



### SAMHSA Response to Epidemiological Data

As part of a special issue of the *Journal of Substance Abuse Treatment* on co-occurring disorders (COD), SAMHSA staff have analyzed the policy and practice implications of major mental health and substance abuse epidemiological surveys: **Clark, H. W., Power, A. K., Le Fauve, C. E., & Lopez, E. I. (2008). Policy and practice implications of epidemiological surveys on co-occurring mental and substance use disorders. *Journal of Substance Abuse Treatment*, 34 (1), 3-13. Available online at <http://www.sciencedirect.com/science/journal/07405472>**

The authors review major findings on COD from three important epidemiological surveys: SAMHSA's National Survey on Drug Use and Health (NSDUH), the National Institute on Alcohol Abuse and Alcoholism's National Epidemiological Survey on Alcohol and Related Conditions (NESARC), and the National Comorbidity Survey Replication (NCS-R) with major funding from the National Institute of Mental Health. Relevant findings include

- Few individuals with COD receive treatment, in large part because they do not recognize the need for treatment, and this remains a major barrier to care for this population;
- Individuals with COD are more likely to receive treatment for their mental health disorder alone (34.3 percent) than for their substance use disorder alone (4.1 percent) or for both disorders (8.5 percent);
- Most DSM-IV mental health disorders in the general population are mild (40.4 percent) or moderate (37.3 percent) in severity; and
- Individuals with serious mental disorders are more likely to receive some treatment (54.1 percent do) than those who have a less serious disorder (35 percent)

The authors discuss the implications of these findings for national mental health and substance abuse treatment practices including the need for integrated clinical interventions, improved staff development, and treatment systems that have a "no wrong door" policy. They also discuss problems related to insurance

regulations and policies that may unintentionally encourage overdiagnosis of mental disorders and underdiagnosis of substance use disorders and that make it difficult to always provide appropriate and adequate services.

The second half of the article focuses on SAMHSA's response to help people with COD and how those efforts have been shaped by these epidemiological surveys. SAMHSA places a high priority on addressing COD, as demonstrated by its inclusion in the SAMHSA Matrix and by SAMHSA's Action Plan for COD.

SAMHSA's specific responses to COD include efforts to support infrastructure development and systems change such as the National Policy Academies on Co-Occurring Substance Abuse and Mental Disorders and the Co-Occurring State Incentive Grant program. Another response is the funding of technical assistance (TA) contracts to guide infrastructure development and enhance clinical capacity to provide effective COD services. The Co-Occurring Center for Excellence (COCE) and the Addiction Technology Transfer Centers (ATTCs) are two examples of TA/training initiatives funded by SAMHSA. SAMHSA also provides support for improving clinical practice through its publications (such as Treatment Improvement Protocol 42 and COCE Overview Papers) and provides leadership on creating a national plan for workforce development that will improve workforce capacity to treat COD.

Other articles in this special issue of the *Journal of Substance Abuse Treatment* address topics such as substance-induced suicides, an enhanced outpatient intervention for people with COD, the modified therapeutic community, and future directions for COD research. Authors include COCE staff, Steering Council members, and/or Senior Fellows. The abstracts for the other articles from this issue are available at the end of this issue of the Review.

This Review contains revisions of abstracts and is not generally the product of an original analysis of the actual articles cited. Readers interested in finding out more about COCE should visit the Web site: <http://coce.samhsa.gov/>

## COD Research

### Epidemiology

**Cornelius, J. R., Reynolds, M., Martz, B. M., Clark, D. B., Kirisci, L., & Tarter, R. (2008). Premature mortality among males with substance use disorders. *Addictive Behaviors*, 33 (1), 156-160.**

The authors sought to determine whether substance use disorders and/or antisocial personality disorders (ASPD) were associated with early mortality in a group of 761 fathers who were involved in a prospective longitudinal study of adolescents and their fathers. Of those subjects, 342 had a substance use disorder diagnosis. Factors that were associated with earlier mortality among these men were having less education, having a substance use disorder, and/or having ASPD. Of those who passed away during the course of the study, the major cause of death was medical illness and not accident or overdose.

**Crum, R. M., Storr, C. L., Ialongo, N., & Anthony, J. C. (2008). Is depressed mood in childhood associated with an increased risk for initiation of alcohol use. *Addictive Behaviors*, 33 (1), 24-40.**

The authors evaluated a large (N=2,311) group of public school students, ages 9–13, over a 5-year period to determine the effects of depressed mood at the initial (1990) assessment on the initiation of drinking from 1991 through 1994. They found that for boys but not girls higher levels of depressed mood at the first assessment were associated with an increased risk of initiating alcohol use without parental permission.

**D'Onofrio, B. M., Van Hulle, C. A., Waldman, I. D., Rodgers, J. L., Rathouz, P. J., & Lahey, B. B. (2007). Causal inferences regarding prenatal alcohol exposure and childhood externalizing problems. *Archives of General Psychiatry*, 64 (11), 1296-1304.**

The authors analyzed data from the National Longitudinal Survey of Youth and the Children of the National Longitudinal Survey of Youth to determine what effect prenatal exposure to alcohol had on later development of conduct disorders after controlling for the potentially confounding effects of genetics and environment. They found a significant association between prenatal exposure to alcohol and conduct disorders that was independent of genetic and environmental variables.

**Fisher, W. H., Wolff, N., Grudzinskas, A. J., Jr., Roy-Bujnowski, K., Banks, S. M., & Clayfield, J. (2007). Drug-related arrests in a cohort of public mental health service recipients. *Psychiatric Services*, 58 (11), 1448-1453.**

The authors followed a group of individuals who received services from a State mental health agency (N=13,816) to determine the prevalence of drug-related arrests. Approximately 5 percent of the sample (n=720) had at least one drug-related arrest during a 10-year period. Approximately 95 percent of those who had a drug-related arrest also had an arrest for another type of crime.

**Fu, S. S., McFall, M., Saxon, A. J., Beckham, J. C., Carmody, T. P., Baker, D. G., & Joseph, A. M. (2007). Post-traumatic stress disorder and smoking: A systematic review. *Nicotine & Tobacco Research*, 9 (11), 1071-1084.**

The authors reviewed the literature on the connection between posttraumatic stress disorder (PTSD) and smoking. Their analysis included 45 studies that provided sufficient and appropriate data. They found high rates of smoking among clinical samples of individuals with PTSD (ranging from 40 to 60 percent) as well as in nonclinical samples (ranging from 34 to 61 percent). They also determined that a diagnosis of PTSD (rather than exposure to trauma) has the greater effect on increasing smoking.

**Maremmani, I., Pacini, M., Pani, P., Perugi, G., Deltito, J., & Akiskal, H. (2007). The mental status of 1090 heroin addicts at entry into treatment: Should depression be considered a 'dual diagnosis'? *Annals of General Psychiatry*, 6 (31). Available online at <http://www.annals-general-psychiatry.com/content/pdf/1744-859x-6-31.pdf>**

## COD Research and Resources Monthly Review

The authors investigated whether certain psychiatric symptoms were caused by COD or were substance related in a sample of 1,090 Italian substance abuse treatment clients who were heroin dependent. Of the sample, 46.4 percent (n=506) had symptoms of depression and/or anxiety, 38.6 percent (n=421) had psychomotor excitement, and nearly 15 percent (n=163) presented with a psychotic state. They determined that the presence of symptoms of depression and/or anxiety in this population was not necessarily indicative of COD.

**Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq War. *JAMA: The Journal of the American Medical Association*, 298 (18), 2141-2148.**

The authors report findings from a 6-month postreturn mental health assessment for soldiers returning from Iraq and compare those findings to results of an assessment done at the end of their deployment. In this second assessment, veterans reported more mental health concerns and had a significantly higher rate of referral for mental health treatment. Combining data from the two assessments, the authors determined that 20.3 percent of soldiers on active duty and 42.4 percent of those in the reserves required mental health treatment at some point after their deployment. While veterans repeatedly reported concerns with drinking, very few were referred for substance abuse treatment. Also, veterans were much more likely to report symptoms of PTSD on the 6-month reassessment than on the initial assessment.

**Office of Applied Studies (2007). *Depression and the initiation of cigarette, alcohol, and other drug use among young adults* (The NSDUH Report, November 15, 2007). Rockville, MD: Substance Abuse and Mental Health Services Administration. Available online at <http://oas.samhsa.gov/2k7/newUsers/depression.htm>**

This report combines data from the 2005 and 2006 National Survey on Drug Use and Health (NSDUH) to evaluate the initiation of alcohol, tobacco, and other drug use among young adults (ages 18–25) with depression. The data show that those who had a past year episode of major depression were significantly more likely to have begun using cigarettes, begun using alcohol, and begun using most types of illicit drugs in the past year than were those young adults who did not have an episode of major depression.

**Office of Applied Studies (2007). *Serious psychological distress and substance use disorder among veterans* (The NSDUH Report, November 1, 2007). Rockville, MD: Substance Abuse and Mental Health Services Administration. Available online at <http://oas.samhsa.gov/2k7/veteransDual/veteransDual.pdf>**

This report combines data from 2004 through 2006 National Survey on Drug Use and Health (NSDUH) to evaluate serious psychological distress and substance use disorder among veterans. In those years, 7.0 percent of veterans age 18 or older met criteria for serious psychological distress, 7.1 percent met criteria for a substance use disorder in the past year, and 1.5 percent met criteria for COD. Veterans in the 18–25 age range were more likely than were older veterans to have serious psychological distress, substance use disorder, or COD. Veterans with family incomes below \$20,000 per year were more likely than were veterans with higher incomes to have serious psychological distress, substance use disorder, or COD.

**Shaffer, H. J., Nelson, S. E., LaPlante, D. A., LaBrie, R. A., Albanese, M., & Caro, G. (2007). The epidemiology of psychiatric disorders among repeat DUI offenders accepting a treatment-sentencing option. *Journal of Consulting and Clinical Psychology*, 75 (5), 795-804.**

The authors investigated the prevalence and comorbidity of mental disorders among a group of repeat DUI offenders (N=729). They compared the results from the Composite International Diagnostic Interview (used to assess DSM-IV disorders) to data from other general population samples. Compared to the general population, repeat DUI offenders evidenced higher rates of alcohol and drug use disorders, as well as COD. Nearly one half the sample of repeat DUI offenders met criteria for a lifetime diagnosis of both a substance use disorder and a mental disorder.

## Infrastructure

### Information Systems

Heil, S. K. R., Leeper, T. E., Nalty, D., & Campbell, K. (2007). *Integrating State administrative records to manage substance abuse treatment system performance* (DHHS Publication No. [SMA] 07-4268. Technical Assistance Publication [TAP] Series 29). Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. Available online at <http://download.ncadi.samhsa.gov/Prevline/pdfs/SMA07-4268.pdf>

While this CSAT TAP concerns substance abuse treatment data and will therefore be of interest primarily to substance abuse treatment programs, it does include some examples of records management for clients with COD. For example, it discusses an Oklahoma State program to track substance abuse treatment outcomes for clients with COD and SAMHSA's Integrated Database (IDB) project, which tracks mental health and substance abuse treatment data.

### Workforce Development

Salyers, M., Rollins, A., Bond, G., Tsai, J., Moser, L., & Brunette, M. (2007). Development of a scale to assess practitioner knowledge in providing Integrated Dual Disorders Treatment. *Administration and Policy in Mental Health and Mental Health Services Research*, 34 (6), 570-581.

The authors discuss a paper and pencil instrument intended to help assess staff attitudes toward and knowledge about integrated treatment for COD. They evaluated the instrument with staff at two different mental health centers and found that it had good internal consistency and interrater reliability.

## Services & Service Systems

### Screening & Assessment

de Beaurepaire, R., Lukasiewicz, M., Beauverie, P., Castéra, S., Dagorne, O., Espaze, R., Falissard, B., Giroult, P., Houery, M., Mahuzier, G., Matheron, I., Niel, P., Padovani, P., Poisson, N., Richier, J.-P., Rocher, J., Ruetsh, O., Touzeau, D., Visinoni, A., & Molimard, R. (2007). Comparison of self-reports and biological measures for alcohol, tobacco, and illicit drugs consumption in psychiatric inpatients. *European Psychiatry*, 22 (8), 540-548.

The authors sought to evaluate the correlation between self-reports of alcohol and drug use and the results of urine and blood tests in a group of 486 consecutive admissions for psychiatric admissions to a French hospital. They found a low level of correlation between self-report and biological measures. Patients with schizophrenia and/or personality disorders were the most likely to disclose illicit drug use and those with mood disorders and/or alcohol use disorders were the least likely to do so. Patients reported smoking accurately but underreported alcohol use by anywhere from 37 percent to 56 percent depending on the biological marker used for comparison.

Kennealy, P. J., Hicks, B. M., & Patrick, C. J. (2007). Validity of factors of the Psychopathy Checklist Revised in female prisoners: Discriminant relations with antisocial behavior, substance Abuse, and personality. *Assessment*, 14 (4), 323-340.

The authors evaluated the use of the Psychopathy Checklist Revised, an instrument developed and evaluated for men to assess antisocial or criminal behaviors (including drug abuse) and personality factors, with a population of female prisoners. They found that the results were consistent with findings from previous evaluations using men and conclude that the instrument is appropriate for women.

Rodriguez-Jimenez, R., Aragües, M., Jimenez-Arriero, M. A., Ponce, G., Martinez, I., Hoenicka, J., Rubio, G., & Palomo, T. (2008). Psychopathology and Wisconsin Card Sorting Test performance in male schizophrenic patients: Influence of dual diagnosis. *Psychopathology*, 41 (1), 58-64.

The authors evaluated the performance of patients with schizophrenia (both with and without histories of co-occurring substance use disorders) on the Wisconsin Card Sorting Test (WCST). For patients who did not have COD, good performance on this test (defined as completing four or more categories) was significantly associated with a lower level of negative symptoms but no association was found for patients with COD.

### *Services Integration*

**Ziedonis, D. M., Parks, J., Zimmermann, M. H., & McCabe, P. (2007). Program and system level interventions to address tobacco amongst individuals with schizophrenia. *Journal of Dual Diagnosis, 3* (3-4), 151-175.**

The authors discuss how smoking cessation can be better integrated with the mental health system. They present some broad systems-level changes that can improve smoking cessation efforts for the large percentage of people with schizophrenia who also use tobacco as well as some ideas that programs can implement at their own agencies.

### *Treatment Planning & Services*

**Archie, S., Rush, B. R., Akhtar-Danesh, N., Norman, R., Malla, A., Roy, P., & Zipursky, R. B. (2007). Substance use and abuse in first-episode psychosis: Prevalence before and after early intervention. *Schizophrenia Bulletin, 33* (6), 1354-1363.**

The authors followed 200 individuals (131 of whom provided data at the 12-month reassessment) who had been diagnosed as having a first episode psychosis of a schizophrenia spectrum disorder. Participants were enrolled in an early intervention program. By the 12-month assessment, the prevalence of substance abuse, hazardous alcohol use, and concurrent drug and alcohol use were all significantly lower than at baseline.

**Bornovalova, M. A., & Daughters, S. B. (2007). How does Dialectical Behavior Therapy facilitate treatment retention among individuals with comorbid borderline personality disorder and substance use disorders? *Clinical Psychology Review, 27* (8), 923-943.**

The authors analyze the use of Dialectical Behavior Therapy (DBT) for co-occurring borderline personality disorder and substance use disorders, noting that this intervention has been shown in a number of studies to be effective at reducing treatment dropout in this population. They discuss which deficits are the cause of high treatment dropout rates in this population, which elements of DBT have an effect in improving client retention, and future directions for research on DBT.

**Christopher, J., McKendrick, K., Sacks, S., & Banks, S. (2007). Modified therapeutic community treatment for offenders with MICA disorders: Substance use outcomes. *American Journal of Drug and Alcohol Abuse, 33* (6), 823-832.**

The authors evaluated the use of a modified therapeutic community (MTC) for incarcerated individuals with COD, using a sample of 139 individuals assigned to either an MTC or a comparison group. Those who participated in the MTC had significantly lower rates of alcohol and drug use 12 months after leaving prison. They also had less contact with the criminal justice system and reported less criminal activity.

**Echeburua, E., De Medina, R. B., & Aizpiri, J. (2007). Comorbidity of alcohol dependence and personality disorders: A comparative study. *Alcohol and Alcoholism, 42* (6), 618-622.**

The authors assessed a group of 158 clients at an outpatient psychiatric clinic who were alcohol dependent to diagnose personality disorders. These individuals were compared to 120 clients from the same clinic who did not have substance use disorders and a matched (by age, gender, and socioeconomic status), general population sample of 103 individuals. Of those patients who had co-occurring alcohol use disorders, 44.3 percent also had a personality disorder compared to 21.7 percent of the other clinic sample and 6.8 percent of the general population sample. The most common personality disorders were obsessive-compulsive personality disorder (affecting 12 percent of those with co-occurring alcohol use disorders) followed by antisocial, paranoid, and dependent personality disorders (each affecting 7 percent of those with co-occurring alcohol use disorders).

**Hser, Y. I., Longshore, D., & Anglin, M. D. (2007). The life course perspective on drug use: A conceptual framework for understanding drug use trajectories. *Evaluation Review*, 31 (6), 515-547.**

The authors describe the life course perspective on drug use, which seeks to explain how patterns of drug use develop over the course of an individual's lifetime and how knowledge of those patterns can be used to guide research and treatment. Some of the concepts they discuss are the importance of transitional turning points and social capital.

**Kemp, R., Harris, A., Vurel, E., & Sitharthan, T. (2007). Stop Using Stuff: Trial of a drug and alcohol intervention for young people with comorbid mental illness and drug and alcohol problems. *Australasian Psychiatry*, 15 (6), 490-493.**

The authors describe the Stop Using Stuff intervention developed in Australia to reduce substance abuse among young people with co-occurring psychosis. The intervention is a brief (four- to six-session), manualized, cognitive-behavioral intervention that shows some promise with this population. In evaluation, the intervention resulted in significantly less frequent cannabis and alcohol abuse when compared to a standard treatment.

**Osher, F. C., & Steadman, H. J. (2007). Adapting evidence-based practices for persons with mental illness involved with the criminal justice system. *Psychiatric Services*, 58 (11), 1472-1478.**

The authors report on findings presented at recent meetings of the National GAINS Center for Evidence-Based Programs in the Justice System regarding the use of evidence-based practices (such as assertive community treatment, housing, trauma interventions, supported employment, illness self-management, and integrated treatment) for individuals in the criminal justice system.

**Riggs, P. D., Mikulich-Gilbertson, S. K., Davies, R. D., Lohman, M., Klein, C., & Stover, S. K. (2007). A randomized controlled trial of fluoxetine and cognitive behavioral therapy in adolescents with major depression, behavior problems, and substance use disorders. *Archives of Pediatrics and Adolescent Medicine*, 161 (11), 1026-1034.**

The authors evaluated the use of fluoxetine hydrochloride on major depressive disorder, substance use disorders, and conduct disorders in a group of 126 adolescents (age 13–19). Participants were randomly assigned to receive fluoxetine hydrochloride or placebo for 16 weeks and both groups also received cognitive-behavioral therapy for their substance use disorders. When depression was evaluated using the Childhood Depression Rating Scale Revised (but not when it was evaluated using the Clinical Global Impression Improvement Scale), participants who received fluoxetine hydrochloride had significantly lower depression ratings after treatment. Both groups reported similar decreases in substance use and symptoms of conduct disorder.

**Rotunda, R. J., O'Farrell, T. J., Murphy, M., & Babey, S. H. (2008). Behavioral couples therapy for comorbid substance use disorders and combat-related posttraumatic stress disorder among male veterans: An initial evaluation. *Addictive Behaviors*, 33 (1), 180-187.**

The authors present findings from a small (N=38) study of veterans with substance use disorders, half of whom also had posttraumatic stress disorder (PTSD). All study participants, along with their spouses, were enrolled in behavioral couples therapy and were assessed prior to treatment and 12 months later. Results were comparable for both groups, with both showing a high level of compliance with treatment (including attending sessions, taking Antabuse, and going to 12-Step meetings) and positive outcomes related to drinking, drinking consequences, domestic violence, and psychological distress.

**Santa Ana, E. J., Wulfert, E., & Nietert, P. J. (2007). Efficacy of group motivational interviewing (GMI) for psychiatric inpatients with chemical dependence. *Journal of Consulting and Clinical Psychology*, 75 (5), 816-822.**

The authors evaluated the effectiveness of a group motivational interviewing intervention for clients with COD in aftercare. Participants (N=107) were assigned to either the group motivational interviewing intervention or a therapist attention activity control group following attendance in a substance abuse treatment program. Compared to those in the control group, individuals who attended the motivational interviewing group attended significantly more aftercare

sessions, drank less alcohol, and engaged in less binge drinking. There were, however, no significant differences in terms of those who remained abstinent during the aftercare period.

**Steinberg, M. L., & Williams, J. M. (2007). Psychosocial treatments for individuals with schizophrenia and tobacco dependence. *Journal of Dual Diagnosis*, 3 (3-4), 99-112.**

The authors review current research on psychosocial interventions to help people quit smoking for both the general population and for individuals with schizophrenia. They discuss, in particular, findings from an ongoing clinical trial that compares high and moderate intensity treatment for nicotine dependence in a population of individuals with schizophrenia and a consumer advocacy program developed to help this population quit smoking.

### **Special Issue of the *Journal of Substance Abuse Treatment***

*NOTE: All the following articles are available online in their entirety at*

<http://www.sciencedirect.com/science/journal/07405472>

**Chan, Y.-F., Dennis, M. L., & Funk, R. R. (2008). Prevalence and comorbidity of major internalizing and externalizing problems among adolescents and adults presenting to substance abuse treatment. *Journal of Substance Abuse Treatment*, 34 (1), 14-24.**

The authors studied the prevalence of self-reported substance use and mental disorders in a group of 4,930 adolescents and 1,956 adults entering substance abuse treatment at multiple sites. Participants were assessed with the Global Appraisal of Individual Needs, and data were analyzed according to age groupings. Regardless of age, clients who, according to self-report, met criteria for substance dependence were more likely to have COD than were those who did not meet criteria. There were, however, variations in types and prevalence of co-occurring mental disorders according to age. Participants in the young adult group (ages 18–25) had the highest rates of COD.

**DiClemente, C. C., Nidecker, M., & Bellack, A. S. (2008). Motivation and the stages of change among individuals with severe mental illness and substance abuse disorders. *Journal of Substance Abuse Treatment*, 34 (1), 25-35.**

The authors review the application and assessment of readiness to change both substance use and behaviors related to the management of mental disorders, paying particular attention to how they apply to clients with COD. They discuss the limited research on stage of change for people with COD as well as the ways this concept can be adapted for this specific population.

**Drake, R. E., O'Neal, E. L., & Wallach, M. A. (2008). A systematic review of psychosocial research on psychosocial interventions for people with co-occurring severe mental and substance use disorders. *Journal of Substance Abuse Treatment*, 34 (1), 123-138.**

The authors review controlled studies (22 experimental and 23 quasi-experimental) of psychosocial interventions aimed at people with COD. They note that group counseling, contingency management, and residential dual diagnosis treatment have been consistently found to reduce substance use and abuse in this population and that other interventions (such as case management and legal interventions) have produced positive outcomes in other areas.

**Flynn, P. M., & Brown, B. S. (2008). Co-occurring disorders in substance abuse treatment: Issues and prospects. *Journal of Substance Abuse Treatment*, 34 (1), 36-47.**

The authors discuss the epidemiology of COD, focusing in particular on how study findings can inform the practice of substance abuse treatment. In the process, they describe some of the resources treatment programs have available to aid in initiatives directed at treating clients with COD. They also look at assessment and diagnosis, staff development, and relapse prevention issues.

**Green, A. I., Noordsy, D. L., Brunette, M. F., & O'Keefe, C. (2008). Substance abuse and schizophrenia: Pharmacotherapeutic intervention. *Journal of Substance Abuse Treatment*, 34 (1), 61-71.**

The authors discuss the use of atypical antipsychotic medications for patients with schizophrenia and co-occurring substance use disorders. They note that while older antipsychotic medications have been shown to be effective at treating

schizophrenia, these newer medication show promise at also reducing substance use in this population. The authors discuss possible neurobiological reasons for this effect as well as other medications (e.g., disulfiram, naltrexone, acamprosate) that may also aid in reducing substance use for people with co-occurring schizophrenia and substance use disorders.

**Levin, F. R., Bisaga, A., Raby, W., Aharonovich, E., Rubin, E., Mariani, J., Brooks, D. J., Garawi, F., & Nunes, E. V. (2008). Effects of major depressive disorder and attention-deficit/hyperactivity disorder on the outcome of treatment for cocaine dependence. *Journal of Substance Abuse Treatment*, 34 (1), 80-89.**

The authors compared substance abuse treatment outcomes for three groups of clients with cocaine dependence: ones who had co-occurring major depressive disorder (n = 66), those with co-occurring attention-deficit/hyperactivity disorder (AD/HD, n = 53), and those without any co-occurring disorders (n = 48). All three groups received a placebo as part of medical trials for different medications and also received a weekly individual, cognitive-behavioral relapse prevention intervention. Retention rates and the ability to achieve 2 weeks of abstinence were similar for all three groups. For participants who had already achieved abstinence at the beginning of the study, major depression and AD/HD were associated with better substance abuse treatment outcomes than were found among participants who did not have one of those co-occurring disorders. However, for participants who were not abstinent at the beginning of the study, major depression and AD/HD were associated with poorer substance abuse treatment outcomes.

**Neufeld, K. J., Kidorf, M. S., Kolodner, K., King, V. L., Clark, M., & Brooner, R. K. (2008). A behavioral treatment for opioid-dependent patients with antisocial personality. *Journal of Substance Abuse Treatment*, 34 (1), 101-111.**

The authors evaluated a highly structured contingency management intervention for clients in a methadone program who had antisocial personality disorder. Participants were randomly assigned to either the intervention (n=51) or to a standard methadone maintenance program (n=49). Those receiving the contingency management intervention had significantly better attendance at counseling sessions (whether or not they had other COD).

**Ries, R. K., Yuodelis-Flores, C., Comtois, K. A., Roy-Byrne, P. P., & Russo, J. E. (2008). Substance-induced suicidal admissions to an acute psychiatric service: Characteristics and outcomes. *Journal of Substance Abuse Treatment*, 34 (1), 72-79.**

The authors evaluated the degree to which psychiatric syndromes were substance-induced (i.e., not substance induced, mildly substance induced, moderately substance induced, and mostly substance induced) in a group of 5,116 hospitalized, suicidal psychiatric patients. Individuals who were rated as having disorders that were mostly substance induced (n=462) were more likely than the others to show rapid improvement in symptoms once hospitalized, have a shorter stay in the hospital, be uncooperative, be homeless, and be unemployed.

**Sacks, J. Y., McKendrick, K., & Banks, S. (2008). The impact of early trauma and abuse on residential substance abuse treatment outcomes for women. *Journal of Substance Abuse Treatment*, 34 (1), 90-100.**

The authors looked at the effects of early trauma on residential, substance abuse treatment outcomes for a group of 146 women who were homeless at treatment entry. Women who reported physical, sexual, or emotional abuse in childhood were compared to those who did not report any childhood abuse. Following 12 months of treatment, women with childhood abuse histories showed significantly less improvement in measures of psychological functioning, substance abuse, and continuing trauma exposure.

**Sacks, S., Banks, S., McKendrick, K., & Sacks, J. Y. (2008). Modified therapeutic community for co-occurring disorders: A summary of four studies. *Journal of Substance Abuse Treatment*, 34 (1), 112-122.**

The authors analyzed findings from four studies that compared clients with COD in modified therapeutic communities (MTCs) to clients in control treatments involving a total of 902 subjects. In all four studies, clients in MTCs showed significantly better outcomes on 12 of 52 (23.1 percent) of the outcomes measures relating to substance use, mental health, criminal activity, HIV risk behaviors, employment, and housing.

## COD Research and Resources Monthly Review

**Sacks, S., Chandler, R., & Gonzales, J. (2008). Responding to the challenge of co-occurring disorders: Suggestions for future research. *Journal of Substance Abuse Treatment*, 34 (1), 139-146.**

The concluding article in this special issue summarizes some of the major points raised in the other articles and considers how these points and other recent research should shape future research on COD. The authors note three major considerations for future research: (1) that it will aid in the development of treatment programs that can respond to all types and severities of COD, while taking into account the limited resources of the treatment field, (2) that it will further the development of models for continuing care and sustained recovery of people with COD, (3) that it will improve the field's understanding of how new practices can be implemented and sustained.

**Sacks, S., McKendrick, K., Sacks, J. Y., Banks, S., & Harle, M. (2008). Enhanced outpatient treatment for co-occurring disorders: Main outcomes. *Journal of Substance Abuse Treatment*, 34 (1), 48-60.**

The authors evaluated the use of an enhanced outpatient intervention modeled on the modified therapeutic community (TC). Participants (N=240) were randomly assigned to enhanced outpatient intervention (n=126) or to a control group (n=114) who attended a traditional substance abuse day treatment program without TC features. Other features of the enhanced outpatient intervention included a psychoeducational seminar, trauma-informed substance abuse treatment services, and case management. In comparing the two interventions, the authors found that participants in the enhanced outpatient intervention had significantly better improvements in some measures of psychiatric severity and in housing stability (but not in substance use, criminal behavior, and employment). However, this higher level of improvement was seen on only 3 of 34 outcomes measures.