**Substance Abuse and Mental Health Services Administration**

*Center for Substance Abuse Treatment*

**Brief Interventions and Brief Therapies for Substance Abuse**

*Treatment Improvement Protocol (TIP) Series*

**4**

**Brief Interventions and Brief Therapies**

**For Substance**

**Abuse**

*Treatment Improvement Protocol (TIP) Series*

4

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road Rockville, MD 20857

**Acknowledgments**

This publication was prepared under contract number 270-95-0013 for the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). Sandra Clunies, M.S., I.C.A.D.C., served as the Contracting Officer's Representative.

**Disclaimer**

The opinions expressed herein are the views of the consensus panel members and do not necessarily reflect the official position of SAMHSA or HHS. No official support of or endorsement by SAMHSA or HHS for these opinions or for the instruments or resources described are intended or should be inferred. The guidelines presented should not be considered substitutes for individualized client care and treatment decisions.

**Public Domain Notice**

All materials appearing in this volume except those taken directly from copyrighted sources are in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA, HHS.

**Electronic Access and Printed Copies**

This publication may be ordered for free from SAMHSA's Publications Ordering Web page at [http://store.samhsa.gov.](http://store.samhsa.gov/) Or, please call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727)

(English and Espanol). The document can be downloaded from the KAP Web site at [http://kap.samhsa.gov.](http://kap.samhsa.gov/)

**Recommended Citation**

Center for Substance Abuse Treatment. *Brief Interventions and Brief Therapies for Substance Abuse.* Treatment Improvement Protocol (TIP) Series, No. 34. HHS Publication No. (SMA) 12- 3952. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999.

**Originating Office**

Quality Improvement and Workforce Development Branch, Division of Services Improvement, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857.

HHS Publication No. (SMA) 12-3952 First Printed 1999

Revised 2002, 2003, 2004, 2007, 2009, 2011, and

2012

*ll*

# Brief Fan1ily Therapy

ubstance abuse disorders do not develop in isolation. For many individuals with substance abuse disorders, interactions

with the family of origin, as well as the current family, set the patterns and dynamics for their problems with substances. Furthermore, family member interactions with the substance abuser can either perpetuate and aggravate the problem or substantially assist in resolving it. Family therapy is suggested when the client exhibits signs that substance abuse is strongly influenced by family members' behaviors or communications with them. Family therapy might be contraindicated if other family members are active substance abusers, violent, deny that the client's substance abuse is problematic, or remain excessively angry.

Family therapy is often used to examine

factors that maintain a client's substance abuse behavior. To understand these factors, the therapist considers the family's various structural elements and how they contribute to the substance abuse. These elements might include the power hierarchy, roles, rules, alignments, and communication patterns within the family. Through family therapy, the clinician can help the family identify dysfunctional areas, adjust its hierarchy, change various roles that members play, change dysfunctional rules, alter dysfunctional alignments between family members, and replace dysfunctional communications with clear, direct, and effective communication.

Family involvement is often critical for success in treating many substance abuse disorders - most obviously in cases where elements of the family are inadvertently reinforcing or supporting the problem. In some cases, another family member has a different agenda from the rest of the family. For example, the husband of a recovering substance abuser may have taken on additional roles in the family as a result of the vacuum left when his wife was abusing substances. The husband may be unwilling to let her resume her place in the family or share control of the family budget, for example. Unless family therapy can shift his position, the client's recovery is likely to be impeded. When the whole family is involved in therapy, changes are faster and easier to maintain. In addition, the client gains a built-in support system.

Complex interactions between family

dynamics and substance abuse have long been recognized (Lewis, 1937). Whalen suggested spousal psychopathology was a contributing factor in the onset and maintenance of substance abuse (Whalen, 1953). Jackson argued on the basis of interviews with members of Al-Anon that the depression, anxiety, and distress seen so often in family members of substance abusers stem from, rather than cause substance abuse disorders (Jackson, 1954).

Contrary to what had long been the popular opinion, most individuals with substance abuse disorders maintain close ties with their families.

Research has consistently shown that people with substance abuse disorders are in closer contact with their families of origin than the members of the general population of comparable age (Bekir et al., 1993; Douglas, 1987).

A number of reviews have found strong support for the use of family therapy methods for substance abuse treatment. Recent research even suggests that family and marital treatment produces better marital and drinking outcomes than nonfamily methods (Lowinson et al., 1997). At least one study that compared long-term and short-term family therapy (16 and 8 casework interventions over an 8- and a 4-month period, respectively) found that shorter services were often more beneficial (Garvin et al., 1976).

However, comparable studies specifically on

family therapy as applied to substance abuse disorders are lacking.

The Harvard Medical School Department of Psychiatry successfully used couples counseling in the context of treatment for alcohol­ dependent clients. Studies of participants in the Harvard Counseling for Alcoholics' Marriages Project (Project CALM) showed that more than 50 percent of husbands with alcohol abuse disorders who participated remained alcohol free in the first year after treatment, compared with less than 30 percent of husbands treated in individual therapy. Participants in the program also had fewer marital separations. With the addition of a relapse prevention program, the results improved even further (Rotunda and O'Farrell, 1997).

Family therapy should be conducted by a clinician with a good understanding of family systems, dysfunctional family patterns, power struggles, and communication. Alcohol and drug counselors can learn to work with families, especially if they do not hold the family responsible for the substance abuse.

If possible, an appropriately trained family therapist should be available to conduct sessions involving a client's family.

## Appropriateness of Brief Family Therapy

Long-term family therapy is not usually necessary within the context of treatment for substance abuse disorders. An exception is long-term residential treatment, during which the involvement of the client's family is highly recommended and often is an integral part of the therapeutic process. Making real progress with a family over a long period is challenging. Stumbling blocks, barriers, and pathology seem to emerge. Family members drop out and reenter the therapeutic process, and it becomes increasingly difficult for the therapist to avoid making decisions. The family may try to incorporate the therapist into the family system,

routinely seeking direction in a crisis. Boundary

and projection issues must be addressed. In short-term family therapy, the boundary between the therapist and the family is more clear. In general, it is easier to continue to help an individual work within the family system through subsequent individual therapy.

Some traditional approaches encourage clients to work on themselves in isolation from others, but there are very few instances in which the opportunity to work with a client's family­ for at least one or a few sessions - is not beneficial. Obviously, one such exception is when the client is unwilling to pursue this approach. Another instance best dealt with individually is when the client's situation involves issues of separation and individuation although conjoint family work often helps complete this process. Physical, emotional, or sexual abuse of the client by a family member may also rule out family therapy. Short-term

family therapy is an option that could be used in the following circumstances:

* When resolving a specific problem in the family and working toward a solution
* When the therapeutic goals do not require in­

depth, multigenerational family history, but rather a focus on present interactions

* When the family as a whole can benefit from

teaching and communication to better understand some aspect of the substance abuse disorder

Family therapy offers an opportunity to

* Focus on the expectation of change within the family (which may involve multiple adjustments)
* Test new patterns of behavior
* Teach how a family system works, and how the family supports symptoms and maintains needed roles
* Elicit the strengths of every family member
* Explore the meaning of substance abuse within the family

An obvious prerequisite for family therapy would seem to be the existence of a family.

However, some therapists, including Haley, believe it is possible to "create" a family by drawing on the client's network of significant contacts. A more important question than whether the client is living with a family is, "Can the client's problem be seen as having a relational component (that is, involving two or more people)?" Rather than simply trying to identify existent family members, therapists can begin by conducting an assessment of the client's social network that would include significant others, friends, employers, and coworkers. These people are significant and helpful in the client's life and can be important elements of a client's recovery program.

The definition of "family" also varies in

different cultures and situations. For example,

for a substance abuser in a Native American group, the notion of family may extend to

community members, including healers or others who can help promote or block change. Young children, although not the most powerful members of the family, often have helpful perceptions to contribute to the therapy process. In determining how and when to include children, it is important to consider their age and the nature of the subject matter the family will address. Parental sexual relations, obviously, should be discussed by the parents alone.

Family therapy approaches have been employed with a variety of specific substance­ abusing subpopulations, including those who are dually diagnosed (Read et al., 1993; Reilly, 1991; Ryglewicz, 1991), Vietnam veterans with substance abuse disorders and posttraumatic stress disorder (Fahnestock, 1993; Moyer, 1988), older adults with substance abuse disorders (Amodeo, 1990; Crawley, 1993; Rathbone­ McCuan and Hedlund, 1989), cocaine abusers (O'Malley and Kosten, 1988; Rice-Licare and Delaney-McLaughlin, 1990; Smokowski and Wodarski, 1996), HIV-positive clients with substance abuse disorders (Barth et al., 1993), and substance-abusing perpetrators of domestic violence (Flanzer, 1989; O'Sullivan, 1989).

**Definitions of "Family"**

The term "family therapy" evokes images of parents and children. However, as mentioned above, family therapy can involve a network beyond the immediate family, may involve only one family member in treatment or a few members of the family system, or may even include several families at once.

*Network therapy* views substance abuse

disorders from a cognitive-behavioral perspective (Galanter, 1993; Galanter et al., 1997; Keller et al., 1997). In network therapy, significant nonfamily members, such as friends, extended family members, cousins, and grandparents, as well as family members, are

regarded as useful resources available to assist the client.

In contrast, some types of *family systems*

*therapy* regard substance abuse as a symptom of an underlying pathology at work in the family. This approach seeks to restructure the family and the maladaptive behaviors which contribute to (or encourage) the client's substance abuse (Keller et al., 1997).

*Conjoint couples therapy* addresses couples

issues within the family (Epstein and McCrady, 1998; Zweben et al., 1988). Typically, couples carry out assignments in dealing with key therapeutic themes, such as listing the factors that attracted each partner to the other, discussing how the relationship could regain that attraction, and looking at expectations of each partner, needs from the other partner, and resentments. Couples may need to explore their ideas about gender roles within the relationship, or they may have to explore their views on parenting, especially in regard to the disciplining of children. They may also be asked to share ways in which they communicate dissatisfaction or negative feelings about the ongoing substance abuse.

*Multifamily groups* are often used in

substance abuse treatment for educational purposes and as support groups. They can explore ways to attain strategic objectives relevant to each family, offer an opportunity for sharing knowledge, address boundary and communication issues, and expose participants to new ways of managing challenges.

Participants realize they are not alone and are helped to maintain their substance-free lifestyle through learning new coping techniques and ways to stop enabling substance abuse. The therapist can apply the experiences of one family to help another. After one family describes a solution, the therapist may ask another, "Would that work in your family?" This approach can promote accountability for maintaining agreements with less stress than

would occur in single-family therapy. Typically, four or five families participate, often achieving meaningful results rapidly (Kaufman and Kaufman, 1979).

This approach helps with boundary setting and reestablishment of the parent-child hierarchy. If a parent is the substance abuser, a family role reversal may have occurred in which the children have taken the parental role and become caretakers. In therapy and recovery, it is important that these boundaries be reclarified and that the correct parent-child hierarchy be reestablished. Not communicating is typical in families undergoing substance abuse treatment. One of the goals must be to reestablish lines of communication.

The disadvantage of this approach is that the families involved may not have much common experience; also, some families feel ashamed in this sort of encounter and are not willing to share their experiences. At times, this approach can lead client families simply to complain to one another, without being motivated to find new solutions. One of the responsibilities of the therapist leading the group is to guide the family in exploring alternatives and choosing among them.

Multiple family therapy offers an opportunity to deal with four concerns for families in which substance abuse has been a problem (Brill, 1981):

1. Inadequate internal family development
2. Family systems and role imbalance
3. Selected socialization variances within the family (i.e., differences in the desire and ability of family members to socialize)
4. Dysfunctional, ineffective family behaviors that maintain the problem

Some researchers believe that multiple family therapy is especially useful for families dealing with substance abuse disorders (Kaufman and Kaufman, 1979). In families where one or more members have a substance

abuse disorder, deterioration in the family system is usually seen. Multiple family therapy allows a quick assessment of the deterioration and stimulates a confrontation and strategy to reverse this process.

Furthermore, it is most useful in residential settings where the family is easily accessible, although it has also been successfully used in outpatient settings. Kaufman and Kaufman also found that it works best with highly motivated and involved clients and

[R]educes the incidence of premature dropouts, acts as a preventive measure for other family members, builds a subculture that acts as an extended 'good family,' and creates and supports structural family changes that interdict the return of drug abuse (Kaufman and Kaufman, 1979, p. 84).

## Theoretical Approaches

Many therapists are unfamiliar with effective ways to utilize supportive family members and significant others when treating substance abuse disorders (Bale, 1993; French, 1987; McCrady, 1991). This may stem in part from reliance on popular concepts drawn from the traditional

*ff* family disease" model, in which family

members of the substance user are seen as suffering from the disease of *ff* codependency" (Beattie, 1987; Coudert, 1972). Cermak even defines codependency using criteria similar to those used in the *Diagnostic and Statistical Manual for Mental Disorders,* 4th Edition [DSM­ IV] (Cermak, 1986). According to Schutt,

[T]he woman who lives with an alcoholic develops an enabling illness. She constantly stands between the alcoholic and his crises, thus enabling and condoning the further usage of the drug (Schutt, 1985, p. 5).

From this perspective, family members of the person with a substance abuse disorder *ff* enable" the substance abuse to continue and so are thought to need help "detaching" or disengaging from their overresponsible

involvement with the substance user (Al-Anon, 1979; Bepko, 1985). As a result, treatment often consists of a referral to Al-Anon and (less frequently) separate therapy groups for family members that exclude the substance user (Frankel, 1992; Friedman, 1990; McCrady, 1989; Regan et al., 1983).

Family systems models, on the other hand, instead of focusing on individual personality disorders, generally regard substance abuse and dependence as symptoms of dysfunctional interpersonal dynamics within the family (Bowen, 1974; Gorad et al., 1971). From this perspective, the substance abuse meets a need on some level for the family as a whole and inadvertently reinforces the substance abuse (Davis et al., 1974; Stanton, 1977). Chafetz and colleagues, for example, cite a family who laughed and joked together while the father was intoxicated during an experimental session in contrast to the same family's rather flat affect during a session when the father was sober (Chafetz et al., 1974). The father's alcohol abuse was seen as having become necessary for this family to express their positive emotions. Based on similar anecdotal evidence, many family treatment approaches have evolved that seek to identify the specific role or family-level

*ff* adaptive function" served by substance abuse,

with the goal of bolstering interpersonal functioning in this area in order to reduce these secondary gains from substance abuse for the individual and the family (Bepko, 1985; Stanton and Todd, 1982; Steinglass et al., 1977). Several family treatment models are described below.

*Strategic family therapy* (Haley, 1976) and the related Milan school of family therapy (Selvini­ Palazzoli et al., 1978) target the positive interpersonal aspects of substance abuse specifically, acknowledging directly its benefits to the family (e.g., "With your husband unemployed as a result of his drinking, he can be home when the children get out of school"), as well as the negative consequences the family

might face if the substance abuse were to end (Fisch et al., 1982; Haley, 1987). Together with such paradoxical interventions as suggesting the family may not yet be ready to change, these interventions often provoke "spontaneous" growth on the part of the family (Weeks and L'Abate, 1979; Winn, 1995). See Chapter 5 in this TIP for more information on strategic and interactional therapies, which often involve the family directly.

*Structural family therapy* looks beyond the

specific family dynamics around substance abuse disorders to more general imbalances in family relationships that might maintain substance abuse, such as extreme disengagements and inappropriate coalitions between family members, especially across generational lines (Minuchin, 1974). Salvadore Minuchin has had an enormous impact on both the theory and practice of structural family therapy, although many of his concepts have been modified as they have been incorporated into the spectrum of modalities. Minuchin stressed the importance of the hierarchy of power within the family and identifying dysfunctional uses of power (e.g., "scapegoating"). It is important to understand both healthy and dysfunctional roles within the family: alignments, collusions, and communication patterns. These key points are routinely explored in family therapy, although many therapists would not feel comfortable "imposing" their own model of health on a family- an issue that did not trouble Minuchin.

Structural therapists explore current family

organization, especially hierarchy and intimacy, while encouraging the family to loosen rules and expectations that might be locking the substance abuser into a dysfunctional role (Minuchin and Fishman, 1981; Stanton, 1977). In one of the earliest applications of family therapy for substance abuse disorders, Stanton and Todd worked successfully with families of young male heroin addicts to reestablish parental

authority and define clearer intergenerational boundaries, especially between these men and their mothers (Stanton and Todd, 1982).

*Bowenian family therapy* (Bowen, 1978) also

focuses on family-of-origin emotional attachment patterns and umesolved separation issues to make sense of substance abuse disorders. Instead of working through the parental generation, however, adults and adolescents are helped to differentiate and define themselves as individuals by acknowledging and curtailing their residual emotional entanglements. As a result, substance abuse is no longer needed as a way to deny their family-of-origin attachments (Bowen, 1974).

*Contextual family therapy* (Boszormenyi-Nagy

and Spark, 1973) is another transgenerational family model that has been applied in work with families affected by substance abuse (Flores-Ortiz and Bernal, 1989). This approach emphasizes ethical legacies and unconscious loyalties passed along from one generation to the next. For example, the adolescent substance abuser loyally provides her parents the opportunity to vent unresolved anger left from their own upbringing. Treatment helps clarify the ways these unconscious "ledgers" are passed down from generation to generation, and parents are encouraged to deal with their childhood issues directly instead of acting them out through their own children.

Other family therapy models deemphasize the systemic "function" of the substance abuse or family pathology and concentrate instead on utilizing family strengths and enlisting family members as agents of change to motivate the substance user and provide support for ongoing recovery (Liddle et al., 1992; Meyers et al., 1998; Noel and McCrady, 1993; Sisson and Azrin, 1993). This is particularly the case with multiple family therapy models and family psychoeducational groups (Kaufman and Kaufman, 1979; Kymissis et al., 1995; O'Farrell et al, 1985). Frankel described conducting separate

groups for parents and adolescents (Frankel, 1992). Szapocznik and colleagues also extended the family group model to prevention with families of adolescents at high risk of developing a substance abuse disorder (Szapocznik et al., 1989).

*Behavioral marital therapy* (BMT) models

concentrate on teaching and practicing guidelines for clear communication and conflict resolution, marital enhancement, and substance abuse-specific coping skills such as ways to handle relapse productively. The BMT component was developed as part of the Program for Alcoholic Couples Treatment, a research study that received good empirical support after controlled trials (McCrady, 1989). Forty-five people with alcohol abuse disorders and their spouses were randomly assigned to one of three types of spouse involvement during outpatient treatment (approximately 15 sessions) and then followed over a 2-year period.

The first type of treatment was Minimal

Spouse Involvement (MSI), where the spouse attended all sessions but only as an observer. Client and clinician worked together to prepare an inventory of the substance abuser's incentives to change and a functional analysis of the substance abuse behavior utilizing the Time­ Line Follow-Back Interview (Sobell et al., 1980) and a Drinking Patterns Questionnaire (Zitter and McCrady, 1993). Drinking-specific interventions geared to the client were then taught, including alcohol refusal skills, learning to self-monitor drinking urges and consumption rates on a daily basis, rearranging contingencies to support abstinence, restructuring irrational cognitions, plus developing alternative relaxation and assertiveness skills (McCrady et al., 1986).

The second of the three treatment types, Alcohol-Focused Spouse Involvement (AFSI), included the same drinking-specific assessments and interventions but also assessed the couple

using a modified version (Noel and McCrady, 1993) of the Spouse Behavior Questionnaire (Orford et al., 1975). Spouses were trained using role-playing and rehearsals to reinforce abstinence and decrease any of their behaviors that could trigger renewed alcohol

consumption. Spouses were also instructed to let the drinker experience negative consequences from drinking and to be more assertive regarding the impact of the alcohol use.

The third type of treatment included all of the training above, plus a BMT component (McCrady et al., 1986). Each couple's interactional behaviors were initially assessed using the Locke-Wallace Marital Adjustment Test (Locke and Wallace, 1959) and Areas of Change Questionnaire (Birchler and Webb, 1977). Couples in the BMT group were taught ways to enrich their relationship by planning and carrying out shared fun activities, designating special "love days" to demonstrate their affection, and practicing good communications skills with planned family discussions, as well as techniques for problemsolving and negotiation. Finally, to offset the *abstinence violation effect* (a description

of which is in Chapter 4) (Marlatt, 1978), couples were coached to regard any relapse that might occur as an opportunity to sharpen their efforts rather than give up. Booster sessions were sometimes scheduled up to 6 months posttreatment (Noel and McCrady, 1993).

Based on followup assessments at 6 months, couples in the BMT group reported better marital satisfaction and relapsed more slowly after treatment than the other two groups.

Clients with partners in the BMT group were also more likely than those with "Minimal Spouse Involvement" to complete treatment (McCrady et al., 1986). Eighteen months after treatment, couples who had received BMT reported enjoying greater relationship satisfaction with fewer marital separations.

In addition, the rate of abstinence among the BMT couples had gradually continued to improve after treatment ended rather than dropping off, as occurred with the other two groups in this study and most other substance abuse treatment programs (McCrady et al., 1991). In support of this particular finding, Stout and colleagues reported the same pattern of improvement 2 years after a similar BMT trial with a different sample of 229 clients with alcohol use disorders (O'Farrell and Cowles, 1989).

According to Noel and McCrady, this long­ term effectiveness suggests that marital therapy may prevent relapse during early recovery by stabilizing the substance user's interpersonal context (Noel and McCrady, 1993). Similar BMT approaches have recently been successfully employed with male substance abusers and their partners (Fals-Stewart et al., 1996) and applied in relapse prevention (McCrady, 1993) with booster sessions spread out over the following year (O'Farrell et al., 1993). A BMT approach specifically for female substance abusers is also being studied (Wetchler et al.,

1993).

*Network therapy* approaches (Favazza and Thompson, 1984; Galanter, 1993) recognize the potential support from those outside the immediate family, especially in terms of conducting effective substance abuse interventions. Gathering together those who genuinely care about the welfare of the substance abuser, especially friends and extended family members, helps encourage the substance abuser to stop using and remain abstinent. Galanter also points to the importance of the involvement of Alcoholics Anonymous (AA) in network therapy (Galanter, 1993). Similarly, Selekman has involved peer group members in family therapy with adolescent substance users (Selekman, 1991).

Piazza and DelValle have developed therapeutic interventions that actively incorporate larger

systems available in the community such as churches and schools (Piazza and DelValle, 1992).

The *community reinforcement approach* (CRA)

is a brief systemic/ family intervention and therapy model that has shown good results through training the significant others, generally spouses, of treatment-resistant clients with alcohol abuse disorders (Hunt and Azrin, 1973; Sisson and Azrin, 1986, 1989). CRA participants learn to encourage sobriety by reinforcing abstinence while allowing the drinker to experience negative consequences from intoxication. Significant others also learn to identify a time when the drinker might be willing to enter treatment, in contrast to the confrontational methods advocated by the Johnson Institute (Johnson, 1986) and Unilateral Family Therapy models (Thomas and Ager, 1993). CRA participants are prepared to contribute to the treatment process when and if the drinker agrees to this. Because domestic violence remains a significant risk throughout this process, spouses and significant others are helped to recognize and respond to warning signs by de-escalating conflict and ensuring their own safety.

Once the drinker agrees to enter treatment, the significant other attends all further sessions and participates in communication-skills training and "reciprocity marriage counseling" to develop mutually reinforcing behaviors (Sisson and Azrin, 1989). The significant other is also asked to monitor the drinker's disulfiram use (Antabuse) on a daily basis and to respond appropriately if the disulfiram is not taken (Sisson and Azrin, 1993). Besides disulfiram and marital counseling, drinkers in the CRA programs receive job and social skills counseling as needed. It is worth noting that some CRA sessions have been held in the family's home (Hunt and Azrin, 1973), recognizing the potential for home-based treatments (Henggeler et al., 1996).

In a study utilizing the CRA approach, 12 significant others of treatment-resistant clients with alcohol abuse disorders were randomly divided to form a CRA group of seven and a control group of five who were referred to Al­ Anon. Of the CRA group, six of the seven resistant spouses entered treatment, compared with none of the Al-Anon group partners. The partners of CRA participants reduced their drinking days from 24 per month to 11 before entering treatment, and this rate dropped to 2 drinking days per month once the couple started joint treatment (Sisson and Azrin, 1986). (More information on the CRA model can be found in Chapter 4 of this TIP.)

The CRA has been modified into the *community reinforcement and family training* (CRAFT) procedure (Meyers et al., 1996) with clinical trials under way (Meyers et al., 1998). This brief systemic intervention and therapy model also works through the concerned other to analyze behavior patterns surrounding substance abuse. Substance abuse triggers and consequences are sought, as well as interpersonal cues and positive consequences that support more adaptive, sober behaviors. This analysis can include the Spouse Enabling Inventory or the Spouse Sobriety Influence Inventory (Thomas et al., 1994). The risk of domestic violence is assessed using the Conflict Tactics Scale (Straus, 1979), and strategies, including a safety plan, are developed.

Communication skills are an important aspect of this model. The basic rules taught are to be brief, be positive, be specific and clear, label feelings, express understanding for the other's perspective, accept partial responsibility when indicated, and offer to help (Meyers et al., 1998). A treatment setting is also lined up in anticipation that the substance abuser will agree to accept further help at some point.

In one preliminary study of the CRAFT model, 130 significant others of treatment­ resistant clients with alcohol abuse disorders

were randomly assigned to either the CRAFT program, an Al-Anon-only group, or a Johnson Institute intervention group (Johnson, 1973, 1986). Of the CRAFT participants with alcohol abuse disorders, 67 percent went into treatment, whereas only 13 percent of the Al-Anon group and 23 percent of the Johnson Institute intervention group entered treatment (Meyers et al., 1998).

CRAFT also works with significant others to improve their social and emotional welfare.

Significant others are encouraged to decrease stress by taking care of themselves and making changes to enhance their own well-being and positive social supports. Participants in the CRAFT program have reported reductions in anger, anxiety, and depression, regardless of the substance user's treatment status. Although much of the focus of the CRA and CRAFT models centers on getting the substance abuser into treatment, both programs emphasize the importance of ongoing family or couples sessions employing communication skills training and marital reciprocity counseling (Meyers et al., 1998; Sisson and Azrin, 1986).

Family therapy is often applied in the

treatment of adolescents with substance abuse disorders, and many specific family therapy models have been developed for this population. These often weave together concepts and techniques from different schools of family therapy. *Multidimensional family therapy* (MDFT) (Liddle et al., 1992) is a brief family therapy model that has demonstrated

significant long-term clinical effectiveness in treating adolescent substance abuse and conduct disorders during controlled trials (Schmidt et al., 1996). MDFT integrates structural/ strategic family therapy (Stanton, 1981; Todd, 1986) with research findings on adolescent development (Liddle et al., 1992). The MDFT model is designed to enhance a family's ability to buffer adolescents against destructive peer and social influences by nurturing healthy teen

development through supportive rather than strictly authoritarian parent-child relationships. Individual sessions with the adolescent are interspersed with family sessions to allow the therapist an opportunity to form a supportive relationship with the teen and act as an intermediary between parent(s) and child.

Besides relationship issues, the MDFT model recognizes the developmental tasks faced by the adolescent, such as learning to manage emotions and impulses, and tries to specifically address them. Therapy sometimes includes representatives of extrafamilial systems such as school and probationary personnel as well as peers.

Recognizing that most substance-abusing teens and their parents are locked in conflict, the MDFT therapist works to find a common ground and create a context where a more trusting relationship can emerge. Adolescents are challenged to identify and articulate their own issues and goals for therapy and to take steps to achieve these. Parents are challenged to listen to their teens and let the parent-child relationship evolve into one of mutual respect, balancing the parental tasks of guidance with support. This involves charging both the adolescent and the parents with responsibility for change while conveying the clear expectation that the family can arrive at this point of reconciliation (Liddle et al., 1992). See TIP 32, *Treatment of Adolescents With Substance Use Disorders* (CSAT, 1999b), for more information on family therapy for adolescent substance users.

In a diverse sample of families (approximately 45 percent African-American or Hispanic), 16 sessions of MDFT led 79 percent of the adolescents to reduce their average alcohol and marijuana use from a daily to a weekly basis. In addition, harder substance use

was also a reduction in related conduct disorders among 68 percent of the teens with significant improvements seen in school performance (Schmidt et al., 1996). Most remarkably, these positive outcomes remained at followup 1 year later (Liddle and Dakof, 1995). Based on nonparticipant raters who assessed family therapy videotapes, the reductions in substance use were significantly associated with improvements in the parent­ adolescent relationship (Schmidt et al., 1996), a primary goal of MDFT (Liddle et al., 1992).

Unfortunately, dropout rates using the MDFT treatment model reached 28 percent, and only 69 percent of the parents were assessed as making progress in modifying their parenting styles (Liddle and Dakof, 1994).

The Institute of Medicine (IOM) recommended that brief couples therapy be included as a treatment option for all alcohol­ abusing clients, especially for those still experiencing only mild to moderate problems (IOM, 1990). Based on their review of the treatment outcome literature, Edwards and Steinglass reached a similar conclusion:

The weight of the evidence...seems so strong at this point as to support a recommendation that family involvement, especially inclusion of

non-alcoholic family members in the assessment phase of treatment, be built in as a routine component of alcoholism treatment programs (Edwards and Steinglass, 1995, p. 485).

The brief family therapy approaches reviewed above have all shown positive long­ term outcomes in controlled clinical trials.

Together these approaches demonstrate the potential for brief family therapy in substance abuse treatment.

## Using Brief Family Therapies

dropped from every other month to zero. Of

those who reduced their substance use, 30 percent decided on complete abstinence. There

Involving family members or concerned others in family therapy can have a number of benefits.

The dynamics of the family are already a factor in the client's substance-abusing behavior in a complex and unique relationship. In the same manner, the family can participate in the positive experience of treatment and recovery.

### Duration of Therapy and Frequency of Sessions

The majority of family therapy is conducted on a short-term basis, with some exceptions (Object Relations therapy may take years). Sessions

may be 1½ to 2 hours in length. The preferred timeline for family therapy is not more than two sessions per week (except in residential settings) to allow time to practice new behaviors and experience change. Duration of therapy could be 6 to 10 sessions, depending on the purpose and goals of the intervention.

In a residential treatment program, family therapy can take place in a variety of ways depending on program design and length of stay. Some programs have "family weeks" in conjunction with individual treatment. Others may require clients to bring in a significant other one to two nights weekly to work together on recovery issues. Adolescent treatment programs sometimes involve the family continuously throughout treatment.

Certain forms of family therapy have been developed to achieve a high impact in a shorter period of time. One noted derivative of multifamily therapy is the Multiple Impact Model developed by Wegscheider-Cruse (1989), who brought together groups of four or five sober individuals who were previously substance dependent and their families for a concentrated, extended weekend of work. The purpose was to enable the families to support the continued sobriety of their formerly substance-dependent members. Family roles were recast so that each family member could take on a different role, such as who would make family financial decisions. New agreements between family members were

written out. Permanent changes often resulted with motivated families. Wegscheider-Cruse's work has been replicated in several residential settings and training institutes (e.g., the On-Site and the Sierra Tucson Treatment Centers in Tucson, Arizona).

### Opening Session

A typical opening session for a family in which a member has a substance abuse disorder might involve the following:

* The therapist seeks to clarify the nature of the problem and to identify the family's goals. The therapist asks each family member the same sort of open-ended questions typically used in individual therapy. For example:
  + "What you would like to see happen here?"
  + "What would you like to work on?"
  + "What is your goal in coming here?"
  + "How did you get here?"
* The therapist educates the family in what is needed to participate effectively in the therapeutic process and to understand key biosocial issues related to substance abuse.
* The therapist provides feedback to the family

on what was said, demonstrating whose goals are similar or different.

* The therapist can then move on to

prioritizing directions for change or, if the direction is sufficiently clear, start work. Some therapists ask the family to engage in a "contract" that identifies the direction of therapy and delineates each member's commitment to the process.

Early on, practitioners of different theoretical models will make choices about what they will focus on and how to proceed, for example:

* Therapists who practice solution-focused therapy would devote more time to gathering information and affirming family members at the first session, which would

probably conclude with the assignment of tasks designed to test the possibility of change in areas where change seems feasible.

* Therapists applying Eriksonian therapy, after

asking family members what they want, might ask, "How will you know when you get there?" A followup question would be, "Is there any reason you can think of why it would not be okay to get there?" This question tests for resistance and any constraints, such as the possibility of family violence, which could prevent open and honest communication. The therapist would then try to do something about that constraint in order to create safety (an action referred to as an" ecological check").

* Therapists using the Mental Research

Institute (MRI) strategic model would examine solutions that have already been attempted because most families with a member struggling with a substance abuse disorder try a variety of solutions that have not worked before formal treatment. The family's solution may be seen as the problem.

## Followup

Therapists should plan for followup and support as part of the termination process. Residential programs, for example, can hold support groups run by alumni or counselors that are available weekly for family members

who want to attend on a voluntary, as-needed basis. Some practitioners ask the client and family members to call them after 6 months or 1 year for a followup conversation. Depending on the family's needs, the therapist may be able to provide reinforcement without further meetings, or may suggest one or two followup sessions to address emerging issues.

At a minimum, clients should be assured that they can call the therapist when necessary.

## Cultural Issues

It is important that a family therapist understand the family's ethnic and cultural background. (See the example in the text box below.) Failure to do so may be partially responsible for the large dropout rate by ethnic minorities after the first therapy session

(Soo-Hoo, 1999). To successfully promote change within a family system, the therapist will need the family's permission to share their closely held secrets. The therapist's approach, however, must vary according to the cultural background of the family. Working with a Filipino family recently settled in the United States, one therapist had to request a letter from the family elder in the Philippines in order to allow members to reveal family matters to an outsider. Once the family opened up, however, the therapist was seen as an "elder" and was accorded the respect he needed to promote

Native Americans in Brief Family Therapy

A 26-year-old Native American man sought treatment for his alcohol abuse. In a residential treatment setting, the therapist learned that the client's father was a fanatically religious ex-drinker who tried to force his son to go to church. As a result, the client began drinking heavily on Sunday mornings in order to avoid going to church. The client was torn between a culturally based belief that he should respect his elders and his own desire for independence. The therapist encouraged father and son to express both their resentment and their appreciation of each other in letters read aloud to each other. Through this process, the client began to remember what his father had been like as an alcoholic and saw that he himself was in danger of making the same mistake. This motivated the client to accomplish abstinence and to move out of his father's home in order to establish his own household.

positive change. In another example, a therapist working with a client who belonged to the Southern Baptist fundamentalist movement found that the client was immobilized by the shame that surrounded drinking in her family and the difficulty of talking about it. The client approached the family's minister to help frame the situation so that the family could face the problem together and find a solution. (For more information on family therapy for those from unfamiliar cultures, see McGoldrick et al., 1996; Sue and Sue, 1990.)

The language used to describe dynamics within the family system is charged with specific cultural meaning. For example, if a client belongs to a culture that values lifelong interdependence among family members, the therapist would be ill advised to encourage greater independence from the family.

However, the therapist might encourage the client to become more effective within his family and explain ways that would allow some freedom within the cultural parameters of the family.

Ablon (with middle-class Catholic families) and Kaufman and Borders have drawn attention to the importance of ethnic and cultural differences to understand and treat families with substance abuse problems (Ablon, 1980; Kaufman and Borders, 1988). Many substance abuse treatment programs have developed culturally specific family therapy

models for Latino families (Flores-Ortiz and Bernal, 1989; Laureano and Poliandro, 1991; Panitz et al., 1983; Szapocznik et al., 1991), African-American families (Aktan et al., 1996; Ziter, 1987), and Native American families (Hill, 1989), among others.

A family therapy approach that has been successful with substance-using Hispanic adolescents combines elements from structural, strategic, and Milan therapies (Szapocznik and Kurtines, 1989; Szapocznik et al., 1988, 1991).

This approach focuses considerable effort on overcoming initial resistance to treatment because the process embodies the family's issues around the adolescent's substance use (Santisteban and Szapocznik, 1994; Szapocznik and Kurtines, 1989).

# Tin1e-Lin1ited Group Therapy

roup psychotherapy is one of the most common modalities for treatment of substance abuse disorders. Group

therapy is defined as a meeting of two or more people for a common therapeutic purpose or to achieve a common goal. It differs from family therapy in that the therapist creates open- and closed-ended groups of people previously unknown to each other. The lessons learned in therapy are practiced in the normal social network. Although efficacy research on group therapy for substance abuse disorder clients has been limited, there is substantial anecdotal and clinical evidence that it can have a dramatic impact on participating clients. In TIP 8, *Intensive Outpatient Treatment for Alcohol and Other Drug Abuse* (CSAT, 1994a), group therapy is cited as the treatment modality of choice for a variety of reasons. In clinical practice, group psychotherapy offers individuals suffering from substance abuse disorders the opportunity to see the progression of abuse and dependency in themselves and in others; it also gives them an opportunity to experience their success and the success of other group members in an atmosphere of support and hopefulness. The curative factors associated with group psychotherapy, defined by Yalom, specifically address such issues as the instillation of hope, the universality experienced by group members as they see themselves in others, the opportunity to develop insight through relationships, and a variety of other concerns specific to the support of substance-abusing clients and their recovery

(Yalom, 1995). For many years, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) have recognized the importance of breaking the isolation associated with substance abuse, while at the same time connecting individuals with others whose common purpose is to dramatically change their lives through connection and community. From these perspectives, time-limited group psychotherapy offers potent opportunities to maximize the treatment energies of both therapist and client.

Research suggests that most client improvement as a result of group therapy occurs within a brief span of time-typically, 2 or 3 months (Garvin et al., 1976). This research implies that short-term therapy can be as successful as long-term therapy in promoting change. Short-term group therapy should be more goal-oriented, more structured, and more directive than long-term group therapy. Some therapists also believe the experience should be intensified through the use of high-impact techniques such as psychodrama (see discussion later in this chapter).

## Appropriateness of Group Therapy

Groups can be extremely beneficial to individuals with substance abuse problems. Levine and Gallogly have noted that groups for alcohol-dependent clients

* Help reduce denial, process ambivalence, and facilitate acceptance of alcohol abuse

# Appendix A

**Bibliography**

Abbott, P.J.; Weller, S.B.; Delaney, H.D.; and Moore, B.A. Community reinforcement approach in the treatment of opiate addicts. *American Journal of Drug and Alcohol Abuse* 24(1):17-30, 1998.

Ablon, J. The significance of cultural patterning for the "alcoholic family." *Family Process* 19(2):127-144, 1980.

Abrams, D.B., and Niaura, R.S. Social learning theory. In: Blane, H.T., and Leonard, K.E., eds. *Psychological Theories of Drinking and Alcoholism.* New York: Guilford Press, 1987. pp. 131-178.

Abramson, L.Y.; Seligman, M.E.; and Teasdale,

J.D. Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology* 87(1):49-74, 1978.

Ackerman, R. *Growing in the Shadow: Children of Alcoholics.* Pompano Beach, FL: Health Communications, 1986.

Ackerman, R. Motto for ACOAs: Let go and grow. Recovery Section, *Alcoholism and Addiction* 7(5):RlO, 1987.

Aktan, G.B.; Kumpfer, K.L.; and Turner, C.W. Effectiveness of a family skills training program for substance abuse prevention with inner city African-American families. *Substance Use and Misuse* 31(2):157-175, 1996.

Al-Anon Family Groups, Inc. *Al-Anon Faces Alcoholism.* New York: Al-Anon Family Group Headquarters, 1984.

Allen, J.P., and Columbus, M. *Assessing Alcohol Problems: A Guide for Clinicians and Researchers.* NIAAA Treatment Handbook Series, No. 4. Bethesda, MD: Department of Health and Human Services, 1995.

Alonso, A., and Rutan, J.S. Women in group therapy. *International Journal of Group Psychotherapy* 29(4):481-491, 1979.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders,* 3rd ed. Washington, DC: American Psychiatric Press, 1980.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders,* 4th ed. Washington, DC: American Psychiatric Press, 1994.

American Society of Addiction Medicine (ASAM). *Principles of Addiction Medicine.* Chevy Chase, MD: ASAM, 1994.

American Society of Addiction Medicine (ASAM). *Patient Placement Criteria for the Treatment of Substance-Related Disorders,* 2nd ed. Chevy Chase, MD: ASAM, 1996.

Amodeo, M. Treating the late life alcoholic: Guidelines for working through denial integrating individual, family, and group approaches. *Journal of Geriatric Psychiatry* 23(2):91-105, 1990.

Anderson, P., and Scott, E. The effect of general practitioners' advice to heavy drinking men. *British Journal of Addiction* 87(6):891-900, 1992.

Anker, AL., and Crowley, T.J. Use of contingency contracts in specialty clinics for cocaine abuse. In: Harris, L.S., ed. *Problems of Drug Dependence, 1981. Proceedings of the 43rd Annual Scientific Meeting, the Committee on Problems of Drug Dependence, Inc.* NIDA Research Monograph Series, Number 41.

HHS Pub. No. (ADM) 83-1264. Rockville, MD: National Institute on Drug Abuse, 1982. pp. 452-459.

Annis, H.M., and Davis, C.S. Assessment of expectancies. In: Donovan, D.M., and Marlatt, G.A., eds. *Assessment of Addictive Behaviors.* New York: Guilford Press, 1988a. pp. 84-111.

Annis, H.M., and Davis, C.S. Self-efficacy and the prevention of alcoholic relapse: Initial findings from a treatment trial. In: Baker, T.B., and Cannon, D.S., eds. *Assessment and Treatment of Addictive Disorders.* New York: Praeger Publishers, 1988b. pp. 88-112.

Annis, H.M., and Davis, C.S. Relapse prevention. In: Hester, R.K., and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches.* Elmsford, NY: Pergamon Press, 1989a. pp. 170-182.

Annis, H.M., and Davis, C.S. Relapse prevention training: A cognitive-behavioral approach based on self-efficacy theory.

#### *Journal of Chemical Dependency Treatment*

2(2):81-103, 1989b.

Annis, H.M., and Davis, C.S. Relapse prevention. *Alcohol Health* & *Research World* 15(3):204-212, 1991.

Azrin, N.H. Improvements in the community­ reinforcement approach to alcoholism.

*Behaviour Research and Therapy* 14(5):339-348, 1976.

Babor, T.F. Nosological considerations in the diagnosis of substance abuse disorders. In: Glantz, M., and Pickens, R., eds. *Vulnerability to Drug Abuse.* Washington, DC: American Psychological Association, 1991. pp. 53-73.

Babor, T.F. Avoiding the horrible and beastly sin of drunkenness: Does dissuasion make a difference? *Journal of Consulting and Clinical Psychology* 62(6):1127-1140, 1994.

Babor, T.F., and Grant, M., eds. *Project on Identification and Management of Alcohol­ Related Problems. Report on Phase II: A Randomized Clinical Trial of Brief Interventions in Primary Health Care.* Geneva, Switzerland: World Health Organization, 1991.

Babor, T.F.; Grant, **M.;** Acuda, W.; Burns, F.H.; Campillo, C.; Del Boca, F.K.; Hodgson, R.; lvanets, N.N.; Lukomskya, **M.;** Machona, M.; Rollnick, S.; Resnick, R.; Saunders, J.B.; Skutle, A.; Connor, K.; Ernberg, G.; Kranzler, H.; Lauerman, R.; and McRee, B. A randomized clinical trial of brief interventions in primary health care: Summary of a WHO project. *Addiction* 89(6):657-660, 1994.

Babor, T.F.; Ritson, E.B.; and Hodgson, R.J. Alcohol-related problems in the primary health care setting: A review of early intervention strategies. *British Journal of Addiction* 81:23-46, 1986.

Baker, H.S. Shorter term psychotherapy: A self­ psychological approach. In: Crits-Christoph, P., and Barber, J.P., eds. *Handbook of Short­ Term Dynamic Psychotherapy.* New York: Basic Books, 1991. pp. 287-322.

Bale, R. Family treatment in short-term detoxification. In: O'Farrell, T. J., ed. *Treating Alcohol Problems: Marital and Family Interventions.* New York: Guilford Press, 1993. pp. 117-144.

Bandura, A Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review* 84(2):191-215, 1977.

Bandura, A *Social Foundations of Tlwught and Action: A Social Cognitive Theory.* Englewood Cliffs, NJ: Prentice-Hall, 1986.

Bandura, A Regulative function of perceived self-efficacy. In: Rumsey, M.G.; Walker, C.B.; and Harris, J.H., eds. *Personnel Selection and Classification.* Hillsdale, NJ: Lawrence Erlbaum Associates, 1994. pp. 261-271.

Barber, J.P., and Crits-Christoph, P. Comparison of the brief dynamic therapies. In: Crits­ Christoph, P., and Barber, J.P., eds. *Handbook of Short-Term Dynamic Psychotherapy.* New York: Basic Books, 1991. pp. 323-357.

Barber, J.P.; Luborsky, L.; Crits-Christoph, P.; Thase, M.E.; Weiss, R.; Frank, A; Onken, L.; and Gallop, R. Therapeutic alliance as a predictor of outcome in treatment of cocaine dependence. *Psychotherapy Research* 9:54-73, 1999.

Barry, KL. Alcohol and drug abuse. In: Mengel, M.B., and Holleman, W.L., eds. *Fundamentals of Clinical Practice: A Textbook on the Patient, Doctor, and Society.* New York: Plenum Medical Book Co., 1997. pp. 335- 357.

Barry, KL., and Blow, F.C. *Basic Health Promotion Workbook.* Ann Arbor, MI: University of Michigan Press, 1998.

Barth, R.P.; Ramler, M.; and Pietrzak, J. Toward more effective and efficient programs for drug- and AIDS-affected families. In: Barth, R.P.; Pietrzak, J.; and Ramler, M., eds.

*Families Living With Drugs and HIV: Intervention and Treatment Strategies.* New York: Guilford Press, 1993. pp. 337-353.

Bauer, G.P., and Kobos, J.C. *Brief Therapy: Short­ Term Psychodynamic Intervention.* Northvale, NJ: Jason Aronson, 1987.

Beattie, M. *Co-Dependent No More.* Center City, MN: Hazelden, 1987.

Beck, AT. *Cognitive Therapy and the Emotional Disorders.* New York: International Universities Press, 1976.

Beck, AT., and Freeman, A *Cognitive Therapy of Personality Disorders.* New York: Guilford Press, 1990.

Beck, AT., and Wright, F.D. Cocaine abuse. In: Freeman, A, and Dattilio, F., eds.

#### *Comprehensive Casebook of Cognitive Therapy.*

New York: Plenum Press, 1992. pp. 185-192.

Beck, AT.; Wright, F.D.; Newman L.; and Liese,

B. *Cognitive Therapy of Substance Abuse.* New York: Guilford Press, 1993.

Beck, J.S. *Cognitive Therapy: Basics and Beyond.*

New York: Guilford Press, 1995.

Beck, J.S., and Liese, B.S. Cognitive therapy. In: Frances, R.J., and Miller, S.I., eds. *Clinical Textbook of Addictive Disorders.* New York: Guilford Press, 1998. pp. 547-573.

Bekir, P.; McLellan, T.; Childress, AR.; and Gariti, P. Role reversals in families of substance misusers: A transgenerational phenomenon. *International Journal of the Addictions* 28(7):613-630, 1993.

Bepko, C. *The Responsibility Trap: A Blueprint for Treating the Alcoholic Family.* New York: Free Press, 1985.

Berg, I.K. Solution-focused brief therapy with substance abusers. In: Washton, AM., ed. *Psychotherapy and Substance Abuse: A Practitioner's Handbook.* New York: Guilford Press, 1995. pp. 223-242.

Berg, I.K., and Miller, S.D. *Working With the Problem Drinker.* New York: W.W. Norton, 1992.

Berg, I.K., and Reuss, N. Solution-focused brief therapy: Treating substance abuse. *Current Thinking and Research in Brief Therapy* 2:57-83, 1998.

Bernstein, S., ed. *Explorations in Group Work.* Boston: Boston University School of Social Work, 1965.

Bien, T.H.; Miller, W.R.; and Tonigan, J.S. Brief interventions for alcohol problems: A review. *Addiction* 88:315-336, 1993.

Bigelow, G.E.; Stitzer, M.L.; and Liebson, I.A. The role of behavioral contingency management in drug abuse treatment. In: Grabowski, J.; Stitzer, M.L.; and Henningfeld, J.E., eds. *Behavioral Intervention Techniques in Drug Abuse Treatment.* NIDA Research Monograph Series, Number 46. HHS Pub.

No. (ADM) 84-1282. Rockville, MD: National Institute on Drug Abuse, 1984. pp. 36-52.

Binder, J.L., and Strupp, H.H. The Vanderbilt approach to time-limited dynamic psychotherapy. In: Crits-Christoph, P., and Barber, J.P., eds. *Handbook of Short-Term Dynamic Psychotherapy.* New York: Basic Books, 1991. pp. 137-165.

Bion, W.R. *Experiences in Groups, and Other Papers.* New York: Basic Books, 1961.

Birchler, G.R., and Webb, L.J. Discriminating interaction behaviors in happy and unhappy marriages. *Journal of Consulting and Clinical Psychology* 45:494-495, 1977.

Birke, S.A.; Edelmann, R.J.; and Davis, P.E. An analysis of the abstinence violation effect in a sample of illicit drug users. *British Journal of Addiction* 85(10):1299-1307, 1990.

Blaine, J.D., and Julius, D.A., eds.

*Psychodynamics of Drug Dependence.* NIDA Research Monograph Series, Number 12. DHEW Pub. No. (ADM) 77-470. Rockville, MD: National Institute on Drug Abuse, Division of Research, 1977.

Blatt, S.J.; Quinlan, D.M.; Pilkonis, P.A.; and Shea, M.T. Impact of perfectionism and need for approval on the brief treatment of depression: The National Institute of Mental Health Treatment of Depression Collaborative Research Program revisited.

#### *Journal of Consulting and Clinical Psychology*

63(1):125-132, 1995.

Blewett, D.B. *The Frontiers of Being.* New York: Award, 1969.

Bloom, B.L. *Planned Short-Term Psychotherapy: A Clinical Handbook,* 2nd ed. Boston: Allyn and Bacon, 1997.

Bohart, AC., and Todd, J. *Foundations of Clinical and Counseling Psychology.* New York: Harper & Row, 1988.

Boorstein, S., ed. *Transpersonal Psychotherapy.* Palo Alto, CA: Science and Behavior Books, 1980.

Boszormenyi-Nagy, I., and Spark, G. *Invisible Loyalties: Reciprocity in Intergenerational Family Therapy.* Hagerstown, MD: Harper & Row, 1973.

Bowen, M. Alcoholism as viewed through family systems theory and family psychology. *Annals of the New York Academy of Sciences* 233:115-122, 1974.

Bowen, M. *Family Therapy in Clinical Practice.*

New York: Jason Aronson, 1978.

Bowlby, J. *Attachment and Loss.* New York: Basic Books, 1969.

Bradley, B.P.; Gossop, M.; Brewin, C.R.; Phillips, G.; and Green, L. Attributions and relapse in opiate addicts. *Journal of Consulting and Clinical Psychology* 60(3):470-472, 1992.

Brill, L. *The Clinical Treatment of Substance Abusers.* New York: Free Press, 1981.

Brooks, C.S.; Zuckerman, B.; Bamforth, A.; Cole, J.; and Kaplan-Sano££, M. Clinical issues related to substance-involved mothers and their infants. *Infant Mental Health Journal* 15(2):202-217, 1994.

Brown, J.M., and Miller, W.R. Impact of motivational interviewing on participation and outcome in residential alcoholism treatment. *Psychology of Addictive Behaviors* 7:211-218, 1993.

Brown, S.A. Drug effect expectancies and addictive behavior change. *Experimental and Clinical Psychopharmacology* 1(1-4):55-67,

1993.

Brown, S.A.; Carrello, P.D.; Vik, P.W.; and Porter, R.J. Change in alcohol effect and self­ efficacy expectancies during addiction treatment. *Substance Abuse* 19(4):155-167, 1998.

Brown, S.A.; Christiansen, B.A.; and Goldman,

M.S. Alcohol Expectancy Questionnaire: An instrument for the assessment of adolescent and adult alcohol expectancies. *Journal of Studies on Alcohol* 48(5):483-491, 1987.

Budman, S.H., and Gurman, A.S. *A Theory and Practice of Brief Therapy.* New York: Guilford Press, 1988.

Budney, A.J., and Higgins, S.T. *Therapy Manuals for Drug Addiction. Manual 2: A Community Reinforcement Approach: Treating Cocaine Addiction.* Rockville, MD: National Institute on Drug Abuse, 1998.

Burglass, M.E. *Imaginal Education for the Correctional Counselor.* Cambridge, MA: Correctional Solutions Foundation Press, 1971.

Burglass, M.E. *The Thresholds Program. A Community-Based Intervention in Correctional Therapeutics.* Cambridge, MA: Correctional Solutions Foundation Press, 1972.

Burglass, M.E.; Bremer, D.H.; and Evans, R.J. The artform process: A clinical technique for the enhancement of affect management in drug-dependent individuals. In: Schecter, A.; Alksne, H.; and Kaufman, E., eds. *Critical Concerns in the Field of Drug Abuse.* New York: Marcel Dekker, 1976. pp. 494-498.

Burglass, M.E., and Duffy, M.G. *Thresholds: A Manual for the Correctional Counselor.*

Cambridge, MA: Correctional Solutions Foundation Press, 1974.

Burns, D.D. *The Feeling Good Handbook.* New York: Plume Book, 1989.

Butterfield, P.S. and Leclair, S. Cognitive characteristics of bulimic and drug-abusing women. *Addictive Behaviors* 13(2):131-138, 1988.

Byington, D.B. Applying relational theory to addiction treatment. In: Straussner, S., and Zelvin, E., eds. *Gender and Addictions: Men and Women in Treatment.* Northvale, NJ: Jason Aronson, 1997.

Cade, B., and O'Hanlon, W.H. *A Brief Guide to Brief Therapy.* New York: W.W. Norton, 1993.

Campbell, J. *The Hero With a Thousand Faces,* 2nd ed. Princeton, NJ: Princeton University Press, 1968.

Campbell, T. Parental conflicts between divorced spouses: Strategies for intervention. *Journal of Systemic Therapies* 12(4):27-38, 1993.

Cappell, H. Alcohol and tension reduction: What's new? In: Gottheil, E.; Druly, KA.; Pashko, S.; and Weinstein, S.P., eds. *Stress and Addiction.* New York: Brunner/Mazel, 1987. pp. 237-247.

Carroll, KM. Integrating psychotherapy and pharmacotherapy in substance abuse treatment. In: Rotgers, F.; Keller, D.S.; and Morgenstern, J., eds. *Treating Substance Abuse: I11eory and Technique.* New York: Guilford Press, 1996a.

Carroll, KM. Relapse prevention as a psychosocial treatment: A review of controlled clinical trials. In: Marlatt, G.A., and VandenBos, G.R., eds. *Addictive Behaviors: Readings on Etiology, Prevention, and Treatment.* Washington, DC: American Psychological Association, 1996b. pp. 697- 717.

Carroll, KM. *Therapy Manuals for Drug Addiction. Manual 1: A Cognitive-Behavioral Approach: Treating Cocaine Addiction.*

Rockville, MD: National Institute on Drug Abuse, 1998.

Carroll, KM.; Rounsaville, B.J.; and Gawin, F.H. A comparative trial of psychotherapies for ambulatory cocaine abusers: Relapse prevention and interpersonal psychotherapy. *American Journal of Drug and Alcohol Abuse* 17:229-247, 1991.

Carson, R.C., and Butcher, J.N. *Abnormal Psychology and Modern Life,* 9th ed. New York: HarperCollins, 1992.

Center for Substance Abuse Treatment.

*Screening and Assessment of Alcohol- and Other Drug-Abusing Adolescents.* Treatment Improvement Protocol (TIP) Series, Number 3. HHS Pub. No. (SMA) 93-2009.

Washington, DC: U.S. Government Printing Office, 1993a.

Center for Substance Abuse Treatment.

*Guidelines for the Treatment of Alcohol- and Other Substance-Abusing Adolescents.*

Treatment Improvement Protocol (TIP)

Series, Number 4. HHS Pub. No. (SMA)

93-2010. Washington, DC: U.S. Government Printing Office, 1993b.

Center for Substance Abuse Treatment. *Intensive Outpatient Treatment for Alcohol and Other Drug Abuse.* Treatment Improvement Protocol (TIP) Series, Number 8. HHS Pub. No. (SMA) 94-2077. Washington, DC: U.S.

Government Printing Office, 1994a.

Center for Substance Abuse Treatment.

*Assessment and Treatment of Patients With Coexisting Mental Illness and Alcohol and Other Drug Abuse.* Treatment Improvement Protocol (TIP) Series, Number 9. HHS Pub. No. (SMA) 94-2078. Washington, DC: U.S.

Government Printing Office, 1994b.

Center for Substance Abuse Treatment.

*Assessment and Treatment of Cocaine-Abusing Methadone-Maintained Patients.* Treatment Improvement Protocol (TIP) Series, Number

10. HHS Pub. No. (SMA) 94-3004. Washington, DC: U.S. Government Printing Office, 1994c.

Center for Substance Abuse Treatment. *Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases.* Treatment Improvement Protocol (TIP) Series, Number 11. HHS Pub. No. (SMA)

94-2094. Washington, DC: U.S. Government Printing Office, 1994d.

Center for Substance Abuse Treatment. *The Role and Current Status of Patient Placement Criteria in the Treatment of Substance Use Disorders.*

Treatment Improvement Protocol (TIP) Series, Number 13. HHS. Pub. No. (SMA) 95-3021. Washington, DC: U.S. Government Printing Office, 1995.

Center for Substance Abuse Treatment. *A Guide to Substance Abuse Services for Primary Care Clinicians.* Treatment Improvement Protocol (TIP) Series, Number 24. HHS Pub. No. (SMA) 97-3139. Washington, DC: U.S.

Government Printing Office, 1997.

Center for Substance Abuse Treatment. *Addiction Counseling Competencies: The Knowledge, Skills, and A ttitudes of Professional Practice.* Technical Assistance Protocol (TAP) Series, Number 21. HHS Pub. No. (SMA)

98-3171. Washington, DC: Government Printing Office, 1998a.

Center for Substance Abuse Treatment. *Substance Abuse Among Older Adults.* Treatment Improvement Protocol (TIP) Series, Number 26. HHS Pub. No. (SMA)

98-3179. Washington, DC: U.S. Government Printing Office, 1998b.

Center for Substance Abuse Treatment. *Screening and Assessing Adolescents for Substance Use Disorders.* Treatment Improvement Protocol (TIP) Series, Number

31. HHS Pub. No. (SMA) 99-3282. Washington, DC: U.S. Government Printing Office, 1999a.

Center for Substance Abuse Treatment.

*Treatment of Adolescents With Substance Use Disorders.* Treatment Improvement Protocol (TIP) Series, Number 32. HHS Pub. No. (SMA) 99-3283. Washington, DC: U.S.

Government Printing Office, 1999b.

Center for Substance Abuse Treatment.

*Enhancing Motivation for Change in Substance Abuse Treatment.* Treatment Improvement Protocol (TIP) Series, Number 35. HHS Pub. No. (SMA) 99-3354. Washington, DC:

U.S. Government Printing Office, 1999c.

Center for Substance Abuse Treatment.

*Substance Abuse Treatment for Persons With HIV/AIDS.* Treatment Improvement Protocol (TIP) Series. Washington, DC: U.S. Government Printing Office, in press.

Cermak, T.L. *Diagnosing and Treating Co­ Dependence: A Guide for Professionals Who Work With Chemical Dependents, Their Spouses, and Children.* Minneapolis, MN: Johnson Institute, 1986.

Chafetz, M.E.; Blane, H.T.; Abram, H.S.; Golner,

J.; Lacy, E.; McCourt, W.F.; Clark, E.; and Meyers, W. Establishing treatment relationships with alcoholics. *Journal of Nervous and Mental Disease* 134(5):395-409, 1962.

Chafetz, M.E.; Hertzman, M.; and Berenson, D. Alcoholism: A positive view. In: Arieti, S., and Brody, E.B., eds. *Adult Clinical Psychiatry,* 2d ed. American Handbook of Psychiatry, Vol. 3. New York: Basic Books, 1974. pp. 367-392.

Chaney, E.F. Social skills training. In: Hester, R.K., and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches.* Elmsford, NY: Pergamon Press, 1989. pp. 206-221.

Chaney, E.F.; Roszell, D.K.; and Cummings, C. Relapse in opiate addicts: A behavioral analysis. *Addictive Behaviors* 7(3):291-297, 1982.

Chapman, P.L., and Huygens, I. An evaluation of three treatment programmes for alcoholism: An experimental study with 6- and 8-month follow-ups. *British Journal of Addiction* 83(1):67-81, 1988.

Chermack, S.T.; Blow, F.C.; Hill, E.M.; and Mudd, S.A. The relationship between alcohol symptoms and consumption among older drinkers. *Alcoholism: Clinical and Experimental Research* 20(7):1153-1158, 1996.

Chiauzzi, E.J. *Preventing Relapse in the Addictions: A Biopsychosocial Approach.* New York: Pergamon Press, 1991.

Chick, J.; Lloyd, G.; and Crombie, E. Counseling problem drinkers in medical wards: A controlled study. *British Medical Journal* 290:965-967, 1985.

Childress, A.R.; Ehrman, R.; McLellan, A.T.; MacRae, J.; Natale, M.; and O'Brien, C.P.

Can induced moods trigger drug-related responses in opiate abuse patients? *Journal of Substance Abuse Treatment* 11(1):17-23, 1994.

Childress, A.R.; McLellan, A.T.; Ehrman, R.; and O'Brien, C.P. Classically conditioned responses in opioid and cocaine dependence: A role in relapse? In: Ray, B.A. *Learning Factors in Substance Abuse.* NIDA Research Monograph Series, Number 84. HHS Pub. No. (ADM) 88-1576. Rockville, MD: National Institute on Drug Abuse, 1988. pp. 25-43.

Chinen, A.B. The emergence of transpersonal psychiatry. In: Scotton, B.W.; Chinen, A.B.; and Battista, J.R., eds. *Textbook of Transpersonal Psychiatry and Psychology.* New York: Basic Books, 1996. pp. 9-18.

Chopra, D. *Overcoming Addiction: The Spiritual Solution.* New York: Harmony Books, 1997.

Chutuape, M.A.; Silverman, K.; and Stitzer, M.L. Use of methadone take-home contingencies with persistent opiate and cocaine abusers. *Journal of Substance Abuse Treatment* 16(1):23- 30, 1999.

Connors, G.J.; Carroll, KM.; DiClemente, C.C.; Longabaugh, R.; and Donovan, D.M. The therapeutic alliance and its relationship to alcoholism treatment participation and outcome. *Journal of Consulting and Clinical Psychology* 65(4):588-598, 1997.

Coon, G.M.; Pena, D.; and Illich, P.A. Self­ efficacy and substance abuse: Assessment using a brief phone interview. *Journal of Substance Abuse Treatment* 15(5): 385-391,

1998.

Cooper, J.F. *A Primer of Brief Psychotherapy.*

New York: W.W. Norton, 1995. pp. 13-34.

Cooper, J.F. Brief therapy in clinical psychology.

In: Cullari, S., ed. *Foundations of Clinical Psychology.* Boston: Allyn and Bacon, 1998. pp. 185-207.

Copans, S. The invisible family member: Children in families with alcohol abuse. In: Combrinck-Graham, L., ed. *Children in Family Contexts: Perspectives on Treatment.*

New York: Guilford Press, 1988. pp. 277- 298.

Corey, G. *Theory and Practice of Counseling and Psychotherapy,* 4th ed. Pacific Grove, CA: Brooks/Cole, 1991.

Coudert, J. *The Alcoholic in Your Life.* New York: Stein and Day, 1972.

Covington, S.S. Women, addiction, and sexuality. In: Straussner, S., and Zelvin, E., eds. *Gender and Addictions: Men and Women in Treatment.* Northvale, NJ: Jason Aronson, 1997.

Crawley, B. Self-medication and the elderly. In: Freeman, E.M., ed. *Substance Abuse Treatment: A Family Systems Perspective.* Sage Sourcebooks for the Human Services Series, Vol. 25. Newbury Park, CA: Sage Publications, 1993. pp. 217-238.

Crits-Christoph, P. The efficacy of brief dynamic psychotherapy: A meta-analysis. *American Journal of Psychiatry* 149(2):151-158, 1992.

Crits-Christoph, P., and Barber, J.P., eds.

*Handbook of Short-Term Dynamic Psychotherapy.* New York: Basic Books, 1991.

Crits-Christoph, P.; Barber, J.P.; and Kurcias, J.S. Introduction and historical background. In: Crits-Christoph, P., and Barber, J.P., eds.

#### *Handbook of Short-Term Dynamic*

*Psychotherapy.* New York: Basic Books, 1991. pp. 1-16.

Crits-Christoph, P.; Siqueland, L.; Blaine, J.; Frank, A.; Luborsky, L.; Onken, L.S.; Muenz, L.; Thase, M.E.; Weiss, R.D.; Gastfriend, D.R.;

Woody, G.; Barber, J.P.; Butler, S.F.; Daley,

D.; Bishop, S.; Najavits, L.M.; Lis, J.; Mercer,

D.; Griffin, M.L.; Moras, K.; and Beck, A.T. The National Institute on Drug Abuse Collaborative Cocaine Treatment Study: Rationale and methods. *Archives of General Psychiatry* 54:721-726, 1997.

Crits-Christoph, P.; Siqueland, L.; Blaine, J.; Frank, A.; Luborsky, L.; Onken, L.S.; Muenz, L.R.; Thase, M.E.; Weiss, R.D.; Gastfriend,

D.R.; Woody, G.; Barber, J.P.; Butler, S.F.; Daley, D.; Salloum, I.; Bishop, S.; Najavits, L.M.; Lis, J.; Mercer, D.; Griffin, M.L.; Moras, K.; and Beck, A.T. Psychosocial treatments for cocaine dependence: National Institute on Drug Abuse Collaborative Cocaine Treatment Study. *Archives of General Psychiatry* 56(6):493-502, 1999.

Crowley, T.J. Contingency contracting treatment of drug-abusing physicians, nurses, and dentists. In: Grabowski, J.; Stitzer, M.L.; and Benningfield, J.E., eds. *Behavioral Intervention Techniques in Drug Abuse Treatment.* NIDA Research Monograph Series, Number 46. HHS Pub.

No. (ADM) 84-1282. Rockville, MD: National Institute on Drug Abuse, 1984. pp. 68-83.

Cullari, S. Brief psychodynamic approaches. In: Cullari, S. ed. *Foundations of Clinical Psychology.* Boston: Allyn and Bacon, 1998.

Cummings, C., and Gordon, J.R. Relapse: Strategies of prevention and prediction. In: Miller, W.R., ed. *The Addictive Behaviors: Treatment of Alcoholism, Drug Abuse, Smoking and Obesity.* Elmsford, NY: Pergamon Press, 1980. pp. 291-321.

Cummings, N.A. Brief intermittent psychotherapy throughout the life cycle. In: Zeig, J.K., and Gilligan, S.G., eds. *Brief Therapy: Myths, Methods, and Metaphors.* New York: Brunner/Mazel, 1990. pp. 169-184.

Daily, S.G. Alcohol, incest, and adolescence. In: Lawson, G.W., and Lawson, A.W., eds.

*Adolescent Substance Abuse: Etiology, Treatment, and Prevention.* Gaithersburg, MD: Aspen Publishers, 1992. pp. 251-266.

Darkes, J., and Goldman, M.S. Expectancy challenge and drinking reduction: Experimental evidence for a mediational process. *Journal of Consulting and Clinical Psychology* 61(2):344-353, 1993.

Davanloo, H., ed. *Short-Term Dynamic Psychotherapy.* New York: Jason Aronson, 1980.

Davies, J.B. *The Myth of Addiction: An Application of the Psychological Theory of Attribution to Illicit Drug Use.* Philadelphia: Harwood Academic Publishers, 1992.

Davis, D.I.; Berenson, D.; Steinglass, P.; and Davis, S. The adaptive consequences of drinking. *Psychiatry* 37:209-215, 1974.

DeNelsky, G.Y., and Boat, B.W. A coping skills model of psychological diagnosis and treatment. *Professional Psychology: Research and Practice* 17:322-330, 1986.

Deno££, M.S. An integrated analysis of the contribution made by irrational beliefs and parental interaction to adolescent drug abuse. *International Journal of the Addictions* 23(7):655-659, 1988.

DiClemente, C.C.; Carbonari, J.P.; Montgomery, R.P.; and Hughes, S.O. The Alcohol Abstinence Self-Efficacy Scale. *Journal of Studies on Alcohol* 55(2):141-148, 1994.

DiClemente, C.C., and Fairhurst, S.K. Self­ efficacy and addictive behaviors. In: Maddux, J.E., ed. *Self-Efficacy, Adaptation, and Adjustment: Theory, Research, and Application.* New York: Plenum Press, 1995. pp. 109-141.

DiClemente, C.C.; Prochaska, J.O.; Fairhurst, S.K.; Velicer, W.F.; Velasquez, M.M.; and Rossi, J.S. The process of smoking cessation: An analysis of precontemplation, contemplation, and preparation stages of change. *Journal of Consulting and Clinical Psychology* 59(2):295-304, 1991.

DiClemente, C.C., and Scott, C.W. Stages of change: Interactions with treatment compliance and involvement. In: Onken, L.S.; Blaine, **J.D.;** and Boren, J.J., eds .. *Beyond the Therapeutic Alliance: Keeping the Drug­ Dependent Individual in Treatment.* NIDA Research Monograph Series, Number 165.

NIH Pub. No. 97-4142. Rockville, MD: National Institute on Drug Abuse, 1997. pp. 131-156.

Dolan, M.P.; Black, J.L.; Penk, W.E.; Rabinowitz, R.; and DeFord, H.A. Predicting the outcome of contingency contracting for drug abuse.

*Behavior Therapy* 17:470-474, 1986.

Donovan, D.M. Assessment issues and domains in the prediction of relapse. *Addiction* 91(Suppl.):S29-S36, 1996.

Donovan, D.M. Assessment and interviewing strategies in addictive behaviors. In: McCrady, B.S., and Epstein, E.E., eds.

*Addictions: A Comprehensive Guidebook for Practitioners.* New York: Oxford University Press, 1999. pp. 187-215.

Donovan, D.M., and Chaney, E.F. Alcoholic relapse prevention and intervention: Models and methods. In: Marlatt, G.A., and Gordon, J.R., eds. *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors.* New York: Guilford Press, 1985. pp. 351-416.

Donovan, D.M., and Marlatt, G.A. *Assessment of Addictive Behaviors.* New York: Guilford Press, 1988.

Donovan, D.M., and Marlatt, G.A. Recent developments in alcoholism: Behavioral treatment. *Recent Developments in Alcoholism* 11:397-411, 1993.

Dossman, R.; Kutter, P.; Heinzel, R.; and Wurmser, L. The long-term benefits of intensive psychotherapy: A view from Germany. In: Lazar, S.G., ed. *Extended Dynamic Psychotherapy: Making the Case in an Era of Managed Care.* Hillsdale, NJ: Analytic Press, 1997. pp. 74-86.

Douglas, L.J. "Perceived family dynamics of cocaine abusers, as compared to opiate abusers and non-drug abusers." Ph.D. diss., University of Florida at Gainesville, 1987.

Drummond, D.C. Alcohol interventions: Do the best things come in small packages?

*Addiction* 92(4):375-379, 1997.

Drummond, D.C.; Thom, B.; Brown, C.; Edwards, G.; and Mullan, **M.J.** Specialist versus general practitioner treatment of problem drinkers. *Lancet* 336(8720):915-918, 1990.

Edwards, G., and Orford, J. A plain treatment for alcoholism. *Proceedings of the Royal Society of Medicine* 70:344-348, 1977.

Edwards, G.; Orford, J.; Egert, S.; Guthrie, S.; Hawker, A.; Hensman, C.; Mitcheson, M.; Oppenheimer, E.; and Taylor, C. Alcoholism: A controlled trial of "treatment" and "advice." *Journal of Studies on Alcohol* 38(5):1004-1031, 1977.

Edwards, M.E., and Steinglass, P. Family therapy treatment outcomes for alcoholism. *Journal of Marital and Family Therapy* 21(4):475-509, 1995.

Ehrman, RN.; Robbins, S.J.; Childress, AR.; and O'Brien, C.P. Conditioned responses to cocaine-related stimuli in cocaine abuse patients. *Psychopharmacology (Berl)* 107(4):523-529, 1992.

Elkin, I. The NLMH Treatment of Depression Collaborative Research Program: Where we began and where we are. In: Bergin, A.E., and Garfield, S.L., eds. *Handbook of Psychotherapy and Behavior Change,* 4th ed.

New York: John Wiley and Sons, 1994. pp.

114-139.

Ellis, A. The treatment of alcohol and drug abuse: A rational-emotive approach. *Rational Living* 17(2):15-24, 1982.

Ellis, A., and Grieger R., eds. *Handbook of Rational-Emotive Therapy.* New York: Springer, 1977.

Ellis, A.; Mcinerney, J.F.; DiGiuseppe, R.; and Yeager, R.J. *Rational-Emotive Therapy With Alcoholics and Substance Abusers.* New York: Pergamon Press, 1988.

Epstein, E.E., and McCrady, B.S. Behavioral couples treatment of alcohol and drug use disorders: Current status and innovations. *Clinical Psychology Review* 18(6):689-711, 1998.

Evans, D.M., and Dunn, N.J. 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(2):186-193, 1995.

Fahnestock, R. Impact of substance abuse and post-traumatic stress disorder. In: Freeman, E.M., ed. *Substance Abuse Treatment: A Family Systems Perspective.* Sage Sourcebooks for the Human Services Series, Vol. 25. Newbury Park, CA: Sage Publications, 1993. pp. 157- 188.

Fals-Stewart, W.; Birchler, C.R.; and O'Farrell,

T.J. Behavioral couples therapy for male substance-abusing patients: Effects on relationship adjustment and drug-using behavior. *Journal of Consulting and Clinical Psychology* 64(5):959- 972, 1996.

Favazza, A.R., and Thompson, J.J. Social networks of alcoholics: Some early findings. *Alcoholism: Clinical and Experimental Research* 8(1):9-15, 1984.

Feinberg, F. Substance-abusing mothers and their children: Treatment for the family. In: Combrinck-Graham, L., ed. *Children in Families at Risk: Maintaining the Connections.* New York: Guilford Press, 1995. pp. 228- 247.

Feinstein, D., and Krippner, S. *The Mythic Path: Discovering the Guiding Stories of Your Past* - *Creating a Vision for Your Future.* New York: Putnam, 1997.

Fisch, R.; Weakland, J.H.; and Segal, L. The *Tactics of Change: Doing T11erapy Briefly.* San Francisco: Jossey-Bass, 1982.

Flanzer, J.P. Alcohol and family violence: The treatment of abusing families. In: Einstein, S., ed. *Drug and Alcohol Use: Issues and Factors.* New York: Plenum Press, 1989. pp. 261-274.

Flanzer, JP., and Sturkie, D.K *Alcohol and Adolescent Abuse.* Holmes Beach, FL: Learning Publications, 1987.

Fleming, M.F.; Barry, KL.; Manwell, L.B.; Johnson, K; and London, R. Brief physician advice for problem drinkers: A randomized controlled trial in community-based primary care practices. *JAMA* 277(13):1039-1045, 1997.

Fleming, M.F.; Barry, K; Manwell, L.; Johnson, K; and London, R. A trial of early alcohol treatment (Project TrEAT): A randomized trial of brief physician advice in community­ based primary care practices. *JAMA,* in press.

Fleming, M.F.; Manwell, L.B.; Barry, KL.; Adams, W.; and Stauffacher, E.A. Brief physician advice for alcohol problems in older adults: A randomized community­ based trial. *Journal of Family Practice* 48(5):378-384, 1999.

Flores, P. *Group Psychotherapy With Addicted Populations.* New York: Haworth Press, 1988.

Flores, P.J., and Mahon, L. Treatment of addiction in group psychotherapy. *International Journal of Group Psychotherapy* 43(2):143-156, 1993.

Flores-Ortiz, Y., and Bernal, G. Contextual family therapy of addiction with Latinos. *Journal of Psychotherapy and the Family* 6(1- 2):123-142, 1989.

Folkman, S., and Lazarus, R.S. Coping as a mediator of emotion. *Journal of Personality and Social Psychology* 54(3):466-475, 1988.

Folkman, S., and Lazarus, R.S. Coping and emotion. In: Monat, A., and Lazarus, R.S., eds. *Stress and Coping: An Anthology.* New York: Columbia University Press, 1991. pp. 207-227.

Frankel, A.J. Groupwork with recovering families in concurrent parent and children's groups. *Alcoholism Treatment Quarterly* 9(3- 4):23-37, 1992.

Frawley, P.J., and Smith, J.W. Chemical aversion therapy in the treatment of cocaine dependence as part of a multimodal treatment program: Treatment outcome.

*Journal of Substance Abuse Treatment* 7(1):21- 29, 1990.

Freeman, A.; Pretzer, J.M.; Fleming, B.; Simon, KM. *Clinical Applications of Cognitive Therapy.* New York: Plenum Press, 1990.

Freeman, A, and Reinecke, M.A. *Cognitive Therapy of Suicidal Behavior: A Manual for Treatment.* New York: Springer Publishing, 1993.

French, S. Family approaches to alcoholism: Why the lack of interest among marriage and family professionals? *Journal of Drug Issues* 17(4):359-368, 1987.

Friedberg, L.M. *Psychotherapy Works: A Review of "TI1e Effectiveness of Psychotherapy: TI1e* Consumer Reports *Study."* Ann Arbor, MI: Michigan Psychological Association, 1999.

Friedman, AS. Family therapy versus parent groups: Effects on adolescent drug abusers. In: Friedman, AS., and Granick, S., eds.

*Family Therapy for Adolescent Drug Abuse.* Lexington, MA: Lexington Books, 1990. pp. 201-215.

Fromme, K.; Stroot, E.; and Kaplan, D. Comprehensive effects of alcohol: Development and psychometric assessment of a new expectancy questionnaire.

*Psychological Assessment* 5(1):19-26, 1993.

Gabbard, G.O.; Lazar, S.G.; Hornberger, J.; and Spiegel, D. The economic impact of psychotherapy: A review. *American Journal of Psychiatry* 154:147-155, 1997.

Galanter, M. *Network Therapy for Alcohol and Drug Abuse: A New Approach in Practice.* New York: Basic Books, 1993.

Galanter, M.; Keller, D.S.; and Dermatis, H. Network Therapy for addiction: Assessment of the clinical outcome of training. *American Journal of Drug and Alcohol Abuse* 23(3):355- 367, 1997.

Gambrill, E. A behavioral perspective of families. In: Tolson, E.R., and Reid, W.J., eds. *Models of Family Treatment.* New York: Columbia University Press, 1981.

Garvin, C.D.; Reid, W.; and Epstein, L. A task­ centered approach. In: Roberts, W.R., and Northen, H., eds. *Theories of Social Work With Groups.* New York: Columbia University Press, 1976. pp. 238-251.

Gerstein, D.R., and Harwood, J.H., eds. *Treating Drug Problems.* Vol. 1. Washington, DC: National Academy Press, 1990. pp. 40-57.

Giorgi, A, ed. *Phenomenology and Psychological Research.* Pittsburgh, PA: Duquesne University Press, 1985.

Giorlando, M., and Schilling, R.J. On becoming a solution-focused physician: The MED­ STAT acronym. *Families, Systems and Health* 14(4): 361-371, 1996.

Goldman, M.S. The alcohol expectancy concept: Applications to assessment, prevention, and treatment of alcohol abuse. *Applied and Preventive Psychology* 3(3):131-144, 1994.

Goldman, M.S., and Brown, S.A. Expectancy theory: Thinking about drinking. In: Blane, H.T., and Leonard, K.E., eds. *Psychological Theories of Drinking and Alcoholism.* New York: Guilford Press, 1987. pp. 181-226.

Goldman, M.S., and Rather, B.C. Substance abuse disorders: Cognitive models and architecture. In: Kendall, P.C., and Dobson, K.S., eds. *Psychopathology and Cognition.* San Diego, CA: Academic Press, 1993. pp. 245- 292.

Gomberg, E.S. Women and alcohol: Use and abuse. *Journal of Nervous and Mental Disease* 181(4):211-219, 1993.

Gomberg, E.S.; Nelson, B.W.; and Hatchett, B.F. Women, alcoholism, and family therapy.

*Family and Community Health* 13(4):61-71, 1991.

Gorad, S.L.; McCourt, W.F.; and Cobb, J.C. A communications approach to alcoholism. *Quarterly Journal of Studies on Alcohol* 32:651- 668, 1971.

*185*

Gottheil, E.; Weinstein, S.P.; Sterling, RC.; Lundy, A.; and Serota, RD. A randomized controlled study of the effectiveness of intensive outpatient treatment for cocaine dependence. *Psychiatric Services* 49(6):782- 787, 1998.

Grenyer, B.F.; Luborsky, L.; and Solowij, N. *Treatment Manual for Supportive-Expressive Dynamic Therapy: Special Adaptation for Treatment of Cannabis (Marijuana) Dependence.* Technical Report 26. Sydney, Australia: National Drug and Alcohol Research Center, 1995.

Grenyer, B.F.; Solowij, N.; and Peters, R. "Psychotherapy for marijuana addiction: A randomized controlled trial of brief versus intensive treatment." Paper presented at the conference of the Society for Psychotherapy Research, Amelia Island, FL, 1996.

Grof, S. *Beyond the Brain: Birth, Death, and Transcendence in Psychotherapy.* Albany, NY: State University of New York Press, 1985.

Hales, RE.; Yudofsky, S.C.; and Talbott, J.A., eds. The *American Psychiatric Press Textbook of Psychiatry,* 2nd ed. Washington, DC: American Psychiatric Press, 1994.

Haley, J. *Strategies of Psychotherapy.* New York: Grune and Stratton, 1963.

Haley, J. *Uncommon Therapy: The Psychiatric Techniques of Milton Erickson, M.D.* New York: W.W. Norton, 1973.

Haley, J. *Problem-Solving Therapy: New Strategies for Effective Family Therapy.* San Francisco: Jossey-Bass, 1976.

Haley, J. *Problemsolving Therapy,* 2nd ed. San Francisco: Jossey-Bass, 1987.

Harris, KB., and Miller, W.R. Behavioral self­ control training for problem drinkers: Components of efficacy. *Psychology of Addictive Behaviors* 4(2):90-92, 1990.

Hart, T. Inspiration: Exploring the experience and its meaning. *Journal of Humanistic Psychology* 38(3):7-35, 1998.

Hawkins, RC., IL Substance abuse and stress­ coping resources: A life-contextual clinical viewpoint. In: Wallace, B.C., ed. *The Chemically Dependent: Phases of Treatment and Recovery.* New York: Brunner/Mazel, 1992. pp. 127-158.

Heather, N. Brief interventions on the world map. *Addiction* 89(6):665-667, 1994.

Heather, N. Interpreting the evidence on brief interventions for excessive drinkers: The need for caution. *Alcohol and Alcoholism* 30(3):287-296, 1995.

Heather, N.; Campion, P.D.; Neville, R.G.; and Maccabe, D. Evaluation of a controlled drinking minimal intervention for problem drinkers in general practice (the DRAMS scheme). *Journal of the Royal College of General Practitioners* 37:358-363, 1987.

Henggeler, S.W.; Pickrel, S.G.; Brondino, M.J.; and Crouch, J.L. Eliminating (almost) treatment dropout of substance abusing or dependent delinquents through home-based multisystemic therapy. *American Journal of Psychiatry* 153(3):427-428, 1996.

Herdman, J.W. *Global Criteria: The 12 Core Functions of the Substance Abuse Counselor,* 2nd ed. Holmes Beach, FL: Learning Publications, 1997.

Hester, R.K. Behavioral self-control training. In: Hester, R.K., and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches: Effective Alternatives,* 2nd ed. Boston: Allyn and Bacon, 1995. pp. 149-159.

Hester, R.K., and Delaney, H.D. Behavioral Self­ Control Program for Windows: Results of a controlled clinical trial. *Journal of Consulting and Clinical Psychology* 65(4):686-693, 1997.

Hester, R.K., and Miller, W.R. Self-control training. In: Hester, R.K., and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches.* New York: Pergamon Press, 1989. pp. 141-149.

Higgins, S.T. The influence of alternative reinforcers on cocaine use and abuse: A brief review. *Pharmacological and Biochemical Behaviors* 57(3):419-427, 1997.

Higgins, S.T. Potential contributions of the community reinforcement approach and contingency management to broadening the base of substance abuse treatment. In: Tucker, J.A; Donovan, D.M.; and Marlatt, G.A, eds. *Changing Addictive Behavior: Bridging Clinical and Public Health Strategies.* New York: Guilford Press, 1999. pp. 283- 306.

Higgins, S.T.; Budney, AJ.; Bickel, W.K.; Foerg, F.E.; Donham, R.; and Badger, M.S. Incentives improve outcome in outpatient behavioral treatment of cocaine dependence. *Archives of General Psychiatry* 51:568-576, 1994.

Higgins, S.T.; Budney, AJ.; Bickel, W.K.; Hughes, J.R.; Foerg, F.; and Badger, G. Achieving cocaine abstinence with a behavioral approach. *American Journal of Psychiatry* 150(5):763-769, 1993.

Higgins, S.T.; Delaney, 0.0.; Budney, AJ.; Bickel, W.K.; Hughes, J.R.; Foerg, F.; and Fenwick, J.W. A behavioral approach to achieving initial cocaine abstinence.

*American Journal of Psychiatry* 148(9):1218- 1224, 1991.

Higgins, S.T.; Tidey, J.W.; and Stitzer, M.L. Community reinforcement and contingency management interventions. In: Graham, AW.; Schultz, T.K.; and Wilford, B.B., eds. *Principles of Addiction Medicine,* 2nd ed.

Chevy Chase, MD: American Society of Addiction Medicine, Inc., 1998. pp. 675-690.

Higgins-Biddle, J.C.; Babor, T.F.; Mullahy, J.; Daniels, J.; and McRee, B. Alcohol screening and brief intervention: Where research meets practice. *Connecticut Medicine* 61(9):565-575, 1997.

Hill, A Treatment and prevention of alcoholism in the Native American family. In: Lawson, G.W., and Lawson, AW., eds. *Alcoholism and Substance Abuse in Special Populations.*

Rockville, MD: Aspen Publishers, 1989. pp. 247-272.

Hodgins, D.C.; Leigh, G.; Milne, R.; and Gerrish,

R. Drinking goal selection in behavioral self­ management treatment of chronic alcoholics. *Addictive Behaviors* 22(2):247-255, 1997.

Hodgson, R., and Rollnick, S. How brief intervention works: Representative cases as viewed by the health advisers. In: Babor, T.F., and Grant, M., eds. *Project on Identification and Management of Alcohol­ Related Problems. Report on Phase II: A Randomized Clinical Trial of Brief Interventions in Primary Health Care.* Geneva, Switzerland: World Health Organization, 1991. pp. 221-

232.

Holder, H.; Longabaugh, R.; Miller, W.R.; and Rubonis, AV. The cost effectiveness of treatment for alcoholism: A first approximation. *Journal of Studies on Alcohol* 52(6):517-540, 1991.

Hollon, S.D., and Beck, AT. Cognitive and cognitive-behavioral therapies. In: Bergin, AE., and Garfield, S.L., eds. *Handbook of Psychotherapy and Behavior Change,* 4th ed. New York: John Wiley and Sons, 1994. pp. 428-466.

Horowitz, M.J. Short-term dynamic therapy of stress response syndromes. In: Crits­ Christoph, P., and J.P. Barber, eds. *Handbook of Short-Term Dynamic Psychotherapy.* New York: Basic Books, 1991. pp. 166-198.

Horvath, A.O., and Greenberg, L.S., eds. *The Working Alliance: Theory, Research, and Practice.* New York: John Wiley and Sons, 1994.

Howard, M.O.; Elkins, R.L.; Rimmele, C.; and Smith, J.W. Chemical aversion treatment of alcohol dependence. *Drug and Alcohol Dependence* 29(2):107-143, 1991.

Hoyt, M.F. *Brief Therapy and Managed Care: Readings for Contemporary Practice.* San Francisco: Jossey-Bass, 1995.

Hser, Y.I.; Joshi, V.; Anglin, M.D.; and Fletcher,

B. Predicting posttreatment cocaine abstinence for first-time admissions and treatment repeaters. *American Journal of Public Health* 89(5):666-671, 1999.

Hubbard, R.L.; Craddock, S.G.; Flynn, P.M.; Anderson, J.; and Etheridge, RM. Overview of 1-year outcomes in the Drug Abuse Treatment Outcome Study (DATOS).

*Psychology of Addictive Behaviors* 11(4):261- 278, 1997.

Hunt, G.M., and Azrin, N.H. A community­ reinforcement approach to alcoholism.

*Behaviour Research and Therapy* 11(1):91-104, 1973.

*ICD-9-CM: The International Classification of Diseases, 9th Revision, Clinical Modification.* New York: McGraw-Hill, 1995.

Iguchi, M.Y.; Belding, M.A.; Morral, AR.; Lamb, R.J.; Husband, S.D. Reinforcing operants other than abstinence in drug abuse treatment: An effective alternative for reducing drug use. *Journal of Consulting and Clinical Psychology* 65(3):421-428, 1997.

Institute of Medicine. *Broadening the Base of Treatment for Alcohol Problems.* Washington, DC: National Academy Press, 1990.

Institute of Medicine. *Pathways of Addiction: Opportunities in Drug Abuse Research.*

Committee on Opportunities in Drug Abuse Research. Washington, DC: National Academy Press, 1996.

Jackson, J. The adjustment of the family to the crisis of alcoholism. *Quarterly Journal of Studies on Alcohol* 15:562-586, 1954.

Jaffe, A.J., and Kilbey, M.M. The Cocaine Expectancy Questionnaire (CEQ): Construction and predictive utility.

*Psychological Assessment* 6(1):18-26, 1994.

Janis, LL., and Mann, L. *Decision Making: A Psychological Analysis of Conflict, Choice, and Commitment.* New York: Free Press, 1977.

Jarvis, T.J. Implications of gender for alcohol treatment research: A quantitative and qualitative review. *British Journal of Addiction* 87(9):1249-1261, 1992.

Jesse, RC. *Children in Recovery.* New York:

W.W. Norton, 1989.

Johnson, R. *Ecstasy: Understanding the Psychology of Joy.* San Francisco: Harper & Row, 1987.

Johnson, V.E. *I'll Quit Tomorrow.* New York: Harper & Row, 1973.

Johnson, V.E. *Intervention: How To Help Someone Who Doesn't Want Help: A Step-by-Step Guide for Families and Friends of Chemically Dependent Persons.* Minneapolis, MN: Johnson Institute Books, 1986.

Jones, B.T., and McMahon, J. Negative alcohol expectancy predicts post-treatment abstinence survivorship: The whether, when and why of relapse to a first drink. *Addiction* 89(12):1653-1665, 1994a.

Jones, B.T., and McMahon, J. Negative and positive alcohol expectancies as predictors of abstinence after discharge from a residential treatment program: A one-month and three­ month follow-up study in men. *Journal of Studies on Alcohol* 55(5):543-548, 1994b.

Jones, B.T., and McMahon, J. A comparison of positive and negative alcohol expectancy and value and their multiplicative composite as predictors of post-treatment abstinence survivorship. *Addiction* 91(1):89-99, 1996.

Jones, B.T., and McMahon, J. Alcohol motivations as outcome expectancies. In: Miller, W.R., and Heather, N., eds. *Treating Addictive Behaviors,* 2nd ed. New York: Plenum Press, 1998. pp. 75-91.

Juhnke, G.A., and Coker, J.K. Solution-focused intervention with recovering,

alcohol-dependent, single parent mothers and their children. *Journal of Addictions and Offender Counseling* 17(2):77-87, 1997.

Kadden, R.; Carroll, K.; Donovan, D.; Cooney, N.; Monti, P.; Abrams, D.; Litt, M.; and Hester, R., eds. *Cognitive-Behavioral Coping Skills Therapy Manual: A Clinical Research Guide for 171erapists Treating Individuals With Alcohol Abuse and Dependence.* Project MATCH Monograph Series, Volume 3.

Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, 1992.

Kahan, M.; Wilson, L.; and Becker, L. Effectiveness of physician-based interventions with problem drinkers: A review. *Canadian Medical Association Journal* 152(6):851-859, 1995.

Kang, S.Y.; Kleinman, P.H.; Woody, G.E.;

Millman, R.B.; Todd, T.C.; Kemp, J.; and Lipton, D.S. Outcomes for cocaine abusers after once-a-week psychosocial therapy.

*American Journal of Psychiatry* 148(5):630-635, 1991.

Kaplan, H., and Sadock, B., eds. *Comprehensive Textbook of Psychiatry,* 6th ed. Vol. 2.

Baltimore, MD: Williams and Wilkins, 1995.

Katz, R. *171e Straight Path: A Story of Healing and Transformation in Fiji.* Reading, MA: Addison-Wesley, 1993.

Kaufman, E., and Borders, L. Ethnic family differences in adolescent substance use. In: Coombs, R.H., ed. *Family Context of Adolescent Drug Use.* New York: Haworth Press, 1988. pp. 99-121.

Kaufman, E., and Kaufmann, P. From multiple family therapy to couples therapy. In: Kaufman E., and Kaufmann, P., eds. *Family Therapy of Drug and Alcohol Abuse.* New York: Gardner Press, 1979.

Kay, J. Brief psychodynamic psychotherapies: Past, present, and future challenges. *Journal of Psychotherapy Practice and Research* 6(4):330-337, 1997.

Keller, D.S.; Galanter, M.; and Weinberg, S. Validation of a scale for network therapy: A technique for systematic use of peer and family support in addiction treatment.

#### *American Journal of Drug and Alcohol Abuse*

23(1):115-127, 1997.

Kendall, P.C., and Turk, D.C. Cognitive­ behavioral strategies and health enhancement. In: Matarazzo, J.D.; Weiss, S.M.; and Herd, J.A., eds. *Behavioral Health: A Handbook of Health Enhancement and Disease Prevention.* New York: John Wiley and Sons, 1984. pp. 393-405.

Khantzian, E.J. The self-medication hypothesis of addictive disorders: Focus on heroin and cocaine dependence. *American Journal of Psychiatry* 142(11):1259-1264, 1985.

Khantzian, E.J.; Halliday, KS.; and McAuliffe,

W.E. *Addiction and the Vulnerable Self Modified Dynamic Group Therapy for Substance Abusers.* New York: Guilford Press, 1990.

Kirby, KC.; Marlowe, D.B.; Festinger, D.S.; Lamb, R.J.; and Platt, J.J. Schedule of voucher delivery influences initiation of cocaine abstinence. *Journal of Consulting and Clinical Psychology* 66:761-767, 1998.

Kirmil-Gray, K; Eagleston, J.R.; Thoresen, C.E.; and Zarcone, V.P., Jr. Brief consultation and stress management treatments for drug­ dependent insomnia: Effects on sleep quality, self-efficacy, and daytime stress. *Journal of Behavioral Medicine* 8(1):79-99, 1985.

Kleber, H.D., and Gawin, F.H. Cocaine abuse: A review of current and experimental treatments. In: Grabowski, J., ed. *Cocaine: Pharmacology, Effects, and Treatment of Abuse.* NIDA Research Monograph Series, Number

50. HHS Pub. No. (ADM) 84-1326. Rockville, MD: National Institute on Drug Abuse, 1984. pp. 111-129.

Kleinman, P.H.; Woody, G.E.; Todd, T.C.; Millman, R.B.; Kang, S.; Kemp, J.; and Lipton,

D.S. Crack and cocaine abusers in outpatient psychotherapy. In: Onken, L.S., and Blaine, J.D., eds. *Psychotherapy and Counseling in the Treatment of Drug Abuse.* NIDA Research Monograph Series, Number 104. HHS Pub. No. (ADM) 90-1722. Rockville, MD: National Institute on Drug Abuse, 1990. pp. 24-35.

Klerman, G.L., and Weissman, M.M., eds. *New Applications of Interpersonal Psychotherapy.*

Washington, DC: American Psychiatric Press, 1993.

Klerman, G.L.; Weissman, M.M.; and Rounsaville, B.J. *Interpersonal Psychotherapy of Depression.* New York: Basic Books, 1984.

Koss, M.P.; Butcher, J.N.; and Strupp, H.H. Brief psychotherapy methods in clinical research. *Journal of Consulting and Clinical Psychology* 54:60-67, 1986.

Koss, M.P., and Shiang, J. Research on brief psychotherapy. In: Bergin, A.E., and Garfield, S.L., eds. *Handbook of Psychotherapy and Behavior Change,* 4th ed. New York: John Wiley and Sons, 1994. pp. 664-700.

Krampen, G. Motivation in the treatment of alcoholism. *Addictive Behaviors* 14:197-200, 1989.

Kristenson, H.; Ohlin, H.; Hulten-Nosslin, B.; Trell, E.; and Hood, B. Identification and intervention of heavy drinking in middle­ aged men: Results and follow-up of 24-60 months of long-term study with randomized controls. *Alcoholism: Clinical and Experimental Research* 7(2):203-209, 1983.

Kristenson, H., and Osterling, A. Problems and possibilities. *Addiction* 89(6):671-674, 1994.

Krystal, H. Aspects of affect theory. *Bulletin of the Menninger Clinic* 41:1-26, 1977.

Kymissis, P.; Bevacqua, A.; and Morales, N. Multi-family group therapy with dually diagnosed adolescents. *Journal of Child and Adolescent Group Therapy* 5(2):107-113, 1995.

Laikin, M.; Winston, A.; and McCullough, L. Intensive short-term dynamic psychotherapy. In: Crits-Christoph, P., and Barber, J.P., eds. *Handbook of Short-Term Dynamic Psychotherapy.* New York: Basic Books, 1991. pp. 80-109.

Lamb, S.; Greenlick, M.R.; and McCarty, D. *Bridging the Gap Between Research and Treatment.* Washington, DC: National Academy Press, 1998.

Lambert, M.J., and Bergin, A.E. The effectiveness of psychotherapy. In: Bergin, A.E., and Garfield, S.L., eds. *Handbook of Psychotherapy and Behavior Change,* 4th ed. New York: John Wiley and Sons, 1994.

pp. 143-189.

Landry, M.J. *Overview of Addiction Treatment Effectiveness.* HHS Pub. No. (SMA) 96-3081. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1996.

Larimer, M.E., and Marlatt, G.A. Applications of relapse prevention with moderation goals. *Journal of Psychoactive Drugs* 22(2):189-195, 1990.

Laureano, M., and Poliandro, E. Understanding cultural values of Latino male alcoholics and their families: A culture sensitive model.

#### *Journal of Chemical Dependency Treatment*

4(1):137-155, 1991.

Lazarus, R.S. Coping theory and research: Past, present, and future. *Psychosomatic Medicine* 55(3):234-247, 1993.

Leeds J., and Morgenstern, J. Psychoanalytic theories of substance abuse. In: Rotgers, F.; Keller, D.S.; and Morgenstern, J., eds.

*Treating Substance Abuse: Theory and Technique.* New York: Guilford Press, 1996.

Lemere, F. Aversion treatment of alcoholism: Some reminiscences. *British Journal of Addiction* 82(3):257-258, 1987.

Levenson, H.; Butler, S.F.; and Beitman, B.D. *Concise Guide to Brief Dynamic Psychotherapy.* Washington, DC: American Psychiatric Press, 1997.

#### Levin, J.D. *Treatment of Alcoholism and Other* Addictions: A Self Psychology Approach.

Northvale, NJ: Jason Aronson, 1987.

Levine, B. *Fundamentals of Group Treatment.*

Chicago: Whitehall, 1967.

Levine, B., and Gallogly, V. *Group Therapy With Alcoholics: Outpatient and Inpatient Approaches.* Sage Human Services Guides, Number 40.

Beverly Hills, CA: Sage Publications, 1985.

Lewinsohn, P.M.; Clarke, G.N.; Hops, H.; and Andrews, J.A. Cognitive-behavioral treatment for depressed adolescents.

*Behavior Therapy* 21:385-401, 1990.

Lewis, M.L. Alcoholism and family casework.

*Social Casework* 35:8-14, 1937.

Liddle, HA., and Dakof, G.A. "Effectiveness of family-based treatments for adolescent substance abuse." Paper presented at the Annual Meeting of the Society for Psychotherapy Research, Santa Fe, NM, 1994.

Liddle, H.A., and Dakof, G.A. Efficacy of family therapy for drug abuse: Promising but not definitive. *Journal of Marital and Family Therapy* 21(4):511-543, 1995.

Liddle, H.A.; Dakof, G.; Diamond, G.; Holt, M.; Aroyo, J.; and Watson, M. The adolescent module in multidimensional family therapy. In: Lawson, G.W., and Lawson, AW., eds.

*Adolescent Substance Abuse: Etiology, Treatment, and Prevention.* Gaithersburg, MD: Aspen Publishers, 1992. pp. 165-186.

Linehan, **M.M.** *Cognitive-Behavioral Treatment of Borderline Personality Disorder.* New York: Guilford Press, 1993.

Litman, G.K. Alcohol survival: The prevention of relapse. In: Miller, W.R., and Heather, N., eds. *Treating Addictive Behaviors: Processes of Change.* New York: Plenum Press, 1986.

pp. 391-405.

Locke, H., and Wallace, K. Short marital adjustment and prediction tests: Their reliability and validity. *Marriage and Family Living* 21:251-255, 1959.

Lowinson, J.H.; Ruiz, P.; and Millman, R.B. *Substance Abuse: A Comprehensive Textbook,* 3rd ed. Baltimore: Williams & Wilkins, 1997.

Luborsky, L. *Principles of Psychoanalytic Psychotherapy: A Manual for Supportive­ Expressive Treatment.* New York: Basic Books, 1984.

Luborsky, L., and Mark, D. Short-term supportive-expressive psychoanalytic psychotherapy. In: Crits-Christoph, P., and Barber, J.P., eds. *Handbook of Short-Term Dynamic Psychotherapy.* New York: Basic Books, 1991. pp. 110-136.

Luborsky, L.; McLellan, T.A.; Woody, G.E.; O'Brien, C.P.; and Auerbach, A. Therapist success and its determinants. *Archives of General Psychiatry* 42:602-611, 1985.

Luborsky, L.; Woody, G.E.; Hole, A.V.; and Velleco, A. "Manual for supportive­ expressive dynamic psychotherapy: A special version for drug dependence." Unpublished manuscript, University of Pennsylvania, 1977, rev. ed. 1989.

Luborsky, L.; Woody, G.E.; Hole, A.V.; and Velleco, A. Supportive-expressive dynamic therapy for the treatment of opiate drug dependence. In: Barber, J.P., and Crits­ Christoph, P., eds. *Dynamic Therapies for Psychiatric Disorders: Axis I.* New York: Basic Books, 1995. pp. 131-160.

Lyons, L.C., and Woods, P.J. The efficacy of rational-emotive therapy: A quantitative review of the outcome research. *Clinical Psychology Review* 11:357-369, 1991.

Lyotard, J.F. *The Post-Modern Condition: A Report on Knowledge.* Minneapolis, MN: University of Minnesota Press, 1984.

Mackay, P.W., and Donovan, D.M. Cognitive and behavioral approaches to alcohol abuse. In: Frances, R.J., and Miller, S.I., eds. *Clinical Textbook of Addictive Disorders.* New York: Guilford Press, 1991. pp. 452-481.

MacKenzie, R.K. *Introduction to Time-Limited Group Psychotherapy.* Washington, DC: American Psychiatric Press, 1990.

Magura, S.; Casriel, C.; Goldsmith, D.S.; and Lipton, D.S. Contracting with clients in methadone treatment. *Social Casework* 68:485-493, 1987.

Magura, S.; Casriel, C.; Goldsmith, D.S.; Strug, D.L.; Lipton, D.S. Contingency contracting with polydrug-abusing methadone patients. *Addictive Behaviors* 13(1):113-118, 1988.

Malan, D.H. *The Frontier of Brief Psychotherapy: An Example of the Convergence of Research and Clinical Practice.* New York: Plenum Press, 1976.

Mangione, T.W.; Howland, J.; Amick, B.; Cote, J.; Lee, M.; Bell, N.; Levine, S. Employee drinking practices and work performance.

*Journal of Studies on Alcohol* 60(2):261-270, 1999.

Manisses Communications Group. Group therapy works well for addiction: Identifying with others in group leads to self-awareness. *Behavioral Health Treatment* 2(1):1, 1997a.

Manisses Communications Group. Researchers tout marital therapy for alcohol problems. *Alcoholism and Drug Abuse Week* 9(23), 6, 1997.

Manisses Communications Group. Study: Group therapy helps addicted women with abuse history. *Alcoholism and Drug Abuse Week* 9(33):5-6, 1997b.

Mann, J. *Time-Limited Psychotherapy.*

Cambridge, MA: Harvard University Press, 1973.

Mann, J. Time-limited psychotherapy. In: Crits­ Christoph, P., and Barber, J.P., eds. *Handbook of Short-Term Dynamic Psychotherapy.* New York: Basic Books, 1991. pp. 17-44.

Mann, J., and Goldman, R. *A Casebook in Time­ Limited Psychotherapy.* Northvale, NJ: Jason Aronson, 1994.

Marcus, B.H.; Selby, V.C.; Niaura, R.S.; and Rossi, J.S. Self-efficacy and the stages of exercise behavior change. *Research Quarterly for Exercise and Sport* 63(1):60-66, 1992.

Mark, D., and Faude, J. Supportive-expressive therapy of cocaine abuse. In: Barber, J.P., and Crits-Christoph, P., eds. *Dynamic Therapies for Psychiatric Disorders: Axis I.* New York: Basic Books, 1995. pp. 294-331.

Mark, D., and Faude, J. *Psychotherapy of Cocaine Addiction: Entering the Interpersonal World of the Cocaine Addict.* Northvale, NJ: Jason Aronson, 1997.

Mark, D., and Luborsky, L. "A manual for the use of supportive-expressive psychotherapy in the treatment of cocaine abuse." Unpublished manuscript, University of Pennsylvania, 1992.

Marlatt, G.A. Craving for alcohol, loss of control and relapse: A cognitive behavioral analysis. In: Nathan, P.E.; Marlatt, G.A.; and Lpberg, T., eds. *Alcoholism: New Directions in Behavioral Research and Treatment.* New York: Plenum Press, 1978.

Marlatt, G.A. Section I: Theoretical perspectives on relapse. Taxonomy of high-risk situations for alcohol relapse: Evolution and development of a cognitive-behavioral model. *Addiction* 91(Suppl.):S37-S49, 1996.

Marlatt, G.A.; Baer, J.S.; Donovan, D.M.; and Kivlahan, D.R. Addictive behaviors: Etiology and treatment. *Annual Review of Psychology* 39:223-252, 1988.

Marlatt, G.A., and Donovan, D.M. Alcoholism and drug dependence: Cognitive social learning factors in addictive behaviors. In: Craighead, W.E.; Mahoney, M.J.; and Kazdin, A.E., eds. *Behavior Modification: Principles, Issues, and Applications,* 2nd ed. Boston: Houghton Mifflin, 1981. pp. 264-285.

Marlatt, G.A., and Gordon, J.R. Determinants of relapse: Implications for the maintenance of behavior change. In: Davidson, P., and Davidson, S.M., eds. *Behavioral Medicine: Changing Health Lifestyles.* New York, Brunner/Mazel, 1980. pp. 410-452.

Marlatt, G.A., and Gordon, J.R. *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors.* New York: Guilford Press, 1985.

Marlatt, G.A.; Somers, J.M.; and Tapert, S.F. Harm reduction: Application to alcohol abuse problems. In: Onken, L.S.; Blaine, J.D.; and Boren, J.J., eds. *Behavioral Treatments for Drug Abuse and Dependence.* NIDA Research Monograph Series, Number 137. NIH Pub. No. (ADM) 93-3684. Rockville, MD: National Institute on Drug Abuse, 1993. pp. 147-166.

Maslow, A.H. *Toward a Psychology of Being,* 2nd ed. Princeton, NJ: Van Nostrand, 1968.

Maslow, A.H. *Motivation and Personality,* 3rd ed.

New York: Harper & Row, 1987.

Matano, R.A., and Yalom, LR. Approaches to chemical dependency: Chemical dependency and interactive group therapy: A synthesis. *International Journal of Group Psychotherapy* 41(3):269-293, 1991.

Mattick, R.P., and Jarvis, T. Brief or minimal intervention for 'alcoholics'? The evidence suggests otherwise. *Drug and Alcohol Review* 13:137-144, 1994.

Maultsby, M.C. *Group Leaders Guide for Rational Behavior Training.* Provided for the United States District Court, Northern District of Texas, Dallas, TX. 1976.

May, G.G. *Addiction and Grace.* San Francisco: Harper, 1991.

May, R., and Yalom, I. Existential psychotherapy. In: Corsini, R.J., and Wedding, D., eds. *Current Psychotherapies,* 5th ed. Itasca, IL: F.E. Peacock, 1995.

pp. 262-292.

McCrady, B.S. Outcomes of family-involved alcoholism treatment. In: Galanter, M., ed. *Recent Developments in Alcoholism.* Vol. 7. New York: Plenum Press, 1989. pp. 165-182.

McCrady, B.S. Promising but underutilized treatment approaches. *Alcohol Health* & *Research World* 15(3):215-218, 1991.

Mccrady, B.S. Relapse prevention: A couples­ therapy perspective. In: O'Farrell, T. J., ed. *Treating Alcohol Problems: Marital and Family Interventions.* New York: Guilford Press, 1993. pp. 327-350.

McCrady, B.S.; Noel, N.E.; Abrams, D.B.; Stout, R.L.; Nelson, H.F; and Hay, W.M. Comparative effectiveness of three types of spouse involvement in outpatient behavioral alcoholism treatment. *Journal of Studies on Alcohol* 47(6):459-467, 1986.

McCrady, B.S.; Stout, R.; Noel, N.; Abrams, D.; and Nelson, H. Effectiveness of three types of spouse-involved behavioral alcoholism treatment. *British Journal of Addiction* 86(11):1415-1424, 1991.

McGoldrick, M.; Giordano, J.; and Pearce, J.K. *Ethnicity and Family Therapy,* 2nd ed. New York: Guilford Press, 1996.

McLellan AT.; Arndt, 1.0.; Metzger, D.S.; Woody, G.E.; and O'Brien, C.P. The effects of psychosocial services in substance abuse treatment. *JAMA* 269(15):1953-1959, 1993.

McMahon, J., and Jones, B.T. Negative expectancy in motivation. *Addiction Research* 1(2):145-155, 1993.

McMahon, J., and Jones, B.T. Post-treatment abstinence survivorship and motivation for recovery: The predictive validity of the Readiness to Change (RCQ) and Negative Alcohol Expectancy (NAEQ) Questionnaires. *Addiction Research* 4(2):161-176, 1996.

McMullin, R.E. *Handbook of Cognitive Therapy Techniques.* New York: W.W. Norton, 1986.

Messer, S.B., and Warren, C.S. *Models of Brief Psyclwdynamic Therapy: A Comparative Approach.* New York: Guilford Press, 1995.

Meyers, R.J.; Dominguez, T.P.; and Smith, J.E. Community reinforcement training with concerned others. In: Van Hasselt, V.B., and Hersen, M., eds. *Sourcebook of Psychological Treatment Manuals for Adult Disorders.* New York: Plenum Press, 1996. pp. 257-294.

Meyers, R.J., and Smith, J.E. *Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach.* New York: Guilford Press, 1995.

Meyers, R.J., and Smith, J.E. Getting off the fence: Procedures to engage treatment­ resistant drinkers. *Journal of Substance Abuse Treatment* 14:467-472, 1997.

Meyers, R.J.; Smith, J.E.; and Miller, E.J. Working through the concerned significant other. In: Miller, W.R., and Heather, N., eds. *Treating Addictive Behaviors,* 2nd ed. New York: Plenum Press, 1998. pp. 149-161.

Michaelec, E.M.; Rohsenow, D.J.; Monti, P.M.; Varney, S.M.; Martin, R.A.; Dey, AN.; Myers, M.G.; and Sirota, A.O. Cocaine Negative Consequences Checklist: Development and validation. *Journal of Substance Abuse*

8(2):181-193, 1996.

Midanik, L. The validity of self-reported alcohol consumption and alcohol problems: A literature review. *British Journal of Addiction 77(4):357-382, 1982.*

Middelkoop, P. *The Wise Old Man: Healing Through Inner Images.* Trans., A. Dixon. Boston: Shambhala, 1989.

Milby, J.B.; Schumacher, J.E.; Raczynski, J.M.; Caldwell, E.; Engle, M.; Michael, M.; and Carr, J. Sufficient conditions for effective treatment of substance abusing homeless persons. *Drug and Alcohol Dependence* 43(1- 2):39-47, 1996.

Miller, N.S., ed. *Comprehensive Handbook of Drug and Alcohol Addiction.* New York: Marcel Dekker, 1991.

Miller, S.D. The resistant substance abuser: Court mandated cases can pose special problems. Commentary: A solution-focused approach. *Networker* 16(1):83-87, 1992.

Miller, S.D. Some questions (not answers) for the brief treatment of people with drug and alcohol problems. In: Hoyt, M., ed.

*Constructive TI1erapies.* New York: Guilford Press, 1994.

Miller, S.D., and Berg, I. Working with the problem drinker: A solution-focused approach. *Arizona Counseling Journal* 16(1):3-12, 1991.

Miller, W.R. Behavioral treatments for drug problems: Lessons from the alcohol treatment outcome literature. In: Onken, L.S.; Blaine, J.D.; and Boren, J.J., eds.

*Behavioral Treatments for Drug Abuse and Dependence.* NIDA Research Monograph Series, Number 137. NIH Pub. No. (ADM)

93-3684. Rockville, MD: National Institute on Drug Abuse, 1993. pp. 303-321.

Miller, W.R.; Benefield, R.G.; and Tonigan, J.S. Enhancing motivation for change in problem drinking: A controlled comparison of two therapist styles. *Journal of Consulting and Clinical Psychology* 61:455-461, 1993.

Miller, W.R.; Brown, J.M.; Simpson, T.L.;

Handmaker, N.S.; Bien, T.H.; Luckie, L.F.; Montgomery, H.A.; Hester, R.K.; and Tonigan, J.S. What works? A methodological analysis of the alcohol treatment outcome literature. In: Hester, R.K., and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches: Effective Alternatives,* 2nd ed. Boston: Allyn and Bacon, 1995. pp. 12-44.

Miller, W.R.; Gribskov, C.J.; and Mortell, R.L. Effectiveness of a self-control manual for problem drinkers with and without therapist contact. *International Journal of the Addictions* 16(7):1247-1254, 1981.

Miller, W.R., and Hester, R.K. Inpatient alcoholism treatment: Who benefits? *American Psychologist* 41(7): 794-805, 1986a.

Miller, W.R., and Hester, R.K. *Treating Addictive Behaviors: Processes of Change.* New York: Plenum Press, 1986b.

Miller, W.R.; Jackson, K.A.; and Karr, K.W. Alcohol problems: There's a lot you can do in two or three sessions. *EAP Digest* 14:18-21, 35-36, 1994.

Miller, W.R., and Munoz, R.F. *How To Control Your Drinking.* Englewood Cliffs, **NJ:** Prentice-Hall, 1982.

Miller, W.R., and Rollnick, S. *Motivational Interviewing: Preparing People To Change Addictive Behavior.* New York: Guilford Press, 1991.

Miller, W.R., and Sanchez, V.C. Motivating young adults for treatment and lifestyle change. In: Howard, G.S., and Nathan, P.E., eds. *Alcohol Use and Misuse by Young Adults.* Notre Dame, IN: University of Notre Dame Press, 1994. pp. 55-82.

Miller, W.R., and Sovereign, R.G. The check-up: A model for early intervention in addictive behaviors. In: Lpberg, T.; Miller, W.R.; Nathan, P.E.; and Marlatt, G.A., eds.

*Addictive Behaviors: Prevention and Early Intervention.* Amsterdam: Swets and Zeitlinger, 1989. pp. 219-311.

Miller, W.R., and Taylor, C.A. Relative effectiveness of bibliotherapy, individual and group self-control training in the treatment of problem drinkers. *Addictive Behaviors* 5:13- 24, 1980.

Miller, W.R.; Taylor, C.A.; and West, J.C. Focused versus broad-spectrum behavior therapy for problem drinkers. *Journal of Consulting and Clinical Psychology* 48(5):590- 601, 1980.

Mintz, J.; Mintz, L.I.; Arruda, M.J.; and Hwang,

S.S. Treatments of depression and the functional capacity to work. *Archives of General Psychiatry* 49(10):761-768, 1992.

Minuchin, S. *Families and Family Therapy.*

Cambridge, MA: Harvard University Press, 1974.

Minuchin, S., and Fishman, H.C. *Family Therapy Techniques.* Cambridge, MA: Harvard University Press, 1981.

Monti, P.M.; Abrams, D.B.; Kadden, R.M.; and Cooney, N.L. *Treating Alcohol Dependence: A Coping Skills Training Guide.* New York: Guilford Press, 1989.

Monti, P.M.; Gulliver, S.B.; and Myers, M.G. Social skills training for alcoholics: Assessment and treatment. *Alcohol and Alcoholism* 29(6):627-637, 1994.

Monti, P.M.; Rohsenow, D.J.; Colby, S.M.; and Abrams, D.B. Coping and social skills. In: Hester, R.K., and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches: Effective Alternatives,* 2nd ed. Boston: Allyn and Bacon, 1995. pp. 221-241.

Monti, P.M.; Rohsenow, D.J.; Michaelec, E.; Martin, R.A.; and Abrams, D.B. Brief coping skills treatment for cocaine abuse: Substance use outcomes at three months. *Addiction* 92(12):1717-1728, 1997.

Moser, A.E., and Annis, H.M. The role of coping in relapse crisis outcome: A prospective study of treated alcoholics. *Addiction* 91(8):1101-1114, 1996.

Moyer, M.A. Achieving successful chemical dependency recovery in veteran survivors of traumatic stress. *Alcoholism Treatment Quarterly* 4(4):19-34, 1988.

Mudd, S.A.; Blow, F.C.; Walton, M.A.; Snedecor, S.M.; and Nord, J.L. Stages of change in elderly substance abusers. *Alcohol: Clinical and Experimental Research* 19 (Suppl.):90a, 1995.

Myers, M.G.; Martin, R.A.; Rohsenow, D.J.; and Monti, P.M. The Relapse Situation Appraisal Questionnaire: Initial psychometric characteristics and validation. *Psychology of Addictive Behaviors* 10(4):237-247, 1996.

Najavits, L.M.; Weiss, R.D.; and Liese, B.S. Group cognitive-behavioral therapy for women with PTSD and substance use disorder. *Journal of Substance Abuse Treatment* 13(1):13-22, 1996.

National Institute on Alcohol Abuse and Alcoholism (NIAAA). *Assessing Alcohol Problems: A Guide for Clinicians and Researchers.* NIAAA Treatment Handbook Series, Number 4. NIH Pub. No. 95-3745. Washington, DC: NIAAA, 1995.

Neidigh, L.W.; Gesten, E.L.; and Shiffman, S. Coping with the temptation to drink.

*Addictive Behaviors* 13(1):1-9, 1988.

Nelson, J.E. *Healing the Split: Integrating Spirit Into Our Understanding of the Mentally Ill.* Albany, NY: State University of New York Press, 1994.

Nezu, AM. Efficacy of a social problem-solving therapy approach for unipolar depression.

#### *Journal of Consulting and Clinical Psychology*

54(2):196-202, 1986.

Nichols, M.P., and Schwartz, R.C. *Family Therapy: Concepts and Methods.* Boston: Allyn and Bacon, 1998.

Nicholson, T.; Higgins, W.; Turner, P.; James, S.; Stickle, F.; and Pruitt, T. The relation between meaning in life and the occurrence of drug abuse: A retrospective study.

*Psychology of Addictive Behaviors* 8(1):24-28,

1994.

Nielsen, G., and Barth, K Short-term anxiety­ provoking psychotherapy. In: Crits­ Christoph, P., and Barber, J.P., eds. *Handbook of Short-Term Dynamic Psychotherapy.* New York: Basic Books, 1991. pp. 45-79.

Nietzel, M.T., ed. *Abnormal Psychology.* Boston: Allyn and Bacon, 1998.

Noel, N., and Mccrady, B. Alcohol-focused spouse involvement with behavioral marital therapy. In: O'Farrell, T.J., ed. *Treating Alcohol Problems: Marital and Family Interventions.* New York: Guilford Press, 1993. pp. 210-235.

O'Brien, C.P., and Childress, AR. A learning model of addiction. In: O'Brien, C.P., and Jaffe, J.H., eds. *Addictive States.* New York: Raven Press, 1992. pp. 157-177.

O'Brien, C.P.; Childress; AR.; McClellan, T.; and Ehrman, R. Integrating systemic cue exposure with standard treatment in recovering drug dependent patients.

*Addictive Behaviors* 15(4):355-365, 1990.

O'Farrell, T.J., and Bayog, R.D. Antabuse contracts for married alcoholics and their spouses: A method to maintain antabuse ingestion and decrease conflict about drinking. *Journal of Substance Abuse Treatment* 3:1-8, 1986.

O'Farrell, T.J.; Choquette, KA.; Cutter, H.S.; Brown, E.D.; and Mccourt, W.F. Behavioral marital therapy with and without additional couples relapse prevention sessions for alcoholics and their wives. *Journal of Studies on Alcohol* 54:652-666, 1993.

O'Farrell, T.J., and Cowles, KS. Marital and family therapy. In: Hester, R.K, and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches: Effective Alternatives.* New York: Pergamon Press, 1989. pp. 183-205.

O'Farrell, T.J.; Cutter, H.S.; and Floyd, F.J. Evaluating behavioral marital therapy for male alcoholics: Effects on marital adjustment and communication from before to after treatment. *Behavior Therapy* 16:147- 167, 1985.

O'Malley, S.S.; Jaffe, A.J.; Chang, G.; Schottenfeld, R.S.; Meyer, R.E.; and Rounsaville, B.J. Naltrexone and coping skills therapy for alcohol dependence: A controlled study. *Archives of General Psychiatry* 49:881-887, 1992.

O'Malley, S.S., and Kosten, T.R. Couples therapy with cocaine abusers. *Family Therapy Collections* 25:121-131, 1988.

Orford, J.; Guthrie, S.; Nicholls, P.; Oppenheimer, E.; Egert, S.; and Hensman, C. Self-reported coping behavior of wives of alcoholics and its association with drinking outcome. *Journal of Studies on Alcohol*

36:1254-1267, 1975.

Orford, J.; Oppenheimer, E.; and Edwards, G. Abstinence or control: The outcome for excessive drinkers two years after consultation. *Behavior Research and Therapy* 14:409-418, 1976.

O'Sullivan, C.M. Alcoholism and abuse: The twin family secrets. In: Lawson, G.W., and Lawson, A.W., eds. *Alcoholism and Substance Abuse in Special Populations.* Rockville, MD: Aspen Publishers, 1989. pp. 273-303.

Ouimette, P.C.; Finney, J.W.; and Moos, R.H. Twelve-step and cognitive-behavioral treatment for substance abuse: A comparison of treatment effectiveness. *Journal of Clinical and Consulting Psychology* 65:230-240, 1997.

Panitz, D.R.; Mcconchie, R.D.; Sauber, SR.; and Fonseca, J.A. The role of machismo and the Hispanic family in the etiology and treatment of alcoholism in Hispanic American males.

*American Journal of Family Therapy* 11(1):31- 44, 1983.

#### Papp, P. *Family Therapy: Full Length Case Studies.*

New York: Gardner Press, 1977.

Papp, P. *The Process of Change.* New York: Guilford Press, 1983.

Parad, H.J., and Libbie, G., eds. *Crisis Intervention. Book 2: The Practitioner's Sourcebook for Brief Therapy.* Milwaukee, WI: Family Service America, 1990.

Parker, R., and Horton, H. A typology of ritual: Paradigms for healing and empowerment.

*Counseling and Values* 40:82-97, 1996.

Peake, T.H.; Borduin, C.M.; and Archer, R.P. *Brief Psychotherapies: Changing Frames of Mind.* Newbury Park, CA: Sage Publications, 1988.

Pekarik, G., and Wierzbicki, M. The relationship between clients' expected and actual treatment duration. *Psychotherapy* 23:532- 534, 1986.

Perls, F. *Gestalt Therapy Verbatim.* Lafayette, CA: Real People Press, 1969.

Persson, J., and Magnusson, P.H. Early intervention in patients with excessive consumption of alcohol: A controlled study. *Alcohol* 6(5):403-408, 1989.

Phillips, E.L. The ubiquitous decay curve: Service delivery similarities in psychotherapy, medicine, and addiction. *Professional Psychology: Research and Practice* 18:650-652, 1987.

Phillips, E.L., and Weiner, D.N. *Short-Term Psychotherapy and Structured Behavior Change.* New York: McGraw-Hill, 1966.

Piazza, J., and DelValle, CM. Community-based family therapy training: An example of work with poor and minority families. *Journal of Strategic and Systemic Therapies* 11(2):53-69, 1992.

Pine, F. *Drive, Ego, Object, and Self* New York: Basic Books, 1990.

Pinsker, H.; Rosenthal, R.; and McCullough, L. Dynamic supportive therapy. In: Crits­ Christoph, P., and Barber, J.P., eds. *Handbook of Short-Term Dynamic Psychotherapy.* New York: Basic Books, 1991. pp. 220-247.

Pollack, J.; Flegenheimer, W.; and Winston, A Brief adaptive psychotherapy. In: Crits­ Christoph, P., and Barber, J.P., eds. *Handbook of Short-Term Dynamic Psychotherapy.* New York: Basic Books, 1991. pp. 199-219.

Polster, I., and Polster, M. *Gestalt I11erapy Integrated: Contours of Theory and Practice.* New York: Vintage Books, 1973.

Prochaska, J.O. How do people change and how can we change to help many more people?

In: Hubble, M.A.; Duncan, B.L.; and Miller, S., eds. *I11e Heart and Soul of Change: What Works in Therapy.* Washington, DC: American Psychological Association, 1999. pp. 227-255.

Prochaska, J.O., and DiClemente, C.C. *The Transtheoretical Approach: Crossing the Traditional Boundaries of Therapy.*

Homewood, IL: Dorsey/Dow Jones-Irwin, 1984.

Prochaska, J.O., and DiClemente, C.C. Toward a comprehensive model of change. In: Miller, W.R., and Heather, N., eds. *Treating*

*Addictive Behaviors: Processes of Change.* New York: Plenum Press, 1986. pp. 3-27.

Prochaska, J.O.; DiClemente, C.C.; and Norcross,

J.C. In search of the structure of change. In: Klar, Y.; Fischer, J.D.; Chinsky, J.M., eds. *Self-Change: Social Psychological and Clinical Perspective.* New York: Springer-Verlag,

1992. pp. 87-114.

Prochaska, J.O.; Velicer, W.F.; Rossi, J.S.; Goldstein, M.G.; Marcus, B.H.; Rakowski, W.; Fiore, C.; Harlow, L.L.; Redding, C.A.; and Rosenbloom, D. Stages of change and decisional balance for 12 problem behaviors. *Health Psychology* 131(1):39-46, 1994.

Project MATCH Research Group. Matching alcoholism treatments to client heterogeneity: Project MATCH posttreatment drinking outcomes. *Journal of Studies on Alcohol*

58(1):7-29, 1997.

Project MATCH Research Group. Matching alcoholism treatments to client heterogeneity: Project MATCH three-year drinking outcomes. *Alcoholism: Clinical and Experimental Research* 22(6):1300-1311, 1998.

Rapp, C., and Wintersteen, R. The strengths model of case management: Results from twelve demonstrations. *Psychosocial Rehabilitation Journal* 13(1): 23-32, 1989.

Rathbone-Mccuan, E., and Hedlund, J. Older families and issues of alcohol misuse: A neglected problem in psychotherapy. *Journal of Psychotherapy and the Family* 5(1-2):173- 184, 1989.

Ratner, H., and Yandoli, D. Solution-focused brief therapy: A co-operative approach to work with clients. In: Edwards, G., and Dare, C., eds. *Psychotherapy, Psychological Treatments, and the Addictions.* Cambridge: Cambridge University Press, 1996. pp. 124-

138.

Read, M.R.; Penick, E.C.; and Nickel, E.J. Treatment for dually diagnosed clients. In: Freeman, E.M., ed. *Substance Abuse Treatment: A Family Systems Perspective.* Sage Sourcebooks for the Human Services Series, Vol. 25. Newbury Park, CA: Sage Publications, 1993. pp. 123-156.

Regan, J.M.; Connors, G.J.; O'Farrell, T.J.; and Jones, W.C. Services for the families of alcoholics: A survey of treatment agencies in Massachusetts. *Journal of Studies on Alcohol* 44(6):1072-1082, 1983.

Rehm, L.P.; Fuchs, C.Z.; Roth, D.M.; Kornblith, S.J.; and Romano, J.M. A comparison of self­ control and assertion skills treatments of depression. *Behavior Therapy* 10:429-442, 1979.

Reich, J.W., and Gutierres, S.E. Life event and treatment attributions in drug abuse and rehabilitation. *American Journal of Drug and Alcohol Abuse* 131(2):73-94, 1987.

Reilly, P.G. Assessment and treatment of the mentally ill chemical abuser and the family. *Journal of Chemical Dependency Treatment* 4(1):167-178, 1991.

Reilly, P.M.; Sees, K.L.; Shopshire, M.S.; Hall,

S.M.; Delucchi, K.L.; Tusel, D.J.; Banys, P.; Clark, H.W.; and Piotrowski, N.A. Self­ efficacy and illicit opioid use in a 180-day methadone detoxification treatment. *Journal of Consulting and Clinical Psychology* 63(1):158-162, 1995.

Rice-Licare, J., and Delaney-McLoughlin, K. *Cocaine Solutions: Help for Cocaine Abusers and Their Families.* Haworth Series in Addictions Treatment, Vol. 4. New York: Harrington Park Press, 1990.

Rimmele, C.T.; Howard, M.O.; and Hilfrink,

M.L. Aversion therapies. In: Hester, R.K., and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches: Effective Alternatives,* 2nd ed. Boston: Allyn and Bacon, 1995. pp. 134-147.

Roberts, R.W., and Northen, H. *TI1eories of Social Work with Groups.* New York: Columbia University Press, 1976.

Rohsenow, D.J., and Monti, P.M. Cue exposure treatment in alcohol dependence. In: Drummond, D.C.; Tiffany, S.T.; Glautier, S.; and Remington, R., eds. *Addictive Behaviour: Cue Exposure Theory and Practice.* Chichester, UK: John Wiley and Sons, 1995. pp. 169-196.

Rohsenow, D.J.; Monti, P.M.; Zwick, W.R.; Nirenberg, T.D.; Liepman, M.R.; Binkoff, J.A.; and Abrams, D.B. Irrational beliefs, urges to drink and drinking among alcoholics.

*Journal of Studies on Alcohol* 50(5):461-464, 1989.

Rohsenow, D.J.; Niaura, R.S.; Childress, A.R.; Abrams, D.B.; and Monti, P.M. Cue reactivity in addictive behaviors: Theoretical and treatment implications. *International Journal of the Addictions* 25(7A-8A):957-993, 1991.

Ramach, M.K., and Sellers, E.M. Alcohol dependence: Women, biology, and pharmacotherapy. In: Mccance-Katz, E.F., and Kosten, T.R., eds. *New Treatments for Chemical Addictions.* Washington, DC: American Psychiatric Press, 1998. pp. 35-73.

Ross, S.M.; Miller, P.J.; Emmerson, R.Y.; and Todt, E.H. Self-efficacy, standards, and abstinence violation: A comparison between newly sober and long-term sober alcoholics. *Journal of Substance Abuse* 1(2):221-229, 1988-

1989.

Rotgers, F. Behavioral theory of substance abuse treatment: Bringing science to bear on practice. In: Rotgers, F.; Keller, D.S.; and Morgenstern, J., eds. *Treating Substance Abuse: Theory and Technique.* New York: Guilford Press, 1996. pp. 174-201.

Rotunda, R.J., and O'Farrell, T.J. Marital and family therapy of alcohol use disorders: Bridging the gap between research and practice. *Professional Psychology: Research and Practice* 28(3):246-252, 1997.

Rounds-Bryant, J.L.; Flynn, P.M.; and Craighead, L.W. Relationship between self­ efficacy perceptions and in-treatment drug use among regular cocaine users. *American Journal of Drug and Alcohol Abuse* 23(3):383- 395, 1997.

Rounsaville, B.J., and Carroll, K.M. Interpersonal psychotherapy for patients who abuse drugs. In: Klerman, G.L, and Weissman, M.M., eds. *New Applications of Interpersonal Psychotherapy.* Washington, DC: American Psychiatric Press, 1993.

Rounsaville, B.J.; Glazer, W.; Wilber C.H.; Weissman, M.M.; and Kleber, H.D. Short­ term interpersonal psychotherapy in methadone-maintained opiate addicts.

*Archives of General Psychiatry* 40: 629-636,

1983.

Rowan, J. *The Transpersonal: Psychotherapy and Counseling.* London: Routledge, 1993.

Rush, J., ed. *Short-Term Psychotherapies for Depression: Behavioral, Interpersonal, Cognitive, and Psychodynamic Approaches.* New York: Guilford Press, 1982.

Ryglewicz, H. Psychoeducation for clients and families: A way in, out, and through in working with people with dual disorders. *Psychosocial Rehabilitation Journal* 15(2):79-89, 1991.

Saleebey, D. The strengths perspective in social work practice: Extensions and cautions.

*Social Work* 44(3):296-305, 1996.

Sanchez-Craig, M. *Drink Wise: How To Quit Drinking or Cut Down.* Toronto, ON: Addiction Research Foundation, 1995.

Sanchez-Craig, M. Toward a public health model to preventing alcohol problems. *Addiction* 89(6):660-662, 1994.

Sanchez-Craig, M.; Annis, H.M.; Bornet, A.R.; and MacDonald, K.R. Random assignment to abstinence and controlled drinking: Evaluation of a cognitive-behavioral program for problem drinkers. *Journal of Consulting and Clinical Psychology* 52(3):390- 403, 1984.

Sanchez-Craig, M.; Neumann, B.; Souza­ Formigoni, M.; and Rieck, L. Brief treatment for alcohol dependence: Level of dependence and treatment outcome. *Alcohol and Alcoholism* (Suppl. 1):515-518, 1991.

Santisteban, D.A., and Szapocznik, J. Bridging theory, research and practice to more successfully engage substance abusing youth and their families into therapy. *Journal of Child and Adolescent Substance Abuse* 3(2): 9- 24, 1994.

Sapiro, V. *Women in American Society: An Introduction to Women's Studies.* Mountain View, CA: Mayfield, 1990.

Saunders, B.; Wilkinson, C.; and Phillips, M. The impact of brief motivational intervention with opiate users attending a methadone programme. *Addiction* 90:415-424, 1995.

Schafer, J., and Brown, S.A. Marijuana and cocaine effect expectancies and drug use patterns. *Journal of Consulting and Clinical Psychology* 59(4):558-565, 1991.

Schmidt, S.E.; Liddle, H.A.; and Dakof, G.A. Changes in parenting practices and adolescent drug abuse during multidimensional family therapy. *Journal of Family Psychology* 10(1): 12-27, 1996.

Schneider, R.; Casey, J.; and Kohn, R. Motivational versus confrontational interviewing: A comparison of substance abuse assessment practices at employee assistance programs. *Journal of Behavioral Health Services and Research,* in press.

Schuster, C.R., and Silverman, K. Advancing the application of behavioral treatment approaches for substance dependence. In: Onken, L.S.; Blaine, J.D.; and Boren, J.J., eds. *Behavioral Treatments for Drug Abuse and Dependence.* NIDA Research Monograph Series, Number 137. NIH Pub. No. (ADM)

93-3684. Rockville, MD: National Institute on Drug Abuse, 1993. pp. 5-17.

Schutt, M. *Wives of Alcoholics: From Co­ Dependency to Recovery.* Pompano Beach: FL: Health Communications, 1985.

Schor, L.I. "Apperception as a primary process of the psyche: Implications for theory and practice." Ph.D. diss., Auburn University, 1998.

Scott, E., and Anderson, P. Randomized controlled trial of general practitioner intervention in women with excessive alcohol consumption. *Drug and Alcohol Review* 10:313-321, 1991.

Scotton, B.W.; Chinen, AB.; and Battista, J.R., eds. *Textbook of Transpersonal Psychiatry and Psychology.* New York: Basic Books, 1996.

Selekman, M. "With a little help from my friends": The use of peers in the family therapy of adolescent substance abusers. *Family Dynamics of Addiction Quarterly* 1(1):69-76, 1991.

Seligman, M.E. *What You Can Change and What You Can't: The Complete Guide to Successful Self-Improvement.* New York: Knopf, 1994.

Seligman, M.E. The effectiveness of psychotherapy: The *Consumer Reports* study. *American Psychologist* 50(12):965-74, 1995.

Selvini-Palazzoli, M.; Boscolo, L.; Cecchin, G.; and Prata, G. *Paradox and Counter-Paradox: A New Model in the Therapy of the Family in Schizophrenic Transaction.* New York: Jason Aronson, 1978.

Shaffer, H., and Burglass, M.E., eds. *Classic Contributions in the Addictions.* New York: Brunner/Mazel, 1981.

Shedler, J., and Block, J. Adolescent drug use and psychological health: A longitudinal inquiry. *American Psychologist* 45(5):612-630, 1990.

Shiffman, S. Maintenance and relapse: Coping with temptation. In: Nirenberg, T.D., and Maisto, S.A., eds. *Developments in the Assessment and Treatment of Addictive Behaviors.* Norwood, NJ: Ablex Publishing, 1987. pp. 353-385.

Shiffman, S. Conceptual issues in the study of relapse. In: Gossop, M., ed. *Relapse and Addictive Behaviour.* London: Tavistock/ Routledge, 1989. pp. 149-179.

Sifneos, P.E. *Short-Term Psychotherapy and Emotional Crisis.* Cambridge, MA: Harvard University Press, 1972.

Sifneos, P.E. *Short-Term Dynamic Psychotherapy: Evaluation and Technique,* 2nd ed. New York: Plenum, 1987.

Silverman, K.; Chutuape, M.A.; Bigelow, G.E.; and Stitzer, M.L. Voucher-based reinforcement of attendance by unemployed methadone patients in a job skills training program. *Drug and Alcohol Dependence* 41(3):197-207, 1996.

202

Silverman, K.; Higgins, S.T.; Brooner, R.K.; Montoya, I.D.; Cone, E.J.; Schuster, C.R.; and Preston, K.L. Sustained cocaine abstinence in methadone maintenance patients through voucher-based reinforcement therapy.

*Archives of General Psychiatry* 53:409-415, 1996.

Silverman, K.; Wong, C.J.; Umbricht-Schneiter, A.; Montoya, I.D.; Schuster, C.R.; and Preston, K.L. Broad beneficial effects of cocaine abstinence reinforcement among methadone patients. *Journal of Consulting and Clinical Psychology* 66(5):811-824, 1998.

Sisson, R.W., and Azrin, N.H. Family-member involvement to initiate and promote treatment of problem drinkers. *Journal of Behavior Therapy and Experimental Psychiatry* 17(1):15-21, 1986.

Sisson, R.W., and Azrin, N.H. The community reinforcement approach. In: Hester, R.K., and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches: Effective Alternatives.*

New York: Pergamon Press, 1989. pp. 242- 258.

Sisson, R.W., and Azrin, N.H. Community reinforcement training for families: A method to get alcoholics into treatment. In: O'Farrell, T.J., ed. *Treating Alcohol Problems: Marital and Family Interventions.* New York: Guilford Press, 1993. pp. 34-53.

Sitharthan, T.; Kavanagh, D.J.; and Sayer, G. Moderating drinking by correspondence: An evaluation of a new method of intervention. *Addiction* 91(3):345-355, 1996.

Sitharthan, T.; Sitharthan, G.; Hough, M.J.; and Kavanagh, D.J. Cue exposure in moderation drinking: A comparison with cognitive­ behavior therapy. *Journal of Consulting and Clinical Psychology* 65(5):878-882, 1997.

Skinner, B.F. The operant side of behavior therapy. *Journal of Behavior Therapy and Experimental Psychiatry* 19(3):171-179, 1988.

Sklar, S.M.; Annis, H.M.; and Turner, N.E. Development and validation of the Drug­ Taking Confidence Questionnaire: A measure of coping self-efficacy. *Addictive Behaviors* 22(5):655-670, 1997.

Skutle, A., and Berg, G. Training in controlled drinking for early-stage problem drinkers. *British Journal of Addiction* 82(5):493-501, 1987.

Smith, C.A.; Haynes, **K.N.;** Lazarus, R.S.; and Pope, L.K. In search of the "hot" cognitions: Attributions, appraisals, and their relation to emotion. *Journal of Personality and Social Psychology* 65(5):916-929, 1993.

Smith, J.E., and Meyers, R.J. The community reinforcement approach. In: Hester, R.K., and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches: Effective Alternatives,* 2nd ed. Boston: Allyn and Bacon, 1995.

pp. 251-266.

Smith, J.W., and Frawley, P.J. Treatment outcome of 600 chemically dependent patients treated in a multimodal inpatient program including aversion therapy and pentothal interviews. *Journal of Substance Abuse Treatment* 10(4):359-369, 1993.

Smith, J.W.; Frawley, P.J.; and Polissar, N.L. Six­ and twelve-month abstinence rates in inpatient alcoholics treated with either faradic aversion or chemical aversion compared with matched inpatients from a treatment registry. *Journal of Addictive Diseases* 16(1):5-24, 1997.

Smith, J.W.; Schmeling, G.; and Knowles, P.L. A marijuana smoking cessation clinical trial utilizing THC-free marijuana, aversion therapy, and self-management counseling.

*Journal of Substance Abuse Treatment* 5(2):89- 98, 1988.

Smokowski, P.R., and Wodarski, J.S. Cognitive-behavioral group and family treatment of cocaine addiction. In: *The*

*Hatherleigh Guide to Treating Substance Abuse,* Part 1. The Hatherleigh Guides Series, Vol. 7. New York: Hatherleigh Press, 1996. pp. 171- 189.

Smyrinos, K.X., and Kirkby, R.J. Long-term comparison of brief versus unlimited psychodynamic treatments with children and their parent. *Journal of Consulting and Clinical Psychology* 61(6):1020-1027, 1993.

Sobell, L.C., and Sobell, M.B. Self-report issues in alcohol abuse: State of the art and future directions. *Behavioral Assessment* 12:91-106, 1990.

Sobell, L.C.; Sobell, M.B.; and Nirenberg, T.D. Behavioral assessment and treatment planning with alcohol and drug abusers: A review with an emphasis on clinical application. *Clinical Psychology Review* 8(1):19-54, 1988.

Sobell, L.C.; Toneatto, T.; and Sobell, M.B. Behavioral assessment and treatment planning for alcohol, tobacco, and other drug problems: Current status with an emphasis on clinical applications. *Behavior Therapy* 25(4):533-580, 1994.

Sobell, M.B.; Maisto, S.; Sobell, L.; Cooper, A.; Cooper, T.; and Sanders, B. Developing a prototype for evaluating alcohol treatment effectiveness. In: Sobell, L.; Sobell, M.; and Ward E., eds. *Evaluating Drug and Alcohol Abuse Treatment Effectiveness: Recent Advances.* New York: Pergamon Press, 1980.

Solomon, K.E., and Annis, HM. Outcome and efficacy expectancy in the prediction of post­ treatment drinking behaviour. *British Journal of Addiction* 85(5):659-665, 1990.

Solomon P. The efficacy of case management services for severely mentally disabled clients. *Community Mental Health Journal* 28(3):163-180, 1992.

Soo-Hoo, T. Brief strategic family therapy with Chinese Americans. *American Journal of Family Therapy* 27(2):163-179, 1999.

Spivak, K.; Sanchez-Craig, M.; and Davila, R. Assisting problem drinkers to change on their own: Effects of specific and non-specific advice. *Addiction* 89(9):1135-1142, 1994.

Stanton, M.D. The addict as savior: Heroin, death, and the family. *Family Process* 16:191- 197, 1977.

Stanton, M.D. An integrated structural/ strategic approach to family therapy. *Journal of Marital and Family Therapy* 7:427-439, 1981.

Stanton, M.D., and Heath, AW. Family and marital therapy. In: Lowinson, J.H.; Ruiz, P.; Millman, RB.; and Langrod, J.C., eds.

#### *Substance Abuse: A Comprehensive Textbook.*

Baltimore, MD: Williams & Wilkins, 1997. pp. 448-454.

Stanton, M.D., and Todd, T.C. *The Family Therapy of Drug Abuse and Addiction.* New York: Guilford Press, 1982.

Stasiewicz, P.R., and Maisto, S.A. Two-factor avoidance theory: The role of negative affect in the maintenance of substance use and substance use disorder. *Behavior Therapy* 24(3):337-356, 1993.

Steinglass, P.; Davis, D.1.; and Berenson, D. Observations of conjointly hospitalized "alcoholic couples" during sobriety and intoxication: Implications for theory and therapy. *Family Process* 16:1-16, 1977.

Stephens, R.S.; Curtin, L.; Simpson, E.E.; and Roffman, R.A. Testing the abstinence violation effect construct with marijuana cessation. *Addictive Behaviors* 19(1):23-32, 1994.

Stephens, R.S.; Wertz, J.S.; and Roffman, R.A. Predictors of marijuana treatment outcomes: The role of self-efficacy. *Journal of Substance Abuse* 5(4):341-354, 1993.

Stitzer, M.; Bigelow, G.; and Liebson, I. Contingent reinforcement of benzodiazepine­ free urines from methadone maintenance patients. In: Harris, L.S., ed. *Proceedings of the 43rd Annual Scientific Meeting, The Committee on Problems of Drug Dependence,*

*Inc.* NIDA Research Monograph Series, Number 41. HHS Pub. No. (ADM) 83-1264.

Rockville, MD: National Institute on Drug Abuse, 1982. pp. 282-287.

Stitzer, M.L.; Bigelow, G.E.; Liebson, I.A.; and Hawthorne, J.W. Contingent reinforcement for benzodiazepine-free urines: Evaluation of a drug abuse treatment intervention. *Journal of Applied Behavior Analysis* 15(4):493-503, 1982.

Stockwell, T. and Town, C. Anxiety and stress management. In: Hester, R.K., and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches: Effective Alternatives,* 2nd ed.

Boston: Allyn and Bacon, 1995. pp. 242-250.

Stout, R.L.; Mccrady, B.S.; Longabaugh, R.; Noel, N.E.; and Beattie, M.C. Marital therapy enhances the long-term effectiveness of alcohol treatment. *Alcoholism: Clinical and Experimental Research* 11:213. 1987.

Strain, E.C. Psychosocial treatments for cocaine dependence: Rethinking lessons learned.

*Archives of General Psychiatry* 56(6):503-504, 1999.

Straus, M. Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scale. *Journal of Marriage and the Family* 41:75-88, 1979.

Strean, H.S. *Essentials of Psychoanalysis.* New York: Brunner/Mazel, 1994.

Strupp, H.H., and Hadley, S.W. Specific versus non-specific factors in psychotherapy: A controlled study of outcome. *Archives of General Psychiatry* 36(10):1125-1136, 1979.

Strupp, H.H. Success and failure in time-limited psychotherapy. *Archives of General Psychiatry* 37(8):947-954, 1980.

Strupp, H.H., and Binder, J.L. *Psychotherapy in a New Key: A Guide to Time-Limited Psychotherapy.* New York: Basic Books, 1984.

Sue, D.W., and Sue, D. *Counseling the Culturally Different,* 2nd ed. New York: John Wiley and Sons, 1990.

Szapocznik, J., and Kurtines, W.M. *Breakthroughs in Family Therapy With Drug Abusing and Problem Youth.* New York: Springer Publishing, 1989.

Szapocznik, J.; Perez-Vidal, A.; Brickman, A.L.; Foote, F.H.; Santisteban, D.; Herris, O.; and Kurtines, W.M. Engaging adolescent drug abusers and their families in treatment: A strategic structural systems approach.

#### *Journal of Consulting and Clinical Psychology*

56(4):552-557, 1988.

Szapocznik, J.; Rio, A.; and Kurtines, W. Brief strategic family therapy for Hispanic problem youth. In: Beutler, L.E., and Crago, M., eds. *Psychotherapy Research: An International Review of Programmatic Studies.* Washington, DC: American Psychological Association, 1991. pp. 123-132.

Szapocznik, J.; Santisteban, D.; Rio, A.; and Perez-Vidal, A. Family effectiveness training: An intervention to prevent drug abuse and problem behaviors in Hispanic adolescents. *Hispanic Journal of Behavioral Sciences* 11(1): 4-27, 1989.

Thomas, E.J., and Ager, R.D. Unilateral family therapy with spouses of uncooperative alcohol abusers. In: O'Farrell, T.J., ed.

*Treating Alcohol Problems: Marital and Family Interventions.* New York: Guilford Press, 1993. pp. 3-33.

Thomas, E.J.; Yoshioka, M.R.; and Ager, R.D. Spouse enabling inventory. In: Fischer, J., and Corcoran, K., eds. *Measures for Clinical Practice: A Sourcebook,* 2nd ed. Vol. 1.

*Couples, Families, and Children.* New York:

Free Press, 1994. pp. 177-178.

Todd, T.C. Structural-strategic marital therapy.

In: Jacobson, N.S., and Gurman, A.S., eds. *Clinical Handbook of Marital Therapy.* New York: Guilford Press, 1986. pp. 71-105.

Tucker, J.A.; Vuchinich, R.E.; and Downey, K.K. Substance abuse. In: Turner, S.M.; Calhoun, KS.; and Adams, H.E., eds. *Handbook of Clinical Behavior T71erapy.* New York: John Wiley and Sons, 1981. pp. 203-223.

Turner, F.J., ed. *Differential Diagnosis and Treatment in Social Work.* New York: Free Press, 1976.

van Bilsen, H., and Whitehead, B. Learning controlled drug use: A case study.

#### *Behavioural and Cognitive Psychotherapy*

22(1):87-95, 1994.

Van De Riet, V.; Korb, M.P.; and Gorrell, J.J. *Gestalt T71erapy: An Introduction.* New York: Pergamon Press, 1980.

Van Utt, G., and Burglass, M.E. The collectivist issue in client-therapist matching. In: Smith, D.E., ed. *A Multicultural View of Drug Abuse: Proceedings of the National Drug Abuse Conference,* 1977. Cambridge, MA: Schenkman Pub. Co., 1978. pp. 298-304.

Velicer, W.F.; Prochaska, J.O.; Rossi, J.S.; and Snow, M.G. Assessing outcome in smoking cessation studies. *Psychological Bulletin* 111(1):23-41, 1992.

Volpicelli, J.R.; Alterman, A.I.; Hayashida, M.; and O'Brien, C.P. Naltrexone in the treatment of alcohol dependence. *Archives of General Psychiatry* 49(11):876-880, 1992.

Von Eckartsberg, R. Existential­ phenomenology, validity, and the trans­ personal ground of psychological theorizing. In: Giorgi, A.; Barton, A.; and Maes, C., eds. *Duquesne Studies in Phenomenology,* Vol. 4.

Pittsburgh: Duquesne University Press, 1983. pp. 199-201.

Wallace, P.; Cutler, S.; and Haines, A. Randomised controlled trial of general intervention in patients with excessive alcohol consumption. *British Medical Journal* 297:663-668, 1988.

Walton, M.A.; Castro, F.G.; and Barrington, E.H. The role of attributions in abstinence, lapse, and relapse following substance abuse treatment. *Addictive Behaviors* 19(3):319-331, 1994.

Watzlawick, P.; Bavelas, J.B.; and Jackson, D.D. *Pragmatics of Human Communication: A Study of Interactional Patterns, Pathologies, and Paradoxes.* New York: W.W. Norton, 1967.

Watzlawick, P.; Weakland, J.; and Fisch, R. *Change: Principles of Problem Formation and Problem Resolution.* New York: W.W. Norton, 1974.

Weeks, G.R., and L'Abate, L. A compilation of paradoxical methods. *American Journal of Family Therapy* 7:61-76, 1979.

Wegscheider-Cruse, S. *The Miracle of Recovery.*

Deerfield Beach, FL: Health Communications,1989.

Weil, A. *The Natural Mind: An Investigation of Drugs and the Higher Consciousness.* Boston: Houghton Mifflin, 1972.

Weil, A., and Rosen, W. *From Chocolate to Morphine: Everything You Need To Know About Mind-Altering Drugs.* Boston: Houghton Mifflin, 1993.

Weitz, R. Feminist consciousness raising, self­ concept, and depression. *Sex Roles* 8:213- 241, 1982.

Wetchler, J.L.; McCollum, E.E.; Nelson, T.S.; Trepper, T.S.; and Lewis, R.A. Systemic couples therapy for substance abusing women. In: O'Farrell, T.J., ed. *Treating Alcohol Problems: Marital and Family Interventions.* New York: Guilford Press, 1993. pp. 236-260.

Whalen, T. Wives of alcoholics: Four types observed in a family service agency.

*Quarterly Journal of Studies on Alcohol* 14:632- 641, 1953.

Wilber, K. *Sex, Ecology, and Spirituality: The Spirit of Evolution.* Boston: Shambhala, 1995.

Wilk, A.I.; Jensen, N.M.; and Havighurst, T.C. Meta-analysis of randomized control trials addressing brief interventions in heavy alcohol drinkers. *Journal of General Internal Medicine* 12(5):274-283, 1997.

Wills, T.A., and Hirky, A.E. Coping and substance abuse: A theoretical model and review of the evidence. In: Zeidner, M., and Endler, N.S., eds. *Handbook of Coping: Theory, Research, Applications.* New York: John Wiley and Sons, 1996. pp. 279-302.

Winn, M.E. Drawing upon the strengths of couples in the treatment of chronic drug addiction. *Journal of Family Psychotherapy* 6(3):33-54, 1995.

Wittine, B. Basic postulates for a transpersonal psychotherapy. In: Valle, R., and Halling, S., eds. *Existential-Phenomenological Perspectives in Psychology: Exploring the Breadth of Human Experience.* New York: Plenum Press, 1989.

Walberg, L.R. *Handbook of Short-Term Psychotherapy.* New York: Verlag, 1980.

Wolman, B., ed. *International Encyclopedia of Psychiatry, Psychology, Psychoanalysis and Neurology.* Vol. 5. New York: Aesculapius Press, 1977.

Woody, G.E.; Luborsky, L.; McLellan, A.T.; and O'Brien, C.P. Psychotherapy for opiate dependence. In: Ashery, R.S., ed. *Progress in the Development of Cost-Effective Treatment for Drug Abusers.* NIDA Research Monograph Series, Number 58. HHS Pub. No. (ADM)

85-1401. Rockville, MD: National Institute on Drug Abuse, 1985. pp. 9-29.

Woody, G.E.; Luborsky, L.; McLellan, A.T.; O'Brien, C.P.; Beck, A.T.; Blaine, J.; Herman, I.; and Hole, A. Psychotherapy for opiate addicts: Does it help? *Archives of General PsychiatnJ* 40:639-645, 1983.

Woody, G.E.; McLellan, AT.; Luborsky, L.; and O'Brien, C.P. Twelve-month follow-up of psychotherapy for opiate dependence.

*American Journal of Psychiatry* 144(5):590-596,

1987.

Woody, G.E.; McLellan, AT.; Luborsky, L.; and O'Brien, C.P. Psychotherapy and counseling for methadone-maintained opiate addicts: Results of research studies. In: Onken, L.S., and Blaine, J.D., eds. *Psychotherapy and Counseling in the Treatment of Drug Abuse.*

NIDA Research Monograph 104. HHS Pub. No. (ADM) 91-1722, Rockville, MD: National Institute on Drug Abuse, 1990. pp. 9-23.

Woody, G.E.; McLellan, AT.; Luborsky, L.; and O'Brien, C.P. Psychotherapy in community methadone programs: A validation study. *American Journal of Psychiatry* 152(9):1302- 1308, 1995.

Woody, G.E.; McLellan, AT.; Luborsky, L.; and O'Brien, C.P. Psychotherapy with opioid­ dependent patients. *Psychiatric Times,* 15(11), 1998.

Woody G.E.; Mercer D.; and Luborsky L. Psychotherapy for substance abuse. In: Michels, R., ed. *Psychiatry Series.*

Philadelphia, PA: J.B. Lippincott Company, 1994.

Wright, J.H., and Beck, A Cognitive therapy. In: Hales, R.E.; Yudofsky, S.C.; and Talbott, J.A, eds. *American Psychiatric Press Textbook of Psychiatry,* 2nd ed. Washington, DC: American Psychiatric Press, 1994.

Yalom, I.D. *Existential Psychotherapy.* New York: Basic Books, 1980.

Yalom, I.D. *The Theory and Practice of Group Psychotherapy,* 4th ed. New York: Basic Books, 1995.

Yalom, I.D. *The Yalom Reader: On Writing, Living, and Practicing Psychology.* New York: Basic Books, 1997.

Zients, A Presentation to the Mental Health Work Group, White House Task Force for National Health Care Reform, April 23, 1993.

Ziter, M.L.P. Culturally sensitive treatment of Black alcoholic families. *Social Work* 32(2):130-135, 1987.

Zitter, R., and McCrady, B.S. The Drinking Patterns Questionnaire. Unpublished questionnaire. Piscataway, NJ: Rutgers University, 1993.

Zweben, A; Pearlman, S.; and Li, S. A comparison of brief advice and conjoint therapy in the treatment of alcohol abuse: The results of the Marital Systems Study. *British Journal of Addiction* 83(8):899-916, 1988.

Zweben, J.E. Recovery-oriented psychotherapy: Patient resistances and therapist dilemmas. *Journal of Substance Abuse Treatment* 6(2):123- 132, 198.