- Costello, R.M. Alcoholism treatment and evaluation: In search of methods. II.
 Collation of two-year follow-up studies. *International Journal of the Addictions* 10:857–867, 1975.
- Cota, A.A.; Longman, R.S.; Evans, C.R.; Dion, K.L.; and Kilik, L. Using and misusing factor analysis to explore group cohesion. *Journal of Clinical Psychology* 51:308–316, 1995.
- Cox, W.M.; Klinger, E.; and Blount, J.P. Alcohol use and goal hierarchies: Systematic motivational counseling for alcoholics. In: Miller, W.R., and Rollnick, S., eds. *Motivational Interviewing: Preparing People To Change Addictive Behaviors*. New York: Guilford Press, 1993. pp. 260–271.
- Cummings, C.; Gordon, J.R.; and Marlatt, G.A. Relapse: Prevention and prediction. In: Miller, W.R., ed. *The Addictive Behaviors: Treatment of Alcoholism, Drug Abuse, Smoking, and Obesity.* Oxford: Pergamon Press, 1980. pp. 291–321.
- Cunningham, J.A.; Sobell, L.C.; Gavin, D.R.; Sobell, M.B.; and Breslin, F.C. Assessing motivation for change: Preliminary development and evaluation of a scale measuring the costs and benefits of alcohol or drug use. *Psychology of Addictive Behaviors* 11(2):107–114, 1997.
- Cunningham, J.A.; Sobell, M.B.; Sobell, L.C.; Gavin, D.R.; and Annis, H.M. Heavy drinking and negative affective situations in a general population and a treatment sample: Alternative explanations. *Psychology of Addictive Behaviors* 9:123–127, 1995.
- Daley, D.C.; Salloum, I.M.; Zuckoff, A.; Kiricsi, L.; and Thase, M.E. Increasing treatment adherence among outpatients with depression and cocaine dependence: Results of a pilot study. *American Journal of Psychiatry* 155:1611–1613, 1998.

- Daniels, V.; Somers, M.; and Orford, J. How can risk drinking amongst medical patients be modified? The effects of computer screening and advice and a self-help manual.

 Behavioral Psychotherapy 20:47–60, 1992.
- Davidson, R. Can psychology make sense of change? In: Edwards, G., and Lader, M., eds. Addiction: Processes of Change. Society for the Study of Addiction Monograph No. 3. New York: Oxford University Press, 1994. pp. 51– 78.
- Deci, E.L. *Intrinsic Motivation*. New York: Plenum Press, 1975.
- Deci, E.L. *The Psychology of Self-Determination*. Lexington, MA: Lexington Books, 1980.
- De Leon, G.; Melnick, G.; Kressel, D.; and Jainchill, N. Circumstances, motivation, readiness, and suitability (the CMRS Scales): Predicting retention in therapeutic community treatment. *American Journal of Drug and Alcohol Abuse* 20(4):495–515, 1994.
- DiClemente, C.C. Motivational interviewing and the stages of change. In: Miller, W.R., and Rollnick, S., eds. *Motivational Interviewing: Preparing People To Change Addictive Behavior*. New York: Guilford Press, 1991. pp. 191–202.
- DiClemente, C.C.; Carbonari, J.P.; Montgomery, R.P.G.; and Hughes, S.O. The Alcohol Abstinence Self-Efficacy Scale. *Journal of Studies on Alcohol* 55(2):141–148, 1994.
- DiClemente, C.C., and Prochaska, J.O. Processes and stages of self-change: Coping and competence in smoking behavior change. In: Shiffman, S., and Wills, T.A., eds. *Coping and Substance Abuse*. New York: Academic Press, 1985. pp. 319–343.
- DiClemente, C.C., and Prochaska, J.O. Toward a comprehensive transtheoretical model of change: Stages of change and addictive behaviors. In: Miller, W.R., and Heather, N., eds. *Treating Addictive Behaviors*, 2nd ed. New York: Plenum Press, 1998.

- 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. HHS Pub. No. (ADM) 97-4142. Rockville, MD: National Institute on Drug Abuse, 1997. pp. 131–156.
- Dies, R.R., ed. *The Therapist's Role in Group Treatments*. New York: Guilford Press, 1994.
- D'Onofrio, G.; Bernstein, E.; Bernstein, J.; Woolard, R.H.; Brewer, P.A.; Craig, S.A.; and Zink, B.J. Patients with alcohol problems in the emergency department, Part 2: Intervention and referral. *Academic Emergency Medicine* 5:1210–1217, 1998.
- 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* 336:915–918, 1990.
- Eastwood, G.L., and Avunduk, C. *Manual of Gastroenterology: Diagnosis and Therapy*, 2nd ed. New York: Little, Brown and Company, 1994.
- Edwards, G.; Orford, J.; Egert, S.; Guthrie, S.; Hawken, A.; Hensman, C.; Mitcheson, M.; Oppenheimer, E.; and Taylor, C. Alcoholism: A controlled trial of "treatment" and "advice." *Journal of Studies on Alcohol* 38:1004–1031, 1977.
- Ellis, A., and Velten, E. When AA Doesn't Work for You: Rational Steps to Quitting Alcohol. Fort Lee, NJ: Barricade Books, 1992.
- Elvy, G.A.; Wells, J.E.; and Baird, K.A. Attempted referral as intervention for problem drinking in the general hospital. *British Journal of Addiction* 83:83–89, 1988.

- Fleming, M.F.; Barry, K.L.; Manwell, L.B.; Johnson, K.; and London, R. Brief physician advice for problem alcohol drinkers: A randomized controlled trial in communitybased primary care practices. *JAMA* 277(13):1039–1045, 1997.
- Fosnocht, K.M. Cost-effectiveness of the AHCPR guidelines for smoking. *JAMA* 279(11):837, 1998.
- 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* 23:355–367,
 1997.
- Gavin, D.R.; Sobell, L.C.; and Sobell, M.B. Evaluation of the Readiness to Change Questionnaire with problem drinkers in treatment. *Journal of Substance Abuse* 10:53– 58, 1998.
- Goddard, L., ed. *An African Centered Model of Prevention for African-American Youth at High Risk.* Washington, DC: U.S. Government
 Printing Office, 1992.
- Gordon, T. Parent Effectiveness Training: The No-Lose Program for Raising Responsible Children. New York: Wyden, 1970.
- Grills, C., and Rowe, D. African traditional medicine: Implications for African centered approaches to healing. In: Jones, R., ed. *African American Mental Health*. Hampton, VA: Cobb and Henry, 1998.
- Handmaker, N.S.; Miller, W.R.; and Manicke, M. Findings of a pilot study of motivational interviewing with pregnant drinkers. *Journal of Studies on Alcohol* 60(2):285–287, 1999.
- Harris, K.B., and Miller, W.R. Behavioral selfcontrol training for problem drinkers: Components of efficacy. *Psychology of Addictive Behaviors* 4:82–90, 1990.

- 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.; Kissoon-Singh, J.; and Fenton, G.W. Assisted natural recovery from alcohol problems: Effects of a self-help manual with and without supplementary telephone contact. British Journal of Addiction85:1177 1185, 1990.
- Heather, N.; Luce, A.; Peck, D.; and Dunbar, B. "Development of the Readiness to Change Questionnaire (Treatment Version)." Report to the Northern and Yorkshire R&D Directorate, 1996a.
- Heather, N.; Luce, A.; Peck, D.; Dunbar, B.; and James, I. Development of a Treatment Version of the Readiness to Change Questionnaire. Addiction Research7(1):63–83, 1999c.
- Heather N.; Robertson, I.; MacPherson, B.; Allsop, S.; and Fulton, A. Effectiveness of a controlled drinking self-help manual: One year follow-up results. British Journal of Clinical Psychology 26:279–287, 1987.
- Heather, N.; Rollnick, S.; and Bell, A. Predictive validity of the Readiness to Change Questionnaire. Addiction88:1667–1677, 1993.
- Heather, N.; Rollnick, S.; Bell, A.; and Richmond, R. Effects of brief counseling among male heavy drinkers identified on general hospital wards. Drug and Alcohol Review 15:29–38, 1996b.
- Heather, N.; Whitton, B.; and Robertson, I. Evaluation of a self-help manual for media-recruited problem drinkers: Six month follow-up results. British Journal of Clinical Psychology25:19–34, 1986.
- Helzer, J.E., and Pryzbeck, T.R. Co-occurrence of alcoholism with other psychiatric disorders in the general population and its impact on treatment. Journal of Studies on Alcohol 49:219–224, 1988.

- Higgins, S.T.; Bickel, W.K.; and Hughes, J.R. Influence of an alternative reinforcer on human cocaine self-administration. Life Sciences 55:179–187, 1994a.
- Higgins, S.T., and Budney, A.J. Treatment of cocaine dependence through the principles of behavior analysis and behavioral pharmacology. In: Onken, L.S.; Blaine, J.D.; and Boren, J.J., eds. Behavioral Treatments for Drug Abuse and Dependence Rockville, MD: National Institute on Drug Abuse, 1993. pp. 97–121.
- Higgins, S.T.; Budney, A.J.; Bickel, W.K.; Badger,
 G.J.; Foerg, F.E.; and Ogden, D. Outpatient
 behavioral treatment for cocaine dependence:
 One-year outcome. Experimental and Clinical
 Psychopharmacology 3:205–212, 1995.
- Higgins, S.T.; Budney, A.J.; Bickel, W.K.; Foerg, F.; Donham, R.; and Badger, M.S. Incentives improve outcome in outpatient behavioral treatment of cocaine dependence. Archives of General Psychiatry 51:568–576, 1994b.
- 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 150:763–769, 1993.
- Higgins, S.T., and Silverman, K. Motivating
 Behavior Change Among Illicit Drug Abusers:
 Research on Contingency Management
 Interventions. Washington, DC: American
 Psychological Association, 1999.
- 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.
- Hunt, G.M., and Azrin, N.H. A community-reinforcement approach to alcoholism.

 Behavioral Research and Therapy1(1)91–104, 1973.

- Hurt, R.D.; Offord, K.P.; Croghan, I.T.; Gomez-Dahl, L.; Kottke, T.E.; Morse, R.M.; and Melton, J. Mortality following inpatient addictions treatment: Role of tobacco use in a community-based cohort. *JAMA* 25:1097–1103, 1996.
- Inciardi, J.A; Tims, F.M.; and Fletcher, B. *Innovative Approaches to the Treatment of Drug Abuse: Program Models and Strategies.*Westport, CT: Greenwood, 1993.
- Ingersoll, K.S., and Wagner, C.C. Motivational
 Enhancement Groups for the Virginia Substance
 Abuse Treatment Outcomes Evaluation
 (SATOE) Model: Theoretical Background and
 Clinical Guidelines. Richmond, VA: Office of
 Mental Health Services, Department of
 Mental Health, Mental Retardation and
 Substance Abuse Services, 1997.
- Institute of Medicine. *Broadening the Base of Treatment for Alcohol Problems*. Report of a Study by a Committee of the Institute of Medicine, Division of Mental Health and Behavioral Medicine. Washington, DC: National Academy Press, 1990a.
- Institute of Medicine. *Treating Drug Problems*. Washington, DC: National Academy Press, 1990b.
- Intagliata, J. A telephone follow-up procedure for increasing the effectiveness of a treatment program for alcoholics. *Journal of Studies on Alcohol* 37:1330–1335, 1976.
- Ivey, A.E.; Gluckstern, N.B.; and Ivey, M.B.
 Basic Influencing Skills. 3rd ed. North
 Amherst, MA: Microtraining Associates,
 1997.
- Jaffee, J.H. The swinging pendulum: The treatment of drug users in America. In: Dupont, R.L.; Goldstein, A.; O'Donnell, J.; and Brown, B., eds. *Handbook on Drug Abuse*. Rockville, MD: National Institute on Drug Abuse, 1979. pp. 3–16.

- Janis, I.L., and Mann, L. *Decision Making: A Psychological Analysis of Conflict, Choice, and Commitment.* London: Cassel and Collier

 Macmillan, 1977.
- Johnson, V.E. *I'll Quit Tomorrow*. New York: Harper & Row, 1973.
- Jones, R.A. Self-Fulfilling Prophecies: Social, Psychological, and Physiological Effects of Expectancies. Hillsdale, NJ: L. Erlbaum, 1977.
- 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.
- Kanfer, F.H. Self-regulation: Research, issues, and speculations. In: Neuringer, C., and Michael, J.L., eds. *Behavior Modification in Clinical Psychology*. New York: Appleton-Century-Crofts, 1970. pp. 178–220.
- Kanfer, F.H., and Schefft, B.K. *Guiding the Process of Therapeutic Change.* Champaign, IL:
 Research Press, 1988.
- 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 23:115–127, 1997.
- Kent, R. Motivational interviewing and the maintenance of change. In: Miller, W.R., and Rollnick, S., eds. *Motivational Interviewing: Preparing People To Change Addictive Behavior*. New York: Guilford Press, 1991. pp. 191–202.
- Khantzian, E.J. An ego/self theory of substance dependence: A contemporary psychoanalytic perspective. In: Lettieri, D.J.; Sayers, M.; and Pearson, H.W., eds. *Theories on Drug Abuse: Selected Contemporary Perspectives*. NIDA Research Monograph Series, Number 30. HHS Publication No. (ADM) 80-967. Washington, DC: U.S. Government Printing Office, 1980. pp. 29–33.

- 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.
- Kilpatrick, D.G.; Roitzsch, J.C.; Best, C.L.; McAlhany, D.A.; Sturgis, E.T.; and Miller, W.C. Treatment goal preference and problem perception of chronic alcoholics: Behavioral and personality correlates. *Addictive Behaviors* 3:107–116, 1978.
- Klingemann, H.K. The motivation for change from problem alcohol and heroin use. *British Journal of Addiction* 86:727–744, 1991.
- Kolden, G.G.; Howard, K.I.; Bankoff, E.A.;
 Maling, M.S.; and Martinovich, Z. Factors
 associated with treatment continuation:
 Implications for the treatment of drug
 dependence. 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. HHS Pub.
 No. (ADM) 97-4142. Rockville, MD: National
 Institute on Drug Abuse, 1997. pp. 110–130.
- Kopel, S., and Arkowitz, H. The role of attribution and self-perception in behavior change: Implications for behavior therapy. *Genetic Psychology Monographs* 92:175–212, 1975.
- Koumans, A.J.R., and Muller, J.J. Use of letters to increase motivation in alcoholics. *Psychology Reports* 16:1152, 1965.
- Kris, A.O. The conflict of ambivalence. *Psychoanalytical Study of the Child* 39:213–234, 1984.
- Kristenson, H.; Öhlin, H.; Hultén-Nosslin, M.B.; Trell, E.; and Hood, B. Identification and intervention of heavy drinking in middleaged men: Results and follow-up of 24–60 months of long-term study with randomized controls. Alcoholism: Clinical and Experimental Research 7:203–209, 1983.

- Kuchipudi, V.; Hobein, K.; Flickinger, A.; and Iber, F.L. Failure of a 2-hour motivational intervention to alter recurrent drinking behavior in alcoholics with gastrointestinal disease. Journal of Studies on Alcohol 51:356–360, 1990.
- Landry, M.J. Overview of Addiction Treatment Effectiveness. HHSPub. No. (SMA) 96-3081. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 1996.
- Landry, M.J.; Smith, D.E.; and Steinberg, J.R. Anxiety, depression, and substance use disorders: Diagnosis, treatment, and prescribing practices. Journal of Psychoactive Drugs 23(4):397–416, 1991.
- Leake, G.J., and King, S.A. Effect of counselor expectations on alcoholic recovery. Alcohol Health and Research World 11(3):16–22, 1977.
- Leigh, B.C. Confirmatory factor analysis of alcohol expectancy scales. Journal of Studies on Alcohol 50:268–277, 1989a.
- Leigh, B.C. In search of the seven dwarves: Issues of measurement and meaning in alcohol expectancy research. Psychological Bulletin 105:361–373, 1989b.
- Leukefeld, C.G., and Tims, F.M. Compulsory treatment: A review of findings. In:
 Leukefeld, C.G., and Tims, F.M., eds.
 Compulsory Treatment of Drug Abuse:
 Research and Clinical Practice. NIDA
 Research Monograph Series, Number 86.
 HHS Pub. No. (ADM) 88-1578. Rockville,
 MD: National Institute on Drug Abuse, 1988.
 pp. 236–251.
- Leventhal, H. Fear appeals and persuasion: The differentiation of a motivational construct.

 American Journal of Public Health 61:1208–1224, 1971.

- Liepman, M.R.; Nirenberg, T.D.; and Begin, A.M. Evaluation of a program designed to help family and significant others to motivate resistant alcoholics into recovery. *American Journal of Drug and Alcohol Abuse* 15(2):209–221, 1989.
- Løberg, T., and Miller, W.R. Personality, cognitive, and neuropsychological correlates of harmful alcohol consumption: A crossnational comparison of clinical samples. *Annals of the New York Academy of Sciences* 472:75–97, 1986.
- Loneck, B.; Garrett, J.A.; and Banks, S.M. A comparison of the Johnson intervention with four other methods of referral to outpatient treatment. *American Journal of Drug and Alcohol Abuse* 22(2):233–246, 1996a.
- Loneck, B.; Garrett, J.A.; and Banks, S.M. The Johnson intervention and relapse during outpatient treatment. *American Journal of Drug and Alcohol Abuse* 22(3):363–375, 1996b.
- Longabaugh, R.; Beattie, M.; Noel, N.; Stout, R.; and Malloy, P. The effect of social investment on treatment outcome. *Journal of Studies on Alcohol* 54(4):465–478, 1993.
- Longshore, D., and Grills, C. Drug problem recognition among African American drugusing arrestees. *Addictive Behaviors* 23(2):275–279, 1998.
- Longshore, D.; Grills, C.; Anglin, D.; and Annon, K. Treatment motivation among African-American drug using arrestees. *Journal of Black Psychology* 24(2):126–144, 1998.
- Luborsky, L.; McLellan, A.T.; Woody, G.E.; O'Brien, C.P.; and Auerbach, A. Therapist success and its determinants. *Archives of General Psychiatry* 42:602–611, 1985.
- Luke, D. "Teens' images of smoking and smokers." Paper presented at the annual meeting of the Society for Research on Nicotine and Tobacco, New Orleans, LA, 1998.

- MacKenzie, K.R., ed. *The Clinical Application of a Group Climate Measure*. New York:
 International Universities Press, 1983.
- Marlatt, G.A.; Baer, J.S.; Kivlahan, D.R.; Dimeff, L.A., Larimer, M.E., Quigley, L.A.; Somers, J.M.; and Williams, E. Screening and brief intervention for high-risk college student drinkers: Results from a 2-year follow-up assessment. *Journal of Consulting and Clinical Psychology* 66:604–615, 1998.
- Marlatt, G.A., and George, W.H. Relapse prevention: Introduction and overview of the model. *British Journal of Addiction* 79:261–273, 1984.
- Marlatt, G.A., and Gordon, J.R., eds. *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors*. New York:
 Guilford Press, 1985.
- Marlatt, G.A., and Kristeller, J. Mindfulness and meditation. In: Miller, W.R., ed. *Integrating Spirituality Into Treatment: Resources for Practitioners*. Washington, DC: American Psychological Association, 1999.
- Mattick, R.P., and Jarvis, T. Brief or minimal intervention for 'alcoholics'? The evidence suggests otherwise. *Drug and Alcohol Review* 13:137–144, 1994.
- McAuliffe, W.E., and Gordon, R.A.

 Reinforcement and the combination of effects: Summary of a theory of opiate addiction. In: Lettieri, D.J.; Sayers, M.; and Wallenstein-Pearson, H., eds. *Theories on Drug Abuse: Selected Contemporary Perspectives*. NIDA Research Monograph Series, Number 30. HHS Pub. No. (ADM) 80-967. Washington, DC: U.S. Government Printing Office, 1980. pp. 137–141.

- McCaul, M.E., and Svikis, D.S. Improving client compliance in outpatient treatment:
 Counselor-targeted interventions. In:
 Pickens, R.W.; Leukefeld, C.G.; and Schuster,
 C.R. Improving Drug Abuse Treatment. NIDA
 Research Monograph Series, Number 106.
 Rockville, MD: National Institute on Drug
 Abuse, 1991. pp. 204–217.
- McConnaughy, E.A.; Prochaska, J.O.; and Velicer, W.F. Stages of change in psychotherapy: Measurement and sample profiles. *Psychotherapy: Theory, Research and Practice* 20:368–375, 1983.
- McLellan, A.T.; Alterman, A.I.; Metzger, D.S.; Grisson, G.R.; Woody, G.E.; Luborsky, L.; and O'Brien, C.P. Similarity of outcome predictors across opiate, cocaine, and alcohol treatments: Role of treatment services. *Journal of Consulting and Clinical Psychology* 62(6):1141–1158, 1994.
- Melchior, L.A.; Huba, G.J.; Brown, V.B.; and Slaughter, R. Evaluation of the effects of outreach to women with multiple vulnerabilities on entry into substance abuse treatment. *Evaluation and Program Planning*, in press.
- 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(5):467–472, 1997.
- Miller, L. Neuropsychological assessment of substance abusers: Review and recommendations. *Journal of Substance Abuse Treatment* 2(1):5–17, 1985a.
- Miller, W.R. Alcoholism scales and objective assessment methods: A review. *Psychological Bulletin* 98:84–107, 1976.

- Miller, W.R. Motivational interviewing with problem drinkers. *Behavioural Psychotherapy* 11:147–172, 1983.
- Miller, W.R. Motivation for treatment: A review with special emphasis on alcoholism. *Psychological Bulletin* 98(1):84–107, 1985b.
- Miller, W.R. Increasing motivation for change. In: Hester, R.K., and Miller, W.R., eds. Handbook of Alcoholism Treatment Approaches: Effective Alternatives, 2nd ed. Boston: Allyn & Bacon, 1995. pp. 89–104.
- Miller, W.R. What is a relapse? Fifty ways to leave the wagon. *Addiction* 91(Suppl.):S15–S27, 1996.
- Miller, W.R.; Andrews, N.R.; Wilbourne, P.; and Bennett, M.E. A wealth of alternatives:

 Effective treatments for alcohol problems. In:

 Miller, W.R., and Heather, N., eds. *Treating Addictive Behaviors: Processes of Change*, 2nd ed. New York: Plenum Press, 1998. pp. 203–216.
- Miller, W.R., and Baca, L.M. Two-year followup of bibliotherapy and therapist-directed controlled drinking training for problem drinkers. *Behavior Therapy* 14:441–448, 1983.
- 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(3):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 & Bacon,
 1995a. pp. 12–44.

- Miller, W.R., and C'de Baca, J. Quantum change: Toward a psychology of transformation. In: Heatherton, T., and Weinberger, J., eds. *Can Personality Change?* Washington, DC: American Psychological Association, 1994. pp. 253–280
- 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* 16:1247–1254, 1981.
- Miller, W.R., and Heather, N., eds. *Treating Addictive Behaviors*, 2nd ed. New York: Plenum Press, 1998.
- Miller, W.R., and Kurtz, E. Models of alcoholism used in treatment: Contrasting AA and other perspectives with which it is often confused. *Journal of Studies on Alcohol* 55:159–166, 1994.
- Miller, W.R.; Leckman, A.L; Delaney, H.D.; and Tinkcom, M. Long-term follow-up of behavioral self-control training. *Journal of Studies on Alcohol* 53(3):249–261, 1992.
- Miller, W.R., and Meyers, R.J. Engaging unmotivated individuals in treatment for alcohol problems: A comparison of three intervention strategies. *Journal of Consulting and Clinical Psychology*, in press.
- Miller, W.R., and Page, A.C. Warm turkey: Other routes to abstinence. *Journal of Substance Abuse Treatment* 8:227–232, 1991.
- Miller, W.R., and Pechacek, T.F. New roads: Assessing and treating psychological dependence. *Journal of Substance Abuse Treatment* 4:73–77, 1987.
- 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., and Nathan, P.E., eds. *Alcohol Use and Misuse by Young Adults*. Notre Dame, IN: University of Notre Dame Press, 1994.
- Miller, W.R., and Saucedo, C.F. Assessment of neuropsychological impairment and brain damage in problem drinkers. In: Golden, C.J.; Moses, J.A., Jr.; Coffman, J.A.; Miller, W.R.; and Strider, F.D., eds. *Clinical Neuropsychology: Interface With Neurologic and Psychiatric Disorders*. New York: Grune & Stratton, 1983. pp. 141–195.
- 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 & Zeitlinger, 1989. pp. 219–231.
- Miller, W.R.; Sovereign, R.G.; and Krege, B. Motivational interviewing with problem drinkers: II. The Drinker's Check-up as a preventive intervention. *Behavioural Psychotherapy* 16:251–268, 1988.
- 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* 48:590–601, 1980.
- Miller, W.R., and Tonigan, J.S. Assessing drinkers' motivation for change: The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES). *Psychology of Addictive Behaviors* 10(2):81–89, 1996.

- Miller, W.R.; Westerberg, V.S.; and Waldron, H.B. Evaluating alcohol problems. In: Hester, R.K., and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches: Effective Alternatives*, 2nd ed. Boston: Allyn & Bacon, 1995b. pp. 61–88.
- Miller, W.R.; Zweben, A.; DiClemente, C.C.; and Rychtarik, R.G. Motivational Enhancement Therapy Manual: A Clinical Research Guide for Therapists Treating Individuals With Alcohol Abuse and Dependence. Project MATCH Monograph Series, Vol. 2. NIH Pub. No. 94-3723. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, 1995c.
- Moos, R.H.; Brennan, P.L.; Fondacaro, M.R.; and Moos, B.S. Approach and avoidance coping responses among older problem and nonproblem drinkers. *Psychology and Aging* 5(1):31–40, 1990.
- Najavits, L.M., and Weiss, R.D. Variations in therapist effectiveness in the treatment of patients with substance use disorders: An empirical review. *Addiction* 89(6):679–688, 1994.
- Nir, Y., and Cutler, R. The unmotivated patient syndrome: Survey of therapeutic interventions. *American Journal of Psychiatry* 135:442–447, 1978.
- Nirenberg, T.D.; Sobell, L.C.; and Sobell, M.B. Effective and inexpensive procedures for decreasing client attrition in an outpatient alcohol treatment program. *American Journal of Drug and Alcohol Abuse* 7:73–82, 1980.
- Noonan, W.C., and Moyers, T.B. Motivational interviewing. *Journal of Substance Misuse* 2:8–16, 1997.
- Obert, J.L.; Rawson, R.A.; and Miotto, K. Substance abuse treatment for "hazardous users": An early intervention. *Journal of Psychoactive Drugs* 29(3):291–298, 1997.

- Ockene, J.K.; Wheeler, E.V.; Adams, A.; Hurley, T.G.; and Hebert, J. Provider training for patient-centered alcohol counseling in a primary care setting. *Archives of Internal Medicine* 157(20):2334–2341, 1997.
- O'Farrell, T.J., ed. *Treating Alcohol Problems: Marital and Family Interventions*. New York:
 Guilford Press, 1993.
- Orford, J. Excessive Appetites: A Psychological View of Addictions. New York: John Wiley and Sons, 1985.
- Orford, J. Empowering family and friends: A new approach to the secondary prevention of addiction. *Drug and Alcohol Review* 13:417–429, 1994.
- Orleans, C.T.; Schoenbach, V.J.; Wagner, E.H.; Quade, D.; Salmon, M.A.; Pearson, D.C.; Fiedler, J.; Porter, C.Q.; and Kaplan, B.H. Self-help quit smoking interventions: Effects of self-help materials, social support instructions, and telephone counseling. *Journal of Consulting and Clinical Psychology* 59:439–448, 1991.
- Panepinto, W.C., and Higgins, M.J. Keeping alcoholics in treatment: Effective follow-through procedures. *Quarterly Journal of Studies on Alcohol* 30:414–419, 1969.
- Parker, M.W.; Winstead, D.K.; and Willi, F.J.
 Patient autonomy in alcohol rehabilitation: I.
 Literature review. *International Journal of the Addictions* 14:1015–1022, 1979.
- Pattison, E.M.; Sobell, M.B.; and Sobell, L.C. *Emerging Concepts of Alcohol Dependence*. New York: Springer, 1977.
- Persson, J., and Magnusson, P.H. Early intervention in patients with excessive consumption of alcohol: A controlled study. *Alcohol: An International Biomedical Journal* 6:403–408, 1989.

- Perz, C.A.; DiClemente, C.C.; and Carbonari, J.P. Doing the right thing at the right time? The interaction of stages and processes of change in successful smoking cessation. *Health Psychology* 15:462–468, 1996.
- Peterson, L.; Gable, S.; and Saldana, L. Treatment of maternal addiction to prevent child abuse and neglect. *Addictive Behaviors* 21: 789–801, 1996.
- Pickens, R.W., and Fletcher, B.W. Overview of treatment issues. In: Pickens, R.W.;
 Leukefeld, C.G.; and Schuster, C.R., eds. *Improving Drug Abuse Treatment*. NIDA
 Research Monograph Series, Number 106.
 HHS Pub. No. (ADM) 91-1754. Rockville,
 MD: National Institute on Drug Abuse, 1991.
 pp. 1–19.
- Polich, J.M.; Armor, D.J.; and Braiker, H.B. *The Course of Alcoholism: Four Years After Treatment.* New York: John Wiley and Sons,
 1981.
- Prochaska, J.O. *Systems of Psychotherapy: A Transtheoretical Analysis*. Homewood, IL: Dorsey Press, 1979.
- Prochaska, J.O., and DiClemente, C.C. Stages and processes of self-change of smoking: Toward an integrated model of change. *Journal of Consulting and Clinical Psychology* 51:390–395, 1983.
- Prochaska, J.O., and DiClemente, C.C. *The Transtheoretical Approach: Crossing Traditional Boundaries of Therapy*. Homewood, IL: Dow Jones-Irwin, 1984.
- Prochaska, J.O., and DiClemente, C.C. Stages of change in the modification of problem behaviors. In: Hersen, M.; Eisler, R.M.; and Miller, P.M., eds. *Progress in Behavior Modification*. Sycamore, IL: Sycamore Publishing Company, 1992. pp. 184–214.

- Prochaska, J.O; DiClemente, C.C.; and Norcross, J.C. Changing: Process approaches to initiation and maintenance of changes. In: Klar, Y.; Fisher, J.D.; Chinsky, J.M.; and Nadler, A., eds. *Self-Change: Social, Psychological, and Clinical Perspectives*. New York: Springer-Verlag, 1992a. pp. 87–114.
- Prochaska, J.O.; DiClemente, C.C.; and Norcross, J.C. In search of how people change:

 Applications to addictive behaviors. *American Psychologist* 47:1102–1114, 1992b.
- Prochaska, J.O., and Goldstein, M.G. Process of smoking cessation: Implications for clinicians. *Clinical Chest Medicine* 12:727–735, 1991.
- 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., Rosenbloom, D.; and Rossi, S.R. Stages of change and decisional balance for 12 problem behaviors. *Health Psychology* 13(1):39–46, 1994.
- Project MATCH Research Group. Matching alcoholism treatments to client heterogeneity: Project MATCH posttreatment drinking outcomes. *Journal of Studies on Alcohol* 58:7–29, 1997a.
- Project MATCH Research Group. Matching alcoholism treatments to client heterogeneity: Project MATCH three-year drinking outcomes. *Alcoholism: Clinical and Experimental Research* 22:1300–1311, 1998a.
- Project MATCH Research Group. Project MATCH secondary a priori hypotheses. *Addiction* 92:1671–1698, 1997b.
- Project MATCH Research Group. Therapist effects in three treatments for alcohol problems. *Psychotherapy Research* 8(4):455–474, 1998b.
- Rawson, R.A.; Obert, J.L.; McCann, M.J.; Smith, D.P.; and Scheffey, E.H. *The Neurobehavioral Treatment Manual*. Beverly Hills, CA: Matrix, 1989.

- Rawson, R.A.; Shoptaw, S.J.; Obert, J.L.; McCann, M.J.; Hasson, A.L.; Marinelli-Casey, P.J.; Brethen, P.R.; and Ling, W. An intensive outpatient approach for cocaine abuse treatment: The Matrix model. *Journal of Substance Abuse Treatment* 12(2):117–127, 1995.
- Regier, D.A.; Farmer, M.E.; Rae, D.S.; Locke, B Z.; Keith, S.J.; Judd, L.L.; and Goodwin, F.K. Comorbidity of mental disorders with alcohol and other drug abuse. *JAMA* 264:2511–2518, 1990.
- Richmond, R.L.; Kehoe, L.A.; and Webster, I.W. Multivariate models for predicting abstention following interventions to stop smoking by general practitioners. *Addiction* 88:1127–1135, 1993.
- Robertson, I.; Heather, N.; Dzialdowski, A.; Crawford, J.; and Winton, M. Comparison of minimal versus intensive controlled drinking treatment interventions for problem drinkers. *British Journal of Clinical Psychology* 25:185–194, 1986.
- Robins, L.N.; Davis, D.H.; and Goodwin, D.W. Drug use by U.S. Army enlisted men in Vietnam: A follow-up on their return home. *American Journal of Epidemiology* 99:235–249, 1974.
- Rogers, C.R. A theory of therapy, personality, and interpersonal relationships as developed in the client-centered framework. In: Koch,
 S., ed. *Psychology: A Study of a Science*. Vol. 3, *Formulations of the Person and the Social Context*. New York: McGraw-Hill, 1959. pp. 184–256.
- Rogers, R.W.; Deckner, C.W.; and Mewborn, C.R. An expectancy-value theory approach to the long-term modification of smoking behavior. *Journal of Clinical Psychology* 34:562–566, 1978.
- Rokeach, M. *The Nature of Human Values*. New York: Free Press, 1973.

- Rokeach, M. *Rokeach Value Survey*. Palo Alto, CA: Consulting Psychologists Press, 1983.
- Rollnick, S.; Heather, N.; and Bell, A.

 Negotiating behavior change in medical settings: The development of brief motivational interviewing. *Journal of Mental Health* 1:25–37, 1992a.
- Rollnick, S.; Heather, N.; Gold, R.; and Hall, W. Development of a short "readiness to change" questionnaire for use in brief, opportunistic interventions among excessive drinkers. *British Journal of Addiction* 87:743–754, 1992b.
- Rollnick, S., and Miller, W.R. What is motivational interviewing? *Behavioral and Cognitive Psychotherapy* 23:325–334, 1995.
- Romelsjo, A.; Andersson, L.; Barrner, H.; Borg, S.; Granstrand, C.; Hultman, O.; Hassler, A.; Kallqvist, A.; Magnusson, P.; Morgell, R.; Hyman, K.; Olofsson, A.; Olsson, E.; Rhedin, A.; and Wikblad, O. Randomized study of secondary prevention of early stage problem drinkers in primary health care. *British Journal of Addiction* 84:1319–1327, 1989.
- Rowe, D., and Grills, C. African-centered drug treatment: An alternative conceptual paradigm for drug counseling with African-American clients. *Journal of Psychoactive Drugs* 25:21–33, 1993.
- Ryan, R.M.; Plant, R.W.; and O'Malley, S. Initial motivations for alcohol treatment: Relations with patient characteristics, treatment involvement, and dropout. *Addictive Behaviors* 20(3):279–297, 1995.
- Samet, J.H., and O'Connor, P.G. Alcohol abusers in primary care: Readiness to change behavior. *American Journal of Medicine* 105:302–306, 1998.
- Samet, J.H.; Rollnick, S.; and Barnes, H. Beyond CAGE: A brief clinical approach after detection of substance abuse. *Archives of Internal Medicine* 156:2287–2293, 1996.

- Sannibale, C. The differential effect of a set of brief interventions on the functioning of a group of "early-stage" problem drinkers.

 Australian Drug and Alcohol Review 7:147–155, 1988.
- Satterfield, J.M. Integrating group dynamics and cognitive-behavioral groups: A hybrid model. *Clinical Psychology: Science and Practice* 1:185–196, 1994.
- Saunders, B.; Wilkinson, C.; and Allsop, S.
 Motivational intervention with heroin users attending a methadone clinic. In: Miller, W.R., and Rollnick, S., eds. *Motivational Interviewing: Preparing People To Change Addictive Behavior*. New York: Guilford Press, 1991. pp. 279–292.
- Saunders, B.; Wilkinson, C.; and Phillips, M.

 The impact of a brief motivational intervention with opiate users attending a methadone programme. *Addiction* 90(3):415–424, 1995.
- Scales, R. "Motivational interviewing and skills-based counseling in cardiac rehabilitation:
 The Cardiovascular Health Initiative and
 Lifestyle Intervention (CHILE) Study." Ph.D.
 diss., University of New Mexico. *Dissertation*Abstracts International, 59-03A, 0741, 1998.
- Schafer, J., and Brown, S.A. Marijuana and cocaine effect expectancies and drug use patterns. *Journal of Consulting and Clinical Psychology* 59:558–565, 1991.
- Senft, R.A.; Polen, M.R.; Freeborn, D.K.; and Hollis, J.F. Brief intervention in a primary care setting for hazardous drinkers. *American Journal of Preventive Medicine* 13:464–470, 1997.

- Silverman, K.; Chutuape, M.D.; Bigelow, G.E.; and Stitzer, M.L. Reinforcement of cocaine abstinence in treatment-resistant patients: Effects of reinforcer magnitude. In: Harris, L.S., ed. *Problems of Drug Dependence*, 1996. NIDA Research Monograph Series, Number 174. HHS Pub. No. (ADM) 97-4236, Rockville, MD: National Institute on Drug Abuse, 1997. p. 74.
- 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.
- Simpson, D.D., and Joe, G.W. Motivation as a predictor of early dropout from drug abuse treatment. *Psychotherapy* 30(2):357–368, 1993.
- Simpson, D.D.; Joe, G.W.; and Brown, B.S. Treatment retention and follow-up outcomes in the Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive Behaviors* 11:294–307, 1997.
- 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.
- Sklar, S.M.; Annis, H.M.; and Turner, N.E.

 Development and validation of the DrugTaking Confidence Questionnaire: A
 measure of coping self-efficacy. *Addictive Behaviors: An International Journal* 22:655–670,
 1997.
- Skutle, A., and Berg, G. Training in controlled drinking for early-stage problem drinkers. *British Journal of Addiction* 82:493–501, 1987.

- Smith, D.E.; Heckemeyer, C.M.; Kratt, P.P.; and Mason, D.A. Motivational interviewing to improve adherence to a behavioral weight-control program for older obese women with NIDDM: A pilot study. *Diabetes Care* 20:53–54, 1997.
- Sobell, L.C. Bridging the gap between science and practitioners: The challenge before us. *Behavior Therapy* 27:297–320, 1996.
- Sobell, L.C.; Breslin, F.C.; and Sobell, M.B. Substance-related disorders (alcohol). In: Turner, S., and Hersen, M., eds. *Adult Psychopathology and Diagnostic Issues*, 3rd ed. New York: John Wiley and Sons, 1997. pp. 128–159.
- Sobell, L.C.; Cunningham, J.A.; and Sobell, M.B. Recovery from alcohol problems with and without treatment: Prevalence in two population surveys. *American Journal of Public Health* 86:966–972, 1996a.
- Sobell, L.C.; Cunningham, J.A.; Sobell, M.B.; Agrawal, S.; Gavin, D.R.; Leo, G.I.; and Singh, K.N. Fostering self-change among problem drinkers: A proactive community intervention. *Addictive Behaviors* 21(6):817– 833, 1996b.
- Sobell, L.C., and Sobell, M.B, eds. Alcohol consumption measures. In: Allen, J.P., and Columbus, M., eds. *Assessing Alcohol Problems: A Guide for Clinicians and Researchers*. Treatment Handbook Series 4. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, 1995a. pp. 55–74.
- Sobell, L.C., and Sobell, M.B. *Timeline Follow Back (TLFB)*. Toronto, ON: Addiction Research Foundation, 1996.
- Sobell, L.C.; Sobell, M.B.; Brown, J.; and Cleland, P.A. "A randomized trial comparing group versus individual guided self-change treatment for alcohol and drug abusers."

 Poster presented at the 29th Annual Meeting of the Association for Advancement of Behavior Therapy, Washington, DC, 1995.

- Sobell, L.C.; Sobell, M.B.; and Leo, G.I. "Spousal social support: A motivational intervention for alcohol abusers." Poster presented at the annual meeting of the Association for the Advancement of Behavior Therapy, Atlanta, GA, 1993a.
- Sobell, L.C.; Sobell, M.B.; Toneatto, T.; and Leo, G.I. What triggers the resolution of alcohol problems without treatment? *Alcoholism: Clinical and Experimental Research* 17:217–224. 1993b.
- 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*25:533–580, 1994.
- Sobell, M.B.; Buchan, G.; and Sobell, L.C.

 "Relationship of goal choices by substance
 abusers in guided self-change treatment to
 subject characteristics and treatment
 outcome." Poster presented at the annual
 meeting of the Association for Advancement
 of Behavior Therapy, New York, 1996c.
- Sobell, M.B., and Sobell, L.C. *Problem Drinkers: Guided Self-Change Treatment*. New York: Guilford Press, 1993.
- Sobell, M.B., and Sobell, L.C. "Group versus individual guided self-change treatment for problem drinkers." Paper presented at the World Congress on Behavioral and Cognitive Therapies, Copenhagen, Denmark, 1995b.
- Sobell, M.B., and Sobell, L.C. Guiding self-change. In: Miller, W.R., and Heather, N., eds. *Treating Addictive Behaviors*, 2nd ed. New York: Plenum, 1998. pp. 189–202.

- Sobell, M.B., and Sobell, L.C. Stepped care for alcohol problems: An efficient method for planning and delivering clinical services. 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. 331–343.
- Southwick, L.; Steele, C.; Marlatt, A.; and Lindell, M. Alcohol-related expectancies: Defined by phase of intoxication and drinking experience. *Journal of Consulting and Clinical Psychology* 49:713–721, 1981.
- Stanton, M.D. The role of family and significant others in the engagement and retention of drug-dependent individuals. 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. HHS Pub. No. (ADM) 97-4142. Rockville, MD: National Institute on Drug Abuse, 1997. pp. 157–180.
- Stephens, R.S.; Roffman, R.A.; Cleaveland, B.L.; Curtin, L.; and Wertz, J. "Extended versus minimal intervention with marijuanadependent adults." Paper presented at the annual meeting of the Association for Advancement of Behavior Therapy, San Diego, CA, 1994.
- Strang, J.; Bacchus, L.; Howes, S.; and Watson, P. Turned away from treatment: Maintenance-seeking opiate addicts at two-year follow-up. *Addiction Research* 6:71–81, 1997.
- Sutton, S. Can stages of change provide guidelines in the treatment of addictions? In: Edwards, G., and Dare, C., eds.

 Psychotherapy, Psychological Treatments and the Addictions. New York: Cambridge University Press, 1996.

- Swanson, A.J.; Pantalon, M.V.; and Cohen, K.R. Motivational interviewing and treatment adherence among psychiatric and dually-diagnosed patients. *Journal of Nervous and Mental Disease*, in press.
- Taleff, M.J. *A Handbook To Assess and Treat Resistance in Chemical Dependency*. Dubuque,
 IA: Kendall/Hunt, 1997.
- 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.
- Thombs, D.L. *Introduction to Addictive Behaviors*. New York: Guilford Press, 1994.
- Tonigan, J.S.; Toscova, R.T.; and Connors, G.J. Spirituality and the 12-Step programs: A guide for clinicians. In: Miller, W.R., ed. *Integrating Spirituality Into Treatment:* Resources for Practitioners. Washington, DC: American Psychological Association, 1999.
- Trigwell, P.; Grant, P.J.; and House, A. Motivation and glycemic control in diabetes mellitus. *Journal of Psychosomatic Research* 43:307–315, 1997.
- Truax, C.B., and Carkhuff, R.R. *Toward Effective Counseling and Psychotherapy*. Chicago: Aldine, 1967.
- Tuchfield, B. Spontaneous remission in alcoholics: Empirical observations and theoretical implications. *Journal of Studies on Alcohol* 42:626–641, 1981.
- Tucker, J.A. Predictors of help-seeking and the temporal relationship of help to recovery among treated and untreated recovered problem drinkers. *Addiction* 90(6):805–809, 1995.
- Tucker, J.A.; Vuchinich, R.E.; and Gladsjo, J.A. Environmental events surrounding natural recovery from alcohol-related problems. *Journal of Studies on Alcohol* 55:401–411, 1994.

- Tucker, J.A.; Vuchinich, R.E.; and Pukish, M.M.
 Molar environmental contexts surrounding recovery from alcohol problems by treated and untreated problem drinkers. In: Marlatt, G.A., and Vanden Bos, G.R., eds. *Addictive Behaviors: Readings on Etiology, Prevention, and Treatment*. Washington, DC: American Psychological Association, 1997. pp. 581–601.
- Vaillant, G.E. *The Natural History of Alcoholism Revisited*. Cambridge, MA: Harvard University Press, 1995.
- Van Bilsen, H.P. Motivational interviewing: perspectives from the Netherlands with particular emphasis on heroin-dependent clients. In: Miller, W.R., and Rollnick, S. *Motivational Interviewing: Preparing People To Change Addictive Behavior*. New York: Guilford Press, 1991. pp. 214–235.
- Van Bremen, J.R., and Chasnoff, I.J. Policy issues for integrating parenting interventions and addiction treatment for women. *Topics in Early Childhood Special Education* 14:254–274, 1994.
- Varney, S.M.; Rohsenow, D.J.; Dey, A.N.; Myers, M.G.; Zwick, W.R.; and Monti, P.M. Factors associated with help seeking and perceived dependence among cocaine users. *American Journal of Drug and Alcohol Abuse* 21(1): 81–91, 1995.
- Victorio-Estrada, A., and Mucha, R.F. The Inventory of Drinking Situations (IDS) in current drinkers with different degrees of alcohol problems. *Addictive Behaviors* 22:557–565, 1997.
- Wagner, C.C.; Ingersoll, K.S.; Horvatich, P.;
 May, J.; Fornili, K.; and Gharib, S. *A Technology Transfer Case Study: Part II. Motivational Enhancement Therapy as First Stage Treatment*. Scottsdale, AZ: College on Problems of Drug Dependence, 1998.

- Wahlberg, J. Personal growth and self-esteem through cultural spiritualism: A Native-American experience. In: Rivas, R.F., and Hull, G.H., eds. *Case Studies in Generalist Practice*. Belmont, CA: Wadsworth, 1996. pp. 65–71.
- Wallace, J. The new disease model of alcoholism. *Western Journal of Medicine* 152(5):502–505, 1990.
- Wallace, P.; Cutler, S.; and Haines, A.
 Randomized controlled trial of general practitioner intervention in patients with excessive alcohol consumption. *British Medical Journal* 297:663–668, 1988.
- Walters, S.T.; Bennett, M.E.; and Miller, J.E. Reducing alcohol use in college students: A controlled trial of two brief interventions. *Journal of Drug Education*, in press.
- Watson, A.L., and Sher, K.J. Resolution of alcohol problems without treatment:

 Methodological issues and future directions of natural recovery research. *Clinical Psychology: Science and Practice* 5:1–18, 1998.
- Wetter, D.W.; Fiore, M.C.; Gritz, E.R.; Lando,
 H.A.; Stitzer, M.L.; Hasselblad, V.; and Baker,
 T.B. The Agency for Health Care Policy and
 Research: Smoking cessation clinical practice
 guideline—Findings and implications for
 psychologists. *American Psychologist* 53:657–669, 1998.
- Wilbanks, W.L. Drug addiction should be treated as a lack of self-discipline. In: Leone,B., ed. *Chemical Dependency: Opposing Viewpoints*. San Diego, CA: Greenhaven,1989.
- 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.

- Williams, R., and Williams, V. *Anger Kills: Seventeen Strategies for Controlling the Hostility That Can Harm Your Health.* New York:
 HarperCollins, 1994.
- Yahne, C.E., and Miller, W.R. Evoking hope. In: Miller, W.R., ed. *Integrating Spirituality Into Treatment: Resources for Practitioners*. Washington, DC: American Psychological Association, 1999.
- Zacny, J.P.; Divane, W.T.; and de Wit, H. Assessment of magnitude and availability of a non-drug reinforcer on preference for a drug reinforcer. *Human Psychopharmacology* 7:281–286, 1992.
- Ziedonis, D., and Fisher, W. Motivation-based assessment and treatment of substance abuse in patients with schizophrenia. *Directions in Psychiatry* 16(11):1–8, 1996.
- Zweben, A., and Barrett, D. Brief couples treatment for alcohol problems. In: O'Farrell, T.J., ed. *Treating Alcohol Problems: Marital and Family Interventions*. New York: Guilford Press, 1993. pp. 353–380.

- Zweben, A.; Bonner, M.; Chaim, G.; and Santon, P. Facilitative strategies for retaining the alcohol-dependent client in outpatient treatment. *Alcoholism Treatment Quarterly* 5:3–24, 1988.
- Zweben, A., and Fleming, M.F. Brief interventions for alcohol and drug problems. In: Tucker, J.A.; Donovan, D.M.; and Marlatt, G.A., eds. *Changing Addictive Behavior*. New York: Guilford Press, in press.
- Zweben, A., and Li, S. Efficacy of role induction in preventing early dropout from outpatient treatment of drug dependency. *American Journal of Drug and Alcohol Abuse* 8:171–183, 1981.
- 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. Counseling issues in methadone maintenance treatment. *Journal of Psychoactive Drugs* 23(2):177–190, 1991.

Appendix B Screening and Assessment Instruments

This appendix includes

- Alcohol and Drug Consequences Questionnaire (ADCQ)
- Alcohol (and Illegal Drugs) Decisional Balance Scale
- Alcohol Effects Questionnaire
- Alcohol Expectancy Questionnaire—III (Adult)
- Alcohol Use Disorders Identification Test (AUDIT)
- Brief Situational Confidence Questionnaire (BSCQ)
- Personal Feedback Report
 - ? Understanding Your Personal Feedback Report
- Readiness To Change Questionnaire (Treatment Version) (RCQ-TV)
- Situational Confidence Questionnaire (SCQ-39)
- Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES 8A, 8D)
- University of Rhode Island Change Assessment Scale (URICA)
- What I Want From Treatment

Ordering information for these instruments, along with other resources, appears in Appendix C.

Alcohol and Drug Consequences Questionnaire (ADCQ)

There can be good and bad consequences to any change. These consequences may not be the same for everyone. In thinking about your decision to change your alcohol or drug use, we would like to know what consequences are important to you. This is not a test: There are no right or wrong answers. We simply want to know what you think.

My primary problem drug is (write in name of primary drug, e.g., alcohol, cocaine)

All questions below refer to my primary drug use.

When I consider stopping or cutting down my primary drug use, the following reasons are important to me. "IF I STOP OR CUT DOWN "

Circle the number which applies to you.

		Not	Slightly	Moderately	Very	Extremely	Not
		Important	Important	Important	Important	Important	Applicable
1.	I will feel better physically.	1	2	3	4	5	0
2.	I will have difficulty relaxing.	1	2	3	4	5	0
3.	I will change a lifestyle I enjoy.	1	2	3	4	5	0
4.	I will have fewer problems with my family.	1	2	3	4	5	0
5.	I will feel frustrated and anxious.	1	2	3	4	5	0
6.	I will have more money to do other things with.	1	2	3	4	5	0
7.	I will be more active and alert.	1	2	3	4	5	0
8.	I will get depressed.	1	2	3	4	5	0
9.	I will have fewer problems with friends.	1	2	3	4	5	0

	Not	Slightly	Moderately	Very	Extremely	Not
10. I will feel better about myself.	Important 1	Important 2	Important 3	Important 4	Important 5	Applicable 0
11. I will regain some self-respect.	1	2	3	4	5	0
12. I will accomplish more of the things I want to get done.	1	2	3	4	5	0
13. I will have a better relationship with my family.	1	2	3	4	5	0
14. I will have difficulty coping with my problems.	1	2	3	4	5	0
15. I will feel withdrawal or craving.	1	2	3	4	5	0
16. I will have too much time on my hands.	1	2	3	4	5	0
17. I will have difficulty not drinking or using drugs.	1	2	3	4	5	0
18. My health will improve.	1	2	3	4	5	0
19. I will live longer.	1	2	3	4	5	0
20. I will be more in control of life.	1	2	3	4	5	0
21. I will feel bored.	1	2	3	4	5	0
22. I will be irritable.	1	2	3	4	5	0
23. I will be more financially stable.	1	2	3	4	5	0
24. I will miss the taste.	1	2	3	4	5	0

	Not	Slightly	Moderately	Very	Extremely	Not
	Important	Important	Important	Important	Important	Applicable
25. I will have a better relationship with my friends.	1	2	3	4	5	0
26. I will feel stressed out.	1	2	3	4	5	0
27. I will save more money.	1	2	3	4	5	0
28. I will miss the feeling of being high.	1	2	3	4	5	0

Alcohol (and Illegal Drugs) Decisional Balance Scale

Client ID#	
Date:/	/
Assessment Po	oint:

THE FOLLOWING STATEMENTS MAY PLAY A PART IN MAKING A DECISION ABOUT USING ALCOHOL (AND DRUGS). WE WOULD LIKE TO KNOW HOW IMPORTANT EACH STATEMENT IS TO YOU AT THE PRESENT TIME IN RELATION TO MAKING A DECISION ABOUT YOUR USING ALCOHOL (AND DRUGS). PLEASE RATE THE LEVEL OF IMPORTANCE TO EACH STATEMENT ON THE FOLLOWING 5 POINTS:

- 1 = Not important at all
- 2 = Slightly important
- 3 = Moderately important
- 4 = Very important
- 5 = Extremely important

PLEASE READ EACH STATEMENT AND CIRCLE THE NUMBER ON THE <u>RIGHT</u> TO INDICATE HOW YOU RATE ITS LEVEL OF IMPORTANCE AS IT RELATES TO YOUR MAKING A DECISION ABOUT WHETHER TO DRINK (OR USE DRUGS) AT THE PRESENT TIME.

How important is this to me?

Importance in making a decision about drinking:

		Not At All	Slightly	Moderately	Very	Extremely
1.	My drinking (drug use) causes problems with others.	1	2	3	4	5
2.	I like myself better when I am drinking (using drugs).	1	2	3	4	5
3.	Because I continue to drink (use drugs) some people think I lack the character to quit.	1	2	3	4	5
4.	Drinking (drug use) helps me deal with problems.	1	2	3	4	5
5.	Having to lie to others about my drinking (drug use) bothers me.	1	2	3	4	5
6.	Some people try to avoid me when I drink (use drugs).	1	2	3	4	5

How important is this to me?

Importance in making a decision about drinking:

		Not At All	Slightly	Moderately	Very	Extremely
7.	Drinking (drug use) helps me to have fun and socialize.	1	2	3	4	5
8.	Drinking (drug use) interferes with my functioning at home or/and at work.	1	2	3	4	5
9.	Drinking (drug use) makes me more of a fun person.	1	2	3	4	5
10.	Some people close to me are disappointed in me because of my drinking (drug use).	1	2	3	4	5
11.	Drinking (drug use) helps me to loosen up and express myself.	1	2	3	4	5
12.	I seem to get myself into trouble when drinking (using drugs).	1	2	3	4	5
13.	I could accidentally hurt someone because of my drinking (drug use).	1	2	3	4	5
14.	Not drinking (using drugs) at a social gathering would make me feel too different.	1	2	3	4	5
15.	I am losing the trust and respect of my coworkers and/or spouse because of my drinking (drug use).	1	2	3	4	5
16.	My drinking (drug use) helps give me energy and keeps me going.	1	2	3	4	5
17.	I am more sure of myself when I am drinking (using drugs).	1	2	3	4	5
18.	I am setting a bad example for others with my drinking (drug use).	1	2	3	4	5

How important is this to me?

Importance in making a decision about drinking:

	Not At All	Slightly	Moderately	Very	Extremely
19. Without alcohol (illegal drugs), my life would be dull and boring.	1	2	3	4	5
20. People seem to like me better when I am drinking (using drugs).	1	2	3	4	5

Scoring:

Pros of drinking (drug use) are items: 2, 4, 7, 9, 11, 14, 16, 17, 19, 20.

Cons of drinking (drug use) are items: 1, 3, 5, 6, 8, 10, 12, 13, 15, 18.

To get the average number of pros endorsed, add up the total number of points from the items and divide by 10. Example: Pros of drinking (drug use) = $\underline{\text{Sum of items } (2+4+7+9+11+14+16+17+19+20)}$

10

To get the average number of cons endorsed, add up the total number of points from the items and divide by 10. Example: Cons of drinking (drug use) = $\frac{\text{Sum of items }(1+3+5+6+8+10+12+13+15+18)}{\text{Sum of items }(1+3+5+6+8+10+12+13+15+18)}$

Alcohol Effects Questionnaire

This questionnaire consists of a series of statements that describe possible effects following alcohol use. We would like to find out about your present beliefs about alcohol.

Please read each of the statements and respond according to your experiences with a heavy (5 drinks or more per occasion) amount of alcohol. If you believe alcohol sometimes or always has the stated effect on you, check <u>AGREE</u>. If you believe alcohol never has the stated effect on you, check <u>DISAGREE</u>.

Then, in the column to the far right, fill in the number that best corresponds to the strength of your belief, according to the following scale:

1	2	3	4	5	6	7	8	9	10	
Mildly								Strongly		
Believe									Believe	

For example, if you strongly believe that alcohol makes you more intelligent, you would check AGREE and enter a "10" in the far column.

Please answer every question without skipping any.

For a HEAVY (5 or more drinks per occasion) amount of alcohol

		Agree	Disagree	Strength of Belief
1.	Drinking makes me feel flushed.			
2.	Alcohol decreases muscular tension in my body.			
3.	Drinking makes me feel less shy.			
4.	Alcohol enables me to fall asleep much more easily.			
5.	I feel powerful when I drink, as if I can really influence others to do what I want.			
6.	I'm more clumsy after I drink.			
7.	I'm more romantic when I drink.			
8.	Drinking makes the future seem brighter to me.			
9.	If I have had alcohol it is easier for me to tell someone off.			
10.	I can't act as quickly when I've been drinking.			
11.	Alcohol can act as an anesthetic for me; that is, it can deaden the pain.			

	Agree	Disagree	Strength of Belief
12. I often feel sexier after I've been drinking.			
13. Drinking makes me feel good.			
14. Alcohol makes me careless about my actions.			
15. Alcohol has a pleasant, cleansing, tingly taste to me.			
16. Drinking increases my aggressiveness.			
17. Alcohol seems like magic to me.			
18. Alcohol makes it hard for me to concentrate.			
19. After drinking, I'm a better lover.			
20. When I'm drinking, it is easier to open up and express my feelings.			
21. Drinking adds a certain warmth to social occasions for me.			
22. If I'm feeling restricted in any way, drinking makes me feel better.			
23. I can't think as quickly after I drink.			
24. Having drinks is a nice way for me to celebrate special occasions.			
25. Alcohol makes me worry less.			
26. Drinking makes me inefficient.			
27. Drinking is pleasurable because it's enjoyable for me to join in with other people who are enjoying themselves.			
28. After drinking, I am more sexually responsive.			
29. I feel more coordinated after I drink.			
30. I'm more likely to say embarrassing things after drinking.			
31. I enjoy having sex more if I've had alcohol.			
32. I'm more likely to get into an argument if I've had alcohol.			

	Agree	Disagree	Strength of Belief
33. Alcohol makes me less concerned about doing things well.			
34. Alcohol helps me sleep better.			
35. Drinking gives me more confidence in myself.			
36. Alcohol makes me more irresponsible.			
37. After drinking it is easier for me to pick a fight.			
38. Alcohol makes it easier for me to talk to people.			
39. If I have alcohol it is easier for me to express my feelings.			
40. Alcohol makes me more interesting.			

Alcohol Expectancy Questionnaire—III (Adult)

The following pages contain statements about the effects of alcohol. Read each statement carefully and respond according to your own personal thoughts, feelings, and beliefs about alcohol now. We are interested in what you think about alcohol, regardless of what other people might think.

If you think that the statement is true, or mostly true, or true some of the time, then mark (X) "Agree" on the answer sheet. If you think the statement is false, or mostly false, then mark (X) "Disagree" on the answer sheet. When the statements refer to drinking alcohol you may think in terms of drinking any alcoholic beverage, such as beer, wine, whiskey, liquor, rum, scotch, vodka, gin, or various alcoholic mixed drinks. Whether or not you have had actual drinking experiences yourself, you are to answer in terms of your beliefs about alcohol . It is important that you respond to every question .

PLEASE BE HONEST. REMEMBER, YOUR ANSWERS ARE CONFIDENTIAL.

RESPOND TO THESE ITEMS ACCORDING TO WHAT YOU PERSONALLY BELIEVE TO BE TRUE ABOUT ALCOHOL

(Mark "X" according to your beliefs)

		Agree	Disagree
1.	Alcohol can transform my personality.		
2.	Drinking helps me feel whatever way I want to feel.		
3.	Some alcohol has a pleasant, cleansing, tingly taste.		
4.	Alcohol makes me feel happy.		
5.	Drinking adds a certain warmth to social occasions.		
6.	Sweet mixed drinks taste good.		
7.	When I am drinking, it is easier to open up and express my feelings.		
8.	Time passes quickly when I am drinking.		
9.	When they drink, women become more sexually relaxed.		
10.	Drinking makes me feel flushed.		
11.	I feel powerful when I drink, as if I can really influence others to do as I want.		
12.	Drinking increases male aggressiveness.		

		Agree	Disagree
13.	Alcohol lets my fantasies flow more easily.		
14.	Drinking gives me more confidence in myself.		
15.	Drinking makes me feel good.		
16.	I feel more creative after I have been drinking.		
17.	Having a few drinks is a nice way to celebrate special occasions.		
18.	I can discuss or argue a point more forcefully after I have had a few drinks.		
19.	When I am drinking, I feel free to be myself and to do whatever I want.		
20.	Drinking makes it easier to concentrate on the good feelings I have at the time.		
21.	Alcohol allows me to be more assertive.		
22.	When I feel "high" from drinking, everything seems to feel better.		
23.	A drink or two makes the humorous side of me come out.		
24.	If I am nervous about having sex, alcohol makes me feel better.		
25.	Drinking relieves boredom.		
26.	I find that conversing with members of the opposite sex is easier for me after I have had a few drinks.		
27.	After a few drinks, I feel less sexually inhibited.		
28.	Drinking is pleasurable because it is enjoyable to join in with people who are enjoying themselves.		
29.	I like the taste of some alcoholic beverages.		
30.	If I am feeling restricted in any way, a few drinks make me feel better.		
31.	Men are friendlier when they drink.		

		Agree	Disagree
32.	It is easier for me to meet new people if I've been drinking.		
33.	After a few drinks it is easier to pick a fight.		
34.	Alcohol can eliminate feelings of inferiority.		
35.	Alcohol makes women more sensuous.		
36.	If I have a couple of drinks, it is easier to express my feelings.		
37.	I feel less bothered by physical ills after a few drinks.		
38.	Alcohol makes me need less attention from others than I usually do.		
39.	Alcohol makes me more outspoken or opinionated.		
40.	After a few drinks, I feel more self-reliant than usual.		
41.	After a few drinks, I don't worry as much about what other people think of me.		
42.	When drinking, I do not consider myself totally accountable or responsible for my behavior.		
43.	Alcohol enables me to have a better time at parties.		
44.	Anything that requires a relaxed style can be facilitated by alcohol.		
45.	Drinking makes the future seem brighter.		
46.	I am not as tense if I am drinking.		
47.	I often feel sexier after I have had a couple of drinks.		
48.	Having a few drinks helps me relax in a social situation.		
49.	I drink when I am feeling mad.		
50.	Drinking alone or with one other person makes me feel calm and serene.		

		Agree	Disagree
51.	After a few drinks, I feel brave and more capable of fighting.		
52.	Drinking can make me more satisfied with myself.		
53.	There is more camaraderie in a group of people who have been drinking.		
54.	My feelings of isolation and alienation decrease when I drink.		
55.	A few drinks make me feel less in touch with what is going on around me.		
56.	Alcohol makes me more tolerant of people I do not enjoy.		
57.	Alcohol helps me sleep better.		
58.	Drinking increases female aggressiveness.		
59.	I am a better lover after a few drinks.		
60.	Women talk more after they have had a few drinks.		
61.	Alcohol decreases muscular tension.		
62.	Alcohol makes me worry less.		
63.	A few drinks make it easier to talk to people.		
64.	After a few drinks, I am usually in a better mood.		
65.	Alcohol seems like magic.		
66.	Women can have orgasms more easily if they have been drinking.		
67.	At times, drinking is like permission to forget problems.		
68.	Drinking helps me get out of a depressed mood.		

		Agree	Disagree
69.	After I have had a couple of drinks, I feel I am more of a caring, sharing person.		
70.	Alcohol decreases my feelings of guilt about not working.		
71.	I feel more coordinated after I drink.		
72.	Alcohol makes me more interesting.		
73.	A few drinks make me feel less shy.		
74.	If I am tense or anxious, having a few drinks makes me feel better.		
75.	Alcohol enables me to fall asleep more easily.		
76.	If I am feeling afraid, alcohol decreases my fears.		
77.	A couple of drinks make me more aroused or physiologically excited.		
78.	Alcohol can act as an anesthetic; that is, it can deaden pain.		
79.	I enjoy having sex more if I have had some alcohol.		
80.	I am more romantic when I drink.		
81.	I feel more masculine/feminine after a few drinks.		
82.	When I am feeling antisocial, drinking makes me more gregarious.		
83.	Alcohol makes me feel better physically.		
84.	Sometimes when I drink alone or with one other person it is easy to feel cozy and romantic.		
85.	I feel like a more happy-go-lucky person when I drink.		
86.	Drinking makes get-togethers more fun.		

	Agree	Disagree
87. Alcohol makes it easier to forget bad feelings.		
88. After a few drinks, I am more sexually responsive.		
89. If I am cold, having a few drinks will give me a sense of warmth.		
90. It is easier to act on my feelings after I have had a few drinks.		
91. I become lustful when I drink.		
92. A couple of drinks make me feel more outgoing.		
93. A drink or two can make me feel more wide awake.		
94. Alcohol decreases my hostilities.		
95. Alcohol makes me feel closer to people.		
96. I tend to be less self-critical when I have something alcoholic to drink.		
97. I find that conversing with members of the opposite sex is easier for me after I have had a few drinks.		
98. Drinking makes me feel flushed.		
99. It is easier to remember funny stories or jokes when I have been drinking.		
100. After a few drinks, I am less submissive to those in positions of authority.		
101. Alcohol makes me more talkative.		
102. I am more romantic when I drink.		
103. Men can have orgasms more easily if they have had a drink.		
104. A drink or two is really refreshing after strenuous physical activity.		
105. Alcohol enables me to have a better time at parties.		
106. I can be more persuasive if I have had a few drinks.		

107.	Drinking makes people feel more at ease in social situations.	Agree ———	Disagree
108.	Alcohol helps me sleep better.		
109.	After a drink, things like muscle aches and pains do not hurt as much.		
110.	Women are friendlier after they have had a few drinks.		
111.	Alcohol makes me worry less.		
112.	Alcohol makes it easier to act impulsively or make decisions quickly.		
113.	Alcohol makes me feel less shy.		
114.	Alcohol makes me more tolerant of people I do not enjoy.		
115.	Alcohol makes me need less attention from others than I usually do.		
116.	A drink or two can slow me down, so I do not feel so rushed or pressured for time.		
117.	I feel more sexual after a few drinks.		
118.	Alcohol makes me feel better physically.		
119.	Having a drink in my hand can make me feel secure in a difficult social situation.		
120.	Things seem funnier when I have been drinking, or at least I laugh more.		

Alcohol Use Disorders Identification Test (AUDIT)

Please answer each question by checking one of the circles in the second column.

Q1	O Never	
	O Monthly or less	
	O 2-4 times per month	How often do you have a drink containing alcohol?
	O 2-3 times per week	
	O 4+ times per week	
Q2	O 1 or 2	
	O 3 or 4	How many drinks containing alcohol do you have on a
	O 5 or 6	typical day when you are drinking?
	O 7 to 9	
	O 10 or more	
Q3	O Never	
	O Less than monthly	
	O Monthly	How often do you have six or more drinks on one occasion?
	O Weekly	
	O Daily or almost daily	
Q4	O Never	
	O Less than monthly	How often during the last year have you found that you
	O Monthly	were not able to stop drinking once you had started?
	O Weekly	
	O Daily or almost daily	
Q5	O Never	
	O Less than monthly	How often in the last year have you failed to do what was
	O Monthly	normally expected of you because you were drinking?
	O Weekly	
	O Daily or almost daily	
Q6	O Never	
	O Less than monthly	How often during the last year have you needed a first drink
	O Monthly	in the morning to get yourself going after a heavy drinking
	O Weekly	session?
	O Daily or almost daily	
Q7	O Never	
	O Less than monthly	How often during the last year have you had a feeling of
	O Monthly	guilt or remorse about drinking?
	O Weekly	
	O Daily or almost daily	

Q8	O Never	
	O Less than monthly	How often during the last year have you been unable to
	O Monthly	remember what happened the night before because you had
	O Weekly	been drinking?
	O Daily or almost daily	
Q9	O No	Have you or someone else been injured as a result of your
	O Yes, but not in the last year	drinking?
	O Yes, during the last year	
Q10	O No	Has a relative, friend, doctor, or other health worker been
	O Yes, but not in the last year	concerned about your drinking or suggested
	O Yes, during the last year	that you cut down?

Your score on the AUDIT is	
A score of eight points or less is considered nonalcoholic, while nine points and above indialcoholism.	cates
Your score of does not indicate a problem with alcoholism.	

Brief Situational Confidence Questionnaire (BSCQ)

Name:	Date:	
Listed below are eight types of situations in which some people experience an alcohol or drug problem. Imagine yourself as you are right now in each of the following types of situations. Indicate on the scale provided how confident you are right now that you will be able to resist drinking heavily or resist the urge to use your primary drug in each situation by placing an "X" along the line, from 0% "Not at all confident" to 100% "Totally confident" as in the example below.		
I feel		
X		
0%	100%	
Not at all confident	Totally confident	
involving	e to drink heavily or use my primary drug in situations were depressed about things in general; if everything were	
going badly for me).		
I feel	100%	
Not at all confident	Totally confident	
2. PHYSICAL DISCOMFORT (e.g., If I v tense).	vere to have trouble sleeping; if I felt jumpy and physically	
I feel		
0%	100%	
Not at all confident	Totally confident	
3. PLEASANT EMOTIONS (e.g., If some were going well).	ething good happened and I felt like celebrating; if everything	
I feel		
0%	100%	
Not at all confident	Totally confident	

Right now I would be able to resist the urge to drink heavily or use my primary drug in situations involving...

4. TESTING CONTROL OVER MY USE OF ALCOHOL OR DRUGS (e.g., If I were to start to believe that alcohol or drugs were no longer a problem for me; if I felt confident that I could handle drugs or several drinks).



5. URGES AND TEMPTATIONS (e.g., If I suddenly had an urge to drink or use drugs; if I were in a situation where I had often used drugs or drank heavily).



6. CONFLICT WITH OTHERS (e.g., If I had an argument with a friend; if I were not getting along well with others at work).



7. SOCIAL PRESSURE TO USE (e.g., If someone were to pressure me to "be a good sport" and drink or use drugs with him; if I were invited to someone's home and he offered me a drink or drugs).



8. PLEASANT TIMES WITH OTHERS (e.g., If I wanted to celebrate with a friend; if I were enjoying myself at a party and wanted to feel even better).



Personal Feedback Report

Location:			
Name:		ID:	
1. YOUR DRINKING			
Number of standard "dri	nks" per week:		drinks
Your drinking relative to	American adults (same sex):	<u></u>	percentile
2. LEVEL OF INTOXICA	ATION		
Estimated Blood Alcohol	Concentration (BAC) peaks:		
in a typical wee	k:		mg %
on a heavier da	y of drinking:		mg %
3. RISK FACTORS			
Tolerance Level:			
Low (0–60)	Medium (61–120)	_ High (121–180)	Very High (181 +)
Other Drug Risk:			
LowMediu	ımHigh		
Family Risk:			
Low: 0–1 Med	ium: 2–3 High	: 4–6 Ver	y High: 7 +
MacAndrew Score:			
Normal Range: 0–23	Medium Risk: 24–29	High Risk: 30 +	
Age at Onset: year	s		
Under 25 Higher Risk	25–39 Medium Risk	40 + Lower Risk	

4. NEGATIVE	CONSEQUEN	ICES						
Severity of Pro	blems							
		Low	Medium	High	Very High			
AUDIT		0–7	8–15	16–25	26–40			
Your Score:								
DRINC: Ever h	appened	Low	Medium	High	Very High			
		55–60	61–75	76–90	91 +			
Your Score:								
(Additional inf	ormation on atta	ched sheet.)						
5. BLOOD TES	TS							
SGOT (AST):	No	ormal range: 5–35						
GGTP (GGT):	No	ormal range: 0–30 51 +	Low Normal Elevated/Abnor	Ů.	Normal			
SGPT (ALT):	No	ormal range: 7–56						
Uric Acid:	No	ormal range: 2.6–5	5.6					
Bilirubin:	No	ormal range: 0.2–1	1.2					
6. NEUROPSY	6. NEUROPSYCHOLOGICAL TESTS							
	Well Above	Above		Below	Well Below			
	Average	Average	Average	Average	Average			
SV	1	2	3	4	5			
TMTA	1	2	3	4	5			
TMTB	1	2	3	4	5			
SYDM	1	2	3	4	5			

Therapist:		
1		

SHVA

Understanding Your Personal Feedback Report

The Personal Feedback Report summarizes results from your pretreatment evaluation. Your therapist has explained these to you. This information is to help you understand the written report you have received and to remember what your therapist told you.

Your report consists of two sheets. The first sheet provides information from your pretreatment interviews. Attached to this is a second sheet summarizing your answers to a questionnaire, the Alcohol Use Inventory. The following information is presented section by section to help you understand what your results mean.

1. Your drinking

The first line in this section shows the number of drinks that you reported having in a typical drinking week. Because different alcohol beverages vary in their strength, we have converted your regular drinking pattern into standard "one drink" units. In this system, one drink is equal to

10 ounces of beer (5 percent alcohol) or 4 ounces of table wine (12 percent alcohol) or

2.5 ounces of fortified wine

(sherry, port, etc.) (20 percent alcohol) or 1.25 ounces of 80 proof liquor (40 percent alcohol) or 1 ounce of 100 proof liquor (50 percent alcohol)

All of these drinks contain the same amount of the same kind of alcohol: one-half ounce of pure ethyl alcohol.

ONE STANDARD DRINK IS:

Beer	10 oz
Wine	4 oz
80 proof liquor	1¼ oz
100 proof liquor	1 oz

This first piece of information, then, tells you how many of these standard drinks you have been consuming per week of drinking, according to what you reported in your interview. (If you have not been drinking for a period of time recently, this refers to your pattern of drinking before you stopped.)

To give you an idea of how this compares with the drinking of American adults in general, the second number in section 1 is a *percentile* figure. This tells you what percentage of U.S. men (if you are a man) or women (if you are a woman) drink *less* than you reported drinking in a typical week of drinking. If this number were 60, for example, it would mean that your drinking is higher than 60 percent of Americans of your sex (or that 40 percent drink as much as you reported, or more).

How much is too much? It depends on many factors. Current research indicates that people who average *three* or more standard drinks per day have much higher risk of health and social problems. For some people, however, even 1–2 drinks per day would be too many. Pregnant women, for example, are best advised to abstain from alcohol altogether, because even small amounts of regular drinking have been found to increase risk for the unborn child. Certain health problems (such as liver disease) make even moderate drinking unsafe. Some people find that they are unable to drink moderately, and having even one or two drinks leads to intoxication.

Your total number of drinks per week tells only part of the story. It is *not* healthy, for example, to have 12 drinks per week by saving them all up for Saturdays. Neither is it safe to have even a few drinks and then drive. This raises the important question of level of intoxication.

2. Level of intoxication

A second way of looking at your past drinking is to ask what level of intoxication you have been reaching. It is possible to estimate the amount of alcohol that would be circulating in your bloodstream, based on the pattern of drinking you reported. Blood alcohol concentration (BAC) is an important indication of the extent to which alcohol would be affecting your body and behavior. It is used by police and the courts, for example, to determine whether a driver is too impaired to operate a motor vehicle.

To understand better what BAC means, consider the list of common effects of different levels of intoxication.

Comme	on Effects of Different Levels of Intoxication
20–60 mg %	This is the "normal" social drinking range. NOTE: Driving, even at these levels, is unsafe.
80 mg %	Memory, judgment, and perception are impaired. Legally intoxicated in some States.
100 mg %	Reaction time and coordination of movement are affected. Legally intoxicated in all States.
150 mg %	Vomiting may occur in normal drinkers; balance is often impaired.
200 mg %	Memory "blackout" may occur, causing loss of recall for events occurring while intoxicated.
300 mg %	Unconsciousness in a normal person, although some remain conscious at levels in excess of 600 mg % if tolerance is very high.
400–500 mg %	Fatal dose for a normal person, although some survive higher levels if tolerance is very high.

The two figures shown in section 2 are computer-calculated estimates of your highest (peak) BAC level during a typical week of drinking and during one of your heaviest days of drinking.

It is important to realize that there is no known "safe" level of intoxication when driving or engaging in other potentially hazardous activities (such as swimming, boating, hunting, and operating tools or machinery). Blood alcohol levels as low as 40–60 mg % can decrease crucial abilities. Adding to the danger, drinkers typically do not *realize* that they are impaired. The only safe BAC when driving is *zero*. If you must drive after drinking, plan to allow enough time for all of the alcohol to be eliminated from your body before driving. The tables below can be helpful in determining how long it takes to eliminate alcohol completely:

Approximate hours from first drink to zero alcohol concentration levels for MEN										
Number of Drinks		Your weight in pounds								
	120	120 140 160 180 200 220 240 260								
1	2	2 2 2 1.5 1 1 1 1								
2	4	3.5	3	3	2.5	2	2	2		
3	6	5	4.5	4	3.5	3.5	3	3		
4	8	7	6	5.5	5	4.5	4	3.5		
5	10	8.5	7.5	6.5	6	5.5	5	4.5		
	One drink = 10 oz of beer or 4 oz of wine or 1 oz of liquor (100 proof)									

	Approximate hours from first drink to zero alcohol concentration levels for WOMEN									
Number of Drinks		Your weight in pounds								
	120	120 140 160 180 200 220 240 260								
1	3	3 2.5 2 2 2 1.5 1.5 1								
2	6	5	4	4	3.5	3	3	2.5		
3	9	7.5	6.5	5.5	5	4.5	4	4		
4	12	9.5	8.5	7.5	6.5	6	5.5	5		
5	15	12	10.5	9.5	8	7.5	7	6		
	One drink = 10 oz of beer or 4 oz of wine or 1 oz of liquor (100 proof)									

3. Risk factors

It is clear that some people have a much higher risk of alcohol and other drug problems. This section provides you with some information about your own level of risk, based on your personal characteristics. "High risk" does not mean that one will definitely have serious problems with alcohol or other drugs. Neither does "low risk" mean that one will be free of such problems. High-risk people, however, have greater chances of developing serious problems.

Tolerance

Your peak BAC levels, given in section 2, are one reasonably good reflection of your level of *tolerance* for alcohol. If you are reaching BAC levels beyond the normal social drinking range (especially if you are not feeling some of the normal effects of lower BACs), it means that you have a higher tolerance for alcohol. This is partly hereditary and partly the result of changes in the body that occur with heavier drinking. Some people are proud of this tolerance—the ability "to hold your liquor"—and think it means they are not being harmed by alcohol. Actually, the opposite is true. Tolerance for alcohol may be a serious *risk factor* for alcohol problems. The person with a high tolerance for alcohol reaches high BAC levels, which can damage the brain and other organs of the body but has *no built-in warning* that it is happening. Tolerance is not a protection against being harmed by drinking; to the contrary, it makes damage more likely because of the false confidence that it encourages. It is a bit like a person who has no sense of pain.

Pain is an important warning signal. People who feel no pain can seriously injure themselves without realizing it. It is the same with people who have a high tolerance for alcohol.

Many people believe that tolerance ("holding your liquor") means that a person gets rid of alcohol at a faster rate than others. Although people do differ in how quickly their bodies can clear alcohol, tolerance has more to do with actually *being* at a high blood alcohol level and not feeling it.

Other drug use

A person who uses other drugs besides alcohol runs several additional risks. Decreased use of one drug may simply result in the increased use of another. The effects of different drugs can multiply when they are taken together, with dangerous results. A tolerance to one drug can increase tolerance to another, and it is common for multiple drug users to become addicted to several drugs. The use of other drugs, then, increases your risk for serious problems. Based on the lifetime drug use that you reported during your interview, your risk in this regard was judged to be low, medium, or high.

Family risk

People who have a family history of alcohol or other drug problems among their blood relatives clearly are at higher risk themselves. The exact reason for this higher risk is unknown, but it appears that the risk is inherited to an important extent. People may inherit a higher tolerance for alcohol or a body that is particularly sensitive to alcohol in certain ways. In any event, a family history of alcohol problems increases personal risk.

Personality pattern

Although there is no single personality style associated with alcohol and drug problems, certain patterns are linked to higher risk. One questionnaire you completed—the MacAndrew Scale—measures this particular kind of risk. People who score higher on this scale as teenagers, for example, have been found to have higher risk for developing serious problems with alcohol in adulthood.

Age at onset

Recent research indicates that the younger a person is when drinking problems start, the greater the person's risk for developing serious consequences and dependence. Although serious problems can occur at any time of life, a younger beginning does represent a significant risk factor.

4. Negative consequences

From your pretreatment interview, two scores were calculated to reflect the current overall severity of your negative consequences from drinking.

AUDIT

The AUDIT is a scale devised by the World Health Organization to evaluate a person's problematic involvement with alcohol. Higher scores reflect recent problems related to drinking.

DRINC

Another way to look at risks and effects of drinking is to add up alcohol's negative effects throughout one's lifetime. Your score on this scale reflects the extent to which your drinking has had negative effects over the course of your life thus far. The higher your score, the more harm has resulted from your drinking.

5. Blood tests

Your pretreatment evaluation also included a blood sample. These particular blood tests were chosen because they have been shown in previous research to be negatively affected by heavy drinking. You should realize that normal results on these tests do not guarantee that you are in good health (for example, that your liver is functioning completely normally). An abnormal score on one or more of these tests, however, probably reflects unhealthy changes in your body resulting from excessive use of alcohol and/or other drugs.

Research indicates that modestly abnormal scores on the blood tests reported here will often show improvement and a return to normal range when harmful drinking and other drug use patterns are changed. The longer one continues drinking, however, the more difficult it is to reverse the physical damage.

These tests are directly related to how the liver is working. Your liver is extremely important to your health. It is involved in producing energy, and it filters and neutralizes impurities and poisons in your bloodstream. Alcohol damages the liver, and after a long period of heavy drinking, parts of the liver begin to die. This is the process of cirrhosis, but physical changes in the liver can be caused by drinking long before cirrhosis appears. As the liver becomes damaged, it begins to leak enzymes into the blood and is less efficient in doing its work. This can be reflected in abnormally elevated values on the tests reported in this section.

Elevated values on any of these tests should be taken seriously. They do not happen by chance and are very likely related to physical changes in the body caused by excessive drinking. Consult a physician who is knowledgeable about the effects of alcohol on the body.

6. Neuropsychological tests

Some of the earliest damaging effects of drinking may be seen in certain types of abilities that are affected by alcohol. Certain patterns of brain impairment have been shown to be especially related to heavy drinking. The brain is very vulnerable to alcohol, and over a long span of time, a substantial amount of damage can occur in a heavy drinker. (Brain impairment from the use of certain other drugs has also been shown.)

Such damage occurs gradually. In later stages, it can be seen in x-rays of the brain, which show actual shrinkage and other changes in shape and density. Long before this occurs, however, harmful changes in brain functioning can be measured by psychological tests, several of which you completed. Research indicates that such negative effects can often be reversed, sometimes completely, if the individual stops or reduces drinking.

The four tests included in section 6 have been found to be related to heavy drinking. For comparison purposes, we include one test (SV) that is not usually affected by drinking to give you an idea of where your scores might normally be expected to fall. People who are heavy drinkers tend to score more poorly (higher) on the four alcohol-sensitive tests (TMTA, TMTB, SYDM, and SHVA) than on SV.

A high score on any one scale is not necessarily reason for concern. There are many reasons why a single score might be elevated. A *pattern* of elevated scores, however, resembles the kinds of problems that emerge among excessive drinkers. Studies of individuals currently in treatment for alcohol problems consistently show impairment on these measures.

Alcohol's effects on the brain have sometimes been described as "premature aging." The abnormal changes in the brain of a heavy drinker do resemble normal changes that occur with advanced age. For this reason, your scores reflected above take into account your present age. Scores of 4 or 5 represent below-average performance relative to others in your age group.

Summary

Your Personal Feedback Report summarizes a large amount of information that you provided during your pretreatment interviews. Sometimes this information can seem surprising or even discouraging. The best use of feedback like this is to consider it as you decide what, if anything, you will do about your drinking. Many of the kinds of problems covered in your Personal Feedback Report do improve when heavy drinking is stopped. What you do with this information is up to you. Your report is designed to give you a clear picture of where you are at present so that you can make good decisions about where you want to go from here.

Readiness To Change Questionnaire (Treatment Version) (RCQ-TV)

Note: The original 30-item Readiness To Change Questionnaire (Treatment Version) that appeared in this TIP was replaced with the 15-item version below. This newer version is described in the following article:

Heather, N.; Luce, A.; Peck, D.; Dunbar, B.; and James, I. Development of a treatment version of the Readiness to Change Questionnaire. *Addiction Research* 7:63–68, 1999.

The Questionnaire below is reprinted with permission from the Centre for Alcohol and Drug Studies, Newcastle City Health National Health Service Trust.

The following questions are designed to identify how you personally feel about your drinking right now. Please think about your current situation and drinking habits, even if you have given up drinking completely. Read each question below carefully, and then decide whether you agree or disagree with the statements. Please tick the answer of your choice to each question. If you have any problems please ask the questionnaire administrator.

Your answers are completely private and confidential

Key:	SD = Strongly disagree A = Agree	D = Disagree SA = Strongly			Unsure			
			SD	D	U	A	SA	For office use only
1.	It's a waste of time thinking about drinking because I do not have a	-						PC
2.	I enjoy my drinking but sometime too much.	es I drink						C
3.	I am trying to stop drinking or dr than I used to.	ink less						A
4.	There is nothing seriously wrong drinking.	with my						PC
5.	Sometimes I think I should quit o on my drinking.	r cut down						С

		SD	D	U	A	SA	For office use only
6.	Anyone can talk about wanting to do something about their drinking, but I'm actually doing something about it.						A
7.	I am a fairly normal drinker.						PC
8.	My drinking is a problem sometimes.						С
9.	I am actually changing my drinking habits right now (either cutting down or quitting).						A
10.	Giving up or drinking less alcohol would be pointless for me.						PC
11.	I am weighing up the advantages and disadvantages of my present drinking habits.						С
12.	I have started to carry out a plan to cut down or quit drinking.						A
13.	There is nothing I really need to change about my drinking.						PC
14.	Sometimes I wonder if my drinking is out of control.						С
15.	I am actively working on my drinking problem.						A
Plea	For Office se enter the subject's scores below:	Use O	nly				
	Scale Scores						
	PC Score						
	C Score						
	A Score						

Scoring the Readiness To Change Questionnaire (Treatment Version)

The scale score codes represent each of the stages of change: PC = Precontemplation; C = Contemplation; A = Action.

```
Items numbered 1, 4, 7, 10, and 13 = Precontemplation
Items numbered 2, 5, 8, 11, and 14 = Contemplation
Items numbered 3, 6, 9, 12, and 15 = Action
```

All items are to be scored on a 5-point ranging scale ranging from:

```
-2 = Strongly Disagree-1 = Disagree0 = Unsure+1 = Agree
```

+2 = Strongly Agree

To calculate the score for each scale, simply add the item scores for the scale in question. The range of each scale is -10 through 0 to +10. A negative scale score reflects an overall disagreement with items measuring the stage of change, whereas a positive score represents overall agreement. The highest scale score represents the Stage of Change Designation.

Note: If two or more scale scores are equal, then the scale farther along the continuum of change (Precontemplation-Contemplation-Action) represents the subject's Stage of Change Designation. For example, if a subject scores 6 on the Precontemplation scale, 6 on the Contemplation scale and -2 on the Action scale, then the subject is assigned to the Contemplation stage.

If one of the five items on a scale is missing, the subject's score for that scale should be pro-rated (i.e. multiplied by 5/4 or 1.25). If two or more items are missing, the scale score cannot be calculated. In this case the Stage of Change Designation will be invalid.

Situational Confidence Questionnaire (SCQ-39)

Listed below are a number of situations or events in which some people experience a drinking problem. Imagine yourself as you are right now in each of these situations. Indicate on the scale provided how confident you are that you would be able to resist the urge to drink heavily in that situation.

Circle 100 if you are 100 percent confident right now that you could resist the urge to drink heavily; 80 if you are 80 percent confident; 60 if you are 60 percent confident. If you are more unconfident than confident, circle 40 to indicate that you are only 40 percent confident that you could resist the urge to drink heavily; 20 for 20 percent confident; 0 if you have no confidence at all about that situation.

I would be able to resist the urge to drink heavily

		not at all confident					very confident
1.	If I felt that I had let myself down	0	20	40	60	80	100
2.	If there were fights at home	0	20	40	60	80	100
3.	If I had trouble sleeping	0	20	40	60	80	100
4.	If I had an argument with a friend	0	20	40	60	80	100
5.	If other people didn't seem to like me	0	20	40	60	80	100
6.	If I felt confident and relaxed	0	20	40	60	80	100
7.	If I were out with friends and they stopped by the bar for a drink	0	20	40	60	80	100
8.	If I were enjoying myself at a party and wanted to feel even better	0	20	40	60	80	100
9.	If I remembered how good it tasted	0	20	40	60	80	100
10.	If I convinced myself that I was a new person and could take a few drinks	0	20	40	60	80	100
11.	If I were afraid that things weren't going to work out	0	20	40	60	80	100

I would be able to re sist the urge to drink heavily

	not at all confident					very confident
12. If other people interfered with my plans	0	20	40	60	80	100
13. If I felt drowsy and wanted to stay alert	0	20	40	60	80	100
14. If there were problems with people at work	0	20	40	60	80	100
15. If I felt uneasy in the presence of someone	0	20	40	60	80	100
16. If everything were going well	0	20	40	60	80	100
17. If I were at a party and other people were drinking	0	20	40	60	80	100
18. If I wanted to celebrate with a friend	0	20	40	60	80	100
19. If I passed by a liquor store	0	20	40	60	80	100
20. If I wondered about my self-control over alcohol and felt like having a drink to try it out	0	20	40	60	80	100
21. If I were angry at the way things had turned out	0	20	40	60	80	100
22. If other people treated me unfairly	0	20	40	60	80	100
23. If I felt nauseous	0	20	40	60	80	100
24. If pressure built up at work because of the demands of my supervisor	0	20	40	60	80	100
25. If someone criticized me	0	20	40	60	80	100
26. If I felt satisfied with something I had done	0	20	40	60	80	100

I would be able to re sist the urge to drink heavily

	not at all confident					very confident
27. If I were relaxed with a good friend and wanted to have a good time	0	20	40	60	80	100
28. If I were in a restaurant, and the people with me ordered drinks	0	20	40	60	80	100
29. If I unexpectedly found a bottle of my favorite booze	0	20	40	60	80	100
30. If I started to think that just one drink could cause no harm	0	20	40	60	80	100
31. If I felt confused about what I should do	0	20	40	60	80	100
32. If I felt under a lot of pressure from family members at home	0	20	40	60	80	100
33. If my stomach felt like it was tied in knots	0	20	40	60	80	100
34. If I were not getting along well with others at work	0	20	40	60	80	100
35. If other people around me made me tense	0	20	40	60	80	100
36. If I were out with friends "on the town" and wanted to increase my enjoyment	0	20	40	60	80	100
37. If I met a friend and he/she suggested that we have a drink together	0	20	40	60	80	100
38. If I suddenly had an urge to drink	0	20	40	60	80	100
39. If I wanted to prove to myself that I could take a few drinks without becoming drunk	0	20	40	60	80	100

Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES 8A)

INSTRUCTIONS: Please read the following statements carefully. Each one describes a way that you might (or might not) feel *about your drinking*. For each statement, circle one number from 1 to 5, to indicate how much you agree or disagree with it *right now*. Please circle one and only one number for every statement.

		NO! Strongly	No Disagree	? Undecided	Yes Agree	YES! Strongly
		Disagree		or Unsure		Agree
1.	I really want to make changes in my drinking.	1	2	3	4	5
2.	Sometimes I wonder if I am an alcoholic.	1	2	3	4	5
3.	If I don't change my drinking soon, my problems are going to get worse.	1	2	3	4	5
4.	I have already started making some changes in my drinking.	1	2	3	4	5
5.	I was drinking too much at one time, but I've managed to change my drinking.	1	2	3	4	5
6.	Sometimes I wonder if my drinking is hurting other people.	1	2	3	4	5
7.	I am a problem drinker.	1	2	3	4	5
8.	I'm not just thinking about changing my drinking, I'm already doing something about it.	1	2	3	4	5
9.	I have already changed my drinking, and I am looking for ways to keep from slipping back to my old pattern.	1	2	3	4	5
10.	I have serious problems with drinking.	1	2	3	4	5
11.	Sometimes I wonder if I am in control of my drinking.	1	2	3	4	5
12.	My drinking is causing a lot of harm.	1	2	3	4	5
13.	I am actively doing things now to cut down or stop drinking.	1	2	3	4	5

	NO! Strongly Disagree	No Disagree	? Undecided or Unsure	Yes Agree	YES! Strongly Agree
14. I want help to keep from going back to the drinking problems that I had before.	1	2	3	4	5
15. I know that I have a drinking problem.	1	2	3	4	5
16. There are times when I wonder if I drink too much.	1	2	3	4	5
17. I am an alcoholic.	1	2	3	4	5
18. I am working hard to change my drinking.	1	2	3	4	5
19. I have made some changes in my drinking, and I want some help to keep from going back to the way I used to drink.	1	2	3	4	5

For scoring and interpretation information of SOCRATES, see pp. 221–223.

Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES 8D)

INSTRUCTIONS: Please read the following statements carefully. Each one describes a way that you might (or might not) feel *about your drug use*. For each statement, circle one number from 1 to 5, to indicate how much you agree or disagree with it *right now*. Please circle one and only one number for every statement.

				1		
		NO! Strongly	No Disagree	? Undecided	Yes Agree	YES! Strongly
		Disagree		or Unsure		Agree
1.	I really want to make changes in my use of drugs.	1	2	3	4	5
2.	Sometimes I wonder if I am an addict.	1	2	3	4	5
3.	If I don't change my drug use soon, my problems are going to get worse.	1	2	3	4	5
4.	I have already started making some changes in my use of drugs.	1	2	3	4	5
5.	I was using drugs too much at one time, but I've managed to change that.	1	2	3	4	5
6.	Sometimes I wonder if my drug use is hurting other people.	1	2	3	4	5
7.	I have a drug problem.	1	2	3	4	5
8.	I'm not just thinking about changing my drug use, I'm already doing something about it.	1	2	3	4	5
9.	I have already changed my drug use, and I am looking for ways to keep from slipping back to my old pattern.	1	2	3	4	5
10.	I have serious problems with drugs.	1	2	3	4	5
11.	Sometimes I wonder if I am in control of my drug use.	1	2	3	4	5
12.	My drug use is causing a lot of harm.	1	2	3	4	5

	NO!	No	?	Yes	YES!
	Strongly	Disagree	Undecided	Agree	Strongly
	Disagree		or Unsure		Agree
13. I am actively doing things now to cut down or stop my use of drugs.	1	2	3	4	5
14. I want help to keep from going back to the drug problems that I had before.	1	2	3	4	5
15. I know that I have a drug problem.	1	2	3	4	5
16. There are times when I wonder if I use drugs too much.	1	2	3	4	5
17. I am a drug addict.	1	2	3	4	5
18. I am working hard to change my drug use.	1	2	3	4	5
19. I have made some changes in my drug use, and I want some help to keep from going back to the way I used before.	1	2	3	4	5

SOCRATES Scoring Form (19-Item Version 8)

Transfer the client's answers from questionnaire (see note below):

Recognition	Ambivalence	Taking Steps
1	2	4
3	5	
	6	
7		8
	9	
10	11	
12		13
	14	
15	16	
17		18
		19
Totals: Re:	Am:	Ts:
Possible		
Range: 7–35	4–20	8–40

SOCRATES Profile Sheet (19-Item Version 8A)

INSTRUCTIONS: From the SOCRATES Scoring Form (19-Item Version) transfer the total scale scores into the empty boxes at the bottom of the Profile Sheet. Then for each scale, CIRCLE the same value above it to determine the decile range.

DECILE SCORES	Recognition	Ambivalence	Taking Steps
90 (Very High)		19–20	39–40
80		18	37–38
70 (High)	35	17	36
60	34	16	34–35
50 (Medium)	32–33	15	33
40	31	14	31–32
30 (Low)	29–30	12–13	30
20	27–28	9–11	26–29
10 (Very Low)	7–26	4–8	8–25
RAW SCORES (from Scoring Sheet)	Re=	Am=	Ts=

These interpretive ranges are based on a sample of 1,726 adult men and women presenting for treatment of alcohol problems through Project MATCH. Note that individual scores are therefore being ranked as low, medium, or high *relative to people already presenting for alcohol treatment*.

Guidelines for Interpretation of SOCRATES-8 Scores

Using the SOCRATES Profile Sheet, circle the client's raw score within each of the three scale columns. This provides information as to whether the client's scores are low, average, or high *relative to people already seeking treatment for alcohol problems*. The following are provided as general guidelines for interpretation of scores, but it is wise in an individual case also to examine individual item responses for additional information.

RECOGNITION

HIGH scorers directly acknowledge that they are having problems related to their drinking, tending to express a desire for change and to perceive that harm will continue if they do not change.

LOW scorers deny that alcohol is causing them serious problems, reject diagnostic labels such as "problem drinker" and "alcoholic," and do not express a desire for change.

AMBIVALENCE

HIGH scorers say that they sometimes *wonder* if they are in control of their drinking, are drinking too much, are hurting other people, and/or are alcoholic. Thus a high score reflects ambivalence or uncertainty. A high score here reflects some openness to reflection, as might be particularly expected in the contemplation stage of change.

LOW scorers say that they *do not wonder* whether they drink too much, are in control, are hurting others, or are alcoholic. Note that a person may score low on ambivalence *either* because he "knows" his drinking is causing problems (high Recognition), *or* because he "knows" that he does not have drinking problems (low Recognition). Thus a low Ambivalence score should be interpreted in relation to the Recognition score.

TAKING STEPS

HIGH scorers report that they are already doing things to make a positive change in their drinking and may have experienced some success in this regard. Change is under way, and they may want help to persist or to prevent backsliding. A high score on this scale has been found to be predictive of successful change.

LOW scorers report that they are not currently doing things to change their drinking and have not made such changes recently.

University of Rhode Island Change Assessment Scale (URICA)

Each statement below describes how a person might feel when starting therapy or approaching problems in his life. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel. For all the statements that refer to your "problem," answer in terms of problems related to your drinking (illegal drug use). The words "here" and "this place" refer to your treatment center.

There are five possible responses to each of the items in the questionnaire:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Undecided
- 4 = Agree
- 5 = Strongly Agree

Circle the number that best describes how much you agree or disagree with each statement.

		STRONGLY DISAGREE	DISAGREE	UNDECIDED	AGREE	STRONGLY AGREE
1.	As far as I'm concerned, I don't have any problems that need changing.	1	2	3	4	5
2.	I think I might be ready for some self-improvement.	1	2	3	4	5
3.	I am doing something about the problems that had been bothering me.	1	2	3	4	5
4.	It might be worthwhile to work on my problem.	1	2	3	4	5
5.	I'm not the problem one. It doesn't make much sense for me to consider changing.	1	2	3	4	5
6.	It worries me that I might slip back on a problem I have already changed, so I am looking for help.	1	2	3	4	5
7.	I am finally doing some work on my problem.	1	2	3	4	5

	STRONGLY DISAGRE	DISAGREE	UNDECIDED	AGREE	STRONGLY AGREE
8. I've been thinking that I might want to change something about myself.	1	2	3	4	5
9. I have been successful in working on my problem, but I'm not sure I can keep up the effort on my own.	1	2	3	4	5
10. At times my problem is difficult, but I'm working on it.	1	2	3	4	5
11. Trying to change is pretty much a waste of time for me because the problem doesn't have to do with me.	1	2	3	4	5
12. I'm hoping that I will be able to understand myself better.	1	2	3	4	5
13. I guess I have faults, but there's nothing that I really need to change.	1	2	3	4	5
14. I am really working hard to change.	1	2	3	4	5
15. I have a problem, and I really think I should work on it.	1	2	3	4	5
16. I'm not following through with what I had already changed as well as I had hoped, and I want to prevent a relapse of the problem.	1	2	3	4	5
17. Even though I'm not always successful in changing, I am at least working on my problem.	1	2	3	4	5

	STRONGLY DISAGREE	DISAGREE	UNDECIDED	AGREE	STRONGLY AGREE
18. I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it.	1	2	3	4	5
19. I wish I had more ideas on how to solve my problem.	1	2	3	4	5
20. I have started working on my problem, but I would like help.	1	2	3	4	5
21. Maybe someone or something will be able to help me.	1	2	3	4	5
22. I may need a boost right now to help me maintain the changes I've already made.	1	2	3	4	5
23. I may be part of the problem, but I don't really think I am.	1	2	3	4	5
24. I hope that someone will have some good advice for me.	1	2	3	4	5
25. Anyone can talk about changing; I'm actually doing something about it.	1	2	3	4	5
26. All this talk about psychology is boring. Why can't people just forget about their problems?	1	2	3	4	5
27. I'm struggling to prevent myself from having a relapse of my problem.	1	2	3	4	5
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.	1	2	3	4	5

	STRONGLY DISAGREE	DISAGREE	UNDECIDED	AGREE	STRONGLY AGREE
29. I have worries, but so does the next guy. Why spend time thinking about them?	1	2	3	4	5
30. I am actively working on my problem.	1	2	3	4	5
31. I would rather cope with my faults than try to change them.	1	2	3	4	5

What I Want From Treatment

William R. Miller and Janice M. Brown

Instructions

People have different ideas about what they want, need, and expect from treatment.

This questionnaire is designed to help you explain what you would *like* to have happen in your treatment. Many possibilities are listed. For each one, please indicate how much you would like for this to be part of your treatment.

You can do this by circling one number (0, 1, 2, or 3) for each item. This is what the numbers mean:

- 0 NO means that you definitely do <u>NOT</u> want or need this from treatment.
- 1 ? means that you are <u>UNSURE</u>. <u>MAYBE</u> you want this from treatment.
- 2 YES means that you <u>DO</u> want or need this from treatment.
- 3 YES! means that you <u>DEFINITELY</u> want or need this from treatment.

FOR EXAMPLE:

Consider item #1, which says, "I want to receive detoxification." If you definitely do NOT want or need to receive detoxification, you would circle 0. If you are UNSURE whether you want or need detoxification, you would circle 1. If you DO want detoxification, you would circle 2. If you DEFINITELY know that detoxification is an important goal for your treatment, you would circle 3.

If you have any questions about how to use this questionnaire, ask for assistance before you begin.

DO YOU WANT THIS FROM TREATMENT ?	NO	Maybe	Yes	YES!
7	0	1	2	3
1. I want to receive detoxification, to ease my withdrawal from alcohol or other drugs.	0	1	2	3
2. I want to find out for sure whether I have a problem with alcohol or other drugs.	0	1	2	3
3. I want help to stop drinking alcohol completely.	0	1	2	3
4. I want help to decrease my drinking.	0	1	2	3
5. I want help to stop using drugs (other than alcohol).	0	1	2	3

DO YOU WANT THIS FROM TREATMENT?	NO	Maybe	Yes	YES!
6. I want to stop using tobacco.	0	1	2	3
7. I want to decrease my use of tobacco.	0	1	2	3
8. I want help with an eating problem.	0	1	2	3
9. I want help with a gambling problem.	0	1	2	3
10. I want to take Antabuse (a medication to help me stop drinking).	0	1	2	3
11. I want to take Trexan (a medication to help me stop using alcohol or heroin).	0	1	2	3
12. I want to take methadone.	0	1	2	3
13. I want to learn more about alcohol/drug problems.	0	1	2	3
14. I want to learn some skills to keep from returning to alcohol or other drugs.	0	1	2	3
15. I would like to learn more about 12-Step programs like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).	0	1	2	3
16. I would like to talk about some personal problems.	0	1	2	3
17. I need to fulfill a requirement of the courts.	0	1	2	3
18. I would like help with problems in my marriage or close relationship.	0	1	2	3
19. I want help with some health problems.	0	1	2	3
20. I want help to decrease my stress and tension.	0	1	2	3
21. I would like to improve my health by learning more about nutrition and exercise.	0	1	2	3
22. I want help with depression or moodiness.	0	1	2	3

DO YOU WANT THIS FROM TREATMENT?	NO	Maybe	Yes	YES!
22. I want to would on my onivitual arrowth	0	1	2	3
23. I want to work on my spiritual growth.	0	1	2	3
24. I want to learn how to solve problems in my life.	0	1	2	3
25. I want help with angry feelings and how I express them.	0	1	2	3
26. I want to have healthier relationships.	0	1	2	3
27. I would like to discuss sexual problems.	0	1	2	3
28. I want to learn how to express my feelings in a more healthy way.	0	1	2	3
29. I want to learn how to relax better.	0	1	2	3
30. I want help in overcoming boredom.	0	1	2	3
31. I want help with feelings of loneliness.	0	1	2	3
32. I want to discuss having been physically abused.	0	1	2	3
33. I want help to prevent violence at home.	0	1	2	3
34. I want to discuss having been sexually abused.	0	1	2	3
35. I want to work on having better self-esteem.	0	1	2	3
36. I want help with sleep problems.	0	1	2	3
37. I want help with legal problems.	0	1	2	3
38. I want advice about financial problems.	0	1	2	3
39. I would like help in finding a place to live.	0	1	2	3
40. I could use help in finding a job.	0	1	2	3

DO YOU WANT THIS FROM TREATMENT?	NO 0	Maybe 1	Yes 2	YES!
41. Someone close to me has died or left, and I would like to talk about it.	0	1	2	3
42. I have thoughts about suicide, and I would like to discuss this.	0	1	2	3
43. I want help with personal fears and anxieties.	0	1	2	3
44. I want help to be a better parent.	0	1	2	3
45. I feel very confused and would like help with this.	0	1	2	3
46. I would like information about or testing for HIV/AIDS.	0	1	2	3
47. I want someone to listen to me.	0	1	2	3
48. I want to learn to have fun without drugs or alcohol.	0	1	2	3
49. I want someone to tell me what to do.	0	1	2	3
50. I want help in setting goals and priorities in my life.	0	1	2	3
51. I would like to learn how to manage my time better.	0	1	2	3
52. I want help to receive SSI/disability payments.	0	1	2	3
53. I want to find enjoyable ways to spend my free time.	0	1	2	3
54. I want help in getting my child(ren) back.	0	1	2	3
55. I would like to talk about my past.	0	1	2	3
56. I need help in getting motivated to change.	0	1	2	3
57. I would like to see a female counselor.	0	1	2	3
58. I would like to see a male counselor.	0	1	2	3
59. I would like to see the counselor I had before.	0	1	2	3

Appendix B

DO YOU WANT THIS FROM TREATMENT?	NO	Maybe	Yes	YES!
4	0	1	2	3
60. I would like to see a doctor or nurse about medical problems.	0	1	2	3
61. I want to receive medication.	0	1	2	3
62. I would like my spouse or partner to be in treatment with me.	0	1	2	3
63. I would like to have private, individual counseling.	0	1	2	3
64. I would like to be in a group with people who are dealing with problems similar to my own.	0	1	2	3
65. I need someone to care for my children while I am in treatment.	0	1	2	3
66. I want my treatment to be short.	0	1	2	3
67. I believe I will need to be in treatment for a long time.	0	1	2	3

Is there anything else you would like from treatment? If so, please write on the back of this sheet.

Appendix C Ordering Information for Assessment Instruments

Alcohol and Drug Consequences Questionnaire (ADCQ)

This instrument is not copyrighted and may be obtained by writing its developer:

John A. Cunningham, Ph.D.

Clinical Research Dissemination Unit

Addiction Research Foundation

33 Russell Street

Toronto, ON

Canada M5S 2S1

Phone: (416) 595-6701 Fax: (416) 595-6617

E-mail: jcunning@arf.org

Alcohol Effects Questionnaire (AEQ)

This instrument is in the public domain and may be downloaded from the Web site at http://www.ncbi.nlm.nih.gov/books/NBK64976/#A62222

Alcohol Expectancy Questionnaire

This instrument is in the public domain and may be downloaded from the Web site at http://www.ncbi.nlm.nih.gov/books/NBK64976/#A62222

Alcohol Use Disorders Identification Test (AUDIT)

This instrument is in the public domain and may be downloaded from the Web site at http://www.ncbi.nlm.nih.gov/books/NBK64976/#A62222

Brief Situational Confidence Questionnaire (BSCQ)

This instrument is copyrighted and may be obtained by writing its author:

Linda Sobell, Ph.D.

NOVA Southeastern University

Center for Psychological Studies

3301 College Avenue

Fort Lauderdale, FL 33314

Phone: (954) 262-5811 Fax: (954) 262-3895

E-mail: sobelll@cps.nova.edu

Personal Feedback Report

This instrument is not copyrighted and may be obtained by writing its developer:

Project MATCH Series

National Institute on Alcohol Abuse and Alcoholism

P.O. Box 10686

Rockville, MD 10849-0686

Readiness To Change Questionnaire (Treatment Version) (RCQ-TV)

This instrument is copyrighted and may be obtained by contacting:

Professor Nick Heather

Consultant Clinical Psychologist

Newcastle City Health NHS Trust

Northern Regional Drug and Alcohol Service

Newcastle upon Tyne

United Kingdom

Fax: 44 191 219-5601

Situational Confidence Questionnaire (SCQ-39)

This instrument is copyrighted and may be obtained by writing the copyright holder:

Marketing Services

Addiction Research Foundation

33 Russell Street

Toronto, ON

Canada M5S 2S1

Phone: (416) 595-6557 Fax: (416) 593-4694

Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)

This instrument is in the public domain and may be obtained by contacting its author:

William R. Miller, Ph.D.

Director

Center on Alcoholism, Substance Abuse, and Addictions

2350 Alamo SE

University of New Mexico

Albuquerque, NM 87106

Phone: (505) 768-0100

Fax: (505) 768-0113

E-mail: wrmiller@unm.edu

University of Rhode Island Change Assessment Scale (URICA)

This instrument is in the public domain and may be obtained by contacting its author:

Carlo C. DiClemente, Ph.D.

Professor and Chair

University of Maryland Baltimore County

Department of Psychology

1000 Hilltop Circle

Baltimore, MD 21250

Phone: (410) 455-2415

Fax: (410) 455-1055

E-mail: diclemen@umbc.edu

Other Resources

Allen, J.P., and Columbus, M. *Assessing Alcohol Problems: A Guide for Clinicians and Researchers*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, 1995.

This volume contains psychometrically sound assessment instruments. A brief discussion is provided for each instrument, along with a copy of the instrument and scoring instructions. Examples of assessment instruments that may be used to enhance motivation include the Situational Confidence Questionnaire; AUDIT; self-monitoring form; the alcohol timeline; and daily drinking feedback. Free copies may be obtained by calling the National Clearinghouse for Alcohol and Drug Information at (800) 729-6686.

Sobell, L.C., and Sobell, M.B. *Timeline Follow-Back (TLFB)*. Toronto: Addiction Research Foundation, 1996.

Software is available to provide visual, easily understood feedback on individual consumption of alcohol, marijuana, cigarettes, or other substance use compared with norms. This interactive version allows the treatment provider or client to complete calendars onscreen and to generate printouts. A

Appendix C

user's guide contains a paper and pencil version of the calendar method. In addition, a video demonstrates techniques for conducting interviews using timeline follow-back data. To order, please contact the following:

Addiction Research Foundation Marketing Services 33 Russell Street Toronto, ON Canada M5S 2S1 (800) 661-1111

Appendix D Resource Panel

Peter J. Cohen, M.D., J.D.

Adjunct Professor of Law
Georgetown University Law Center
Washington, D.C.

Frances Cotter, M.A., M.P.H.

Senior Public Health Advisor

Office of Managed Care

Center for Substance Abuse and Treatment
Rockville, Maryland

Dorynne Czechowicz, M.D. Associate Director

Division of Clinical and Services Research Treatment Research Branch National Institute on Drug Abuse Bethesda, Maryland

Gil Hill

Director
Office of Substance Abuse
American Psychological Association
Washington, D.C.

Linda Kaplan

Executive Director
National Association of Alcoholism and
Drug Abuse Counselors
Arlington, Virginia

Pedro Morales, J.D.

Director

Equal Employment Civil Rights
Substance Abuse and Mental Health Services
Administration
Rockville, Maryland

Harold I. Perl, Ph.D.

Public Health Analyst
Division of Clinical and Prevention Research
National Institute on Alcohol Abuse and
Alcoholism
Bethesda, Maryland

Barbara J. Silver, Ph.D.

Center for Mental Health Services
Substance Abuse and Mental Health Services
Administration
Department of Health and Human Services
Rockville, Maryland

Lucretia Vigil

Policy Advisor

National Coalition of Hispanic Health and Human Services Organization (COSSMO) Washington, D.C.

Appendix E Field Reviewers

Noel Brankenhoff, L.M.F.T., L.C.D.P.

Child and Family Services Middletown, Rhode Island

Rodolfo Briseno, L.C.D.C.

Coordinator for Cultural/Special
Populations and Youth Treatment
Program Services, Program Initiatives
Texas Commission on Alcohol and Drug
Abuse

Austin, Texas

Richard L. Brown, M.D., M.P.H.

Associate Professor

Department of Family Medicine

University of Wisconsin School of Medicine

Madison, Wisconsin

Michael Burke

Senior Substance Abuse Specialist

Student Health

Rutgers University

New Brunswick, New Jersey

Kate Carey, Ph.D.

Associate Professor

Department of Psychology

Syracuse University

Syracuse, New York

Anthony J. Cellucci, Ph.D.

Director of Idaho State University Clinic

Associate Professor of Psychology

Idaho State University

Pocatello, Idaho

Gerard Connors, Ph.D.

Research Institute on Alcoholism

1021 Main Street

Buffalo, New York

John Cunningham, Ph.D.

Scientist

Addiction Research Foundation Division

Centre for Addiction and Mental Health

Toronto, Ontario

Janie Dargan, M.S.W.

Senior Policy Analyst

Office of National Drug Control Policy/EOP

Washington, D.C.

George De Leon, Ph.D.

Center for Theraputic Community Research

New York, New York

Nereida Diaz-Rodriguez, L.L.M., J.D.

Project Director

Director to the Master in Health Science in

Substance Abuse

Centro de Entudion on Adiccion (Altos Salud

Mental)

Edif. Hosp. Regional de Bayamon

Santa Juanita, Bayamon, Puerto Rico

Thomas Diklich, B.A. Linda Kaplan **Executive Director** Portsmouth CSR National Association of Alcoholism and Portsmouth, Virginia **Drug Abuse Counselors** Chris Dunn, Ph.D., M.A.C., C.D.C. Arlington, Virginia Psychologist Matthew Kelly, Ph.D. University of Washington Clinical Director Psychiatry and Behavioral Science Robert Wood Johnson Foundation Seattle, Washington Northwest Mexico Fighting Back, Inc. Madeline Dupree, L.P.C. Gallup, New Mexico Harrisonburg-Rockingham CSB Harrisonburg, Virginia Karen Kelly-Woodall, M.S., M.A.C., N.C.A.C.II Criminal Justice Coordinator Gary L. Fisher, Ph.D. Cork Institute Nevada Addiction Technology Transfer Morehouse School of Medicine Center Atlanta, Georgia College of Education Richard Laban, Ph.D. University of Nevada at Reno Reno, Nevada Laban's Training Harrisburg, Pennsylvania Cynthia Flackus, M.S.W., L.I.C.S.W. Therapist Lauren Lawendowski, Ph.D. Camp Share Renewal Center **Acting Project Director** Walker, Minnesota Center on Alcoholism, Substance Abuse, and Addiction Stephen T. Higgins, Ph.D. University of New Mexico Professor Albuquerque, New Mexico Departments of Psychiatry and Psychology University of Vermont Bruce R. Lorenz, N.C.A.C. II Burlington, Vermont Director Thresholds, Inc. Col. Kenneth J. Hoffman, M.D., M.P.H., M.C.F.S. Dover, Delaware Preventive Medicine Consultant HHC 18th Medical Command Russell P. MacPherson, Ph.D., C.A.P., C.A.P.P., Seoul, Korea C.C.P., D.A.C., D.V.C. President James Robert Holden, M.A. **RPM Addiction Prevention Training Program Director** Deland, Florida Partners in Drug Abuse Rehabilitation Counseling George Medzerian, Ph.D. Washington, D.C. Pensacola, Florida Lisa A. Melchior, Ph.D. Ron Jackson, M.S.W. Vice President **Executive Director**

The Measurement Group

Culver City, California

Evergreen Treatment Services

Seattle, Washington

Paul Nagy, M.S., C.S.A.C.

Director

Duke Alcoholism and Addictions Program

Duke University Medical Center

Durham, North Carolina

Tracy A. O'Leary, Ph.D.

Clinical Supervisor

Assistant Project Coordinator

Center for Alcohol and Addiction Studies

Brown University

Providence, Rhode Island

Gwen M. Olitsky, M.S.

CEO

The Self-Help Institute for Training and

Therapy

Lansdale, Pennsylvania

Michele A. Packard, Ph.D.

Executive Director

SAGE Institute

Training and Consulting

Boulder, California

Michael Pantalon, Ph.D.

Yale School of Medicine

New Haven, Connecticut

Joe Pereira, L.I.C.S.W., C.A.S.

Recovery Strategies

Medford, Massachusetts

Harold Perl, Ph.D.

Public Health Analyst

Division of Clinical and Prevention Research

National Institute on Alcoholism and

Alcohol Abuse

Bethesda, Maryland

Raul G. Rodriguez, M.D.

Medical Director

La Hacienda Treatment Center

Hunt, Texas

Richard T. Suchinsky, M.D.

Associate Director for Addictive Disorders

and Psychiatric Rehabilitation

Mental Health and Behavioral Sciences

Services

Department of Veterans Affairs

Washington, D.C.

Suzan Swanton, M.S.W.

Clinical Director

R.E.A.C.H. Mobile Home Services

Baltimore, Maryland

Michael J. Taleff, Ph.D., C.A.C., M.A.C.,

N.C.A.C.II

Assistant Professor and Coordinator

Graduate Programs in Chemical Dependency

Counselor Education

Department of Counselor Education

Counseling Psychology and Rehabilitation

Services

Pennsylvania State University

University Park, Pennsylvania

Nola C. Veazie, Ph.D., L.P.C., C.A.D.A.C.

Superintendent

Medical Services Department

United States Air Force

Family Therapist/Drug and Alcohol

Counselor

Veazie Family Therapy

Santa Maria, California

Mary Velasquez, Ph.D.

Psychology Department

University of Houston

Houston, Texas

Christopher Wagner, Ph.D.

Division of Substance Abuse Medicine

Virginia Commonwealth University

Richmond, Virginia

Appendix F: Acknowledgments

Numerous people contributed to the development of this TIP, including the Editorial Advisory Board (see page ix), TIP Consensus Panel (see page xi), Resource Panel (see Appendix D), and TIP Field Reviewers (see Appendix E).

This publication was produced under KAP, a Joint Venture of The CDM Group, Inc. (CDM), and JBS International, Inc. (JBS), under contract number 270-95-0013 for the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment.

CDM KAP personnel included Rose M. Urban, M.S.W., J.D., LCSW, LCAS, CDM TIPs project director; Raquel Witkin, M.S., project manager; Jonathan Max Gilbert, M.A., managing editor; Y-Lang Nguyen, production editor; Janet G. Humphrey, M.A., editor/writer; Paddy Cook, freelance writer; Joanna Taylor, editor; Cara Smith, editorial assistant; Paul Seaman, editorial assistant; and Kurt Olsson, editor/writer.

The TIPs Series

- Substance Abuse and Mental Health Services Administration

 Substance Abuse and Mental Health Services Administration

 Www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)
- TIP 2 Pregnant, Substance-Using Women BKD107
- TIP 5 Improving Treatment for Drug-Exposed Infants BKD110
- TIP 11 Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases BKD143
- TIP 13 The Role and Current Status of Patient Placement Criteria in the Treatment of Substance Use Disorders BKD161
- TIP 14 Developing State Outcomes Monitoring Systems for Alcohol and Other Drug Abuse Treatment BKD162
- TIP 16 Alcohol and Other Drug Screening of Hospitalized Trauma Patients SMA 12-3686
- TIP 21 Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System SMA 08-4073
- TIP 23 Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing SMA 12-3917
- TIP 24 A Guide to Substance Abuse Services for Primary Care Clinicians SMA 08-4075
- TIP 25 Substance Abuse Treatment and Domestic Violence SMA 12-4076
- TIP 26 Substance Abuse Among Older Adults SMA 12-3918
- TIP 27 Comprehensive Case Management for Substance Abuse Treatment SMA 12-4215
- TIP 29 Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities SMA 12-4078
- TIP 30 Continuity of Offender Treatment for Substance Use Disorders From Institution to Community SMA 08-3920
- TIP 31 Screening and Assessing Adolescents for Substance Use Disorders SMA 12-4079
- TIP 32 Treatment of Adolescents With Substance Use Disorders SMA 12-4080
- TIP 33 Treatment for Stimulant Use Disorders SMA 09-4209
- TIP 34 Brief Interventions and Brief Therapies for Substance Abuse SMA 12-3952
- TIP 35 Enhancing Motivation for Change in Substance Abuse Treatment SMA 13-4212
- TIP 36 Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues SMA 12-3923
- TIP 37 Substance Abuse Treatment for Persons With HIV/AIDS SMA 12-4137
- TIP 38 Integrating Substance Abuse Treatment and Vocational Services SMA 12-4216
- TIP 39 Substance Abuse Treatment and Family Therapy SMA 12-4219
- TIP 40 Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction SMA 07-3939
- TIP 41 Substance Abuse Treatment: Group Therapy SMA 09-3991
- TIP 42 Substance Abuse Treatment for Persons With Co-Occurring Disorders SMA 12-3992
- TIP 43 Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs SMA 08-4214
- TIP 44 Substance Abuse Treatment for Adults in the Criminal Justice System SMA 05-4056
- TIP 45 Detoxification and Substance Abuse Treatment SMA 08-4131
- TIP 46 Substance Abuse: Administrative Issues in Outpatient Treatment SMA 06-4151
- TIP 47 Substance Abuse: Clinical Issues in Outpatient Treatment SMA 12-4182
- TIP 48 Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery SMA 13-4353
- TIP 49 Incorporating Alcohol Pharmacotherapies Into Medical Practice SMA 09-4380
- TIP 50 Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment SMA 09-4381
- TIP 51 Substance Abuse Treatment: Addressing the Specific Needs of Women SMA 12-4426
- TIP 52 Supervision and the Professional Development of the Substance Abuse Counselor SMA 09-4435
- TIP 53 Addressing Viral Hepatitis in People With Substance Use Disorders SMA 11-4656
- TIP 54 Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorders SMA 11-4661
- TIP 55 Behavioral Health Services for People Who Are Homeless SMA 13-4734
- TIP 56 Addressing the Specific Behavioral Health Needs of Men SMA 13-4736

Other TIPs may be ordered by calling 1-877-SAMHSA-7 (1-877-726-4727) (English and Español) or visiting http://store.samhsa.gov.

HHS Publication No. (SMA) 13-4212

Substance Abuse and Mental Health Services Administration

First Printed 1999

Revised 2000, 2001, 2002, 2003, 2004, 2006, 2007, 2008, 2011, 2012, and 2013

