combination of supportive therapy and naltrexone, whereas the combination of naltrexone and coping skills therapy is most effective in helping the patient avoid relapses to heavy drinking.

PSYCHOPHARMACOLOGY TREATMENT RESEARCH IN DEPRESSION: IMPLICATIONS FOR CLINICAL PSYCHOLOGY PRACTICE. M. Tracie Shea. Brown University, Providence, RI.

The effectiveness of various forms of antidepressants in the treatment of depression has been well-established in placebo-controlled trials. Findings from a large multisite naturalistic study of the course of affective illness (the NIMH Collaborative Depression Study), however, have suggested that a substantial proportion of individuals with depression seeking treatment in the community receive less than adequate levels of treatment (psychotherapy or pharmacotherapy) (Keller et al., 1986). Perhaps one factor contributing to this discrepancy is the lack of clarity regarding the answers to more specific treatment-related questions, such as: When should psychopharmacology be considered in the treatment of depression? When should psychopharmacology be the treatment of choice? How long should depressed patients be treated with pharmacotherapy? More recent research has begun to shed light on such questions.

The purpose of this presentation will be to highlight recent findings from psychopharmacology research that are relevant to such treatment choices in depression. Findings will include the implications of diagnostic subtypes, symptom severity, level of functioning, chronicity and recurrence of depression, and personality traits and disorders for treatment with psychopharmacology. Other treatment considerations including speed of response and duration of treatment will also be considered. The implications of this research for clinical psychology practice will be discussed.

NEW MEDICATIONS FOR SCHIZOPHRENIA: THERAPEUTIC IMPACT AND SIDE EFFECTS. Nina R. Schooler. University of Pittsburgh, Western Psychiatric Institute and Clinic, Pittsburgh, PA.

Antipsychotic medications such as chlorpromazine were among the first effective pharmacologic therapies for mental illness. Their efficacy in the treatment of psychotic symptoms is well established. Further, they may provide the base for additional psychological therapeutic gains. However, side effects of these medications also present substantial obstacles to psychological therapies. Motoric slowing, restlessness, tremors, and even memory deficits can compromise the ability of client to profit from psychological treatment. This presentation will first review the clinical and behavioral profile of effects of currently available antipsychotic medications, focusing on effects that may enhance psychological therapies and those that may impede treatment. Second, it will examine evidence regarding the role of medication in the context of specific psychological therapies: individual treatment or psychotherapy, family treatment, and behavioral and group therapy. For the first time in 20 years there is a new drug available for treatment of schizophrenia (clozapine). Two other agents are in late stages of development and will be marketed within the next several years (remoxipride and risperidone). Finally, the presentation will compare currently marketed antipsychotic drugs to these newer compounds in terms of both efficacy and side effects. Based on this comparison (and in the absence of experimental data regarding the relationship of novel antipsychotic medication and psychological treatment), we will speculate on how the spectrum of effects of new antipsychotic medications may influence clinical psychology practice with schizophrenic patients in the future.

SYMPOSIUM

Developmental Perspectives on Substance Abuse: Childhood to Adulthood.

Chair: *Stanley W. Sadava*, Brock University, St. Catherine's Ontario, Canada.

DEVELOPMENTAL SYSTEMS THEORY AND ALCOHOLISM: ANALYZING PATTERNS OF VARIATION IN HIGH-RISK FAMILIES. E. Fitzgerald, R. Zucker and H. Yang. Michigan State University, East Lansing, MI.

The MSU Longitudinal Study involves over 250 predominantly low-SES families, 150 having fathers who meet DSM-III-R criteria for alcohol dependence or abuse (approximately 40% of the mothers also meet these criteria) and 90 in which neither the mother nor father meet such criteria. When families enter the study, they must be intact and have a biological son between the ages of 3 and 5. In this report, we focus on data from Wave 1 that pertain to parental ego functioning, maternal social support, and stress-mediated parental psychopathology (lifetime alcohol problems, antisocial behavior, current depression), and to children's temperament, behavior problems, and cognitive functioning. The biopsychosocial or developmental systems model driving this prospective study presumes that each individual has a unique developmental and experiential history.

From a developmental systems perspective, alcohol abuse is conceptualised as a life span problem with roots reaching at least to the preschool years. Our multifactorial approach dictates five levels of analysis relevant to investigations of the structure and function of a system. First, the subsystems or individual components of the systems must be identified and described (e.g., assessing the presenting state characteristics of individual members of the family). For example, alcoholic males have higher lifetime alcohol problems, antisocial behavior, and self-reported depression (all p's $< .01$) than do nonalcoholic males. Male COA's have more total behavior problems ($p < .05$) than children of nonalcoholics. Second, the structural and functional connections of subunits must be identified and described (e.g., assessing intrafamilial relationships such as spousal, parent–child, and sibling relationships). For example, greater worst-ever depression in fathers is associated with greater lifetime alcohol involvement and current depression among mothers ($P < .01$). Third, one must identify and describe properties that emerge when this collection of components is coupled together into a specific dynamic structure (e.g., assessing family structure and function as reflected by family traditions, values, beliefs, resources, and cohesiveness). Fourth, one must identify adjunctive systems (such as work, neighborhood, and subculture) that may have direct effects on the family unit or that affect the family indirectly via individual members (e.g., assessing the impact of adjunctive systems on individual and family functioning). Finally, one must describe and eventually test predictive models of systemic state changes (e.g., assessing linear and nonlinear