Research findings highlight that early drop-out is a significant problem in treatment systems for substance-abusing individuals. This problem appears to be more prevalent among adolescents (Ball, Lange, Meyers, & Friedman 1988; Feigelman 1987; Ball, Lange, Meyers, & Friedman 1988; Feigelman 1987; Ball, Lange, Meyers, & Friedman 1988; Feigelman 1987; Ball, Lange, Meyers, & Friedman 1988; Feigelman 1987). More specifically, the general consensus is that runaway youth are difficult to engage and maintain in therapy (Morrisette 1992; Smart & Ogborne 1994) and are “difficult to work with” (Kufeldt & Nimmo 1987). Given that treatment attendance is often a complicating factor for successful treatment outcome (Institute of Medicine 1990), and that few studies have examined predictors of treatment attendance among runaway youth and their families, further research in this area is needed to help guide treatment providers. This review of literature examines factors associated with treatment attendance among alcohol-abusing runaway youth and their families utilising a home-based versus office-based family therapy.

Runaway youth are beset with many problems, including physical and sexual abuse, high levels of alcohol and drug use, depression, teen pregnancy, and frequent prostitution (Johnson, Aschkenasy, Hebers, & Gillenwater 1996; Zimmet, Sobo, Zimmerman, Jackson, Mortimer, Yanda & Lazenbnik 1995). The alcohol abuse rate of runaway and homeless youths is estimated to range from 70% to 85% (Rotheram-Borus, Selfridge, Koopman, Haignere, Meyer-Bahlburg, & Ehrhardt 1989; Shaffer & Caton 1984; Yates, Mackenzie, Pennbridge, & Cohen 1988), and the level of alcohol involvement in runaways is at least double that of school youths (Forst & Crim 1994). Limited evidence suggests that rates of alcohol abuse are similar to rates reported among homeless adults (Robertson 1989). Runaway and homeless youth use alcohol at a younger age and experience greater impaired social functioning owing to alcohol use compared to non-homeless adolescents (Kipke, Montgomery & Mackenzie 1993). Even given their severe alcohol abuse and related problem behaviours, one study determined that only 15% of this population of youth had ever received treatment for alcohol problems (Robertson 1989).

**Body**
- List the factors in the order of significance
- Discuss the factors in detail
- Use evidence to support your discussion
- Synthesise findings that are similar
- Compare findings that are dissimilar
- Evaluate and interpret what this means

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**Introduction**
- Introduce the topic
- Highlight the problem (or background to the problem)
- Identify the gap
- Keep it general
- Indicate the aim and scope of the review

**Note:** Some tutors do not want references in this section. Confirm with your tutor.

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**NOTE:** number of body paragraphs will depend on the length of your literature review and on the number of themes covered. Check with your tutor.
Research suggests that family disturbance is highly correlated to the act of running away, hence family therapy is identified as an important treatment to evaluate with this population. Engaging parents in counselling is almost always advisable given their involvement in precipitating the running away behaviour (Rohr & James 1994) and obvious role in reunification with their child. In fact, Teare, Furst, Peterson & Authier (1992) found that in their sample of shelter youths, those not reunified with their family had higher levels of hopelessness, suicide ideation and reported more family problems than those reunified. Youths’ perceptions of family dysfunction were significantly associated with reunification and those not reunified were at greater risk of suicide, had more overall dissatisfaction with life, and more generalised negative expectations about the future...

The review of literature identifies that there is lack of research examining factors associated with treatment engagement and attendance for runaway youth and families. The findings presented here suggest that runaway youth and their families are amenable to treatment efforts and that treatment attendance may be enhanced through providing intervention to families in their own environment. Simply moving the traditional therapy context from the office setting to the client’s home may significantly increase treatment attendance in a population considered difficulty to engage and maintain in therapy.

Example literature review adapted from:

Note: The references used in this example are dated. It is advisable that more current literature is accessed and reviewed. Findings highlighted in very old sources may not necessarily be applicable today.

Useful references

Macauley, P 2001, The literature review, Deakin University, Geelong, Victoria, Australia.