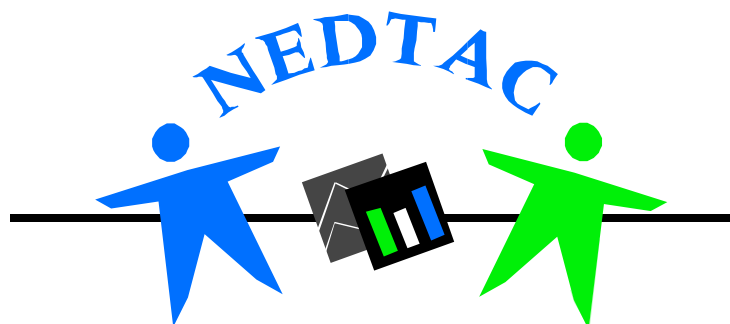


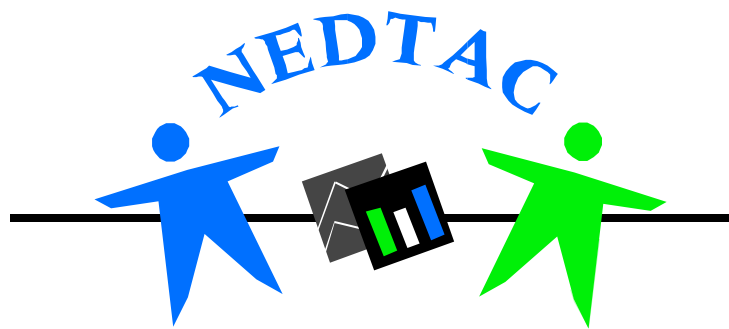
**NATIONAL EVALUATION DATA AND
TECHNICAL ASSISTANCE CENTER**



**REPLICATION OF TREATMENT APPROACHES:
SELECTED BIBLIOGRAPHIES**

April 1999

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CSAT
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FOREWORD

One of the missions of the Center for Substance Abuse Treatment is to enhance the nation's substance abuse treatment system by identifying, developing, and supporting appropriate policies, approaches, and programs. In short, for the field of substance abuse treatment, CSAT seeks to determine what works, for whom, how well, and at what cost.

Building knowledge through evaluation is the key to answering these questions. From CSAT's perspective, evaluation—including cost analysis and performance measurement—is an integral component of program management and part of an ongoing process of knowledge development, assessment and improvement. Toward this end, CSAT's Program Evaluation Branch established the National Evaluation Data and Technical Assistance Center (NEDTAC) to advance state-of-the-art evaluation in the field of substance abuse treatment.

A primary NEDTAC activity was to provide evaluation technical assistance and support to substance abuse treatment providers and evaluators. To this end, NEDTAC produced a series of bibliographies in key topic areas; this document belongs to that series. This list of annotated citations and other references concerns the replication, or applicability, of treatment approaches and strategies to other programs; the citations list background reading on replication and outcome studies, as well as citations on how to replicate substance abuse treatment studies. We hope that this document will assist professionals to increase their knowledge of effective and appropriate ways to serve diverse client populations. The selected citations list related resources that are complementary to treatment replication or whose abstracts were copyrighted.

This bibliography, along with others in the series, was developed under the guidance and direction of the NEDTAC Government Project Officer, Ron Smith, Ph.D., Program Evaluation Branch, Office of Evaluation, Scientific Analysis, and Synthesis. We also wish to thank Beth Archibald Tang for compiling and reviewing this document.

Sharon Bishop
Director
National Evaluation Data and
Technical Assistance Center (NEDTAC)

**I. ANNOTATED BIBLIOGRAPHY:
REPLICATION STUDIES**

I. ANNOTATED BIBLIOGRAPHY: REPLICATION STUDIES

Cisler, R., Holder, H.D., Longabaugh, R., Stout, R.L., et al. (1998). Actual and estimated replication costs for alcohol treatment modalities: Case study from Project MATCH. Journal of Studies on Alcohol, 59, 503-512.

As a first step in a thorough cost-effectiveness analysis of a randomized alcohol treatment matching trial (Project MATCH), this study examined the relative costs of three manually guided, individually delivered treatments and the costs of replicating them in non-research settings. The costs of delivering a 12-session Cognitive Behavioral Therapy (CBT), a four-session Motivational Enhancement Therapy (MET), and a 12-session Twelve-Step Facilitation (TSF) treatment over 12 weeks were assessed for three treatment sites at two project locations. Research cost calculations included clinical, administrative, and training/supervision variables in determining total treatment costs, average cost per contact hour and average cost per research participant. Investigators from all nine MATCH locations estimated direct clinical costs, administrative overhead costs and training/supervision costs for replicating these treatments. The MET cost at least twice as much per patient-contact hour (mean=\$498) than CBT (mean=\$198) and TSF (mean=\$253) but was less costly per research participant (mean=\$1,969). As part of a randomized clinical trial, MATCH treatments are costly to produce; however, when estimates are used to project these costs to nonresearch clinical settings, the costs are greatly reduced. Whereas MET appears to be much less costly to deliver in non-research settings than the other two treatments, the estimated cost differentials are less than the 1:3 treatment session ratio for MET versus TSF or CBT. (Author abstract modified)

Connors, G.J., Longabaugh, R., & Miller, W.R. (1991). Looking forward and back to relapse: Implications for research and practice. Addiction, 91(Supplement), S191-S196.

The three principal investigators of the Relapse Replication and Extension Project (RREP) reflect on clinical and research implications of study findings from three collaborating sites. A primary purpose of RREP was to study the reliability and validity of a taxonomy of relapse antecedents originally proposed by Marlatt 2 decades ago. Under the best of research conditions, with extensive training and practice, it was difficult to achieve reliability of coding with the original three-level system. Modifications may improve the taxonomy's reliability, but RREP data indicate that a more appropriate strategy is to measure possible antecedents of relapse by continuous scales. There is reasonably consistent evidence for two common antecedents of relapse: negative emotional states, and positive emotional states in a social context. The causes to which clients attribute relapses may exert a significant effect on future drinking episodes. Stable and internal attributions may serve to perpetuate relapse. From the RREP studies, the availability of coping skills appears to be a potent protective factor, and ineffective coping a consistent predictor of relapse. Implications for clinical research and practice are considered. (Author abstract modified)

Conrad, K.J., Hultman, C.J., & Lyons, J.S. (Eds.) (1993). Treatment of the chemically dependent homeless: Theory and implementation in fourteen American projects. New York: Haworth Press.

In 1990 the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse funded 14 research demonstration projects with the goal of developing effective strategies to combat the dual problems of housing instability and substance abuse. Chapters describe the theory behind each research demonstration project and follow with a discussion of the implementation process. The objectives of the proposed innovations are linked with the needs of the target population and the presumed gaps in customary services. Case studies of how research and clinical coalitions can work together to resolve control issues are presented.

Evans, D.M., & Dunn, N.J. (1995). Alcohol expectancies, coping responses and self-efficacy judgments: A replication and extension of Cooper et al.'s 1988 study in a college sample. Journal of Studies on Alcohol, 56, 186-193.

Social learning theory models of alcohol use have assumed an increasingly influential role in recent years. Despite their growing popularity, research on social learning theory models has focused almost exclusively on establishing the independent links among particular aspects of theory and indices of alcohol use and abuse. In response to the need for research that incorporates multiple aspects of theory into a testable framework, this article describes the replication and extension of a study of a college sample. Standard hierarchical multiple regression analyses were used to examine both the simultaneous and incremental contributions of self-efficacy judgments, alcohol expectancies, and coping responses to dependent measures of alcohol use and alcohol-related problem behaviors. Collectively, 22 percent of the variance in subjects' self-reported use of alcohol and more than one-half of the variance in subjects' endorsement of alcohol-related problems was explained. Despite considerable overlap among the constructs measured, analyses also demonstrated that each variable accounted for significant and unique variance in the prediction of the criteria. These results provide considerable support for the application of social learning theory principles to the drinking practices of collegiate youth. In particular, the salience of social learning theory constructs as relevant risk factors was highlighted, as lower self-efficacy judgments, positive alcohol expectancies, and reliance avoidant, emotion-focused coping strategies were significantly associated with increased alcohol consumption levels and greater endorsement of alcohol-related problem behaviors. (Author abstract modified)

Fleisch, B. (1993). Approaches in the treatment of adolescents with emotional and substance abuse problems (Technical Assistance Publication Number 1). Rockville, MD: Center for Substance Abuse Treatment.

This report identifies promising treatment approaches for adolescents with substance abuse and mental health problems. The first part of the report examines epidemiological evidence regarding

the prevalence and incidence of substance abuse and mental illness in adolescents and outlines the categories of programs in the drug and alcohol and mental health systems. The second part describes 12 adolescent treatment programs selected for their unusual or innovative approaches. The program descriptions are based on telephone interviews and reviews of program literature conducted over a 2-month period. The report concludes with general recommendations for the replication of innovative programs.

Fletcher, B.W., Inciardi, J.A., & Horton, A.M. (Eds.) (1994). Drug abuse treatment: The implementation of innovative approaches (Contributions to Criminology and Penology Number 45). Westport, CN: Greenwood Press.

Fifteen applied research grants funded by the National Institute on Drug Abuse were designed to improve treatment of drug abusers by creating new or expanded treatment capacity and to increase the effectiveness of treatment of drug abuse by developing and testing innovative interventions and improvements in standard treatment. In implementing these projects, researchers faced obstacles on many levels, both internal and external, which are summarized in this volume. Methadone, residential, case management, and multimodality programs are presented.

Hagan, T.A., Ball, J.C., McLellan, A.T., Meyers, K., & Randall, M. (1994, June). Organizational factors related to the differential provision of services in 17 drug treatment programs. In L.S. Harris (Ed.), Problems of drug dependence: Proceedings of the 56th annual scientific meeting, College on Problems of Drug Dependence (NIDA Research Monograph Number 153, p. 27). Rockville, MD: National Institute on Drug Abuse.

A study was conducted to demonstrate that current organizational theory can be applied to substance abuse treatment milieus, that program milieus can be quantified, that organizational characteristics can be categorized into six structural elements, and that these structural elements are significantly associated with service delivery. Substance abuse treatment programs do not readily fit into open, closed, or proactive systems. Centralization of authority within an organization is positively correlated with traditional treatment services, as is formalization. Communication within an organization is correlated positively with enhanced services, as is participation in the decision-making process.

Laurent, J., Catanzaro, S.J., & Callan, M.K. (1997). Stress, alcohol-related expectancies and coping preferences: A replication with adolescents of the Cooper et al. (1992) model. Journal of Studies on Alcohol, 58, 644-651.

This article describes a replicated study of adolescents utilizing the stressor vulnerability model of adult drinking. This model simultaneously assesses the stress-moderating effects of gender, expectancies, and coping on alcohol use and abuse. Adolescents in junior high school and high

school completed the several adolescent alcohol use scales; the pattern of results was very similar to those of earlier studies using adults or undergraduates. Generally, positive expectancies for alcohol, an avoidant coping preference, and stress were predictive of drinking to cope, alcohol use, and alcohol-related problems. A number of two-way interactions were also reported. Although gender did not play a prominent role in prediction, as it typically does with adults, grade was a significant predictor; older students reported more alcohol use and alcohol-related problems than younger students. Results support the utility of the stressor vulnerability model for understanding alcohol use among adolescents. (Author abstract modified)

Murray, M.M. (Ed.) (1993). Volume III: Innovative strategies for treating alcohol and drug abuse problems among homeless men and women. Rockville, MD: Department of Health and Human Services.

This report is one of a series of reports generated by the national evaluation of the community demonstration projects for alcohol and drug treatment of homeless individuals. The purpose of the national evaluation was to document the lessons learned in implementing interventions of this type and conduct, where possible, evaluations of program effectiveness. The grantees of this demonstration project represent a wide range of expertise in providing treatment, shelter, and other support services to homeless people with alcohol and other drug problems, and in some cases with co-occurring mental illness.

Rutherford, M.J., Cacciola, J.S., Alterman, A.I., & Cook, T.G. (1997). Social competence in opiate-addicted individuals: Gender differences, relationship to psychiatric diagnoses, and treatment response. Addictive Behaviors, *22*, 419-425.

Only one prior study has examined social competence (SC) in drug addicted individuals. That study of cocaine-addicted individuals found gender differences in SC as well as differences based on the type of comorbid psychiatric diagnoses given. This study attempts to replicate findings from that cocaine study in a sample of opiate-addicted individuals and explores the relationship of SC to short-term treatment response. Gender differences in SC were examined in 28 women and 44 men attending a community methadone maintenance program. The question of differences in SC based on comorbid psychiatric diagnoses and treatment response were examined in a sample of 198 men attending a Veterans Administration methadone program. Women were found to have significantly lower SC than men. No significant differences in SC were revealed based on the presence of specific psychiatric diagnoses. SC was not related to short-term treatment response. (Author abstract)

II. ANNOTATED BIBLIOGRAPHY: HOW TO REPLICATE STUDIES

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Alterman, A.I., O'Brien, C.P., & McLellan, A.T. (1991). Differential therapeutics for substance abuse. In R.J. Frances & S.I. Miller (Eds.), Clinical textbook of addictive disorders (pp. 369-390). New York: Guilford Press.

This chapter describes treatment settings and major treatment modalities for three significant substance abuse disorders—alcohol abuse/dependence, opiate dependence, and cocaine abuse/dependence. The current state of knowledge concerning the effectiveness of different treatment modalities, including pharmacotherapy, are reviewed. Finally, the selection of different treatment strategies for substance abusers is discussed.

Angres, D.H., & Easton, M. (1997). Treatment management for acute and continuing care. In N.S. Miller, M.S. Gold, & D.E. Smith (Eds.), Manual of therapeutics for addictions (pp. 269-284). New York: Wiley-Liss.

This chapter informs treatment recommendations in the context of treatment matching. A discussion of treatment modalities is presented, as well as an outline of treatment approaches, most based on the disease model of chemical dependence. Levels of care are also addressed, including outpatient treatment, intensive outpatient/partial hospitalization treatment, and medically monitored or medically managed intensive inpatient treatment.

Ashery, R.S. (Ed.) (1991). Training drug treatment staff in the age of AIDS. Rockville, MD: National Institute on Drug Abuse.

In April 1989, AIDS education and training experts met to discuss acquired immunodeficiency syndrome (AIDS) and substance abuse training and to examine NIDA-initiated training efforts. In particular, participants were asked to develop specific recommendations for NIDA regarding its role in providing comprehensive and systematic AIDS training to substance abuse counselors and outreach workers. Through small and large group discussions, the participants were asked to focus on developing an AIDS training plan, a curriculum, a system for delivering the training, and developing AIDS trainers. Participants examined each topic in relationship to the following: differences in training in the age of AIDS; the current status of NIDA-initiated AIDS training; the gaps in current AIDS training; and recommendations that can be made concerning the gaps.

Assessing client needs using the ASI: A handbook for program administrators. (1993). Rockville, MD: National Institute on Drug Abuse.

This handbook is designed to help directors of substance abuse programs decide whether to use the Addiction Severity Index (ASI) as part of their intake and assessment process, as a tool for

treatment planning and monitoring, and/or to measure effectiveness and treatment outcomes. The handbook discusses the use of the ASI at different stages in the treatment continuum and also identifies the problem administrators may face when trying to incorporate the ASI into their programs. This discussion covers issues such as staff training and potential changes in operational procedures.

Assessing drug abuse among adolescents and adults: Standardized instruments (Clinical Report Series). (1994). Rockville, MD: National Institute on Drug Abuse.

This manual discusses standardized instruments used in clinical assessment and treatment planning for adult and adolescent substance abusers. The manual provides information on both brief and comprehensive screening and assessment tools as well as instruments that provide a medical diagnosis. It also provides detailed information on selected instruments, recommended staff training, and how to order the instruments.

Backer, T.E. (1995). Assessing and enhancing readiness for change: Implications for technology transfer. In T.E. Backer, S.L. David, & G. Soucy (Eds.), Reviewing the behavioral science knowledge base on technology transfer (NIDA Research Monograph Number 155, pp. 21-41). Rockville, MD: National Institute on Drug Abuse.

The importance of readiness to change in organizations or the individual is emphasized. Methods for assessing and enhancing change readiness are presented as part of this discussion, followed by an analysis of applications to drug abuse and HIV/AIDS treatment and prevention. A review of the wide-ranging literature on readiness for change in a variety of organizations and settings is provided.

Beck, A.T., Wright, F.D., Newman, C.F., & Liese, B.S. (1993). Cognitive therapy of substance abuse. New York: Guilford Press.

Cognitive therapy is presented as an effective psychosocial treatment model for substance abuse disorders; the book explains how cognitive therapy can be replicated by therapists and counselors. It details the cognitive model of substance abuse, the specifics of case formulation, management of the therapeutic relationship, and the structure of therapy sessions. Specific cognitive and behavioral strategies and techniques are detailed, as is the management of acute crises and chronic problems in patients' lives. Methods for understanding and working with such patients who present concomitant problems of depression, anxiety, low frustration tolerance, anger, and personality disorders are described.

Bohn, M.J. & Meyer, R.E. (1994). Typologies of addiction. In M. Galanter, & H.D. Kleber (Eds.), American Psychiatric Press textbook of substance abuse treatment (pp. 11-24). Washington, DC: American Psychiatric Press.

Recently, clinicians and researchers have proposed several typologies of substance-abusing individuals using empirical rules, clinical wisdom, and theories about the etiology of substance abuse. Subgroups have been proposed on the basis of psychological, biological, and social characteristics of the individual. The vast majority of typologies of substance-abusing individuals have focused on those with alcoholism. This chapter summarizes recent work on alcoholism typologies, including work on patient-treatment matching strategies, with a review of typologies of drug-abusing individuals supplementing the discussion.

Brown, B.S. (1992). Program models. In C.G. Leukefeld, & F.M. Tims (Eds.), Drug abuse treatment in prisons and jails (NIDA Research Monograph Number 118, pp. 31-37). Rockville, MD: National Institute on Drug Abuse.

This chapter discusses five program models available for substance abusers in correctional settings. While all of the models involve incarceration, services to offenders range from no specialized services (non-targeting of the substance abuse problem) to drug education and/or drug abuse counseling to dedicated to substance abuse treatment. Three additional alternatives are discussed.

Brown, B.S. (1997). Fifty strategies for substance abuse treatment. Rockville, MD: Center for Substance Abuse Treatment.

Fifty discrete interventions that have been subjected to careful study and found effective in reducing drug use and related dysfunctional behaviors are described. These interventions have been tested in studies using random assignment of clients, follow-up periods of at least several months post-intervention, and appropriate measures of treatment outcome. It is divided by nature of intervention and proceeds from client recruitment and early retention strategies to the core of treatment including counseling and therapy; behavioral interventions; pharmacological and biomedical strategies; vocational programming; services to persons with dual disorders, to cocaine users, and to criminal justice clients; relapse prevention; and HIV prevention. Each intervention is outlined in terms of content and structure, appropriate client population, type and number of staff and other resources needed for implementation, relative research, and findings.

Center for Substance Abuse Treatment. (1994). Practical approaches in the treatment of women who abuse alcohol and other drugs. Rockville, MD: Public Health Service.

Designed to address issues and offer strategies for effective care for women with substance abuse problems, this book assesses the extent of the problem and points to the enormity of attendant

health and social issues to be faced. The book presents strategies related to engaging women in the treatment process, providing comprehensive services to women, and ensuring a continuum of care during the recovery process. Finally, it addresses such issues as sexual abuse and co-occurring mental health problems.

Center for Substance Abuse Treatment. (1996). Critical elements in developing effective jail-based drug treatment programming. Washington, DC: Government Printing Office.

This manual informs administrative staff, planners, or providers in developing jail-based drug treatment. The first part of the manual focuses on identifying resources, assessing costs and benefits, reviewing legislation and regulations, and exploring possible barriers to program implementation. The second part provides detailed planning and program development using eleven critical elements.

Chappel, J. (1997). Alcoholics Anonymous and Narcotics Anonymous in clinical practice. In N.S. Miller, M.S. Gold, & D.E. Smith (Eds.), Manual of therapeutics for addictions (pp. 285-300). New York: Wiley-Liss.

This chapter discusses two 12-step programs, their effectiveness, and their relationship to addiction treatment, particularly in clinical practice. Evidence of the effectiveness of these programs is presented along with the programs' limitations. A brief description is given of how these recovery programs work. This chapter encourages support of the 12-step programs based on their effectiveness in offering addicted individuals the opportunity to become more self-reliant in affecting their own recovery.

Collins, G.B. (1997). Non-pharmacologic treatments of addictive disorders: General principles. In N.S. Miller, M.S. Gold, & D.E. Smith (Eds.), Manual of therapeutics for addictions (pp. 257-268). New York: Wiley-Liss.

This chapter examines a number of non-pharmacologic, multidisciplinary treatments for addictive disorders, including hospital-based rehabilitation programs, free-standing residential treatment facilities, and self-help groups. The unifying philosophical principle remains the 12 steps and traditions of Alcoholics Anonymous, bolstered further by the disease model of alcoholism. Specific topics include patient commitment in the entry phase, group therapy considerations, use of a multidisciplinary approach in treatment, and ancillary therapies.

Daley, D.C., & Marlatt, G.A. (1992). Relapse prevention: Cognitive and behavioral interventions. In J.H. Lowinson, P. Ruiz, R.B. Millman, & J.G. Landgroed (Eds.), Substance abuse: A comprehensive textbook (second edition, pp. 533-542). Baltimore, MD: Williams and Wilkins.

Relapse prevention (RP) strategies that can be used in helping the chemically dependent are reviewed. Many of these strategies are applicable to tobacco smokers as well. Before specific RP intervention strategies are reviewed, definitions of recovery, lapse, and relapse are provided, treatment outcome studies are summarized, common relapse precipitants are delineated, and models of RP are reviewed. The cognitive and behavioral interventions discussed represent the common issues or themes espoused in the various RP treatment models.

DeJong, W., Finn, P., Grand, J.H., & Markoff, L.S. (1994). Relapse prevention (Clinical Report Series). Rockville, MD: National Institute on Drug Abuse.

The purpose of this clinical report is to describe relapse prevention strategies that can be applied after, or in conjunction with, primary substance abuse treatment. In general, these strategies focus on training clients to anticipate and cope with the possibility of relapse, and helping clients modify their lives to reduce their exposure to high-risk situations and strengthen their overall coping abilities. While considerable additional research is needed regarding the best approaches to relapse prevention—especially in the areas of women’s treatment, minority services, 12-step programs and pharmacotherapies—research indicates that practitioners should integrate relapse prevention into their services.

De Leon, G. (1994). Therapeutic communities. In M. Galanter, & H.D. Kleber (Eds.), American Psychiatric Press textbook of substance abuse treatment (pp. 391-414). Washington, DC: American Psychiatric Press.

This chapter provides a comprehensive overview of the residential therapeutic community (TC) approach to the treatment of chemical dependency and related problems. The basic TC model and approach are described and theoretical elements are clarified; recent treatment developments are highlighted.

Dodes, L.M., & Khantzian, E.J. (1991). Individual psychodynamic therapy. In R.J. Frances, & S.I. Miller (Eds.), Clinical textbook of addictive disorders (pp. 391-405). New York: Guilford Press.

A description of individual psychodynamic psychotherapy with addicts is presented, based on contemporary psychoanalytic understanding of their vulnerabilities and disturbances. Emphasis is placed on disturbances in ego function and narcissistic difficulties that affect addicts’ capacities to regulate their lives, their self-esteem, and relationships. Implications for treatment technique are

reviewed with regard to characteristic central issues for addicts, and the need in certain cases for active intervention. Strategies for establishing abstinence are explored, including the value of working with self-help groups. A flexible approach is suggested with regard to timing, sequencing, and integrating of psychotherapy in relation to other interventions and needs, based on patient characteristics and clinical considerations.

Edelwich, J., & Brodsky, A. (1992). Group counseling for the resistant client: A practical guide to group process. New York: Lexington Books.

Detailed guidelines, illustrative vignettes, and models of appropriate group language for group interactions are provided. The techniques of reality therapy and rational/emotive therapy are employed. Ways that group process can keep the group focused on issues, model mutual respect and responsibility, teach essential life skills of problem solving and decision making, and promote the implementation of learning outside the group are presented.

Flores, P.J. (1997). Group psychotherapy with addicted populations: An integration of 12-step and psychodynamic theory. Binghamton, NY: Haworth Press.

Contemporary psychodynamic theory is reviewed, providing the conceptual underpinning and understanding of substance abusers' needs and how they are addressed in the context of group psychotherapy. The spiritual and philosophic traditions behind Alcoholics Anonymous' pragmatic appreciation of the existential plight of alcoholics and addicts is reviewed. AA succeeds by providing individuals with a new and corrective life plan. The ways group therapy should be used for addicted populations are outlined; these are different uses than those found with non-addicted individuals. Theoretical models of group are discussed, self-help is contrasted with professional groups, and client and therapist variables in the group situation are compared. The benefits of group therapies and some proven strategies and techniques used to help chemically dependent persons to identify and share with others in the safe environment and healing process of the group are presented.

Frances, R., Franklin, J., & Borg, L. (1994). Psychodynamics. In M. Galanter, & H.D. Kleber (Eds.), American Psychiatric Press textbook of substance abuse treatment (pp. 239-251). Washington, DC: American Psychiatric Press.

Psychodynamic theory, which has its roots in psychoanalysis, has had a wide effect on the practice of psychotherapy; its principles have been applied to understanding a broad range of treatment issues, including addiction treatment. This chapter develops a rationale for the application of dynamic concepts in addiction treatment, examines its indications and contraindications, and explores how psychodynamic theory can be used to enhance standard treatment technique and deepen the understanding of treatment of addicted patients.

Galanter, M. (1994). Network therapy for the office practitioner. In M. Galanter, & H.D. Kleber (Eds.), American Psychiatric Press textbook of substance abuse treatment (pp. 239-251). Washington, DC: American Psychiatric Press.

This chapter defines aspects of addiction relevant to ambulatory therapy and describes a treatment modality that was designed to address them. This approach, called network therapy, is defined as an approach to rehabilitation in which specific family members and friends are enlisted to provide ongoing support and to promote attitude change. Network members are part of the therapist's working team and not subjects of treatment themselves. The goal of this approach is the prompt achievement of abstinence with relapse prevention and the development of a drug-free adaptation.

Galanter, M., Castaneda, R., & Franco, H. (1991). Group therapy and self-help groups. In R.J. Frances, & S.I. Miller (Eds.), Clinical textbook of addictive disorders (pp. 431-451). New York: Guilford Press.

This chapter explores how the impact of group treatment is effected in a number of disparate settings. Twelve-step programs and institution-based self-help programs for substance abusers are discussed. The role of the clinician varies greatly in relation to each of these modalities; in each case, the mental health professional is provided with an unusual opportunity to step out of the traditional role of the psychodynamic therapist or the psychopharmacologist and to examine the ways in which social influence operates through the group setting.

Golden, S.J., Khantzian, E.J., & McAuliffe, W.E. (1994). Group therapy. In M. Galanter, & H.D. Kleber (Eds.), American Psychiatric Press textbook of substance abuse treatment (pp. 303-314). Washington, DC: American Psychiatric Press.

Current group approaches to addiction are discussed, including self-help fellowships, the psycho-educational/cognitive-behavioral modality, and the psychodynamic, interpersonal tradition. Special features of group therapy for the treatment of addiction are emphasized, in terms of group involvement, structure, and leadership.

Grant, M., & Hodgson, R. (Eds.) (1991). Responding to drug and alcohol problems in the community: A manual for primary health care workers with guidelines for trainers. Geneva, Switzerland: World Health Organization.

This manual describes how members of a primary health care team can respond effectively to drug and alcohol problems in their community; the manual also provides guidance on assessing and managing substance abuse problems at individual family and community levels. It also explains how primary health care can best be organized, and how they can be complemented by other community activities, including those involving law enforcement sector. Finally, guidelines are given on evaluating drug and alcohol programs for health workers.

Health Resources and Services Administration. (1996). Special projects of national significance: Managed care models. Rockville, MD: Author.

This fact sheet briefly discusses five non-profit organizations that received grants in 1994 under the Special Projects of National Significance (SPNS) program to explore the delivery of HIV services in a managed care environment. The SPNS program is designed to advance knowledge about the care and treatment of people with HIV. SPNS grants are awarded for the demonstration and evaluation of innovative and replicable models of HIV care delivery. The fact sheet describes each of the grantees, with the length of the grant and the amount of the award. (Author abstract modified)

Heath, A.W., & Stanton, M.D. (1991). Family therapy. In R.J. Frances, & S.I. Miller (Eds.), Clinical textbook of addictive disorders (pp. 406-430). New York: Guilford Press.

This chapter notes the foundations of family therapy and lists characteristics that distinguish drug-abusing families from other seriously dysfunctional families. Indications for the use of family therapy are described. The section on clinical intervention discusses the six stages of therapy. Some of the special considerations in family therapy are outlined.

Jarvis, T.J., Tebutt, J., & Mattick, R.P. (1996). Treatment approaches for alcohol and drug dependence: An introductory guide. New York: Wiley.

This guidebook presents brief descriptions of effective techniques for the treatment substance abuse problems. Each chapter contains information about the recommended use of a technique, a description of key concepts, an introductory guide to applying the technique and dealing with common problems that might arise with it, resource materials, and instruments for assessment.

Kadden, R., Carroll, K., Donovan, D., Cooney, N., Monti, P., et al. (1992). Cognitive-behavioral coping skills therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence (Project MATCH Monograph, Volume 3). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

This manual describes a therapy that is based on the principles of social learning theory and that views drinking behavior as functionally related to major problems in a patient's life. Emphasis is placed on overcoming skill deficits and increasing the patient's ability to cope with high-risk situations that commonly precipitate relapse. The program consists of twelve sessions aimed at training the patient to use active behavioral or cognitive coping methods to deal with problems rather than relying on alcohol as a maladaptive coping strategy.

Kaminer, Y. (1994). Adolescent substance abuse. In M. Galanter, & H.D. Kleber (Eds.), American Psychiatric Press textbook of substance abuse treatment (pp. 415-437). Washington, DC: American Psychiatric Association.

This chapter describes the present status of prevention and treatment of child and adolescent substance use (CASU) and child and adolescent psychoactive use disorders (CAPSUD). A biopsychosocial orientation is used to demonstrate the special needs of this population. The meaning of disease classification changes and their clinical implications are then discussed. The nature of age-appropriate drug experimentation in the context of development process versus pathological use is illuminated. Next, implications for prevention approaches are discussed. A model for referral, assessment, treatment, and aftercare process is described; this model takes into consideration the interaction among individual characteristics, environmental factors, and treatment variables.

Kinney, J. (1996). Clinical manual of substance abuse (2nd ed.). St. Louis: Mosby Year Book.

This manual facilitates the acquisition of basic skills in the identification and management of substance abuse in a primary care setting. The manual addresses the management of alcohol and drug problems, directed to those engaged in training and education. The manual also outlines the clinically pertinent characteristics of different segments of the population. It addresses different racial and ethnic groups, the economically disadvantaged and medically underserved segments of society, and the presentations at different points in the life cycle.

Lawson, G., Lawson, A.W., & Rivers, P.C. (1996). Essentials of chemical dependency counseling (2nd ed.). Gaithersburg, MD: Aspen.

Ideal characteristics of chemical dependency counselors are presented, in the context of ethics and clinical skills. The rationale for a diagnosis, the options for diagnosing chemical dependency, areas that should be included in a diagnosis, and different classification approaches then are examined and the DSM-IV approach to diagnosis is reviewed. Common types of therapy and a history of systems thinking is outlined. The major types of diversity that might lead to high-risk in individuals with chemical dependency problems are identified. The research on relapse prevention and the factors that have an impact on relapse are considered, characteristics of relapsing and non-relapsing alcoholics are identified, and the role of self-efficacy in relapse prevention is explored.

Lerner, W.D., & Barr, M.A. (Eds.) (1990). Handbook of hospital-based substance abuse treatment. New York: Pergamon Press.

The role that hospital-based treatment plays in the continuum of care for substance abuse disorders is discussed. This manual discusses psychometric and neuropsychological evaluation. It

also describes the medical, psychiatric, and psychological consequences of substance abuse. Next, the manual describes the treatment of the alcohol withdrawal, narcotic and stimulant dependence, and polydrug abuse and depressant dependence. It also discusses treatment techniques, including the use of disulfiram and naltrexone. Finally, the manual provides guidance on discharge planning, selection of aftercare, and patient records and policy issues.

Marion, I.J. (1995). LAAM in the treatment of opiate addiction (Treatment Improvement Protocol Number 22). Rockville, MD: Center for Substance Abuse Treatment.

Information is provided on LAAM, an opioid agonist medication that suppresses opiate withdrawal symptoms for longer periods than methadone. The mode of action, possible side effects, and interactions with other medications are described. Guidelines are presented for selecting patients who might benefit from LAAM and starting and maintaining them on the medication. Issues that may arise for counselors and patients in planning treatment are discussed, including structuring free time and creating incentives for treatment progress. Issues for program managers and administrators also are discussed; regulatory and ethical issues are examined, as well. This document is available online at text.nlm.nih.gov/, select "SAMHSA/CSAT Treatment Improvement Protocols," then title.

Macdonald, D., & Patterson, V. (1991). A handbook of drug training: Learning about drugs and working with drug users. New York: Routledge.

This handbook informs trainers about drugs and working with drug users. It provides information about drugs and helps develop the skills of those working with drug users. The handbook is written from a holistic and humanistic perspective and provides a set of guidelines for doing drug training, emphasizing the importance of practice-based training courses. Chapters are included on attitudes, drugs and their effects, harm reduction, critical incidents, stress management, and training the trainers; an explanation is provided as to why each of these topics is significant to drug training. Each chapter includes sample exercises and course designs that can be used to plan learning events.

McCann, M.J., Rawson, R.A., Obert, J.L., & Hasson, A.J. (1994). The treatment of opiate addiction with methadone: A counselor manual (Technical Assistance Publication Number 7). Rockville, MD: Center for Substance Abuse Treatment.

This manual facilitates training of new counselors to improve the quality of counseling in methadone treatment for opiate addicts. The manual overviews methadone treatment, discusses the role of counseling, and describes treatment method and clinical issues. This manual is intended to give counseling staff who work in methadone treatment centers accurate information about the treatment they are delivering and to educate clinicians and professionals who provide treatment.

Miller, N.S., Gold, M.S., & Smith, D.E. (Eds.) (1997). Manual of therapeutics for addictions. New York: Wiley-Liss.

This manual informs clinicians in the diagnosis and treatment of addictive disorders. This manual is intended for the physician who sees many addicted patients in a variety of clinical settings. The principles common to the practice of addiction medicine are presented in a concise format; the emphasis is on the clinical presentations of addictive disease and effective treatment.

Miller, N.S., Gold, M.S., & Smith, D.E. (1997). Assessment and diagnosis in addictive disorders. In N.S. Miller, M.S. Gold, & D.E. Smith (Eds.), Manual of therapeutics for addictions (pp. 3-12). New York: Wiley-Liss.

This chapter overviews the prevalence of alcoholism, diagnosis, and treatment. Next, it presents general approaches to diagnosis and it presents treatment goals that may be realized through intervention, detoxification, abstinence, and treatment effectiveness. Finally the chapter presents three general conclusions concerning alcohol and drug disorders.

Miller, N.S., & Janicak, P.G. (1997). Treatment of comorbid psychiatric disorders. In N.S. Miller, M.S. Gold, & D.E. Smith (Eds.), Manual of therapeutics for addictions (pp. 168-180). New York: Wiley-Liss.

This chapter discusses the use of pharmacologic and non-pharmacologic treatments for addictive disorders and attendant psychiatric comorbidity. The use of psychotropics for the treatment of addictive disorders is examined. Other comorbid psychiatric disorders examined include depressive disorders, bipolar disorders, and psychotic disorders. Some of the adverse effects of antianxiety agents, antipsychotic agents, and antidepressants are presented.

Miller, N.S. (Ed.) (1994). Principles of addiction medicine. Chevy Chase, MD: American Society of Addiction Medicine.

This textbook contains current scientific and clinical information for professionals who have a special interest or practice concentration in addiction medicine. The book provides background information in addiction medicine and is designed as a comprehensive, self-contained text for physicians and other clinicians who wish a comprehensive review of the field of addiction medicine.

Miller, W.R., Zweben, A., Diclemente, C.C., & Rychtarik, R.G. (1992). Motivational enhancement therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence (Project MATCH Monograph, Volume 2). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

This volume for therapists is provided to permit replication of the treatment procedure employed in Project MATCH, a multisite clinical trial of patient-treatment matching sponsored by the National Institute on Alcohol Abuse and Alcoholism. This volume describes Motivational Enhancement Therapy (MET), one of three treatment approaches studied in Project MATCH. MET is based on principles of motivated psychology and is designed to produce rapid, internally motivated change. MET consists of four carefully planned and individualized treatment sessions. The manual for this modality begins with an overview of MET and a description of the general principles to be applied. A special section discusses how to involve a significant other in MET. Specific guidelines are provided for how to structure the four MET sessions. Finally, recommendations are made for dealing with special problems that can arise in conducting MET.

Nagy, P.D. (1994). Intensive outpatient treatment for alcohol and other drug abuse (Treatment Improvement Protocol Number 8). Rockville, MD: Center for Substance Abuse Treatment.

This report reviews intensive outpatient treatment (IOT) and documents the clinical viability and utility of IOT, stressing the range of IOT services within the broader continuum of care. It describes the level of care that is provided by intensive outpatient treatment programs and the range of services and service components that are included in such programs. Information is provided for staffing such programs and for addressing clinical challenges that arise. The treatment needs of special groups, such as women and ethnic and cultural minorities are addressed. Improving the quality of services in IOT programs is discussed and suggestions for obtaining public and private funding are presented. The final chapter addresses legal issues. This document is available online at text.nlm.nih.gov/, select "SAMHSA/CSAT Treatment Improvement Protocols," then select title.

Nowinski, J., Baker, S., & Carroll, K. (1992). Twelve-step facilitation therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence (Project MATCH Monograph, Volume 1). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

This manual describes 12-step facilitation therapy in which the overall goal is to facilitate patients' active participation in the fellowship of Alcoholics Anonymous. The therapy regards such active involvement as the primary factor responsible for sustained sobriety and therefore as the desired outcome of participation in this treatment program. This therapy is grounded in the concept of alcoholism as a spiritual and medical disease. This manual for therapists was designed to permit

replication of the treatment procedures employed in Project MATCH, a multisite clinical trial of patient-treatment matching sponsored by NIAAA.

Onken, L.S., Blaine, J.D., & Boren, J.J. (Eds.) (1997). Beyond the therapeutic alliance: Keeping the drug-dependent individual in treatment (NIDA Research Monograph Number 165). Rockville, MD: National Institute on Drug Abuse.

This monograph includes papers addressing research on therapeutic alliances and other strategies developed to reduce patient dropout and improve engagement and retention in drug addiction treatment. The chapters identify factors associated with treatment dropout and retention, provide strategies for matching treatments with individual patient needs, apply the stages of change concept as it interacts with treatment compliance and involvement, involve family and significant others to increase the odds of retention and successful outcomes, and use a cognitive therapy approach to establishing and maintaining the therapeutic alliance. Specific strategies are provided that are applicable to preventing dropout among substance-dependent patients. This monograph reviews current treatment research on the best ways to retain patients in drug dependence treatment, and to guide clinicians and clinical researchers on how to deal with this issue. This monograph is available online at www.nida.nih.gov/pdf/monographs/monograph165/download165.html.

Perkinson, R.R. (1997). Chemical dependency counseling: A practical guide. Thousand Oaks, CA: Sage.

This guide informs counselors on patient assessment, treatment planning and interventions, therapeutic alliances, and methods for working with addicts who undermine their abstinence. The chapters include tools for diagnosis and treatment planning, and samples of possible encounters with clients at various stages of the process. Guidelines are included for the initial assessment process, a biopsychosocial interview, and how to build a treatment plan. Possible treatments that may be considered are individual behavior, cognitive or interpersonal therapy. The types of group therapy that can be used at various stages of the treatment process are described. A series of lectures based on the 12 steps for counselors to give patients are included. Several chapters deal with patients with dually diagnosed psychiatric and psychological problems, adolescent treatment, and family programs. The remaining chapters discuss clinical issues and the characteristics of a good counselor.

Pita, D.D. (1992). Addictions counseling: A practical guide to counseling people with chemical and other addictions (Continuum Counseling Series). New York: Continuum.

This book details how to help chemically dependent individuals across the phases of recovery. It integrates the 12-step programs with those of rational emotive therapy, showing how they are most effective when combined. The concepts and strategies are applicable not only to chemical

addiction, but to other disorders such as food, sex, and gambling, and will prove useful to family members, as well as to professional counselors.

Schleifer, S.J., Delaney, B.R., Tross, S., & Kellar, S.E. (1991). AIDS and addictions. In R.J. Frances, & S.I. Miller (Eds.), Clinical textbook of addictive disorders (pp. 299-319). New York: Guilford Press.

This chapter reviews basic aspects of HIV/AIDS in relation to current potential consequences for substance abusers and their health care providers. Etiology and pathogenesis, diagnosis and staging, and neuropsychiatric complications of AIDS are briefly outlined followed by a review of major classes of abused substances and the risk of HIV infection. The role of AIDS in addiction treatment is described with a focus on HIV testing, including clinical considerations and guidelines for counseling, clinical assessment and management, legal issues involving the treatment of patients infected with HIV, and prevention and public health.

Schottenfeld, R.S. (1994). Assessment of the patient. In M. Galanter, & H.D. Kleber (Eds.), American Psychiatric Press textbook of substance abuse treatment (pp. 25-33). Washington, DC: American Psychiatric Association.

The concept of dependence syndrome and the diagnostic features of substance use disorders are reviewed and followed by a discussion of methods to elicit an accurate history and observe signs of a substance use disorder during the interview process. The utility of commonly used screening questionnaires and structured interviews are reviewed. Special attention is paid to diagnostic issues regarding comorbid substance use and other psychiatric disorders.

Schwartz, S. (1992). An ecological approach to treatment of cocaine and crack abuse. In E.M. Freeman (Ed.), The addiction process: Effective social work approaches (pp.136-146). New York: Longman.

This chapter reviews the demographics, etiology, and consequences of cocaine abuse, along with a variety of direct practice interventions for abusing clients and their families. Because of the denial that accompanies chemical dependence and the frequent involvement of cocaine users in the criminal justice system, particular attention is directed toward social work strategies with resistant, non-voluntary clients. The dynamics and consequences of cocaine abuse are explored, including physical, psychological, and social consequences. Treatment issues include appropriate settings, initial treatment considerations, life-style consideration during ongoing treatment and aftercare, the family's role, and self-help groups.

Sciacca, K. (1992). Integrated treatment approach for severely mentally ill individuals with substance disorders. In K. Minkoff, & R.E. Drake (Eds.), Dual diagnosis of major mental illness and substance disorder (pp. 69-84). San Francisco, CA: Jossey-Bass.

This chapter describes a step-by-step approach to integrated treatment for comorbid mental illness and substance use disorder that can be replicated at minimal cost in any type of mental health treatment program or service. The model has been applied successfully to the treatment of mental illness, chemical abuse, and addiction. The chapter concludes that the approach has been found successful and cost effective in numerous service settings across the country, but further research to test the usefulness of this program model is recommended.

Shore, J.H. (1994). Community-based treatment. In M. Galanter, & H.D. Kleber (Eds.), American Psychiatric Press textbook of substance abuse treatment (pp. 385-390). Washington, DC: American Psychiatric Association.

This chapter reviews and updates community-based treatment resources for substance abuse, with a special focus on alcohol abuse and dependence. Several unique features related to community-based treatment for addiction that are discussed include: the important influence of social supports on community-based treatment outcome, the impact of local ordinances, workplace factors, community case finding, community detoxification, and significant non-treatment factors.

Siegal, H.A., & Cole, P.A. (1993). Enhancing criminal justice based treatment through the application of the intervention approach. Journal of Drug Issues, 23, 131-142.

The widely replicated Weekend Intervention Program (WIP) has been effective in identifying and intervening with persons charged with alcohol and other drug-related driving offenses. The approach allows a high degree of specificity in assigning individuals to the most appropriate treatment setting and successfully prepares the offender for the substance abuse services to be received, therefore, addressing a major impediment, early drop out, to successful treatment. Expanded utilization of a program such as WIP can greatly enhance the therapeutic and cost effectiveness of criminal justice system treatment efforts and help establish a viable productive partnership between the criminal justice system and the substance abuse treatment community. In this article the authors describe WIP, its clinical approach and evaluation, and comment upon the benefits of its wider use. (Author abstract modified)

Solomon, J., Zimberg, S., & Shollar, E. (Eds.) (1993). Dual diagnosis: Evaluation, treatment, training, and program development. New York: Plenum Medical Book Company.

This book details practical evaluation and treatment strategies for the growing population of dual diagnosis patients. It addresses the various clinical challenges encountered in these cases,

including distinguishing sources of mood disorders, obtaining case histories, and lowering the high rate of recidivism.

Stout, C.E., Levitt, J.L., & Ruben, D.H. (Eds.) (1992). Handbook for assessing and treating addictive disorders. New York: Greenwood Press.

Methods for assessing and treating addictive disorders are described. Theories are presented, followed by discussion of several systems approaches to addictive disorders. Next, assessment and diagnosis are discussed, followed by a discussion of the treatment of addictive disorders. Other sections discuss minorities and groups such as the elderly and teenagers who present special problems. Finally, clinical issues are discussed, followed by a resource guide and credentialing requirements for substance abuse counselors by state.

Tarter, R.E., Ott, P.J., & Mezzich, A.C. (1991). Psychometric assessment. In R.J. Frances, & S.I. Miller (Eds.), Clinical textbook of addictive disorders (pp. 237-267). New York: Guilford Press.

This chapter describes the attributes of psychometric assessment and briefly reviews issues that are pertinent to understanding alcohol and drug abuse. Methods for conducting psychometric assessment are described. The areas of require coverage for a comprehensive evaluation are identified, and specific instruments for clinical assessment are discussed. A decision tree format for conducting a psychometric evaluation is presented so that the results can be linked to specific modes of treatment.

Tims, F.M., Inciardi, J.A., Fletcher, B.W., & Horton, A.M. (Eds.) (1997). Effectiveness of innovative approaches in the treatment of drug abuse. Westport, CT: Greenwood Press.

This book represents an effort to systematically integrate science and practice to improve drug abuse treatment. Strategies to increase access to treatment, to improve the ability of programs to attract and retain clients in treatment, to match interventions to the wide range of problems presented by drug abuse patients, to engage them in a process of change, and to improve outcomes were implemented in these projects. Of particular focus are innovative approaches to treatment and improved access to treatment.

Wald, H.P., & Pringle, J.L. (1996). A preliminary evaluative report of the Community Offender Treatment Alternative (COTA). Pittsburgh, PA: Center for Addiction Services.

This report presents an evaluation of the Community Offender Treatment Alternative (COTA), an intensive outpatient and outpatient program for AOD-dependent non-incarcerated offenders. Process and outcome evaluations were employed; the focus of the process evaluation is to

document the development of the project and the types of services utilized, identify successes and shortcomings, and provide necessary information for replication of the model. The outcome evaluation determined how well the project met its goals and objectives. The purposes of the evaluation and the evaluation findings, the treatment partners, and the goals of the program are explained in further detail. (Author abstract modified)

Wallace, B.C. (1991). Crack cocaine: Practical treatment approach for the chemically dependent. New York: Brunner/Mazel.

The meaning of crack addiction, including the social, biological, and psychological variables affecting this addiction, as well as barriers to treatment are outlined. A comprehensive review is provided of theoretical issues and implications for clinical techniques. The theoretical rationale for pharmacological adjuncts, psychoanalytic approaches, and behavioral approaches is explored. Case histories illustrate and underscore the necessity of using a biopsychosocial theory of addiction that integrates all three perspectives. Treatments that seem to work and those that hold promise are explored. Clinical technique in the assessment phase is described. The elements of an effective clinical interview and strategies for engaging the ambivalent crack addict into the treatment process are also discussed. Clinical technique in the treatment phase is also examined, beginning with a review of obstacles to effective treatment and methods for avoiding common pitfalls that sabotage treatment. A comprehensive discussion is presented of the process of relapse in crack patients. The need for a multifaceted technique to address the multideterminants of relapse is explained, and specific techniques to help patients avoid relapse are provided.

Washton, A.M. (Ed.) (1995). Psychotherapy and substance abuse: A practitioner's handbook. New York: Guilford Press.

This book informs mental health practitioners about psychotherapeutic approaches to alcohol and drug abuse. The first part addresses core issues such as attitudinal barriers to treatment, clinical assessment techniques, efficacy of psychotherapy, integration of 12-step approaches, and comorbidity of psychopathology and substance abuse. The next section focuses on specific clinical approaches and techniques such as brief therapy, relapse prevention, and structured inpatient and outpatient programs. The final part addresses clinical considerations for a variety of special populations.

Zackon, F. et al. (1993). Recovery training and self-help: Handbook for program administrators. Rockville, MD: National Institute on Drug Abuse.

Information is provided to assist substance abuse program administrators to decide whether to start a recovery training and self-help program. This relapse prevention strategy is an approach that was empirically tested and found to be a successful aftercare program. Background

information is provided, including how, when, and for whom it works. Issues that may be raised during implementation are discussed. Steps in developing such a program are outlined.

Zackon, F. et al. (1993). Recovery training and self-help: In-service training and curriculum. Rockville, MD: National Institute on Drug Abuse.

This training manual was developed to enhance the clinical competency of drug treatment professionals by training them to implement the Recovery Training and Self-Help program, a relapse prevention and aftercare approach that has been empirically tested and found to be effective in supporting clients in maintaining recovery. The curriculum focuses on group leadership skills needed to run successful groups. The training is comprised of four components: recovery training sessions; fellowship groups; group social activities; and network of senior recovering addicts.

Zackon, F. et al. (1993). Recovery training and self-help: Relapse prevention and aftercare for drug addicts. Rockville, MD: National Institute on Drug Abuse.

This handbook for service providers evolved from research efforts to describe a relapse prevention program for recovering drug addicts. The program consists of two elements that complement each other and reinforce and support the recovering addict in making lifestyle changes and in preventing relapse. The first element, a structured curriculum, is led by a professional and consists of 24 units addressing specific recovery issues. The second is fellowship meetings, led by peers, that involve personal sharing and problem solving. The handbook offers specific instructions on organizing and implementing a structured aftercare program incorporating the two basic elements. It focuses on problems that service providers are likely to encounter and describes how to address such problems.

**III. ANNOTATED BIBLIOGRAPHY:
OUTCOME STUDIES**

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Blaine, J.D. (Ed.) (1992). Buprenorphine: An alternative treatment for opioid dependence (NIDA Research Monograph Number 121). Rockville, MD: National Institute on Drug Abuse.

Information is provided on buprenorphine's metabolism and kinetics, clinical efficacy and safety, behavioral pharmacology, and effects. One of the major advantages of using buprenorphine as a treatment drug is that addicts are willing to take it; however, it does not produce the rush effect familiar to opiate addicts. While preliminary studies seem to indicate that buprenorphine has a therapeutic effect on cocaine usage, contradictory data also have been recently reported.

Blazer, D.G. (1996). Alcohol and drug problems. In E.W. Busse, & D.G. Blazer (Eds.), American Psychiatric Press textbook of geriatric psychiatry (2nd ed., pp. 341-356). Washington, DC: American Psychiatric Press.

Prevalence and risk factors for alcohol abuse and dependence among the elderly are discussed. The drug abuse problem among older adults is primarily the excessive use of prescription and over-the-counter drugs, rather than illicit drugs. Research has shown that older adults may manifest more severe processes of alcohol addiction, tolerance, and withdrawal. Diagnostic work-up and treatment methods, similar to those used for patients with alcohol abuse or dependence, are suggested.

Carroll, K.M. (1997). Relapse prevention as a psychosocial treatment: A review of controlled clinical trials. In G.A. Marlatt, & G.R. VandenBos (Eds.), Addictive behaviors: Readings on etiology, prevention, and treatment. Washington, DC: American Psychological Association.

The literature on randomized controlled trials is reviewed and the effectiveness of cognitive-behavioral relapse prevention treatment approaches on substance use (including smoking, alcohol, cocaine, and marijuana use) among adults is evaluated. Findings reported in the literature suggest that, across substances of abuse, but most strongly for smoking, there is good evidence supporting relapse prevention approaches compared with no-treatment controls; however, there is less consistent evidence regarding its superiority relative to discussion control conditions or other active treatments. Particular areas warranting additional research include analysis of the effects of specific components of relapse prevention treatment as well as more prospective matching studies to define the types of patients who are best suited for this approach.

Higgins, S.T., & Budney, A.J. (1993). Treatment of cocaine dependence through the principles of behavior analysis and behavioral pharmacology. In L.S. Onken, J.D. Blaine, & J.J. Boren (Eds.), Behavioral treatments for drug abuse and dependence (NIDA Research Monograph Number 137, pp. 97-122). Rockville, MD: National Institute on Drug Abuse.

A series of prospective and retrospective studies conducted to examine the efficacy of an outpatient behavioral treatment for cocaine dependence is described. This behavioral model of drug abuse has permitted researchers to extrapolate and apply to drug dependence scientific principles already available from research on other types of operant behavior and has generated a great deal of empirical knowledge concerning the dynamic role played by environmental and pharmacological variables in the reinforcing effects of drugs. The basic strategy is to rearrange the drug user's environment so that drug use and abstinence are readily detected, drug abstinence is positively reinforced, drug use results in an immediate loss of reinforcement, and the density of reinforcement derived from non-drug sources is increased to compete with the reinforcing effects of drugs. This treatment can be adapted to address the high levels of alcohol and marijuana abuse common among cocaine-dependent individuals, and because the majority of cocaine-dependent persons also abuse these other drugs, any effective treatment for cocaine dependence must be able to address these other forms of drug abuse as well. The preliminary results of a trial comparing the behavioral treatment with and without the voucher system indicate that including it improves treatment retention and cocaine abstinence.

Meuser, K.T., Drake, R.E., & Miles, K.M. (1997). The course and treatment of substance use disorder in persons with severe mental illness. In L.S. Onken, J.D. Blaine, S. Genser, & A.M. Horton (Eds.), Treatment of drug-dependent individuals with comorbid mental disorders (NIDA Research Monograph Number 172, pp. 86-109). Rockville, MD: National Institute on Drug Abuse [Online]. Available: www.nida.nih.gov/pdf/monographs/monograph172/086-109_Mueser.pdf.

Issues in the assessment of substance use disorders in persons with severe psychiatric disorders are discussed. Following this, an overview provides a natural history of substance use disorders in both the general population and among the chronically mentally ill. Next, the failure of the parallel treatment system for dually diagnosed clients is briefly reviewed, followed by a description of more recently developed integrated substance abuse and mental health methods. Preliminary data are then presented from a 3-year study by the New Hampshire-Dartmouth Psychiatric Research Center of integrated treatment for dual-diagnosis clients. The implications of research on integrated treatment approaches for policy decisions are discussed in a concluding section, as are future directions for research in this area.

Miller, L.J., & Mian, R. (1997). Treatment of addictive disorders during pregnancy. In N.S. Miller, M.S. Gold, & D.E. Smith (Eds.), Manual of therapeutics for addictions (pp. 187-208). New York: Wiley-Liss.

This chapter addresses general considerations associated with drug addiction during pregnancy, such as unawareness of pregnancy and birth defects from substance abuse by the mother. This chapter presents specific adverse effects, symptoms, interventions, and treatments that may be presented clinically in women addicted to alcohol and other drugs. Medical and psychosocial interventions are described, including pharmaceutical treatments.

Miller, N.S. (1991). Special problems of the alcohol and multiple-drug dependent: Clinical interactions and detoxification. In R.J. Francis, & S.I. Miller (Eds.), Clinical textbook of addictive disorders (pp. 194-218). New York: Guilford Press.

Multiple dependence is defined as dependence on more than one psychoactive substance simultaneously or concurrently, including the predominant practice in which the user has a hierarchy of substance abuse. Simultaneous use of drugs and alcohol is within the same week, and concurrent use is within the last year. This chapter defines multiple dependence and traces the history of the emergence of multiple-drug dependence to the 1960s. The epidemiology, pharmacology, and biological mechanisms in multiple dependence are also described. Other topics included in this chapter are clinical features, diagnosis, treatment, and prevention of multiple-drug dependence. The chapter concludes with a note on the modalities and psychiatric evaluations in the treatment of multiple-drug dependent persons.

Onken, L.S., Blaine, J.D., & Boren, J.J. (Eds.) (1995). Integrating behavioral therapies with medications in the treatment of drug dependence (NIDA Research Monograph Number 150). Rockville, MD: National Institute on Drug Abuse.

This chapter discusses medications and behavioral therapies and enhancing the effectiveness of pharmacotherapy using psychotherapeutic interventions for substance abusers. The chapter also presents results from a randomized clinical trial. It is noted that appropriate behavioral interventions can potentially interact effectively with medications, enhancing their effects.

Onken, L.S., Blaine, J.D., & Boren, J.J. (Eds.) (1993). Behavioral treatments for drug abuse and dependence (NIDA Research Monograph Number 137). Rockville, MD: National Institute on Drug Abuse.

Research studies on behavioral treatments of drug dependence were presented by scientists engaged in state-of-the-art research. Presentations included an overview and application of behavioral treatment approaches (including cue reactivity, behavioral pharmacology, harm reduction approach, and cognitive therapy) for methadone, cocaine, and alcohol dependence.

Multisystemic treatment of serious juvenile offenders, and behavioral treatment outcome research were also presented.

Orwin, R.G. et al. (1993). Community demonstration grant projects for alcohol and drug abuse treatment of homeless individuals: Executive summary. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

This demonstration project was part of an effort by the National Institute on Alcohol Abuse and Alcoholism aimed at developing a research-based understanding of the complex relationship between homelessness and alcohol and other drug abuse. The treatment interventions funded in this demonstration program represented a mix of treatment approaches targeted in a variety of subpopulations of homeless persons with alcohol or other problems. This evaluation documented lessons learned in implementing interventions for the homeless. The executive summary provides an overview of the multi-volume national evaluation report and includes information on the number and client characteristics served by the program, the services they received, and the challenges and accomplishments in the implementation of intervention programs. It also describes the extent to which clients completed their programs, and assesses the effectiveness of interventions in reducing alcohol and other drug use, increasing employment and economic security, improving physical and mental health status, and increasing residential stability.

Sharp, B.D., & Beam, K.J. (1995). Treatment perspectives on criminal personalities in a rural setting. In Treating alcohol and other drug abusers in rural and frontier areas: 1994 Award for Excellence papers (Technical Assistance Publication No. 17). Rockville, MD: Center for Substance Abuse Treatment.

This chapter describes an intensive residential treatment program for male inmates of a minimum security prison. The first section describes components of the therapeutic culture and provides details about the program's stratified, hierarchical structure; the second portion describes the research studies that have been conducted to date. The authors examine these outcome studies and the latest demographic data on participants compiled after 4 years of program operation. The chapter concludes with recommendations concerning next steps for this program, including its replication in other rural prisons and jails. (Author abstract modified)

Sterling, R.C., Gottheil, E., Weinstein, S.P., & Serota, R. (1988). Therapist/patient race and sex matching: Treatment retention and 9-month follow-up outcome. Addiction, 93, 1043-1050.

This study was conducted to replicate previous findings regarding the effect of patient/therapist race and sex-matching as it relates to the early dropout rate of substance abusers, and to extend previous work by examining the impact of such matching on treatment retention and 9-month outcome. Patient and therapist characteristics were crossed in a 2 x 2 factorial design; matching

effects were then tested using retrospective data. Participants were 967 African-American cocaine-dependent people and the study site was an outpatient treatment facility. Follow-up data were drawn from the Addiction Severity Index, the Risk for AIDS Behavior Inventory, and a questionnaire measuring post-discharge need for treatment, employment and education. Retention was defined as the number of days inclusive between the last date of service and the date of admission. No significant differences in early dropout rates were found after initial contact with 10 different therapists. Matching therapist and patients with respect to gender and race did not decrease the premature dropout rate, but partial support for gender matching was noted. Matching therapist and substance abusing patients on gender and race may not be essential to improving retention and outcome. (Author abstract modified)

Stevens, S.J., Arbiter, N., Mullen, R., & Murphy, B. (1996). Issues and interventions: Substance abuse treatment for adolescents using a modified therapeutic community model. In C.B. McCoy, L.R. Metsch, & J.A. Inciardi (Eds.), Intervening with drug-involved youth (pp. 156-179). Thousand Oaks, CA: Sage.

This chapter discusses the use of a modified therapeutic community (TC) model for treating substance-abusing adolescents and analyzes one such program in Arizona. Amity, a nonprofit drug treatment, prevention and research organization, operated several TCs for drug-involved adolescents. The focus of the TCs was treatment of drug use as a symptom of a person's disorder, not as the essence of the disorder, with a global change in lifestyle as the goal of treatment, not just a reduction or cessation of drug use. Compared with adult TCs, the juvenile TCs require more staff involvement, more structure and organization, a more comprehensive family program, and more intensive transition from residential treatment into the community.

Tims, F.M., De Leon, G., & Jainchill, N. (Eds.) (1994). Therapeutic community: Advances in research and application (NIDA Research Monograph Number 144). Rockville, MD: National Institute on Drug Abuse.

This monograph is based on the papers from a technical review on therapeutic community (TC) research advances. Topics addressed include: TC treatment research, TC models, socialization into the TC culture, client outcomes and retention, and TCs for adolescents, women, and prisoners. The monograph concludes with policy considerations and practice recommendations.

Zimberg, S. (1994). Individual psychotherapy: Alcohol. In M. Galanter, & H.D. Klemer (Eds.), American Psychiatric Press textbook of substance abuse treatment (pp. 263-273). Washington, DC: American Psychiatric Press.

The modified form of psychodynamic psychotherapy of alcoholism is discussed. Presented are psychodynamics of alcoholism, differential diagnosis and treatment of coexisting psychiatric

disorders, indications and advantages of individual therapy, stages of treatment and recovery, techniques of individual therapy, transference and countertransference, and outcome studies.

IV. SELECTED BIBLIOGRAPHY

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