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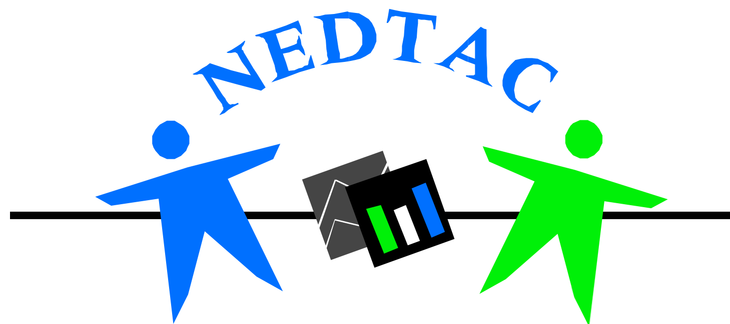

SUBSTANCE ABUSE TREATMENT CONTINUING CARE: ANNOTATED BIBLIOGRAPHY

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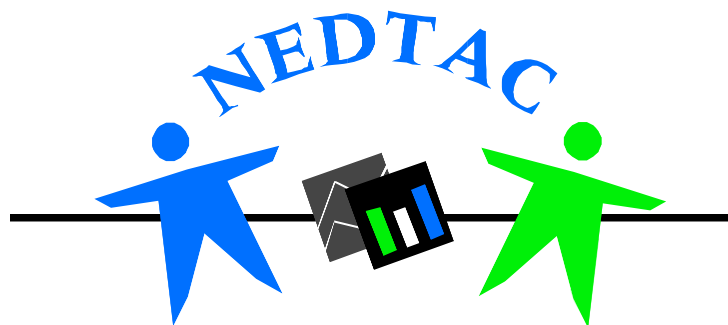

SUBSTANCE ABUSE TREATMENT CONTINUING CARE: ANNOTATED BIBLIOGRAPHY

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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. One component of the support involves providing technical assistance to CSAT grantees with information on existing and innovative treatment methods. In performing the mission to disseminate knowledge on substance abuse treatment, the National Evaluation Data and Technical Assistance Center provides resource materials for professionals in the substance abuse field with a series of bibliographies in key topic areas. This document belongs to that series. This annotated and selected bibliography provides references on continuing care, post-treatment aftercare, and relapse prevention for a variety of populations: drug-exposed infants, adolescents, women, homeless and high-risk juveniles, and adults. These references discuss the topic of continuing care in a variety of settings: families, boot camps, outreach projects, residential programs, and hospital-based programs.

Continuing care or aftercare lends support to the client after a substance abuse treatment program ends. Without aftercare, the client's return to a less structured environment may undermine the client's achievements during treatment. A review of relapse literature reveals that treatment program personnel and clinicians realize that for many clients, relapse is part of the recovery period. Continuing care can prevent a possible lapse from developing into either an extended relapse or, at worst, complete treatment failure. Thus, continuing care facilitates total recovery by prolonging the period of treatment effectiveness and by decreasing the number of relapses. The cost of continuing care is potentially recovered by decreasing the number of clients in intensive or residential care and by increasing the number of clients with effective treatment outcomes.

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

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

I. Substance Abuse Treatment Continuing Care: Annotated Bibliography

I. SUBSTANCE ABUSE TREATMENT CONTINUING CARE: ANNOTATED BIBLIOGRAPHY

Altschuler, D.M., & Armstrong, T. (1994). Intensive aftercare for high-risk juveniles: A community care model. Washington, DC: Office of Justice Programs.

Crowded juvenile correctional centers, escalating costs of confinement, and high rates of recidivism have renewed interest in bringing innovative ideas to juvenile aftercare philosophy, practice, and programming. This program summary details an Office of Juvenile Justice and Delinquency Prevention initiative designed to assist public and private corrections agencies in developing and implement effective aftercare approaches for chronic juvenile offenders who initially require secure confinement. The manual provides a structure for understanding how program elements and components function. The Intensive Aftercare Model (IAP) was designed to address: need-related risk factors associated with reoffending juveniles; the set of ancillary program services that focuses on other needs and problems of high-risk juvenile parolees; and surveillance and monitoring objectives.

Cantrel, P.J. et al. (1993). The relationship between relapse prevention treatment outcome and self-efficacy. (ERIC Document Reproduction Service No. ED 370 065).

The majority of alcoholics and drug addicts relapse after treatment, with many substance abusers developing a chronic relapse pattern. For this study, 43 patients who went through a 3-week inpatient relapse prevention program answered the Situational Confidence Questionnaire (a measure of self-efficacy of alcohol-related, high-risk situations) prior to and after treatment. Results showed that subjects exhibited significant increases in self-efficacy—a person's belief that one can respond effectively to a situation by using available skills—over the course of treatment. One year follow-up data revealed that while the majority of patients did relapse, they reported shorter periods of substance abuse. Increased involvement with outpatient activities correlated with positive outcomes, such as increased sobriety and fewer relapses. Two high-risk situations, unpleasant emotions/frustrations and urges/temptations, played a major role in relapses. This study's findings support the benefits of relapse prevention treatment and aftercare activities, beyond treatment, for relapse-prone alcoholics. (ERIC abstract modified)

Cavaiola, A., Schiff, M., & Kane-Cavaiola, C. (1990). Continuing care for the chemically dependent adolescent: Aftercare or afterthought? Journal of Adolescent Chemical Dependency, 1, 77-93.

This paper explores the various types of treatment programs and strategies available for treating chemically dependent adolescents who completed some type of residential treatment and are now returning to the community, home, and school. Special issues and common themes are also discussed. This paper stresses the importance of this phase of treatment in the recovery process in order that aftercare does not become an "afterthought." (NCADI abstract)

Center for Substance Abuse Research. (1998). District of Columbia treatment initiative. College Park, MD: Author.

This paper describes an initiative to test the efficacy of providing inpatient and outpatient aftercare of different durations to clients seeking treatment in Washington, DC. Clients were randomly assigned to two therapeutic community programs that primarily differed in the planned duration: the standard inpatient program consisted of 10 months of inpatient treatment followed by 2 months of outpatient care, while the enhanced inpatient program consisted of 6 months of inpatient treatment followed by 6 months of outpatient care. Ninety-three percent of the 412 clients who participated in either treatment program were re-interviewed to assess treatment outcomes 6 months post-discharge and 3 months prior to the interview. The study's main goal was to compare clients form the two treatment programs on functioning at follow-up, including drug use, criminal activity, and employment status. The study's results indicate that for cocaine-abusing clients, the type of treatment program attended was not as critical as completing 12 months of either treatment program. The only difference found when comparing clients from the two treatment groups at follow-up was that those who attended the standard inpatient program were more likely to be employed at follow-up than those who attended the enhanced inpatient program. (Author abstract modified)

Cooney, N.L., Kadden, R.M., Litt, M.D., & Getter, H. (1991). Matching alcoholics to coping skills or interactional therapies: Two-year follow-up results. Journal of Consulting and Clinical Psychology, 59, 598-601.

The researchers assigned 96 inpatients in alcoholism treatment to aftercare group treatment with either coping skills training or interactional therapy. Survival analyses using 2-year outcome data provided evidence for durability of matching interaction effects. Individuals scoring high on sociopathy or global psychopathology had better outcomes in coping skills treatment; patients low on these dimensions had better outcomes in interactional therapy. (ERIC abstract modified)

Coughey, K., Feighan, K., Cheney, R., & Klein, G. (1998). Retention in an aftercare program for recovering women. Substance Use and Misuse, 33, 917-933.

This study assessed retention in an aftercare program of case management/peer support for formerly homeless recovering mothers. Length of residential drug treatment, length of sobriety, strong support networks, and concerns about housing and parenting predicted completion of the case management component. Emotional instability and the severity of problems were found to be correlated with participation in the peer support group. The findings illustrate the need to tailor aftercare services to the level of clients' recovery and the need for female-only aftercare groups where women can safely discuss physical and sexual abuse issues related to their misuse of drugs.

DeLeon, G. (1990-1991). Aftercare in therapeutic communities. International Journal of the Addictions, 25, 1225-1237.

Relapse is the rule across all treatment approaches; however, evidence shows that treatment gains can be maintained and the recovery process sustained with continued aftercare programming beyond that of primary treatment. This paper discusses aftercare in the context of therapeutic community treatment. The initial section briefly reviews general considerations and distinctions concerning relapse and aftercare; the remainder outlines the therapeutic community approach to aftercare. (Author abstract modified)

Dubey, A. (1996). Study compares aftercare models. Addictions News for Professionals, 25(3), 9.

Some treatment centers continue to use the traditional Alcoholics Anonymous (AA)-oriented model, even though more than half of all clients are multiple drug users. A new study will compare the effectiveness of two aftercare programs: an AA-based program and a structured relapse prevention program. The study will match treatment outcomes to characteristics such as age, socioeconomic status, and type of drug use. Relapse prevention clients will learn to identify their risk situation and design their own coping strategies. An earlier study showed almost 60 percent of alcoholics were abstinent a year after intensive treatment, compared with 30 percent of multiple substance abusers. A third of these clients were using drugs even during intensive AA-oriented treatment. (NCADI abstract modified)

Fertman, C.I. (1991). Aftercare for teenagers: Matching services and needs. Journal of Alcohol and Drug Education, 36(2), 1-11.

This article explores how drug and alcohol aftercare case management service for adolescents contributed to the maintenance of drug-and alcohol-free behavior and adherence to aftercare plans. It found different patterns of outcome results for each of four identified groups of adolescents. Results indicated that aftercare did contribute to expected outcomes. (ERIC abstract modified)

Fortney, J.C., Booth, B.M., Blow, F.C., Bunn, J.Y., et al. (1995). The effects of travel barriers and age on the utilization of alcoholism treatment aftercare. American Journal of Drug and Alcohol Abuse, 21, 391-406.

The objective of this research was to ascertain whether geographical accessibility (in conjunction with other patient characteristics) reduced the probability of participating in alcoholism aftercare treatment. A sample of U.S. male veterans discharged with an outpatient appointment from a Department of Veterans Affairs inpatient alcohol dependency treatment program was identified. The outpatient records of each patient were obtained to determine whether aftercare services

were utilized following discharge. Binary choice analysis was used to model the decision to enter aftercare treatment as a function of travel distance, age, marital status, ethnicity, severity of illness, and urbanization. Travel barriers significantly reduced aftercare participation, especially for elderly and rural veterans. Both younger and older veterans were less likely to keep their aftercare appointment than middle-aged veterans. Married patients were more likely to utilize outpatient services than unmarried patients. Ethnic status, severity of illness, and urban size all negatively affected the likelihood of appointment attendance. (Author abstract modified)

General Accounting Office. (1991). Drug treatment: Despite new strategy, few federal inmates receive treatment. Washington, DC: Author.

Research conducted by the Bureau of Prisons (BOP) shows that almost half of the prisoners in Federal prisons need some sort of substance abuse treatment. There are efforts to provide treatment but less than 2 percent receive it. Some of it is due to lack of inmates willing to volunteer; they see no benefit from treatment. Most of it is due to a lack of needed staff to provide the necessary care. The report recommends that the services originally planned be available and that the BOP should increase its outreach program so that more inmates will enroll in treatment.

General Accounting Office. (1991). Drug treatment: State prisons face challenges in providing services. Washington, DC: Author.

This report determines the extent to which state prisons provide drug treatment to inmates with substance abuse problems; the types to treatment services planned and provided; and the availability of aftercare services for released inmates. State prison officials face a number of difficulties in enhancing treatment for their inmate populations, such as inadequate funding for state prison drug treatment programs and the lack of coordination and funding to provide aftercare.

Griffith, E.M. (1992). Breaking the cycle: The homeless addicted mother. In M.M. Murray (Ed.), Volume III: Innovative strategies for treating alcohol and drug abuse problems among homeless men and women (pp. 125-151). Rockville, MD: Department of Health and Human Services.

This chapter describes the Diagnostic and Rehabilitation Center's (DRC) approach to closing the gap in services for women and their children in Philadelphia, PA. The approach included the provision of a safe, supportive, and drug-free residential facility for mothers and their young children and for pregnant women. In combination with this residence, it provided outpatient substance abuse treatment at DRC's main treatment facility. The women in this project are young, minority, urban mothers who are actively struggling with intergenerational cycles of substance abuse, child abuse, disorganized families, and few environmental resources. They are

homeless, polydrug-addicted mothers in treatment for alcohol and other drug problems. The service intervention of this project is described, as is the program concept, policy, staffing, criteria for admission, intake information, protocol for clients, initial plan, progress notes, client tracks, resident plan, and aftercare plan. (NCADI abstract)

Hsieh, S., Hoffmann, N.G., & Hollister, C.D. (1998). The relationship between pre-, during-, post-treatment factors, and adolescent substance abuse behaviors. Addictive Behavior, 23, 477-488.

This study examined the relationship between pre-, during-, post-treatment variables, and treatment outcome by using a secondary data analysis of the 6- and 12-month post-treatment follow-up data from 2,317 adolescent clients. Pre-treatment variables included psychosocial, family-related, substance abuse, and special event variables. During-treatment variables include length of stay and parental participation in treatment. Post-treatment variables covered the attendance of subsequent treatment/continuing care, such as Alcoholics Anonymous/Narcotics Anonymous and substance abuse aftercare, and parental attendance of subsequent treatment. Results from discriminant function analyses indicated that during- and post-treatment variables could differentiate the abstinence status at 6- and 12-month follow-ups. It was also shown that the post-treatment variable group exhibited the best classification accuracy among the three variable groups across both follow-up periods. Limitations in applying research findings and their implications for adolescent substance abuse treatment are also discussed. (Author abstract modified)

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.

Kileen, T.K., Brady, K., & Thevos, A. (1993). Aftercare compliance in cocaine-dependent mothers: A preliminary report. Substance Abuse, 14(3), 137-141.

Current estimates of the prevalence of cocaine abuse during pregnancy vary, with higher estimates occurring in urban clinics serving the poor. Studies find that pregnant addicts are more likely to possess limited financial resources and vocational skills, be poorly educated, have inadequate housing, and have many children at home. These women often present for treatment with multiple psychosocial and/or medical sequelae, which make them particularly difficult to treat. Demographic features, psychopathology, and addiction severity indices were compared between cocaine-abusing pregnant women who complied with aftercare treatment and those not attending aftercare. There were no significant differences between the two groups, though those complying with treatment were slightly older, possibly a reflection of the natural course of addictive disorder. No statistically significant differences were found between the two groups in terms of psychopathologies. Court-mandated treatment did not necessarily assure treatment compliance. (NCADI abstract modified)

Lash, S.J. (1998). Increasing participation in substance abuse aftercare treatment. American Journal of Drug and Alcohol Abuse, 24(1), 31-36.

This study was designed to increase substance abuse aftercare participation following completion of inpatient treatment. The authors compared the effect of a 20-minute aftercare orientation session to a minimal treatment condition on aftercare group therapy participation. The orientation session was conducted by an aftercare group therapist; participants were encouraged to attend aftercare, described the helpfulness of aftercare, and asked to sign an aftercare participation contract. Participants in the minimal treatment condition watched a videotape on motivation to reach goals. Participants were 40 males in an inpatient substance abuse treatment program at a Veterans Affairs Medical Center (VAMC). Participants who received the aftercare orientation were more likely to attend aftercare (70%) than those who received the minimal treatment (40%). Additionally, the former group attended more sessions ($x = 3.0$) than those who were not oriented to aftercare ($x = 1.4$). This article concludes with a discussion of the utility and limitations of a brief orientation session on aftercare adherence. (Author abstract modified)

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.

Massey, W. (1993, December). Improving patients' chances. Employee Assistance, 5-7.

Facilities in many areas of the country now offer programs with various levels of care, including detoxification, inpatient rehabilitation and treatment, evening outpatient treatment, and aftercare. Adoption of national standards for determining levels of care would facilitate establishing a consensus among employers, insurers, and treatment facilities. The American Society of Addiction Medicine (ASAM) has standardized placement criteria; according to these criteria, patients are evaluated on withdrawal, medical condition, emotional/behavioral condition, treatment acceptance or resistance, 12-step meeting participation, relapse potential and recovery environment, and support. Most new patients begin in detoxification and progress to various other levels of care according to individual progress and circumstances. Patients are transferred to inpatient programs and day and evening outpatient programs as they meet the criteria for those new levels of care. Because recovery is an ongoing process, most facilities encourage patients and families to attend weekly aftercare sessions for a year or two following treatment. (NCADI abstract modified)

McKay, J.R., McLellan, A.T., Alterman, A.I., Cacciola, J.S., Rutherford, M.J., & O'Brien, C.P. (1998). Predictors of participation in aftercare sessions and self-help groups following completion of intensive outpatient treatment for substance abuse. Journal of Studies on Alcohol, 59, 152-162.

This study was designed to identify predictors of greater participation in aftercare treatment sessions and self-help groups during the first 3 months following completion of a 4-week intensive outpatient rehabilitation (IOP) program. The clients were 138 male veterans who met DSM-III-R criteria for lifetime diagnoses of both alcohol and cocaine dependence (n = 67), alcohol dependence only (n = 48) or cocaine dependence only (n = 23); completed an IOP program; and expressed a desire to enter a formal aftercare program. Analyses examined relationships between predictor variables from five different domains and the number of aftercare sessions and self-help groups attended during the follow-up period. Of the many potential predictor variables that were examined, only remission from cocaine and alcohol dependence during IOP and higher AIDS risk behavior scores in the prior 6 months contributed independently to the prediction of greater participation in aftercare. Further analyses identified several variables that were differential predictors of participation in individualized relapse prevention aftercare versus standard 12-step focused group aftercare. More years of cocaine use, greater current legal problems and a lack of current alcohol dependence predicted greater self-help participation at the level of a trend. The achievement of remission from substance use dependence during IOP may be an important criterion for moving to the next level of care. (Author abstract modified)

McMillan, D., & Cheney, R. (1992). Aftercare for formerly homeless, recovering women: Issues for case management. In R.S. Ashery (Ed.), Progress and issues in case management

(NIDA Research Monograph No. 127, pp. 274-288). Rockville, MD: National Institute on Drug Abuse.

The Aftercare project, which is in the beginning stages, focuses on 200 formerly homeless recovering women with children. The target population will be randomized into two groups. One group will receive peer support and case management, and the other will receive case management alone. Subjects will be followed for 18 months. The case load will consist of one case manager to 15 families. The case management model incorporates a philosophy of empowerment. Several barriers in working with the target population are identified, including the need for life and parenting skills, manipulative coping behaviors, transportation, and the potential for relapse. Roles also are identified for the case manager, including advocate, treatment coordinator, educator, and therapist. Major gaps in services, such as the lack of affordable housing, affordable child care, and material goods, will require advocacy by the case manager.

Mitchell, J.L. (Ed.). (1993). Pregnant substance-using women (Treatment Improvement Protocol No. 2). Rockville, MD: Center for Substance Abuse Treatment.

This document focuses on the drug treatment, medical, and aftercare services needed by pregnant, substance-using women served in publicly funded drug treatment programs. These women often face greater obstacles than mere substance abuse, including poverty, homelessness, single parenthood, poor nutrition, physical and sexual abuse, and limited social support. As a result of these compounding problems, case management and follow-up services are necessary for improving the quality of life of substance-abusing women and their families. The first chapter delineates alcohol and other drug treatment guidelines, arguing that clients need a comprehensive array of services and should not be viewed in isolation, but rather as part of a larger gamily. The second chapter presents standard obstetrical procedures necessary for the prenatal care of substance-using women. The final chapter discusses the legal and ethical guidelines involved in treating women and children, including confidentiality, reporting, and child protection.

Mooney, B.T. (1994-95, December-January). Aftercare: More than an afterthought. Employee Assistance, 34-37.

Aftercare, properly designed, can assist in achieving long-term sobriety. With the current decreasing lengths of stay in the primary portions of programs, professionals are pressed to provide even the most basic therapy that once was the hallmark of a well-structured program. The aftercare group itself must become a very work-oriented group with set goals and timelines. Following the continuing care plan and the specific goals and objectives set for each client would help to give the group focus and specific direction. The client group could continue to deal with issues, but also incorporate continuing stepwork and relapse prevention work into sessions. Specific work is needed in early recovery in the areas of dealing with anger, structuring leisure time, balancing life areas, parenting and financial issues, and sometimes past physical and sexual abuse, and assessing/addressing other addictions. The family group can be structured as a

multiple family group therapy, a time- and cost-effective method that has been greatly under used. (NCADI abstract)

Moos, R.H., & Moos, B.S. (1995). Stay in residential facilities and mental health care as predictors of readmission for patients with substance use disorders. Psychiatric Services, 46, 66-72.

This article examines the relationship between substance abuse patients' length of stay (LOS) in community residential facilities and their outpatient mental health aftercare and readmission for inpatient care. A national sample of substance abuse patients referred to community residential facilities after an episode of inpatient care was assessed and followed over 4 years. Patients were divided into three groups: those with only alcohol-related diagnoses; those with drug-related diagnoses, most of whom also had alcohol diagnoses; and those with concommitant psychiatric diagnoses. Patients who had longer episodes of care in residential facilities were more likely to obtain outpatient mental health aftercare and were less likely to be readmitted for additional substance abuse or psychiatric care in 6-month, 1-year, and 4-year follow-up intervals. Readmission rates among substance abuse patients with psychiatric diagnoses were much higher than rates among patients who had only substance abuse diagnoses. LOS in the community residential facility and post-discharge outpatient mental health care remained significant independent predictors of lower readmission after other risk factors for readmission were considered. The article concludes that transitional community residential care can contribute to substance abuse patients' treatment outcome; however, longer-term supportive care is needed for substance abuse patients with more severe and chronic disorders. (Author abstract modified)

Moos, R.H., Pettit, B., & Gruber, V. (1995). Longer episodes of community residential care reduce substance abuse patients' readmission rates. Journal of Studies on Alcohol, 56, 433-443.

This study focuses on whether substance abuse patients who enter a community residential facility (CRF) after discharge from inpatient care obtain more outpatient mental health care and have lower readmission rates than comparable patients discharged directly to the community. A national sample of mostly male substance abuse patients referred to CRFs after inpatient substance abuse care were compared to a matched sample of patients discharged to the community. Compared with the controls, CRF patients were more likely to obtain outpatient mental health aftercare and obtained more intensive care. Patients with longer episodes of CRF care had lower 6-month and 1-year readmission rates than patients who had only alcoholic diagnoses, patients who had drug diagnoses and patients who had psychiatric diagnoses in addition to their substance disorders. Longer length of CRF care and more outpatient mental health care were significant predictors of lower readmission rates after other risk factors for readmission were controlled. Longer episodes of community residential care can contribute to better outcomes for substance abuse patients, in part by maintaining patients' involvement in

outpatient mental health care. CRFs may play a major role in the continuum of substance abuse care. (Author abstract modified)

New Standards, Inc. (1994). Comparison of cocaine and heroin addicts to other patients receiving inpatient or outpatient treatment. St. Paul, MN: Author.

The popular view is that it is difficult to treat those people who are addicted to cocaine and heroin. This research helps dispel some of the myths concerning cocaine and heroin addiction. Even though the abstinence rates for cocaine and heroin are lower than other drugs, half of those receiving treatment remain drug-free for at least a year. When patients are treated in residential programs and receive continuing care the abstinence rate rises to over 60 percent. Self-help groups also aid in the drug treatment process.

Nurco, D.N., Stephenson, P.E., & Hanlon, T.E. (1990-1991). Aftercare-relapse prevention and the self-help movement. International Journal of the Addictions, 25, 1179-1200.

This article presents the background and initial experiences of a treatment evaluation involving self-help techniques and principles as a means of providing aftercare services for stabilized methadone maintenance patients. It describes the clinically guided self-help model, which focuses on community reintegration and places emphasis on social network components following a period of primary treatment and demonstrated client stability. The authors identified needs and issues of concern to stabilized clients, and distilled a paradigm for responding to these in a self-help group format. The model permits clients to establish their own agenda of interests and, guided by staff, to engage in a process geared toward maximum participation on their part. The model is clinically based, in that staff and participants are engaged in working on present adjustment concerns. The overall goal of the investigators is to generate the prerequisite skills for successful adaptation of self-help concepts and techniques to the particular needs and interests of individual methadone maintenance programs and clients. (Author abstract modified)

Older, H.J., & Searcy, E. (1990, June). Assuring the continued recovery of EAP clients through post-treatment aftercare. EAP Association Exchange, 22-24.

The background and context of the need for more thorough planning and implementation of continuing care for employees who return to work following inpatient treatment for drug abuse are reviewed. Individually developed aftercare assessment, planning, and follow-up with documentation increased the probability of long-term abstinence and recovery. Persuading management of the critical need for aftercare and preparing EAP staff to meet this need are major challenges to the EAP field today. (NCADI abstract)

Ouimette, P.C. , Moos, R.H., & Finney, J.W. (1998). Influence of outpatient treatment and 12-step group involvement on 1-year substance abuse treatment outcomes. Journal of Studies on Alcohol, 59, 513-522.

This study examined whether substance abuse patients who selected one of three aftercare groups (outpatient treatment only, 12-step group only, and outpatient treatment and 12-step group) and patients who did not participate in aftercare differed on 1-year substance use and psychosocial outcomes. A total of 3,018 male patients completed a questionnaire at intake and 1 year following discharge from treatment. Patients were classified into aftercare groups at follow-up using information from Veterans Affairs databases and self-reports. Patients who participated in both outpatient treatment and 12-step groups fared the best on 1-year outcomes. Patients who did not obtain aftercare had the poorest outcomes. In terms of the amount of intervention received, patients who had more outpatient mental health treatment, who more frequently attended 12-step groups or were more involved in 12-step activities had better 1-year outcomes. In addition, patients who kept regular outpatient appointments over a longer time period fared better than those who did not. (Author abstract modified)

Roley, J.H. (1995). The design of an effective family reintegration and aftercare program for youth successfully leaving residential care. (ERIC Document Reproduction Service No. EJ 428 121).

The lack of support services following the release of adolescent youths from a residential treatment center back to their families is examined in this report. Consequently, the development of a family reintegration program for the treatment center is focused on the concept that effective aftercare begins at intake. Families already involved with their son or daughter while in placement proved far more successful in reunification efforts than families that were not involved. A number of factors contributed to the lack of effective aftercare services to youths who successfully completed the residential program, such as lack of an aftercare methodology and lack of collaboration between services providers, and funding and referral agencies. (ERIC abstract modified)

Schulman, G.D. (1993, May-June). Restoring aftercare to the therapeutic continuum: "Aftercare" has too long been an afterthought, for both providers and payers. The effectiveness of care has been diminished accordingly. Addiction and Recovery, 26-28.

The use of the term "aftercare" came into vogue in late 1974 as part of the development of the first set of alcoholism-specific accreditation standards developed by the Joint Commission on the Accreditation of Hospitals. In those original standards, there were two components that had to be present in order for any program to achieve accreditation: a management system and aftercare. Aftercare has too long been an afterthought, for both providers and payers; the effectiveness of care has been diminished accordingly. The author stresses the importance of moving away from the concept of two discrete services, treatment and aftercare, and toward the concept of a

continuum of care. To think in terms of a short inpatient treatment or 12 weeks of aftercare is not an adequate response for chemical dependency. Within the limitations of reasonable costs, one should think about a treatment system that provides a number of different types and intensities of services to respond appropriately to patient needs. (NCADI abstract modified)

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.

Stainback, R.D., & Walker, C.P. (1990). Discharge planning and selection of aftercare. In W.D. Lerner, & M.A. Barr (Eds.), Handbook of hospital-based substance abuse treatment (pp. 184-201). Elmsford, NY: Pergamon Press.

Guidelines for preparing and transferring patients from hospital-based treatment to aftercare are outlined. The problem of relapse, including its frequency, determinants, and prevention, are discussed. Aftercare is presented as a treatment method to assist patients in preventing relapse. Discharge planning is examined, including: models accounting for why changes occur in addictive behaviors, with implications for discharge planning; a review of methods to increase motivation to comply with aftercare recommendations; and a discussion of matching patients to resources. General characteristics of each modality are described along with guidelines for matching patients to resources. Attention is also devoted to treatment of patient groups with special needs (e.g., minorities, the elderly). (NCADI abstract)

Whorley, L.W. (1996). Cognitive therapy techniques in continuing care planning with substance-dependent patients. Addictive Behaviors, 21, 223-231.

Cognitive therapy techniques were used with substance-dependent inpatients in order to increase patient involvement with continuing care/aftercare resources. Patients receiving cognitive techniques were compared to an earlier grouping of patients with whom cognitive therapy was not used. Results indicated that cognitive therapy significantly improved both referral acceptance and initial patient contact with continuing care agencies. The complexity of continuing care compliance and opportunities for further research are discussed.

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.

II. Substance Abuse Treatment Aftercare: Selected Citations

II. SUBSTANCE ABUSE TREATMENT AFTERCARE: SELECTED CITATIONS

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