

doses (10 and 15 mg). Comorbidity of internalizing symptoms (anxiety and/or depression) with ADHD is not necessarily associated with a lack of response to MPH as has been asserted in previous investigations.

**ATTENTION DEFICIT DISORDER: DOES METHYLPHENIDATE NORMALIZE CLASSROOM FUNCTIONING?** George J. DuPaul. University of Massachusetts Medical Center, Worcester, MA.

This study was designed to investigate whether methylphenidate (MPH) normalizes the classroom behavior and academic performance of children with Attention Deficit Disorder (ADD). MPH was found to significantly reduce the intrasubject variability in task-related attention of 30 children with ADD. Further, teacher ratings of ADD behavior and children's attention to academic tasks were improved to the extent that these measures were no different from those obtained by a 'normal' control group of 25 children. Alternatively, the academic performance of ADD children was improved, but not to the point of normalization, thus implicating the need for adjunctive interventions.

#### PAPER SESSION

*Drug Abuse Treatment: Pharmacological and Psychological Variables*

Chair: *Dace S. Svikis*, The Johns Hopkins University School of Medicine, Baltimore, MD.

**COUPONS BRING UNTREATED ADDICTS INTO DETOXIFICATION.** Maria F. Constantini, Tamara L. Wall, James L. Sorensen and David R. Gibson. University of California, San Francisco, CA.

This study examined the impact of a coupon distribution program designed to attract heroin abusers into treatment. Coupons, redeemable for a free 21-day detoxification, were distributed in the community by outreach workers. Demographic characteristics and length of time spent in treatment were examined for subjects who were recruited into treatment through coupon redemption ( $n=238$ ) and for subjects who entered via other referral sources ( $n=1129$ ). The coupon subjects were less likely to have been in treatment before, more were minorities, and more were practicing needle-sharing. Length of stay in treatment did not differ between the groups, showing their ability to respond to treatment when it is available.

**THE ANALYSIS OF COCAINE CHOICE IN HUMAN SUBJECTS.** Richard W. Foltin. The Johns Hopkins University School of Medicine, Baltimore, MD.

Healthy research volunteers, with histories of cocaine use, participated in laboratory sessions consisting of five to seven-choice trials with the first two or three trials being forced choices where the subject received each of two doses of cocaine (or a nondrug option), while there were no restrictions on choice for the remaining trials. 1) Subjects consistently chose larger doses of cocaine, 2) increasing the response cost for the large doses had no effect on choice behavior, 3) pairing money with small doses had no effect on choice behavior, 4) maintenance on the antidepressant desipramine had no effect on choice behavior, and 5) large smoked doses of cocaine were chosen over large IV doses of cocaine.

**MATCHING ALCOHOLICS TO COPING SKILLS OR INTERACTIONAL THERAPIES.** Mark D. Litt. University of Connecticut Health Center; Ronald M. Kadden. University of Connecticut School of Medicine; Ned L. Cooney. West Haven VA Medical Center; Herbert Getter. University of Connecticut.

This study tested the hypothesis that patients could be matched to effective alcoholism treatments on the basis of pretreatment characteristics. Specifically, it was hypothesized that those who showed greater sociopathy, psychopathology, or neuropsychological impairment would have better outcomes with coping skills training, and those with less impairment in these areas would have better outcomes with interactional treatment. Ninety-six male and female subjects were recruited from an inpatient alcoholism treatment program and randomly assigned to one of these two types of aftercare group treatment. The posttreatment data partially confirmed that coping skills training was more effective for subjects higher in sociopathy or psychopathology, and interactional therapy was more effective for those lower in sociopathy. Generally, both treatments appeared equally effective for subjects lower in psychopathology. Contrary to expectations, those more neuropsychologically impaired appeared to have better outcomes following interactional therapy. Survival analyses, using longitudinal data from a two-year outcome period, provided evidence for the durability of the matching interactions.

**COUNSELOR-TARGETED INTERVENTIONS: EFFECTS ON CLIENT PARTICIPATION IN DRUG TREATMENT.** Mary E. McCaul, Dace S. Svikis and Deborah L. Mangold. The Johns Hopkins University School of Medicine and The Francis Scott Key Medical Center, Baltimore, MD.

Treatment participation and associated outcome in drug-free treatment programs have traditionally been problematic, with most patients dropping out of treatment prematurely. Using behavioral strategies known to improve client treatment participation, we are examining the effectiveness of these interventions for increasing counselor behaviors that should positively impact on client outcome. In one study, each counselor was provided monthly written feedback on the participation of each client on his/her caseload relative to program standards. Counselor feedback significantly increased both clients' individual and group counseling attendance and the proportion of clients meeting minimum program standards. In a related study, counselor wages were changed from a fixed weekly salary to one contingent on the number of clients in attendance at weekly group sessions. Contingent counselor payment significantly increased the number of clients attending group counseling. These data suggest that counselor-targeted interventions offer effective and practical alternatives and/or adjuncts to more traditional client-targeted strategies.

**DETOXIFICATION FEAR: ITS PERSISTENCE AND ROLE IN METHADONE MAINTENANCE OUTCOME.** Jesse B. Milby. VA Medical Center, Birmingham, AL; Mary K. Sims and Mary Gentile. University of Alabama, Birmingham, AL; Ann Hohmann. NIMH, Rockville, MD; A. Thomas McLellan and George Woody. VAMC & University of Pennsylvania, Philadelphia, PA; Neil Haas. VAMC & University of California, Los Angeles, CA.

An original random sample of 271 opioid addicts in methadone maintenance treatment in Birmingham, Philadelphia and Sepulveda were assessed for presence of detoxification fear and