ABSTRACT

Alcohol continues to be the drug of choice among American youth and teen drinking remains one of the nation’s most serious public health problems. Yet in the Surgeon General’s recent “Call to Action to Prevent and Reduce Underage Drinking” (USDHHS, 2007), he asserted that “underage drinking is not inevitable, and schools, parents, and other adults are not powerless to stop it.” Accordingly, in line with scientific recommendations and NIAAA’s (2006) research priorities, we propose to further develop and rigorously test two family interventions for adolescent alcohol problems, Multidimensional Family Therapy (MDFT) and a Family Motivational Interviewing Intervention (FMII). Family interventions have strong research and clinical traditions in the treatment of adult alcoholism and adolescent drug abuse, but little research has focused on family interventions for teen drinking. In this controlled trial, 250 youth ages 12 to 18 with alcohol-related crises in the ER or trauma center will be randomized to one of these two family interventions or to standard care. Both family interventions, MDFT and FMII, aim to potentiate the influence of the family to motivate and help youth to change, but they rely on different theoretical foundations and clinical techniques. Both family interventions provide 2 initial engagement sessions in the homes of participants within 72 hours of the ER visit. Youth in MDFT will then be engaged into a full course (3 months) of this family-centered treatment, and FMII youth will be enrolled into 3 months of behaviorally oriented 12-step group treatment. Standard care participants will be referred to the same group treatment as youth in FMII, but will receive no engagement or family sessions. We propose a randomized controlled trial with five aims: 1. To investigate the engagement potential and effectiveness of a family-centered intervention (MDFT) and Family Motivational Interviewing Intervention (FMII)/group for teens with alcohol-related crises; 2. To explore differential treatment effects with comorbid adolescents; 3. To examine the role of motivation and family factors as treatment mediators; 4. To examine long-term abstinence, patterns and predictors of relapse up to 18 months follow-up; and 5. To compare the total and net monetary benefits to society of MDFT, FMII/group, and standard care. A multiple time point (intake, 3, 6, 9, 12, and 18 month follow-up), multiple domain and method assessment approach will be used to compare the interventions on their engagement and retention rates, clinical outcomes, and total and net monetary benefits to society. Latent growth curve modeling and other state-of-the-art statistical techniques will be used to test study hypotheses regarding adolescent and family change over time, differential effects of the interventions on comorbid youth, the mechanisms by which the treatments achieve their effects, and relapse patterns and predictors. The study has significant potential to advance adolescent alcohol treatment by providing new knowledge to providers and policy makers about effective and cost-beneficial family interventions for youth identified with alcohol problems in the ER and ultimately in other health care settings.