A New Beginning
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Conducting a Therapeutic Community Program Evaluation with Limited Resources
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Aims: Demonstration of treatment effectiveness at the local program level within the limits of available funding and resources. Design: Evaluating program graduates by comparing their admission status to their post-treatment discharge status. Setting: A residential, drug-free therapeutic community. Participants: 79 of 152 program graduates. Measurements: The Tennessee Self-Concept Scale:2 (TSCS:2) and the Post-Treatment Follow-Up Survey (PTFUS). Findings: The TSCS:2 distinguished between participants who were "faking good" and/or "avoiding self-criticism" and those responding in a more genuine fashion. Significant gains in several areas of the self-concept were noted for those with valid TSCS:2 profiles when compared to an unmatched admission sample. Improvements on other indicators of treatment improvement (e.g., employment, no criminal justice status) were also noted through use of the PTFUS. Conclusions: The effectiveness of treatment can be demonstrated at the local program level with minimal resources.

KEYWORDS. Treatment effectiveness, evaluating programs, therapeutic communities, resource utilization
Psychiatric Disorders in Opioid Dependents

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Aims: Psychiatric disorders are common among substance dependents. The objectives of this study were to assess the rate of neurotic disorders among opioid addicts, and re-assess the rate of those neurotic disorders after complete detoxification of the patients. Measurements: Data were gathered from 500 opioid dependents, using DSM-IV criteria. The Middlesex Hospital Questionnaire (MHQ) was used to measure free floating anxiety, depression, phobia, obsession, hysteria and somatization. Results: The subjects were 99.2% men of whom 65.2% were married and 26.4% single. About 67% were in age range of 20 to 39 years. Of the subjects 28.8% were workers, 20% unemployed, 12.8% employees, and 6.4% retailers. The majority (64.4%) reported elementary or high school as their level of education and only 4% were illiterate. The means for neurotic disorders (using the MHQ) before and after detoxification were, respectively, 10.12 and 9.98 for anxiety, 7.54 and 7.41 for phobia, 10.10 and 9.76 for depression, 11.11 and 11.05 for obsession, 8.47 and 8.49 for hysteria, and 9.82 and 9.46 for somatization. The mean difference was significant only for depression. Conclusions: The findings indicated that the rate of neurotic disorders in opioid dependents (except for depression) was not significantly different before and after detoxification. Opium was found to be the most prevalent form of opioid used. Also, it can be concluded that during the last years some demographic characteristics of Iranian opioid addicts in this sample have changed. Cultural attitudes toward substance use quite likely affected the pattern of substance use. These findings can be considered when planning preventive and therapeutic programs.

KEYWORDS. Opioid dependents, substance dependents, psychiatric disorders, addiction, Iranian substance abuse

Dependence: Whether a Disorder or a Disease, It Is Not a “Concept”

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Much of the controversy concerning whether or not substance use disorders constitute "diseases" centers on the failure to consider the issue in the context of the definition of a disease. By definition a disease (1) interferes with the functioning of the organism, (2) is related to genetic, pathogenic, or environmental factors, and (3) can be identified by a unique constellation of symptoms. The current study briefly reviews some of the current literature addressing the first two points and presents data from two assessment instruments that supports the contention that substance dependence meets the third criteria of a disease. Substance abuse for the present analyses is considered with the other nondependent cases. Findings from five distinct samples assessed with two different structured interviews produced striking similar differentials for dependent individuals. The samples included 390
Let's Clear the Air: The Difference Between Professional Enabling and Empathy
Michael J. Taleff, PhD, CAC, MAC

Within the substance use disorder (SUD) field, there is a continual state of confusion between what constitutes professional enabling and empathy. Such confusion has led many SUD counselors to resort to inappropriate therapeutic strategies when otherwise more understanding interventions are needed. This article defines the concepts of enabling and empathy, compares the key elements, and concludes that the concepts are utterly different ideas.

KEYWORDS. Professional enabling, empathy, SUD counseling, SUD treatment, therapeutic strategies

The COB Initiative: Moving to the Purchase of Outcomes in Addictions Services
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The cost of purchasing addiction services has become a significant stumbling block in the delay of treatment services since 1980. Outcome-based systems of care provide a sound means to measure the value of a service and a means to purchase services. Clinical and financial foci are recommended. New terminology to measure outcomes is needed in the form of essential data sets.

KEYWORDS. Purchase of services, outcome measures, addiction services