



Alcohol and Drug Abuse Division



Colorado Department of Human Services

people who help people

**Colorado Department Of Human Services
Alcohol And Drug Abuse Division**

**ADAD APPROVED EDUCATION AND
TREATMENT CURRICULA**

November 2007

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Part I — Basis and Purpose of This Manual

The Alcohol and Drug Abuse Division (ADAD) is authorized by Colorado statute to license and approve programs that provide substance abuse education and treatment, and has approved substance use disorder treatment rules that define the requirements for such licensure. ADAD Treatment Rules require the use of manualized curricula for education and treatment programs for the following populations:

- Minors
- Impaired driving (DUI) offenders
- Non-DUI offenders

Curricula used must be approved by ADAD, and must be approved for use on the populations for which the programs are licensed. Use of non-approved curricula will not be accepted by ADAD and may result in modification of the agency license.

Programs that wish to use a curriculum that is not listed in this manual as being approved for the population they serve may submit that curriculum to ADAD for review. If not approved, the curriculum may be resubmitted with appropriate changes for reconsideration by ADAD. Approval of a curriculum applies only to the version reviewed and does not assume that previous or future versions are approved. Please follow the protocol described in this manual when submitting a curriculum to ADAD for review.

The purpose of this manual is to present a list of currently ADAD-approved curricula and directions for submitting applications for curricula not yet approved or not yet approved for a special population.

ADAD is interested in supporting the implementation of evidence-based or best practices approaches and each curriculum included in this compendium meets these standards. ADAD also recognizes that there are many evidence-based treatment approaches for general or specific treatment populations that are not in a manual format, such as Opioid Replacement Therapies, Multi-Systemic Therapy, and Motivational Interviewing. The role of this compendium is to focus on curricula designed specifically for the populations where curriculum based education or treatment services are required, but includes curricula for general use. Resource materials are also included in the appendix.

PART II — CURRICULUM APPROVAL CRITERIA

ADAD is committed to supporting the use of evidence-based or best practices approaches. While each curriculum included in this compendium meets this criteria, by no means is this list exhaustive, and thus, a process for submitting an application to request ADAD approval for an unlisted curriculum is presented in Part IV of this compendium. Curriculum must be submitted in manual format and include:

- Completed *Application for Curriculum Review*
- One full set of all materials
- A guide for the provider
- A participant workbook and/or a copy of all client handouts and worksheets that complement instructor material
- Documentation that the curriculum is research-based and/or incorporates best practices for the population served
- Any required training or clinical competencies needed to facilitate the curriculum

PART III — POPULATION-SPECIFIC CRITERIA

ADAD Treatment Rules require the use of approved curricula for certain populations. Each of these specialty populations has specific content that approved curricula must address, at minimum. This section provides an overview of the minimum requirements for the populations where the use of an approved curriculum is required.

Programs furnishing non-English education/treatment shall submit curricula and other materials along with English translation.

1. Treatment of Minors

- a. A license to treat minors requires that an agency demonstrate and implement the use of evidence-based, developmentally appropriate therapeutic approaches. Essential components of effective treatment for adolescents, include, but are not limited to the following elements:
 - 1) Screening and assessment instruments developed specifically for adolescents
 - 2) Level of effectiveness of the program
 - 3) Engagement and retention of the youth and their families
 - 4) Curricula will reference the use of evidence-based approaches
 - 5) Match the needs of the youth to the services an agency can provide
 - 6) Strength-based approaches
 - 7) Comprehensive, integrated treatment whenever possible
 - 8) Family involvement, which may include when appropriate, assessment; parent education; multi-family groups; and family therapy
 - 9) Qualified staffs that recognize psychiatric problems, understand adolescent development, and have experience working with this population
 - 10) Gender and cultural competency
 - 11) Continuing care services such as relapse prevention groups, follow-up plans and referrals to community that may offer positive, supportive roles
- b. Program evaluations, parent satisfaction surveys or periodic follow-up studies should be conducted to measure treatment effectiveness or best practice and must be developmentally appropriate and congruent with the services offered at the agency

- c. The use of age appropriate, evidence-based curricula is required and shall include, as appropriate:
 - 1) Recreational, social, and cultural activities as alternatives to alcohol/other drug use/abuse
 - 2) Peer support groups
 - 3) Academic/vocational programs
 - 4) The impact of and recovery from violence and trauma
 - 5) Relapse prevention including at a minimum:
 - Refusal skills
 - Identifying high-risk situations
 - Relapse triggers
 - Role of anger and stress in the relapse process
 - Role of cognitive distortions in the relapse process
2. Impaired Driving (DUI) Offender Services
- a. DUI services must be provided by an agency licensed by ADAD to provide such services
 - b. Curricula must provide the minimum hours and weeks of education or treatment
 - 1) Level I Education shall be 12 hours of instruction. No more than 6 hours shall be conducted in one calendar day
 - 2) Level II Therapeutic Education shall be conducted in outpatient settings, shall be 12 weeks in length, and shall total 24 hours in duration
 - 3) Level II Therapy Track A shall be a minimum of 42 hours of group and/or individual Level II therapy conducted over a period not less than 21 weeks (5 months)
 - 4) Level II Therapy Track B shall be a minimum of 52 hours of group and/or individual Level II therapy conducted over a period not less than 26 weeks (6 months)
 - 5) Level II Therapy Track C shall be a minimum of 68 hours of group and/or individual Level II therapy conducted over a period not less than 34 weeks (8 months)
 - 6) Level II Therapy Track D shall be a minimum of 86 hours of group and/or individual Level II therapy conducted over a period not less than 43 weeks (10 months)
 - c. The following content/topics, at a minimum, shall be presented to Level I and Level II Education clients:
 - 1) Physiological effects of alcohol and other drugs, their effects on driving and their interactions
 - 2) High-risk behavior patterns
 - 3) Psychological and sociological consequences of use/abuse of alcohol and/or other drugs
 - 4) Blood alcohol concentration and effects on driving performance
 - 5) Court penalties

- 6) Motor Vehicle Division laws and penalties, including potential incongruence between court sentence and Motor Vehicle Division requirements
 - 7) Theories of addiction and common treatment approaches
 - 8) Availability of local treatment and self help programs
 - 9) Alternatives to drinking/drugging and driving
 - 10) Impact of impaired driving on victims
 - 11) Understanding behavioral triggers leading to substance use disorders
 - 12) Concepts of relapse and relapse prevention
 - 13) Stress management and substance use
 - 14) Anger management and substance use
 - 15) Decision making skills
 - 16) Development of a personal change plan
- d. Level I Education, Level II Education, and Level II Therapy shall not be combined, nor shall hours completed in one level count as hours completed in another
 - e. Minimally, half of each Level II therapeutic education session shall consist of therapeutically oriented activities, emphasizing group process
 - f. Level II Therapy group sessions (except for IOP) shall not be shorter than 90 minutes of therapeutic contact, not including administrative procedures and breaks
3. Offender Services
- a. Clients shall be engaged in education and treatment for a minimum of 9 months or as required by the referring criminal justice agency
 - b. Frequency and intensity of education and treatment services shall be based on client assessments or as required by referring criminal justice agencies, but shall not be fewer than 2 hours per week
 - c. The following content/topics, at a minimum, shall be presented during offender treatment:
 - 1) Physiological and psychological effects of:
 - Alcohol
 - Marijuana
 - Stimulants
 - Other drugs
 - 2) Signs and symptoms of substance use disorders
 - 3) Stress management and substance use disorders
 - 4) Anger management and substance use disorders
 - 5) Behavioral triggers leading to substance use disorders
 - 6) Drugs in the work place
 - 7) Legal issues and substance use disorders

PART IV — CURRICULUM APPROVAL PROCESS

Agencies wishing to utilize a curriculum not included in this compendium must submit an *Application for Curriculum Review* to ADAD prior to its use. Agencies wishing to utilize a curriculum listed in the *General* section for use with a special population must submit an *Application for Curriculum Review* to ADAD, which includes population-specific modifications, prior to its use. A minimum of 45 days is required for the curriculum approval process.

1. Complete the *Application for Curriculum Review* in the Appendix
2. Submit one complete copy of the curriculum in manual format
3. Documentation must be included which supports that the curriculum is either evidence-based or best practices approach
4. Include a program description, training plan and implementation plan

PART V — CURRICULA

The descriptions of the curricula presented in this manual include materials that were developed by the authors of the curricula. Every effort has been made to assure that the information is accurate. Each of these curricula meets ADAD's criteria and utilizes evidence-based or best practices approaches. The curricula are categorized by population:

- Minors
- Impaired Driving (DUI) Offender
- Offender
- General

MINORS
CURRICULA

Assertive Continuing Care (ACC)

Overview

As its name implies, *Assertive Continuing Care* was originally designed to follow residential treatment because research data indicates that 60 percent or more of treated adolescents return to substance use within the first three months of discharge. Most of these adolescents will use within the first 30 days after discharge. ACC was designed for, and studied with, adolescents regardless of their discharge status based on the theory that even adolescents who do not engage in residential treatment might benefit from this approach since it is an individual approach delivered in the home or community. ACC has also been used in very rural areas where it is difficult for adolescents to get to treatment centers. ACC is a combination of the *Adolescent Community Reinforcement Approach* (ACRA) procedures and case management procedures (hence the two-volume manual set).

ACC is delivered primarily through home visits. Case managers are assertive in their attempts to engage participants. They deliver *Adolescent Community Reinforcement Approach* (ACRA) procedures that include functional analyses of substance use and pro-social behaviors, encouragement of pro-social behaviors, and other relapse-prevention skill training procedures.

ACRA is an adaptation for adolescents of the *Community Reinforcement Approach* (Meyers & Smith, 1995). The accompanying case management manual provides detail about conducting home visits, helping adolescents obtain and follow through with other needed services, and a variety of other functions designed to provide recovery support.

Target Population

The intervention was originally tested in a National Institute of Alcoholism and Alcohol Abuse funded study with adolescents who met criteria for a Diagnostic and Statistical Manual of Mental Disorders (4th ed; American Psychiatric Association, 1994) diagnosis of current alcohol and/or marijuana dependence, were between the ages of 12 and 17, and resided in the multi-county central Illinois area targeted for the intervention. Potential participants were excluded if they left residential treatment prior to their seventh day, were a ward of the state Child Welfare Department (because the state Child Welfare Department did not want wards to participate in research), did not intend to return to a target county upon discharge, were deemed a danger to self or others, or exhibited active, uncontrolled psychotic symptoms. The intervention has since been implemented in various U.S. locations with diverse populations.

Administrative Comments

Typically, case managers/counselors participate in a two-day initial training session to review and practice aspects of the intervention. Training should be followed by a period when sessions are taped and reviewed by a supervisor who is knowledgeable in the approach and who can certify that the counselor is carrying out procedures correctly.

Cost, Copyright, and Source

Both manuals are available for free. The *Assertive Continuing Care Protocol: A Case Manager's Manual for Working with Adolescents After Residential Treatment of Alcohol and Other Substance Use Disorders* can be downloaded from http://www.chestnut.org/LI/BookStore/Blurbs/Manuals/K107-Assertive_Continuing_Care.html

The *Adolescent Community Reinforcement Approach Treatment Manual* is available free either by ordering from the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Clearinghouse for Alcohol and Drug Information (NCADI) at 800-729-6686, 800-487-4889 (TDD), <http://ncadi.samhsa.gov>. The manual is also available to download electronically from: <http://www.chestnut.org/LI/BookStore/index.html#Manuals>.

**Cannabis Youth Treatment Series Volume 1
Motivational Enhancement Therapy and Cognitive Behavioral
Therapy for Adolescent Cannabis Users: 5 Sessions
(MET/CBT5)**

Overview

Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Sessions was developed and tested as part of the Cannabis Youth Treatment (CYT) Study initiated by SAMHSA's Center for Substance Abuse Treatment (CSAT). The CYT Study was designed to test the relative effectiveness of a variety of interventions to help adolescents reduce or eliminate marijuana use.

MET/CBT5 is a brief, structured intervention designed for delivery in an outpatient setting. The model provides for both individual and group work with clients.

Target Population

Adolescents from ages 12–18 with problems related to marijuana use. The manual provides suggestions for addressing alcohol use as well, but was not designed for treating adolescents with poly-substance dependence or those who use substances other than marijuana on a weekly basis.

Administrative Comments

The MET/CBT5 protocol includes an initial assessment followed by two 60-minute individual sessions (one per week). These individual sessions focus on establishing rapport between the counselor and client, enhancing the client's motivation to address his or her marijuana use, setting goals, helping the client examine the role of marijuana use in his or her life, and preparing the client for group sessions.

Individual sessions are followed by three 75-minute group sessions (one per week) focused on helping clients develop basic recovery skills. Topics include learning marijuana refusal skills, planning for pleasant drug-free activities, establishing a social network that will support recovery, coping with high-risk situations, and addressing relapse. Role-play practice exercises are included.

The manual includes a review of the scope, effects, and patterns of marijuana use; a brief overview of the CYT Study; a discussion of the scientific basis for the MET/CBT5 intervention; an overview of the treatment protocol; and step-by-step instructions for conducting each individual and group session. Handouts and worksheets for clients are included. The manual also includes a section on addressing common treatment issues such as client participation problems, clients coming to sessions high, clients missing sessions, and so on.

The manual comes shrink-wrapped and three-hole punched with card stock tabs marking each section, ready to put in a binder.

Cost, Copyright and Source

The MET/CBT5 manual is a publication of the U.S. Department of Health and Human Services, SAMHSA, and is in the public domain. It is available free of charge from NCADI. Call 800-729-6686 or 800-487-4889 (TDD), or order online at <http://ncadi.samhsa.gov> (NCADI Publication No. BKD384).

**Cannabis Youth Treatment Series Volume 2
The Motivational Enhancement Therapy and Cognitive Behavioral Therapy Supplement: 7 Sessions of Cognitive Behavioral Therapy for Adolescent Cannabis Users (CBT7)**

Overview

This manual was developed as a supplement to *Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Sessions (MET/CBT5)*, which provides a short-term, outpatient intervention to help adolescents reduce or eliminate marijuana use. *The Motivational Enhancement Therapy and Cognitive Behavioral Therapy Supplement: 7 Sessions of Cognitive Behavioral Therapy for Adolescent Cannabis Users* is designed to be used **with** MET/CBT5 (to add an additional level of intensity to treatment), **not** as a stand-alone treatment protocol.

Like MET/CBT5, CBT7 was developed and tested as part of the CYT Study initiated by CSAT. The study was designed to test the relative effectiveness of a variety of interventions to help adolescents reduce or eliminate marijuana use.

Target Population

Adolescents from ages 12 – 18 with problems related to marijuana use. The manual provides suggestions for addressing alcohol use as well, but was not designed for treating adolescents with poly-substance dependence or those who use substances other than marijuana on a weekly basis.

Administrative Comments

The CBT7 protocol includes seven 75-minute group sessions (one per week), each focusing on a skill topic: problem-solving, anger awareness, anger management, effective communication, coping with cravings and urges to use marijuana, depression management, and managing thoughts about marijuana. Each session follows a basic sequence: review of clients’ status (current issues or successes), review of real-life practice (homework assignments), presentation of the rationale for the session’s topic, presentation of skill guidelines, and completion of group exercises.

The manual includes an introduction that provides an overview of the manual, a brief review of the scope and significance of the cannabis problem, and a brief overview of the CYT Study; an overview of the CBT7 approach to cannabis treatment; an overview of session components; and step-by-step instructions for conducting each group session. Handouts and homework assignment sheets for clients are included.

The manual comes shrink-wrapped and three-hole punched with card stock tabs marking each section, ready to put in a binder.

Cost, Copyright and Source

The CBT7 manual is a publication of the U.S. Department of Health and Human Services, SAMHSA, and is in the public domain. It is available free of charge from NCADI. Call 800-729-6686 or 800-487-4889 (TDD), or order online at <http://ncadi.samhsa.gov> (NCADI Publication No. BKD385).

**Cannabis Youth Treatment Series Volume 3
Family Support Network for Adolescent Cannabis Users
(FSN)**

Overview

Family Support Network for Adolescent Cannabis Users was developed and tested as part of the CYT Study initiated by CSAT. The study was designed to test the relative effectiveness of a variety of interventions to help adolescents reduce or eliminate marijuana use.

FSN is a multi-component intervention based on the belief that an adolescent’s treatment outcome will be improved if his or her family is involved in the treatment

process. It is designed for use in conjunction with any standard adolescent treatment approach.

Target Population

Adolescents from ages 12 – 18 with problems related to marijuana use. Although adolescents may occasionally use alcohol, those with long histories of drug use (especially cocaine and heroin) or those with serious psychiatric or criminal issues may be inappropriate for this level of treatment.

Administrative Comments

The FSN protocol includes three basic components:

1. **Case Management:** Case management services are available to families throughout treatment, from engaging the family in the treatment process to preparing the family for termination and engaging them in community support services.
2. **Six 90-Minute, Parent Education Groups:** Parent Education sessions are interactive and allow parents to discuss topics such as drugs and adolescents; relapse signs and recovery; and issues around authority, discipline, and setting limits.
3. **Four 90-Minute, In-Home Family Therapy Sessions:** Each session is structured around a specific goal. All sessions involve therapeutic interaction with the entire family, brief individual discussions with siblings, time for families to ask questions, and brief activities relevant to the session’s goal.

The manual includes a brief introduction to and overview of the FSN approach, instructions for conducting Parent Education group sessions and home visits, and a discussion of case management procedures.

The manual comes shrink-wrapped and three-hole punched with card stock tabs marking each section, ready to put in a binder.

Cost, Copyright and Source

The FSN manual is a publication of the U.S. Department of Health and Human Services, SAMHSA, and is in the public domain. It is available free of charge from NCADI. Call 800-729-6686 or 800-487-4889 (TDD), or order online at <http://ncadi.samhsa.gov> (NCADI Publication No. BKD386).

**Cannabis Youth Treatment Series Volume 4
The Adolescent Community Reinforcement Approach for
Adolescent Cannabis Users (ACRA)**

Overview

The *Adolescent Community Reinforcement Approach* is based on the *Community Reinforcement Approach* (Meyers & Smith, 1995) and was adapted to increase its

relevance for adolescents. The program includes 12 individual sessions for adolescents and their parents or caregivers. It uses an individual, flexible, behavioral approach and provides detailed instruction on how to help the client learn more effective coping skills. Modifications described in this manual include:

1. Urine testing and feedback, a procedure that is commonly found in adolescent substance abuse treatment
2. Specific sessions that include a caregiver only and a caregiver and the adolescent together
3. Changes in the Happiness Scale and Goals of Counseling forms, so that the categories are relevant for adolescents
4. Inclusion of dialogue examples that are more representative of interchanges between adolescents and therapists
5. Requirements that snacks be routinely available for the adolescents receiving the intervention.

Some Community Reinforcement Approach procedures previously documented are totally absent (e.g., disulfiram use, marital therapy) because they were considered less relevant for adolescents. This can be used in rural areas or where forming therapy groups may be difficult.

Target Population

The intervention was tested in the CYT Study with adolescents who (a) were between the ages of 12 and 18 at their intake into services, (b) had used cannabis in the past 90 days or 90 days prior to being sent to a controlled environment, and (c) were appropriate for outpatient or intensive outpatient treatment (American Society of Addiction Medicine [ASAM], 1996). Because the goal of the study was to generalize to adolescents who present for publicly funded outpatient treatment in the United States, adolescents were also included if they had other alcohol and/or other drug diagnoses and co-occurring psychiatric disorders (as long as they could be managed at the outpatient level), as well as those with only cannabis abuse diagnoses and/or less than weekly substance use. Adolescents were excluded if they reported use of alcohol 45 or more of the 90 days prior to intake, reported use of other drugs 13 or more of the 90 days prior to intake, reported an acute medical or psychological problem that was likely to prohibit full participation in treatment, or had insufficient mental capacity to understand and provide informed consent or participate in treatment.

Administrative Comments

Typically counselors participate in a two-day initial training session to review and practice aspects of the intervention. Training should be followed by a period when sessions are taped and reviewed by a supervisor who is knowledgeable in the approach and who can certify that the counselor is carrying out procedures correctly.

Cost, Copyright and Source

The treatment manual is available free from NCADI at 800-729-6686, 800-487-4889 (TDD), <http://ncadi.samhsa.gov>. The manual is also available to download electronically from: <http://www.chestnut.org/LI/BookStore/index.html#Manuals>

**Cannabis Youth Treatment Series Volume 5
Multidimensional Family Therapy for Adolescent Cannabis Users (MDFT)**

Overview

Multidimensional Family Therapy for Adolescent Cannabis Users was developed and tested as part of the CYT Study initiated by CSAT. The study was designed to test the relative effectiveness of a variety of interventions to help adolescents reduce or eliminate marijuana use.

MDFT is a family-focused, developmentally based treatment protocol that can be used effectively by both experienced family therapists and substance abuse counselors. The authors recommend that counselors be trained and supervised by a clinician who has a background in family therapy and/or child development.

Target Population

Adolescents from ages 12 – 18 with problems related to marijuana use

Administrative Comments

The MDFT protocol consists of 12 weekly sessions with the family and individuals in the family, as well as phone and case management contacts. Four areas are assessed: the individual adolescent, his or her parents, the family’s environment and patterns of interaction, and the adolescent’s and parents’ interactions with influential extra familial systems (such as schools, the juvenile justice system, and peer and social support networks). Specific interventions are based on this multidimensional assessment and are individualized to each client and family.

MDFT treatment is broken down into three stages, each with its own key activities. Stages include building the foundation (3 weeks), prompting action and change (5 weeks), and sealing changes and termination (4 weeks).

Because MDFT treatment is highly individualized, the manual does not provide step-by-step instructions for conducting treatment activities. Instead, it provides in-depth discussions of rationale, goals, and procedural guidelines and includes numerous counseling vignettes and examples of interventions.

The manual comes shrink-wrapped and three-hole punched with card stock tabs marking each section, ready to put in a binder.

Cost, Copyright and Source

The FSN manual is a publication of the U.S. Department of Health and Human Services, SAMHSA, and is in the public domain. It is available free of charge from NCADI. Call 800-729-6686 or 800-487-4889 (TDD), or order online at <http://ncadi.samhsa.gov> (NCADI Publication No. BKD388).

**EMPACT—Suicide Prevention Center
Teen Substance Abuse Treatment Program
Treatment Manual (TSAT)**

Overview

The *EMPACT Teen Substance Abuse Treatment Program* is part of the *Adolescent Treatment Model (ATM)* program initiated by CSAT. A primary goal of the ATM is to identify potentially exemplary models of adolescent treatment currently being implemented around the country.

TSAT is a 3-month intensive outpatient program. The program is based on cognitive behavioral therapy and family systems therapy and comprises three components: in-home individual and family counseling, Teen Group, and Multifamily Group.

Target Population

Adolescents 12 – 17 years old with substance use disorders or with co-occurring substance use and mental disorders (other than significant psychosis)

Administrative Comments

In-home counseling sessions are provided for all participants. The exact number of sessions varies depending upon need, but in general, families receive 6 hours per week in the first month of treatment, 4 hours per week in the second month, and 2 hours per week in the third month. During individual/family sessions, the counselor and family members review treatment goals and progress, develop crisis plans, discuss family issues, and work on parenting skills when needed.

The Teen Group meets three times per week for 3 hours each time. This group focuses on five basic curriculum areas: substance abuse (7 sessions), recovery (8 sessions), skill-building (9 sessions), health (8 sessions), and relapse prevention (5 sessions). Various techniques are used in the Teen Group including group discussion, worksheets, readings, and movies.

The Multifamily Group meets for 3 hours once each month (in place of the Teen Group). This group focuses on families sharing progress, problems, solutions, support, and resources.

The treatment manual includes overviews of the program, client recruitment and assessment, and treatment components. Each treatment component is discussed in

depth and Facilitator Notes (step-by-step instructions for conducting each Teen Group session and handouts/worksheets) are included in an appendix. The manual also includes discussions of the transfer/discharge process, staffing, quality assurance, and implementation issues.

Cost, Copyright and Source

The *EMPACT TSAT* manual is available through Chestnut Health Systems. It can be downloaded free of charge at <http://www.chestnut.org/LI/BookStore/Blurbs/Manuals/ATM/ATM109-EMPACT.html>, or a hardcopy can be ordered for \$40. Order online at www.chestnut.org/LI/Bookstore or by calling the Lighthouse Institute Bookstore at 888-547-8271 between 8 a.m. and 4:30 p.m. central standard time (order #ATM109).

Group-Based Outpatient Treatment for Adolescent Substance Abuse

Overview

Epoch Counseling Center’s *Group-Based Outpatient Treatment for Adolescent Substance Abuse* is part of the *Adolescent Treatment Model (ATM)* program initiated by CSAT. A primary goal of the ATM is to identify potentially exemplary models of adolescent treatment currently being implemented around the country.

Epoch provides a 20-week moderate-intensity outpatient program based largely on social learning and conditioning theories. Treatment is designed to teach adolescents the skills needed to effectively deal with triggers to use substances (e.g., relaxation exercises, assertiveness training, and anger management). It also addresses the personal and environmental issues that make it difficult for adolescents to use these skills. Family education and counseling are an integral part of treatment.

Target Population

Adolescents 14 – 18 years old with substance use disorders

Administrative Comments

Each adolescent participates in two individual sessions for assessment and treatment planning and then begins attending 19 weekly group sessions (75 minutes each). Group counseling is divided into two phases: drug education (4 sessions) and relapse prevention (15 sessions). Clients must attend all four drug-education sessions before progressing to the relapse education phase. Each group session comprises three parts: a warm-up period (including introducing new members and checking in with participants), presentation of didactic material, and a discussion period for clients to relate the material to their own lives.

Each adolescent attends at least three individual sessions in addition to the initial assessment and treatment planning sessions. Two of these sessions are for treatment plan review and discharge planning; additional sessions are scheduled as needed.

Family members are required to attend at least four 1-hour Parent Education and Support group sessions. Family therapy is also scheduled on a biweekly or monthly basis, depending on each family's need. Family therapy focuses on teaching parenting skills, helping families reduce conflict, and supporting the adolescent's recovery.

Cost, Copyright and Source

The *Group-Based Outpatient Treatment for Adolescent Substance Abuse* manual is available through Chestnut Health Systems. It can be downloaded free of charge at <http://www.chestnut.org/LI/BookStore/Blurbs/Manuals/ATM/ATM106-Catonsville.html>. Hardcopies can be ordered for \$30. Order online at www.chestnut.org/LI/Bookstore or by calling the Lighthouse Institute Bookstore at 888-547-8271 between 8 a.m. and 4:30 p.m. central standard time (order #ATM106).

KIDS (Keep It Direct and Simple)

Overview

The *KIDS Journal System* is an evidence-based substance abuse treatment curriculum utilizing a cognitive-behavioral model. It is designed to enable flexibility while at the same time offering a means to standardize the delivery of core treatment content and concepts. It utilizes the *Interactive Journaling*® process to guide and motivate participants in making positive change.

The *KIDS Journal System* keeps it simple by the use of short copy blocks and age appropriate graphics. The journals focus on evidence-based motivational strategies to encourage change. Self-efficacy is stressed along with personal responsibility. All nine processes of change from the *Stages of Change (Transtheoretical) Model* are applied, with a special emphasis on consciousness raising, self-reevaluation, social liberation and helping relationships to motivate young substance abusers out of the early stages of pre-contemplation and contemplation.

Target Population

Adolescent substance abusers

Administrative Comments

The modular system consists of individual participant manuals (Interactive Journals), corresponding counselor guides for each module, and a General Orientation Guide providing best-practice implementation strategies and a brief summary of the research and how it is applied. The KIDS system provides the content and framework for delivery of a client-centered approach to inpatient or outpatient adolescent treatment services.

KIDS incorporates the strategies of cognitive behavioral therapy, motivational interviewing and the Stages of Change model. The KIDS system provides flexibility by allowing programs to select from 15 topics relating to substance abuse and juvenile offender behavior. The modular system was created with the goal of allowing providers to put into the hands of each client a powerful set of tools for change that address individual client needs while ensuring programmatic quality, consistency and standardization.

KIDS Journals help young clients personally apply the skills and strategies they are working on in treatment. The *KIDS Journal System* also assists treatment providers in delivering individualized services based on patient needs in accordance with the American Society of Addiction Medicine (ASAM) standards.

The *KIDS Journal System* can also be supplemented by *VOICES - A Program of Self-Discovery and Empowerment for Girls* (see page 23) to create a gender-responsive component for adolescent girls and by *Strengthening the Spirit* (see page 55) to add a Native American-responsive component for any substance abuse treatment programs serving native populations.

Cost, Copyright and Source

Both the participant journals and the counselor guides are copyrighted. 13 of the journals are 16-pages, and priced at \$1.80. Two journal topics are 24-pages and priced at \$2.70 each. All journals are sold in quantities of 25 or greater. The 40-page *General Orientation Guide* is \$18, and the corresponding *Counselor Guide* for each module is \$6. The curriculum is currently available in English only. The curriculum, ordering assistance, training options and toll-free technical support can be obtained from: The Change Companies® 888-889-8866, www.changecompanies.net.

Pathways to Self-Discovery and Change: Criminal Conduct and Substance Abuse Treatment for Adolescents (PSD-C)

Overview

Cognitive restructuring and coping skills training can be effectively taught to adolescents (14-18 years of age) in correctional settings providing that the material is presented in an interactive and multi-sensory format, drawing on themes that have both immediate and long-term importance to the treatment population.

Pathways to Self-Discovery and Change is a research based, 32-session, cognitive-behavioral curriculum targeted for youth referred to treatment because of co-occurring problems with criminal conduct and substance abuse. It is designed for substance abuse and correctional specialists who provide group treatment or other support services to at-risk adolescents.

The 3-phase (32 session) treatment curriculum is currently in use with juvenile justice clients in residential, outpatient and drug court settings.

Target Population

- 14-18 years of age
- Committed youth
- Youth on probation
- Social Services placements
- Community Corrections
- Court ordered outpatient treatment services
- Youth who have been or are at-risk of suspension or expulsion from school

Admission criteria include one or more of the following patterns of problem behaviors:

- Moderate to severe involvement in the criminal justice system with evidence of substance abuse
- History of substance abuse and meets DSM-IV criteria for conduct disorder including a repetitive and persistent pattern of behavior in which the basic rights of others or major age – appropriate societal norms or rules are violated as manifested by the presence of three or more of the following criteria in the past 12 months, with at least one criterion present in the past 6 months:
 - 1) aggression to people and animals
 - 2) destruction of property
 - 3) deceitfulness or theft

Administrative Comments

Sessions are expected to occur twice weekly with flexibility to accommodate meeting schedules of once per week or three to four times weekly. The various structures and delivery formats are presented below.

Various time-frame structures can be used in presenting PSD-C. Sessions may be conducted once a week, in which case it would take 32 weeks to complete the program. Here are some other options:

- Phase I delivered in a two-session a week format over a period of 5 weeks and Phases II and III delivered once a week over a period of 22 weeks, with a total program delivery time of 25 weeks
- Phase I, II and III delivered in a two-session a week format, with total delivery time of 15 weeks or 4 months. The time-frame delivery format will depend on the juvenile justice client setting, and will be dictated by the jurisdictional norms with respect to length of time clients are on probation, incarcerated or on parole. Most judicial jurisdictions probation terms are a minimum of 6 months; most incarceration periods are a minimum of 4 to 6 months.

Group Delivery Format

PSD-C can be delivered in either a closed or open group format. The closed group involves admitting a group of clients at a particular point in time, with the group

continuing together through the 32 sessions. The open group format provides rolling admissions, where clients can enter the program at any time, but at the beginning of a new chapter. An open group format usually is more practical. Clients can enter the program at certain break points, and the longest wait-time for entry would be 2 weeks. In this format, all clients would receive the orientation sessions, Chapter 1, before entering the open group. The open group format has the advantage in that the “old timers” in the group, who are usually committed to the program, help to manage the resistance of new members.

Training Required for Counselors

Counselors participate in a 3-day initial training session to review and practice aspects of the intervention. Training should be followed by one or more supervisory sessions where group delivery is observed (either directly or by videotape) with feedback provided to counselors regarding fidelity to the PSD curriculum, therapeutic/counseling skills, room set-up, and client responsiveness. The *PSD Supervisory Inventory* is designed to facilitate the supervision process.

Counselors may also participate in a 2-day training session by one of ADAD’s 5 approved trainers of this curriculum. Contact ADAD for information on these trainings at 303-866-7480.

Cost, Copyright and Source

Milkman, H. & Wanberg K. *Criminal Conduct and Substance Abuse Treatment for Adolescents: Pathways to Self-Discovery and Change - Provider’s Guide and Participant’s Workbook*

Order from: Sage Publications Inc., www.sagepub.com, 1-800 818 7243; priority code # A050501

Provider’s Guide

408 pages
Paperback \$ 51.95
ISBN: 1-4129-0615-6

Participant’s Workbook

344 pages
Paperback \$ 27.95
ISBN: 1-4129-0614-8

Triad Girls’ Group

Overview

The *Triad Girls’ Group* was developed in response to the lack of a comprehensive intervention for adolescent girls with histories of substance abuse, emotional problems, and violence/trauma/abuse. This triad of issues frequently co-occurs, but they are addressed separately in most treatment programs. An evidence-based intervention integrating these issues for adult women, the *Triad Women’s Group*, served as a starting point in the development of the group model, but an extensive revision was needed. (Those interested in the development of the adult model are referred to Clark & Fearday, 2004.) The result of the revision is a comprehensive and practical group

intervention for at-risk adolescent females that have begun to experience difficulties in their academic and social functioning due to substance use and abuse, emotional problems, and violence, abuse or trauma. The revised manual is intended to assist girls in discontinuing or avoiding substance use and abuse as well as other risky behaviors, to empower them to improved mental health, to support their survival and healing from violence and trauma, to identify the strengths that have helped them survive, and to decrease the chances that they will become involved with or re-enter the juvenile justice system.

Target Population

The *Triad Girls' Group* was developed for adolescent girls who 1) have used or abused substances, 2) have experienced emotional problems, and 3) have experienced violence, trauma, or abuse.

Administrative Comments

Group Format

The group is designed to meet once a week for 2 hours, which allows members time to explore and process emotionally difficult material. The group can also be conducted twice a week for 1.5 hours each time. 3 hours (as opposed to 2) is needed because relatively more time will be given to settling in and conducting Feelings Check-Ins and Impact Check-Outs.

The group is structured into 4 phases with 4 to 5 five sessions (chapters) per phase, for a total of 18 sessions. However, some chapter material may take more than one session, in which case, the facilitator will need to decide whether to skip some material or extend the group beyond the 18 weeks. Questions identified within the Session Outline are critical to the structure of the session. Other questions interspersed throughout the chapters are important, but can often be skipped without compromising the session's flow.

Group Size

The ideal size for the group is 5 to 10 members. Fewer members reduces the opportunities for members to learn from each other; more members does not provide enough "air time" (Briere, 1996, p. 175).

Open vs. Closed Groups

The *Triad Girls' Group* is intended for use in both inpatient and outpatient settings. When a group is open, new members can join every week. Inpatient settings often require open groups because girls join the group as they enter treatment. An open group format can present challenges and opportunities related to trust and change.

When a group is closed, the entire 18 chapters are completed. Outpatient groups may prefer to use a modified closed format. That is, new members would only join at the beginning of each phase. The modified closed format allows for both the building of cohesion seen in closed groups and the flexibility to respond to agency contingencies provided by open groups.

Facilitator Consultation and Supervision

Significant support for group facilitators is encouraged. Other information on facilitator training, experience, style, gender and supervision is included in the introduction to the manual.

Cost, Copyright and Source

The treatment manual and handouts are available free by ordering from one of the authors. Please send an email with a mailing address and the type of program you are considering using the group for to:

Colleen Clark, Ph.D.
Dept of Mental Health Law & Policy
University of South Florida
13301 Bruce B. Downs Blvd. MHC 2732
Tampa, FL 33612

Phone: 813-974-9022
Fax: 813-974-9327
cclark@fmhi.usf.edu

We do ask that you agree to supply feedback on your experience with the group if asked.

Voices – A Program Of Self-Discovery And Empowerment For Girls

Overview

Voices was created to assist adolescent girls in exploring themes of self, connection with others, and their journeys ahead. Created by Stephanie S. Covington, Ph.D., a leading expert in women and girls’ programming, **VOICES** helps young girls strengthen their sense of self and build skills for healthy development, and a life free from drugs and alcohol.

The core of the program is the trademarked, evidence-based process of *Interactive Journaling*®. Adolescent girls are engaged in self-directed “homework” and self-reflection exercises while outside of group, and then participate in facilitated group discussion and feedback. It can be facilitated as a comprehensive, holistic stand-alone program for at-risk girls, or integrated as a gender-specific component of an adolescent substance abuse treatment program.

Target Population

Adolescent female substance abusers in treatment

Administrative Comments

Voices is a comprehensive intervention and treatment program that provides gender-specific information on core topics affecting the lives of at-risk adolescent girls. Content areas include strategies for dealing with stress, expressing anger, making good decisions, and avoiding problems with alcohol and other drugs. The *Voices Journal*,

created by The Change Companies® in collaboration with Dr. Stephanie Covington, helps girls personalize the information provided and can be used to guide their growth toward a healthier lifestyle.

Dr. Covington is recognized internationally for her pioneering work in the area of women's issues, and specializes in the development and implementation of gender-responsive programs and services. *VOICES* is designed with flexibility and can be used in conjunction with the *KIDS Journal System* to add a gender-responsive component for any substance abuse treatment programs serving adolescent girls. The comprehensive *Voices Facilitator Guide* provides step-by-step, detailed instructions for program facilitation including strategies and in-depth discussion of the four modules, organized in 18 ninety-minute sessions.

Cost, Copyright and Source

The *Voices* participant journal is copyrighted. The 80-page journal, printed on 70-lb paper with a heavy card stock cover for durability, sells for \$9.15 each and is available in English only. Minimum order quantity is 25. The 223-page *Facilitator Guide* is \$80. . The program materials, ordering assistance, training options and toll-free technical support can be obtained from The Change Companies® 888-889-8866, www.changecompanies.net.

**IMPAIRED
DRIVING (DUI)
OFFENDERS
CURRICULA**

**Colorado Impaired Driver Education Program (IDEP),
Levels I and II**

Overview

The *Colorado Impaired Driver Education Program* is an educational curriculum for Level I and Level II DUI offenders, created specifically for use in the state of Colorado. The curriculum is designed to help participants examine and change their high-risk substance use and driving behavior. The curriculum is built upon leading evidence-based strategies for behavioral change, including cognitive behavioral therapy, motivational enhancement strategies (including Motivational Interviewing) and the Stages of Change model. The impaired driving education model is the most widely replicated model in the U.S., with currently more than 25 separate offender curricula utilized as the state-required, standardized programs in 16 states. Nationwide, more than 1.5 million DUI offenders outside the state of Colorado have participated in this program over the past 9 years.

Target Population

Adults and juveniles who have received a DUI/DWAI. The material is available in Spanish.

Administrative Comments

The course content is delivered through a combination of individual journaling, guided self-reflection and facilitated small group discussion. The format is simplified by utilizing the same curriculum for both Level I and Level II, with facilitation guidelines for each indicated in the Instructor Guide.

Level I can be delivered in either four 3-hour sessions or two 6-hour sessions for the required 12 hours. The modules include: 1) Introduction; 2) Laws & Consequences; 3) Alcohol/Other Drugs and Their Effects; 4) Use, Abuse and Addiction; and 5) Personal Change Plan.

Level II can be delivered in twelve 2-hour sessions for the required 24 hours, but is flexible enough to allow for other timelines at the discretion of ADAD. Increased time is allowed for group process and discussion on each module, and an additional module on Feelings & Self-Esteem is utilized.

The comprehensive *Instructor Guide* includes directions for facilitating both Level I and Level II programs, and separate instructions for open and closed enrollment settings. It also provides basic information on leading behavioral change research and it's application in the curriculum. Session outlines include expected timeframes, lesson plans, methods used, motivational strategies, core objectives, group discussion topics and group facilitation strategies. Instructor training is available, and eligible for 7 CEUs. **ADAD requires clinicians be trained in the curriculum.**

Impaired Driving (DUI) Offenders Curricula

Cost, Copyright and Source

Both the instructor and participant manuals are copyrighted. The 154-page *Instructor Guide* is available for \$45, and the 72-page participant manual is \$6.25. It is currently available in English. The curriculum, ordering assistance, training options and toll-free technical support can be obtained from The Change Companies® 888-889-8866, www.changecompanies.net.

Colorado Impaired Driver Therapy Program (MEE Journal System)

Overview

A modularized curriculum series of therapy/treatment workbooks called the *Motivational, Educational, Experiential Journal System (MEE)* is available to complement the approach of the *Impaired Driver Education Program*. This therapy/treatment curriculum uses the *Interactive Journaling*® process and is designed to facilitate the delivery of services through the application of cognitive behavioral therapy, motivational enhancement therapy, and use of the Transtheoretical Model of Change (Stages of Change model).

The modular system consists of individual participant manuals (*Interactive Journals*), corresponding counselor guides, and a *General Orientation Guide* providing best-practice implementation strategies and a brief summary of the research and how it is applied. The MEE system provides the content and framework for delivery of a client-centered approach to therapy services.

Target Population

Adults and juveniles who have received a DUI/DWAI

Administrative Comments

All Level II DUI Therapy tracks will complete a CORE of six *Interactive Journal* modules. Each module represents a topic area with a group of applicable skills and provides the structure for approximately 6 (no fewer than 4 and no more than 8) hours of Level II DUI Therapy. The client-centered approach incorporates the use of a Personal Change Plan which applies the Stages of Change introduced in the *Impaired Driver Education Program*, and extends the focus beyond driving behaviors to integrate the broader range of topics addressed in therapy.

The individual topic modules are not chronological, and are intentionally designed to accommodate an open enrollment setting. The order of the modules can progress in a circular fashion for open enrollment so new clients enter the circle at the topic the group is working on, and progress through the remaining topics over the 42 hours of the course.

Impaired Driving (DUI) Offenders Curricula

To support the longer therapy tracks, additional modules are selected from a group of ADAD pre-approved topics. This enables clients in the longer tracks to work on additional skills and address a broader range of topics. The selection of additional topics is based on the clinician's discretion and allows for individualized services based on unique client needs. **ADAD requires clinicians be trained in the curriculum.**

Cost, Copyright and Source

Both the participant journals and the counselor guides are copyrighted. The 40-page *General Orientation Guide* is \$18, and the corresponding *Counselor Guide* for each module is \$6, so for Track A (6 modules) the cost is \$54 for the *Counselor Guide* set.

The participant journals range in price from \$1.80 to \$3.15 each, and the total price per client for the 6 CORE Track A Journals is \$15.30 per set. The curriculum is currently available in English only. The curriculum, ordering assistance, training options and toll-free technical support can be obtained from The Change Companies® 888-889-8866, www.changecompanies.net.

Driving With Care (DWC), Level I Education Curriculum

Overview

Level I Education is derived from the Level II educational component. Unlike previous Level I programs, it is cognitive-behaviorally based and more experientially oriented than its predecessors. It is only appropriate for first time offenders with no discernable problems other than being caught, e.g., non-problem or social drinkers. It provides information on drinking and "drugging," on driving, and how people make decisions. Useful information on harm reduction is presented with an emphasis on recidivism prevention. Class size is limited to 20 participants. This component of the DWC approach is based on the latest available research concerning the education of DUI/DWAI offenders and the author's extensive experience in the field. **Training by the author's or their designees is required and is mandatory.**

Target Population

Adults and adolescents who have had DUI/DWAI offenses and who have been assessed as not having any discernable problem with alcohol or other drugs. It is not to be used with Minor In Possession (MIP) cases.

Administrative Comments

Level I Education requires 12 hours of instruction, including client intakes and pre/post tests. Optimally, classes should be scheduled to meet once a week for 6 weeks. The program can be delivered over 2 days with no more than 6 hours held on any one day, however, the authors don't recommend the 2-day approach. Level I Education is not to be used in residential settings. The following are the lessons covered in an interactive style in DWC Level I Education:

Impaired Driving (DUI) Offenders Curricula

- Program Orientation: Developing a Working Relationship
- Alcohol and Other Drug Impaired Driving: The Laws and Beyond the Law
- Changing Our Thoughts and Our Actions: Learning Self-control and Driving With Care
- Alcohol and Other Drugs: How Do The Facts and Ideas About Alcohol And Other Drug Use Fit You?
- Understanding Alcohol and Other Drug (AOD) Use and Misuse Patterns: How Do They Fit You?
- Preventing Recidivism and Relapse

Cost, Copyright and Source

Sage Publications, Inc copyrights the 2005 edition. The price for the Level I Education Participant's Workbook is \$24.95. Information on the *Provider's Guide* can be found on page 34. Discounts are available to Colorado treatment providers. Available from:

Sage Publications, Inc.
2455 Teller Rd.
Thousand Oaks, CA 91320

order@sagepub.com
800-818-7243

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Denver, CO 80236

303-866-7480

For Information about DWC:

Center for Impaired Driving Research
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P.O. Box 17624
Boulder CO 80308-0624
303-442-5780

Fax: 303-442-5740
cidre@comcast.net
info@drivingwithcare.com
www.drivingwithcare.com

Driving With Care (DWC), Level II Education Curriculum

Overview

The *Driving With Care (DWC) Level II Education Curriculum* is interactive, therapeutically oriented, cognitive-behaviorally based with an emphasis on experiential exercises designed to enhance motivation and change behavior. DWC Level II Education provides all the information included in DWC Level I Education. Level II has additional general objectives, including gaining a knowledge of each participant in

Impaired Driving (DUI) Offenders Curricula

order to establish a safe supportive climate and be able to make qualitative evaluations and recommendations. It combines group process with presentation of educational information, and is a required pre-requisite for DWC Therapy.

Target Population

Adults and older adolescents who have a DUI/DWAI and some degree of problem. It is not to be used with Minor in Possession (MIP) cases. The material is available in Spanish.

Administrative Comments

To provide a Level II program, ADAD must license the facility. Group size is limited to no more than 12 clients who meet once per week for 12 weeks and run 2 hours each session for a total of 24 hours. Intensity and continuity are important.

The DWC program may be conducted in linear fashion with either closed or open groups, but can also be done in a totally open fashion once some orientation is completed by the offenders. Flexibility is built into the program. A workbook is included and the exercises may either be completed during the lesson or assigned as homework. Pre- and post-tests specific to the curriculum have been developed. As with all the DWC materials, there is an emphasis on prevention of recidivism.

The lessons include:

- Program Orientation: Developing a Working Relationship
- Alcohol and Other Drug Impaired Driving: The Laws and Beyond the Law
- How Our Thinking, Attitudes and Beliefs Control Our Actions
- How Behavior is Learned and Changed: Learning Self-control and Driving With Care
- Alcohol and Other Drugs: How Do the Facts and Ideas About Alcohol and Other Drug Use Fit You?
- Alcohol and Other Drug Use Patterns: How Do They Fit You?
- Problem Outcomes of Alcohol and Other Drug Use: Patterns of Misuse and Abuse – How Do They Fit You?
- Preventing Recidivism and Relapse
- Developing Careful Driving Attitudes - Behaviors
- Preventing Relapse and Recidivism: Building Personal Values and Pro-social Attitudes
- Preventing Relapse and Recidivism: Managing Stress and Emotions
- Preventing Relapse and Recidivism: Building Healthy Family and Social Relationships

Each lesson includes specific topics, structured exercises, and a list of materials needed. Time is scheduled into each lesson for group discussion and group review of homework assignments. Material for a closure session is also included. **Training by the author's or their designees is required and is mandatory.**

Impaired Driving (DUI) Offenders Curricula

Cost, Copyright and Source

Sage Publications, Inc copyrights the 2005 edition. The price for the Level II Education Participant's Workbook is \$29.95.. Information on the *Provider's Guide* can be found on page 34. Discounts are available to Colorado treatment providers. Available from:

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2455 Teller Rd.
Thousand Oaks, CA 91320

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303-866-7480

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Center for Impaired Driving Research
and Evaluation
P.O. Box 17624
Boulder CO 80308-0624
303-442-5780

Fax: 303-442-5740
cidre@comcast.net
info@drivingwithcare.com
www.drivingwithcare.com

Driving With Care (DWC), Level II Treatment

Overview

The latest edition of the treatment component of the DWC package was published in 2005 along with other DWC products. It has as background, *Strategies for Self-Improvement and Change* (Wanberg & Milkman, 1998). A combination of cognitive-behavioral, motivational enhancement and community reinforcement is utilized. The program is designed to follow the DWC Level II Education program. It is designed to modify the driving as well as the substance using behavior and emphasizes the prevention of recidivism rather than just relapse.

It is based on sound research and clinical experience, and incorporates the elements and philosophy that current literature indicates is necessary for providing positive outcomes for DUI/DWAI offenders. **Training by the author's or their designees is required and is mandatory.**

Impaired Driving (DUI) Offenders Curricula

Target Population

Adult and adolescent DUI/DWAI offenders in need of treatment. The material is available in Spanish.

Administrative Comments

DWC treatment is designed to provide services for the 4 treatment tracks applicable to DUI/DWAI offenders in Colorado. The core that covers Track A (5 months of treatment or 21 weeks with 42 hours of service) is the basis for all the other tracks. The extended length of stay and hours are covered either by having sessions which place additional emphasis on work and topics addressed in the initial treatment track, or by having specialized services driven by assessment that address individual problems. These extended service tracks B - D require increasing hours and months of treatment. The program can be done in linear fashion with closed groups or in an open format. Various settings or combinations can be accommodated.

This experiential-based program includes a workbook available in both English and Spanish. Facilitators need experience and competence in cognitive-behavioral and motivational enhancement approaches as well as skills in the assessment and client management areas.

Cost, Copyright and Source

Sage Publications, Inc copyrights the 2005 edition. The price for the Level II Treatment Participant's Workbook is \$34.95. Information on the *Provider's Guide* can be found on page 34. Discounts are available to Colorado treatment providers. Available from:

Sage Publications, Inc.
2455 Teller Rd.
Thousand Oaks, CA 91320

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303-442-5780

Fax: 303-442-5740
cidre@comcast.net
info@drivingwithcare.com
www.drivingwithcare.com

Driving With Care (DWC), Provider's Guide

The *Driving With Care Provider's Guide* should be used by providers as a companion to the workbooks. Copies of all forms and worksheets contained in each of the three DWC Participant's Workbooks are included, with specifics that need to be addressed for each lesson and session.

The Provider's Guide contains a thorough review of the literature and addresses cognitive behavioral and motivational foundations. There are comprehensive sections addressing the historical perspective and educational and treatment platforms. An extensive introduction and overview of the three DWC components are included prior to the lesson and session plans. **Training by the author's or their designees is required and is mandatory.**

Sage Publications, Inc copyrights the 2005 edition. The price for the Provider's Guide is \$64.95. Discounts are available to Colorado treatment providers. Available from:

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303-442-5780

Fax: 303-442-5740
cidre@comcast.net
info@drivingwithcare.com
www.drivingwithcare.com

PRIME For Life

Overview

PRIME For Life is a science-based alcohol and drug program designed to persuade resistant populations to examine and accept the need to change their attitudes and behaviors concerning alcohol and drug use. Recognized best practices of the substance

Impaired Driving (DUI) Offenders Curricula

abuse field are woven throughout the program to promote behavior change and reduce risk for problems. Studies show *PRIME For Life*:

- Increases personal perception of risk for problems
- Decreases high-risk use of alcohol and other drugs
- Decreases recidivism among DUI and other offenders

Target Population

DUI clients (adult and adolescent), alcohol/drug offenders, pre-treatment groups

PRIME For Life is used with DUI offenders in many states and with adolescent offenders in Alaska and Kentucky. Kentucky also uses *PRIME For Life* in the KIDS NOW Pregnancy and Substance Abuse Initiative. *PRIME For Life* is mandated for the entire Swedish Armed Forces as both a general prevention program as well as an intervention program. It is used widely within the U.S. Army.

Administrative Comments

PRIME For Life DUI classes range from 12 to 20 hours and include a client self-assessment, and individual and group activities. In some states, judges or counselors use the workbook to follow up individually with clients concerning their self-assessment and plans for future use of alcohol or drugs, making referrals for additional services as needed.

Instructors receive 4 days of intensive training. Continuing education workshops help instructors maintain their competency, stay updated on the latest research, and develop and enhance their teaching skills. Prevention Research Institute supports instructors with ongoing toll-free program assistance, a quarterly newsletter, exclusive web access, and customized evaluation services.

Cost, Copyright and Source

Prevention Research Institute, Inc. copyrights *PRIME For Life*.

Each participant is required to have a study guide. Study guides are copyrighted and may not be duplicated (contact PRI for current pricing).

Training is required. Initial training for the curriculum is typically 4 days, at a materials and tuition fee of \$895 per person. For current instructor training workshop fees and other information, please contact:

Prevention Research Institute
841 Corporate Drive, Suite 300
Lexington, KY 40503
800-922-9489

www.askpri.org

In Colorado you may also call 877-437-6789

OFFENDER CURRICULA

Choice and Change – Drug Abuse Education Program

Overview

The *Choice and Change* drug education curriculum was initially developed by the U.S. Department of Justice, Federal Bureau of Prisons in 1988 as the standard required drug education course for federal drug offenders. It has been updated several times and, in 2001, through a partnership with The Change Companies®, was integrated with the evidence-based process of *Interactive Journaling*®. It provides basic information about the physiological effects of alcohol and other drugs and assists the participant in exploring the personal costs and consequences associated with drug use. The goals of this education curriculum are to: 1) help participants honestly evaluate the consequences of alcohol and other drug abuse in their lives, 2) provide participants with factual, non-judgmental information so that they can make informed decisions about alcohol and drug use, and 3) motivate participants to change their destructive behaviors and to seek additional help if they determine they want it.

Target Population

Adult substance-related offenders

Administrative Comments

The curriculum is designed to support approximately 40 hours of classroom instruction. A comprehensive and user friendly *Facilitator Guide* provides the information necessary for instructors of all levels to teach the Drug Abuse Education Program. Each easy-to-follow *Facilitator Guide* includes group discussion questions and exercises, mid-course reviews, final tests, handouts and color overheads.

The *Choice and Change* curriculum is designed for flexible implementation, and can accommodate a range of program lengths and session times. It includes 12 modules. The standard implementation timeframe is twelve sessions of approximately 3-4 hours each, or twenty-four sessions of 1.5 - 2 hours each.

Choice and Change incorporates a participant manual that utilizes the process of *Interactive Journaling*® to help engage, motivate, guide, and personalize the participant's experience. The manual, printed on 70-lb paper with a card stock cover for durability, is designed as a permanent tool for the participant to keep and continue to reflect on after the course is completed.

Cost, Copyright and Source

Both the *Facilitator Guide* and participant manual are copyrighted. The 157-page *Facilitator Guide* is available for \$75, and the 56-page participant manual is \$6.30. It is available in both English and Spanish. The curriculum, ordering assistance, training options and toll-free technical support can be obtained from The Change Companies® 888-889-8866, www.changecompanies.net.

Corrective Actions

Overview

The *Corrective Actions Journal System* is an evidence-based cognitive-behavioral substance abuse treatment curriculum for criminal offenders. It is designed to enable flexibility while at the same time offering a means to standardize the delivery of core treatment content and concepts. It utilizes the *Interactive Journaling*® process to guide and motivate participants in applying information, skills and strategies towards making change.

Substance abusers and dependent individuals who have been convicted of serious crimes face a special set of challenges in their efforts to make positive and permanent lifestyle changes. Each *Corrective Actions Journal* places responsibility on the individual. Through the process of *Interactive Journaling*® each participant is encouraged to develop a system of values and strategies that leads to responsible thinking and behaviors.

Target Population

Substance abusers and/or dependent individuals involved with the criminal justice system

Administrative Comments

The modular *Corrective Actions Journal System* consists of 5 individual participant manuals (Interactive Journals), corresponding counselor guides, and a *General Orientation Guide* providing best-practice implementation strategies and a brief summary of the research and how it is applied. The Corrective Actions system places personal responsibility on the shoulders of the individual. The self-destructive “con game” that encourages criminal thinking and behaviors is exposed. Each participant is provided with the opportunity to develop a personal “change plan” based on the *Stages of Change (Transtheoretical) Model*.

Corrective Actions incorporates the strategies of cognitive behavioral therapy, motivational interviewing and the Stages of Change model. The Corrective Actions system provides flexibility by allowing programs to incorporate five core topics relating to substance abuse and criminal behavior and to “blend” them with the *MEE Journal System* modules. The modular system was created to provide each offender with a powerful set of tools for change that address individual client needs while ensuring programmatic quality, consistency and standardization.

The *Corrective Actions Journal System* can also be supplemented by *Women in Recovery* (see page 58) to create a gender-responsive program for female offenders or *Strengthening the Spirit* (see page 55) for a Native American-specific component (see descriptions that follow).

Cost, Copyright and Source

Both the participant journals and the counselor guides are copyrighted. The 24-page journals are \$2.70 and the 32-page journals are \$3.15. All journals are sold in quantities of 25 or greater. The 40-page *General Orientation Guide* is \$18 (MEE, KIDS and Corrective Actions all utilize the same General Orientation Guide), and the corresponding *Counselor Guide* for each module is \$6. The curriculum is currently available in English only. The curriculum, ordering assistance, training options and toll-free technical support can be obtained from The Change Companies® 888-889-8866, www.changecompanies.net.

**Criminal Conduct and Substance Abuse Treatment:
Strategies for Self-Improvement and Change (SSC) –
Pathways to Responsible Living**

Overview

Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change (SSC) - Pathways to Responsible Living is an evidence-based, 50 session, manual-guided treatment.

SSC expands the traditional egocentric approach (focusing on the individual needs and changes of clients) to include a strong socio-centric approach. This involves changing antisocial thinking and behavior and enhancing pro-social thinking, attitudes and beliefs. This approach focuses on building empathy skills and challenges clients to be morally responsible towards others and the community. Moral responsibility is defined as: respecting the rights of others; being accountable to the laws and rules of society; living in harmony with the community; having positive regard for and caring about the welfare and safety of others; and contributing to the good of the community and society.

SSC has three broad goals:

- Prevent recidivism into criminal thinking and conduct
- Prevent relapse into substance use and abuse
- Live a meaningful and responsible life

SSC has three primary objectives designed to meet these goals:

- Learn, practice and apply cognitive self-control and change skills to everyday living
- Learn, practice and apply relationship skills that lead to pro-social and positive outcomes
- Learn, practice and apply community responsibility skills that lead to pro-social behavior, a positive relationship with others and the community, and that promote respect for the rights, welfare and good of others and the community

Target Population

SSC is a program for adults, ages 18 or older, with a history of criminal conduct and alcohol and other drug (AOD) use problems. It is designed to treat offenders at all levels of the judicial system including: diversion, pre-sentencing, drug court, probation, parole, community corrections and the Department of Corrections.

Administrative Comments

Substance abuse and correctional specialists and counselors who provide group treatment or other support services to persons in the criminal justice and judicial systems can deliver SSC. Delivery skills for SSC are outlined in the *Provider's Guide*. Following are the necessary preparations for program delivery:

- Familiarity with and/or training in manual-guided treatment programs
- Thorough familiarity and study of the key concepts, content, exercises and worksheets of each SSC session before session delivery
- Thorough familiarity with and study of the support material for each session in *Section IV* of the *Provider's Guide*.

It is recommended that providers complete a 3-day training program specifically directed at the delivery of SSC.

The *Participant's Workbook* is geared to a range of reading and conceptual abilities of most judicial clients. Some clients, due to reading difficulty, will need special assistance. Providers should not expect clients to learn or know all of the material, but to highlight and learn the core concepts and ideas and to put these to work through mental and behavior skills.

Cost, Copyright and Source

Wanberg, K. W., & Milkman, H. B. *Criminal Conduct and Substance Abuse: Strategies for Self-Improvement and Change - Pathways to Responsible Living. Provider's Guide and Participant's Workbook* (1998; 2006). Order from:

Sage Publications Inc.
Thousand Oaks, CA

www.sagepub.com
1-800 818 7243 or (805) 499 9774

Providers Guide
310 pages, Paperback \$ 22.95
ISBN: 1-4129-0591-5

Participant's Workbook
410 pages, Paperback \$ 51.95

Nonresidential Drug Abuse Treatment Program

Overview

The *Nonresidential Drug Abuse Treatment Program* was created by The Change Companies® in collaboration with the Federal Bureau of Prisons for use in all nonresidential treatment programs. The core of the program is the trademarked,

evidence-based process of *Interactive Journaling*®, which enables participants to engage in self-directed “homework” and self-reflection exercises while outside of group, then participate in facilitator-guided group discussion and feedback while in group. It is designed as a brief cognitive-behavioral program for drug abusers who have a history of criminal behavior. Gender-specific versions are available for men and women.

Target Population

Adult substance abusers with a criminal background in outpatient treatment

Administrative Comments

The *Nonresidential Drug Abuse Treatment Program* includes a participant journal and a *Facilitator Guide*. The 64-page interactive journal focuses on three areas: My Drug Use, Rational Thinking and Looking Ahead.

Participants examine their drug use history, explore damaging consequences, develop a readiness statement for change, practice cognitive-behavioral tools for responsible living and create a personal change plan.

The *Facilitator Guide* contains activities, group discussion topics, research background, and group facilitation techniques to help facilitators maximize the use of the journal in outpatient group settings. It can be delivered in programs of varying length.

Participants learn how to apply the process of Rational Self-Analysis to improve their thinking style, to recognize how their thoughts control their feelings and behavior, and to create a Personal Statement of Change.

Cost, Copyright and Source

Both the participant journal and the *Facilitator Guide* are copyrighted. The 64-page journal, printed on 70-lb paper with a card stock cover for durability, is \$6.95 for either the men’s or women’s version. The *Facilitator Guide* is \$24.00. This program is available in English only. The curriculum, ordering assistance, training options and toll-free technical support can be obtained from The Change Companies® 888-889-8866, www.changecompanies.net.

Residential Drug Abuse Program (RDAP)

Overview

The *Residential Drug Abuse Program* curriculum was initially developed by the U.S. Department of Justice, Federal Bureau of Prisons as the standardized curriculum for the federal 500-hour residential treatment program. It has been updated several times and, in 1999, through a partnership with The Change Companies®, it was integrated with the evidence-based process of *Interactive Journaling*®. Two separate programs are available for men and women. *RDAP* integrates a bio-psychosocial perspective with rational self-counseling, social learning theory, motivational enhancement and cognitive

behavioral theory. The program addresses both substance abuse and criminal thinking, and taps into the latest research in criminal justice and personal change.

Target Population

Adult offenders meeting dependency diagnosis in a residential setting

Administrative Comments

The curriculum is designed to support a long-term residential setting, anywhere from six months to one year on average. Curriculum components for both men and women include 7 participant journals, comprehensive facilitator guides, and check pads for performing “Attitude Check” and “Rational Self-Analysis” exercises. Participant journals can be ordered individually or as a complete set.

The *RDAP* Facilitator Guide contains activities, handouts, group discussion topics, research facts and scripted sections to help facilitators maximize the use of the journals in group settings.

Cost, Copyright and Source

All curriculum components are copyrighted by The Change Companies® and by law may not be reproduced. Journals are from 32 to 88 pages, and range from \$2.00 to \$5.50. A complete set of journals is \$25.00 for either the men’s or women’s programs. The *Facilitator Guide* is available for \$55.00. Check pads are \$2.50 each for a pad of 50. This program is available in English only. The curriculum, ordering assistance, training options and toll-free technical support can be obtained from The Change Companies® 888-889-8866, www.changecompanies.net.

GENERAL CURRICULA

ADAD Treatment Rules require the use of approved curricula for certain populations. Each of these specialty populations has specific content that approved curricula must address, at minimum. Agencies wishing to utilize a curriculum listed in the “General” section for use with a **special population** must submit an application to ADAD for review of the curricula, which includes population specific modifications, prior to its use.

A New Freedom

Overview

New Freedom: Substance Abuse Treatment Program Resources offers a large menu of programs. It is behaviorally based, and all materials come with behaviorally stated objectives and helpful lesson plans or instructor scripts. The materials have an average reading level of 5th-7th grade, and may be used in a group format, with individuals or in a facility based education program. The program resources include over 60 choices for substance abuse and behavioral health, anger management, juvenile programs, women’s programs, and special programs for specific populations, and will help select materials to meet your objectives.

A team of professionals, including clinicians, counselors, writers and correctional professionals are available for consultation and training.

Target Population

General

Administrative Comments

This is an effort to provide material for as many different kinds of situations as possible. It is actually a “clearing house” with over 100 workbooks and dozens of skill-focused individual lessons you can use to tailor your program to specific goals. The materials are expensive, with custom programs designed to meet specific needs beginning at \$1500.00.

Cost, Copyright and Source

There is a cost for materials and this will vary depending on what you choose to purchase. It can be quite expensive for a program tailored to your site. Materials are copyrighted and may be used by paying for a “site license.” The cost of this license will also vary with materials selected. For more information concerning materials currently available as well as cost, please contact:

A.R Phoenix Resources
328 W. 14th St.
P.O. Box 3291

Church Street Station
New York, NY 10008
212-462-3055

Group Treatment for Substance Abuse: A Stages-of-Change Therapy Manual

Overview

This manual was written for professionals who work with substance-abusing clients. It offers treatment strategies based on the trans-theoretical model (TTM) of behavior change (Prochaska & DiClemente, 1984), and incorporates Motivational Interviewing (MI) (Miller & Rollnick, 1991) skills in the process. This program is built on a framework for understanding, measuring and intervening in behavior change. There are materials and instructions for providing, 29 group sessions designed to help clients move through the stages of change and toward changing substance use.

Target Population

Adults

Administrative Comments

This manual is broken into three parts:

Part I: How to Help People Change is designed for the facilitator. There is an overview of the material, information about Stages of Change and adapting the material to fit program needs. Practical details of setting up and carrying out the intervention are included as well as an introduction to the basic session structure that remains consistent throughout.

Part II: Thinking about Changing Substance Use covers the Precontemplation, Contemplation and Preparation stages of change. There are 14 sessions.

Part III: Making Changes in Substance Use covers the Action and Maintenance stages of change. There are 15 sessions each with its own set of experiential exercises.

Helpful hints for managing the termination process at the end of sessions 14 and 29 are provided for the facilitator. Appendices include Professional Contacts, References, information on training and a list of helpful websites. Specific training in the use of this manual is not necessary, although facilitators should have read the text, *Motivational Interviewing* by Miller and Rollnick, taken a Motivational Interviewing Course, be competent in the techniques and be very familiar with the Stages of Change Model.

Cost, Copyright, and Source

There is a cost for the manual. The publisher grants non-assignable permission to reproduce the handouts and Figure 3.1 to individual purchasers of the manual. This license does not extend to other clinicians or practices. The manual is available from:

The Guilford Press
72 Spring Street
New York, NY 10012
1-800-365-7006

Managing Co-Occurring Disorders: An Integrated Approach

Overview

The Managing Co-Occurring Disorders curriculum applies *Interactive Journaling*® to assist participants in applying skills towards positive behavior change. This cognitive-behaviorally-based journal series provides structure, knowledge and coping strategies to individuals who have co-existing mental health and substance-related conditions in a single comprehensive resource. It also addresses the needs of individuals who are facing legal problems resulting from criminal behavior.

Target Population

Adults with co-occurring mental health and substance use disorders with a history of criminal behavior and/or some involvement with the criminal justice system

Administrative Comments

The modular system consists of 12 individual participant manuals (*Interactive Journals*), corresponding *Facilitator Guides* for each module, and a *General Orientation Guide* providing best-practice implementation strategies and a brief summary of the change research and how it is applied.

The Change Companies® has also developed a Check System to support the use of the *Interactive Journaling*® series. The Check System is a behavioral strategy designed to reinforce the key skills that participants use through their time in the program. Checks are provided as a two-sided, tear-off pad. Once participants learn how to do the activities within specific journals, program staff can utilize the checks to reinforce positive behaviors and redirect negative behaviors.

The 12 journal topics in the series include 3 Foundation Journals (Orientation, Responsible Thinking and My Individual Change Plan), 6 Core Journals (Values, Substance Use Disorders, Handling Difficult Emotions, Life Skills, Healthy Relationships and Maintaining Positive Change), 2 Transition Journals (Transition and Employment Skills) and a Psycho-educational Journal (Mental Health Disorders).

The series capitalizes on the most effective change models for co-occurring disorders. Journal content is application-focused and features a variety of skill-building activities. The modular format allows programs to select the journals that best meet client needs.

Cost, Copyright and Source

The Change Companies® copyright all curriculum materials. Journal prices vary by size, from \$2.70 for a 24-page topic to \$6.30 for a 56-page topic. All journals are sold in quantities of 25 or greater. The *General Orientation Guide* is \$18, and the corresponding *Facilitator Guide* for each module is \$10. *Check Pads* containing 50 tear-off sheets are \$4.75. A complete set of all 12 Journals is available at a discounted price of \$41.50 per client (an \$8.00 per client savings). The curriculum is currently available in English only. The curriculum, ordering assistance, training options and toll-free

technical support can be obtained from The Change Companies® 888-889-8866, www.changecompanies.net.

Managing Your Drug or Alcohol Problem

Overview

This psychosocial treatment called *Managing Your Drug or Alcohol Problem* is extremely flexible and therefore easy to implement in a variety of treatment settings and for clients with a wide range of substance abuse problems. The information presented is derived from several sources: empirical, clinical and self-help literature, as well as the authors' many years of experience developing treatment programs and providing direct treatment services. This program has been clearly demonstrated to have empirical support for its efficacy in treating clients with AOD problems.

Managing Your Drug or Alcohol Problem is interactive and focuses on information and recovery strategies for those who abuse or are dependent on alcohol and/or other drugs. The body of the program is divided into three sections. They are:

1. An overview of substance use/misuse problems and assessment
2. Change issues and strategies
3. Relapse prevention and progress measurement

Target Population

Adults

Administrative Comments

Managing Your Drug or Alcohol Problem treatment program is broken into 19 chapters or lessons. Because of the built-in flexibility, the length of time necessary for completion can vary and can easily be expanded to meet state requirements for treatment.

The therapists guide offers a short introduction for each chapter as well as general and specific instruction. Also included are examples of completed worksheets, suggested additional reading materials and references.

The participant workbook is broken into the same number of sessions and covers the same topics, this time from the participant's point of view. It provides practical information and skills building exercises. There are blank worksheets, suggested readings, and a list of self/mutual help organizations and publishers.

There is no specific additional training required to deliver this program, however, therapists/clinicians must meet all state and agency requirements, be aware of other treatment available within the community, and be familiar with self/mutual help programs. In order to be successful, the therapist/clinician should also be familiar with assessment issues, the stages of change theories, and with the materials included within this set of guides.

Cost, Copyright and Source

There is a copyright on this material. The therapist's guide is available at a cost of approximately \$35.00 and each participant's workbook is currently \$28.00. For more information or to purchase, please contact:

The Psychological Corporation
Harcourt Brace and Company
555 Academic Court
San Antonio, TX 78204-2498
1-800-211-8378

MEE (Motivational, Educational and Experiential) Journal System

Overview

The *MEE Journal System* is an evidence-based substance abuse treatment curriculum designed to enable flexibility while at the same time offering a means to standardize the delivery of core treatment content and concepts. It utilizes the *Interactive Journaling*® process to guide and motivate participants in making positive change.

The *MEE Journal System* incorporates the core strategies of cognitive behavioral therapy, motivational interviewing and the Stages of Change model. It provides flexibility by allowing programs to select from 21 topics relating to substance abuse and addiction. The modular system was created to provide each client with a powerful set of tools for change that address individual client needs while ensuring programmatic quality, consistency and standardization.

Target Population

Adult substance abusers

Administrative Comments

The modular system consists of individual participant manuals (*Interactive Journals*), corresponding counselor guides for each module, and a *General Orientation Guide* providing best-practice implementation strategies and a brief summary of the research and how it is applied. The MEE system provides the content and framework for delivery of a client-centered approach to inpatient or outpatient treatment services. Topics can be selected to support a range of treatment modalities and philosophies, including Motivational Enhancement Therapy, Cognitive Behavioral Therapy and 12-Step Facilitated Support.

MEE Journals help clients apply the skills and strategies they are learning and provide clients with a tool that is unique and personal to their own life experience and needs. The *MEE Journal System* can assist treatment providers in delivering individualized

services based on patient needs in accordance with the American Society of Addiction Medicine (ASAM) standards.

The system is also the basis of the Colorado DUI Level II Therapy Program, wherein a selected number of ADAD-approved modules are used to support the objectives of Level II Therapy.

The *MEE Journal System* can also be supplemented by *Women in Recovery* (see page 58) to create a gender-responsive program for women or *Strengthening the Spirit* (see page 55) for a Native American-specific component.

Cost, Copyright and Source

Both the participant journals and the counselor guides are copyrighted. The journals are priced from \$1.80 to \$4.95, and are sold in quantities of 25 or greater. The 40-page *General Orientation Guide* is \$18, and the corresponding *Counselor Guide* for each module is \$6. The curriculum is currently available in English only. The curriculum, ordering assistance, training options and toll-free technical support can be obtained from The Change Companies® 888-889-8866, www.changecompanies.net.

Reasoning and Rehabilitation

Overview

The *Reasoning and Rehabilitation* model is based on a substantial body of research which indicates that many offenders have deficits in a number of cognitive skills and that training in cognitive skills is an essential component of effective correctional programs. It was one of the first comprehensive and complete programs for teaching cognitive skills to offenders, and still stands out among the best. The handbook is regularly revised. However, it has been modified in both content and procedures only in order to ensure that it is maximally suited for application in a broad range of institutional or community corrections programs. The modifications were also designed to yield a cognitive program that is compatible with the vast majority of other programs in which offenders may be required to participate.

Target Population

Adult and adolescent offenders

Administrative Comments

Three 3-ring binders make up this skills training program:

1. Contains specific directions for trainers for conducting cognitive training, including detailed scripts for presentations to participants. Instructions are provided in detail only to let trainers know what is required, not because they are to be followed verbatim. It is imperative that trainers modify the instructions and examples to suit the characteristics of the participant population.
2. Contains supplements to each of the sessions.

3. Contains handouts, worksheets and exercises for the participants' own use. These are to be copied and provided to each participant. There is no need to purchase a workbook for each participant.

Training is required. The training is 5 days in length. Providers may join an open training group in Ottawa, Ontario, CA or if 16 or more people wish to be trained, training will be provided at your location. At the completion of training, you may keep the training materials and workbooks. Trainers are expected to have above average verbal skills, be able to relate positively to offenders, have above average interpersonal skills and have a thorough understanding of the cognitive skills model.

Because of the built in flexibility, the program is easy to modify to meet the needs of a variety of settings and situations.

Cost, Copyright and Source

The handbook is copyrighted. With training, you receive the materials and permission to copy only worksheets, exercises and homework materials from the participants' workbook. These are to be used in your programs by trained personnel only. Current cost is \$950.00 per person. For information concerning training, please contact:

The Cognitive Centre
8493 Terminal
Ottawa, Ontario
Canada K1G 3H9
1-613-236-4188

Resources for Criminal Justice Population

Overview

Hazelden Publishing offers a variety of curricula specifically designed for the offender population. The curricula may be used in diversion programs, community corrections setting, incarcerated clients, or for clients on probation and/or parole.

Target Population

Juvenile and adult clients

Administrative Comments

All material available through this resource may be viewed on the Hazelden website www.hazelden.org or by contacting customer support. We recommend if you select any material from this resource, you review it to assure it meets the requirements for offender education and offender treatment for Colorado. Questions may be addressed to the agency ADAD Treatment Field Manager.

Cost, Copyright and Source

Hazelden Publishing & Educational Services
15251 Pleasant Valley Road
P.O. Box 176
Center City, MN 55012-0176

800-328-9000
Fax: 651-213-4577
customersupport@hazelden.org

Seeking Safety

Overview

Seeking Safety is a present-focused therapy to help people attain safety from trauma/post traumatic stress disorder (PTSD) and substance abuse. The treatment is available as a book, providing both client handouts and guidance for clinicians.

Seeking Safety consists of 25 topics that can be conducted in any order:

- Introduction/Case Management
- Safety
- PTSD: Taking Back Your Power
- When Substances Control You
- Honesty
- Asking for Help
- Setting Boundaries in Relationships
- Getting Others to Support Your Recovery
- Healthy Relationships
- Community Resources
- Compassion
- Creating Meaning
- Discovery
- Integrating the Split Self
- Recovery Thinking
- Taking Good Care of Yourself
- Commitment
- Respecting Your Time
- Coping with Triggers
- Self-Nurturing
- Red and Green Flags
- Detaching from Emotional Pain (Grounding). Life Choices
- Termination

The key principles of *Seeking Safety* are:

1. **Safety** as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions)
2. **Integrated** treatment (working on both PTSD and substance abuse at the same time)
3. **A focus on ideals** to counteract the loss of ideals in both PTSD and substance abuse

The four content areas include cognitive, behavioral, interpersonal, and case management.

Attention to clinician processes is also provided (helping clinicians work on counter-transference, self-care, and other issues).

Target Population

The treatment was designed for flexible use. 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 (outpatient, inpatient, residential); and for both substance abuse and dependence. It has also been used with people who have a trauma history, but does not meet criteria for PTSD.

Administrative Comments

The treatment manual is published as a book titled, *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse* (Guilford Press, New York, 2002). It is 401 pages, and provides client handouts for use in sessions and clinician guidelines for conducting the treatment.

Cost, Copyright and Source

The list price is \$38, but discounts are often available. The book can be ordered from the publisher, Guilford Press (800-365-7006, extension 223).

Note: The client handouts can be copied for personal use in unlimited fashion (e.g., the clinician can copy them for any number of clients). However, for reproducing the handouts in any published electronic or written form or for any use other than one's own clinical practice, permission is needed from Guilford Press.

Strengthening the Spirit

Overview

Strengthening the Spirit was created by The Change Companies® to assist Native Americans in substance abuse treatment. The core of the program is the evidence-based process of *Interactive Journaling*® that enables clients to engage in self-directed “homework” and self-reflection exercises while outside of group, and then participate in facilitated group discussion and feedback. *Strengthening the Spirit* takes a holistic look at the effects alcohol and other drugs have on the body, mind, emotions and spirit. It assists clients in discovering how their values and native culture can help them maintain a life of sobriety.

Target Population

Native American adults and adolescents (ages 15 and up) in substance abuse treatment

Administrative Comments

Strengthening the Spirit is a holistic recovery tool that provides Native American-specific information on alcohol and other drug addiction. This journal is designed as a flexible supplement and can be used in conjunction with the *MEE, KIDS* and *Corrective Actions Journal Systems* to add a Native American-responsive component for any substance abuse treatment programs serving native populations.

Cost, Copyright and Source

The *Strengthening the Spirit Journal* is copyrighted. The 64-page journal printed on 70-lb paper sells for \$6.65. Minimum order quantity is 25. *Strengthening the Spirit* does not have a dedicated facilitator guide, but it is recommended that the *General Orientation Guide* used with the *MEE, KIDS* and *Corrective Actions Journal Systems* be utilized. The 40-page *General Orientation Guide* is \$18. *Strengthening the Spirit Journal* is available in English only. The participant journal, ordering assistance, training options and toll-free technical support can be obtained from The Change Companies® 888-889-8866, www.changecompanies.net.

The Basics: A Curriculum for Co-Occurring Psychiatric and Substance Disorders (Second Edition)

Overview

The Basics: A Curriculum for Co-Occurring Psychiatric and Substance Disorders (Second Edition) is a 2-volume, 1,200 page project that is 1/3 cross training material for mental health and chemical dependency professionals, 1/3 lesson/topic curriculum and 1/3 worksheets and handouts for group and individual sessions. The material is extensively researched and includes a bibliography for each of the eight lessons/topics. The comprehensive, integrated curriculum meets the needs of the dually diagnosed population and provides consistent psycho education throughout the treatment setting. It incorporates information in the form of “Tips to Professionals,” which provides reference material, presentation suggestions and cross trains staff at the same time. The curriculum includes suggested time formats within each lesson for the presentation of the material. It includes 8 subjects, , 4 drug categories, appendices, 2 cross-training appendices, interactive worksheets and inspirational handouts.

Target Population

The Basics was written primarily for the adult population. However, therapists and counselors have used it with the adolescent population. Several providers are currently reviewing it for its applicability with the adolescent population.

Administrative Comments

The integrated system approach provides simultaneous psychiatric and addictive treatment. Training is not required to use *The Basics*, however, the author, Rhonda McKillip, is a national trainer on topics such as *The Basics - From Program Design to Implementation, Co-Occurring Disorders: Best Practice Standards, Motivational Interviewing: Unlocking Intrinsic Motivation*, and more. Professionals in either mental health, addiction, or dual diagnosis treatment at residential, inpatient, and outpatient settings have benefited from the interwoven trainings on these topics.

Cost, Copyright and Source

The Basics can be purchased from www.mckillipbasics.com or rmckillip@ix.netcom.com. Call 509-258-7314 to arrange for payment options other than through the website. *The Basics: A Curriculum for Co-Occurring Psychiatric and Substance Disorders (Second Edition)* sells for \$100.00 per 2-volume set, plus shipping and handling. The handouts and worksheets may be copied, while the remainder of the material remains copyright protected.

The Matrix Model: Intensive Outpatient Alcohol and Drug Treatment with Video Matrix

Overview

The Matrix Model is an evidence-based outpatient treatment program with over 20 years of research and development. It was recently tested in the CSAT Methamphetamine Project and is one of the few treatment programs to be endorsed by NIDA.* The comprehensive, multi-format program covers 6 key clinical areas: individual/conjoint therapy, early recovery, relapse prevention, family education, social support, and urine testing.

**Principles of Drug Addiction Treatment, A Research-Based Guide, 1999.*

Target Population

Adults

Administrative Comments

The Matrix Model comes with a therapist’s manual, reproducible client handouts (also on CD), stickers for tracking alcohol- and drug-free days, a research CD, and a 12-week family education component including lecture notes and handouts (also on CD) and 3 videos.

Cost, Copyright and Source

The cost of the materials listed above is \$695.00. For more information or to purchase, please contact:

Hazelden Publishing & Educational Services

15251 Pleasant Valley Road

P.O. Box 176

Center City, MN 55012-0176

800-328-9000

Fax: 651-213-4577

customersupport@hazelden.org (allow 24 to 48 hours for a response)

Women in Recovery

Overview

The core of the *Women in Recovery – Understanding Addiction* program is the evidence-based process of *Interactive Journaling*® which enables women to engage in self-directed “homework” and self-reflection exercises while outside of group, then participate in facilitated group discussion and feedback while in group. It is designed as a brief education component for substance abuse treatment programs desiring to add a gender-responsive element to their services.

Women in Recovery helps women understand the signs and symptoms of addiction, provides an opportunity for self-analysis of the impact of substance abuse on the woman’s life. Additionally, it provides sound factual information about the effects of a range of drugs and the connection between alcohol and drug abuse and other high-risk behaviors.

Target Population

Female substance abusers in treatment

Administrative Comments

Women in Recovery is a comprehensive recovery tool that provides gender-specific information on alcohol and other drug addiction. The journal helps women explore their relationships with alcohol and other drugs and its impact on their lives.

Women in Recovery is designed as a flexible supplement and can be used in conjunction with the *MEE Journal System* to add a gender-responsive component for any substance abuse treatment programs serving women.

Cost, Copyright and Source

The *Women in Recovery Journal* is copyrighted. The 48-page journal, printed on 70-lb paper with a heavy card stock cover for durability, sells for \$6.85 each. Minimum order quantity is 25. *Women in Recovery* does not have a dedicated facilitator guide, but it is recommended that the *General Orientation Guide* used with the *MEE, KIDS* and *Corrective Actions Journal Systems* be utilized. The 40-page *General Orientation Guide* is \$18. The *Women in Recovery Journal* is available in English and Spanish. The participant journal, ordering assistance, training options and toll-free technical support can be obtained from The Change Companies® 888-889-8866, www.changecompanies.net.

APPENDIX

Curricula Matrix

Curricula	Minors	Offenders Ed & Tx	DUI Ed	DUI Tx	Workbook Handouts	Training Required Or Recommended	Copyright	Cost
Minors Curricula								
Assertive Continuing Care	X					X		
Cannabis Youth Treatment Series Volume 1/5 sessions	X				X			
Cannabis Youth Treatment Series Volume 2/7 sessions	X				X			
Cannabis Youth Treatment Series Volume 3	X							
Cannabis Youth Treatment Series Volume 4	X					X		
Cannabis Youth Treatment Series Volume 5	X					X		
EMPACT	X				X			
Group-Based Outpatient Tx	X							
KIDS	X				X		X	X
Pathways to Self-Discovery and Change	X	X			X	X		X
Triad Girls' Group	X				X	X		
Voices	X				X		X	X
Impaired Driving (DUI) Offenders Curricula								
Colorado Impaired Driver Ed, Levels I and II	X		X		X		X	X
MEE Journal System	X			X	X	X	X	X
Driving with Care Level I Ed	X		X		X	X	X	X
Driving with Care Level II Ed	X		X		X	X	X	X

Curricula	Minors	Offenders Ed & Tx	DUI Ed	DUI Tx	Workbook Handouts	Training Required Or Recommended	Copyright	Cost
Driving with Care Level II Tx	X	X			X	X	X	X
PRIME for Life	X	X			X	X	X	X
Offender Curricula								
Choice and Change		X			X		X	X
Corrective Actions		X			X		X	X
Criminal Conduct and Substance Abuse Tx		X			X	X	X	X
Nonresidential Drug Abuse Tx		X			X		X	X
Residential Drug Abuse		X			X		X	X
General Curricula								
A New Freedom					X		X	X
Group Tx for Substance Abuse					X			X
Managing Co-Occurring Disorders		X			X		X	X
Managing Your Drug or Alcohol Problem					X		X	X
MEE Journal System					X		X	X
Reasoning and Rehabilitation	X				X	X	X	X
Resources for Criminal Justice Population	X	X						
Seeking Safety					X		X	X
Strengthening the Spirit	X				X		X	X
The Basics: A Curriculum for Co-Occurring Disorders	X				X		X	X
The Matrix Model					X			X
Women in Recovery					X		X	X

Many resources that guide clinical practice can be attained through The National Clearinghouse for Alcohol and Drug Information located at <http://ncadi.samhsa.gov/>. NIDA's *Principles of Drug Addiction Treatment: A Research Based Guide*, as well as CSAT's TIP and TAP series featured below, are available free of charge through this site. The document, *Drug Strategies; Treating Teens: A Guide to Adolescent Drug Programs*, can be ordered from <http://www.drugstrategies.org/teens/index.html>.

NIDA Principles of Drug Addiction Treatment: A Research Based Guide: Principles of Effective Treatment

No single treatment is appropriate for all individuals. Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

Treatment needs to be readily available. Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.

Effective treatment attends to multiple needs of the individual, not just his or her drug use. To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.

An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs. A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

Remaining in treatment for an adequate period of time is critical for treatment effectiveness. The appropriate duration for an individual depends on his or her problems and needs (see pages 11-49). Research indicates that for most patients, the threshold of significant improvement is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction. In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with

constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community. (*The Approaches to Drug Addiction Treatment* section discusses details of different treatment components to accomplish these goals.)

Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients with co-occurring alcohol dependence. For persons addicted to nicotine, a nicotine replacement product (such as patches or gum) or an oral medication (such as bupropion) can be an effective component of treatment. For patients with mental disorders, both behavioral treatments and medications can be critically important.

Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way. Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use. Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment (*see Drug Addiction Treatment* section).

Treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

Possible drug use during treatment must be monitored continuously. Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.

Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection. Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

NIDA Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research Based Guide

Drug addiction is a brain disease that affects behavior. Drug addiction has well-recognized cognitive, behavioral, and physiological characteristics that contribute to continued use of drugs, despite the harmful consequences. Scientists have also found that chronic drug abuse alters the brain's anatomy and chemistry and that these changes can last for months or years after the individual has stopped using drugs. This transformation may help explain why addicts are at a high risk of relapse to drug abuse even after long periods of abstinence, and why they persist in seeking drugs despite deleterious consequences.

Recovery from drug addiction requires effective treatment, followed by management of the problem over time. Drug addiction is a serious problem that can be treated and managed throughout its course. Effective drug abuse treatment engages participants in a therapeutic process, retains them in treatment for an appropriate length of time, and helps them learn to maintain abstinence over time. Multiple episodes of treatment may be required. Outcomes for drug abusing offenders in the community can be improved by monitoring drug use and by encouraging continued participation in treatment.

Treatment must last long enough to produce stable behavioral changes. In treatment, the drug abuser is taught to break old patterns of thinking and behaving and to learn new skills for avoiding drug use and criminal behavior. Individuals with severe drug problems and co-occurring disorders typically need longer treatment (e.g., a minimum of 3 months) and more comprehensive services. Early in treatment, the drug abuser begins a therapeutic process of change. In later stages, he or she addresses other problems related to drug abuse and learns how to manage the problem.

Assessment is the first step in treatment. A history of drug or alcohol use may suggest the need to conduct a comprehensive assessment to determine the nature and extent of an individual's drug problems; establish whether problems exist in other areas that may affect recovery; and enable the formulation of an appropriate treatment plan. Personality disorders and other mental health problems are prevalent in offender populations; therefore, comprehensive assessments should include mental health evaluations with treatment planning for these problems.

Tailoring services to fit the needs of the individual is an important part of effective drug abuse treatment for criminal justice populations. Individuals differ in terms of age, gender, ethnicity and culture, problem severity, recovery stage, and level of supervision needed. Individuals also respond differently to different treatment approaches and treatment providers. In general, drug treatment should address issues of motivation, problem solving, skill-building for resisting drug use and criminal behavior, the replacement of drug using and criminal activities with constructive nondrug using activities, improved problem solving, and lessons for understanding the consequences of one's behavior. Treatment interventions can facilitate the development of healthy interpersonal relationships and improve the participant's ability to interact with family, peers, and others in the community.

Drug use during treatment should be carefully monitored. Individuals trying to recover from drug addiction may experience a relapse, or return, to drug use. Triggers for drug relapse are varied; common ones include mental stress and associations with peers and social situations linked to drug use. An undetected relapse can progress to serious drug abuse, but detected use can present opportunities for therapeutic intervention. Monitoring drug use through urinalysis or other objective methods, as part of treatment or criminal justice supervision, provides a basis for assessing and providing feedback on the participant's treatment progress. It also provides opportunities to intervene to change unconstructive behavior – determining rewards and sanctions to facilitate change, and modifying treatment plans according to progress.

Treatment should target factors that are associated with criminal behavior. “Criminal thinking” is a combination of attitudes and beliefs that support a criminal lifestyle and criminal behavior. These can include feeling entitled to have things one's own way; feeling that one's criminal behavior is justified; failing to be responsible for one's actions; and consistently failing to anticipate or appreciate the consequences of one's behavior. This pattern of thinking often contributes to drug use and criminal behavior. Treatment that provides specific cognitive skills training to help individuals recognize errors in judgment that lead to drug abuse and criminal behavior may improve outcomes.

Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements. The coordination of drug abuse treatment with correctional planning can encourage participation in drug abuse treatment and can help treatment providers incorporate correctional requirements as treatment goals. Treatment providers should collaborate with criminal justice staff to evaluate each individual's treatment plan and ensure that it meets correctional supervision requirements as well as that person's changing needs, which may include housing and childcare; medical, psychiatric, and social support services; and vocational and employment assistance. For offenders with drug abuse problems, planning should incorporate the transition to community-based treatment and links to appropriate post release services to improve the success of drug treatment and re-entry. Abstinence requirements may necessitate a rapid clinical

response, such as more counseling, targeted intervention, or increased medication, to prevent relapse. Ongoing coordination between treatment providers and courts or parole and probation officers is important in addressing the complex needs of these re-entering individuals.

Continuity of care is essential for drug abusers re-entering the community. Those who complete prison-based treatment and continue with treatment in the community have the best outcomes. Continuing drug abuse treatment helps the recently released offender deal with problems that become relevant only at re-entry, such as learning to handle situations that could lead to relapse; learning how to live drug-free in the community; and developing a drug-free peer support network. Treatment in prison or jail can begin a process of therapeutic change, resulting in reduced drug use and criminal behavior post incarceration. Continuing drug treatment in the community is essential to sustaining these gains.

A balance of rewards and sanctions encourages prosocial behavior and treatment participation. When providing correctional supervision of individuals participating in drug abuse treatment, it is important to reinforce positive behavior. Non-monetary “social reinforcers” such as recognition for progress or sincere effort can be effective, as can graduated sanctions that are consistent, predictable, and clear responses to noncompliant behavior. Generally, less punitive responses are used for early and less serious noncompliance, with increasingly severe sanctions issuing from continued problem behavior. Rewards and sanctions are most likely to have the desired effect when they are perceived as fair and when they swiftly follow the targeted behavior.

Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach. High rates of mental health problems are found both in offender populations and in those with substance abuse problems. Drug abuse treatment can sometimes address depression, anxiety, and other mental health problems. Personality, cognitive, and other serious mental disorders can be difficult to treat and may disrupt drug treatment. The presence of co-occurring disorders may require an integrated approach that combines drug abuse treatment with psychiatric treatment, including the use of medication. Individuals with either a substance abuse or mental health problem should be assessed for the presence of the other.

Medications are an important part of treatment for many drug-abusing offenders. Medicines such as methadone and buprenorphine for heroin addiction have been shown to help normalize brain function, and should be made available to individuals who could benefit from them. Effective use of medications can also be instrumental in enabling people with co-occurring mental health problems to function successfully in society. Behavioral strategies can increase adherence to medication regimens.

Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis. The rates of infectious diseases, such as hepatitis, tuberculosis, and HIV/AIDS, are higher in drug

abusers, incarcerated offenders, and offenders under community supervision than in the general population. Infectious diseases affect not just the offender, but also the criminal justice system and the wider community. Consistent with Federal and State laws, drug-involved offenders should be offered testing for infectious diseases and receive counseling on their health status and on how to modify risk behaviors. Probation and parole officers who monitor offenders with serious medical conditions should link them with appropriate healthcare services, encourage compliance with medical treatment, and re-establish their eligibility for public health services (e.g., Medicaid, county health departments) before release from prison or jail.

CSAT TAPs

The Technical Assistance Publications (TAPs) are publications, manuals, and guides developed by CSAT to offer practical responses to emerging issues and concerns in the substance abuse treatment field. An expert who has had firsthand experience with the topic develops each TAP.

The following link provides access to electronic editions of the TAPs to download, browse, or search. <http://ncadistore.samhsa.gov/catalog/pubseries.aspx>. Free hard copies of TAPs can be ordered from the National Clearinghouse for Drug and Alcohol Information (NCADI)'s electronic catalog or by calling 1-800-729-6686.

- TAP 01: Approaches in the Treatment of Adolescents with Emotional and Substance Abuse Problems
- TAP 03: Need, Demand, and Problem Assessment for Substance Abuse Services
- TAP 04: Coordination of Alcohol, Drug Abuse and Mental Health Services
- TAP 07: Treatment of Opiate Addiction with Methadone: A Counselor's Manual (copies only)
- TAP 08: Relapse Prevention and the Substance Abusing Criminal Offender
- TAP 10: Rural Issues in Alcohol and Drug Abuse Treatment
- TAP 11: Treatment for Alcohol and Other Drug Abuse Treatment: Opportunities for Coordination
- TAP 13: Confidentiality of Patient Records for Alcohol and Other Drug Treatment
- TAP 14: Sighting Drug and Alcohol Treatment Programs: Legal Challenges to the NIMBY Syndrome
- TAP 15: Forecasting the Cost of Chemical Dependency Treatment Under Managed Care: The Washington State Study
- TAP 16: Purchasing Managed Care Services for Alcohol and Other Drug Abuse Treatment: Essential Elements and Policy Issues
- TAP 17: Treating Alcohol and Other Drug Abusers in Rural and Frontier Areas
- TAP 18: Checklist for Monitoring Alcohol and Other Drug Confidentiality Compliance

- TAP 19: Counselor’s Manual for Relapse Prevention with Chemically Dependent Criminal Offenders
- TAP 20: Bringing Excellence To Substance Abuse Services in Rural And Frontier America
- TAP 21: Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice
- TAP 21A: Competencies for Substance Abuse Treatment Clinical Supervisors
- TAP 22: Contracting for Managed Substance Abuse and Mental Health Services: A Guide for Public Purchasers
- TAP 23: Substance Abuse Treatment for Women Offenders: Guide to Promising Practices
- TAP 24: Welfare Reform and Substance Abuse Treatment Confidentiality: General Guidance for Reconciling Need to Know and Privacy
- TAP 25: The Impact of Substance Abuse Treatment on Employment Outcomes Among AFDC Clients in Washington State

CSAT TIPs

The Treatment Improvement Protocols (TIPs) are best practice guidelines for the treatment of substance abuse. CSAT’s Office of Evaluation, Scientific Analysis, and Synthesis draws on the experience and knowledge of clinical, research, and administrative experts to produce the TIPs, which are distributed to a growing number of facilities and individuals across the country. The audience for the TIPs is expanding beyond public and private substance abuse treatment facilities as alcohol and other drug disorders are increasingly recognized as a major problem.

The following link provides access to electronic editions of the TAPs to download, browse, or search. <http://ncadistore.samhsa.gov/catalog/pubseries.aspx>. Free hard copies of TAPs can be ordered from the National Clearinghouse for Drug and Alcohol Information (NCADI)’s electronic catalog or by calling 1-800-729-6686.

The TIPs Development Process

The TIPs Editorial Advisory Board, a distinguished group of substance abuse experts and professionals in such related fields as primary care, mental health, and social services, and the State Alcohol and Other Drug Abuse Directors generate topics for the TIPs based on the field’s current needs for information and guidance.

After selecting a topic, CSAT invites staff from pertinent Federal agencies and national organizations to a Resource Panel that recommends specific areas of focus as well as resources that should be considered in developing the content for the TIP. Soon after that a consensus panel is held: non-Federal experts who are familiar with the topic and are nominated by their peers participate in panel discussions over five days. The information and recommendations on which they reach consensus form the foundation

of the TIP. The members of each Consensus Panel represent substance abuse treatment programs, hospitals, community health centers, counseling programs, criminal justice and child welfare agencies, and private practitioners. A panel chair ensures that the guidelines mirror the results of the group's collaboration.

A large and diverse group of experts closely reviews the draft document. Once the changes recommended by the field reviewers have been incorporated, the TIP is prepared for publication. While each TIP strives to include an evidence base for the practices it recommends, CSAT recognizes that the field of substance abuse treatment is evolving, and research frequently lags behind the innovations pioneered in the field. A major goal of each TIP is to convey "front-line" information quickly but responsibly. For this reason, recommendations proffered in the TIP are attributed to either Panelists' clinical experience or the literature. If there is research to suggest a particular approach, citations are provided. Anyone interested in becoming involved in the TIPs development process (as a field reviewer, panelist, or writer) should send email to chris.currier@samhsa.hhs.gov.

- TIP 1: State Methadone Treatment Guidelines
- TIP 2: Pregnant, Substance-Using Women
- TIP 3: Screening and Assessment of Alcohol and Other Drug-Abusing Adolescents
- TIP 4: Guidelines for the Treatment of Alcohol and Other Drug-Abusing Adolescents
- TIP 5: Improving Treatment for Drug-Exposed Infants
- TIP 6: Screening for Infectious Diseases Among Substance Abusers
- TIP 7: Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System
- TIP 8: Intensive Outpatient Treatment for Alcohol and Other Drug Abuse
- TIP 9: Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse
- TIP 10: Assessment and Treatment of Cocaine-Abusing, Methadone-Maintained Patients
- TIP 11: Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases
- TIP 12: Combining Substance Abuse Treatment With Intermediate Sanctions for Adults in the Criminal Justice System
- TIP 13: The Role and Current Status of Patient Placement Criteria in the Treatment of Substance Use Disorders
- TIP 14: Developing State Outcomes Monitoring Systems for Alcohol and Other Drug Abuse Treatment
- TIP 15: Treatment for HIV-Infected Alcohol and Other Drug Abusers
- TIP 16: Alcohol and Other Drug Screening of Hospitalized Trauma Patients
- TIP 17: Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System

- TIP 18: The Tuberculosis Epidemic: Legal and Ethical Issues for Alcohol and Other Drug Abuse Treatment Providers
- TIP 19: Detoxification From Alcohol and Other Drugs
- TIP 20: Matching Treatment to Patient Needs in Opioid Substitution Therapy
- TIP 21: Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System
- TIP 22: LAAM in the Treatment of Opiate Addiction
- TIP 23: Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing
- TIP 24: A Guide to Substance Abuse Services for Primary Care Physicians
- TIP 25: Substance Abuse Treatment and Domestic Violence
- TIP 26: Substance Abuse Among Older Adults
- TIP 27: Comprehensive Case Management for Substance Abuse Treatment
- TIP 28: Naltrexone and Alcoholism Treatment
- TIP 29: Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities
- TIP 30: Continuity of Offender Treatment for Substance Use Disorders From Institution to Community
- TIP 31: Screening and Assessing Adolescents For Substance Use Disorders
- TIP 32: Treatment of Adolescents With Substance Use Disorders
- TIP 33: Treatment for Stimulant Use Disorders
- TIP 34: Brief Interventions And Brief Therapies for Substance Abuse Treatment
- TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment
- TIP 36: Substance Abuse Treatment Responding to Child Abuse and Neglect Issues
- TIP 37: Substance Abuse Treatment for Persons With HIV/AIDS
- TIP 38: Integrating Substance Abuse Treatment and Vocational Services
- TIP 39: Substance Abuse Treatment and Family Therapy
- TIP 40: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction
- TIP 41: Substance Abuse Treatment: Group Therapy
- TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders
- TIP 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs
- TIP 44: Substance Abuse Treatment for Adults in the Criminal Justice System

Drug Strategies – Nine Key Elements of Effective Treatment

Treating Teens: A Guide to Adolescent Drug Programs

Both treatment research and clinical practice suggest that certain elements are critically important to the effectiveness of adolescent drug programs. Drug Strategies, guided by

a Teen Treatment Expert Advisory Panel, has identified nine key elements, which form the conceptual framework for this guide.

The Nine Key Elements of Effectiveness Within a Juvenile Justice Setting

1. Assessment and Treatment Matching
2. Comprehensive, Integrated Treatment Approach
3. Family Involvement in Treatment
4. Developmentally Appropriate Program
5. Engage and Retain Teens in Treatment
6. Qualified Staff
7. Gender and Cultural Competence
8. Continuing Care
9. Treatment Outcomes

Working with a team of nationally recognized experts, Drug Strategies also prepared a comprehensive assessment of adolescent drug treatment. This guide is the first of its kind and will help parents, teachers, judges, counselors, and other concerned adults make better choices about teen treatment. For a copy of this guide, refer to the website: www.drugstrategies.org.

NIAAA Project MATCH Monograph Series

The manuals in this series are the result of the collaborative efforts of the Project MATCH investigators and were used as guides by the therapists in the clinical trial. They are presented to the alcohol research community as standardized, well-documented intervention tools for alcoholism treatment research. The manuals are provided to the public to permit replication of treatment procedures employed in Project MATCH.

Volume 1 - *Twelve Step Facilitation Therapy Manual*

Nowinski, J., Baker, S. & Carroll, K.M. (1994). *Twelve step facilitation therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Project MATCH Monograph Series, Vol. 1. DHHS Publication No. 94-3722. Rockville, MD: NIAAA.

Volume 2 - *Motivational Enhancement Therapy Manual*

Miller, W.R., Zweben, A., DiClemente, C.C. & Rychtarik, R.G. (1994). *Motivational enhancement therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Project MATCH Monograph Series, Vol. 2. DHHS Publication No. 94-3723. Rockville MD: NIAAA.

Volume 3 – *Cognitive-Behavioral Coping Skills Therapy Manual*

Kadden, R., Carroll, K.M., Donovan, D., Cooney, N., Monti, P., Abrams, D., Litt, M. & Hester, R. (1994). *Cognitive-behavioral coping skills therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Project MATCH Monograph Series, Vol. 3. DHHS Publication No. 94-3724. Rockville, MD: NIAAA.

Volume 4 – *The Drinker Inventory of Consequences (DrInC)*

Miller, W.R., Tonigan, J.S. & Longabaugh, R. (1995). *The Drinker Inventory of Consequences (DrInC): An instrument for assessing adverse consequences of alcohol abuse*. Project MATCH Monograph Series, Vol. 4. DHHS Publication No. 95-3911. Rockville MD: NIAAA.

Volume 5 – *Form 90 Test Manual*

Miller, W.R. (1996). *Form 90: A structured assessment interview for drinking and related behaviors. Test manual*. Project MATCH Monograph Series, Vol. 5. DHHS Publication No. 96-4004. Rockville, MD: NIAAA.

Volume 6 – *Improving Compliance with Alcoholism Treatment*

Carroll, K.M. (1997). *Improving compliance in alcohol treatment*. Project MATCH Monograph Series, Vol. 6. DHHS Publication No. 97-4143. Rockville, MD: NIAAA.

Volume 7 – *Strategies for Facilitating Protocol Compliance in Alcoholism Treatment Research*

Zweben, A., Barrett, D., Carty, K., McRee, B., Morse, P. & Rice, C. (1998). *Strategies for facilitating protocol compliance in alcoholism treatment research*. Project MATCH Monograph Series, Vol. 7. DHHS Publication No. 98-4144. Rockville, MD: NIAAA.

Volume 8 – *Project MATCH Hypotheses, Results and Causal Chain Analyses*

Longabaugh, R.H. & Wirtz, P.W. (2001). *Project MATCH hypotheses, results and causal chain analyses*. Project MATCH Monograph Series, Vol. 8, DHHS Publication No. 01-4238. Rockville, MD: NIAAA.

NIDA Therapy Manuals for Drug Addiction

- Manual 1. A Cognitive-Behavioral Approach: Treating Cocaine Dependence
- Manual 2. A Community Reinforcement Plus Vouchers Approach: Treating Cocaine Dependence
- Manual 3. An Individual Drug Counseling Approach to Treat Cocaine Addiction: The Collaborative Cocaine Treatment Study Model
- Manual 4. A Group Drug Counseling Approach: Treating Cocaine Addiction
- Manual 5. Brief Strategic Family Therapy for Adolescent Drug Abuse

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TDD 303-866-7479
FAX 303-866-7481
www.cdhs.state.co.us

Application For Curriculum Review

Agency Name: _____

Contact Person: _____ Title: _____

Phone Number: _____ E-Mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Is the Agency currently ADAD licensed? Yes No

If you answered yes that your agency is currently licensed, who is the Treatment Field Manager assigned to your agency? _____

Title of Curriculum and Author: _____

Please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> DUI Services | <input type="checkbox"/> Education | <input type="checkbox"/> Offender Services |
| <input type="checkbox"/> Level I Education | <input type="checkbox"/> Treatment – 9 Months | |
| <input type="checkbox"/> Level II Education | <input type="checkbox"/> Adolescent Services | |

Applications submitted to ADAD for review must include the following materials and documentation. Please check the items below and include the materials and documentation in the order below. If any item listed below is not included in the application, your application cannot be reviewed by ADAD and will be returned to the agency. One application is needed for each curriculum submitted for review.

- Documentation to support the curriculum is evidence based or best practices.
- A description of the agency training and implementation plan.
- A program description for using the curriculum.
- A provider guide for the curriculum.
- A participant workbook and/or copy of all client handouts.

Evidence-Based Or Best Practices

Please tell us if the curriculum you wish to use is evidence-based or best practices and describe how it meets the criteria.

Evidence-Based

Evidence-based practices are those shown to be consistently effective in systematically conducted scientific research. Below, please describe and cite the scientific research that was done on the curriculum you wish to use. (Use additional paper if necessary.)

Best Practices

Best practices are programs and strategies that have some quantitative data showing positive outcomes in delaying substance abuse over a period of time, but do not have enough research or replication to support generalizable outcomes. Below, please describe the programs and strategies utilized in the curriculum you wish to use. (Use additional paper if necessary.)

ADAD Use Only ADAD Curriculum Review

Population: _____ Date Reviewed: _____

Title of Curriculum: _____

Action

- | | |
|---|---|
| <input type="checkbox"/> All materials and documentation were included | <input type="checkbox"/> Curriculum Approved |
| <input type="checkbox"/> Curriculum is "evidence based" or "best practices" | <input type="checkbox"/> Curriculum Approved w/Revision |
| <input type="checkbox"/> Meets Population Specific Criteria | <input type="checkbox"/> Curriculum Not Approved |
| <input type="checkbox"/> Curriculum in manual format | <input type="checkbox"/> Summary Attached (if needed) |

Signature: _____ Date: _____