USING BRIEF INTERVENTION WITH
SUBSTANCE-ABUSING ADOLESCENTS
SECOND EDITION

FACILITATOR GUIDE

Ken C. Winters, Ph.D.

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**What Is Teen-Intervene?**

*Teen-Intervene* is a tested, time-efficient, evidence-based program for teenagers (twelve to nineteen years old) suspected of experiencing mild or moderate problems associated with alcohol or other drug use; the program can also include their parents or guardians. The *Teen-Intervene* program integrates the stages of change model, motivational interviewing, and cognitive-behavioral therapy.

**Who Can Implement Teen-Intervene?**

*Teen-Intervene* is designed for trained professionals, including teachers, school counselors, social workers, psychologists, and other youth-serving professionals.

**How Long Does It Take to Administer Teen-Intervene?**

*Teen-Intervene* can be administered in two or three sessions (the Parent/Guardian Session is optional). The program includes worksheets to help measure progress.

**What Are the Parts of the Teen-Intervene Curriculum?**

The facilitator guide, divided into five parts, provides a description of the uses of *Teen-Intervene*, an account of how this brief intervention curriculum was developed, step-by-step instructions for conducting each of the three sessions, and appendixes listing adolescent substance abuse screening tools, drug-specific information, frequently asked questions, resources, and references.

Forms and worksheets for the adolescent and parent/guardian sessions are provided on the CD-ROM and can be printed and copied for use with clients. All the materials to be used with parents have been translated into Spanish. These Spanish documents are also on the CD-ROM.
Welcome to *Teen-Intervene: Using Brief Intervention with Substance-Abusing Adolescents*.

**What Is **Teen-Intervene**?**

*Teen-Intervene* is a tested, time-efficient, evidence-based program for teenagers (twelve to nineteen years old) suspected of experiencing mild or moderate problems associated with alcohol or other drug use and can include their parents or guardians. *Teen-Intervene* integrates the stages of change model, cognitive-behavioral therapy, and motivational interviewing into its program.

*Teen-Intervene* can be administered in two or three one-hour sessions. Seventy-five minutes would be a more desirable length for each of the first two sessions, which are individual sessions with the adolescent. Session 3 is an individual counseling session with the parent(s) or guardian(s) of the teenager. This last session should include a brief wrap-up conversation with both the parent(s) and the adolescent. A seven- to ten-day interval is recommended between sessions 1 and 2, and a ten-day interval between sessions 2 and 3.

**What Are the Sections of the **Teen-Intervene** Curriculum?**

*Teen-Intervene* is divided into two main sections: the facilitator guide and reproducible worksheets. The facilitator guide is divided into the following five parts:

- Part 1: Introduction (contains background information about the development of the program)
- Part 2: Adolescent Session 1
Part 3: Adolescent Session 2
Part 4: Parent/Guardian Session
Part 5: Appendixes (listing of adolescent substance abuse screening tools, drug-specific information, frequently asked questions, resources, and references)

You will find all the worksheets and handouts needed for the adolescent and parent/guardian sessions on the CD-ROM. Print and copy these reproducible sheets for use with your clients. All the materials to be used with parents/guardians have been translated into Spanish. These Spanish documents are also on the CD-ROM.

Who Can Implement Teen-Intervene?

Teen-Intervene is designed for trained professionals, including teachers, school counselors, social workers, psychologists, and other youth-serving professionals who are working with drug-abusing teenagers. Users of the Teen-Intervene model should have formal training in basic counseling skills, as well as a basic understanding of the etiology, course, and treatment of adolescent alcohol and other drug addiction. Also, it is desirable that users have a certified degree in addiction counseling or a license in a related field of behavioral science.

Which Clients Can Benefit from Teen-Intervene?

The Teen-Intervene model has been developed for application with teenagers who display the early stages of drug use problems. It is intended for teenagers who are displaying or exhibiting mild or moderate problems associated with alcohol or other drug use. Such early-stage users often meet formal criteria for a substance abuse disorder; that is, they show harmful or hazardous consequences from their drug use. For example, the youth may be experiencing problems at school resulting from drug use or may be getting into arguments with his or her parents and friends as a result of drug use.
Teenagers who are not good candidates for Teen-Intervene include those that

- have a substance dependence disorder (for example, show loss of control of their drug use, have developed significant tolerance of drug use)
- are daily drug users
- suffer from an untreated psychiatric disorder, such as a major affective disorder or psychosis

**In What Settings Should Teen-Intervene Be Used?**

**School Settings**
Teen-Intervene is appropriate for inclusion in school-based chemical health programs that wish to add more services to supplement existing prevention and education programs. Teen-Intervene sessions are a suitable response for students with a mild or moderate drug abuse problem. In a recent study by D’Amico and Fromme (2000), a group of high school students were given school-based Teen-Intervene sessions, and the results were compared to that of a group who received the traditional DARE (Drug Abuse Resistance Education) curriculum. Students who had participated in the Teen-Intervene sessions had considerably larger reductions in the frequency of alcohol consumption and drug use versus those who participated in only the DARE program.

**Juvenile Justice Settings**
Alcohol and other drug abuse is a common factor among adolescent offenders, and yet treatment for these problems is not widely available. Thus, Teen-Intervene, with its focus on reducing resistance to change and increasing participant engagement, can be a valuable tool in this setting.

**Mental Health Settings**
Several adolescent studies indicate a strong co-association between psychiatric disorders and substance abuse (Clark and Bukstein 1998). Brief interventions for substance abuse, based on Teen-Intervene, during mental health treatment are valuable because such treatments are focused and can be easily integrated into a general mental health regimen for the client.
Waiting Lists
Adolescents who are on waiting lists for intensive treatment may be suitable candidates for Teen-Intervene. In this light, Teen-Intervene provides a therapeutic bridge for the client as he or she awaits more intensive treatment. The Teen-Intervene therapist can begin the process of increasing the client’s readiness to change and awareness of the benefits of reducing or stopping drug use.

Why Use Teen-Intervene with Drug-Abusing Youth?
The development of effective, cost-efficient, and time-efficient interventions for drug-abusing adolescents is important, and yet it is an understudied priority in the health care delivery field. Pressures for shorter forms of drug abuse treatment are emerging from several sources (Winters 1999). Examples of these sources include

- historical developments in the field that encourage the use of such approaches within a comprehensive, community-based continuum of care for a broad range of substance use problems
- cost-containment policies in the managed-care sector
- the expansion of community-based detection systems, such as in-school health clinics

Research has indicated that brief interventions can be effective when treating adult alcoholics (see reviews by Bien, Miller, and Tonigan 1993; Hettema, Steele, and Miller 2005; U.S. Department of Health and Human Services 1999a) and with young substance abusers (Breslin et al. 2002; Erickson, Gerstle, and Feldstein 2005; Monti, Colby, and O’Leary 2001). Whereas brief interventions have many forms and vary in length (ranging from a onetime ten-minute session to several one-hour sessions), the approach described here is organized around a two- to three-session model that integrates developmentally adjusted components of motivational interviewing, cognitive-behavioral therapy, and the stages of change model. Key behavior change features of this model include the adolescent taking an active role in determining therapy goals, personalizing feedback to the client in the form of identifying costs and benefits of substance use, and establishing specific action steps that will facilitate the change process.
This figure represents a model for exploring how a continuum of care can be applied to treat a variety of drug use problems. The range of drug use problems is indicated on the top; responses to these problems are illustrated on the bottom. In general, specialized treatments, such as intensive outpatient and residential treatment, are appropriate referrals for youth with severe drug use problems, such as a substance dependence disorder. However, brief interventions, such as those employed in Teen-Intervene, are viewed as an appropriate response for mild to moderate users—that is, youth with a substance abuse disorder.

**Why Was Teen-Intervene Developed?**

The impetus for developing this model is based on five premises.

- First, the gap between treatment need and treatment availability appears to be significantly increasing for adolescents, particularly for those with mild or moderate substance-use behaviors. Low-end severe cases are estimated to represent about 30 percent of adolescents who present for a drug abuse evaluation in Minnesota (Winters 2000).
• Second, this gap in service access is most likely the result of a tightening of treatment eligibility criteria by cost-conscious third-party payers.

• Third, with some exceptions, brief and relatively inexpensive interventions (for example, three to four sessions) have been shown recently to be effective as stand-alone therapies for adult substance abusers (see reviews by Bien, Miller, and Tonigan 1993; U.S. Department of Health and Human Services 2000). Emerging work with youth is promising (Erickson, Gerstle, and Feldstein 2005).

• Fourth, lower-cost treatment options for less-severe adolescent drug abusers are potentially attractive to cost-conscious managed-care systems.

• Fifth, brief interventions make developmental sense given that (a) many drug-abusing youth are not “career” drug abusers and thus not very amenable to disease-oriented approaches, and (b) developmentally, young people are likely to be receptive to self-guided behavior change strategies, a cornerstone of brief interventions (Miller and Sanchez 1993).

What Are the Goals and Objectives of Teen-Intervene?

Abstinence is usually the long-term goal of drug treatment. However, to start in motion the process of abstinence, it stands to reason that harm reduction is a logical early-stage goal of Teen-Intervene. Any behavior change that reduces harm is a positive result. By taking on a more flexible approach toward goal attainment, defiant adolescent clients may be more receptive to the change process.

The Teen-Intervene model also emphasizes that behavior change goals need to be individualized. This feature recognizes the variety and range of adolescent drug involvement. Each young person has his or her own reasons for substance use, and individual teens may differ greatly in terms of willingness to change and treatment goals. By using individualized goals and personalized feedback, the treatment can be more directly focused for each adolescent’s specific needs.

The Teen-Intervene model integrates a variety of techniques to establish behavior change goals with the adolescent. One strategy is to engage
the adolescent in discussion of the pros and cons of drug use. This method helps the individual recognize that while drug use may have short-term personal benefits for the individual, drug use can also affect school performance and increase health risks.

The therapist using *Teen-Intervene* is instructed to be nonjudgmental, nonlabeling, and nonconfrontational. To put this in another way, the therapist’s job is to act as a teacher or coach in order to help the adolescent progress through the stages of change. The intent is to move the client from low problem recognition and little willingness to change to the “action” stage, in which specific steps of positive behavior change are identified and implemented by the youth.

To summarize, *Teen-Intervene* is designed to help the client

- understand the treatment approach
- use the treatment session(s) effectively
- learn new skills that promote healthier behaviors
- take responsibility for self-change

**Who Fills Out the Worksheets?**

This *Teen-Intervene* curriculum includes eight different worksheets to use in the adolescent sessions. With the exception of the Client Questionnaire, all the worksheets should be filled out in collaboration between the facilitator or therapist and the adolescent. The therapist is encouraged to record the client’s responses in the appropriate spaces on the worksheets. This will create rapport and a more cooperative environment, encourage adolescents who are reluctant to write, and enhance the client’s motivation.

**What Research-Based Theories Were Used to Develop *Teen-Intervene*?**

The core components of *Teen-Intervene* are based on the following research theories, techniques, and therapies:

- stages of change model
- cognitive-behavioral therapy
- motivational interviewing
These components, also used in adult therapy, have been adjusted for adolescents. These adjustments include simplification of concepts, heavy emphasis on client engagement, and consideration of behavioral change goals likely to be relevant to an adolescent. Following is a summary of these components.

**Stages of Change Model**
The stages of change model, as described by Prochaska, DiClemente, and Norcross (1992), provides a framework to understand the motivational state of a client with respect to changing health behaviors. The primary five stages of change can be readily adapted to apply to a young person examining his or her drug-use behaviors. The chart on page 11 offers a description of how the stages of change model can be applied to a young person (U.S. Department of Health and Human Services 1999b).

Many adolescents in therapy are likely in the pre-contemplation or contemplation stage. The therapist or school counselor should recognize that this status need not be a barrier to change. Rather, the professional should focus on ways to help the young person progress to the next stage. One should not assume that a teenager in the pre-contemplation or contemplation stage is at a therapeutic dead end. Thus, the therapist should consider the client’s ambivalence about change as normal and not necessarily stable.

**Cognitive-Behavioral Therapy**
Cognitive-behavioral therapy (CBT) is a therapeutic technique used to change one’s perceptions, thoughts, and feelings about his or her behavior and to increase a person’s awareness as to how social experiences affect the way we act. CBT is based on the principles of the social learning theory. CBT focuses on the importance of overcoming skill deficits and increasing the adolescent’s existing coping skills by providing a means to obtaining social support.

The “ABC” principles of CBT are included in *Teen-Intervene* in order to facilitate the change process. The ABC model refers to an Antecedent that is responded to by various Behaviors or Beliefs and that is followed by Consequences.
this process. Feedback is not to be used to “prove” that the adolescent has a drug use problem; rather, it is to assist the young person to recognize that change is in order. In the Teen-Intervene model, the client along with the therapist completes various assessments and worksheets to encourage the feedback process.

- PARTICIPANT’S RESPONSIBILITY
The model emphasizes that the adolescent is ultimately responsible for choosing what to do about his or her drug-use behaviors. Thus, the therapist’s goals are not forced upon the client. In this light, the therapist offers information, provides guidance and suggestions, and seeks a commitment from the client about what changes he or she will make.

For example, in adolescent session 1, one of the initial statements from the therapist to the client is this: “I am not going to tell you what to do; only you can decide what you will do. But I would like to find out what you think about using drugs and/or alcohol and maybe see if together we can come up with some ways to avoid problems in the future. You are the only one who will decide what happens with your use of drugs and/or alcohol. If you choose, you can continue using the way that you have been. Or you can make a change. The choice is yours.”

When the adolescent is permitted to make his or her own choices about change, several positive expectations for change are set in motion, including that the client sees that change is primarily his or her responsibility, and if change occurs, self-efficacy is enhanced.

- RECOMMENDATIONS AND ALTERNATIVES FOR CHANGE
Recommendations for change within the Teen-Intervene model are offered as advice to the client, not as rigid prescriptions of change that reflect the therapist’s philosophy. Of course, the therapist can ask the client if he or she is interested in hearing the therapist’s suggestions, but such information should be communicated in a nondogmatic manner.

A list of alternative behaviors to drug use is provided in this facilitator guide. The idea is to offer the adolescent a variety of choices that can
replace former patterns of behavior in specific situations. For example, an exercise is described to help the client think of specific alternatives to “just saying no” to alcohol or other drugs.

The pros and cons exercise is a primary technique described in the model to assist with the process of establishing specific goals. This exercise involves encouraging the client to examine the pros and cons of his or her substance use. It is from the con list that the therapist, with the client, can develop specific action goals for change.

• THERAPIST EMPATHY
Reflective listening skills are an important part of motivational interviewing. The therapist is encouraged to create a safe environment that allows the young person to feel comfortable talking about personal matters. Statements such as “I understand what you are saying and I am not going to judge you on this” or “What do you see as the next step for yourself?” are effective empathetic statements. Other examples are included in each of the adolescent sessions.

• SELF-EFFICACY SKILLS
Self-efficacy refers to the feeling of accomplishment within the adolescent. The change process is enhanced when clients feel that self-improvement is based on their accomplishments. The Teen-Intervene model incorporates several features that encourage client self-efficacy, such as having the therapist acknowledge positive change—no matter how small—and reminding the client that the therapy goals are the client’s responsibility.

What Concerns Should I Be Aware Of?
As in any counseling setting with a young person, it is important that the adolescent client be fully advised that if he or she discloses being a victim of physical or sexual abuse, or reports that he or she may harm himself or herself, or another, the therapist is required to report such information to the proper authorities.

The therapist is also advised to obtain written consent from the parent prior to implementing Teen-Intervene when working with teenagers younger than eighteen years old. The consent form should describe the
*Teen-Intervene* procedures and the goals of the counseling sessions, and it should state that the therapist is mandated to report to proper authorities any disclosure by the youth of physical or sexual abuse. A sample Parent/Guardian Consent Form is included on the CD-ROM for your use.

This final caution is a reminder of the limitations of the *Teen-Intervene* approaches. The model described in this manual is not appropriate as a stand-alone therapy for teenagers with a substance dependence disorder. Such youth are likely to require a more intensive treatment program. Also, when abstinence is the only goal of treatment, *Teen-Intervene* may not be an appropriate treatment choice. This is not to say that *Teen-Intervene* treatment cannot strive for an abstinence goal. Abstinence is an ultimate goal for nearly all drug-abusing teenagers. But *Teen-Intervene* is designed so that it is appropriate for short-term goals that include risk elimination, risk reduction, and pattern normalization, in the context that abstinence is a long-term goal.
INTRODUCTION

Welcome to adolescent session 1.

The purpose of session 1 is to help the client evaluate his or her alcohol and/or other drug use and to help him or her take steps toward the decision to quit using.

Goals of This Session:

During this session, the client will

- be introduced to the Teen-Intervene program
- complete an overview of his or her drug use history, as well as a measure of his or her readiness for change
- discuss the pros and cons of his or her chemical use
- evaluate how willing he or she is to change
- set goals around reducing or eliminating his or her chemical use

Time Required: 60–75 minutes

Materials Needed:

The following worksheets and handouts are located on the CD-ROM:

- Parent/Guardian Consent Form
- Client Questionnaire, including a scoring sheet for part 2 (PRQ)
- Pros and Cons Worksheet
- Triggers and Cravings Worksheet
- Ready to Change Worksheet 1
• Establish Goals Worksheet
• What Sets Off Your Alcohol and/or Other Drug Use? Worksheet
• Advantages of Not Using Drugs

**Preparation Needed:**

1. Read through all of session 1 so you are comfortable presenting it to the client.
2. Print and photocopy all worksheets (one copy for use with each client).
3. Have parent(s)/guardian(s) fill out and return the consent form.
4. Familiarize yourself with the administration and scoring of assessment tools (Client Questionnaire).

**Background Information:**

Establishing rapport with the participant at the outset of therapy is vital to the change process. Rapport building can be accomplished by

• employing the use of reflective listening skills
• being nonjudgmental
• asking questions to help investigate the positive and negative consequences of the substance-abusing behavior

The following is an outline for conducting session 1 in nine steps. Instructions, helpful hints, and suggested time frames for each step are included, along with a suggested script.

*Note: Among the worksheets, the client should fill out only the Client Questionnaire. The therapist should fill out all other worksheets as he or she records the client’s answers during the session.*
SESSION OUTLINE

STEP 1:
Discuss the basic elements of the *Teen-Intervene* program with the client  (10 MINUTES)

1. Welcome the client to the first session. Introduce yourself if the client does not know you.

2. Start the opening session by clarifying the basic elements of *Teen-Intervene*. Briefly discuss the following components identified by Monti and colleagues (2001):
   - the overall purpose and content of the intervention
   - the counselor’s role, with an emphasis on what the counselor will and will not do in the sessions
   - issues of confidentiality; that is, if the client shows a risk for harming himself or herself or others, or is being abused by others (physically or sexually), it must be reported by the therapist
   - a description of program-specific elements, such as requirements of attendance and number of sessions

3. Use any of the following statements to illustrate how you can cover these introductory elements in a nonjudgmental approach:

   “What I would like to do is explore your use of alcohol and other drugs with you. We are concerned about teenage drug use and about the kinds of things that happen when young people have been using.”

   “I am not going to tell you what to do; only you can decide what you will do. But I would like to find out what you think about using drugs and/or alcohol and maybe see if together we can come up with some ways to avoid problems in the future. You are the only one who will decide what happens with your use of drugs and/or alcohol. If you choose, you can continue using the way that you have been. Or you can make a change. The choice is yours.”

   “Is this okay? Can we try this out?”
STEP 2:
Administer the Client Questionnaire (10 MINUTES)

1. Create rapport with the adolescent by presenting a simple overview and purpose of the questionnaire. The following is an example of what the therapist or counselor might say to introduce the questionnaire.

   “To help us get a better idea of how we want to proceed, I would like you to take this short questionnaire. It will only take five minutes. We will review the results together later in this session.”

2. Collect and review pertinent background information about the client’s drug and/or alcohol use. It is recommended that the counselor use the enclosed screening tool (Client Questionnaire), which provides an overview of the client’s drug use history as well as a measure of the client’s readiness for change.

3. Have the adolescent complete parts 1 and 2 of the Client Questionnaire. For the facilitator’s convenience, a sample of this worksheet follows on page 21.

   This is the only client form that is self-administered and filled out by the client. For all other worksheets used with the client, the therapist will record the client’s responses to the questions. It is recommended that the client complete the questionnaire during the session, not outside the office while waiting for his or her appointment. This will help create context and connection between the therapist and client.

4. Using the instructions on page 22, score part 2 of the Client Questionnaire—PRQ (problem recognition questionnaire)—promptly by hand. A pocket calculator will be helpful in doing this. Once you are accustomed to calculating the results of the questionnaire, you will need only a minute or two. The PRQ produces a measure of the client’s degree of willingness to change (low, medium, or high).
About the Author

Ken Winters, Ph.D., is a professor in the Department of Psychiatry at the University of Minnesota, director of the Center for Adolescent Substance Abuse Research, and a senior scientist with the Treatment Research Institute, Philadelphia, Pennsylvania. 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 JMATE, a national organization on effective treatment for adolescents. Dr. Winters is a frequent speaker and trainer, and serves as a consultant to many organizations, including the Hazelden Foundation, The Partnership at Drugfree.org, the National Center for Responsible Gaming, and the Mentor Foundation (an international drug abuse prevention organization).
Hazelden, a national nonprofit organization founded in 1949, helps people reclaim their lives from the disease of addiction. Built on decades of knowledge and experience, Hazelden offers a comprehensive approach to addiction that addresses the full range of patient, family, and professional needs, including treatment and continuing care for youth and adults, research, higher learning, public education and advocacy, and publishing.

A life of recovery is lived “one day at a time.” Hazelden publications, both educational and inspirational, support and strengthen lifelong recovery. In 1954, Hazelden published Twenty-Four Hours a Day, the first daily meditation book for recovering alcoholics, and Hazelden continues to publish works to inspire and guide individuals in treatment and recovery, and their loved ones. Professionals who work to prevent and treat addiction also turn to Hazelden for evidence-based curricula, informational materials, and videos for use in schools, treatment programs, and correctional programs.

Through published works, Hazelden extends the reach of hope, encouragement, help, and support to individuals, families, and communities affected by addiction and related issues.

For questions about Hazelden publications, please call 800-328-9000 or visit us online at hazelden.org/bookstore.
This second edition of *Teen-Intervene* contains everything needed to conduct an evidence-based, brief intervention program for teens struggling with issues related to alcohol or other drug use. This unique program integrates the research-based stages of change theory, motivational interviewing techniques, and cognitive-behavioral therapy into one practical and highly effective intervention strategy. Also included is a CD-ROM with valuable materials, including:

- reproducible worksheets for teens and their parents/guardians
- new Spanish translation of handouts for parents
- standardized measures for determining a teen's alcohol/drug use history and readiness to change, and new adolescent substance-abuse screening instruments
- four new, informative articles: *A Counselor's Guide to Helping Parents Prevent Drug Use in Their Children: A Parent Guide: Five Things You Can Do to Help Your Child Avoid Alcohol and Other Drugs; Research on the Effectiveness of Teen-Intervene; and Adolescent Brain Development*
- NREPP summary of *Teen-Intervene*

As a bonus, *Teen-Intervene* now includes *Drugs and the Developing Brain* and a package of thirty Teen Drug Abuse Facts and Warning Signs slide guides. *Drugs and the Developing Brain* is a compelling program for middle school and high school students that provides information about the brain and the neurobiology of addiction—all in an easy-to-understand format. The pocket-sized slide guides help parents and caregivers understand the facts and recognize the warning signs of ten different drug classifications: alcohol, club drugs, marijuana, opiates, prescription drugs, hallucinogens, inhalants, PCP, steroids, and stimulants.

*Ken C. Winters, Ph.D.*, is the director of the Center for Adolescent Substance Abuse Research and an associate professor in the Department of Psychiatry at the University of Minnesota—Twin Cities.