

Compendium of Evidence-based Practices for Substance Abuse Treatment

February 2008 Edition



The Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Southern Coast Addiction Technology Center/Florida Certification Board, 1715 S. Gadsden Street, Tallahassee, Florida 32301
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Introduction

In this newly updated compendium, there are two distinct sections – one for practices that have been tested on adult populations and one for practices that have been tested on adolescent populations. Each section uses the TCU Treatment Process Model as the organizing framework to list the various evidence-based practices (EBPs). The Texas Christian University's (TCU) Treatment Process Model was developed by Dr. Dwayne Simpson (2002). This model, represented below, is a systematic framework for representing how treatment works. By conceptualizing treatment in discrete phases—e.g., outreach, induction, engagement, treatment, and aftercare—interventions can be systematically applied for increased effectiveness.

For more detailed information on the TCU Treatment Process Model, visit the Institute for Behavioral Research at Texas Christian University, <http://www.ibr.tcu.edu>

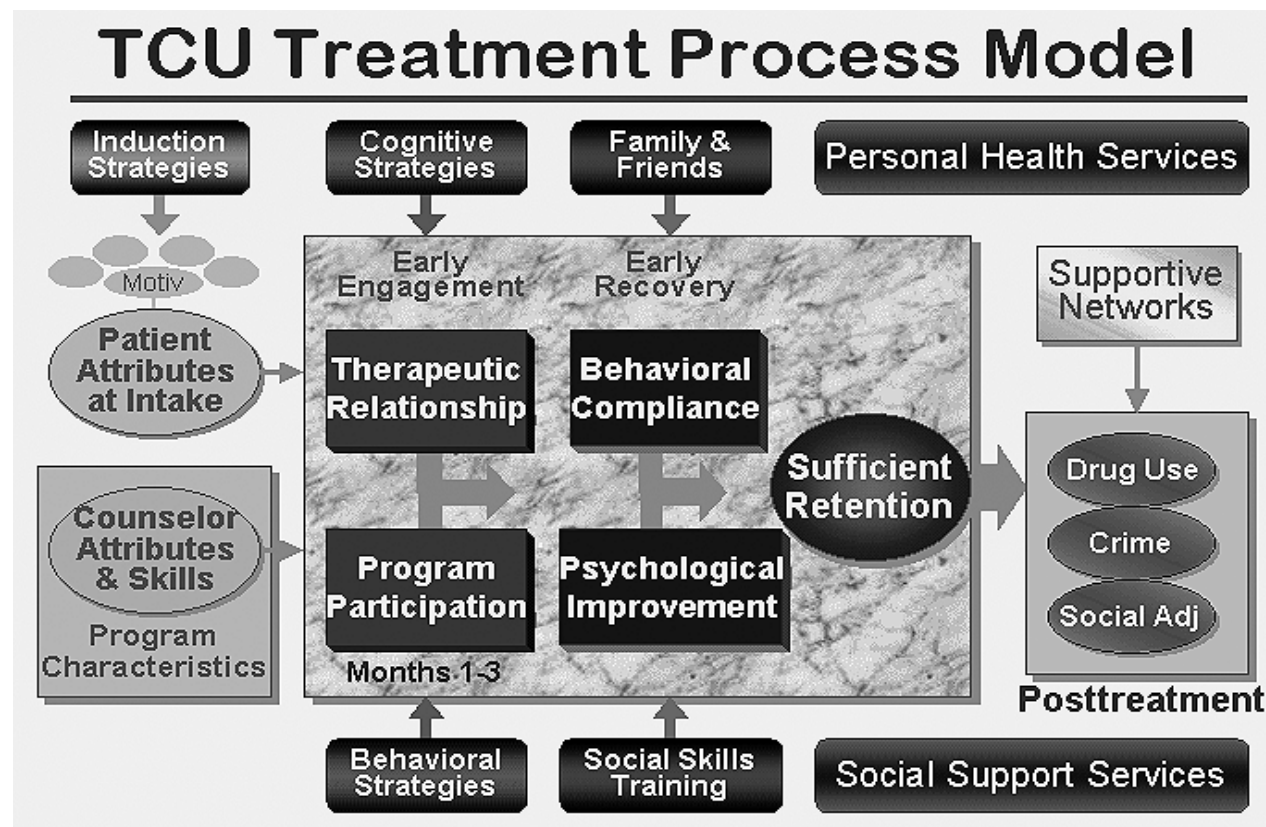


Table from: Simpson, D. D. (2002, September). Understanding clinical processes to improve treatment. *Research Summary: Focus on Treatment Process and Outcomes*, Fort Worth, Texas: Institute for Behavioral Research at Texas Christian University.

As you consider using a new program or practice, it is important to look at the strength of the evidence about that program or practice that leads to a specific clinical outcome. The COCE Overview Paper #6, *Understanding Evidence-Based Practices for Co-occurring Disorders* (2006), states that there is no gold standard for assessing strength of evidence, especially evidence derived from clinical experience. However, COCE has developed a pyramid to represent the level or strength of evidence derived from various research activities. The full paper can be accessed at:
http://coce.samhsa.gov/products/overview_papers.aspx

It is also essential that attention be given to how new programs and practices can be effectively implemented. The process of implementing new practices with fidelity in established systems is extraordinarily challenging. A rapidly growing body of research has guided current thinking about how to break down individual, organizational, and systemic barriers, and influence the implementation of EBPs within “real-world” service settings. Two themes emerge: 1) guidelines, policies, and/or educational information alone, or practitioner training alone are not effective; and, 2) longer-term multilevel implementation strategies are more effective. Successful implementation of EBPs has many “moving parts” that must intertwine to facilitate the adoption of new practices: 1) changes in adult professional behavior (knowledge and skills of practitioners and other key staff members within an organization); 2) changes in organizational structures and cultures (values, philosophies, ethics, policies, procedures, decision making) to routinely bring about and support the changes in adult professional behavior; and, 3) changes in relationships to service recipients and other potential partners. For a wealth of information about implementation science, please visit the **National Implementation Network (NIRN)** at http://nirn.fmhi.usf.edu/implementation/01_implementationdefined.cfm

There are a few key sources of substantive information about evidence-based practices in substance abuse assessment and treatment practices. For the best detail on about the level of evidence of effectiveness and ratings regarding the ease of implementation for various practices, please visit **SAMHSA’s National Registry of Evidence-based Programs and Practices** at <http://www.nrepp.samhsa.gov/> This site is continually updated as programs and practices are reviewed and rated.



**Part I: Evidence-based Practices
For Adult Substance Abuse Treatment Programs**

Induction (Intake and Assessment)		
EBPs	Description	Source for Information
Addiction Severity Index (ASI)	Many forms (for difference population groups) of this assessment instrument are available to assess the frequency and severity of substance abuse as well as the type and severity of psychosocial problems that typically accompany substance abuse (e.g., medical, legal, family/ social, employment, psychiatric).	http://www.tresearch.org/resources/instruments.htm Note: The Addiction Severity Index (ASI), has been established as the standard assessment tool for alcohol and other addictions (Leonhard et al, 2000). The ASI is an interview that assesses history, frequency, and consequences of alcohol and drug use, as well as five additional domains that are commonly associated with drug use: medical, legal, employment, social/family, and psychological functioning. The higher the score on the ASI indicates a greater need for treatment in each of these areas. The ASI scores can be used to profile patients' problem areas and then plan effective treatment. In a recent study, Makela, K., (2004) reviewed the available literature to determine the reliability and validity of the ASI. The results show that high internal consistencies have been reported for only three of the seven composite scores. The instruments developer(s), McClellan et al (2004) agree with some of the issues raised, though they feel the ASI is still a valid assessment tool. Feedback from ASI users has suggested a major revision is needed and an ASI-6 is currently in development.
ASAM Patient Placement Criteria 2nd Edition-Revised	ASAM Patient Placement Criteria comprise of a system for treatment matching to level of care based on need and is the most widely used and comprehensive national guidelines for placement, continued stay and discharge of patients with alcohol and other drug problems.	<p>The ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders is an essential tool for use in treatment planning and in working with managed care organizations, and public and private treatment providers. To place an order, contact the ASAM Publications Distribution Center at 1-800-844-8948.</p> <p>It is available at a cost of \$70 for ASAM members and \$85 for nonmembers. Quantity discounts are also available. SHIPPING: 12% for U.S. orders; 15% for Canada. International orders will be billed actual cost.</p>

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EBPs	Description	Source for Information
Brief Alcohol Screening and Intervention for College Students (BASICS)	<p>Designed to help students make better alcohol-use decisions. BASICS is an alcohol skills training program (ASTP) that aims to reduce harmful consumption and associated problems in students who drink alcohol. Specifically, hazardous drinking behaviors in college students. The key elements underlying the ASTP approach include 1) the application of cognitive-behavioral self-management strategies (based on the relapse prevention model); 2) the use of motivational enhancement techniques; and, 3) the use of harm reduction principles.</p> <p>As a harm reduction approach, BASICS aims to motivate students to reduce risky behaviors rather than focus on a specific drinking goal such as abstinence or reduced drinking. For maximal flexibility, each session is tailored to the client's own risk factors and circumstances, as well as to the severity of the client's abuse or dependence. Also, to minimize program cost, the intervention can be easily modified for implementation by a wide variety of care providers with ranges of clinical experience.</p>	<p>Purchase from: The Guilford Press, 72 Spring Street, New York, NY 10012. URL: http://www.guilford.com. Price per manual is \$30.00</p>
Change Assessment Scale	<p>Assesses the patient's current position on readiness for change (e.g., precontemplation, contemplation, commitment), which may be an important predictor of response to substance abuse treatment).</p>	<p>http://casaa.unm.edu/inst/University%20of%20Rhode%20Island%20Change%20Assessment%20(URICA).pdf Note: The scale is designed to be a continuous measure. Thus, subjects can score high on more than one of the four stages. Because the scale is still being validated, it is only available for research purposes. Therefore, to date there have been no cut-off norms established to determine what constitutes high, medium or low on a particular stage. Again, the stages are considered to be continuous and not discreet.</p>

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EBPs	Description	Source for Information
<p>Drinker Inventory of Consequences (DrInC)</p>	<p>The DrInC is a self-administered 50-item questionnaire designed to measure adverse consequences of alcohol abuse in five areas: Interpersonal, Physical, Social, Impulsive, and Intrapersonal. Each scale provides a lifetime and past 3-month measure of adverse consequences, and scales can be combined to assess total adverse consequences. Normative data are available for interpretation of client scale scores, and a brief version of the DrInC, the Short Index of Problems (SIP), is available when assessment time is limited.</p>	<p>Volume 4-The Drinker Inventory of Consequences (DrInC)</p> <p>http://pubs.niaaa.nih.gov/publications/Assesing%20Alcohol/InstrumentPDFs/24_DrInC.pdf</p> <p>http://pubs.niaaa.nih.gov/publications/match.htm</p> <p>Cost: \$6.00 per copy cost recovery fee - includes shipping and handling.</p> <p>Presents a psychometric instrument, the Drinker Inventory of Consequences (DrInC), developed in support of Project MATCH to assess the adverse consequences of drinking. Presents the background and rationale for the development of the DrInC, the scale construction and item analysis, its test-retest reliability, test procedures, and the test forms.</p>
<p>Form 90: A Structured Assessment Interview for Drinking and Related Behaviors Test Manual</p>	<p>This publication was originally developed for use in Project MATCH, a multisite clinical trial of three psychological treatments for alcohol abuse and dependence, funded by the National Institute on Alcohol Abuse and Alcoholism. Form 90 is a family of assessment interview instruments designed to provide primary dependent measures of alcohol consumption and related variables. The interviews produce a continuous daily record of drinking and documentation of related variables from a 90-day baseline period through the last follow-up point.</p>	<p>Volume 5-Form 90: A Structured Assessment Interview for Drinking and Related Behaviors Test Manual</p> <p>http://pubs.niaaa.nih.gov/publications/match.htm</p> <p>Cost: \$6.00 per copy cost recovery fee - includes shipping and handling.</p>

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EBPs	Description	Source for Information
Global Appraisal of Individual Needs (GAIN)	The GAIN has 8 core sections containing questions on the recency of problems, breadth of symptoms, and recent prevalence as well as lifetime service utilization, recency of utilization, and frequency of recent utilization. The items are combined into over 100 scales and subscales that can be used for DSM-IV based diagnoses, ASAM-based level of care placement, and outcome monitoring.	Michelle White Research Scientist Assistant Director of GAIN Coordinating Center Chestnut Health systems 722 W. Chestnut St. Bloomington, IL 61701 (309)820-3543 x 83439 Email: MWhite@chestnut.org URL: http://www.chestnut.org/LI/GAIN/index.html
Global Appraisal of Individual Needs – Quick (GAIN-Q)	A shorter, general assessment used to identify various life problems among clients in the general population when a full biopsychosocial is not needed. Designed for use by personnel in diverse settings (e.g., Employee Assistance Programs, health clinics, corrections), the instrument is used to identify those in need of a longer, more detailed assessment; identify those who may benefit from a brief intervention; and guide staff to make effective referral and placement decisions.	Michelle White Research Scientist Assistant Director of GAIN Coordinating Center Chestnut Health systems 722 W. Chestnut St. Bloomington, IL 61701 (309)820-3543 x 83439 Email: MWhite@chestnut.org URL: http://www.chestnut.org/LI/GAIN/index.html
Mini International Neuropsychiatric Interview (M.I.N.I.)	The M.I.N.I is a short, structured diagnostic interview for DSM-IV and ICD-10 psychiatric disorders. With an administration time of approximately 15 minutes, the M.I.N.I is a structured psychiatric interview for diagnostic evaluation and outcome tracking.	Juris Janavs, M.D. Email: jjanavs@hsc.usf.edu University of South Florida College of Medicine Department of Psychiatry and Behavioral Medicine 3515 East Fletcher Ave Tampa, FL 33163 Phone: (813)974-4544 URL: http://www.medical-outcomes.com

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<p>Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)</p>	<p>SAFERR is based on the premise that when parents misuse substances and maltreat their children, the only way to make sound decisions for these families is to draw from the talents and resources of at least three systems; child welfare, substance abuse treatment, and the courts. The SAFERR model and this guidebook were developed by the National Center on Substance Abuse and Child Welfare (NCSACW). The model includes screening and assessment tools and efficient communication strategies that support sound and timely decisions about the safety of children and about the treatment and recovery of parents. It includes guidance for developing collaborative relationships between the systems to help improve outcomes for these families.</p>	<p>For a free download of the manual, go to URL: www.ncsacw.samhsa.gov/files/SAFERR.pdf</p>

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Early Engagement		
EBPs	Description	Source for Information
Brief Alcohol Screening and Intervention for College Students (BASICS)	Because this is a combined screening, engagement, intervention, and social skills training tool, it also appears under several other sections of this inventory. See description on page 2.	Purchase from: The Guilford Press, 72 Spring Street, New York, NY 10012. URL: http://www.guilford.com . Price per manual is \$30.00
Downward Spiral	This is a board game, similar to "Monopoly". Players take on the role of someone who has decided to continue to abuse substances and the subsequent effects to one's health, social support network, and financial/legal situation. The purpose is to enhance a client's motivation and engagement into treatment. It is designed to work in a group setting, making it especially useful in community treatment programs. Clients in substance abuse treatment often have difficulty associating behavior with consequences, complicating both treatment and recovery. This game was developed to assist that process and to encourage motivation and openness to treatment.	Downward Spiral: The Game You Really Don't Want to Play. Forth Worth, TX: TCU Institute of Behavioral Research, 1998. (188 p.) Purchase for \$20 from Chestnut Health Systems, Lighthouse Institute Publications, 702 W. Chestnut Street, Bloomington, IL 61701. TEL: 309-827-6026 FAX: 309-829-4661. URL: http://www.chestnut.org/LI/bookstore/index.html
Mapping New Roads to Recovery	A collection of materials for exploring needs and planning treatment, improving communication, and reviewing treatment progress.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html

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<p>Mapping New Roads to Recovery: Cognitive Enhancements to Counseling</p>	<p>This self-paced training manual is designed for substance abuse counselors and case workers interested in node-link mapping, a visual representation technique for helping clients improve problem-solving and decision making skills. A step-by-step format is used to explain both the theory and application of node-link mapping for both individual and group counseling. Studies by the authors suggest that incorporation of node-link mapping in counseling enhances client commitment to treatment, counseling efficiency, and therapeutic alliance.</p>	<p>The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies of <i>Mapping New Roads to Recovery</i> are available through Lighthouse Institute, a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$15, plus \$4 shipping and handling. To order, contact the Lighthouse Publications Web Site, phone toll-free (888) 547-8271, or FAX (309) 829-4661.</p>
<p>Motivational Enhancement Therapy (MET) Also called MET for Problem Drinkers)</p>	<p>Motivational Enhancement Therapy (MET) is a systematic intervention approach for evoking change in problem drinkers. It is based on principles of motivational psychology and is designed to produce rapid, internally motivated change. MET consists of four carefully planned and individualized treatment sessions. The first two focus on structured feedback from the initial assessment, future plans, and motivation for change. The final two sessions at the midpoint and end of treatment provide opportunities for the therapist to reinforce progress, encourage reassessment, and provide an objective perspective on the process of change.</p>	<p>Hundreds of references on MET are available on an annotated bibliography at: http://www.motivationalinterview.org/library/abstractsemp.html</p> <p>TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment available electronically at: http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.61302 Author's email: wrmiller@unm.edu</p> <p>Volume 2-Motivational Enhancement Therapy Manual, 121 pp. NIH Pub. No. 94-3723. 1994. http://pubs.niaaa.nih.gov/publications/match.htm#ordering Cost: \$6.00 per copy cost recovery fee - includes shipping and handling.</p>

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Motivational Interviewing (MI)	Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.	Thousands of references are readily available which reference this practice. Many websites are found which talk only of Motivational Interviewing Techniques. An excellent site with multiple links is: http://www.motivationalinterview.org/library/abstractsemp.html . Several manuals are available to accessed on line from http://www.motivationalinterview.org/clinical/METDrugAbuse.PDF Author's email: wrmiller@unm.edu
Preparation for Change	Introduces two card-sorting activities that counselors can use with their clients to help them enrich self-esteem, maintain motivation (The Tower of Strengths), and remember personal goals through quotes (The Weekly Planner). Both activities are meant to be used early in treatment to enhance motivation and encourage openness to treatment.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies of <i>Preparation for Change</i> are available through Lighthouse Institute , a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$15, plus \$4 shipping and handling. To order, contact the Lighthouse Publications Web Site , phone toll-free (888) 547-8271, or FAX (309) 829-4661.
Solution-Focused Brief Therapy	Brief therapy approach developed over the past 20 years at the Brief Family Therapy Center in Milwaukee, WI. Primarily, the model is designed to help clients engage their own unique resources and strengths in solving the problems that bring them into treatment. Because the model stresses that the problem and solution are not necessarily related, the type of drug is not seen as a critical factor in determining differential treatment.	Manual available: Berg, Insoo K; Miller, Scott D. Working with the Problem Drinker: A Solution-Focused Approach. New York: W.W. Norton & Co., 1992, 216p. ISBN: 0393701344, \$27.00. Training is available: Institute for the Study of Therapeutic Change / P.O. Box 578264 / Chicago, IL 60657 URL: http://www.talkingcure.com/

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Twelve Step Facilitation Therapy	Manual is available that describes twelve step facilitation therapy in which the overall goal is to facilitate patients' active participation in the fellowship of Alcoholics Anonymous. The therapy regards such active involvement as the primary factor responsible for sustained sobriety ("recovery") and therefore as the desired outcome of participation in this treatment program. This therapy is grounded in the concept of alcoholism as a spiritual and medical disease.	http://www.niaaa.nih.gov/publications/match.htm Cost: \$6.00 per copy (includes shipping and handling).
Buprenorphine Detoxification	The NIDA Center for Clinical Trials Network (CTN) sponsored two clinical trials assessing buprenorphine-naloxone for short-term opioid detoxification. Overall, data from the CTN field experience found that buprenorphine-naloxone is practical and safe for use in diverse community treatment settings, including those with minimal experience providing opioid-based pharmacotherapy and/or medical detoxification for opioid dependence. This protocol is a specific intervention for using buprenorphine to taper opioid addiction over a 13-day period. Training on the use of this protocol and the detox technical manual are available from any of the ATTCs.	http://www.nattc.org - the National ATTC website has links to all ATTCs http://www.scattc.org – Southern Coast ATTC serves Alabama and Florida

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Behavioral Change/Management		
EBPs	Description	Source for Information
Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual/ Workbook	Designed for use by qualified substance abuse and mental health clinicians who work with substance abuse and mental health clients who have concurrent anger problems. Each of the weekly sessions is described in detail with specific instructions for the group leader, tables and figures that illustrate the key conceptual components of the treatment, and homework assignments for the group participants.	Manual site: http://www.scattc.org/pdf_upload/angermanagement1.pdf Workbook Site: http://www.scattc.org/pdf_upload/angermanagement2.pdf Both are public domain and may be downloaded free.
Behavioral Couples (Marital) Therapy	BCT is a couples' therapy that utilizes a sobriety/abstinence contract and behavioral principles to reinforce abstinence from drugs and alcohol. BCT has been studied as an add-on to individual and group cognitive-behavioral treatment, and typically involves 12 weekly couples' sessions lasting approximately 60 minutes each.	These and other BCT manuals can be obtained free by downloading from the Addiction and Families Research Group web site: URL: http://www.addictionandfamily.org or by emailing a request to: devans@addictionandfamily.org <ul style="list-style-type: none"> • Behavioral Couples Therapy for Drug Abuse & Alcoholism: A 12-Session Manual (also available in a 10-session manual) • Brief Behavioral Couples Therapy for Drug Abuse & Alcoholism: A 6-Session Manual • Group Behavioral Couples Therapy for Drug Abuse & Alcohol: A 9-Session Manual • The Facilitators Guide – How to Incorporate Behavioral Couples Therapy into Your Practice

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Behavioral Self-Control Training	This approach used to pursue either abstinence or moderate / non-problematic drinking. It consists of behavioral techniques of goal setting, self-monitoring, and managing consumption, rewarding goal attainment, functionally analyzing drinking situations, and learning alternate coping skills. The client maintains primary responsibility for making decisions throughout the training. BSCT may not be successful for severely dependent alcoholics. If used with a goal of moderation, it is contraindicated for: women who are pregnant or trying to become pregnant; clients who have medical or psychological problems that worsened by any drinking; where abstinence is mandated; and where strong family pressures exist for the client to abstain.	<p>No specific manual. Supporting documentation:</p> <ul style="list-style-type: none"> • Miller, William R.; Munoz, Ricardo F. How to Control Your Drinking: A Practical Guide to Responsible Drinking. Albuquerque: University of New Mexico Press, 1982. (revised ed. in press; email dyao@unm.edu for current information) • Hester, Reid K. Behavioral Self-Control Program for Windows (BSCPWIN). Interactive computer software program available in Therapist of Single User version. URL: http://www.behaviortherapy.com/software.htm. • Robertson I, Heather N. Let's Drink to Your Health: A Self-Help Guide to Sensible Drinking. British Psychological Society, 1986. • Sanchez-Craig, Martha. A Therapist's Manual: Secondary Prevention of Alcohol Problems. Toronto: Addiction Research Foundation, 1996. URL: http://www.camh.net/publications/counselling.html. • Sanchez-Craig, Martha. Saying When: How to Quit Drinking or Cut Down; An A.R.F. Self-Help Book. Toronto: Addiction Research Foundation, 1993. • Sobell, Mark B.; Sobell, Linda C. Problem Drinkers: Guided Self-Change Treatment. (Treatment Manuals for Practitioners) New York: Guilford Press, 1993. URL: http://nova.edu/~gsc • Vogler, Roger E; Bartz, WR. The Better Way to Drink. New York: Simon & Schuster, 1982 (now available from New Harbinger Publications, Oakland, CA)
Brief Alcohol Screening and Intervention for College Students (BASICS)	Because this is a combined screening, engagement, intervention, and social skills training tool, it also appears under several other sections of this inventory.	<p>Purchase from: The Guilford Press, 72 Spring Street, New York, NY 10012. URL: http://www.guilford.com. Price per manual is \$30.00</p>

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Brief CBT Intervention for Amphetamine Users	This approach consists of four individual sessions focused on developing skills directed at reducing amphetamine use. Sessions are conducted weekly and last 45-60 minutes. Following an initial assessment, the sessions are, in the following order: motivational interviewing; coping with cravings and lapses; controlling thoughts about amphetamine use and pleasurable activities; amphetamine refusal skills and preparation for future high-risk situations. The manual presents a guide for a four-session intervention. However, the intervention may be offered in either a two- or four-session format, in accordance with individual client needs.	A Brief Cognitive Behavioral Intervention for Regular Amphetamine Users: A Treatment Guide. Baker, Amanda; Kay-Lambkin, Frances; Lee, Nicole K; Claire, Melissa; Jenner, Linda. [Canberra]: Commonwealth of Australia, Department of Health and Ageing, 2003. URL: http://www.nationaldrugstrategy.gov.au/pdf/cognitive.pdf .
Brief Intervention	Targeted at people drinking excessively but not yet experiencing major problems from their consumption. The aim of the intervention is to reduce the risk of future health problems by assisting the drinker in recognizing that they are drinking at levels that could be harmful to their health and encourage them to reduce consumption to reasonable limits. Brief Intervention is designed to be conducted by health professionals- not addiction professionals. The intervention is generally less than 4 sessions, each session lasting from a few minutes to one hour.	Primary care health professionals: 22 page brochure on the NIAAA web site titled <i>Helping Patients With Alcohol Problems: A Health Practitioner's Guide</i> , as well as the companion <i>Pocket Guide: Alcohol Screening and Brief Intervention</i> . Available on-line: URL: http://www.niaaa.nih.gov/publications/Practitioner/HelpingPatients.htm College health clinics: <i>College Drinking Prevention Curriculum for Health Care Providers</i> , Module 3, "Brief Intervention." Developed by NIAAA, available online: URL: http://www.collegedrinkingprevention.gov/reports/trainingmanual/contents.asp SAMHSA/CSAT TIP 34: <i>Brief Interventions and Brief Therapies for Substance Abuse</i> – can be accessed electronically free at: http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.59192

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Brief Marijuana Dependence Counseling (BMDC)	Brief Marijuana Dependence Counseling (BMDC) is a 12-week intervention designed to treat adults with a diagnosis of cannabis dependence. Using a client-centered approach, BMDC targets a reduction in the frequency of marijuana use, thereby reducing marijuana-related problems and symptoms. BMDC is based on the research protocol used by counselors in the Center for Substance Abuse Treatment's Marijuana Treatment Project conducted in the late 1990s. A treatment manual provides guidelines for counselors, social workers, and psychologists in both public and private settings. BMDC is implemented as a 9-session multi-component therapy that includes elements of motivational enhancement therapy (MET), cognitive behavioral therapy (CBT), and case management.	Karen Steinberg, Ph.D. Assistant Professor of Psychiatry University of Connecticut Medical School 263 Farmington Avenue Farmington, CT 06030 E-mail: steinberg@psychiatry.uhc.edu
Cognitive-Behavioral Coping Skills Therapy	Describes cognitive-behavioral coping skills therapy, based on the principles of social learning theory and views drinking behavior as functionally related to major problems in the patient's life. The program consists of 12 sessions aimed at training the patient to use active behavioral or cognitive coping methods to deal with problems rather than relying on alcohol as a maladaptive coping strategy.	http://pubs.niaaa.nih.gov/publications/match.htm Manual Cost: \$6.00 per copy (includes shipping and handling).

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Cognitive Behavioral Therapy: Treating Cocaine Addiction	Cognitive-behavioral coping skills treatment (CBT) is a short-term, focused approach to helping cocaine-dependent individuals become abstinent from cocaine and other substances. This manual describes a sequence of sessions to be delivered to patients; each focuses on a single or related set of skills (e.g., craving, coping with emergencies). The order of presentation of these skills has evolved with experience with the types of problems most often presented by cocaine-abusing patients coming into treatment.	This manual can be downloaded at the following website: www.drugabuse.gov/TXManuals/CBT/CBT1/html It is a public domain document.
Combined Behavioral & Nicotine Replacement Therapy	Combines two main components: a behavioral treatment and a pharmacological treatment consisting of nicotine replacement therapy. Combined treatment is based on the rationale that behavioral and pharmacological treatments operate by different yet complementary mechanisms. Nicotine replacement therapy reduces symptoms of withdrawal, producing better initial abstinence, while the behavioral therapy concurrently provides support and reinforcement of coping skills, yielding better long-term abstinence.	U.S. Department of Health and Human Services, Public Health Services. Treating tobacco use and dependence. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service; 2000 Jun. 197 p. [311 references] AVAILABILITY: Print copies: Available by calling (800) 358-9295 or electronically at URL: http://www.surgeongeneral.gov . Available online: URL: http://www.guideline.gov/summary/summary.aspx?doc_id=2360&nbr=1586&string=tobacco .

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<p>Combined Behavioral Intervention Manual: A Clinical Research Guide for Therapists Treating People With Alcohol Abuse and Dependence</p>	<p>Highlights the use of Combined Behavioral Intervention, an intensive treatment that combines several successful features from previously evaluated interventions. It is suitable for delivery by trained psychotherapists working in specialized alcoholism treatment facilities.</p>	<p>http://pubs.niaaa.nih.gov/publications/COMBINE.htm <i>There is a fee for ordering these manuals Vol.1 \$10.00</i></p>
<p>Combined Scheduled Reduced Smoking & CBT</p>	<p>Combines two main components: a behavioral treatment and a pharmacological treatment consisting of nicotine replacement therapy. Combined treatment is based on the rationale that behavioral and pharmacological treatments operate by different yet complementary mechanisms. Nicotine replacement therapy reduces symptoms of withdrawal, producing better initial abstinence, while the behavioral therapy concurrently provides support and reinforcement of coping skills, yielding better long-term abstinence.</p>	<p>U.S. Department of Health and Human Services, Public Health Services. Treating tobacco use and dependence. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service; 2000 Jun. 197 p. [311 references] AVAILABILITY: Print copies: Available by calling (800) 358-9295 or electronically at URL: http://www.surgeongeneral.gov. Available online: URL: http://www.guideline.gov/summary/summary.aspx?doc_id=2360&nbr=1586&string=tobacco.</p>

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EBPs	Description	Source for Information
Community Reinforcement Approach (CRA) with Vouchers	Stephen Higgins and colleagues at the University of Vermont paired Community Reinforcement Approach (CRA), an individual counseling approach originally developed for alcoholism, with Contingency Management (CM) in the form of a voucher program to produce the CRA with Vouchers intervention. The alcoholism CRA included a Job Club, Marital Counseling, Social Skills/Relapse Prevention training and Disulfiram (Antabuse). This CRA component consisted of twice weekly hour-long individual counseling sessions during weeks 1-12 weeks and once weekly sessions of the same duration for weeks 13-24.	A Community Reinforcement Plus Vouchers Approach: Treating Cocaine Addiction. (NIDA Therapy Manuals for Drug Addiction No. 2; NIH publication no. 98-4309) Rockville: National Institute on Drug Abuse, April 1998. Available to download free from NIDA online: http://www.drugabuse.gov/TXManuals/CRA/CRA1.html
Contingency Management without CRA	Following Higgins' success with a community reinforcement approach with cocaine users, researchers in Baltimore examined the utility of voucher programs with methadone-maintained cocaine-abusing patients. The abstinent contingent voucher group gave cocaine positive urines approximately 40% less often than the random voucher group suggesting this approach is efficacious for treating cocaine use in a methadone-maintained population.	No specific manual. Supportive documentation: <ol style="list-style-type: none"> 1. Silverman K, Higgins ST, Brooner RK, Montoya ID, Cone EJ, Schuster CR, Preston KL. (1996). Sustained cocaine abstinence in methadone maintenance patients through voucher-based reinforcement therapy. <i>Archives of General Psychiatry</i>, 53, 409-415. 2. Silverman K, Wong CJ, Higgins ST, Brooner RK, Montoya ID, Contoreggi C, Umbricht-Schneiter A, Schuster CR, Preston KL. (1996). Increasing opiate abstinence through voucher-based reinforcement therapy. <i>Drug and Alcohol Dependence</i>, 41, 157-165. 3. Silverman K, Wong CJ, Umbricht-Schneiter A, Montoya ID, Schuster CR, Preston KL. (1998). Broad beneficial effects of cocaine abstinence reinforcement among methadone patients. <i>Journal of Consulting and Clinical Psychology</i>, 66, 811-24.

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EBPs	Description	Source for Information
Day Treatment with Abstinence Contingencies and Vouchers	Developed to treat homeless crack addicts. For the first 2 months, participants must spend 5.5 hours daily in the program, which provides lunch and transportation to and from shelters. Interventions include individual assessment and goal setting, individual and group counseling, multiple psycho-educational groups and community meetings during which patients review contract goals and provide support and encouragement to each other. Individual counseling occurs once a week, and group therapy sessions are held three times a week. After 2 months of day treatment and at least 2 weeks of abstinence, participants graduate to a 4-month work component that pays wages that can be used to rent inexpensive, drug-free housing. A voucher system also rewards drug-free related social and recreational activities.	No specific manual. Supportive Documentation: <ol style="list-style-type: none"> 1. Milby JB, Schumacher JE, Raczynski JM, Caldwell E, Engle M, Michael M, Carr J. Sufficient conditions for effective treatment of substance abusing homeless. <i>Drug & Alcohol Dependence</i> 43: 39-47, 1996. 2. Milby JB, Schumacher JE, McNamara C, Wallace D, McGill T, Stange D, Michael M. Abstinence contingent housing enhances day treatment for homeless cocaine abusers. <i>National Institute on Drug Abuse Research Monograph Series 174, Problems of Drug Dependence: Proceedings of the 58th Annual Scientific Meeting. The College on Problems of Drug Dependence, Inc., 1996.</i>
Dialectical Behavior Therapy (DBT)	Applies a broad array of cognitive and behavior therapy strategies to the problems of Borderline Personality Disorder (BPD), including suicidal behaviors. Emotion regulation, interpersonal effectiveness, distress tolerance, core mindfulness, and self-management skills are actively taught. In all modes of treatment, the application of these skills is encouraged and coached.	No specific manual available for using DBT in substance abuse treatment. The essential reference for DBT is: Linehan's "Cognitive-Behavioral Treatment of Borderline Personality Disorder," Guilford Press, 1993. (\$58.00) ISBN: 0898620341. Some materials about using DBT for substance abuse treatment are available to download from the Behavioral Tech web site: URL: http://behavioraltech.com

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EBPs	Description	Source for Information
Forever Free	Forever Free is a drug treatment program for women who abuse drugs and are incarcerated. The intervention aims to reduce drug use and improve behaviors of women during incarceration and while they are on parole. While they are incarcerated, women participate in individual substance abuse counseling, special workshops, educational seminars, 12-Step programs, parole planning, and urine testing. Counseling and educational topics include self-esteem, anger management, assertiveness training, information about healthy versus dysfunctional relationships, abuse, posttraumatic stress disorder, codependency, parenting, and sex and health. The program lasts 4-6 months.	David Conn, Ph.D. Vice President, Corrections and Rehabilitation Division Mental Health Systems, Inc. 9465 Farnham Street San Diego, CA 92123 Phone: (858) 573-2600 E-mail: dconn@mhsinc.org
Holistic Harm Reduction Program (HHRP+)	HHRP is a 12-session, manual-guided, group level program to reduce harm, promote health, and improve quality of life of HIV positive intravenous drug users. The primary goal of HHRP is to provide group members with the resources (i.e., knowledge, motivation, and skills) they need to make choices that reduce harm to themselves and others. HHRP+ also addresses medical, emotional, and social problems that may impede harm reduction behaviors.	Manuals and workbooks are free distribution only. Otherwise, all rights reserved. The entire HHRP+ Counselor's Manual can be downloaded as Adobe PDF files (for the script for counselors and the client handouts) and as MS PowerPoint files (for the visual presentation included in each HHRP+ group). URL: http://info.med.yale.edu/psych/3s/HHRP+_manual.html .

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EBPs	Description	Source for Information
Individual Drug Counseling to Treat Cocaine Addiction	Individual 12-step drug counseling focuses on the symptoms of drug addiction and related areas of impaired functioning and the content and structure of the patient's ongoing recovery program. It gives the patient coping strategies and tools for recovery and promotes 12-step ideology and participation. IDC is planned to span 6 months and offer 36 sessions (approximately 45 minutes each) during the active treatment phase and then provide once-a-month follow-up sessions for 3 months.	<p>NIDA Manual 3 - An Individual Drug Counseling Approach to Treat Cocaine Addiction: The Collaborative Cocaine Treatment Study Manual (NIDA Therapy manuals for drug addiction no. 3 NIH publication no. 99-4380) Bethesda: National Institute on Drug Abuse, September 1999.</p> <p>NIDA online: URL: http://www.drugabuse.gov.</p>
Living in Balance (LIB): Moving From a Life of Addiction to a Life of Recovery	Living in Balance (LIB is a manual-based, comprehensive addiction treatment program that emphasizes relapse prevention. LIB consists of a series of 1.5- to 2-hour psychoeducational and experiential training sessions. LIB can be delivered on an individual basis or in group settings with relaxation exercises, role-play exercises, discussions, and workbook exercises. The psychoeducational sessions cover topics such as drug education, relapse prevention, available self-help groups, and sexually transmitted diseases. The experientially based sessions are designed to enhance level of functioning in life areas that are often neglected with prolonged drug use.	<p>Roxanne Schladweiler Director of Sales Hazelden Publishing and Educational Services 15251 Pleasant Valley Road Center City, MN 55012 Phone: (800) 328-9000</p> <p>E-mail: rschladweiler@hazelden.org URL: http://www.hazelden.org/bookstore</p>

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EBPs	Description	Source for Information
Lower-Cost Contingency Management (LCCM)	Because of concerns with the sustainability of existing contingency management programs, Nancy Petry and colleagues at the University of Connecticut developed an approach to treating alcohol abuse known as Lower-Cost Contingency Management (LCCM). This approach takes advantage of the fact that people will work for the chance to win a tangible prize intermittently. Prizes range in value from \$1-\$100. The value of prizes earned on average was \$137.00. Patients in the prize group condition achieved longer durations of continuous abstinence than patients in the standard treatment condition, and these effects were maintained throughout a 6-month follow-up period.	No manual identified. Instead, see: Petry, N.M. (2000). A comprehensive guide for the application of contingency management procedures in standard clinic settings. <i>Drug & Alcohol Dependence</i> , 58, 9-25. This paper provides practical advice and a guideline for clinicians and researchers to use when designing and administering contingency management interventions. The recommendations are based on empirically validated manipulations
Matrix Intensive Outpatient Program for the Treatment of Stimulant Abuse	Provides a framework for engaging stimulant abusers in treatment and helping them achieve abstinence. Patients learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, become familiar with self-help programs, and are monitored for drug use by urine testing. The program includes education for family members affected by the addiction.	Therapist and patient manuals are available. The manuals can be purchased from the Matrix Institute. (\$25 - \$60) URL: http://www.matrixinstitute.org/Intensive%20Outpatient%20Manuals.htm

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EBPs	Description	Source for Information
<p>Medical Management Treatment Manual: A Clinical Research Guide for Medically Trained Clinicians Providing Pharmacotherapy as Part of the Treatment for Alcohol Dependence</p>	<p>Describes the use of medical management and brief counseling sessions to enhance medication adherence and abstinence from alcohol. This brief session therapy might be suitable for delivery in primary care settings.</p>	<p>http://pubs.niaaa.nih.gov/publications/COMBINE.htm</p> <p><i>There is a fee for ordering these manuals Vol 2 \$6.00</i></p>
<p>Methadone Maintenance Treatment</p>	<p>Methadone is an opiate agonist. When used in maintenance, it is usually dispensed in a liquid oral solution by Opiate Treatment Programs (OTP). In "good" treatment programs using adequate doses (80 to 150mg/d), voluntary retention in treatment at one year is 50-80%; continuing use of illicit heroin is 5-20%.</p>	<p>SAMHSA/CSAT TIP 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs</p> <p>Free electronic copy at: http://ncadi.samhsa.gov/media/Prevline/pdfs/bkd524.pdf</p>

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EBPs	Description	Source for Information
Prize Incentives Contingency Management for Substance Abuse	Prize Incentives Contingency Management for Substance Abuse is a variation of contingency management, or reinforcement that awards prizes for abstinence and treatment compliance. The program augments existing, usual-care services in community-based treatment settings for adults who primarily abuse stimulants or opioids or who have multiple substance use problems. Over a period of 3 months, urine and breath samples are collected two or three times a week for at least the first 6 weeks and once or twice weekly thereafter. For each sample that tests negative for the target drug, clients can draw slips of paper or plastic chips from a bowl for the chance of winning a prize valued from \$1 to \$100. Clients may also receive draws from the prize bowl for attending counseling/group therapy sessions and completing weekly goal-related activities. The number of draws from the prize bowl increases from 1 to as many as 15 with consecutive negative test results and/or attendance at consecutive sessions. A drug-positive sample or an unexcused absence resets the number of draws to one.	<p>Nancy M. Petry, Ph.D. Professor; Lead Contact for Prize Incentives Contingency Management for Substance Abuse Department of Psychiatry University of Connecticut School of Medicine University of Connecticut Health Center (MC 3944) 263 Farmington Avenue Farmington, CT 06030 Phone: (860) 679-2593</p> <p>E-mail: petry@psychiatry.uhc.edu</p>

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EBPs	Description	Source for Information
Reinforcement-Based Therapeutic Workplace	Reinforcement-Based Therapeutic Workplace is a practical application of voucher-based abstinence reinforcement therapy. When a voucher-based reinforcement is applied to a Therapeutic Workplace, the patients are hired, trained, and paid to work in a supportive environment. They earn escalating base-pay vouchers while they remain abstinent from cocaine (and sometimes opiates) as verified by negative urine samples. Eligibility for participation in the Therapeutic Workplace is dependent on a client providing evidence of enrollment in either a community methadone treatment program or a comprehensive drug abuse treatment program for pregnant and postpartum women.	Kenneth Silverman, Ph.D. Professor, Department of Psychiatry and Behavioral Sciences Director, Center for Learning and Health, Johns Hopkins Bayview Medical Center The Johns Hopkins University School of Medicine 5200 Eastern Avenue, Mason F. Lord, Suite 142 West Baltimore, MD 21224 Phone: (410) 550-2694 E-mail: ksilverm@jhmi.edu
Relapse Prevention Therapy	Individuals learn to identify and correct problematic behaviors. RPT encompasses several cognitive-behavioral strategies that facilitate abstinence as well as provide help for people who experience relapse.	Clinical Guidelines for Implementing Relapse Prevention Therapy. Illinois: The Behavioral Health Recovery Management Project. Download free: http://www.bhrm.org/guidelines/RPT%20guideline.pdf .
Seeking Safety: A Psychotherapy for Trauma/PTSD and Substance Abuse	The treatment is available as a book, providing both client handouts and guidance for clinicians. It has been conducted in group and individual format; for women, men, and mixed-gender; using all topics or fewer topics; in a variety of settings and for both substance abuse and dependence.	Ordered from the Seeking Safety web site: http://www.seekingsafety.org/ for \$18.95. The web site lists other sources for ordering it as well. (Discounts for multiple copies are available from Guilford Press (1-800-365-7006, extension 223).

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EBPs	Description	Source for Information
Supportive-Expressive Psychotherapy (SE)	Supportive-Expressive Psychotherapy (SE) is an analytically oriented, time-limited form of focal psychotherapy that has been adapted for use with individuals with heroin and cocaine addiction. Particular emphasis is given to themes related to drug dependence, the role of drugs in relation to problem feelings and behaviors, and alternative, drug-free means of resolving problems. SE comprises two main components. The first component uses supportive techniques designed to allow patients to feel comfortable in discussing their own personal experiences. The second component involves the use of expressive techniques to assist the patient in understanding his or her problematic relationship patterns, so that the patient can work through these themes within the context of the patient-therapist relationship.	George E. Woody, M.D. Professor and Vice Chair of Psychiatry Department of Psychiatry University of Pennsylvania 600 Public Ledger Building, 150 South Independence Mall West, Philadelphia, PA 19106 E-mail: woody@tresearch.org
TCU Guide Maps: A Resource for Counselors	The manual is a compilation of over 50 structured guide maps that have been used successfully with probationers in residential treatment programs. For use in both individual and group counseling settings covering a variety of recovery issues such as self-esteem, goal setting, managing feelings, getting along with others, health issues, and problem solving.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies of <i>TCU Guide Maps</i> are available through Lighthouse Institute , a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$25, plus \$5 shipping and handling. To order, contact the <u>Lighthouse Publications Web Site</u> , phone toll-free (888) 547-8271, or FAX (309) 829-4661.

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EBPs	Description	Source for Information
The Group Drug Counseling for Cocaine Addiction: The Collaborative Cocaine Treatment Study Model	Includes an initial stabilization/detoxification period and 24 group therapy sessions during a six-month period. Group treatment is provided in two phases, coinciding approximately with clients' needs in recovery, although individuals progress at their own pace. The treatment groups have a rolling admissions policy, i.e., a client may enter the group at any session because a single recovery topic is covered completely within each session during Phase I.	Drug Counseling for Cocaine Addiction: The collaborative Cocaine Treatment Study Model (NIDA Therapy Manuals for Drug Addiction no. 4; NIH publication no. 02-4381) Bethesda: National Institute on Drug Abuse, September 2002. AVAILABILITY: Download from NIDA web site, URL: http://www.drugabuse.gov .
Treating Tobacco Use and Dependence: Clinical Practice Guideline	This guideline was written to be relevant to all tobacco users -- those using cigarettes as well as other forms of tobacco. Tobacco dependence is a chronic condition that often requires repeated intervention. However, effective treatments exist that can produce long-term or even permanent abstinence.	This guideline is available in several formats suitable for health care practitioners, the scientific community, educators, and consumers. The "Clinical Practice Guideline" presents recommendations for health care providers with brief supporting information, tables and figures, and pertinent references. The "Quick Reference Guide" is a distilled version of the clinical practice guideline, with summary points for ready reference on a day-to-day basis. The "Consumer Version" is an information booklet for the general public to increase consumer knowledge and involvement in health care decision-making. Full text versions of all three documents are available on the Surgeon General's web site: URL: http://www.surgeongeneral.gov/tobacco/default.htm .
A Woman's Path to Recovery (Based on A Woman's Addiction Workbook)	A Woman's Path to Recovery is a clinician-led program for women with substance use disorders. The model uses chapters from "A Woman's Addiction Workbook: Your Guide to In-Depth Healing" as the basis for 12 90-minute sessions conducted by clinicians over 8 weeks.	Lisa M. Najavits, Ph.D. Director, Treatment Innovations Professor of Psychiatry, Boston University School of Medicine Lecturer, Harvard Medical School 12 Colbourne Crescent Brookline, MA 02445 Phone: (617) 731-1501 E-mail: Lnajavits@hms.harvard.edu URL: http://www.seekingsafety.org

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Social Skills Training		
EBPs	Description	Source for Information
Brief Alcohol Screening and Intervention for College Students (BASICS)	Because this is a combined screening, engagement, intervention, and social skills training tool, it also appears under several other sections of this inventory.	Purchase from: The Guilford Press, 72 Spring Street, New York, NY 10012. URL: http://www.guilford.com . Price per manual is \$30.00
Brief CBT Intervention for Amphetamine Users	This model has also been proven effective with behavior change and management.	URL: http://www.nationaldrugstrategy.gov.au/pdf/cognitive.pdf .
Cognitive-Behavioral Coping Skills Therapy Manual	This model has also been proven effective with behavior change and management.	http://pubs.niaaa.nih.gov/publications/match.htm Cost: \$6.00 per copy cost recovery fee - includes shipping and handling.
TCU Guide Maps: A Resource for Counselors	This model has also been proven effective with behavior change and management.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html
Buprenorphine Treatment	Buprenorphine is the latest medication for use in the treatment of opioid addiction. Outcome measures of illicit opioid use, retention in treatment, and assessment for adverse events have shown that buprenorphine treatment reduces opioid use, retains patients in treatment, has few side effects, and is acceptable to most patients.	SAMHSA has available a Treatment Improvement Protocol (TIP) 40, the first clinical practice consensus guide (for physicians) produced on the use of buprenorphine for the treatment of patients addicted or dependent on heroin or prescription pain medications. This TIP is available at: http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.72248

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Social Skills Training		
EBPs	Description	Source for Information
Time Out! For Me! An Assertiveness and Sexuality Workshop for Men	<p>The Time Out! This series consists of separate manuals for leading women-only and men-only workshops that address the sensitive topics of relationships, sexuality, and intimacy. Provides substance abuse counselors or case workers with a curriculum for leading a 6-session workshop for women in their treatment programs. Issues addressed include sexuality, gender stereotypes, self-esteem, assertiveness skills, and reproductive health. The structured format for the workshop includes information sharing, discussion, exercises and activities, and role play. The manual provides a comprehensive reference section on human sexuality, a resource directory, and handout materials for participants. Studies by the authors suggest that this intervention increases knowledge, self-esteem, and treatment tenure.</p>	<p>The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html</p> <p>Printed copies of <i>Time Out! For Me</i> are available through Lighthouse Institute, a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$19, plus \$4 shipping and handling. To order, contact the <u>Lighthouse Publications Web Site</u>, phone toll-free (888) 547-8271, or FAX (309) 829-4661.</p>

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EBPs	Description	Source for Information
Time Out! For Me! An Assertiveness and Sexuality Workshop for Women	The Time Out! series consists of separate manuals for leading women-only and men-only workshops that address the sensitive topics of relationships, sexuality, and intimacy. Provides substance abuse counselors or case workers with a curriculum for leading a 6-session workshop for women in their treatment programs. Issues addressed include sexuality, gender stereotypes, self-esteem, assertiveness skills, and reproductive health. The structured format for the workshop includes information sharing, discussion, exercises and activities, and role play. The manual provides a comprehensive reference section on human sexuality, a resource directory, and handout materials for participants. Studies by the authors suggest that this intervention increases knowledge, self-esteem, and treatment tenure.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies of Time Out! For Me are available through Lighthouse Institute , a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$19, plus \$4 shipping and handling. To order, contact the Lighthouse Publications Web Site , phone toll-free (888) 547-8271 , or FAX (309) 829-4661 .

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Psycho Social Services		
EBPs	Description	Source for Information
Anger Management for Substance Abuse and Mental Health Clients: Cognitive-Behavioral Therapy	Anger Management is based on social learning theory; it may be useful for counselors who work with substance abuse and mental health clients with concurrent anger problems. The manual describes a 12-week cognitive behavioral anger management group treatment, and covers the anger cycle, conflict resolution, assertiveness skills, and anger control plans. The treatment model is a combined CBT approach that employs relaxation, cognitive, and communication skills interventions.	The therapy manual and a participant workbook can be ordered for free from the National Clearinghouse for Alcohol and Drug Information (800-729-6686 or 240-221-4017, Inventory # BKD444 and BKD4445), or downloaded from the web: URL: http://kap.samhsa.gov/products/manuals/ A Spanish-language version is also available free from NCADI at: 877-767-8432 (toll free) Hablamos Español (NCADI No. BKD444S and BKD445S) or downloaded from the web: URL: http://kap.samhsa.gov/mli/index.htm .
Cognitive-Behavioral Coping Skills Therapy Manual	This model has also been proven effective with behavior change and management.	http://pubs.niaaa.nih.gov/publications/match.htm Cost: \$6.00 per copy cost recovery fee - includes shipping and handling.
Motivational Enhancement Therapy Manual	This practice is listed and described under the Engagement section of this inventory.	Volume 2-Motivational Enhancement Therapy Manual , 121 pp. NIH Pub. No. 94-3723. 1994. http://pubs.niaaa.nih.gov/publications/match.htm#ordering Cost: \$6.00 per copy cost recovery fee - includes shipping and handling.

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EBPs	Description	Source for Information
Pathways' Housing First Program	<p>Housing First, a program developed by Pathways to Housing, Inc., is designed to end homelessness and support recovery for individuals who are homeless and have severe psychiatric disabilities and co-occurring substance use disorders. Pathways' Housing First model is based on the belief that housing is a basic right and on a theoretical foundation that emphasizes consumer choice, psychiatric rehabilitation, and harm reduction. The program addresses homeless individuals' needs from a consumer perspective, encouraging them to define their own needs and goals, and provides immediate housing (in the form of apartments located in scattered sites) without any prerequisites for psychiatric treatment or sobriety. Treatment and support services are provided through an Assertive Community Treatment (ACT) team consisting of social workers, nurses, psychiatrists, vocational and substance abuse counselors, peer counselors, and other professionals. These services may include psychiatric and substance use treatment, supported employment, illness management, and recovery services.</p>	<p>Ana Stefancic, M.A. Director of Research Pathways to Housing, Inc. 55 West 125th Street, 10th Floor New York, NY 10027 Phone: (212) 289-0000 ext 1112</p> <p>E-mail: stefancic@pathwaystohousing.org</p>

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EBPs	Description	Source for Information
Supportive-Expressive Psychotherapy	Time-limited, focused psychotherapy that has been adapted for heroin- and cocaine-addicted individuals. The therapy has two main components: Supportive techniques to help patients feel comfortable in discussing their personal experiences & expressive techniques to help patients identify and work through interpersonal relationship issues. Focus is given to the role of drugs in relation to problem feelings and behaviors, and how problems may be solved without using to drugs.	Luborsky, L. Principles of Psychoanalytic Psychotherapy: A Manual for Supportive-Expressive (SE) Treatment. New York: Basic Books, 2000. Purchase from Basic Books (\$27).
TCU Guide Maps: A Resource for Counselors	This model has also been proven effective with behavior change and management.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html
Trauma Affect Regulation: Guide for Education and Therapy (TARGET)	TARGET is a strengths-based approach to education and therapy for survivors of physical, sexual, psychological, and emotional trauma. TARGET teaches a set of seven skills (summarized by the acronym FREEDOM--Focus, Recognize triggers, Emotion self-check, Evaluate thoughts, Define goals, Options, and Make a contribution) that can be used by trauma survivors to regulate extreme emotion states, manage intrusive trauma memories, promote self-efficacy, and achieve lasting recovery from trauma. TARGET can be adapted to assist men and women from various age groups, cultures, and ethnicities.	Eleanor Tandler Chief Executive Officer Advanced Trauma Solutions, Inc. 406 Farmington Avenue Farmington, CT 06032 Phone: (860) 676-7788 E-mail: elt@uconnrd.com Web site: http://www.ptsdfreedom.org

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EBPs	Description	Source for Information
Trauma Recovery and Empowerment Model (TREM)	The Trauma Recovery and Empowerment Model (TREM) is a fully manualized group-based intervention designed to facilitate trauma recovery among women with histories of exposure to sexual and physical abuse. Drawing on cognitive restructuring, psychoeducational, and skills-training techniques, the gender-specific 24-29 session group emphasizes the development of coping skills and social support. It addresses both short- and long-term consequences of violent victimization, including mental health symptoms, especially posttraumatic stress disorder (PTSD) and depression, and substance abuse. TREM has been successfully implemented in a wide range of service settings (mental health, substance abuse, criminal justice) and among diverse racial and ethnic populations.	Rebecca W. Berley, M.S.W. Director of Trauma Education Community Connections 801 Pennsylvania Avenue, SE, Suite 201 Washington, DC 20003 Phone: (202) 608-4735 E-mail: rwolfson@ccdc1.org Web site: http://www.ccdc1.org

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Personal Health Services		
EBPs	Description	Source for Information
Approaches to HIV/AIDS Education in Drug Treatment	This is an easy-to-follow manual designed to assist counselors in leading educational groups on HIV/AIDS. The manual offers a 4-session core curriculum that addresses HIV transmission, safer sex and injection practices, HIV testing, and personal risk reduction. Stand-alone teaching outlines also are provided for additional creative exercises and activities that promote HIV/AIDS awareness and prevention.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies of <i>Approaches to HIV/AIDS Education in Drug Treatment</i> are available through Lighthouse Institute , a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$17, plus \$5 shipping and handling. To order, contact the <u>Lighthouse Publications Web Site</u> , phone toll-free (888) 547-8271, or FAX (309) 829-4661.

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Family and Friends		
EBPs	Description	Source for Information
Behavioral Couples (Marital) Therapy	BCT is described previously in this inventory.	These and other BCT manuals can be obtained free by downloading from the Addiction and Families Research Group web site: URL: http://www.addictionandfamily.org or by emailing a request to: devans@addictionandfamily.org
Network Therapy	Network Therapy is a substance-abuse treatment approach that engages members of the patient's social support network to support abstinence. Key elements of the approach are: (1) a cognitive-behavioral approach to relapse prevention in which patients learn about cues that can trigger relapse and behavioral strategies for avoiding relapse; (2) support from the patient's natural social network; and (3) community reinforcement techniques engaging resources in the social environment to support abstinence. Network Therapy patients typically participate in outpatient treatment twice per week for 12-24 weeks. The patient participates in weekly individual therapy sessions and weekly sessions attended by network members approved by the therapist. Patients agree to contingency contracts agreeing to aversive consequences if they use targeted drugs. Some practitioners ask patients to submit urine samples for testing.	Marc Galanter, M.D. Professor, Department of Psychiatry Director, Division of Alcoholism and Drug Abuse New York University School of Medicine 550 First Avenue New York, NY 10016 Phone: (212) 263-6960 E-mail: marcgalanter@nyu.edu

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Supportive Networks		
EBPs	Description	Source for Information
Cognitive Behavioral Therapy: Treating Cocaine Addiction	Descriptive info is available previously in this inventory. <i>*Supportive networks are discussed throughout the treatment process.</i>	This manual can be downloaded at the following website: www.drugabuse.gov/TXManuals/CBT/CBT1/html It is a public domain document.
Community Reinforcement Approach (CRA) with Vouchers	This model has been utilized successfully for behavioral change and management.	Available to download free from NIDA online: http://www.drugabuse.gov/TXManuals/CRA/CRA1.html
Double Trouble in Recovery (DTR)	Double Trouble in Recovery (DTR) is a mutual aid, self-help program for adults ages 18-55 who have been dually diagnosed with mental illness and a substance use disorder. In a mutual aid program, people help each other address a common problem, usually in a group led by consumer facilitators rather than by professional treatment or service providers. DTR is adapted from the Twelve Steps of Alcoholics Anonymous. DTR meetings follow the traditional 12-step format, which includes group member introductions, a presentation by a speaker with experiences similar to those of the meeting attendees, and time for all attendees to share their experiences with the group. Meetings typically last 60-90 minutes.	Howard Vogel, M.S.W. Executive Director Double Trouble in Recovery, Inc. P.O. Box 245055 Brooklyn, NY 11224 Phone: (718) 373-2684 E-mail: information@doubletroubleinrecovery.org Web site: http://www.doubletroubleinrecovery.org

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EBPs	Description	Source for Information
Mapping Your Steps	Provides mapping templates for helping clients work their 12-step program and contemplate the deeper, personal relevance of each step. This manual is an excellent resource for counselors who want to assist clients interested in immersing themselves in the steps and traditions of groups like Alcoholics Anonymous, Narcotics Anonymous, or Cocaine Anonymous. The approach is suitable for both “old-timers” and for clients who are new to 12-step work. The maps encourage reflection and serious consideration of the foundational ideas of 12-step programs such as powerlessness, concepts of a Higher Power, moral inventories, making amends, and helping others. In addition, the manual includes maps to explore popular AA slogans, the Twelve Traditions, and the <i>Serenity Prayer</i> .	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html
Twelve Step Facilitation Therapy	As this process is also successfully utilized to enhance engagement in treatment, it is listed and described under the Engagement section of this inventory	http://www.niaaa.nih.gov/publications/match.htm Cost: \$6.00 per copy (includes shipping and handling).

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Post Treatment		
EBPs	Description	Source for Information
Cognitive-Behavioral Coping Skills Therapy	* <i>Discussion of relapse is part of the sessions.</i> This model has also been proven effective with behavior change and management and is described previously in this inventory.	http://pubs.niaaa.nih.gov/publications/match.htm Cost: \$6.00 per copy (includes shipping and handling).
Motivational Enhancement Therapy	* <i>Some discussion of relapse.</i> This model has also been proven effective with engagement and is described previously in this inventory..	Volume 2-Motivational Enhancement Therapy Manual , 121 pp. NIH Pub. No. 94-3723. 1994. http://pubs.niaaa.nih.gov/publications/match.htm#ordering Cost: \$6.00 per copy cost recovery fee - includes shipping and handling.
Relapse Prevention Therapy	Individuals learn to identify and correct problematic behaviors. RPT encompasses several cognitive-behavioral strategies that facilitate abstinence as well as provide help for people who experience relapse.	Clinical Guidelines for Implementing Relapse Prevention Therapy. Illinois: The Behavioral Health Recovery Management Project. Download free: http://www.bhrm.org/guidelines/RPT%20guideline.pdf
Straight Ahead: Transition Skills for Recovery	Provides substance abuse treatment professionals with a step-by-step curriculum for leading a 10-session workshop designed to reinforce key recovery concepts.	The entire manual or sections are available free: http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies of <i>Straight Ahead: Transition Skills for Recovery</i> are available through Lighthouse Institute , a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$19, plus \$4 shipping and handling. To order, contact the Lighthouse Publications Web Site , phone toll-free (888) 547-8271, or FAX (309) 829-4661.
Twelve Step Facilitation Therapy	As this process is also successfully utilized to enhance engagement in treatment, it is listed and described under the Engagement section of this inventory.	http://www.niaaa.nih.gov/publications/match.htm Cost: \$6.00 per copy (includes shipping and handling).

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Part II: Evidence-based Practices

For Adolescent Substance Abuse Treatment Programs

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Screening and Assessment		
EBPs	Description	Source for Information
ASAM Patient Placement Criteria 2nd Edition- Revised	ASAM Patient Placement Criteria comprise of a system for treatment matching to level of care based on need and is the most widely used and comprehensive national guidelines for placement, continued stay and discharge of patients with alcohol and other drug problems.	The ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders is an essential tool for use in treatment planning and in working with managed care organizations, and public and private treatment providers. To place an order, contact the ASAM Publications Distribution Center at 1-800-844-8948. It is available at a cost of \$70 for ASAM members and \$85 for nonmembers. Quantity discounts are also available. SHIPPING: 12% for U.S. orders; 15% for Canada. International orders will be billed actual cost.
Adolescent Diagnostic Interview	Based on DSM-IV, this interview provides a diagnosis for psychoactive substance use disorders in adolescents. The <i>ADI</i> systematically assesses psychoactive substance use disorders in 12- to 18-year-olds. This structured interview also evaluates psychosocial stressors, school and interpersonal functioning, and cognitive impairment. In addition, it screens for specific problems commonly associated with substance abuse.	Dr. Ken Winters Phone: (612)273-9815 Email: winte001@umn.edu Professor in the Department of Psychiatry and Director of the Center for Adolescent Substance Abuse Research at the University of Minnesota URL: http://www.wpspublish.com
Adolescent Drug Abuse Diagnosis (ADAD)	ADAD is a 150-item instrument for structured interviewer administration that produces a comprehensive evaluation of the client and provides a 10-point severity rating for each of nine life problem areas.	For a free download of the instrument and manual: URL: http://eib.emcdda.europa.eu/html.cfm/index3530EN.html
Adolescent Drinking Index (ADI)	ADI is a 24-item rating scale that quickly assesses alcohol use disorders in adolescents with psychological, emotional, or behavioral problems. It also identifies adolescents who need further alcohol evaluation or treatment. ADI defines the type of drinking problem and can help develop treatment plans and recommendations.	Psychological Assessment Resources, Inc. PO Box 998 Odessa, FL 33556 Phone: (800) 331-8378 URL: http://www.parinc.com

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EBPs	Description	Source for Information
Comprehensive Adolescent Severity Inventory (CASI)	This instrument is designed to provide a comprehensive, in-depth assessment of the severity of an adolescent's substance use and other related areas.	Alicia Webb Center for Studies of Addiction VA Medical Center University and woodland Building 7 Philadelphia, PA 19104 (215)823-4674
Drug Use Screening Inventory – Revised (DUSI-R)	DUSI-R is a 159-item instrument that documents the level of involvement with a variety of drugs and quantifies severity of consequences associated with drug use. The profile identifies and prioritizes intervention needs and provides an informative and facile method of monitoring treatment and aftercare.	Dave Gorney The Gordian Group PO Box 1587 Hartsville, SC 29950 Phone (843)383-2201
Brief Alcohol Screening and Intervention for College Students (BASICS)	<p>Designed to help students make better alcohol-use decisions. BASICS is an alcohol skills training program (ASTP) that aims to reduce harmful consumption and associated problems in students who drink alcohol. Specifically, hazardous drinking behaviors in college students. The key elements underlying the ASTP approach include 1) the application of cognitive-behavioral self-management strategies (based on the relapse prevention model); 2) the use of motivational enhancement techniques; and, 3) the use of harm reduction principles.</p> <p>As a harm reduction approach, BASICS aims to motivate students to reduce risky behaviors rather than focus on a specific drinking goal such as abstinence or reduced drinking. For maximal flexibility, each session is tailored to the client's own risk factors and circumstances, as well as to the severity of the client's abuse or dependence. Also, to minimize program cost, the intervention can be easily modified for implementation by a wide variety of care providers with ranges of clinical experience.</p>	Purchase from: The Guilford Press, 72 Spring Street, New York, NY 10012. URL: http://www.guilford.com . Price per manual is \$30.00

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EBPs	Description	Source for Information
Global Appraisal of Individual Needs (GAIN)	The GAIN has 8 core sections containing questions on the recency of problems, breadth of symptoms, and recent prevalence as well as lifetime service utilization, recency of utilization, and frequency of recent utilization. The items are combined into over 100 scales and subscales that can be used for DSM-IV based diagnoses, ASAM-based level of care placement, and outcome monitoring.	Michelle White Research Scientist Assistant Director of GAIN Coordinating Center Chestnut Health systems 722 W. Chestnut St. Bloomington, IL 61701 (309)820-3543 x 83439 Email: MWhite@chestnut.org URL: http://www.chestnut.org/LI/GAIN/index.html
Global Appraisal of Individual Needs – Quick (GAIN-Q)	A shorter, general assessment used to identify various life problems among adolescents in the general population when a full biopsychosocial is not needed. Designed for use by personnel in diverse settings (e.g., Student Assistance Programs, health clinics, juvenile justice,), the instrument is used to identify those in need of a longer, more detailed assessment; identify those who may benefit from a brief intervention; and guide staff to make effective referral and placement decisions.	Michelle White Research Scientist Assistant Director of GAIN Coordinating Center Chestnut Health systems 722 W. Chestnut St. Bloomington, IL 61701 (309)820-3543 x 83439 Email: MWhite@chestnut.org URL: http://www.chestnut.org/LI/GAIN/index.html
Mini International Neuropsychiatric Interview (M.I.N.I. – Kid)	The M.I.N.I.-Kid is a short, structured diagnostic interview for DSM-IV and ICD-10 psychiatric disorders. With an administration time of approximately 15 minutes, the M.I.N.I.-Kid is a structured psychiatric interview for diagnostic evaluation and outcome tracking.	Juris Janavs, M.D. Email: jjanavs@hsc.usf.edu University of South Florida College of Medicine Department of Psychiatry and Behavioral Medicine 3515 East Fletcher Ave Tampa, FL 33163 Phone: (813)974-4544 URL: http://www.medical-outcomes.com
Problem Oriented Screening Instrument for Teenagers (POSIT)	POSIT is a screening tool designed to identify potential problem areas that require further in-depth assessment. Depending on the results of the in-depth assessment, early therapeutic intervention or treatment and related services may be necessary. POSIT can be utilized by school personnel, juvenile and family court personnel, medical and mental health care providers, and staff in substance use disorder treatment programs.	For a free download of the instrument : http://eib.emcdda.europa.eu/html.cfm/index3654EN.html

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EBPs	Description	Source for Information
<p>Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)</p>	<p>SAFERR is based on the premise that when parents misuse substances and maltreat their children, the only way to make sound decisions for these families is to draw from the talents and resources of at least three systems; child welfare, substance abuse treatment, and the courts. The SAFERR model and this guidebook were developed by the National Center on Substance Abuse and Child Welfare (NCSACW). The model includes screening and assessment tools and efficient communication strategies that support sound and timely decisions about the safety of children and about the treatment and recovery of parents. It includes guidance for developing collaborative relationships between the systems to help improve outcomes for these families.</p>	<p>For a free download of the manual, go to URL: www.ncsacw.samhsa.gov/files/SAFERR.pdf</p>

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Early Engagement		
EBPs	Description	Source for Information
Brief Alcohol Screening and Intervention for College Students (BASICS)	Because this is a combined screening, engagement, intervention, and social skills training tool, it also appears under several other sections of this inventory.	Purchase from: The Guilford Press, 72 Spring Street, New York, NY 10012. URL: http://www.guilford.com . Price per manual is \$30.00
Cannabis Youth Treatment (CYT)	Designed to adapt 5 promising adolescent treatments for use in clinical practice, and then to field test their effectiveness in the largest randomized experiment ever conducted with adolescent marijuana users seeking outpatient treatment. These treatments vary in terms of length (6-14 weeks), mode (individual, group, and family), planned number of sessions (5 to 23), theoretical orientation, and their approach to resource utilization and cost.	The manual is available to download free on the Chestnut Health Systems web site, URL: http://www.chestnut.org/LI/cyt/products/index.html#treatment . Print copies can be ordered free from SAMHSA's National Clearinghouse for Alcohol & Drug Information. http://ncadi.samhsa.gov/
Motivational Interviewing (MI)	Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.	Thousands of references are readily available which reference this practice. An excellent site with multiple links is: http://www.motivationalinterview.org/library/abstractsemp.html . Several manuals are available to accessed on line from http://www.motivationalinterview.org/clinical/METDrugAbuse.PDF

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Behavioral Change / Management		
EBPs	Description	Source for Information
Adolescent Portable Therapy: A Practical Guide for Service Providers	This is an intensive family-and community-based intervention developed to treat adolescents who are heavy substance abusers. It was created to serve juvenile justice-involved adolescents and their families as the young people move through the justice system and reenter the community. The model is designed to be flexible enough to be adapted to other environments and with other client populations where a home-based family therapy intervention is indicated. The manual emphasizes: strength-based approaches to assessment and treatment, integrating Cognitive Behavioral and Family Therapy techniques, and techniques for helping the adolescent and family to function within larger systems.	Download a free copy of the manual from: www.chestnut.org/LI/downloads/Manuals/APT_Manual_august_2005.pdf Contact Information: Evan Elkin, M.A. Phone: (212) 376-3036 E-Mail: eelkin@vera.org Web Site: www.vera.org/APT
Behavioral Therapy for Adolescents	Incorporates the principle that unwanted behavior can be changed by clear demonstration of the desired behavior and consistent reward of incremental steps toward achieving it. Therapeutic activities include fulfilling specific assignments, behavior rehearsal, and recording and reviewing progress. Positive reinforcement is given for meeting assigned goals. Urine samples are collected regularly to monitor drug use. The therapy aims to equip the patient to gain three types of control: Stimulus Control, Urge Control & Social Control. A parent or significant other attends treatment sessions when possible and assists with therapy assignments and reinforcing desired behavior.	There is not a specific manual. Supporting information can be found through the following resources: <ul style="list-style-type: none"> • Azrin NH, Acierno R, Kogan E, Donahue B, Besalel V, McMahon PT. Follow-up results of supportive versus behavioral therapy for illicit drug abuse. <i>Behavioral Research & Therapy</i> 34(1): 41-46, 1996. • Azrin NH, McMahon PT, Donahue B, Besalel V, Lapinski KJ, Kogan E, Acierno R, Galloway E. Behavioral therapy for drug abuse: a controlled treatment outcome study. <i>Behavioral Research & Therapy</i> 32(8): 857-866, 1994. • Azrin NH, Donohue B, Besalel VA, Kogan ES, Acierno R. Youth drug abuse treatment: A controlled outcome study. <i>Journal of Child & Adolescent Substance Abuse</i> 3(3): 1-16, 1994.

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Brief Alcohol Screening and Intervention for College Students (BASICS)	Because this is a combined screening, engagement, intervention, and social skills training tool, it also appears under several other sections of this inventory.	Purchase from: The Guilford Press, 72 Spring Street, New York, NY 10012. URL: http://www.guilford.com . Price per manual is \$30.00
Brief Strategic Family Therapy (BSFT)	This is a brief intervention used to treat adolescent drug use that occurs in conjunction with other problem behaviors. These behaviors include things such as conduct problems at home and at school, oppositional behavior, and delinquency, associating with antisocial peers, aggressive and violent behavior, and risky sexual behavior. Family interactions are thought to maintain or exacerbate adolescent drug abuse and other behavioral problems are targeted. Treatment typically involves 12-24 sessions, each 90 minutes in length, for 4 months. Additionally, there ay be up to 8 “booster” sessions. The number of sessions needed depends on the severity of the problem.	Available from NIDA online: URL: http://www.drugabuse.gov/TXManuals/bsft/BSFtIndex.html
Cannabis Youth Treatment (CYT)	Designed to adapt 5 promising adolescent treatments for use in clinical practice, and then to field test their effectiveness in the largest randomized experiment ever conducted with adolescent marijuana users seeking outpatient treatment. These treatments vary in terms of length (6-14 weeks), mode (individual, group, and family), planned number of sessions (5 to 23), theoretical orientation, and their approach to resource utilization and cost.	The manual is available to download free on the Chestnut Health Systems web site, URL: http://www.chestnut.org/LI/cyt/products/index.html#treatment . Print copies can be ordered free from SAMHSA’s National Clearinghouse for Alcohol & Drug Information. http://ncadi.samhsa.gov/

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EBPs	Description	Source for Information
Chestnut Health Systems – Bloomington Adolescent Outpatient (OP) and Intensive Outpatient (IOP) Treatment Model	This treatment model is designed for youth between the ages of 12 and 18 who meet ASAM criteria for Level I or Level II placement. The model incorporates outpatient and intensive outpatient programs and is based on four theoretical frameworks (Rogerian, behavioral, cognitive, and reality) for behavioral and emotional change. The program emphasizes an individualized treatment plan that includes the family unit as well as the adolescent. The two primary treatment approaches in this model are skill-building and counseling groups.	Susan H. Godley, Rh.D. Senior Research Scientist Chestnut Health Systems, Inc. 720 West Chestnut Street Bloomington, IL 61701 Phone: (309)820-3543 ext 83343 Email: sgodley@chestnut.org URL: http://www.chestnut.org
Family Behavior Therapy (FBT)	FBT is an outpatient behavioral treatment aimed at reducing drug and alcohol use in adults and youth along with common co-occurring problem behaviors such as depression, family discord, school and work attendance, and conducts problems in youth. This treatment approach owes its theoretical underpinnings to the Community Reinforcement Approach and includes a validated method of improving enlistment and attendance. Participants attend therapy sessions with at least one significant other, typically a parent.	Bradley Donohue, Ph.D. Associate Professor – Dept. of Psychology University of Nevada, Las Vegas 4505 Maryland Parkway Box 455030 Las Vegas, NV 89154 Phone: (702) 895-3305 Email: Bradley.Donohue@unlv.edu URL: http://www.unlv.edu/centers/achievement
Family Support Network (FSN) for Adolescent Cannabis Users	This intervention seeks to extend the focus of treatment beyond the world of the adolescent by engaging the family, a major system in his or her life. FSN consists of several components, each designed to achieve specific objectives: <ul style="list-style-type: none"> • Case management • Six parent education (PE) groups • Three or four in-home family therapy sessions. The FSN process is a family intervention designed to be used in conjunction with any standard adolescent treatment approach.	<u>Family Support Network for Adolescent Cannabis Users, Cannabis Youth Treatment (CYT) Series, Volume 3.</u> (DHHS Pub. No. (SMA) 01-3488.) Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2001. Order from the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686 or 1-800-487-4889 (TDD) Download from the SAMHSA KAP web site: URL: http://kap.samhsa.gov/products/manuals/cyt

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EBP	Description	Source for Information
Group-Based Outpatient Treatment for Adolescent Substance Abuse	This manual describes a moderate-intensity group-based approach to adolescent outpatient substance abuse treatment. The program combines a 20-week group counseling intervention with individual and family therapy and is designed to address the issues and problems commonly facing adolescent substance abusers (ages 14-18). The program has its foundations in social learning theory and conditioning. The manual includes information on topics including: theoretical orientation, overview of the group-based treatment, relapse prevention, organizational overview, drug education, and parent education and support group curricula	The manual can be downloaded for free from: www.chestnut.org/LI/downloads/Manuals/Catonsville(DRAFT).pdf Author Contact Information: Ms. Emily Sears (410) 837-3977
Motivational Interviewing (MI)	Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.	Thousands of references are readily available which reference this practice. An excellent site with multiple links is: http://www.motivationalinterview.org/library/abstractsemp.html . Several manuals are available to accessed on line from http://www.motivationalinterview.org/clinical/METDrugAbuse.PDF
Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users	CYT Vol. 1: MET/CBT5 - This is a five-session treatment composed of two individual sessions of Motivational Enhancement Therapy (MET) and three weekly group sessions of Cognitive-Behavioral Therapy (CBT). The MET sessions focus on factors that motivate participants who abuse substances to change. Participants learn skills to cope with problems and meet needs in ways that do not involve turning to marijuana or alcohol. CYT Vol. 2: MET/CBT12 - This treatment is composed of 2 sessions of MET and 10 weekly group sessions of CBT. It is designed to provide more of the same kind of treatment as MET/CBT5 to test for dosage effects and is more in line with what many providers try to provide.	AVAILABILITY: While supplies last, hard copies of the CYT treatment manuals are available for free from the National Clearinghouse for Alcohol and Drug Information (NCADI) at http://www.health.org , or by calling 1-800-729-6686 or 1-800-487-4889 (TDD). The manuals can also be downloaded from the Chestnut Health Systems web site: URL: http://www.chestnut.org/LI/cyt/products/index.html#treatment .

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EBP	Description	Source for Information
<p>Multidimensional Family Therapy (MDFT)</p>	<p>Meant to treat polydrug-abusing adolescents by targeting the individual adolescent, the parent(s), the relationship between children and parents, and other systems (school, peers, juvenile justice, etc.). Interventions work within the multiple ecologies of adolescent development, and they target the processes known to produce and/or maintain drug taking and related problem behaviors. MDFT typically involves 14-16 weekly sessions, ranging from 60-90 minutes each, and incorporating both individual and family formats.</p>	<p>Multidimensional family therapy for adolescent cannabis users. Cannabis Youth Treatment (CYT) Series, vol 5. (DHHS Pub. No. 02-3660). Rockville, MD: SAMHSA, Center for Substance Abuse Treatment, 244p. Order free print copy from National Clearinghouse for Alcohol & Drug Information (Inventory #BKD388); or purchase print copy (\$30) or download free from Chestnut Lighthouse URL: www.chestnut.org/LI/cyt/products/index.html#treatment</p>
<p>Multisystemic Therapy (MST): Primary Manual for Treating Serious Antisocial Behavior in Adolescents</p>	<p>MST is a family and community-based treatment for adolescents presenting serious antisocial behavior and who are at imminent risk of out-of-home placement. It is a manualized treatment that includes a comprehensive set of risk factors targeted through individualized interventions. The interventions integrate empirically-based clinical techniques into a broad-based ecological framework that addresses relevant factors across family, peer, school and community contexts. Interventions focus on promoting behavioral changes in the youth's natural ecology by empowering caregivers with skills and resources to address difficulties that will arise in raising adolescents</p>	<p>Primary Manual for Treating Serious Antisocial Behavior in Adolescents. Henggeler, S.W., Schoenwald, S.K., Borduin, C.M., Rowand, M.D., & Cunningham, P.B. (1998). <i>Multisystemic treatment of antisocial behavior in children and adolescents</i>. New York: Guilford Press.</p> <p>To purchase the manual, (\$38) from Guilford Press (Catalogue number 0106), go to URL: www.guilford.com/cgi-bin/cartscript.cgi?page=pr/henggeler.htm&dir=pp/cpap</p>

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EBPs	Description	Source for Information
Multisystemic Therapy (MST) for Juvenile Offenders	This treatment intervention addresses the multidimensional nature of behavior problems in troubled youth. Treatment focuses on those factors in each youth's social network that are contributing to his or her antisocial behavior. The primary goals of MST programs are to decrease rates of antisocial behavior and other clinical problems, improve functioning (e.g., family relations, school performance), and achieve these outcomes at a cost savings by reducing the use of out-of-home placements such as incarceration, residential treatment, and hospitalization. The ultimate goal of MST is to empower families to build a healthier environment through the mobilization of existing child, family, and community resources. MST is delivered in the natural environment (in the home, school, or community). The typical duration of home-based MST services is approximately 4 months, with multiple therapist-family contacts occurring weekly. Specific treatment techniques used to facilitate these gains are based on empirically supported therapies, including behavioral, cognitive behavioral and pragmatic family therapies.	Melanie Duncan, Ph.D. Program Development Coordinator MST Services, Inc. 710 Johnnie Dodds Boulevard Suite 200 Mt. Pleasant, SC 29464 Phone: (843) 856-8226 Fax: (843) 856-8227 E-mail: melanie.duncan@mstservices.com
Partners in Parenting	Contains materials for an 8-session structured workshop that allows participants to practice parenting strategies and discuss their experiences with others.	The entire manual or sections are available free: www.ibr.tcu.edu/pubs/trtmanual/manuals.html Printed copies are available through Lighthouse Institute, a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. Price per manual is \$25, plus \$5 shipping and handling. To order, contact Lighthouse Publications toll free (888) 547-8271, or FAX (309) 829-4661.

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EBPs	Description	Source for Information
Phoenix Academy Clinical Manual	The Phoenix Academy is a modified therapeutic community treatment model for adolescent substance abusers. It is one of the few approaches shown to be effective with substance abusing adolescents. The effective treatment model includes program philosophy, treatment structure, sanctions and privileges, treatment admissions processes, resident job functions and hierarchy, school as a therapeutic intervention, clinical approach, program staffing and training, family programming, and group and individual interventions.	The Phoenix Academy Clinical Manual can be downloaded free from URL: www.chestnut.org/LI/downloads/Manuals/Phoenix_Academy_Manual_merged.pdf
Project Towards No Tobacco Use (Project TNT)	Project TNT is a classroom-based curriculum that aims to prevent and reduce tobacco use by students in grades 5-9 (10-14 years old). The intervention was developed for a universal audience and has served students with a wide variety of risk factors. Project TNT is based on the theory that youth will be better able to resist tobacco use if they are aware of misleading information that facilitates tobacco use, have skills that counteract the social pressures to obtain approval by using tobacco, and appreciate the physical consequences of tobacco use. Project TNT comprises 10 core lessons and 2 booster lessons, all 40-50 minutes in duration.	Jim Miyano Institute for Health Promotion and Disease Prevention Research University of Southern California 1000 South Fremont Avenue, Unit 8, suite 4112 Alhambra, CA 91803 Phone: (800)400-8461 Email: miyano@usc.edu URL: http://www.und.usc.edu/tnt/
Seeking Safety	Seeking Safety is a present-focused treatment for adolescents with a history of trauma and substance abuse. The treatment is designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential). Seeking Safety focuses on coping skills and psychoeducation and has 5 key principles: (1) safety as the overarching goal; (2) integrated treatment; (3) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; (4) content areas of cognitive, behavioral, interpersonal, and case management; and (5) attention to clinician processes.	Lisa Najavits, Ph.D. Director, Treatment Innovations Professor of Psychiatry, Boston University School of Medicine Lecturer, Harvard Medical School 12 Colbourne Crescent Brookline, MA 02445 Phone: (617)731-1501 Email: Lnajavits@hms.harvard.edu URL: http://www.seekingsafety.org

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EBPs	Description	Source for Information
Teen Intervene	Teen Intervene is an early intervention program targeting 12-19 year olds who display the early stages of alcohol or drug use problems but do not use these substances daily or demonstrate substance dependence. Integrating stages of change theory, motivational enhancement, and cognitive-behavioral therapy, this intervention aims to help teens reduce and ultimately eliminate their alcohol and other drug use. The program is administered in a school setting in two or three 1-hour sessions conducted 10 days apart.	<p>Roxanne Schladweiler Director of Sales Hazelden Publishing and Educational Services 15251 Pleasant Valley Road Center City, MN 55012 Phone: (800)328-9000 Email: rschladweiler@hazelden.org</p> <p>URL: http://www.hazelden.org/bookstore</p>
The Adolescent Community Reinforcement Approach for Adolescent Cannabis Users	This evidence-based practice outlines 12-individual sessions for adolescents and their parents or caregivers that utilize an individual, flexible, behavioral approach. The manual provides detailed instructions on how to help the client learn more effective coping skills and can be used in rural areas or where forming therapy groups may be difficult.	<p>You can obtain free copies of this manual by contacting SAMHSA’s National Clearinghouse for Alcohol and Drug Information (NCADI):</p> <p>Phone: (800) 729-6686 or URL: http://store.health.org</p> <p>Ask for DHHS Publication No. (SMA) 01-3489</p>

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