YOUTH TREATMENT IN PRACTICE: A COMMUNITY & MOTIVATIONAL APPROACH

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JUNE 5, 2017
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AGENDA

MONDAY	
11:30 - 12:45	Lunch
1:00 - 2:15	Opening Plenary Session - Sheila Raye Charles
2:30-4:00	• Review of Learning Goals & Objectives • Addiction 101 & Youth Prevention Overview • Informed Consent Exercise (Treatment Engagement) • Screening & Assessment (SBIRT Model)
4:00-4:15	Break
4:15-5:30	• Treatment Access & Resources • Motivational Interviewing Overview
5:30-6:30	Dinner
7:00-8:15	Evening Plenary Session
8:30-9:15	Support Groups
TUESDAY	
7:00-8:15	Breakfast
8:30-9:45	• Core A-CRA Interventions
9:45-10:00	Break
10:00-12:00	• Core A-CRA Interventions Continued • Treatment Planning Considerations (David Mee-Lee Film)
12:00-1:00	Lunch
1:00-2:30	• Family Involvement & Motivational Incentives • Role-Play Practice
2:30-2:45	Break
2:45-3:45	• Putting it all Together' and Evaluations
4:00-5:15	State Meetings
5:15-6:30	Dinner
7:00-8:45	Evening Plenary Session – "Beyond the Wall" Film Screening with Panel
8:45-9:30	Support Groups

1.1 Exercise: Initial Self-Evaluation

a. What do you feel are your top (3) strengths in working with adolescents in general?

b. What do you feel are your top (3) challenges in working with adolescents in general?

c. What specific concerns do you have regarding adolescents who are engaging in substance use?

d. What resources do you feel you need to work most effectively with adolescents engaged in substance use?

e. How might you need to reorient your therapeutic 'stance' in order to work most effectively with adolescents? How specifically might you achieve this?

f. What counter-transferential issues have (or do you imagine will occur) when working with adolescents?

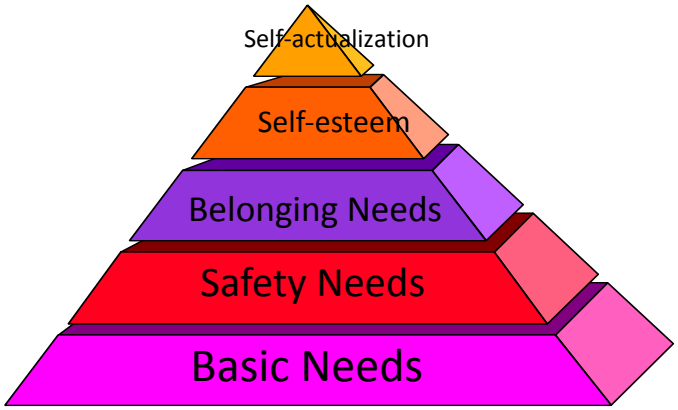
Aside from supervision, how might you personally overcome or manage these?

g. What level of self-disclosure do you typically use in therapy?

none too much at times

0 1 2 3 4 5 6 7 8 9 10

1.2 Exercise: 'Remembering' Maslow



a. What most created *safety* & security for you as an adolescent?

b. What most created *meaning and purpose*-gave you a sense of direction in your youth?

c. Outside of your immediate family, who were your role models? What were some of their characteristics?

d. How strongly did your peer group influence your overall decision making?

Never Always

0 1 2 3 4 5 6 7 8 9 10

e. How often did your peer group impinge on your existing values to the point that you felt conflicted?

Never Always

0 1 2 3 4 5 6 7 8 9 10

f. Looking back, what did you feel was unique and distinct about you as an adolescent at the time?

How was this fostered (or not fostered)?

g. (Optional) If you engaged in any substance use, what factors led to this?

1.3 Exercise: 'Informed Consent Statement'

Please draft a few sentences below to include during the informed consent process (or initial session with youth).

- Assume it is known that they are using substances of some type.
- Include a sentence or two indicating that their goals will be prioritized and are your main concern.
- Include a direct statement that your role is not to force them to change in any way (in your own words).

1.4 Exercise: 'Accurate Empathy Practice'

For each statement below record a 'simple reflection.' May also elect to follow the reflection with an open ended question.*

a. *"I wish people would just mind their own business…my parents have their own problems and here they are making me out to be the major problem!"*

b. *"I'm kind of mixed up. A lot of my friends stay out real late and do some shady things. They want me to come along too, and I don't want them to think I'm weird or something…so yeah- sometimes end up doing things I don't want to."*

c. *"Pot is pretty harmless actually…I know tons of successful people who smoke."*

*May opt to re-practice following MI review

1.5 Clinical Vignette: Treatment Engagement (ACRA)

Therapist: *How are you doing with this, John?*

Adolescent: *Okay, I guess.*

Therapist: *Tell me why you think you are here and how I can help you.*

Adolescent: *My mom and parole officer think I need to be here.*

Therapist: *Do you think you need to be here?*

Adolescent: *No, not at all.*

Therapist: *That's okay and I can definitely understand that.*
Thanks for being so honest with me. [The therapist tries to reinforce that the teen can communicate whatever he feels.] *Most people don't want to be here.* [Normalizes feelings.] *Tell me why your mom and parole officer think you need to be here.* [Asks open-ended questions to try to elicit more detail.]

Adolescent: *I guess because I am on probation, and my parole officer says I need to be.*

Therapist: *What are you on probation for?*

Adolescent: *I got busted with a joint at school. It wasn't even mine.*

Therapist: *That sucks. Have you ever been to treatment before?*
[Doesn't focus on the drug use yet.]

Adolescent: *No, and I don't want to be now!*

Therapist: *I don't blame you. It can be a scary thing, not knowing what to expect and having to talk to a stranger. I want to tell you that you don't have to do anything that you don't want to do. I'm just here to help if I can. I really appreciate your taking the time and having the courage to come in here today.*
[Reinforces attendance.] *I'm not here to tell you what to do or what not to do.*
[Emphasizes personal choice, freedom, and control.]

Adolescent: *So you're not going to be riding me about drugs the whole time.*

Therapist: *No, not at all. Do people ride you about your drug use?*
[Uses the client's own language, and asks indirectly whether he is using drugs.]

Adolescent: *Yes. It gets on my nerves.*

Therapist: *Who rides you?* [The therapist is still not confronting the adolescent about using. Instead, the therapist is searching for a source of motivation that can be used to engage the adolescent in the treatment process.]

Adolescent: *My parents, parole officer, teachers, principal, some friends—you name it.*

1.5 CLINICAL VIGNETTE: TREATMENT ENGAGEMENT, CONT. (ACRA)

Therapist: *Sounds like that irritates you.*

Adolescent: *It does; you'd be irritated too!*

Therapist: *Do they ride you because they think you have a problem with drugs?*

Adolescent: *Now what do you think?*

Therapist: *I don't know. They may think you have a problem, or they may just not like the fact that you use drugs. Or do you? I know you said you got busted but that doesn't necessarily mean you are using.* [The therapist is not assuming use or accusing the client of using.]

Adolescent: *Yes, they think I have a problem*.

Therapist: *Do you think the drugs are a problem for you?*

Adolescent: *Not really.*

Therapist: *It sounds as if you aren't too concerned about your drug use but others in your life are; they are getting on your nerves about it; and that is irritating to you.* [The therapist is reflecting and summarizing.] *Because you are required to come here, let's make the most of our time together. Would you be willing to work together to try to get all these people off your case?*
[Tries to create an alliance with the client. Attempts to get the client interested in treatment. The objective is to identify a complaint that the client is interested in changing to get him to participate in treatment.]

Adolescent: *So you're telling me that you're not going to make me quit?* [The client admits to using.]

Therapist: *I can't tell you what to do or what is best for you. Only you know that. You could go through treatment here and decide that it's worth it to you to keep using drugs as you have been. That will be up to you. So what do you say about trying to get all these people off your back?* [The therapist is rolling with resistance and not initially focusing on the problem. The most important thing is to create an alliance in the beginning—giving the client a sense of freedom and providing choices rather than confronting him head on or arguing with him.]

Adolescent: *And how do you suppose we can do that?*

Therapist: *Well, that's what I would like to work on together. Because you know yourself and you know all those people riding you a lot better than I do.*
-END-

At the end of this dialog, the therapist is starting to build a relationship with the adolescent. At this point, the therapist can start working on the client's compliance through problem solving. The therapist will deal with the issue of using as it comes up. The goal is to address the adolescent's issues as he or she raises them.

1.6 TRANSTHEORETICAL MODEL OF CHANGE

Stage of Change	Characteristics	Counselor Techniques
Pre-contemplation	Not currently considering change. "Ignorance is bliss."	Validate lack of readiness. Clarify: decision is theirs. Encourage re-evaluation of current behavior. May ask, "If you did ever change, what do you think it would be like?' Note that this moves the person into *contemplation* briefly.
Contemplation	Ambivalent about change. Beginning to consider change, often within the next month. "On the fence."	Encourage evaluation of pros and cons of the behavior change. Identify and promote new possibilities in terms of behavior.
Preparation	Some experience with change, trying to change, or planning to act soon. "Testing the waters"	Identify and assist in problem solving re: obstacles. Help the client identify social support. Encourage small initial steps.
Action	Practicing new behavior for 3-6 months.	Bolster self-efficacy for dealing with obstacles.
Maintenance	Continued commitment to sustaining new behavior Post-6 months to 5 years	Plan for follow-up support. Reinforce rewards as change is accomplished. Discuss coping with relapse should this occur.
Relapse	Resumption of old behaviors "Fall from grace."	Evaluate trigger for relapse. Reassess motivation and barriers. Plan stronger coping strategies.

Prochaska & DiClemente (1977)

1.7 TOOLS-ASSESSMENT: FUNCTIONAL ANALYSIS FOR SUBSTANCE USE BEHAVIOR (ACRA)

(Initial Assessment)

External Triggers	Internal Triggers	Behavior	Short-Term Positive Consequences	Long-Term Negative Consequences
1. Whom are you usually with when you use?	1. What are you usually thinking about right before you use?	1. What do you usually use?	1. What do you like about using with _____? (whom)	1. What are the negative results of _____ (behavior/activity) regarding each of these areas:
2. Where do you usually use?	2. What are you usually feeling physically right before you use?	2. How much do you usually use?	2. What do you like about using _____? (where)	a. Family members b. Friends c. Physical feelings
3. When do you usually use?	3. What are you usually feeling emotionally right before you use?	3. Over how long a period do you usually use?	3. What you like about using _____? (when) 4. What are some of the pleasant thoughts you have while you are using? 5. What are some of the pleasant physical feelings you have while you are using? 6. What are some of the pleasant emotional feelings you have while you are using?	d. Emotional feelings e. Legal situations f. School situations g. Job situations h. Financial situations i. Other situations

1.8 TECHNIQUES: SOBRIETY SAMPLING (ACRA)

Sobriety Sampling

Sobriety Sampling is a technique that assists the client in arriving at the decision to abstain from alcohol or other substances for a *mutually agreed-upon limited amount of time*, and then helps the client develop a plan for accomplishing this objective. Sobriety sampling operates on the assumption that you can be more successful in engaging clients in treatment by not overwhelming them with rigid rules and frightening expectations about never being able to drink or use substances again for the rest of their lives. This procedure consists of two parts: getting the client to agree to sample sobriety, and then determining a strategy for accomplishing this.

Getting the Client to Agree to Sample Sobriety

1. Review the assessment material to determine if the client has had any recent periods of sobriety. If the client has, the typical length of abstinence may be useful in deciding on a reasonable sampling period.
2. Note the client's motivators for treatment, as these may be introduced as an incentive for sampling sobriety.
3. Suggest that the client sample a period of sobriety. Discuss advantages to staying abstinent (e.g., it encourages an individual to find other coping strategies, it demonstrates a commitment to family members and to oneself), while incorporating the client's reinforcers.
4. Start the negotiation by suggesting a time period of 90 days. Explain the benefits from staying sober for this amount of time (i.e., research shows that there is a high-risk of relapse in the first 90 days; Marlatt, 1980).
5. If the client is not willing to sample sobriety for 90 days (which is fairly common), bargain downward. It is preferable that the length of time be a challenge, but one which is obtainable.
6. Motivate the client by referring to previous periods of abstinence, the client's reinforcers, and the client's motivators for treatment.

Determining a Strategy for Accomplishing Sobriety Sampling

1. If possible, schedule the next appointment for a time that is no more than a few days away. Many new skills need to be taught early in treatment in order for Sobriety Sampling to work.
2. When discussing a plan to remain abstinent, brainstorm new ideas so that the client does not simply try to rely on past unsuccessful methods.
3. Review the client's upcoming high-risk situations (e.g., by looking at the triggers from the Functional Analysis of Substance Use).
4. Assist the client in developing a plan that depends on alternate behaviors to compete with alcohol/drug use during high-risk situations. Address possible obstacles.
5. Help the client think of a back-up plan as well.
6. Talk to the client about the motivators for making an attempt at sobriety at this time. Re reinforce the client whenever possible.

1.9 TREATMENT PLANNING: DEVELOPING THE FOCUS OF THERAPY/TREATMENT CONTRACTING

	Client	**Clinical Assessment**	**Treatment Plan**
What	What does client want?	What does client need?	What is the treatment contract?
Why	Why now? What is the level of commitment?	Why? What reasons are revealed by the assessment data?	Is it linked to what client wants?
How	How will s/he get there?	How will you get him/her to accept the plan?	Does client buy into the link?
Where	Where will s/he do this?	Where is the appropriate setting for treatment?	Referral to level of care
When	When will this happen? How quickly? How badly does s/he want it?	When? How soon? What are realistic expectations?	What is the degree of urgency? What is the process? What are the expectations of the referral?

Adapted from: *"How to Develop Treatment Plans that Make Sense to Clients: Improving Documentation and Clinical Use of the Treatment Plan and Progress Notes" David Mee-Lee, M.D., 2014. Change Companies.*

1.10 TOOLS: HAPPINESS SCALE (ACRA)

Name: _____ Adolescent ID: _____ Date: _____

This scale is intended to estimate your *current* happiness with your life in each of the 16 areas listed below. You are to circle one of the numbers (1 to 10) beside each area. Numbers toward the left side of the 10-unit scale indicate various degrees of unhappiness, whereas numbers toward the right side of the scale reflect increasing levels of happiness. Ask yourself this question as you rate each area of life: "*How happy am I **today** with this area of my life?*" In other words, state according to the numerical scale (1 to 10) - exactly how you feel today. Try to exclude yesterday's feelings and concentrate only on today's feelings in each of the life areas. Also, try *not* to allow one category to influence the results of the other categories.

	Completely Unhappy									**Completely Happy**
1. Marijuana use/nonuse	1	2	3	4	5	6	7	8	9	10
2. Alcohol use/nonuse	1	2	3	4	5	6	7	8	9	10
3. Other drug use/nonuse	1	2	3	4	5	6	7	8	9	10
4. Relationship with boyfriend or girlfriend	1	2	3	4	5	6	7	8	9	10
5. Relationships with friends	1	2	3	4	5	6	7	8	9	10
6. Relationships with parents or caregivers	1	2	3	4	5	6	7	8	9	10
7. School	1	2	3	4	5	6	7	8	9	10
8. Social activities	1	2	3	4	5	6	7	8	9	10
9. Recreational activities	1	2	3	4	5	6	7	8	9	10
10. Personal habits (e.g., getting up in the morning, being on time, finishing tasks)	1	2	3	4	5	6	7	8	9	10
11. Legal issues	1	2	3	4	5	6	7	8	9	10
12. Money management	1	2	3	4	5	6	7	8	9	10
13. Emotional life (feelings)	1	2	3	4	5	6	7	8	9	10
14. Communication	1	2	3	4	5	6	7	8	9	10
15. General happiness	1	2	3	4	5	6	7	8	9	10
16. Other	1	2	3	4	5	6	7	8	9	10

1.11 TOOLS: VALUES CLARIFICATION/BEHAVIOR MODIFICATION: SAMPLE WORKSHEET

Things I like/value about substance use (ways substances help me enjoy myself or cope)	Brainstorm and write down as many things other than substance use that I could try to help meet my needs
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

1. From the column on the right, cross off any items that are unhealthy or you are unlikely to try.
2. Then identify (1) item to realistically try before or in place of engaging in substance use.

1.12 Tools: Increasing Prosocial recreation & Systematic encouragement (ACRA)

Increasing prosocial recreation is an extremely important part of youth work, and it is important to consider using this type of procedure in most sessions. The main way to help adolescents increase prosocial activities is to help them try out or sample new activities. When adolescents do so, they experience timeout from using drugs. Old habits are disrupted, and there is an opportunity to replace them with new, positive coping skills.

Purpose of the Procedure and Learning Objectives

The purpose of this procedure is to help adolescents learn how to increase their prosocial recreational activities to involve acquaintances who are not likely to lead to drug use. This procedure helps adolescents:

- Recognize that being in a situation where they used in the past puts them at risk for relapse
- Identify **prosocial activities** to try
- Understand how to make initial contacts for the new activities
- Identify and enlist **support persons** who can meet them at or accompany them to the new activity
- Become committed to sample new, prosocial activities
- Select a new activity to try as part of the homework assignment.

Procedural Steps

1. Introduce the topic of increasing prosocial activities.
2. Help the adolescent identify prosocial activities to sample.
3. Use systematic encouragement to support a commitment to sample one or more activities that have been identified.
4. Decide on a homework assignment together.

Systematic Encouragement

Systematic Encouragement is a simple technique that is introduced for cases in which a client reports an interest in sampling a new activity (e.g., a 12-step meeting, a fun new recreational activity), but the therapist believes there is considerable risk that the client will not actually follow through and make it to the activity. The procedure consists of three basic recommendations that primarily are aimed at gently helping the client navigate his/her way through emotional obstacles (e.g., ambivalence, fear, depression) or practical impediments (e.g., lack of information about the activity) associated with attending.

1. *Never assume the client will make the initial contact independently*. It often is useful to have the client contact an organization in advance so that the necessary details about the activity (e.g., location, time) can be obtained. Although much of this information may be found on a website, a phone contact is preferred as it offers an opportunity to practice positive communication skills.

The therapist should role-play the initial phone conversation with the client. Once the client is prepared emotionally and sufficiently skilled, the phone call should be placed *during the session*.

1.12 TOOLS: INCREASING PROSOCIAL RECREATION & SYSTEMATIC ENCOURAGEMENT CONT.

2. *Whenever possible, arrange to have a contact person meet the client at the activity*. The appropriate contact person is determined before the initial phone call. This contact person typically is a representative of the organization/institution (e.g., for 12-step meetings, GED information), but could also be a relative or friend who plans to attend the activity. Arranging to have a contact person either meet the client at the activity or drive the client to it increases the chance the client will actually attend.

3. *Review the experience at the next session*. First, discuss whether or not the client attended the activity. If the client did *not* attend, determine why and try to problem solve with the client. If the client did attend, find out whether it was enjoyable and if the client would like to attend again.
Discuss potential future obstacles.

Daily Reminder to Be Nice (ACRA)

	Day						
Activity	Sun	Mon	Tues	Wed	Thu	Fri	Sat
Did you express appreciation to the other person today?							
Did you compliment the other person on something?							
Did you give the other person a pleasant surprise?							
Did you express affection?							
Did you initiate pleasant conversation?							
Did you offer to help?							

Proven Ways to Help Your Child Stay Sober	**Three Steps to Better Communication**
1. Be a good role model by not using alcohol/drugs. **2.** Be positive with your child. Praise appropriate behavior. Decrease blaming and "put downs." **3.** Monitor your child's behavior and whereabouts. Know what he/she is doing and who they are with. **4.** Get involved in your child's life outside the home. Encourage and promote positive social and recreational activities.	**1.** Understanding Statement **2.** Partial Responsibility Statement (Shared role in creating or solving a specific problem) **3.** Offer to Help

Youth Treatment & Recovery Access: Survey

In addition to your state's Department of Public Health funded mental health & substance use treatment agencies, it is likely you work with many providers and resources as you help youth become healthier and improve their quality of life. In an effort to understand your knowledge-base and perspective of local recovery support services, please answer the following (this information will be handled confidentially if aggregated and shared with the larger group):

Town or county:	

Providers/Support Services (check all that apply in columns to the right)	Frequently collaborate and/or have confidence making direct referrals	Need additional resources for these types of services
Adolescent specialty providers		
Primary care physicians/pediatricians/family practices		
School staff (student assistance professionals, nurses, other health staff)		
Community/teen centers		
Recovery centers		
Youth mentoring programs		
Court services/diversion		
Dept. for Children and Families		
Self-help (AA type, SMART Recovery, or similar)		
Religious organizations that provide youth support or activities		
Boys & Girls Clubs		
Other social clubs (please specify):		
Other (please specify):		
Other (please specify):		

Does your agency maintain an updated and comprehensive resource guide to services (or provide **EASY TO ACCESS** to web-based listings of resources?

Yes ◯ No ◯ Unsure ◯

If yes, do you consult your agency guide(s) or maintain your own separate list of resources?

Consult agency resources ◯ Rely on my own compendium of information ◯ both ◯

Youth Treatment & Recovery Collaboration: Exercise

1. Complete the below questions independently (10 minutes)
2. Pair up with those primarily from the same area/county (4-5 per group) for discussion and brainstorming exercise (5 minutes)
3. Assign a facilitator to lead an overall discussion, with emphasis on the *items (25 minutes)
4. Group discussion (5 minutes)

Which specific agencies do you consider your biggest assets when conducting youth work?

***What recovery support services (not formal treatment) do you consider your biggest assets when conducting youth work?**

***What resources/information guides, websites, etc. do you utilize the most during youth work?**

***Overall, what type of services or agencies do you feel your area lacks the most?**

*When you think about youth making positive progress at your agency, are there certain supports or resources that they request that are difficult to find or access? Yes ◯ No ◯ Unsure ◯

***If yes, what are these?**

Do you generally feel that you can make timely treatment referrals to the youth that you work with? Yes ◯ No ◯ Unsure ◯

***What would help?**

Aside from treatment and recovery supports, do you generally feel that you can easily suggest 1-2 helpful, healthy diversions for youth in your area? Yes ◯ No ◯ Unsure ◯

***What types of diversions (please be specific)?**

Based upon the discussion list 1-2 new resources, recovery supports, youth diversionary activities, or ideas that can advance your youth work below:

1.13 Self-Evaluation:

Therapeutic Stance or Technique	Somewhat open to incorporate more into clinical practice	Committed to incorporate more into clinical practice	Not likely to incorporate more into clinical practice
Modify informed consent process; state your role is not to convince youth to change, etc.			
Increase awareness of/avoid the 'trap of taking sides' during youth work.			
Increase use of reflective statements prior to sharing thoughts or advice.			
Reorient to a 'harm reduction' framework during youth work, as appropriate.			
Increase use of open-ended questions to elicit 'change talk' from clients.			
Increase use of inquisitive, paradoxical, or novel lines of questioning to elicit/understand youth's goals and aspirations.			
More carefully assess the 'stages of change' prior to formulating the treatment plan.			
Take additional care to ensure treatment planning goals align with youth interest and motivation.			
Conduct more formalized 'functional analysis' type exercises to ascertain the 'legitimate' need(s) substances are playing for the client.			
Utilize a rating system or tool designed to elicit youth satisfaction with various life domains (i.e. 'happiness scale').			
Increase use of scaling questions (i.e. confidence/importance rulers).			
Increase use of 'values clarification' exercises.			
Set more realistic goals (i.e. using techniques such as 'sobriety sampling').			
Utilize supervision in order to discuss new strengths-based strategies to use with youth.			
Assess & leverage various pro-social opportunities through more strategic 'systematic encouragement.'			
Modify the level of self-disclosure I typically use. Specifically:			
Obtain additional resources, guidance, supervision, etc. relative to substance use disorders. Specifically:			

REFERENCES:

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Habib, M. (et al). (2013) *Socio-Emotional Context and Adolescents' Decision Making: The Experience of Regret and Relief after Social Comparison.* Journal of Research on Adolescence.

Mee-Lee, D. (2014). "*How to Develop Treatment Plans that Make Sense to Clients: Improving Documentation and Clinical Use of the Treatment Plan and Progress Notes."* Change Companies.

Miller, W. & Rollnick, S. **(**2012) Motivational Interviewing: helping people change, 3rd Edition. Guilford.

Some Recommended Resources:

- Addiction Technology Transfer Center: Addiction Technology Transfer Center: http://www.attcnetwork.org/index.asp
- CASA Columbia: http://www.casacolumbia.org/addiction-research/reports
  Excellent prevention guidance: *Adolescent Substance Use: America's #1 Public Health Problem*.
- Clinical Trials Network (CTN) Dissemination Library: http://ctndisseminationlibrary.org/ (Links to an external site.) Select BROWSE the LIBRARY_JOURNAL ARTICLES
- Motivational Interviewing.org: http://motivationalinterviewing.org/
- National Institute on Alcohol Abuse & Alcoholism (NIAAA): https://niaaa.nih.gov/
- National Institute on Drug Abuse (NIDA): http://www.nida.nih.gov/scienceofaddiction/
- National Registry of Evidence-Based Programs & Practices (NREPP): http://www.nrepp.samhsa.gov/AdvancedSearch.aspx
- Substance Abuse and Mental Health Services Administration (SAMHSA): http://www.samhsa.gov/
- William White website devoted to the history of addiction and recovery oriented systems of care: http://www.williamwhitepapers.com/

NOTES: