



## Self-efficacy as a predictor of treatment outcome in adolescent substance use disorders

Joseph A. Burleson<sup>a,b,\*</sup>, Yifrah Kaminer<sup>a,c</sup>

<sup>a</sup>*Alcohol Research Center, University of Connecticut Health Center, Farmington, Connecticut, United States*

<sup>b</sup>*Department of Community Medicine and Health Care, MC-6325, University of Connecticut Health Center, Farmington, CT 06030-6325, United States*

<sup>c</sup>*Department of Psychiatry, University of Connecticut Health Center, Farmington, Connecticut, United States*

---

### Abstract

Youth substance abuse relapse prevention was examined as a function of patients' situational self-efficacy (SE), their confidence to abstain from substance use in high-risk situations. An increase in SE has been shown to be enhanced by cognitive behavioral therapy (CBT) in adults. Eighty-eight adolescent substance abusers were randomly assigned to either CBT or psycho-education (PET) group therapy. Substance use and SE were assessed at end of treatment, 3- and 9-months after the end of planned treatment. Increased SE predicted subsequent abstinence independently from drug urinalysis and treatment condition only during treatment, while previous substance use predicted subsequent self-efficacy. CBT was not differentially effective than PET in promoting SE. It is recommended that potential mediators and moderators of SE in the treatment of adolescent substance abuse should be further explored.

© 2005 Elsevier Ltd. All rights reserved.

*Keywords:* Adolescent; Substance use disorders; Self-efficacy; Treatment outcome; Cognitive behavioral therapy

---

Substance use and abuse among youth in the US continues to pose a serious public health problem. There is a pressing need to improve short- and long-term treatment outcome particularly in outpatient settings since the majority of adolescents presenting for treatment

---

\* Corresponding author. Department of Community Medicine and Health Care, MC-6325, University of Connecticut Health Center, Farmington, CT 06030-6325, United States.

*E-mail address:* [burleson@up.uconn.edu](mailto:burleson@up.uconn.edu) (J.A. Burleson).

receive outpatient services (McCrary & Langenbucher, 1996). The use of treatment approaches that focus on a range of cognitive processes and behavioral coping skills represent a recent trend in the treatment of adolescent substance use disorders (SUD). Recent reports have shown that cognitive-behavioral treatment (CBT) strategies reduced substance use and related problems among adolescents (Dennis et al., 2004; Kaminer & Burleson, 1999; Kaminer, Burleson, Blitz, Sussman, & Rounsaville, 1998; Kaminer, Burleson, & Goldberger, 2002; Waldron, Slesnick, Brody, & Turner, 2001). Coping skills training techniques have also been found effective with youth delinquency (Kazdin, 1995), anxiety disorders (Kendall et al., 1997), depression (Brent et al., 1997), and suicidal behavior (Rotheram-Borus, Piacentini, Miller, Graae, & Castro-Blanco, 1994). These techniques might be beneficially applied to adolescent SUD which is frequently accompanied by one or more psychiatric problems or disorders (Bukstein, Brent, & Kaminer, 1989; Hovens, Cantwell, & Kiriakos, 1994).

Marlatt's (1996) taxonomy of high-risk situations for relapse was developed primarily to understand one or more of five intrapersonal determinants (i.e., Negative Emotional State, Negative Physical State, Pleasant Emotional State, Testing Personal Limits, and Urges and Temptations), and/or three interpersonal determinants (i.e., Interpersonal Conflicts, Social Pressure to Use drugs, and Positive Emotional State) which may put the client at increased risk for relapse (Marlatt & Gordon, 1985). Social pressure and temptation to engage in substance use have been traditionally considered as the most common relapse triggers for adolescents (Brown, Vik, & Creamer, 1989; Myers & Brown, 1996).

The goal of cognitive-behavioral coping skills therapy, therefore, is to diminish the impact of these high-risk determinants contributing to adolescent drug involvement and promote factors that protect against relapse (e.g., coping skills, drug-free social network). CBT offers a logical strategy for treating adolescent SUD given the maladaptive cognitive processes that place adolescents at increased risk for drug use (Myers & Brown, 1996). Evidence for the contribution of cognitive behavioral process to treatment outcome in youth has been accumulating. Myers and Brown (1990) reported that adolescent alcohol abstainers and "minor relapsers" were more likely to utilize problem-solving coping strategies than were "major relapsers." Coping factors have been identified further as significant predictors of treatment outcome (Myers, Brown, & Mott, 1993).

Perceived self-efficacy is a cognitive process describing patients' confidence in their ability to abstain from drug use in high-risk situations (Bandura, 1977). Such cognitive expectancies are thought to be proximal mediators of the choice to engage in various activities and serve a prominent role in the initiation and maintenance of behavioral change. Ratings of self-efficacy have predicted drinking behavior (Annis & Davies, 1988; McKay, Maisto, & O'Farrell, 1993) and smoking cessation (Conditte & Lichtenstein, 1981). The Situational Confidence Questionnaire (SCQ) was developed to measure self-efficacy by asking alcoholics to report the extent to which they believe they are able to resist drinking in several imaginary situations (Annis & Graham, 1988). Among alcoholics, self-efficacy increases over the course of treatment, with abstinent patients showing greater levels of self-efficacy than patients who relapse (Annis & Davies, 1988; Burling, Reilly, Moltzen, & Ziff, 1989; Solomon & Annis, 1990). Rounds-Bryant, Flynn, and Craighead (1997) reported that alcohol consumption and efficacy expectancy scores were inversely related, both at the

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات