

Table 1 Review of Literature

Author/ Date	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology	Analysis & Results	Conclusions	Implications for Future research	Implications For practice
Maisto Pollock Lynch Martin Ammerman (2001)	Coping factors in relationship to decreasing substance abuse with adolescents one year post drug treatment	What factors contribute to the variability in adolescent functioning regarding substance abuse one-year post treatment?	Quasi-experimental design involving 166 subjects in Pittsburgh adolescent research center. Initial baseline assessment and 1 year later. Pre and posttest measures included ACQ, ISE, CTI, LEQA, SCQ, and DUSI.	First set of analysis involved one-way ANOVA. Four independent t-tests conducted to determine specific group differences. The final set utilized ANOVA with repeated measures 1 year later. 36% of subjects discontinued alcohol use.	All clinical groups demonstrated improvement at one year.	Stress and coping model useful for examining clinical course of alcohol use disorders in adolescents.	Differences between participants at baseline regarding coping factors indicate significance of acquisition of such skills as part of treatment intervention.
De Anda Bradley (1997)	Stress, stressors, and coping strategies among middle school adolescents	Adolescents' perceptions of their stress use of coping strategies and the adolescents' evaluation of degree of success regarding	54 middle school students 12-14 years old completed ASCM and STAI.	A four point Likert scale was used for analysis. Internal consistency was .95. Results indicated female students report increased degree of stress.	School related stressors rated highest thus schools are a good place for intervention/prevention. Gender differences need to be considered.	Gender and developmental differences in coping need to be examined.	Adolescents might be amenable to treatment which teaches positive coping strategies, schools can help with this process

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Longabaugh Morgenstern (1999)	Examined current status of cognitive-behavioral coping skills treatment in relation to alcohol treatment.	Does CBST differ in effectiveness for different kinds of patients during different treatment phases or potential relapse situations? Are certain CBST approaches superior to others?	Reviewed 9 well-controlled studies where patients voluntarily entered treatment. Examined studies that attempted to identify the variables responsible for CBST effectiveness.	Randomized clinical trials where the participants received CBST. Studies measured and analyzed potential mediators for CBST effectiveness. CBST associated with decrease in alcohol abuse, but revealed no conclusions for the active mechanisms of CBST.	CBST is more effective than other approaches only when used as an adjunct to treatment, not on its own. Underlying mechanisms still unknown for CBST.	Limited effectiveness predicting efficacy of CBST differs among various patient subtypes. Need more studies and stronger evidence to support hypothesis.	Combine CBST with ongoing treatment such as motivational interviewing, self-help groups (i.e. AA), or medication.
Myers Brown (1996)	Psychometric validation of the Adolescent Relapse Coping Questionnaire (ARCQ)	-What is the evidence to support psychometric validity of the ARCQ? -Examine temptation coping construct Examine possible differences between adult and teen addictive relapse.	Prospective longitudinal study using 136 substance-abusing adolescents.	ARCQ administered. Subjects interviewed one year and two years post treatment. Results indicated 3 coping factors that were evaluated for criterion and construct validity. Factors demonstrated good internal consistency.	Analysis provides support for psychometric validity of ARCQ; validate use of temptation coping construct and differences between adults and teens.	Consider developmental aspects of client. Further assessment needed of actual coping in relapse risk situations.	Address differences such as – shorter history of substance abuse -less developed coping skills - teens encounter different relapse situations.
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Brown Myers Mott (1993)	Increased problem-focused and social support coping predict better outcome six months after adolescent substance abuse treatment.	Coping skills for relapse risk situations including problem-focused, self-blame, social-support and wishful thinking strategies assessed during treatment predict 6-month outcome for adolescents.	57 substance-abusing adolescents admitted to inpatient drug treatment. Completed 90 minute structured interview, ARCQ, and self report analysis.	Multiple regression analysis indicated factors accounted for significant difference in the prediction of a composite measure of treatment outcome and also predicted variables regarding total length of abstinence.	There are differences between adolescent and adult cognitive coping styles. Social support may also be useful.	Investigate intervention effects directed toward altering teens approach to coping. Investigate assessment with behavioral physiological measures.	Increased emphasis on cognitive vigilance, styles of cognitive coping, and develops skills for obtaining social support.
Myers Brown (1990)	Adolescents who relapse appraise hypothetical high -risk situations as more stressful, and utilize few coping strategies in comparison with teens who successfully abstained.	Individuals who relapsed will appraise relapse situations as more stressful, and utilize fewer coping strategies.	Pre and posttest using ARCQ was administered to 50 inpatient adolescents in substance abuse treatment.	Two MANOVAS were employed. One assessed hypothetical relapse and indicated a significant group effect. Second analysis revealed significant differences between groups regarding problem focused coping skills.	In hypothetical high-risk situations, abstainers and minor relapsers used more problem-focused coping, and appraised the situation as more difficult than major relapsers.	Future studies should investigate differences between coping strategies employed, and whether they existed during treatment or developed through experience post treatment.	Clinicians need to conduct assessment and instruction of problem focused strategies. Increase emphasis on cognitive vigilance and social support
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Ouimette Finny Moos (1997)	Compare effectiveness of 12 step, cognitive-behavioral, and combination of these approaches on substance abuse, legal, psychiatric, residential, and employment outcomes for adults.	-12 step programs are more effective with patients dealing with substance related diagnosis. Decreased effectiveness with dually diagnosed patients. -Is 12-step treatment less effective when patient is legally mandated to substance abuse treatment?	4193 patients from 15 VA inpatient programs pre and posttests. Etoh assessed, and health and daily living form used. Random assignment to 12 step, cognitive-behavioral or mixed groups.	Self report using HDL, intake information form, Follow up information form, and stages of change and readiness scale. ANCOVAS and Hierarchical logistic regression employed.	No significant differences between groups. 12-step did as well as cognitive-behavioral group.	Investigate treatment outcomes for women, and pursue biological information corroborating data for self-reports. This study only focused on the adult male population. Investigation of adolescents would be useful.	12-step may be an effective treatment alternative to cognitive-behavioral treatment.
Erickson Feldman Steiner (1996)	A psychoanalytic perspective examining differences between defense reactions and coping strategies in adolescents.	Hypothesis states that defense reactions are directly related to normal adolescent adjustment and to each other	A non-clinic sample of convenience of 81 high school students was given the DSQ, CRI-Youth, and a GAF.	Defense composites were correlated with two coping composites. 2. Regressions were employed to determine defense and coping reactions and adjustments.	Coping strategies were slightly associated and made independent contributions in predicting GAF.	Longitudinal study of gender specifically examining defense and coping strategies is suggested.	Practitioners are encouraged to consider conscious and unconscious processes. Defense mechanisms and coping are relevant to clinical assessment regarding their ability to predict general adjustment.
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Spear Ciesla Skala (1999)	This study examined timing, levels, and patterns of relapse for 12 months following substance abuse treatment in adolescents.	<ol style="list-style-type: none"> 1. What levels of drug use are the adolescent sustaining one year post treatment? 2. How do drug use frequency patterns vary during one-year post treatment? 3. Do levels and patterns vary with gender or drugs of dependence ? 	113 adolescents who completed 28-day treatment between years 1989-1993 were assessed. Data collected from clinical records, random urine screens, and independent interviews at 3,6,9,and 12 months.	Post treatment interview included 135-item questionnaire based on 6 domains: housing, family, social participation, school or work, substance use, and support groups. One-year post treatment 44.6 %of adolescents were using drugs less frequently. 61.6% used weekly or more at end of first year. 7.9% abstained completely. Greater portion of females decreased their substance use vs. males.	Clients completing treatment for alcohol and marijuana, or just marijuana were far more likely to return to pretreatment use levels than for alcohol alone.	Further research needed to examine gender and drug use in relation to specific patterns of relapse.	Practitioners need to give consideration to gender and specific type of drug use when designing aftercare programs.
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Bradizza Reifman Barnes (1997)	Study examined race, gender, and age as moderators of the relationship between social and coping motives in alcohol abuse.	1. Coping motives will be related stronger to etoh abuse. 2. Social motives will be stronger for Caucasian adolescents 3. Coping motives and etoh abuse increase for females. 4. Coping motives and etoh abuse increase in younger teens.	699 adolescents subjects were assessed using multiple longitudinal analyses, phone and face-to-face interview. Instruments included 3 item coping motive scale, 8 item social motives scale, and 9 item psychological distress scale.	Reliability analysis and confirmatory factor analyses assessed separately in each wave of data. A logistic regression analyses was also used. Coping motive items alpha coefficient ranged from .74 to .87. Social motive items ranged from .82 to .85. .81 reported for psychological distress.	This study provided limited support for the hypothesis that females and coping motives increase etoh abuse. Also indicates that white teens use etoh due to peer influence.	Examine development of cognitive motivations and mechanisms for which they influence drinking behaviors.	Social motives for abusing Etoh are higher among 16-18 year olds. Assisting younger adolescents in developing social networks may decrease Etoh misuse.
William Ricciardelli (1999)	Investigated self-control and restrained drinking in relation to adolescent ETOH abuse.	Misregulation of cognitive control will increase ETOH consumption in adolescents.	198 high school students in Australia completed ETOH consumption questionnaires, Adolescent Drinking Index, Temptation and restraint inventory, and cognitive self-control inventory.	Descriptive data utilized. All scales demonstrated good internal consistency. Adolescents, who demonstrated more symptoms connected with problem drinking were more preoccupied with control, but had lower actual cognitive control.	Increased cognitive emotional preoccupation and decreased cognitive self-control best-predicted problem drinking. This confirms initial DSM IV ETOH related symptoms more likely to be psychological/social.	Longitudinal studies needed regarding mechanisms of control. Gender differences should also be explored.	Clinicians need to teach practical skills to improve self-control.
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Plunkett Radmacher Moll-Phanara (2000)	Differences will exist between genders and communities of adolescents regarding stress and coping life events.	Adolescents from three different communities will report different occurrence of life events, levels of stress, and coping strategies. Males and females will report using different coping strategies. Females will report more occurrence of life events and increased levels of stress.	207 subjects from three high schools completed self-assessment survey and 42-item adolescent life events checklist.	42 items collapsed into 16 subscales used in MANOVAS. Internal consistency and reliability coefficient ranged from .60 to .85. One-way ANOVAS conducted to determine if there were significant differences between adolescents in 3 different high schools. Results indicated significant main effects for school and gender.	Differences found between communities regarding life events and stress as well as differences between genders.	Research needs to be conducted examining differences of occurrence of life events vs. levels of stress.	Treatment programs should be targeted towards differences between males and females.
Myers Brown (1990)	Types of coping responses are related to substance abuse relapse among adolescents	In high-risk situations in which all teens successfully abstain from substance use. All outcome groups will report similar coping strategies.	Longitudinal study involved 50 adolescents over 6 months. Structured initial and follow up interviews were given to both clients and their parents.	ARCQ assessment used analyses of variance to compare coping strategies generated by different outcome groups.	This study provided additional support for the utility of cognitive-behavioral approach when working with the adolescent population.	Further investigation of differences regarding relapse between adolescents and adults needs to be investigated.	Practitioners need to utilize different behavioral strategies with adolescents post treatment.
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Botvin Baker Dusenbury Tortu Botvin (1990)	This study theorizes that cognitive-behavioral skills training will assist with preventing adolescent drug use.	Hypothesis states that the onset of substance use results from social and interpersonal factors.	Randomized block design included 4,466 subjects from 56 New York schools from 1985-1986 school year. Pre and Posttest random assigned three groups. 1. Prevention program with teacher. 2. Prevention program through video tape 3. Comparison control group.	A MANOVA and ANOVA were conducted. Effectiveness of program analyzed using a 3 x 3 MANCOVA. Significant effects were noted in prevention program application.	Results of this study provided additional support for cognitive-behavioral prevention programs in the junior high school population.	Develop methods for completeness of prevention program implementation . This study supports cognitive-behavioral approaches.	This study indicates that teachers are a large factor in the successful implementation of programs.
Wagner Myers McIninch (1999)	This study examines stress coping and temptation coping together. Both are viewed as potential contributors to substance abuse	Hypothesis states stress and coping and temptation coping contribute to variance in substance abuse problems with teens. Teens who have substance abuse problems utilize more emotion focused stress coping.	332 ninth-twelfth graders completed testing over two-day period. The RWCCCL, TCQ, and PESQ were administered.	Hierarchical multiple regression analysis was employed to examine the degree of which stress and temptation coping predict adolescent substance abuse.	Results supported the autonomy of stress coping and temptation coping in predicting adolescent substance use involvement.	Further investigation should be conducted regarding the association between avoidance stress coping and adolescent substance abuse.	Clinical work should include bolstering temptation coping skills for managing tempting situations. Also a decrease of reliance on emotion focused coping for manageable and longer-term stressors.
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Irvin Bowers Dunn Wang (1999)	There continues to be inconsistent outcome results for the relapse prevention model.	What is the efficacy of the relapse prevention model?	A meta-analysis was conducted using 26 studies and representing a sample of 9,504 subjects and 70 hypotheses.	Aggregate findings across studies. The study computed all confidence intervals for all effect size estimates. Computed overall CI of r. Constructed a dot plot. Analysis supported overall efficacy of RP decreasing substance use.	RP was indicated in decreasing substance use and increasing psychosocial adjustment. It appears RP is most effective when applied to alcohol or polysubstance use disorders with adjunctive use of medications.	Questions which arise include is RP effective with maintaining long-term change? Are specific components of RP more significant regarding preventing relapse? Do various aspects lead to different effectiveness across classes of substances, TX? Settings or modalities?	Practitioners need to utilize RP particularly with ETOH or poly substance disorders with adjunct medications.
Myers Brown (1996)	Psychometric validation of the ARCQ	Questioned what evidence is evident to support psychometric validity of ARCQ, the temptation coping construct, and to examine possible differences between adult and teen relapse.	Prospective longitudinal study using 136 substance abusing adolescent subjects.	The ARCQ was administered to subjects at one and two years post treatment. Results indicated 3 coping factors, which were evaluated for criterion and construct validity. Factors demonstrated good internal consistency.	Analysis provides support for psychometric validity of ARCQ and validates use of temptation coping construct and differences between adolescents and adults.	Future studies should investigate developmental considerations and further assess actual coping in relapse risk situations.	Clinicians need to address differences such as teens having less well developed coping skills, shorter histories of substance abuse, and encounter different potential relapse situations.
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