APPLICATION OF THEORETICAL FRAMEWORK AND THE U.S TREATMENT MODELS TO ALCOHOL AND DRUG TREATMENT FOR ADOLESCENTS IN VIETNAM

VẬN DỤNG LÝ THUYẾT VÀ MÔ HÌNH ĐIỀU TRỊ CỦA MỸ VÀO ĐIỀU TRỊ CAI NGHIỆN CHO THANH NIÊN Ở VIỆT NAM

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***Abstract**: Social learning theory (SLT) and the Trans-theoretical model (TTM) successfully point out the significant impact of individual self-efficacy, family socialization process, and peer influence on the development and cessation of adolescent alcohol and drug use. Motivational interviewing (MI), multidimensional family therapy (MDFT), and 12 step programs, which are based on SLT and TTM, demonstrate their effectiveness for encouraging intrinsic motivation for change, securing family members involved in the treatment process, and establishing peer support for adolescents with alcohol and drug problems in the United States. This paper aims to provide an overview of the correlation between the theoretical framework and the treatment models in alcohol and drug treatment, and to analyze the application of the models to alcohol and drug treatment for adolescents in Vietnam, using secondary data analysis. Despite various challenges, the application of these models to alcohol and drug treatment for adolescents in Vietnam has numerous strengths.*

***Keywords**: Social learning, trans-theoretical model, the US treatment models, alcohol and drug treatment, adolescents.*

***Tóm tắt:** Thuyết Học tập xã hội (SLT) và Mô hình liên Lý thuyết về sự thay đổi (TTM) đã nêu bật được những ảnh hưởng quan trọng của năng lực bản thân của các cá nhân, quá trình tương tác xã hội, và bạn bè đến việc sử dụng và chấm dứt sử dụng các chất ma túy và đồ uống có cồn ở thanh niên. Phỏng vấn tạo động lực, trị liệu gia đình và chương trình 12 bước dựa trên nền tảng thuyết Học tập xã hội và Mô hình liên Lý thuyết về sự thay đổi đã cho thấy hiệu quả trong việc khuyến khích thay đổi hành vi ở các cá nhân, thu hút sự tham gia của các thành viên gia đình vào quá trình điều trị, và thiết lập mối quan hệ trợ giúp của bạn bè đối với những thanh niên nghiện ma túy và đồ uống có cồn ở Mỹ. Bài viết này đưa ra góc nhìn tổng quát về mối liên quan giữa các lý thuyết và mô hình điều trị nêu trên trong việc*

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cai nghiện, đồng thời phân tích việc áp dụng những mô hình đó vào điều trị cai nghiện cho thanh niên ở Việt Nam, thông qua phân tích dữ liệu thứ cấp. Mặc dù thách thức có thể hiện hữu, áp dụng các mô hình này vào điều trị cai nghiện cho thanh niên ở Việt Nam cho thấy rất nhiều lợi thế.

***Keywords**: Thuyết Học tập xã hội, mô hình liên Lý thuyết về sự thay đổi, mô hình điều trị của Mỹ, điều trị nghiện rượu và ma túy thanh niên.*

1. Introduction

Alcohol and drug addiction are problematic in Vietnam for years. According to the World Health Organization (WHO, 2018), alcohol consumption in Vietnam was 22.8 liters per capita in 2016, which is much higher than that of other countries. Meanwhile, a recent report by the Vietnam Ministry of Labor, Invalids and Social Affairs (2020) revealed that there were 246,500 registered drug addicts in the country as of the end of December, 2019. However, the real number is thought to be much higher. Adolescents and young adults are the most vulnerable sub-populations, accounting for 85 percent of the total drug addicts in Vietnam. The problems of alcohol and substance abuse have become uncontrollable in recent years (WHO, 2018). Presently, social problems associated with alcohol and drug use have spread throughout the 63 provinces in the country, and are contaminating the lives of many young Vietnamese citizens (WHO, 2018).

Studies show that substance use disorders are associated with adolescent morbidity and mortality (Sussman et al., 2008; DHHS, 2007). Underage binge drinking is strongly correlated with health risks such as physical problems, unprotected sexual activity, physical and sexual assault, high risk for suicide and homicide, memory problems, changes in brain development, and even death from alcohol poisoning (Miller et al., 2007). Illicit drug use is attributable to negative health status outcomes such as cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis B and C, lung disease, and mental health disorders among adolescents (NIDA, 2010).

Underage binge drinking and illicit drug use are also strong predictors of poor academic performance and increased school drop-out (Chatterji, 2006; Malhotra & Biswas, 2006). Adolescent substance use has a negative impact on peer relationships because it can create pressure for other's substance use (Curran et al., 1997; Farrell & White, 1998). Moreover, adolescents with alcohol and drug problems are likely to be involved in violent activities and commit crime (Corwyn & Benda, 2002; Popovici et al., 2012).

In Vietnam, individuals with substance use disorders suffer from social stigma. Most Vietnamese, including health practitioners, regard drug addiction as a "moral weakness" or "social evil" rather than a medical disease (World Bank, 2011). Drug addicts are often avoided or isolated by their neighbors and friends. Social stigma significantly hinders individuals with alcohol and drug problems from having access to treatment services (McFarling et al, 2011); and is a barrier when seeking help (Erickson, 2007; Gorman, 2014).

In Vietnam, together with social stigma, inadequate and ineffective treatment has a negative impact on treatment outcome for individuals with alcohol and drug problems. Currently, the country has 145 residential treatment centers nationwide, including 123 state-owned and 22 private centers (MOLISA, 2020). However, treatment effectiveness is questionable; approximately 90 percent of the client's relapse after treatment (Martin et al., 2009) compared to approximately 40 to 60 percent in the U.S. (NIDA, 2009). Most of the centers have stand-alone programs, which primarily focus on drug addiction instead of co-occurring disorders (Martin et al., 2009). Many drug addicts hesitate to enrol in treatment services because they do not believe in the effectiveness of the current treatment programs.

Staff qualification is one of the major concerns for drug treatment programs in Vietnam. The majority of the treatment staff lack appropriate professional knowledge and are unable to effectively and comprehensively communicate with clients (Nguyen et al., 2012). The clinician-client relationship is hierarchical, which is a huge barrier to establishing therapeutic rapport, and fails to encourage client motivation for positive change. Additionally, the current behavioral treatment methods and the forced labor therapy are of concern because they are rigid and dogmatic, which discourage clients' intrinsic motivation to change. Family factors, which are influential in individuals' initiation of drug use and treatment outcomes (Tobler & Komro, 2010) are vaguely addressed in the last phase of treatment program when individuals are preparing to leave the program and re-engage with society (UNODC, 2010). There are too few training and support services for family members to cope with the crisis caused by their loved one's substance use disorder.

Given the alcohol and drug problems among adolescents in Vietnam, negative consequences of the problems, and barriers related to treatment such as social stigma, lack of effective treatment models, the purpose of this literature review is to examine the correlation between theoretical framework and treatment models for alcohol and drug problems in the U.S, and to analyze the application of these models to treatment for adolescents in Vietnam. Specifically, this paper focuses on the conceptual framework of Social learning theory (Bandura, 1977), Trans-theoretical Model (Prochaska & DiClemente, 1984), and the connection of the frameworks to alcohol and drug problems. Importantly, it analyzes the strengths and challenges in the application of three treatment models - motivational interviewing, multidimensional family therapy, and 12 step programs, which are strongly connected with Motivational Interviewing and Trans-theoretical Model, to alcohol and drug treatment programs for youth in Vietnam.

2. Theoretical framework

From a life course perspective Social learning theory (Bandura, 1977) predicts and explains how and why adolescents initiate their use of substances and become addicted through observation, imitation, and modelling of substance use behaviors. The theory emphasizes the importance of self-regulation or self-efficacy (Bandura, 1986) in explaining why many are vulnerable to substance use, while others successfully immunize themselves against the use of substances. Meanwhile, the trans-theoretical model (Prochaska & DiClemente, 1984) explains the way in which adolescents with substance use disorders have

different perceptions about their problems, and the way in which they react to their disorder. Some individuals want to change, and others do not. For those who want to change, their readiness for change is different from each other.

2.1. Social learning theory

Social learning theory suggests there is a continuous and reciprocal interaction between individuals' cognition and behaviors and environmental dynamics at play in the development of human behavior. According to Bandura (1977), individual behaviors are not inborn but must be learned. The theory emphasizes the importance of environmental factors in the development of individual behaviors. SLT utilizes key concepts such as observational learning, imitation, modelling, and self-efficacy to explain this manifestation. Bandura (1977) makes clear human behaviors are learned observationally. Individuals' observational learning is acquired by their attention to and retention of activities which are determined by interpersonal interactions and behaviors of people with whom the individuals regularly associate; individuals and small groups who make up their social-ecological system. Imitation occurs when individuals want to convert their symbolic behaviors into actions. Modeling is the stage in which individuals have strong motivation to deliberately shape their behaviors in accordance with symbolic behaviors. Self-efficacy reflects individuals' ability to understand, evaluate, and alter their own thinking, which allows them to have different responses to what they observe.

There is a strong correlation between SLT and adolescent substance use. Due to their immature brain development, adolescents' cognition and behaviors are largely impacted by the behaviors of family members and friends with whom they regularly interact. According to the theory, adolescents are vulnerable to alcohol and drug use through regular observation and interaction with family members or peers who uses the substances. Regular observation and interaction make adolescents attend to, memorize, and want to imitate the substance use behavior of family members and peers.

Studies on application of SLT to examine the influence of parental substance use on their children have revealed that children whose parents frequently use alcohol and drugs are more likely to use the substances than children of those who do not (Windle 2000; Drapela & Mosher, 2007; Miller et al., 2008). There is also a strong correlation between sibling's substance use and initiation of adolescent substance use. For example, adolescents who witness or perceive benefits of alcohol and drug use from their elder siblings are more likely to use the substances (Windle, 2000). Together with parents and siblings, peers also play a very important role in initiation of substance use among adolescents. Those who perceive greater peer approval of substance use are more likely to report lifetime alcohol and marijuana use regardless of their own personal definitions (Miller et al., 2008). Previous research findings have confirmed that peer substance use has direct effects on adolescent substance use via peer pressure (Windle, 2000; Bahr, Hoffmann, & Yang, 2005; HeavyRunner-Rioux & Hollist, 2010), and even stronger effect on adolescent drug use than parental influence (Windle, 2000). According to Bandura, individuals selectively learn what they see, and they do have an ability of self-regulation. Therefore, those who have negative perceptions about alcohol and drug use and are able to regulate their behaviors can avoid negative influences from family members and friends.

SLT is effectively applied to alcohol and drug treatment by using peer educators as positive models for adolescents. The Teams, Games, and Tournaments treatment program, combined with family therapy, anger management, and alcohol and drug abuse education, shows its effectiveness in helping adolescents reduce their alcohol use and aggressive levels (Wodarski, 2010). This theory views adolescents' cognitive and behavioral development in an interrelated and reciprocal relationship with other surrounding entities, especially family members and friends (Bandura, 1977). SLT provides great guidance for clinicians to understand adolescents with alcohol and drug problems and work effectively with them. The theory can also be used for alcohol and drug treatment, and its application to treatment can be effective when it is combined with other treatment methods.

2.2 The Trans-theoretical Model

The Trans-theoretical model predicts and explains how people perceive and change their behaviors with application of psychotherapy (Rossi & Redding, 2008). TTM focuses on individuals' perception about their problems and their readiness for change (Prochaska & Velicer, 1997; DiClemente, 2007). Regarding substance use, the theory requires individuals' active cooperation and collaboration to change and maintain their abstinence (DiClemente, 2007).

Proschaska and DiClemente (1984) have synthesized four main constructs of TTM including (1) five stages of change, (2) ten processes of change, (3) decisional balance, and (4) self-efficacy. The five stages of change consist of pre-contemplation, contemplation, preparation, action, and maintenance. Individuals do not change their behaviors during pre-contemplation and contemplation as they either do not realize their problems or have ambivalent feelings about their problems. The ten processes of change can be divided into two main categories including cognitive and behavioral processes. Cognitive processes have five elements namely consciousness raising, dramatic relief, environmental re-evaluation, social liberation, and self-re-evaluation. The behavioral processes consist of contingency or reinforcement management, counter-conditioning, helping relationships, self-liberation, and stimulus control. Decisional balance involves in pros and cons of change. Pros of change often increase in pre-contemplation-contemplation-preparation stages; meanwhile, cons of change often decrease during contemplation-preparation stages. Self-efficacy reflects individuals' confidence to move to healthy changes, or individual's temptation to engage in unhealthy behaviors.

Table 1: *Trans-theoretical model constructs*

Constructs	Description
Stages of change	
Precontemplation	Has no intention to take action within the next 6 months
Contemplation	Intends to take action within the next 6 months
Preparation	Intends to take action within the next 30 days and has taken some behavioral steps in this direction
Action	Has changed overt behavior for more than 6 months
Maintenance	Has changed overt behavior for more than 6 months

Constructs	Description
Decisional balance	
Pros	The benefits of changing
Cons	The costs of changing
Self-efficacy	
Confidence	Confidence that one can engage in the healthy behavior across different challenging situations
Temptation	Temptation to engage in the unhealthy behavior across different challenging situations
Processes of change	
Consciousness Raising	Finding and learning new facts, ideas, and tips that support the healthy behavioral change
Dramatic relief	Experiencing the negative emotions (fear, anxiety, worry) that go along with unhealthy behavioral risks
Self-reevaluation	Realizing that the behavioral change is an important part of one's identity as a person
Environmental	Realizing the negative impact of the unhealthy behavior or the reevaluation positive impact of the healthy behavior on one's proximal social and physical environment
Self-liberation	Making a firm commitment to change
Helping	Seeking and using social support for the healthy behavioral change relationships
Counterconditioning	Substituting healthier alternative behaviors and cognitions for the unhealthy behaviors
Contingency management	Increasing the rewards for the positive behavioral change and decreasing the rewards of the unhealthy behavior
Stimulus Control	Removing reminders or cues to engage in the unhealthy behavior and adding cues or reminders to engage in the healthy behavior
Social Liberation	Realizing that the social norms are changing in the direction of supporting the healthy behavioral change

Trans-theoretical model shows its effectiveness in stimulating individuals' motivation of self-change (DiClemente, 2007). Velicer, Prochaska, Fava, Norman, & Redding (1998) found that TTM has advantages over traditional interventions in recruiting clients, having higher retention rate, and achieving better outcomes for health behavioral changes. The theory offers a solid theoretical foundation through addressing important constructs such as stages of change, decisional balance, confidence, and temptation, which are useful for understanding and facilitating the process of intentional behavioral change among individuals with SUD (Velasquez et al., 2005); and provides useful guidelines for Motivational Interviewing in numerous studies on substances. For example, combination of

TTM and Motivational Interviewing has shown to have positive effects on alcohol reduction and HIV prevention (Parsons et al, 2004).

For adolescents, TTM has shown its effectiveness as an application to behavioral change and cessation of substance. Robinson and Vail (2012), who conducted a review of TTM randomized control trials and observational studies, found that TTM-based interventions were very effective in witnessing behavioral changes and promoting cessation of substance among adolescents. The constructs of TTM provide useful guidelines for clinicians to understand clients' readiness for change as well as clients' ability to identify and cope with their alcohol and drug problems, from which clinicians can make a suitable treatment plan for each client. The theory also helps clinicians recognize the importance of clients' motivation and their active engagement in treatment in ensuring positive treatment outcomes.

3. Three typical U.S treatment models

Constructs of SLT and TTM emphasize the influence of personal and environmental factors on the cognitive and behavioral development during adolescence. Three treatment models including Motivational Interviewing, Multidimensional family therapy, and 12 step programs, which focus on individuals' motivation and support from families and peers, are discussed here. Motivational Interviewing stimulates adolescents' motivation for voluntary changes, especially from pre-contemplation to contemplation and preparation. Multidimensional family therapy strengthens the relationship among family members, and improves family environment. Meanwhile, 12 step programs enhance social network and peer support for adolescents to promote abstinence and remain in recovery.

3.1. Motivational Interviewing

Motivational interviewing is person-centered, directive, and focuses on goal-oriented communication to promote intrinsic motivation for change through helping clients realize and cope with their ambivalence (Miller, 1983). Clinicians use persuasive and supportive strategies to elicit clients' own argument for change instead of imposing them for change (Miller & Rollnick, 1991). MI consists of five main principles including (1) Express empathy, (2) Develop discrepancy, (3) Avoid argument and direct confrontation, (4) Adjust to client resistance, and (5) Support self-efficacy (Miller & Rollnick, 1991).

MI lays a theoretical foundation for Motivational Enhancement Therapy (MET). MI and MET have been widely applied to adolescent substance abuse treatment programs. In a qualitative review of the use of MET for adolescent substance use in various aspects such as theoretical framework, methodologies, and its application to adolescent alcohol problem, Tevyaw & Monti (2004) found that major tenets of the intervention were suitable and effective for adolescents. In addition, the review confirmed that the combination of MET with family therapy was effective for adolescents with substance use disorders and other severe problems (Tevyaw & Monti, 2004). Similarly, Barnett et al (2012) concluded that the combination of group and individual sessions demonstrated more positive effects on adolescent substance use than individual intervention alone. The effectiveness of MI and MET largely depends on how clinicians adhere to the principles of the interventions, and the combination of MI or MET with other interventions has a more positive effect on treatment outcomes than MI alone (Tevyaw & Monti, 2004).

3.2. Multidimensional Family Therapy

Multidimensional Family Therapy (MDFT) is an integrative, family-based, and multiple-system-oriented treatment for adolescent drug abuse and related behavioral problems (Liddle, 2002). MDFT works with adolescents and their families in four interdependent domains including (1) the adolescent domain, (2) the parental domain, (3) the family interactional domain, and (4) the extra-familial domain. The adolescent domain aims to stimulate adolescents' engagement into treatment, promote their effective communication with peers and adults, make adolescents clearly understand the consequences of drug use, and develop pro-social activities. The parental domain helps parents enhance their parenting skills, increase their behavioral and emotional involvement with adolescents. The family interactional domain deals with family conflicts, improves emotional attachment, parent-child communication, and problem-solving skills. The extra-familial domain helps families establish relationships with social systems that adolescents interact.

MDFT demonstrates its effectiveness in adolescent substance abuse treatment in various aspects such as reducing substance use, decreasing peer delinquency, improving parent-child relationship, and increasing school attendance and academic performance (Liddle et al., 2009; Austin, MacGowan, & Wagner, 2005). MDFT is widely applied to adolescents with alcohol and drug problems in various treatment settings. Research findings strongly support its effectiveness in helping adolescents cope with their alcohol and drug problems. Austin et al. (2005), in a meta-analysis of randomized clinical trials, found MDFT was the only family-based intervention which was statistically and clinically significant in reductions in adolescent substance use at termination and 12-month follow-up. Similarly, in a review of controlled studies, Vaughn & Howard (2004) found that of the 24 different treatments, MDFT received the highest level of effectiveness in reductions in adolescent alcohol and drug use, and the treatment method continued to be effective up to 12 months after treatment.

MDFT confirms countless strengths in treatment for adolescents with substance use disorders because it brings adolescents and their family members together during the treatment process, provides them with information about consequences of the SUD, and equips them with the necessary problem-solving skills. In addition, it is effective in a variety of settings and has long term efficacy by reducing adolescent substance use, improving parent-child relationship, and increasing academic performance (Liddle et al., 2009; Austin et al., 2005; Liddle et al., 2001).

3.3. Twelve-step programs

Twelve-step programs are based on a traditional medical disease model which views alcoholism and addiction as physical, mental, emotional, and spiritual illness (AA, 2001). The programs require members to have complete abstinence from alcohol and drugs. Basically, 12-step programs provide guidelines for organizational structure and members' process of change. Twelve step programs operate on the basis of self-supporting and emphasize the importance of members' belief in God or another form that can help them delay or stop thoughts of using alcohol and other drugs (AA, 2001). Participation is voluntary and the only requirement for members is abstinence. Members help each other stay clean by sharing their struggles with abstinence as well as problem-solving skill in group meetings. The program highlights the role of friendship and social support from peers in helping members

maintain their sobriety. The two largest 12 step programs are Alcohol Anonymous (AA) and Narcotics Anonymous (NA).

Sussman (2010) conducted a comprehensive review of 19 studies to examine the effectiveness of AA and NA for adolescent with alcohol and drug problems. The review included eight studies on marijuana, five on alcohol, three on stimulants, and three on other drugs, implementing in diverse settings such as inpatient (12 studies), day treatment patient (one study), outpatient (four studies), and combination of inpatient and outpatient (two studies). Results of the study demonstrated that AA and NA interventions were superior to no treatment, and that participants' abstinent percentage averaged 30% to 40% across studies at different time points from three months to more than two years.

Studies show that regularly attending 12 step program meetings is very critical to ensure the effectiveness of the programs; those who regularly attend 12 step program meetings are more likely to be abstinent from both alcohol and drug use than those who do not or rarely attend the meetings (Sussman, 2010; Chi et al., 2012). Besides, religiosity plays a very important role in encouraging adolescents' participation in the programs. In a study on the influence of lifetime religiosity on treatment outcomes for adolescents who had substance use disorders and co-occurring co-morbidity, Kelly et al. (2011) concluded that adolescents who had greater lifetime formal religious practices were more likely to participate in 12 step meetings and help others, which in turn increased their abstinence.

Twelve step programs are effective when they are combined with other treatment methods. The programs help adolescents establish a social network from which they can help each other maintain their abstinence. This is critical because peer support and friendship are two important factors which help adolescents in their recovery. The effectiveness of the programs largely depends on meeting attendance and religiosity. The more adolescents attend AA/NA meetings the more likely they can achieve their abstinent goal. High formal religiosity encourages teens to regularly attend AA/NA meetings and help other peers, which consequently improve their treatment outcomes (Kelly et al., 2011).

4. Application of the U.S treatment models to Vietnamese culture

As stated above, alcohol and drug problems among adolescents in Vietnam are concerning, meanwhile, the effectiveness of treatment services is questionable due to numerous reasons such as rate of relapse and barriers to treatment. Therefore, application of the U.S treatment models to drug treatment in Vietnam is necessary since they will bring new perspectives to drug treatment in the country. Successful adaptation of the models will provide adolescents with alcohol and drug problems in the country with more options for treatment and contribute to improvement of treatment outcome.

The facts show that the current relationship between treatment staff and substance users in Vietnam is hierarchical, which fails to motivate them to move towards positive change. Motivational interviewing will stimulate intrinsic motivation for voluntary change among adolescents with alcohol and drug problems. This model will make them feel that they are treated as human beings, which encourages them to access to treatment services, stay in the treatment programs, and maintain a therapeutic relationship with clinicians – the most important factors ensuring positive outcome of treatment services. To effectively

apply MI to drug treatment in Vietnam, treatment staff must be trained on principles of MI and strictly adhere to the principles when working with their clients. Specially, treatment staff should start from where the clients at, help them understand their current problems, and stimulate positive change in their behaviors instead of using administrative orders. Such significant change in the relationship between treatment staff and adolescents with alcohol and drug problems will have positive impact on their cognition and behaviors and ultimately improve treatment outcome.

In Vietnamese culture, family bond is highly valued and support from family members is critical for adolescents during treatment. However, the role and participation of family members in the current treatment process are unclear. Therefore, application of Multidimensional Family Therapy to drug treatment in Vietnam is needed and supportive for treatment outcome. It is recommended that treatment staff should get family members actively involved in treatment process, which provides adolescents with more support and resources. Treatment staff should work closely with family members to stimulate adolescents' engagement in treatment, maintain positive communication with treatment staff and family members, and follow their treatment plan. Support from family members will strengthen intimate relationship in the family and make adolescents feel secured, which eventually have positive impact on treatment outcome. It is unfortunate that not all parents know how to properly educate their children. Thus, clinicians should provide them with necessary parenting skills to understand their children' behaviors and emotion from which they can timely provide appropriate support when needed. Active involvement from family members will surely improve the effectiveness of the current treatment services for adolescents with alcohol and drug problems in Vietnam.

Presently, alcohol and drug treatment programs in Vietnam mainly focus on residential settings and post-treatment support is a great concern. In many cases, adolescents are unable to maintain their sobriety after treatment. Thus, it is necessary to have recovery programs like Twelve-step programs for adolescents to participate in community. Such programs will mobilize support from peers for adolescents with alcohol and drug problems to help them remain in abstinence after detoxification at residential programs. It is recommended that clinicians should help adolescents understand about major tenets of Twelve-step programs and establish a network of peer support for them. Clinicians should also work closely with them to make a feasible plan and encourage their active participation in Twelve step meetings. Implementation of Twelve-step programs will help adolescents on recovery stay away from negative influences and seek support from peers when have to deal with relapse.

Application of the three U.S treatment models to alcohol and drug treatment to Vietnamese culture will create a significant change in treatment services since they deal with the problems at multiple levels (individual, family, and community). Such change will have positive impact on the current treatment programs, which ultimately help many adolescents with alcohol and drug problems in the country overcome their problems. Due to differences in culture and social systems, the application of these models will have strengths and challenges.

4.1. Strengths of the models

The current drug treatment programs in Vietnam are characterized by mandatory treatment and forced labor therapy in rehabilitation camps. Abstinence is the only main goal of the programs. Thus, application of MI, MDFT, and 12 step programs will bring other

perspectives, which are client-centered and goal-oriented, to alcohol and drug treatment for adolescents in Vietnam. Acceptance of the principles of MI will encourage more individuals who are not ready for positive changes to seek treatment services and minimize harmful effects of their problems on themselves and others.

Social learning theory emphasizes the importance of self-efficacy and the influence of environmental factors such as family and friends on the development or cessation of alcohol and drug problems among adolescents. Application of MI, MDFT, and 12 step programs will help adolescents with alcohol and drug problems in Vietnam systematically deal with their problems at the individual, family, and community levels. Quite a few young Vietnamese do not want to accept their alcohol and drug problems (pre-contemplation); are ambiguous about their substance use (contemplation); and do not believe they have the capacity (self-efficacy) to change. Application of MI can help them understand their problems, evoke their intrinsic motivation, and improve their self-efficacy for positive changes. These treatment strategies are critical to ensure long-term positive change.

In modern time, Vietnamese parents have less time for their children due to the pressure of employment. Results from a national survey in 2006 revealed that as many as 6.8 percent of mothers and 21.5 percent of fathers in Vietnam had no time at all to care for their children (UNICEF, 2006). Besides, many parents do not understand child development, or how to communicate effectively with their children. Lack of supervision, knowledge of developmental stages, and communication exchange may result in the development of addictive behaviors or the return to substance use behaviors of many adolescents. Application of MDFT will enhance parent-child relationships, provide parents and their children with necessary skills to cope with SUDs, and seek support from other social systems.

In Vietnam, extended families are highly valued and it is common to see three or more generations living under the same roof. The percentages of three-generation households in Vietnam are 35.7 percent and 31.4 percent in urban and rural areas respectively (UNICEF, 2006). In their role as care-takers, grandparents are influential in the cognitive and behavioral development of their grandchildren because they regularly interact with them while their parents are at work. Therefore, the inclusion of grandparents in the treatment process would make MDFT more effective. This method of treatment will help both parents and grandparents understand their substance use problems and provide them with appropriate parenting skills to cope with the problems. Multidimensional family therapy will add a "goodness of fit" perspective the treatment outcomes when it is applied to the Vietnamese culture.

Adolescents spend much more time at school and in community with peers than with their family members at home. Thus, peers have a great influence on the cognitive and behavioral development of adolescents. Establishing peer support is needed for adolescents to deal with their developmental challenges, as sometimes it is easier to share problems with friends than with their parents. Twelve step programs can help encourage adolescents with alcohol and drug problems to learn positive models from peers and help each other maintain their sobriety during recovery.

4.2. Challenges

In tandem with their strengths, application of MI, MDFT, and the 12 step programs to Vietnam may have some challenges. The majority of the current treatment programs in

Vietnam are government-administered, which are often rigid in structure and conservative in treatment methodology. The relationship between clinicians and clients is hierarchical and this nature of the relationship has been maintained for years. Clinician- client communication is usually one directional, where clinicians are tellers and clients are passive followers. These elements are challenging for the application of MI. It may take a long time to change the current treatment philosophy to make clinicians more client-centered. In addition, lack of adequate training and professional knowledge will significantly hinder treatment staff to effectively implement MI, MDFT, and the 12 step programs. Meanwhile, training qualified treatment staff requires great efforts, numerous resources, and ample time.

Social stigmas and cultural differences are also great concerns. As addiction is regarded a social evil, many individuals and families often try to hide their children's addictive behaviors. They may even refuse to receive treatment services or social support from outsiders. In addition, admitting one's faults to others in public are not common in Vietnamese culture. It is even impossible and humiliating for many. Besides, 82.8 percent of Vietnamese have no religion (UNICEF, 2006). These cultural factors are either against or lack concordance with the principles of Twelve step programs, which will ultimately affect treatment outcome.

5. Conclusion

This paper presents a strong connection between theoretical framework of Social learning theory and Trans-theoretical model and three treatment models including MI, MDFT, and the 12 step programs. The theories address the critical impact of individual and environmental factors on the development or cessation of adolescent alcohol and drug problems, which lay a theoretical foundation for the application of MI, MDFT, and the 12 step programs. The combination of these treatment models creates an interrelated and supportive system which deals with adolescent alcohol and drug problems at various levels (individual, family, and community). Despite social and cultural differences, these three models show numerous strengths for applying to Vietnamese culture.

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