

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*

# 34



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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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# 5 Brief Strategic/Interactional Therapies

Strategic/interactional therapies attempt to identify the client's strengths and actively create personal and environmental situations where success can be achieved. In these therapies, the focus is on the individual's strengths rather than on pathology, the relationship to the therapist is essential, and interventions are based on client self-determination with the community serving as a resource rather than an obstacle. This model has been widely used and successfully tested on persons with serious and persistent mental illnesses (Rapp and Wintersteen, 1989; Saleebey, 1996; Solomon, 1992). It has also been used with persons who have problems related to substance abuse (Juhnke and Coker, 1997; Miller and Berg, 1991; Ratner and Yandoli, 1996; Watzlawick et al., 1967). Although the research to date on these therapies (using nonexperimental designs) has not focused exclusively on substance abuse disorders, the use of these therapies in treating substance abuse disorders is growing.

Many different theoretical approaches have strategic or interactional roots. They can be distinguished from each other primarily by the different emphasis and value they place on components of the change process. Therapists rarely follow a single theoretical approach strictly; therapists today influence and learn from each other, incorporating what they find useful into their own work.

All of these models stem in part from the work of Milton Erikson. He coined the term *strategic therapy* to describe an approach in which the therapist takes responsibility for finding new and effective strategies to help clients in distress. Jay Haley, John Weakland, and other theorists of the Mental Research Institute (MRI) consulted with Erikson as they expanded on his theoretical approach.

More recently, Steve De Shazer and his colleagues, who were influenced by the MRI approach, shifted the focus of treatment from problems to solutions, calling their modality *solution-focused therapy*. Their approach, originally developed to work in brief marriage and family therapy, has since been used in a variety of situations for a variety of presenting problems, including substance abuse disorders. (See Chapter 8 for more information on the application of all these therapies to the treatment of families.)

*Interactional therapy* is based on the assumption that problems can best be understood by examining clients' (often dysfunctional) interactions with others and their resulting problems. Strategic therapy is a form of interactional therapy because it does not focus on the root causes of the client's problems but instead tries to increase competency and develop problem-solving skills that will help the client in her interactions with others. For the

purpose of this discussion, however, the combined term *strategic/interactional therapy* is used. This broader term allows solution-focused therapy, which is certainly interactional, to be included in this section. Although it has a strong kinship with strategic approaches, not all practitioners consider solution-focused therapy to be “strategic.”

The significance of these different approaches can be found in their presentation of an alternative approach to understanding how substance abuse disorders evolve and how new innovative solutions could be generated to assist with the resolution of these problems.

The Consensus Panel believes that these therapeutic approaches are potentially useful for clients with substance abuse disorders and should be introduced to offer new knowledge and techniques for treatment providers to consider. This chapter presents one strategic/interactional approach, solution-focused therapy, which has been used in substance abuse treatment. Information on when to use solution-focused brief therapy with substance abuse clients, a case study using strategic/interactional approaches with a substance-abusing client, and the general theories that provide the basis for strategic/interactional therapies are discussed below.

## **Solution-Focused Therapy for Substance Abuse**

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While this chapter covers several strategic and interactional theories and practices, most of the work currently being done on substance abuse treatment uses a solution-focused approach. Solution-focused therapy is always brief, and to date there has not been a great deal of research comparing it to other models.

Research by Iguchi and colleagues supports some of the theoretical claims made by solution-

focused therapists (Iguchi et al., 1997). The solution-focused therapist believes that helping clients with substance abuse disorders to address any life problems they find significant will help them to reduce their substance use. What is important is finding a solution to the problems the client identifies as significant, then reinforcing the client’s success in solving those problems. This procedure helps the client to recognize her own ability to solve her problems. The study by Iguchi and colleagues compared the role of urine testing, traditional substance abuse counseling services, and the reinforcement of nonsubstance-use-related positive life changes and found that the latter resulted in the most significant reduction in substance use even after reinforcement contingencies ended.

The solution-focused therapy model has been used to respond to a range of problems and complaints. Researchers Berg and Miller were the first to apply the model specifically to the treatment of alcohol-related problems, but others also have used these techniques for treating substance abuse disorders (Berg, 1995; Berg and Miller, 1992; Berg and Reuss, 1998; Ratner and Yandoli, 1996). This treatment model is not necessarily a useful treatment strategy for all clients with substance abuse disorders; no one model is. However, this model is a “complex and varied package of strategies that can be applied in an individualized, eclectic fashion to those seeking treatment” for a multifaceted and complex problem (Berg and Miller, 1992, p. xix). Berg and Reuss delve into greater detail regarding the applications of solution-focused brief therapy to the treatment of substance abuse disorders (Berg and Reuss, 1998).

One technique of solution-focused therapy is to focus on the exceptions to the client’s problems. For example, in providing solution-focused brief therapy for a client with a substance abuse disorder, the therapist should

direct the client's attention to periods when he was substance free. To identify these periods, the therapist must listen carefully to the client's responses, then ask the client to discuss those periods. The purpose is to help the client realize that he can maintain sobriety and has, in fact, done so in the past. The idea of focusing on the exception to any presenting problem is an aspect of strategic therapy that has particular relevance to the substance abuser because, as Berg notes, almost every substance abuser has had some period of abstinence—in many cases this period may have lasted months or years (Berg, 1995).

Exceptions to presenting problems may fall into two categories, *deliberate exceptions* and *random exceptions* (see Figure 5-1 for definitions). The more deliberate the behavior on the part of the client, the easier it will be for her to repeat it. But even substance-free periods that seemed to result from outside influences (i.e., random exceptions) can be used to help the client realize her own ability to stay sober.

As discussed above, a therapist using a solution-focused approach works closely with the client to understand the client's own perspective on her problems. By focusing on those areas the client considers significant (e.g., relationships, work, financial security), the therapist assists the client in understanding how

her substance abuse affects those significant areas of concern. The therapist helps the client solve those significant problems while strongly reinforcing the client's success. After the initial session, the therapist keeps the client focused on how her situation is improving by asking, "What's better this time?"

## Compatibility of Strategic/Interactional Therapies and 12-Step Programs

Strategic/interactional approaches can be used in conjunction with other treatments, even those that require a longer term commitment.

Strategic/interactional therapies are guided by an intent to generate a unique set of techniques, approaches, or modalities that are effective for a particular client. For some clients, a combination of brief therapy with longer term participation in another treatment program, such as a self-help group, will be most effective.

In spite of some theoretical differences, strategic/interactional approaches can be used successfully in conjunction with 12-Step programs. These approaches, especially identifying triggers that can lead to relapse or

Figure 5-1

### Deliberate and Random Exceptions to Substance Abuse Behaviors

*Deliberate exceptions* are situations in which a client has intentionally maintained a period of sobriety or reduced use for whatever reason. For example, a client who did not use substances for a month in order to pass a drug test for a new job has made a deliberate exception to his typical pattern of daily substance use. If he is reminded that he did do this in the past it will demonstrate that he can repeat the behavior.

*Random exceptions* are occasions when a client reduces use or abstains because of circumstances that are apparently beyond her control. The client may say, for example, that she was just "feeling good" and did not feel the urge to use at a particular time but cannot point to any intentional behaviors on her part that enabled her to stay sober. This type of exception is more difficult for the therapist to work with but can also be used to help the client perceive her own efficacy. In such instances the therapist can ask the client to try to predict when such a period of "feeling good" might occur again, which will force her to begin thinking about the behaviors that may have had an effect on creating the random exception.

exploring barriers that can prevent the client from going to Alcoholics Anonymous (AA) meetings or calling his sponsor, can be applied to critical points in maintaining sobriety. For example, the therapist can help the client identify the “payoff” for not attending the meeting and the key players in the system that maintains the client’s substance abuse. Even a client who feels he is powerless over substance abuse without the help of a higher power can recognize he has some control over the choices that lead to substance abuse.

Some therapists familiar with 12-Step programs may be concerned that the strategic/interactional approach is opposed to viewing addiction as a disease. The focus on empowering the client may seem incompatible with the first step (i.e., “we admitted we were powerless over...”). However, the key to therapeutic success with this approach is the ability to work within a client’s frame of reference. Therapists can acknowledge that addiction is a disease but still use the strategic/interactional approach to enhance clients’ coping skills and help them to control the use-related behaviors that clients may believe are random and spontaneous. Strategic therapists who do not accept a disease model may tell a client, “You have a disorder of the pleasure centers in your brain,” and work with the client to find healthier ways to activate those “pleasure centers.”

## When To Use Strategic/Interactional Therapies

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No matter which type of strategic/interactional therapy is used, this approach can help to

- Define the situations that contribute to substance abuse in terms meaningful to the client
- Identify steps needed to control or end substance use

- Heal the family system so it can better support change
- Maintain behaviors that will help control substance use
- Respond to situations in which the client has returned to substance use after a period of abstinence

More specifically, strategic/interactional approaches are useful in

- Learning how the client’s relationships deter or contribute to substance abuse
- Shifting power relationships
- Addressing fears

Most strategic/interactional therapies ask a client to consider the question, “How do you understand your using?” (Solution-focused therapy is an exception because it concentrates instead on improving the situation.) Often, as the therapist and client explore the client’s understanding of the abuse, critical relationship issues surface—even when the client appears to be isolated from family and friends. Even if a client seems to have no existing family connections, the family sometimes plays a role in her substance abuse. Her family, or her reaction to it, may have influenced her decision to begin using or her decision to stop. Messages from the family (internalized or actual) can also play an ongoing role in the client’s choice to continue using.

One therapist treated a woman whose entire family appeared to have alcohol-related problems and who believed that everyone drank, but at different levels. For this client, a strategic/interactional approach helped her become aware of new possibilities, develop social skills, and identify sober activities. She learned to see the world as a richer place with many options. The therapist in this case chose to be directive and showed the client the possibilities for change that exist. To many clients who are trying to change their behavior, it is reassuring to believe that “there is someone

who knows the way.” The therapist using this strategic/interactional approach should convey a sense of hope that bridges the chasm between what is and what could be and support the client through the change process with respect.

The strategic/interactional approach can also help break through a stalemate in a relationship that blocks healing, particularly if there has been a power struggle that has left both parties exhausted and with an apparently restricted range of options. In a power struggle, each person says she is right and the other is wrong; one of them must give in. When the strategic/interactional approach is applied to power struggles it can help to “open up the system,” working to change the clients’ perceptions of each other and their relationship and enable them to see a broad range of options. Both parties are assisted in seeing themselves as strong, capable, and in control. Because the substance abuser typically feels helpless, inadequate, and condescended toward, the therapist often has to rebalance the power structure to promote more effective interactions.

For example, in a situation where one partner pushes the other to stop drinking, the partner who has been drinking may feel controlled and demeaned and therefore may withdraw in a passive manner or react with an explosive temper. He then gets drunk to further express his anger or to get even. The partners’ respective behaviors maintain the problem. The therapist works to help each partner perceive the other more positively. As this is accomplished, each person becomes more receptive to new solutions. The therapist then helps the partners identify specific changes they can make, thus dismantling the old system and laying the foundation for a new one that can support different behavioral choices.

The strategic/interactional approach is also an appropriate way to address a client’s fear of change. Often, clients feel that “something worse” may happen when they quit using. In

the Eriksonian model, a therapist might ask the client to project herself into the future and describe what it will be like when the changes just discussed have been made, or talk about a “future self” who has resolved current problems and for whom current fears are no longer an issue. Such strategies are useful in confronting common fears and helping clients see beyond them.

## **Duration of Therapy and Frequency of Sessions**

Most forms of strategic/interactional therapies are brief by the definition used in this TIP. Strategic/interactional therapies normally require 6 to 10 sessions, with 6 considered typical. Sessions are usually weekly, and it is not advisable to have more than two sessions per week. This type of therapy often involves assigning “homework” for the client to observe how specific changes in behavior affect the problem, and time is needed to determine how a new strategy is working and see how the system is affected by the change.

In solution-focused brief therapy, the client is encouraged to determine the length of time needed between sessions. This approach helps the client take ownership of the process and recognize his power to control change (realizing that one has the power to choose often is the solution itself).

## **Applicability to Different Types of Clients**

In strategic/interactional approaches, clients are traditionally defined as customers, complainers, or visitors. Customers are clients who state that they have a problem, they can not cope with the problem on their own, and they need the therapist’s help. Strategic/interactional approaches are particularly helpful for the latter two types of clients – those who think someone else should change to resolve the presenting problem (complainers) and those who see their

presence in treatment as involuntary (visitors). Strategic/interactional therapies offer these kinds of clients a way to make effective changes within their own frames of reference.

For example, consider a client who feels her boss overreacted to her substance abuse and believes she should not have been forced to enter treatment to retain her job. Instead of working to try to convince the client she really does have a problem, the therapist can make progress working within her view of the situation, perhaps by saying, “So your boss thinks you have a problem. What would it take to get him off your back?” The assumption that the client wants to be free of the problems caused by this other person gives the therapist something to focus on without challenging the client’s view of the situation.

Most clients with substance abuse disorders can be viewed as “hidden customers” who desire some sort of change in their behavior, even if they are not willing to articulate that fact (Berg, 1995). Given that, the therapist’s task is to make the “complainer” or “visitor” aware that he is in fact a “customer” of the therapist’s services.

### **When Might a Strategic/Interactional Approach *Not* Be the Best?**

Eriksonian approaches may be contraindicated for clients with severe disorders. Clients who have personality disorders (Axis II) may jump quickly from one suggestion to another without a clear sense of how to make use of therapeutic suggestions. Because they feel a need to stay in therapy they may resist solutions that would bring an end (albeit a successful one) to their relationship with the therapist. Clients with impaired brain function as a result of substance abuse may not be good candidates for this approach either. (For these clients, a more directive approach is helpful.) However, even

when it is difficult to use this approach directly with the client, it may still be an effective modality to use with family members to help them change behaviors that support the client’s substance abuse (Fisch et al., 1982).

For other populations, the approach may have to be adapted to work effectively. The therapist may have to use supportive props such as handouts of the agreed-upon plan of action and a list of goals to help keep the client on track. Strategic/interactional strategies can be simplified for people who have a cognitive impairment. Because this approach works with the client’s language and functional level, a client with a cognitive disability may be able to identify and meet goals appropriate to her skills and abilities. Many therapists believe that the solution-focused approach is useful with clients who have schizophrenia, and research supports its effectiveness with some clients who have serious mental illnesses (Saleebey, 1996; Solomon, 1992).

## **Case Study**

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Figure 5-2 presents a portion of a dialog between a counselor and a client, a 45-year-old real estate agent who was treated 4 years ago in an inpatient treatment program and thereafter attended a 12-Step group to help him stop his polysubstance abuse (cocaine and alcohol). After experiencing 3 clean and sober years, he began to use again. The client started gambling, then using cocaine and alcohol while gambling. His real estate license is now in jeopardy because of customer complaints and reports to the State Licensing Board. He was recently convicted for a second time for driving under the influence (DUI), and his wife and family moved out. The client tells the therapist that his renewed abuse of substances was the result of the gambling. Unlike the negative feedback from family, colleagues, and other professionals,

<p><b>Figure 5-2</b></p> <p><b>Strategic/Interactional Therapy in Practice: A Case Study</b></p>	
<i>Conversation</i>	<i>Observations</i>
<p><i>Client:</i> Things were going great. I was going to a lot of meetings. I felt life was getting better. I was getting along with my kids. Getting in touch with the spiritual part of the problem. I don't know what happened.</p> <p><i>Therapist:</i> What led you to go gambling?</p> <p><i>Client:</i> I guess I'd been gambling for a few months before I got high. I was bored.</p> <p><i>Therapist:</i> What is the experience of gambling like?</p> <p><i>Client:</i> I really feel alive.</p> <p><i>Therapist:</i> When did you first use again?</p> <p><i>Client:</i> I spent too much money on gambling, and my wife yelled at me the same way she used to when I got high on cocaine. I won a whole lot, really. It wasn't fair.</p> <p><i>Therapist:</i> What do you do when your wife gets angry at you for spending money?</p> <p><i>Client:</i> I just say, "Yeah, you're right." And then I go away. Then she hassles me some more. There are times I blow up, but normally I just try to let it go by.</p> <p><i>Therapist:</i> Sounds like when you were gambling, you were excited. So I don't get it – what went wrong? Why did you need the cocaine, too? Is it possible gambling wasn't enough?</p> <p><i>Client:</i> I guess I just needed more of the high, you know. My wife and I were fighting more. The pressure was getting to me. I guess that's when I started on the cocaine.</p> <p><i>Therapist:</i> How did that cocaine work for you?</p>	<p><i>The first trigger (boredom) has been identified; this will have to be reframed as treatment progresses.</i></p> <p><i>An important interactional element surfaces. Sometimes the things that spouses or significant others do or say can either reinforce the client's substance abuse or help him out of the problem.</i></p> <p><i>Nonjudgmental language is used to enter the client's frame of reference/world-view. It is best if the client is able to define the substance abuse as a problem he wants to overcome rather than have the therapist define this for the client.</i></p>

<b>Figure 5-2 (continued)</b> <b>Strategic/Interactional Therapy in Practice: A Case Study</b>	
<i>Conversation</i>	<i>Observations</i>
<p><i>Client:</i> I was excited. I felt really powerful.</p> <p><i>Therapist:</i> What went wrong? What led you start using alcohol, too?</p> <p><i>Client:</i> I got scared. I was up for 3 days. The alcohol helped me come down and sleep.</p> <p><i>Therapist:</i> Sounds scary to me. How did you get through that scared period? You tolerated it somehow for 3 days.</p> <p><i>Client:</i> It was kind of a blank, mostly. I felt I had to fix it somehow. That's when I started drinking.</p> <p><i>Therapist:</i> How did you know alcohol would work?</p> <p><i>Client:</i> I've used it to bring me down before.</p> <p><i>Therapist:</i> I hear that you realized something needed to be done, and you knew you needed something to slow you down, and you took action.</p> <p><i>Therapist:</i> So how is this a problem for you now?</p> <p><i>Client:</i> Well, I lost my family, almost lost my business, and I'm facing another DUI.</p>	<p><i>Here the therapist gets some understanding of the sequence of the client's substance abuse.</i></p> <p><i>The therapist validates the client's experience, rather than criticizing the client's behavior.</i></p> <p><i>The therapist is pointing out that the client's action was an attempt at regulation, though not a long-term solution. The statement reminds the client that he is in control and making choices. It reaffirms the client's strength and coping skills – the client made an adaptive response to a difficult situation and may make a different choice next time.</i></p> <p><i>This question brings the client back to defining the problem for himself, rather than letting the therapist or someone else (spouse, boss, probation officer, etc.) define it for him.</i></p> <p><i>This "hopeless and helpless" stance should be shifted. Solution-focused and MRI approaches would try to promote effective strategies and eliminate ineffective ones. An Eriksonian might challenge the client to compare his positive and negative self-image (i.e., the way it feels to go to AA and stay sober versus how it feels after getting high).</i></p>



<b>Figure 5-2 (continued)</b> <b>Strategic/Interactional Therapy in Practice: A Case Study</b>	
<i>Conversation</i>	<i>Observations</i>
<p><i>Client:</i> Well, now I feel like an “8,” but I know it’s temporary. When I go back home, I’ll probably get back to a “2” right away.</p> <p><i>Therapist:</i> That’s good because slow change is more important than fast change. You really can’t count on fast change to last. So if you did slip back to a “2,” what would it take to move you to a “3”?</p> <p><i>Client:</i> I guess more of what I know works or what used to work, anyway. Going to meetings or calling my sponsor. That kind of thing.</p> <p><i>Therapist:</i> Sounds good. You said now you go to AA meetings and get high afterward. What did you do afterwards when you didn’t do that, when you stayed sober?</p> <p><i>Client:</i> Went home. Watched TV. Had fun with my wife; sometimes we made love. Now that she’s not there, I really dread the evenings. They are so empty. I just go back and stare at the ceiling.</p> <p><i>Therapist:</i> So when you don’t have things to do, you get antsy.</p> <p><i>Client:</i> Yeah. I guess so. I get lonesome.</p> <p><i>Therapist:</i> Yes, it is difficult to go home to an empty place. But it sounds like you have not given up on people. People are still important to you. You want human contact—to care about people and have them care about you.</p> <p><i>Client:</i> If nobody’s around, I feel empty. I get bored. Then I want to use. I want to make something happen.</p>	<p><i>At this point, the therapist is ready to define some kind of action and seek commitment to change. The response is also intended to encourage the client by identifying small, feasible steps</i></p> <p><i>The therapist is looking for exceptions: times when something the client did worked and he experienced success.</i></p> <p><i>The therapist is reframing the problem to open the door to a solution.</i></p> <p><i>The therapist is acknowledging the difficulty, but also pointing out the positive direction implicit in the client’s statement. The therapist empathizes with the client, validating his experiences and feelings, but also pointing out the positive direction implicit in the client’s statement.</i></p>

Figure 5-2 (continued) Strategic/Interactional Therapy in Practice: A Case Study	
<i>Conversation</i>	<i>Observations</i>
<p><i>Therapist:</i> Are you bored now?</p> <p><i>Client:</i> Sort of. Not really here all the way, you know what I mean? Sort of empty.</p> <p><i>Therapist:</i> That’s interesting. Despite the fact that you feel empty, you can still function. I think there is something internally powerful in you that has not come out. For some reason, it has been suppressed. My guess is that the boredom comes when you suppress that side of you.</p> <p><i>Client:</i> You keep talking about this powerful side. I don’t get it. I lost everything. Where’s this great power I’m supposed to have?</p> <p><i>Therapist:</i> I think it’s right here—let’s see if we can bring it out a bit. Tell me about a time when you felt tremendous pleasure and control, but you were sober.</p> <p><i>Client:</i> Well, I have to go pretty far back. When I was ten, though, I remember playing baseball and hitting this home run. I really hit that ball.</p> <p><i>Therapist:</i> Some time this week if you’re willing to try something, and only if you’re willing, try to bring back that experience. Take note of what it was like and how difficult it was to get there.</p> <p><i>Client:</i> Okay. Maybe I’ll try that.</p>	<p><i>This question gives the therapist information on how the client feels and acts when bored and can help the therapist recognize signals of boredom in the future. Sometimes the therapist will have great participation, and the client will still describe himself as bored. It is also important to ascertain whether the boredom results from depression or a sense of emptiness. A better understanding of what “bored” means will enable the therapist to help the client figure out “what’s different” and find a solution.</i></p> <p><i>The therapist is framing the client’s self-image positively, suggesting a change in the way the client now sees himself.</i></p> <p><i>A natural response from a client who is mostly focusing on negative perceptions and experiences. The therapist’s focus continues to be on shifting the client’s perception to positive strengths and constructive action.</i></p> <p><i>At this point, the therapist might encourage the client to feel that vibration and run across the bases in his mind or ask whether the activity mentioned is one the client could do in his present life. The therapist could suggest here that a local recreation center, or another way of being physically active, would be an option for restoring the sense of power and control as well as connecting with people.</i></p>



## Strategic/Interactional Therapies

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The primary strength of strategic/interactional approaches is that they shift the focus from the client's weaknesses to the client's strengths. The therapist's task is to help the client identify, recognize, and use these strengths to make the changes the client sees as beneficial.

Strategic/interactional therapies are based on three primary theoretical assumptions:

1. These therapies take a *constructivist* view of reality. They assert that reality is determined by individual perceptions, which are influenced by cultural, sociopolitical, and psychological factors.
2. These therapies stress the importance of attribution of meaning. According to this theoretical approach, it is the meaning we attribute to situations that determines whether a problem exists. In this model, an important therapeutic goal is to understand the meanings that clients attribute to events—often referred to as the client's "frame of reference"—and to use this knowledge to promote constructive change. This can involve helping clients to construct a different meaning that is more useful to them in the recovery process.
3. These therapies focus on human interactions and the problems that evolve from ineffective ways of coping with situations. There is always some element of social interaction in the development, maintenance, and change process for any problem. By taking these interactions into account, the therapist can better support the client through the change process.

A basic tenet of this approach is the assertion that human problems can be understood by applying the principles of human systems. Problems do not exist in a vacuum; they exist because of relationships with others. The

strategic therapist believes that a positive change to one part of a system will positively affect the rest of the system. This approach is distinct from a structural view of systems, however; whereas the structuralist sees the need to consider and try to change dysfunctional aspects of the larger family structure, the strategic therapist does not necessarily posit a systemwide dysfunction—only the existence of *ineffective interactions* within the system.

A strategic approach accepts the fact that clients may not always provide accurate information about the real nature of their problems. It is possible to work with the client's view of what is happening and make progress, even if that view is only partially "correct." For example, consider a client who enters therapy complaining, "My boss drives me to drink." In a cognitive or confrontational approach, the therapist might strive to change this way of looking at reality. The therapist using a form of strategic/interactional therapy might say that this approach represents the client's view of the world and, rather than correcting or altering it in some way, the therapist can make more progress by working within that frame of reference to accomplish strategic objectives. The therapist might ask, "If your boss is driving you to drink, how does that happen and what can you do about that?" The therapist implies that the client must be more effective in interactions with his boss, and this becomes a treatment issue. By working within the client's frame of reference, the therapist can define what the client might do to change key interactions that contribute to substance abuse, *without* buying into the premise that it is only his boss' behavior that must change.

### Initial Session

The first question that a therapist using a strategic/interactional approach should ask is, "Why are you here?" The first session should be spent trying to understand the client's problem.

However, different models (discussed later in this section) use different tactics to explore the nature of the problem, as follows:

- The therapist using *Eriksonian therapy* seeks to define the client's problem in the client's terms and probe the way she understands the problem (i.e., the "frame"). Compared to other strategic interactional models, the Eriksonian approach moves more quickly to action, seeks to effect change more quickly, and places greater emphasis on the unconscious processes underlying change.
- The therapist using *solution-focused brief therapy* spends most of the first session defining goals. Throughout the session, the word "problem" is avoided.
- The therapist using the *MRI model* seeks to define the problem in the client's terms and understand the "frame" in a manner similar to the Eriksonian approach. However, this modality focuses on modifying ineffective solutions that have been previously attempted.
- The therapist using *Haley's problem-solving therapy* pays special attention to gaining an understanding of power issues in relationship to the problem (e.g., who controls key decisions).

### Later Sessions

Once the therapist has encouraged a person with a substance abuse disorder to take further steps toward change, the subsequent sessions will focus on identifying and supporting additional steps in the same direction. The following are examples of techniques that might be used in the remaining sessions with the client in this case study.

- Set up a termination point. The therapist could ask the client to describe the signs that things are getting better for him, or ask, "What things will you be doing differently?"
- The therapist could continue to develop effective strategies and increase their use. She could use affirmations, continue to use scaling questions, and "join" with the client by acknowledging how difficult it is to change and rebuild his life.
- The therapist should also be aware of the client's motivation to change and continue to ask the client what he thinks will happen if changes take place. This technique demonstrates respect for the client's values.
- The therapist could continue to gather information about the stressors that trigger the client's substance abuse and help him to determine how he can handle them differently. The therapist should ask the client about ways he has successfully handled stressors in the past and expand on those successes.
- The therapist could use images and symbols to help the client see the problem in a helpful way. For example, the client might find a new job and throw himself completely into it. The therapist could tell him that he is a shining star: "You're shining bright right now. What can you do to keep shining?" This starts a discussion about how to last longer, work smarter, achieve more, and use restraint.
- The therapist might also focus on assisting the client to improve other aspects of his life.
- The client's continued belief in his own strength and basic goodness should be supported. The therapist should help him see himself as an individual who wants what's best for both himself and his family.
- One effective strategy is to encourage the client to adopt a "helper" role in some area of his life. This shifts the focus further from his view of himself as a helpless, incompetent addict to a strong, caring, competent person who can help others. This client's

participation in AA might give him the opportunity to help others in this manner.

As the end of the therapeutic process nears, the therapist helps the client prepare for the future. Following are suggestions for how the therapist can do this.

- *Prepare the client to maintain positive change through difficult times.* It is useful to convey the idea that the learning curve is never a straight slope; rather, it is a curvy line, with peaks and dips. There will be slips. It is unrealistic to expect perfection. Life will continuously have “ups and downs” — the goal is not to make things even but to cope effectively with these ups and downs.
- *Identify what the potential next stressors and challenges will be.* Work through the following question with the client: “Given what we’ve learned, how would you cope with the next stressor/challenge?”
- *Devote some time to preparing the client for changes to the environment.* For example, how will significant people in his life react to his change in behavior?
- *Ask the client to look into the future at the end of the treatment period and tell the therapist where he intends to be at a certain time (this is an Ericksonian approach).* The therapist could ask for a specific date when the client expects to get there and ask the client to call the therapist on that date. This process sets up an expectation of progress and accountability.

## Ericksonian Therapy

All forms of strategic/interactional therapies have their roots in the work of Milton Erickson, an innovative psychotherapist who was one of the first theorists to suggest the importance of working within the client’s “frame.” With his unique use of hypnotherapy he fostered rapid changes in his clients, often in an indirect fashion. Through this work he came to

emphasize unconscious factors in change and the importance of indirect ways to shift meanings and behavior. His approach is active, building on clients’ resources to help them attain their goals. The therapist and client cooperate in building an awareness of the client’s *experience* and an understanding of its *meaning*. Together, they build a context for change.

Erickson’s interventions emphasize the following:

- *Suggestion* as a means of bypassing an impasse, reframing the problem, and taking a first step toward solving it
- *Metaphor* as indirect intervention — a way to help the client retrieve resources and create a unique response that builds a bridge for learning; the therapist uses the client’s metaphors (e.g., if the client sees recovery as a road, then the therapist can speak of bridges or of smoothing the way, thus activating the client’s imagination in the service of the change process)
- The *symptom* as a communication that conveys information about developmental needs
- An *orientation toward the future* (e.g., depression is seen as the result of focusing on past associations; as the client works toward change and begins to accomplish goals, she lets go of depression)
- Acquiring new *skills* to meet the requirements of new situations (such as the different ways of socializing associated with abstinence) and to handle developmental tasks
- The *cure* conceptualized as the loss of the symptom and as the development of new relational patterns that allow a creative response to the environment

While Erickson was able to work with virtually all clients using these techniques, his work has been especially useful in helping people let go of trauma, break through a

resistance to change, and alter obsessive-compulsive, phobic, or addictive behavior.

## Solution-Focused Brief Therapy

Solution-focused brief therapy was developed by Steve De Shazer and his colleagues at the Brief Family Therapy Center in Milwaukee, Wisconsin. In solution-focused brief therapy, the emphasis is placed on building exceptions to the presenting problem and making rapid transitions to identifying and developing solutions intrinsic to the client or problem (Cooper, 1995). Basic tenets of this approach include the following:

- Focusing on competence rather than pathology
- Finding a unique solution for each person
- Using exceptions to the problem to open the door to optimism
- Using past successes to foster confidence
- Looking to the client as the expert
- Using goal-setting to chart a path toward change
- Sharing the responsibility for change with the client

The basic tenets of the solution-focused model are fairly simple; they are the same when used for treating substance abuse disorders as they are for treating other mental health concerns. A therapist uses these same principles for an individual client, family, or group. The therapist emphasizes finding solutions to a problem, not on discovering the cause or origins of the problem. According to Giorlando and Schilling,

The innovative perspective of solution-focused therapy shifts the emphasis from problems to solutions, empowering the client to access her internal resources, strengths, and past successes, with therapist and client working collaboratively to achieve change in a shorter time than that required by traditional schools of psychotherapy (Giorlando and Schilling, 1996).

Berg and Miller relate the “central philosophy” of solution-focused therapy in the following three rules (Berg and Miller 1992, p. 17):

1. “If it ain’t broke, don’t fix it!”
2. Once you know what works, do more of it!
3. If it doesn’t work, then don’t do it again — do something different!

Solution-focused interviewing strategies include the following (based on Giorlando and Schilling, 1996), presented in a typical sequence. These strategies can be applied at different points in the therapeutic process as appropriate.

- Ask the “miracle question” (i.e., “If a miracle happened and [your condition] were suddenly not a problem for you, how would your life be different?”).
- Ask about exceptions (e.g., “Are there ever times you see pieces of the miracle?”).
- Explore differences between current status and the desired problem-free state (e.g., “What is the difference between the times when you can see pieces of the miracle and the times when you can see only the problem?”).
- Use scaling to determine how well the client thinks things are going, how willing she is to work toward the “miracle,” her confidence in her ability to change, and the steps needed to improve the situation from one rating on the scale to the next highest.
- Try taking “time-outs” and suggest to the client “While I step out, I want you to think of the next smallest step you could take that would bring you to the next number on the scale.”
- Affirm client competencies (e.g., tell the client, “I am impressed you are sitting in that chair again after what you just went through”). Many of these clients have never had this success acknowledged before.

- Suggest tasks that the client can perform to improve her situation (e.g., ask her to do something achievable that would provide useful information or move her closer to the “miracle” she has chosen).

## The MRI Therapeutic Model

The Mental Research Institute’s brief therapy model is based on the belief that problems develop from, and are maintained by, the way that normal life difficulties are perceived and handled (Fisch et al., 1982). Normal difficulties become problems when an individual continually mishandles a situation, using the same ineffective approach each time. A client’s belief system can cause him to develop ineffective approaches to problems that result in maintaining or even exacerbating the difficulty. The more the client uses an ineffective solution to solve a problem, the more the problem is reinforced and maintained. The solution lies in helping the client change his perception of the problem, then either modify the attempted solution so it has a greater chance of success or devise a more effective solution. These new solutions (generally referred to as *second order change*) work best if they are sufficiently different from the ineffective, previously attempted solutions.

In each session, practitioners using the MRI brief therapy model should try to do the following:

- *Define the problem in behavioral terms.* For example, a client may say, “I feel compelled to join the others at work in drinking, although as a result I have such a ‘short fuse’ that I get in fights and even hurt my wife.”
- *Determine how the client understands the problem.* What is her “frame of reference” or “position”? It is important to understand how the client views her problem and what attitudes she has toward the problem. For example, a client might insist that her substance abuse is the result of pressures at work. However, the therapist notes that she began using after the death of her spouse and therefore hypothesizes that the substance abuse is related to her deep grief. The challenge for the therapist is to work with the client’s position in a way that allows for a more useful understanding of the problem, and therefore for new, more effective solutions.
- *State goals.* What behaviors are to be changed and what would be the signs of change?
- *Review attempted solutions.* What has the client done to try to solve the problem? What has worked, and what has not worked?
- *Reframe the situation.* Help the client change his perception of himself, others involved, or the problem situation so that new options can appear.
- *Develop second order change.* Help the client generate more effective solutions that lead in a different direction from the ineffective ones—either by modifying attempted solutions or by developing new ones. In the case of a client who has tried to control her drinking by obsessing over her need to stop drinking, the therapist might perceive that every time she thinks about controlling her drinking she activates her fears that she is weak and out of control. The more she obsesses over controlling her drinking the more overwhelmed she becomes about the impossibility of the task. The therapist would try to help this client to stop obsessing over this task and instead view the situation as manageable and changeable in a step-wise fashion. The therapist would help her see that she has been strong and capable in other aspects of her life and that she can make use of these strengths and competencies to handle his drinking problem.
- *Plan for maintenance of the new behaviors.* Support continued improvement by preparing the client to meet future challenges and crises.

The speed with which a therapist is able to move through these steps will depend on the client's particular problem, overall development, cognitive capacities, and his stage of readiness to change.

### **Haley's Problem-Solving Therapy**

Jay Haley wrote that "therapy can be called strategic if the therapist initiates what happens during the therapy and designs a particular approach for each problem" (Haley, 1973, p. 17). To do this the therapist will have to identify solvable problems, design interventions to resolve them, correct those interventions based on responses from the client, and evaluate the effectiveness of the therapy.

Haley's problem-solving therapy emphasizes obtaining a clear statement of the problem and an accurate picture of the interactional sequences that maintain it. Moreover, symptoms (i.e., presenting dysfunctions) or problem behaviors serve a function in families and carry metaphorical information about hierarchical dysfunction (Haley, 1987). Through observing the client's symptomatic behavior, the therapist can often understand the underlying problem metaphorically. For example, if a child runs away it can indicate that the family is "running away" from confronting an issue. This behavior often signals a solution as well, calling attention to what needs to be changed.

To map out a family's organization, the therapist should observe communication

sequences — who talks to whom, and in what order. The therapist should try to answer questions such as, "What function does the symptom serve in stabilizing the family?" and, "What is the central theme around which the problem is organized?"

Haley's approach assumes that substance abuse by a family member is a symptom of a family's desire to avoid confronting dysfunctional family dynamics. The individual is not necessarily responsible for having created the symptom (which would fit in well with a disease concept addiction). According to Haley's model, a wife may drink to avoid expressing her rage at her husband for having an affair. The husband implicitly understands that by confronting his wife's drinking, a confrontation might ensue over his infidelity and that could destroy the marriage. This approach recommends negotiating a path to change by changing the family pattern that militates against it. The therapist could work with the family to set goals and design a strategic series of directives to meet these goals, usually involving a change in the sequences of interaction that maintain the problem. In the above example, the wife's drinking serves to stabilize the family and avoid the real issues of the wife's anger and the husband's infidelity. The therapist would work with the wife to express her anger in a way other than drinking, and define the issue as one of trust in the marriage.

# 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):R10, 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, A.L., 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.; Ivanets, N.N.; Lukomskya, M.; Machona, M.; Rollnick, S.; Resnick, R.; Saunders, J.B.; Skutle, A.; Connor, K.; Ernberg, G.; Kranzler, H.; Lauerma, 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 Thought 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, K.L. 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, K.L., 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, A.T. *Cognitive Therapy and the Emotional Disorders*. New York: International Universities Press, 1976.
- Beck, A.T., and Freeman, A. *Cognitive Therapy of Personality Disorders*. New York: Guilford Press, 1990.
- Beck, A.T., 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, A.T.; 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, A.R.; 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, A.M., 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.; Edelman, 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, A.C., 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-Sanoff, 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, K.A.; Pashko, S.; and Weinstein, S.P., eds. *Stress and Addiction*. New York: Brunner/Mazel, 1987. pp. 237-247.
- Carroll, K.M. Integrating psychotherapy and pharmacotherapy in substance abuse treatment. In: Rotgers, F.; Keller, D.S.; and Morgenstern, J., eds. *Treating Substance Abuse: Theory and Technique*. New York: Guilford Press, 1996a.
- Carroll, K.M. 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, K.M. *Therapy Manuals for Drug Addiction. Manual 1: A Cognitive-Behavioral Approach: Treating Cocaine Addiction*. Rockville, MD: National Institute on Drug Abuse, 1998.
- Carroll, K.M.; 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 Attitudes 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, K.M.; 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 Henningfield, 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.
- Denoff, 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.; Heinzl, 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, R.N.; Robbins, S.J.; Childress, A.R.; 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, G.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 Therapy 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, J.P., and Sturkie, D.K. *Alcohol and Adolescent Abuse*. Holmes Beach, FL: Learning Publications, 1987.
- Fleming, M.F.; Barry, K.L.; 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, K.L.; 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, K.M. *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 "The Effectiveness of Psychotherapy: The Consumer Reports Study."* Ann Arbor, MI: Michigan Psychological Association, 1999.
- Friedman, A.S. Family therapy versus parent groups: Effects on adolescent drug abusers. In: Friedman, A.S., 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.

- Gottheil, E.; Weinstein, S.P.; Sterling, R.C.; Lundy, A.; and Serota, R.D. 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, R.E.; 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, K.B., 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, R.C., II. 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, A.J.; 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, A.J.; 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, D.D.; Budney, A.J.; 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, A.W.; 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, A.W., 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, A.V. 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, A.T. Cognitive and cognitive-behavioral therapies. 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. 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.; Rimmel, 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, R.M. 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, A.R.; 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, I.L., 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, R.C. *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 Therapists 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. *The 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, K.S.; and McAuliffe, W.E. *Addiction and the Vulnerable Self: Modified Dynamic Group Therapy for Substance Abusers*. New York : Guilford Press, 1990.
- Kirby, K.C.; 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, H.A., 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, A.W., 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.
- Liotard, 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, I.R. 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.
- McCrary, 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.
- McCrary, B.S. Promising but underutilized treatment approaches. *Alcohol Health & Research World* 15(3):215-218, 1991.
- McCrary, 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.
- McCrary, 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.
- McCrary, 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 A.T.; Arndt, I.O.; 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 Psychodynamic 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, A.N.; Myers, M.G.; and Sirota, A.D. 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 Therapies*. 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: Løberg, 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, A.M. 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, A.R. 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, A.R.; 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, K.A.; 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, K.S. 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, S.R.; 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, C.M. 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 Therapy 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. *The 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 Gutierrez, 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. *Theories 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.
- Romach, 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, A.B.; 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.

- 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, H.M. 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, A.W. Family and marital therapy. In: Lowinson, J.H.; Ruiz, P.; Millman, R.B.; and Langrod, J.G., 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.I.; 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.; Longabough, 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, K.S.; and Adams, H.E., eds. *Handbook of Clinical Behavior Therapy*. 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 Therapy: 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.
- Wolberg, 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 Psychiatry* 40:639-645, 1983.

- Woody, G.E.; McLellan, A.T.; 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, A.T.; 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, A.T.; 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, A.T.; 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.