March 2006

The Southern Consortium
of the National Institute on Drug Abuse Clinical Trials Network

The Noderiety

Brady's Blend

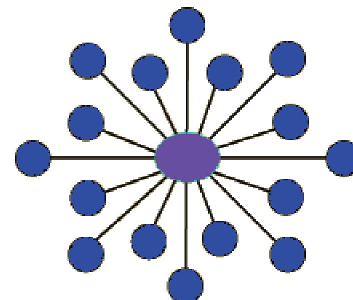
A belated Happy New Year, to all. This promises to be a productive year for the CTN — full of changes — hopefully, most for the best. As many of you know, there was a meeting between NIDA staff and the CTN Principal Investigators in January. The main focus was budget reductions and how we can work together to stretch the resources we have. The NIH essentially has taken a budget cut for the first time in more than 30 years, so we are all going to be feeling the squeeze. But, every cloud has its silver lining. One of the things we decided in January was that it was of critical importance to simplify the CTN studies and systems by cutting down on assessments and other paperwork, cutting out the training tracking system, and looking for efficiencies in other areas. One popular area that drew PI's requests for close scrutiny was that of regulatory reporting — including how we define serious adverse events in our trials. As you may know, every serious adverse event necessitates hours of paperwork, including communication between the sites, MUSC, the IRB and study monitors. Hopefully, we will see progress in these areas that can really improve efficiency and make us all feel like our time is being spent on meaningful activities.

Although the number of new studies has decreased, we continue to be well positioned for participation in the "start-up" studies. The Adolescent ADHD trial is about to begin, we are still "in the running" to be a site in the prescription drug abuse trial, and we have expressed interest in participating in the 12-Step trial, which is under development. In addition, we have continued to stay busy with "platform" studies. There is a study beginning at Behavioral Health Services of Pickens County investigating the use of acamprosate, a new medication approved for relapse prevention in alcohol dependence *(see related article, Page 2)*. We are also about to begin a study investigating a new, long-acting, injection form of naltrexone in opiate dependence at the Dorchester Alcohol and Drug Commission.

I will be the first PI serving as Chairperson of the Steering Committee beginning with the March CTN Steering Committee meeting in Dallas, so wish me luck. I am going to try to use the Steering Committee meeting as a forum to discuss the "big picture" issues that this group is uniquely qualified to address. If you have any thoughts about the Steering Committee, please let me know.

We are trying to decide upon a date in June for the next Southern Consortium meeting. I hope to see you all soon.

Very best,
Kathleen



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Acamprosate and the Treatment of Alcohol Dependence

"Acamprosate reduced relapse to drinking and maintained more days of abstinence."

Acamprosate (Campral®) is the first medication to be approved for the treatment of alcohol dependence in more than a decade. It has been used in Europe for many years but was only approved for use in the United States in July 2004. This medication is an exciting addition to the treatment of alcoholism because it has few drug interactions, is easy to tolerate, and its metabolism is not affected by liver disease.

Although its exact mechanism is not known, acamprosate appears to rebalance the neurochemicals involved in alcohol use and withdrawal, thereby decreasing symptoms of craving, anxiety and dysphoria.

The effectiveness of acamprosate has been evaluated in more than 4,500 alcohol-dependent outpatients. In these trials, acamprosate reduced relapse to drinking and maintained more days of abstinence. In most of these studies, which lasted up to a year, individuals receiving acamprosate had double the number of abstinent days, as compared to the placebo.

Although numerous studies have evaluated the use of acamprosate in alcoholics, to date there are no studies evaluating acamprosate in alcoholics with anxiety or depression. Susan Sonne and Clare Tyson will be working with the staff of Behavioral Health Services of Pickens County, as well as with investigators from the Long Island and Northern New England Nodes, to evaluate the usefulness of acamprosate in alcohol-dependent individuals with major depression, social anxiety disorder, or generalized anxiety disorder. Each site will recruit 30 participants over the course of the year. We hope to finish all the training in February and start recruiting participants in March 2006. We are very excited to get this very important project started!

— Susan Sonne, Pharm.D.

Pickens Report

Liz Rampey & Elizabeth Chapman, new staff in Pickens

At Behavioral Health Services of Pickens County (BHSPC), we are excited to resume active investigation. We are in the process of identifying research personnel and will begin a study on "The Use of Acamprosate in Alcohol Dependent Individuals With Comorbid Anxiety and Depressive Disorders" in the near future *(see above)*.

We appreciate the help from Susan Sonne and Royce Sampson in gaining this study, as well as their efforts in applying for the second wave of the POAT protocol.

BHSPC is pleased to provide two new members of the Southern Consortium. Liz Rampey will be the CTN Study Coordinator and will also be the coordinator for the acamprosate study. Elizabeth Chapman will be the Research Assistant working on the acamprosate study. Both are experienced counselors who have been employed with BHSPC for some time.

— Bob Hiott

LRADAC Report

Jack W. Claypoole, President & CEO of LRADAC, The Behavioral Health Center of the Midlands, has been appointed Administrator of the Drug-Free Communities Support Program in the Office of National Drug Control Policy. Under the leadership of Director John Walters, Claypoole will oversee funding for more than 700 local community-based anti-drug efforts. The two-year appointment began March 20. In the interim, the LRADAC Board of Directors has named Debbie Francis as President & Chief Operating Officer.

Charleston Report

On January 4, the counselors and supervisors for "Women and Trauma" (Protocol CTN 0015) met for a focus group to discuss experiences with conducting this research protocol. Participating counselors and supervisors from Charleston Center and MUSC met with PI Therese Killeen and Site Clinician/Research Coordinator Chanda Brown for a productive and informative discussion.

While there were many challenges throughout the intervention phase of this particular protocol, those involved felt that, overall, it was a positive experience. Both counselors agreed that it was somewhat stressful to have all of their group sessions videotaped for the past two years. However, the feedback that they received was invaluable to both their professional and personal growth. In addition, it was a challenge to keep up on such paperwork as supervision notes, adherence reports and clinical notes. MUSC staff recognized the demands of conducting a group at a CTP where they were not employed, particularly when trying to manage the more challenging clients. Similarly, Charleston Center staff recognized the challenge of managing their regular caseloads as well as a caseload of research participants who had significantly more issues than their CTP peers.

Supervisors and clinicians felt that the training they received, as well as the ongoing supervision via conference calls, was very helpful and supportive throughout the duration of the protocol. Furthermore, counselors and supervisors felt that both groups, "Seeking Safety" and "Women's Health Education," provided beneficial information and tools to support the participants in their recovery, both mentally and physically, from their addiction and trauma experiences. The counselors and supervisors of both groups also agreed that they wanted to see the continuation of these groups at the CTP. Therese Killeen discussed with counselors and supervisors the barriers that they saw to incorporating these groups into treatment as usual. Minimal barriers were identified, which included staff buy-in, approval from the lead node to proceed with implementing the groups, and adjusting the schedule of the treatment-as-usual at the CTP. All indicated that the positive aspects of both groups and the research experience overall would greatly outweigh any barriers to implementing "Seeking Safety" or "Women's Health Education."

"Both counselors agreed that it was somewhat stressful to have all of their group sessions videotaped for the past two years."

Dorchester Report

Dorchester has completed the enrollment phase of the "Job Seeker" protocol, reaching the recruitment goal of 52 on Dec. 13 with a loud hurrah! We are now staying busy with the one-month three-month and six-month follow-ups, working hard to keep the retention rates up without causing bodily harm to anyone. (Just kidding!) So far, between the communication and compensation, the percentages show that things are going well.

Dr. Brian Tolliver presented his protocol on acamprosate in alcohol-dependent individuals with co-morbid bipolar affective disorder in the Dorchester Alcohol and Drug Commission's recent clinical staff meeting. We are hoping to help him recruit for his study!

— A'delle and Joy

Atlanta Program Treats Veterans

NEW TO THE CONSORTIUM

The Atlanta Veterans Affairs Medical Center is a tertiary care teaching hospital located in Decatur, Ga., and affiliated with Emory University School of Medicine. The hospital and its community-based outpatient clinics serve more than 50,000 veterans from northeast Georgia.

The Substance Abuse Treatment Program (SATP) provides services to more than 1,400 veterans each year. Abstinence-based programs include intensive outpatient rehabilitation (three to five days per week), intensive evening rehabilitation (three evenings per week), twice-weekly groups for patients with co-occurring serious mental illness and substance use disorders, and weekly evening aftercare groups. In addition to the abstinence-based programs, the Opioid Agonist Therapy Clinic provides methadone maintenance to 40 veterans, and a newly established buprenorphine clinic provides buprenorphine for veterans enrolled in intensive outpatient rehabilitation and aftercare.

The SATP provides consultation to other inpatient services, and addiction case managers provide liaison to inpatient psychiatry teams to facilitate the transition from inpatient hospitalization to outpatient substance abuse treatment. The SATP also provides assessment and limited treatment services (including smoking cessation) at each of the community-based outpatient clinics.

There are eight multidisciplinary teams providing these services. Teams consist of an addiction psychiatrist and/or psychologist, certified addiction registered nurse, and one or more addiction therapists and/or social workers specializing in addiction treatment.

The treatment approach uses both 12-step facilitation and cognitive behavioral therapy. Each patient receives a comprehensive medical history and physical examination, and is also offered medications for relapse prevention or treatment of co-morbid psychiatric disorders, as appropriate.

The majority of patients are dependent on cocaine, alcohol and nicotine.

Grady Health System's Drug Dependence Unit

NEW TO THE CONSORTIUM

Located in downtown Atlanta, the Drug Dependence Unit (DDU) of Mental Health Services at Grady Health System is an opiate treatment program that uses methadone to help treat people addicted to opiates such as heroin, oxycontin, Percocet, Demoral, morphine, etc.

"The DDU staff knows that addiction is a disease," reads the unit's brochure. "Our doctors, nurses, counselors, clerks and administrators are committed and caring. We have many services to help addicts control and stop using opiates, other illegal substances and alcohol. We believe that all addicts do recover, with the help of these services, methadone treatment and a promise to stop using."

The DDU offers the following services for those age 18 and older: intake assessment; lab and x-ray tests; physical exam; admission assessment; individual counseling; random drug screening; group counseling; family counseling; relapse prevention; and education groups.

For more information, call 404-616-3970.

Pine Grove Behavioral Health and Addiction Services

NEW TO THE CONSORTIUM

Pine Grove is a community-based provider located in southern Mississippi. An extension of Forrest General Hospital, a non-profit regional medical center with a 17-county service area, Pine Grove drew clients from 53 Mississippi counties in 2004. Eleven Pine Grove outreach offices provide addiction and behavioral health assessment and referral services as far north as Jackson and south to Gulfport. For the 2005 fiscal year, Pine Grove had 4,893 admissions. Its multidisciplinary professional staff includes psychiatrists, psychologists, addictionologists, counselors, nurses and dieticians. Opening in 1984, Pine Grove has developed a reputation as one of the South's most comprehensive treatment campuses.

Accredited by JCAHO, Pine Grove offers a full range of services, from inpatient to outpatient to residential. It provides separate inpatient programs for adult alcohol/drug treatment, adult psychiatric treatment, adult dual diagnosis, and child/adolescent substance abuse and psychiatric treatment. *(continued on Page 7)*

Telephone-Based Disease Management

Introduction

Traditionally, social workers have played a key role in discharge planning for patients who are transitioning from one level of health care to another. As consumers, payors and accreditation agencies increasingly expect healthcare professionals to use practices demonstrated to improve patient outcome, it is imperative that social workers be advocates for those practices that maximize patients' success in sustaining improvements in health. One promising practice used in a variety of healthcare settings to assist patients' transition from the hospital to aftercare is telephone-based disease management. This article will describe the study of a telephone-based approach of supportive continuing care for alcohol- and other drug-dependent individuals. The research, conducted within the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN), provides social workers with empirical evidence supporting an innovative adjunct to traditional discharge planning.

Background

One of the "Principles of Effective Treatment" cited by NIDA is that "remaining in treatment for an adequate period of time is critical for treatment effectiveness." Consequently, as lengths of stay in inpatient care become shorter, it is increasingly important to assist patients in making successful transition from residential to outpatient care, thus ensuring an "adequate dose" in a treatment episode. Yet many patients prematurely drop out of substance abuse treatment upon discharge from detox or inpatient rehabilitation. Relapse rates are high during the first three months following both inpatient and outpatient care. When a patient relapses following an episode of care, the relapse may send the patient back to their pre-treatment level of functioning, and the positive changes that have been made in treatment may be lost.

In an effort to support patients' continuation of treatment, most substance abuse programs work with the patient to develop a plan for ongoing treatment. The plan is designed to support continued recovery and most often includes counseling, case management and self-help. Yet compliance with discharge plans is often poor. The rate of relapse for patients who comply with plans for continuing care is lower than for those patients who do not comply (Fiorentine and Anglin, 1997). According to McCusker, patients who receive aftercare have better outcomes in terms of both drug abstinence and readmission.

Accrediting organizations (CARF, JCAHO) require evidence of discharge planning to support continuing care. Yet, treatment providers are challenged to find interventions that help patients make the transition between levels of care. A cluster of studies in the substance abuse McKay examined effects of continuing care found that women, especially those who were older, had attended fewer self-help meetings and had remained in IOP for a shorter time, were more likely to receive continuing care, and mental health research fields suggests that participants who are provided with an assertive outreach post-treatment intervention have improved compliance with post-treatment aftercare and improved outcome status. In chronic alcoholics, a single telephone call or letter expressing interest in the welfare of the participant has been shown to have a significant positive effect on the motivation to participate in aftercare activities (Koumans & Muller, 1965; Koumans, Muller & Miller, 1967). Moreover, multiple calls over an extended period were found to correlate positively with greater utilization of outpatient services. Intagliata (1976) studied the effects of six telephone calls over a 10-week period on alcohol-dependent males in recovery and their utilization of outpatient services. Telephone conversations were used to assess the participant's (1) success or difficulties in maintaining abstinence, (2) employment status, (3) stability of the living situation and (4) incidence of readmission to the hospital. Participants who received these calls made significantly greater use of outpatient services. Additionally, this increase in service utilization was significantly and positively related to abstinence. This effect was shown to occur regardless of the number of people initiating the telephone call (Intagliata, 1976) or the relationship of the caller to the participant.. Lash and Blosser (1999) found that an automated phone messaging program and appointment cards as reminder prompts over eight weeks significantly increased and prolonged attendance rates in aftercare group sessions. McKay compared telephone-based continuing care with two more intensive face-to-face continuing care interventions. He found that telephone- a based continuing care appears to be an effective form of step-down treatment for most patients with alcohol and cocaine dependence.

The NIDA CTN was established to "bridge the gap" between research and practice by conducting multi-site clinical trials in "real-world" community programs. The original vision called for a bi-directional process between research centers (most frequently a university) and community treatment programs across the country. Investigators and treatment providers work collaboratively in the development and implementation of studies, merging scientific rigor with the needs of the treatment field. Over the past six years, 30 protocols have been developed by a network of 17 research centers and more that 100 community programs. *(continued on Page 6)*

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Protocol CTN00011, known within the CTN as TELE, was developed through a collaboration involving UCLA, Duke, NIDA and a group of community providers. One of the community providers, the Betty Ford Center (BFC) collected pilot data on a low-cost, supportive telephone intervention to assist patients in making a post-inpatient adjustment to a lower level of care provided by a program or counselor offered in the patient's home community,. BFC staff concluded that these telephone calls had a positive effect on treatment outcome and proposed that and the NIDA CTN conducted a feasibility study of this intervention (TELE CTN0011). Although the NIDA CTN was developed to "bridge the gap" between research and treatment, TELE is the only CTN protocol originating in the field and tested by the research community.

Methods

Four residential treatment centers, located in three different states, participated in the clinical trial testing the feasibility and efficacy of a post-discharge telephone intervention designed to encourage compliance with a plan for continuing care. Over a one-year period, 339 clients were successfully randomized into the study. Those participants randomized to the active intervention were contacted by telephone on a set schedule by trained counselors who provided supportive calls encouraging participation in continuing care as outlined in their discharge plans. Participants randomized to standard care did not receive these supportive calls.

Participants in the study were at least 18 years of age, within the first seven days of admission to the residential facility, voluntarily admitted, diagnosed with a substance use disorder, and able to be contacted via phone after discharge. Patients with suicidal intent or attempt within the past 30 days were excluded.

Participants had to give informed consent to participate in the study. After consent, each participant received a battery of assessment instruments including the Addiction Severity Index (ASI) and the Risk Behavior Survey (RBS). Following the baseline assessment, participants received the standard treatment of the residential facility and had no further contact with the research staff until just prior to discharge. As part of the discharge process, every study participant met with the Research Assistant and the TELE Counselor to review his/her written discharge plan that had been developed by counseling staff in the facility. Study participants were then randomized to receive the post-discharge telephone calls (TCG) or standard care (SCG) that did not include the calls.

Participants in TCG were scheduled to receive a series of seven calls over the 13-week period after discharge. The TELE Counselors making these calls were trained to follow scripted guidelines that focused on adherence to the discharge plan. Participants in each group were assessed during a follow-up visit 13 weeks after discharge. The ASI and RBS were readministered at this time, urine drug screens and breathalyzer tests were administered, and compliance with the aftercare plan was assessed.

TELE Counselor adherence to the scripted call guidelines were assessed by independent reviewers who reviewed digital recordings of the calls.

The intervention, as developed by BFC and tested by NIDA, contained several key elements, including: contacting the patient/study participant regularly by telephone after discharge; reviewing core and comprehensive elements of the discharge plan in each call; and positive feedback to encourage compliance with the discharge plan. The telephone counselors expressed interest in patient/participant's well-being, inquired about substance use and participation in continuing-care activities, reinforced positive responses, and encouraged increased participation in continuing-care programs.

The study protocol was developed by a team of research and community treatment program staff. During the course of protocol development, the scope of the study was downsized from a full efficacy study to a feasibility study was designed to answer both feasibility and outcome questions. Originally designed as a larger study of outcomes. the number of sites and subjects were reduced based on concern that there was insufficient preliminary efficacy studies to support a full scale study. The study was designed to determine if, in fact, supportive phone calls would increase the likelihood that discharged patients would attend outpatient aftercare appointments. Secondary outcomes included drug use as measured by urine test and self-report, alcohol use as measured by breathalyzer and self-report, and self-reported participation in 12-Step programs.

The feasibility questions added during the protocol development included:

- What proportion of eligible patients will consent to participate in the protocol?
- What proportion of consented patients will complete assessments, meet eligibility requirements at discharge and be randomized at discharge?
- Can patients be contacted by phone after discharge, and how often is the intervention delivered?
- What proportion of participants in TU and TC can be located for a follow-up visit in the community?
- What is the magnitude of the effect size for the study design?

— Therese Killeen

Motivating Clients: What Really Works

From both a clinical and research perspective, "motivation" has become a main ingredient in predicting treatment outcomes. One such motivational intervention, Motivational Incentives for drug abuse recovery or contingency management, has proven to be effective in a variety of CTP programs across the country. Since the results of this Wave 1 CTN study have been published, there has been a massive effort to disseminate this intervention by increasing public awareness. Motivational Incentives has more than 30 years of consistent efficacy across substance abuse and primary and mental healthcare settings, more than any other behavioral intervention tested. In the South Carolina Node, such dissemination efforts are also being implemented. In August 2005, during the Southeastern School of Alcohol and Other Drug Studies, Therese Killeen, Ph.D., offered a workshop on Motivational Incentives, which included the CTN results. Dr. Killeen has also spoken on several other occasions at meetings and workshops targeting both clinicians and treatment directors/administrators. In a recent meeting of women's treatment program directors across the state, Dr. Killeen had the opportunity to discuss the impact of Motivational Incentives in the women's program at Charleston Center. There was much enthusiasm and positive discussion initiated. In general, providers felt this was an intervention that was well worth implementing, and some programs were already using some sort of reward system with success. However, the key to attaining successful outcomes involves structuring the incentive program based on the behavioral principles as was done in the CTN study.

Anyone or any program interested in hearing more about the CTN motivational incentive program, can contact Therese Killeen at 843-792-5232 or e-mail: killeent@musc.edu.

"Motivational Incentives has more than 30 years of consistent efficacy…"

Addiction Fellows Program

With a beginning class of 12, the South Carolina Addiction Fellows Program is designed to create a cadre of talented learners and passionate leaders in the field of addiction services in South Carolina.

Funded by a grant from the Duke Endowment to Pavillon International and working in concert with DAODAS, MUSC, Clemson, the Duke Addiction Program and the Center for Creative Leadership, the SCAFP offers a unique and quality learning experience for providers wishing to gain greater understanding and insight into addictive disease and the recovery process. For more information, contact Jim Van Hecke, SCAFP Director, at 828-859-2277.

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Additionally, several highly specialized programs are offered: Next Step, treating men with chemical dependency; The Women's Center, offering individual residential treatment for chemical dependency and eating disorders; Gentle Path, treating sexual addictions; the Professional Enhancement Program, serving professionals struggling with personality disorders; and Pine Grove Village, a HUD-funded program serving homeless men and women with substance abuse and/or psychiatric disorders.

Pine Grove is a partner organization in the Southern Mississippi Psychology Internship Consortium, which is one of four internship sites in Mississippi accredited by the American Psychological Association. Through a partnership with the University of Southern Mississippi (USM) and Pine Belt Mental Healthcare Resources, Pine Grove serves as a training site for pre-doctoral psychology interns. In addition to USM, Pine Grove has an ongoing research collaboration with the University of Mississippi School of Medicine.

The staff of Pine Grove are excited to join the Southern Consortium and look forward to developing methods for sharing resources and exchanging ideas with other Consortium members.

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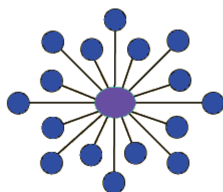
The Southern Consortium conducts studies of behavioral, pharmacological and integrated behavioral and pharmacological treatment interventions of therapeutic effect in rigorous, multisite clinical trials to determine effectiveness across a broad range of community based treatment settings and diversified patient populations, and transfers the research results to physicians, providers, and their patients to improve the quality of drug abuse treatment throughout the country using science as the vehicle.



Mark Your Calendars

July 24-27:
S.C. School of Alcohol and Other Drug Studies

October 2006:
Southeastern School of Alcohol and Other Drug Studies

November 2006:
S.C. Association of Alcoholism and Drug Abuse Counselors (SCAADAC) Fall Conference

Southern Consortium Presentations & Publications

Poster Presentations

Royce Sampson, MSN, APRN, BC, Clare Tyson, MA, CCRA, Stephanie Gentilin, MA, Poster titled "A Protocol Management Concept for Conducting Trials in Research Naïve Sites," Society for Clinical Trials, accepted to be presented May 22-23, 2006, Orlando, Fla.

Carmen Rosa, MS, Aimee Campbell, MSW, Royce Sampson, MSN, APRN, BC, Clare Tyson, MA, CCRA, Stephanie Gentilin, MA, Poster titled "Good Clinical Practice: A Multi-Level Approach," Society for Clinical Trials, accepted to be presented May 22-23, 2006, Orlando, Fla.

S.E. Back, K.T. Brady, U. Jaanimägi, J. Jackson, Poster titled "Cocaine Dependence and PTSD: Symptom Interplay and Treatment Preferences," American Psychological Association, presented August 2005, Washington, D.C.

S.E. Back, U. Jaanimägi, K.T. Brady, J. Jackson, Poster titled "Gender Differences in Individuals With Cocaine Dependence and PTSD," American Psychological Association, presented August 2005, Washington, D.C.

T. Killeen, Poster titled "Effectiveness of Motivational Incentives for Drug Abuse Recovery in Multiple Treatment History Versus Treatment Naïve Outpatients: Data from the National Drug Abuse Treatment Clinical Trials Network," Sigma Theta Tau International Honor Society of Nursing, presented July 13, 2005, Hawaii's Big Island.

T. Killeen, Poster titled "Motivational Incentives/Contingency Management in Substance Abuse Treatment," 45th Annual Southeastern School of Alcohol and Other Drug Studies, presented Aug. 17, 2005, Athens, Ga.

K.T. Brady, Poster titled "Pharmacotherapy of PTSD Complicated by Substance Abuse," 2005 Annual Fall Conference of the South Carolina Association of Alcoholism and Drug Abuse Counselors, invited speaker November 2005, Charleston, S.C.

Publications

S.E. Back, K.T. Brady, J.L. Jackson, S. Salstrom, H. Zinzow. (2005). Gender differences in stress reactivity among cocaine-dependent individuals. Psychopharmacology, 180(1), 169-176.

S.E. Back, J.L. Jackson, S. Sonne, K.T. Brady. (2005). Alcohol dependence and PTSD: Differences in clinical presentation and response to cognitive-behavioral therapy by order of onset. Journal of Substance Abuse Treatment, 29, 29-37.

S.E. Back, K.T. Brady, U. Jaanimägi, J. Jackson. (2006). Cocaine dependence and PTSD: Symptom interplay and treatment preferences. Addictive Behaviors, 31(2), 351-354.

N.M. Petry, J.M. Peirce, M.L. Stitzer, J. Blaine, J.M. Roll, A. Cohen, J. Obert, T.K. Killeen, M. Saladin, et al. (2005). Prize-based incentives increase retention in outpatient psychosocial treatment programs: A National Drug Abuse Treatment Clinical Trials Network Study, Arch of Gen. Psych., 62, 1148-1156.

J. Gelernter, C. Panhuysen, M. Wilcox, V. Hesselbrock, B. Rounsaville, J. Poling, R. Weiss, S.C. Sonne, L. Farrer, H.R. Kranzler. (In Press). Genomewide linkage scan for opioid dependence and related traits, American Journal of Human Genetics.

S.B. Quello, K.T. Brady, S.C. Sonne. (2005). Mood disorders and substance use disorders: A complex comorbidity, Science & Practice Perspectives, 3 (1):13-24.