 162
 - retention 163
 - services received 162–163
- treatments
 - group treatment 42–44
 - individual treatment 41
 - quality of care 184–185
- truancy from schools 191, 335
- UK
 - see also* England, service organization and practice
 - prevalence of substance use 132
 - recent policy initiatives 190–193
 - research initiatives 5
- unconventional personality traits in adolescence 29, 31
- variable magnitude of reinforcement procedure 380, 384
- victims of violence 31
- voucher-based reinforcement therapy (VBRT) 379
- Westchester model student assistance program 338, 339, **342**, **343**
 - standardization 340–343
 - study design and preliminary results 343–346
 - assessment/referral-only (AR) subjects 343, *344*, 345, *345*
 - group counseling subjects 343, *344*, 345, *345*
- Western American Indian Treatment (WAIT) Center 429, 439
- withdrawal treatment 246
- young people, proportion of world population 284
- Youth Justice Board for England and Wales 192
- Youth Lifestyles Survey 132
- youth offending teams (YOT) 192