

INDIVIDUAL ASSESSMENT PROFILE (IAP): STANDARDIZING THE ASSESSMENT OF SUBSTANCE ABUSERS. Patrick M. Flynn,* Robert L. Hubbard,* Douglas L. Fountain,* Timothy K. Smith* and Jeffrey A. Hoffman.†
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The Individual Assessment Profile (IAP), a structured interview instrument in the public domain, was designed for use with substance-abusing populations in several large-scale national drug abuse projects. Reliability and validity data are presented, along with descriptions of studies using the IAP for clinical, research, and management information purposes. Copies of the paper and the IAP instrument are available for general distribution, and a computer-assisted version of the instrument and automated reports (e.g., client narrative, the National Institute on Drug Abuse's Client Data System report) are available for demonstration purposes. Suggestions for further research and additional developmental work scheduled to be conducted on the IAP are also presented.

CHARACTERISTICS OF METHADONE PATIENTS RESPONDING TO TAKE-HOME INCENTIVES. Michael S. Kidorf and Maxine L. Stitzer. The Johns Hopkins University School of Medicine, Baltimore, MD.

Ninety-five methadone patients participated in a take-home incentive program as part of usual care treatment. Patients earned one take-home for every 2 weeks of drug-negative urines and lost one take-home for each week of drug-positive urines. The present study examined psychiatric, behavioral, and demographic differences between a group of patients who achieved drug-free status and earned take-homes ($N = 12$) and a matched group of patients who continued to use drugs and did not earn take-homes. Results showed that patients who earned take-homes evidenced less baseline cocaine and heroin use, less family history of alcoholism, and more full-time employment than patients who did not earn take-homes. These findings have implications for identifying patients who might succeed on take-home incentive programs.

EFFECTS OF DRUG PRETREATMENT ON BEHAVIORAL DISRUPTIONS OF DRUG WITHDRAWAL. Joshua S. Rodefer and Marilyn E. Carroll. University of Minnesota, Minneapolis, MN.

Rhesus monkeys self-administered PCP (0.25 mg/ml) and water. When water was substituted for PCP for 8 days, pellet deliveries decreased under an FR 64 schedule. When buprenorphine (0.2 and 0.8 mg/kg) was injected, there was no change in the PCP withdrawal disruption. When MK 801 (0.005, 0.05 and 0.5 mg/kg) was injected, the PCP withdrawal effect was nearly eliminated. When monkeys had access to ethanol (8% wt/vol) there was no effect on the PCP withdrawal disruption. These results suggest that pretreatment with drugs that are reinforcing but not pharmacologically similar to PCP does not alleviate withdrawal effects.

A COMPARATIVE ANALYSIS OF COCAINE ABUSE TREATMENT STRATEGIES. Jeffrey A. Hoffman,* and Barry D. Caudill,* Robert L. Hubbard† and Patrick Flynn.†
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The relative efficacy of drug counseling and psychotherapeutic approaches to cocaine abuse treatment were compared in a 4-month outpatient treatment project in Washington, DC. The impact of minimal and intensive forms of group therapy, alone and in combination with individual psychotherapy and family therapy, on retention in treatment, and on each client's level of participation in treatment, were compared. Findings show that the more intensive and multifaceted treatments were much more successful in retaining clients in treatment, and in encouraging active levels of participation, than were the more minimal service conditions. Implications for enhancing cocaine abuse treatment efforts are discussed.

UTILITY OF THE MCMI-II IN ASSESSING COCAINE ABUSE TREATMENT. Johnie G. Hamilton, Jr.*, Patrick Flynn†, Jeffrey H. Hoffman‡ and Barry Caudill.‡ *Project Sector, Washington, DC, †Research Triangle Institute, Research Triangle Park, NC, and ‡Koba Institute, Washington, DC.

The Millon Clinical Multiaxial Inventory-II (MCMI-II) was administered to crack cocaine smokers to determine psychiatric severity and to cross-validate the MCMI-II syndrome scales with the Composite International Diagnostic Interview (CIDI), Diagnostic Interview Schedule (DIS), Symptom Distress Check List (SDCL) and the socialization scale of the California Psychological Inventory (CPI). Subjects were primarily African-Americans, diagnosed as cocaine-dependent according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R), living in the metropolitan area of Washington, DC. The average age of the subjects were 30 years old, with 70% male and 30% female. Data collection continues with current $N = 33$. Subjects entering Project SECTOR (a federally funded outpatient cocaine abuse treatment program) are randomly assigned to one of six treatment modules and are administered various assessment instruments. The MCMI-II is one of these instruments and is administered at program entry and termination. Initial analyses using the MCMI-II reveal narcissistic, histrionic, avoidant, and antisocial personality profiles predominate. Results indicate that Axis-II diagnoses can significantly affect the treatment of cocaine abuse. Implications for outpatient cocaine abuse treatment are discussed.

DESCRIPTION OF CLIENTS IN FOUR MODALITIES OF DRUG ABUSE TREATMENT. M. Gail Woods, Robert L. Hubbard, B. Kathleen Jordan and Patrick Flynn. Research Triangle Institute, Research Triangle Park, NC.

Preliminary results concerning characteristics of clients presenting for drug treatment at programs involved in the Drug Abuse Treatment Outcome Study (DATOS) are presented. Data for clients in 50 drug abuse treatment programs in 12-15 cities will be analyzed and summarized. Characteristics and profiles of clients currently in treatment will be compared with those from clients in similar programs 10 and 20 years earlier to show how the characteristics of clients have changed over the past 20 years.

ALCOHOL/DRUG USE PATTERNS IN FOUR MODALITIES OF DRUG ABUSE TREATMENT. M. Gail Woods, Patrick M. Flynn and Robert L. Hubbard. Research Triangle Institute, Research Triangle Park, NC.