

Research Paper

## The Role of Family Therapy in Treating Adolescent Drug Abuse

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### ABSTRACT

This study explores the role of family therapy in addressing adolescent drug abuse within the Indian socio-cultural context. Grounded in qualitative methodology, it examines how therapeutic interventions influence emotional healing, communication patterns, trust-building, and relapse prevention among adolescents and their families. Data were collected through semi-structured interviews with adolescents undergoing addiction recovery and their parents, and analyzed using Braun and Clarke's thematic analysis framework. Key findings highlight that family therapy fosters emotional expression, shifts blame-oriented dynamics toward support, and improves communication within the household. However, cultural stigma, patriarchal norms, and initial resistance to therapy present notable barriers. The study underscores the importance of culturally sensitive, family-centred interventions in substance abuse treatment and calls for integrating such approaches into mainstream adolescent care programs. It contributes to the limited body of Indian research on systemic addiction recovery and offers practical insights for therapists, policymakers, and community health practitioners.

**Keywords:** *Adolescent Drug Abuse, Family Therapy, Communication, Relapse Prevention, Emotional Healing, Stigma*

Adolescent drug abuse has emerged as one of the most pressing public health and psychosocial challenges of the 21st century. Characterized by early experimentation, peer influence, emotional instability, and exposure to high-risk environments, substance use during adolescence not only disrupts development but also compromises educational, relational, and psychological well-being. While multiple interventions have been designed to address adolescent addiction, a growing body of research affirms that substance use is not merely an individual pathology but a symptom rooted in broader familial, emotional, and relational dynamics (Liddle & Dakof, 1995).

Family therapy has gained increasing recognition as a critical modality for addressing adolescent substance use by focusing on the adolescent within their systemic and relational context. Unlike individual-based approaches, family therapy recognizes that dysfunctional communication patterns, unresolved conflicts, neglect, and emotional distance within families often contribute significantly to the onset and maintenance of addiction. Grounded in frameworks such as Bowen's Family Systems Theory and Structural Family Therapy, family-based interventions aim to restructure emotional connections, rebuild trust, and

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transform dysfunctional dynamics into pathways for healing (Kerr & Bowen, 1988; Minuchin, 1974).

In India, the rising incidence of substance abuse among adolescents—exacerbated by urbanization, peer pressure, digital exposure, and socio-economic stress—has become an area of increasing concern. However, most interventions continue to adopt an individualized or medicalized approach, often overlooking the critical role of family. Moreover, cultural stigma around addiction and therapy, particularly within patriarchal and traditional households, creates barriers to early identification and treatment (Sharma & Tripathi, 2015). Emotional expression, especially among boys, is often discouraged; further pushing adolescents toward maladaptive coping strategies such as substance use (Ranganathan & Kurien, 2012).

Despite evidence supporting the efficacy of family therapy globally, there remains a significant gap in India-specific, qualitative research that captures the lived experiences of adolescents and families navigating therapy. Existing studies often neglect culturally specific factors such as hierarchical family roles, gendered norms, emotional suppression, and resistance to mental health interventions.

This study seeks to fill this critical research gap by examining the role of family therapy in treating adolescent drug abuse through a culturally sensitive, qualitative lens. By exploring how therapy influences emotional communication, relational restructuring, trust-building, and relapse prevention, the research aims to contribute to a more holistic and contextually relevant understanding of adolescent recovery in Indian families. The findings also intend to inform future therapeutic practices and policy-level decisions by highlighting both the transformative potential and the cultural challenges of implementing family-centred care in addiction recovery.

### LITERATURE REVIEW

Adolescent substance abuse is a multidimensional phenomenon with roots in psychological, social, familial, and cultural dynamics. Over the past few decades, scholars and clinicians have increasingly acknowledged that addressing substance abuse among adolescents requires more than individualized intervention; it necessitates a systemic, family-centred approach that recognizes the adolescent's embeddedness within the family structure (Rowe & Liddle, 2003). Family therapy has emerged as a significant intervention model that not only addresses the symptoms of drug use but also targets the relational dynamics and communication breakdowns that contribute to and sustain it.

Early theoretical underpinnings of family therapy can be traced to Bowen's Family Systems Theory, which posits that individuals cannot be understood in isolation from their families, and that intergenerational patterns often perpetuate emotional dysfunction (Kerr & Bowen, 1988). In the context of adolescent substance abuse, this theory implies that addiction is not merely an individual pathology but a symptom of deeper systemic problems such as conflictual communication, poor emotional boundaries, and unresolved family trauma. Structural Family Therapy (Minuchin, 1974) similarly views dysfunction as arising from rigid or disengaged family subsystems and prescribes interventions that realign hierarchical roles and strengthen emotional cohesion.

Empirical studies have consistently validated the efficacy of family-based approaches. Liddle and Dakof (1995) demonstrated that adolescents who participated in

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Multidimensional Family Therapy (MDFT) exhibited significantly greater reductions in drug use compared to those in traditional individual therapy. MDFT, an integrative approach incorporating behavioral, affective, and cognitive strategies, focuses on engaging not just the adolescent but also parents, siblings, and even schools in a coordinated treatment effort (Liddle et al., 2001). Similarly, Functional Family Therapy (FFT), developed by Alexander and Parsons (1982), has shown notable success in reducing adolescent behavioral problems, including substance abuse, by improving family communication, reducing negativity, and increasing support.

Communication breakdown within families is frequently cited as a predictor of adolescent drug use. Adolescents in high-conflict families, where open dialogue is rare and authoritarian parenting dominates, are more likely to use substances as a coping mechanism (Santisteban et al., 2003). Studies have shown that family therapy helps to establish emotionally supportive environments where adolescents feel heard and validated, which in turn reduces the psychological triggers for drug-seeking behavior (Diamond & Liddle, 1996). Parents also benefit by learning to express concerns constructively, set clear boundaries, and avoid punitive or guilt-based responses that often backfire.

Cultural factors also play a significant role in shaping the effectiveness and acceptability of family therapy. In the Indian context, family honor, stigma around addiction, and resistance to psychological intervention often delay or obstruct therapeutic engagement (Sharma & Tripathi, 2015). Ranganathan and Kurien (2012) highlight how patriarchal norms in India discourage emotional vulnerability among boys, often pushing them toward risk-taking behaviors, including substance use. Indian families also tend to rely on informal supports—elders, religious leaders, or extended kin—before approaching professional therapists. This makes culturally adapted therapy models essential.

Naqvi et al. (2014) argue for the cultural tailoring of therapeutic modalities to enhance receptivity and engagement in collectivist societies. In line with this, therapists working with Indian families must recognize the role of hierarchy, interdependence, and gender norms in family interactions. When therapy incorporates local language, idiomatic expressions, and culturally familiar metaphors, it becomes less threatening and more effective in facilitating change. Indian researchers like Verma and Dang (2018) have also emphasized the role of schools and community networks in supplementing family therapy by identifying at-risk adolescents and encouraging early intervention.

Relapse prevention remains a critical concern. Waldron and Turner (2008) found that adolescents who participated in family therapy were significantly less likely to relapse compared to those who received individual therapy alone. The ongoing involvement of parents and caregivers creates a buffer against environmental triggers, reinforces accountability, and provides emotional scaffolding during vulnerable periods. In Indian contexts, where academic pressure, social comparison, and limited access to mental health resources are common, sustained family involvement is even more crucial.

Furthermore, recent scholarship has begun exploring the gendered dynamics of substance abuse within family systems. Girls are less likely to receive treatment due to stigma, and when they do, family therapy must address additional layers of vulnerability including sexual abuse, familial control, and societal judgment (Gala & Kapadia, 2013). These complexities highlight the importance of intersectional frameworks that consider how caste, class, gender, and religion intersect with addiction and recovery processes in Indian society.

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In summary, the literature affirms that adolescent drug abuse is not a standalone behavioural issue but an outcome of intertwined emotional, relational, and sociocultural factors. Family therapy offers a robust and flexible framework that addresses these layers simultaneously. However, its effectiveness is contingent upon cultural sensitivity, long-term engagement, and the active participation of all family members. As India confronts rising adolescent substance use—exacerbated by digital addiction, peer pressure, and socio-economic transitions—the integration of family therapy into mainstream treatment programs becomes not just beneficial but necessary.

### *Research Objectives*

- To explore the emotional and relational impact of family therapy on adolescents recovering from substance abuse, particularly in the context of trust-building, emotional expression, and communication.
- To examine how family dynamics—such as parental involvement, conflict resolution, and support systems—are transformed through therapeutic intervention.
- To analyze the role of family therapy in relapse prevention, with a focus on how consistent family engagement influences sustained recovery.
- To identify cultural and social barriers—such as stigma, gender norms, and resistance to therapy—that affect the implementation and outcomes of family-based addiction treatment in India.
- To contribute to the development of culturally sensitive therapeutic frameworks that integrate family involvement into mainstream adolescent substance abuse treatment programs.

## **METHODOLOGY**

This study adopts a qualitative research methodology to explore the emotional, relational, and behavioural impact of family therapy on adolescents undergoing treatment for substance abuse. The objective was not to quantify behaviour but to deeply understand the lived experiences of adolescents and their families within the therapeutic setting. The study sought to capture the nuances of emotional transformation, communication shifts, trust rebuilding, and cultural resistance—elements often overlooked in quantitative assessments.

### *Research Design*

A phenomenological design was employed to examine how therapy was experienced by participants in their everyday lives. This approach enabled the researcher to understand the meaning participants assigned to family therapy and its perceived role in their recovery process.

### *Sampling*

The study used purposive sampling to select participants who had undergone or were currently undergoing family therapy in addiction recovery programs. The study sample comprised a total of 20 participants, including 10 adolescents aged between 13 and 19 years who had a documented history of substance abuse. These adolescents were either currently undergoing or had recently completed family therapy as part of their addiction recovery process. In addition, 10 parents or guardians who had actively participated in at least six family therapy sessions alongside their children were also included. This purposive sampling approach ensured that both adolescent and parental perspectives were captured, providing a holistic understanding of the therapeutic experience and its impact on family

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dynamics and recovery outcomes. Participants were selected from two urban de-addiction and counselling centres in India known for incorporating family-based treatment models.

### *Data Collection Methods*

Primary data were collected through semi-structured interviews, allowing flexibility to probe into themes that emerged organically during the conversation. Each interview lasted between 45 and 60 minutes and was conducted in Hindi or English, depending on participant comfort. Interviews were audio-recorded with consent and later transcribed verbatim. In addition to interviews, field notes and therapy session observations (with therapist and participant consent) were used to supplement the understanding of non-verbal cues, emotional expressions, and family dynamics.

### *Data Analysis*

Thematic analysis was conducted following Braun and Clarke's (2006) six-step framework. The process began with familiarization through repeated reading of interview transcripts, followed by coding key ideas and patterns. These codes were then grouped into potential themes, which were reviewed and refined for coherence and relevance. Themes were defined, named, and finally synthesized into a structured narrative to capture the core findings related to the impact of family therapy on adolescent substance abuse recovery. Key themes that emerged included trust rebuilding, emotional expression, blame vs support dynamics, communication restructuring, cultural stigma, and relapse prevention.

### *Ethical Considerations*

Prior to participation, informed consent was obtained from all adult participants and from the guardians of adolescent participants. Confidentiality was ensured by anonymizing all data, and participants were assured that their involvement would not impact their ongoing treatment. The study was approved by the ethics committee of the host institution.

### *Limitations*

This study is limited by its small sample size and urban-centric focus, which may not capture the diversity of experiences in rural or marginalized settings. The reliance on self-reported data also carries the risk of recall bias or social desirability bias. Nonetheless, the depth and richness of qualitative insight provide a meaningful contribution to understanding the role of family therapy in adolescent addiction treatment.

## **ANALYSIS AND DISCUSSION**

The qualitative analysis of interview data with adolescents undergoing family therapy and their parents revealed six interconnected themes that demonstrate how family therapy plays a critical role in addressing the emotional, relational, and behavioral dimensions of adolescent drug abuse. These themes reflect the gradual transformation in family dynamics, communication patterns, emotional expression, and the therapeutic reconfiguration of parental roles throughout the intervention process.

### *Rebuilding Trust and Emotional Connection*

Drug abuse was often preceded by a long-standing erosion of emotional intimacy within the family. Adolescents shared how their families either ignored early signs of distress or responded with harsh discipline, further widening the trust deficit. Many adolescents reported feeling judged, unheard, and unimportant, especially in households with authoritarian parenting. One adolescent noted, *"They only talked to me when I messed up. I felt invisible the rest of the time."* Parents too reflected on their limited communication and

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emotional disconnection. One father admitted, *“We were so focused on punishing him for drugs that we didn’t realize how alone he felt.”*

Therapy sessions served as a medium for re-establishing emotional safety, where trust could be rebuilt through facilitated dialogues, honest confessions, and empathetic listening. Adolescents shared instances where, for the first time in years, they felt genuinely listened to and validated. A few even recounted emotional moments when a parent cried during a session, leading to a deep emotional breakthrough. One adolescent remarked, *“When my dad cried in therapy, I saw a different side of him. That broke the wall between us.”* This re-establishment of emotional connection marked a turning point in many recovery journeys.

### ***Family Therapy as an Emotional Outlet***

Therapy created space for emotional expression, which many families had previously avoided due to shame, fear, or cultural expectations around silence. Adolescents described the sessions as safe spaces where they could finally release built-up emotions such as guilt, fear, anxiety, and frustration without fear of punishment or stigma. One adolescent stated, *“I used to bottle everything inside. In one session, I just broke down. My mom cried too. That day changed a lot.”* Parents also acknowledged that therapy allowed them to recognize and process their own emotional distress, such as job stress, marital conflict, or unresolved trauma. One father shared, *“I didn’t know my stress at work made me so angry at home. I never apologized to my son until therapy.”*

This emotional ventilation often led to a reset in family roles, moving away from punitive cycles to compassionate coexistence. Both parents and adolescents reported feeling lighter, more connected, and more willing to engage in open communication after releasing long-held emotional burdens.

### ***Shifting from Blame to Support***

Initially, parents often blamed the adolescent solely for the addiction, sometimes using language like “spoiled,” “bad influence,” or “failure.” Therapy helped shift this narrative to shared accountability and collective healing. Parents learned to recognize family patterns that contributed to emotional neglect, including favouritism, domestic violence, or substance use history within the family. One father admitted, *“I drank secretly for years. Now I see how my child was copying me.”* Adolescents reported feeling more motivated to recover when they felt supported instead of punished. As one adolescent said, *“They’re not just angry now—they ask how I’m doing, even on days I’m struggling.”*

Families began to adopt new roles. Parents became accountability partners, siblings served as emotional anchors, and adolescents emerged as active participants in their recovery, rather than passive subjects of discipline. The perception of the adolescent shifted from that of a defiant child to a struggling individual in need of care and empathy.

### ***Communication: Learning to Talk and Listen***

Before therapy, communication patterns were often characterized by yelling, silence, sarcasm, or avoidance. Adolescents reported that every conversation felt like a confrontation. One adolescent explained, *“Every time I tried to talk, it became a fight. I stopped talking altogether.”* Meanwhile, parents felt ignored or disrespected, which often reinforced cycles of control and rebellion.

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Therapy introduced structured techniques for better communication, such as reflective listening and non-violent expression of emotions. Adolescents began to learn emotional vocabulary and the confidence to express themselves. One adolescent stated, *“Now when I feel angry, I say ‘I need space’ instead of slamming doors.”* Parents learned to listen without interrupting or moralizing, creating a climate of non-judgmental understanding. One mother shared, *“My son told me things he had kept in for years. We were both crying. It felt like a new beginning.”* These communication improvements extended into everyday life, helping families reduce tension, resolve conflicts more constructively, and promote emotional safety.

### ***Cultural Barriers and Stigma in Engaging with Therapy***

While most families ultimately found value in therapy, initial resistance was common, especially in traditional households. Cultural stigma around mental health and addiction, combined with feelings of shame, often delayed the decision to seek family-based intervention. Some fathers refused to attend early sessions, considering therapy “a Western thing” or “not for real men.” One father eventually reflected, *“I thought talking about feelings was weak. But it saved my daughter’s life.”*

Gender roles also influenced how emotions were expressed. Male adolescents were often discouraged from showing vulnerability; therapy gave them the freedom to cry, admit failure, or ask for affection. One adolescent shared, *“I never said ‘I love you’ to my mom before. I do now, after therapy.”* Therapists who were culturally aware—using local language, involving elders when needed, and respecting religious beliefs—played a key role in easing resistance and building trust in the process.

### ***Relapse Prevention and Long-Term Engagement***

Family therapy contributed to a significant reduction in relapse triggers, not only by addressing emotional needs but also by introducing structural changes in the home. Many adolescents noted that with consistent family involvement, their desire to use drugs diminished because they felt valued, monitored, and cared for. One adolescent observed, *“Before, I could come home high and no one noticed. Now, my dad waits for me after school. That makes a big difference.”*

Family routines changed to include joint meals, shared responsibilities, and consistent emotional check-ins. Adolescents expressed a newfound sense of belonging and accountability. As one adolescent put it, *“Before, I didn’t care what happened. Now, I don’t want to break their hearts again.”* However, a few participants mentioned relapsing during exam stress or after family conflict, indicating the importance of long-term engagement. One mother recounted, *“We thought he was cured. We stopped sessions. That’s when he relapsed.”* These experiences underscored the importance of ongoing support and periodic follow-up sessions to sustain progress.

The qualitative analysis illustrates that family therapy serves not merely as a clinical tool but as a transformative relational process. It facilitates emotional expression, reframes conflict, restores trust, and reconfigures family roles in ways that are essential to adolescent recovery. Despite cultural resistance and emotional discomfort, family therapy proves to be a powerful, human-centered intervention capable of rebuilding relationships, restoring dignity, and reinforcing long-term behavioural change. The experiences of the adolescents and their families demonstrate that addiction is not just a medical or psychological issue—it is also

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deeply relational. By addressing these relational wounds, family therapy enables a more sustainable and compassionate path to healing.

*Table 1: Summary of Consolidated Themes & Outcomes*

Theme	Key Findings
<b>Rebuilding Trust</b>	Emotional reconnection, reduced hostility, increased empathy
<b>Emotional Outlet</b>	Catharsis, mutual vulnerability, reduced emotional repression
<b>Shifting Blame to Support</b>	Family accountability, change in perception of addiction, increased motivation
<b>Communication Improvement</b>	Decrease in conflict, better conflict resolution, emotional literacy
<b>Cultural Barriers &amp; Resistance</b>	Gender roles, stigma, cultural reinterpretation of therapy
<b>Relapse Prevention &amp; Sustainability</b>	Routine restructuring, accountability, relapse triggers managed

### DISCUSSION

The findings of this study highlight the transformative potential of family therapy in addressing adolescent drug abuse through the lens of emotional healing, relational restructuring, and systemic support. Family therapy is not merely a corrective behavioral tool but a holistic framework that reorients families toward empathy, shared accountability, and long-term recovery. These results align with family-based intervention models like Multidimensional Family Therapy (MDFT), which stress the importance of parental involvement, emotional attunement, and systems-level change (Liddle et al., 2001).

One of the most significant themes emerging from this study is the process of rebuilding trust. Adolescents in therapy reported that emotional safety and openness were foundational to their recovery. This finding supports Bowen's Family Systems Theory (Kerr & Bowen, 1988), which emphasizes the importance of differentiation and emotional closeness in family health. Trust was not only rebuilt through open communication but also through symbolic acts of care, consistent presence, and mutual emotional disclosures. These developments align with previous studies by Diamond and Liddle (1996), who argue that relational repair is a necessary precondition for therapeutic compliance in adolescent populations.

Therapy also provided a rare opportunity for adolescents to express emotions often suppressed in traditional family settings. Indian cultural norms, especially for boys, discourage emotional vulnerability, reinforcing unhealthy coping mechanisms like substance use (Ranganathan & Kurien, 2012). The emotional release described by participants supports Carl Rogers' notion of unconditional positive regard, where healing begins when individuals feel accepted regardless of their actions (Rogers, 1951). The therapy space thus became an emotionally corrective experience for both adolescents and parents.

A major shift documented during therapy was the redefinition of family roles—from judgmental and disciplinary to supportive and nurturing. In the early stages, many parents viewed their child's addiction as a moral failure. Through therapy, they began to understand addiction as a relational symptom, not an isolated pathology. This transition reflects the

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principles of Functional Family Therapy (Alexander & Parsons, 1982), which promotes systemic responsibility and emphasizes the role of family dynamics in behaviour development. Studies have shown that when families share responsibility for recovery, relapse rates significantly decline (Rowe & Liddle, 2003).

Improvements in communication were among the most concrete and sustainable outcomes. Before therapy, families exhibited high-conflict, low-empathy communication patterns. Therapy helped them develop emotional literacy, constructive conflict resolution, and active listening skills. These findings are consistent with Santisteban et al. (2003), who identified communication training as a core component of family-based interventions for substance abuse.

Another layer of complexity emerged from the cultural context. Families initially resisted therapy due to stigma, lack of awareness, and traditional beliefs about parenting and masculinity. Such resistance has been documented in Indian settings, where mental health is often medicalized or moralized (Sharma & Tripathi, 2015). Fathers were especially hesitant, perceiving therapy as intrusive or shameful. However, culturally sensitive therapists—who respected linguistic, gender, and generational contexts—successfully helped families engage. This aligns with Naqvi et al. (2014), who argue that culturally adapted therapy models increase treatment retention and improve therapeutic outcomes in minority populations.

Finally, the study underscores the preventive role of family therapy in relapse. Adolescents who experienced emotional closeness, family routine, and shared responsibility for recovery reported fewer urges to use substances. These outcomes reflect findings by Waldron and Turner (2008), who noted that the presence of positive parental involvement during and after therapy was a key factor in sustaining behavioural change. However, some participants experienced relapse when therapeutic follow-up was lacking or when family engagement waned, pointing to the need for aftercare systems such as community-based support, booster sessions, and school-based reinforcement.

In conclusion, the discussion of these findings confirms that adolescent drug use cannot be treated in isolation. Addiction is embedded in complex emotional and relational ecosystems. Family therapy, when culturally responsive and emotionally grounded, offers a comprehensive strategy to address not only the addiction but also the family conditions that maintain or challenge it. The experience of recovery, as observed in this study, is not linear but deeply intertwined with familial narratives, structural dynamics, and emotional healing.

### **CONCLUSION**

This study highlights the transformative role of family therapy in treating adolescent drug abuse, particularly within the Indian socio-cultural context where emotional expression, communication gaps, and stigma often hinder early intervention and recovery. Through qualitative analysis of adolescent and parent experiences, the research demonstrates that family therapy goes beyond addressing substance use alone—it facilitates emotional healing, rebuilds broken trust, and restores functional family dynamics. The therapeutic space becomes a medium for adolescents to express repressed emotions and for families to shift from blame-based narratives to collaborative support systems.

The findings emphasize that effective addiction recovery must be rooted in relational repair. Adolescents are more likely to engage in and sustain recovery when they feel understood,

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supported, and emotionally connected to their caregivers. Improved communication, greater empathy, and shared responsibility emerged as key enablers of behavioral change. However, challenges such as cultural resistance, gender-based emotional suppression, and inconsistent follow-up highlight the need for greater awareness, long-term engagement, and culturally adapted therapeutic practices.

By addressing both the emotional and structural aspects of adolescent addiction, this study contributes to a more nuanced understanding of family-based interventions in India. It calls for integrating family therapy more systematically into de-addiction programs, alongside public education campaigns to reduce stigma and enhance early engagement. As adolescent substance abuse continues to rise, family therapy offers a sustainable, empathetic, and culturally responsive path toward recovery and resilience.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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