

Quick Guide

For Clinicians

Based on TIP 38

Integrating Substance Abuse Treatment and Vocational Services



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Quick Guide

For Clinicians

Based on TIP 38
*Integrating Substance
Abuse Treatment and
Vocational Services*

This Quick Guide is based almost entirely on information contained in TIP 38 published in 2000 and based on information updated through June 1998. No additional research has been conducted to update this topic since publication of the original TIP.

WHY A QUICK GUIDE?

This Quick Guide was developed to accompany *Integrating Substance Abuse Treatment and Vocational Services*, Number 38 in the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. This Quick Guide is based entirely on TIP 38 and is designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

The Guide is divided into eight sections (see ***Contents***) to help readers quickly locate relevant material.

For more information on the topics in this Quick Guide, readers are referred to TIP 38.

WHAT IS A TIP?

The TIP series has been in production since 1991. This series provides the substance abuse treatment and related fields with consensus-based, field-reviewed guidelines on substance abuse treatment topics.

TIP 38, Integrating Substance Abuse Treatment and Vocational Services

- Addresses the concerns of a broad range of readers including clinicians, counselors, social workers, medical personnel, mental health workers, program administrators, and policy-makers
- Provides a reference on the integration of substance abuse treatment and vocational services

See the inside back cover for information on how to order TIPs and other related products.

INTRODUCTION

The best predictors of successful substance abuse treatment are

- Gainful employment
- Adequate family support
- Lack of coexisting mental illness

Due to this, and the fact that substance abuse disorders can be a barrier to employment, it is imperative that vocational services be incorporated into substance abuse treatment.

Substance abuse counselors do not need to be experts in vocational skills. Much can be accomplished by just helping the client focus on vocational issues even though the counselor has only the training provided by TIP 38 and this Quick Guide.

ATTENTION: Even though the average educational level of individuals with substance abuse disorders is comparable to that of the general U.S. population, people who abuse substances are far more likely to be unemployed or underemployed than people who do not use substances.

Substance abuse treatment that is cost-effective and shows verifiable positive outcomes is the ultimate goal. However, this goal cannot be achieved unless all the client's needs are met. This will occur only through the integration of treatment and other wraparound services, including vocational counseling and employment services.

Remember:

- Vocational counseling is an effective way to refocus substance users toward work
- Employment subsequently serves as a means of (re)socialization and integration into the non-substance-using world

ATTENTION: Research clearly indicates the need for interventions to improve employment rates among drug users in treatment and recovery.

For more detailed information, see TIP 38, pp. xv–xxii.

THE NEED FOR VOCATIONAL SERVICES

Why are vocational services needed during substance abuse treatment?

Because substance abuse disorders can be a barrier to employment. It is imperative that vocational services be incorporated into substance abuse treatment. Treatment programs must be ready to serve the many welfare recipients with serious alcohol- and substance-abuse related problems who must find and maintain employment in a very short time period.

How skilled must clinicians be in vocational services?

While alcohol and drug counselors may not be able to achieve complete mastery of multiple disciplines, they must acquire at least rudimentary skills in the area of vocational services provisions. They should also be prepared to function as a case manager who advocates for the needs of clients and calls on other expert professionals as needed to provide services that support the treatment process.

ATTENTION: A related finding from numerous research studies showed that employment before or during substance abuse treatment predicts both longer retention in treatment and the likelihood of a successful outcome.

What effects do co-occurring disorders have on employment?

Employability appears to be inversely proportional to the number of co-occurring disabilities and social disadvantages faced by each client. This means that the more co-occurring disabilities people have, they are that much less likely to be employed.

Why are employers less likely to hire someone with a substance abuse problem?

People who have substance abuse problems tend to

- Have twice as many lengthy absences as other employees
- Use more sick days and benefits
- Come to work tardy three times more frequently
- File more workers' compensation claims
- Be involved in more accidents
- Work at approximately 75 percent of their productive capability

What laws regarding welfare reform should alcohol and drug counselors be familiar with?

- The Personal Responsibility and Work Opportunity Reconciliation Act of 1996
- The Contract With America Advancement Act
- The Adoption and Safe Families Act of 1997
- The Workforce Investment Act of 1998
- The Americans With Disabilities Act

Some of these laws signal time periods when financial support will be terminated for clients.

For more detailed information, see TIP 38, pp. 1–15.

VOCATIONAL PROGRAMMING AND RESOURCES

What is vocational rehabilitation counseling?

Vocational rehabilitation (VR) counseling focuses on the process of improving an individual's functioning in primary life areas based on the person's values, interests, and goals. A VR counselor is trained to provide a wide range of vocational, educational, supportive, and followup services.

What does a vocational rehabilitation counselor do?

The VR counselor has five essential functions:

1. Providing information to clients about the job market, the skills and experience necessary to obtain and work successfully at a particular job, and the types of stressors associated with different jobs
2. Assisting clients to develop a realistic view of their skills, abilities, and limitations
3. Teaching clients basic problem solving and coping skills
4. Helping clients develop or maintain motivation for vocational services and employment

5. Aiding clients in obtaining educational services, skills training, or the necessary entitlements to obtain education and training (case management)

What does vocational screening and assessment determine?

- *Vocational screening* is intended to provide a rough picture of a client's vocational history and potential. It includes a brief vocational and educational history, touching on employment experiences of the individual, including legal and other-than-legal employment, military history, and special skills possessed by the individual.
- *Vocational assessment* is a longer, more intensive process aimed at identifying optimal vocational outcomes for the individual. It examines the complex social, emotional, physiological, and vocational factors contributing to the individual's vocational potential.

What happens after vocational assessment?

The next step after assessment is to counsel clients about setting vocational goals and creating short- and long-term plans for achieving those goals. To develop a plan with a client, factors to consider include the result of assessments, employment opportunities in the local area, existing training resources, the feasibility of alternative

goals when full-time employment is not an option, and client empowerment to make the necessary decisions.

For more detailed information, see TIP 38, pp. 17–45.

CLINICAL ISSUES RELATED TO INTEGRATING VOCATIONAL SERVICES

What can clinicians do to help get clients interested in work?

To help clients attain work-related goals that will also support their recovery, the alcohol and drug counselor should consider the cultural, sociopolitical, and spiritual circumstances of each client. This is known as the "biopsychosocial-spiritual" model of treatment. Clients who enter a workplace culture that contrast with their values will face challenges and clinicians will need to help them mediate between two opposing cultural realms.

How can clinicians incorporate VR services?

To successfully incorporate vocational services into substance abuse treatment, the alcohol and drug counselor must first acknowledge that vocational training, rehabilitation, and employment are important areas of concern for clients. Aside from the many other reasons why clients should be employed in some way, realistically speaking, they must be able to support themselves financially.

What goals can clinicians set that are relevant to employment?

Appropriate therapeutic goals in the realm of employment include

1. Helping the client establish a positive life vision. What were the client's dreams? What kind of person does he want to be?
2. Establishing life goals with the client that are consistent with this life vision and realistic in terms of client knowledge, skills, and abilities
3. Identifying the objectives, resources and specific steps needed to enable the client to meet those goals within an appropriate timeframe

What are some key elements to effectively address the vocational needs of clients in recovery?

Three key elements are essential to effectively address the vocational needs of clients:

1. Use screening and assessment tools specifically for vocational needs when appropriate
2. Develop and integrate a vocational component into the treatment plan
3. Counsel clients to address their vocational goals and employment needs

How does culture come into play?

It is important to have an understanding of the client's cultural and family values and beliefs about work. The clinician should validate and sup-

port the value placed on work by the client's culture.

How and when should clinicians address vocational issues?

Clinicians can best address vocational issues by considering their relevance at every stage in treatment, including their incorporation into individualized treatment plans. Preliminary information on vocational needs should be collected at intake—this may affect the kind of employment a client is eligible for. When the client's situation is stable, vocational elements can be developed.

How can a VR or substance abuse treatment clinician help clients identify vocational goals?

A realistic vocational goal should be a part of a positive and compelling life vision. To assist the client with vocational planning, the counselor will need reliable information about the client's life, work, and educational experience. Typically this involves the following steps:

1. Use the relevant job history, training, experience, skills learned, and responsibilities handled and identify the client's relevant characteristics.
2. Translate these characteristics into measurable traits and skills and assign a value or level to skill development.

3. Conserve the value of specific residual skills unaffected by disability (i.e., what the client has not lost because of his disability).
4. Apply the residual traits and skill levels to the universe of potential jobs.

What are good ways to support the client in obtaining employment?

To support the client in obtaining successful employment, the clinician should be able to answer the following questions:

- What are the client's functional limitations that influence the type of work that would be appropriate?
- What strengths and attributes does the client bring to the world of work?
- Is the client literate in any language?
- Does the client use more than one language?
- What is the client's language preference?
- Is improving language skills important to the client?
- What is the client's level of education?
- What level of education does the client want to have?

- What is the client's past experience with schooling or learning?
- What is the client's present attitude toward schooling or learning?
- What level of literacy or educational attainment is necessary to meet the client's current vocational goals?

What specific challenges might a client face when trying to find and maintain employment?

To be successful in employment, clients may need to grow in a number of different ways. Common challenges include

- Overcoming the fear of change or the unknown
- Developing job-seeking skills
- Being patient
- Communicating effectively with an employer

What should be included in a treatment plan that considers vocational issues?

To achieve therapeutic goals in the domain of employment, the clinician should develop a treatment plan that addresses vocational training, rehabilitation, and employment needs. The following considerations are key to the formation of a treatment plan:

- Multidisciplinary participation from VR counselors, State or local employment representatives, adult education consultants, etc.
- Timing of vocational services delivery in relation to substance abuse treatment delivery
- Tailoring treatment plans for the different stages of substance abuse disorder and recovery
- Consideration of external factors in treatment planning
- Maintenance of employment gains and relapse prevention

What are some other things to keep in mind when considering vocational aspects of a client's treatment?

- Clinicians often play a mediating role between clients and employers and should take advantage of opportunities to educate the employer on substance abuse issues and how to address them in appropriate policies.
- In defining the client's educational needs and exploring resources available to meet them, it is important to recognize that the client's past experience with the educational system may strongly influence work-related decisions.

- Clinicians should be alert to clinical and legal issues surrounding clients' past histories and recognize their implications for employment.
- The counselor should be alert for the presence of relapse triggers that have affected the client in the past and help the client recognize and cope with them—the treatment plan should provide for effective management of all relapse triggers that are relevant to the individual.
- To achieve therapeutic goals in the domain of employment, the clinician should develop a treatment plan that addresses clients' vocational training, rehabilitation, and employment needs.

Referral

For referral purposes, it is important for the clinician to be familiar with local vocational resources (VR) available to clients. Before referring clients to State VR agencies, the alcohol and drug counselor should develop a relationship with the assigned VR officer. The following are situations when a clinician should refer a client for vocational services:

1. The client is asking questions about vocational goals that the clinician cannot answer.
2. The counselor and client cannot develop a clear and concise set of goals concerning vocational issues because of lack of information.

3. The client needs special vocational testing or training beyond the expertise of the counselor or has a disability that requires special accommodations to obtain employment.
4. The client's vocational history is either nonexistent or has been so seriously affected that another person with expertise in the area should be introduced to assist the client.
5. The client clearly wants to accomplish something meaningful through work but needs help, for whatever reason, to make such a major life change.

For more detailed information, see TIP 38, pp. 47–73.

EFFECTIVE REFERRALS AND COLLABORATIONS

Why is collaboration important for treatment programs?

Collaboration is crucial for preventing clients from "falling through the cracks" among independent agencies providing different services. Effective collaboration is also the key to seeing the client in the broadest possible context, beyond the boundaries of the substance abuse treatment agency and provider.

How should the agencies involved view each other in regards to the client?

All collaborators, including those providing treatment for substance abuse, should be aware that their efforts are likely to be ineffective unless all the client's life areas are addressed. To that end, each agency must recognize the existence, roles, and importance of the other agencies in achieving goals.

ATTENTION: Programs must reflect the fact that it is not feasible or effective to provide everything that clients need "under one roof." A more fruitful approach is to collaborate with other agencies on the basis of client needs and overlapping client caseloads.

What are characteristics of Authentically Connected Referral Networks?

- Multiple agencies work as equal partners with each other and with the client; referring agencies make the initial contact to the referral source and keep updated on client progress.
- Clients and agencies have mutual responsibility and trust; accountability and data sharing exist between agencies.
- Communication mechanisms for timely information sharing are accessible to all agencies and stakeholders.
- The full range of stakeholders is identified.
- Relationships among providers are collaborative and flexible in the assumption of multiple tasks related to client needs.
- The network is client-, vision-, and mission-driven.
- Changes and growth of the referring organizations are demonstrated as a result of the referral process; dynamic network.
- The network is open to new ways of doing things, approaches, use of technology on behalf of clients, and individualization of client treatment plans and services.
- There is ongoing provider training and involvement in continuing education and staff development.

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- Shared assessment of the network is ongoing.
- Cross-training of staff is ongoing.

For more detailed information, see TIP 38, pp. 91–100.

INTEGRATING ONSITE VOCATIONAL SERVICES

One way to ensure that clients receive the necessary vocational services is to provide them in-house as an integral part of the substance abuse treatment program, rather than by referral to an outside agency.

- If possible, a substance abuse treatment program should add at least one VR counselor to its staff. If the size of the program or other fiscal shortcomings prevent this, arrangements should be made to have a counselor easily accessible.
- Every treatment program should consider itself part of a collaborative interagency effort to help clients achieve productive work.
- The treatment program must determine the parameters of what it can offer clients in terms of vocational services.
- Counselors should evaluate their clients' personal plans for change to determine whether the vocational goals they set are realistic (not too high or too low) and whether achieving the goals will allow them to make a sufficient living and support continued recovery.

For more detailed information, see TIP 38, pp. 75–89.

FUNDING AND POLICY ISSUES

- To maintain financial security in this new era of policy and funding shifts, alcohol and drug treatment agencies must forgo their traditional independence and focus on building collaborative partnerships to meet their clients' needs.
- A client-centered funding strategy focuses on connecting clients with the services they need to achieve both recovery from substance abuse and self-sufficiency through sustainable employment—not necessarily with providing all these services within the substance abuse treatment program.
- A requirement for system competency (specifically, an understanding of funding sources and strategies) should be incorporated into Certified Addiction Counselor Training certification.
- Policymakers at the Federal and State levels should work together to create financial incentives for collaboration between substance abuse treatment providers and agencies that provide other services to an overlapping population.

For more detailed information, see TIP 38, pp. 101–115.

LEGAL ISSUES

WARNING: Neither this Quick Guide nor TIP 38 should be used as a substitute for competent legal counsel.

Alcohol and drug counselors providing vocational rehabilitation services directly or through referral need to be aware of legal and ethical issues in three areas: discrimination against recovering individuals, welfare reform, and confidentiality.

Discrimination in Employment and Employment-Related Services

What are the Americans With Disabilities Act (ADA) and the Rehabilitation Act?

They are two Federal laws that provide a limited amount of protection against discrimination for people with substance abuse disorders. Together, these laws prohibit discrimination based on disability by private and public entities that provide most of the benefits, programs and services an individual in substance abuse treatment is likely to need to enter or reenter the world of work.

To whom do the regulations of the Rehabilitation Act and the ADA apply?

There are a wealth of services, programs, activities, and employers to which these laws apply. They include:

- State and local governments and their departments, agencies, and other instrumentalists
- Most public accommodations
- Employers with Federal contracts worth more than \$10,000
- Employers with 15 or more employees
- Corporations and other private organizations and individuals receiving Federal financial assistance
- Corporations and other private organizations and individuals providing education, health care, housing, social services, or parks and recreations
- Labor organizations and employment committees

What do these laws say?

The Rehabilitation Act and the ADA prevent employees, individuals, organizations, and corporations from discriminating against people with disabilities in any way, even if accommodating them requires making reasonable accommodations in their rules, practices, and/or procedures.

The regulations contained in these laws apply to many situations, ranging from hiring practices to the offering of services.

Are there any limitations to these laws?

Yes, there are two main limitations to these laws:

- They protect only individuals with disabilities who are qualified for what they want to take part in. "Qualified" is essentially defined as someone who has a disability and who meets the essential eligibility requirements for receipt of services or can perform the essential functions of the desired position.
- Employers are not required to hire nor are services forced to accommodate an individual with a disability who poses a direct threat to the health or safety of others.

Who is protected by these laws?

Both laws offer protection to individuals:

- Who have a physical or mental impairment that substantially limits any major life activity
- Who have a record of having an impairment that substantially limits major life activities, including a history of such impairment or who is perceived as having such impairment

- Who are *regarded* as having such an impairment: those with an impairment that does not substantially limit major life activities but is treated by others as such, those whose impairment results solely from the attitudes of others toward the condition or disease, and those who have no impairments but are treated as though they have a disability

WARNING: Individuals with a substance abuse disorder are included in the definition of "individuals with a disability" in many, but not all, instances.

Do these laws differentiate between alcohol and illicit drug users?

Yes. In general the Rehabilitation Act and ADA protect alcohol-dependent persons if they are qualified for what they applying for and do not pose a threat to others. They also cover individuals who are no longer engaged in the use of illegal drugs and have completed or are participating in a drug rehabilitation program. However, individuals currently engaging in illegal use of drugs are offered full protection only in connection with health and drug rehabilitation services. The laws explicitly withdraw protection with regard to other services, programs, or activities.

The Workforce Investment Act of 1998

In 1998 Congress passed the Workforce Investment Act. The Act requires that local "one-stop delivery systems" be established for those looking for work. It establishes three tiers of services:

1. Core services (assessment, information, and job search help) are available to everyone.
2. Intensive services (specialized assessments, counseling, skills training) are available to those who fail to find employment after core services.
3. Training services (including occupational and on-the-job training) are available to those who have been unable to obtain or retain employment after receiving core and intensive services.

How does this law affect individuals in substance abuse treatment?

This system will mean that clients in substance abuse treatment who lack job skills will have to go through the process of assessment and job search before they receive individualized services such as testing, counseling, development of an individualized treatment plan, or prevocational services.

ATTENTION: Counselors should keep in mind that programs funded by private enterprise exist and offer more individualized and flexible services.

The Revolution in Rules Governing Public Assistance

What is the Temporary Assistance for Needy Families (TANF) program?

A section of "The Personal Responsibility and Work Opportunity Reconciliation Act," TANF provides assistance to individuals with dependent children. However, unlike the Aid to Families With Dependent Children program which it replaced, TANF imposes work requirements on aid recipients, limits the amount of time an adult can receive benefits, and can bar benefits to certain categories of persons, including individuals with felony drug convictions.

What other laws passed recently relate to the vocational advancement of individuals in substance abuse treatment?

In 1996, as part of the Contract With America Advancement Act, Congress amended the Social Security disability laws to eliminate benefits for any individual whose substance abuse disorders would be a contributing factor to an award of Supplemental Security Income or Disability Insurance Income. The loss of these benefits carries with it the possible loss of eligibility for food stamps, Medicaid, and support for substance abuse treatment.

What is the Adoption and Safe Families Act of 1997?

Through this act, Congress has required the States to shift the focus of child abuse prevention and intervention services from family reunification to children's health, safety, and permanent placement. There is now a 15-month limit on "family reunification services," which are provided when children have been removed from the home and placed in foster care. States must begin proceedings to terminate parental rights when children have been in foster care for 15 of the most recent 22 months.

ATTENTION: These three pieces of legislation promise to put great pressure on clients in substance abuse treatment to regain and retain sobriety, find work, and assume responsible parenting, all within a relatively short period of time.

Confidentiality of Information About Clients

- Communication with a vocational or training program about a client must always comply with Federal confidentiality rules set for substance abuse treatment programs.
- How a program communicates with a vocational or training program depends in part on whether

its services are provided by the substance abuse treatment program or offered by a separate program.

- Staff members who have access to information about clients because they work for or administratively direct the program may consult among themselves or share information.
- In order for a substance abuse treatment program to communicate with a vocational/training program operated by an outside agency, it must have a valid consent form signed by the client.
- When a substance abuse treatment program invites an outside agency to provide vocational or training services on program premises, it may communicate information about a client to that agency and its staff only after the client signs a valid consent form.
- When a substance abuse treatment program invites an outside agency to provide vocational or training services, nonparticipating clients should receive notice about when such "outsiders" will be at the program and where they will be.
- Even if an employer refers a client to treatment and knows he is in treatment, a consent form is necessary for the program to communicate with the employer.

- If the employer is not aware that an employee is in treatment and the program needs information from the employer, the client should gather preliminary information—what is the employer's policy, will the employer learn about treatment through the insurance plan, can the client ask for time off, etc.—before giving consent for such information to be gathered.
- It is critical for the counselor and the program to listen to a client's concerns about an employer's attitude.
- Any counselor or program considering "warning" someone of a client's relapse without the client's consent should carefully analyze whether there is in fact a duty to warn. Legally, these duties are covered under State law.

WARNING: If a program communicates with an employer without a client's consent, and in doing so directly or indirectly reveals that the client has a substance abuse disorder, the program may find itself facing an unpleasant lawsuit.

Summation

The legal and ethical issues that affect clients and staff of programs providing vocational rehabilitation services are complex and interrelated. As programs help clients deal with the new welfare rules and find training and employment, they must keep in mind the Federal confidentiality rules, which affect every communication programs make about clients to welfare agencies, vocational training programs, employer, and others.

For more detailed information, see TIP 38, pp. 119–151.

WORKING WITH THE EX-OFFENDER

Barriers to Employment: What the Offender Brings to the Process

- Offenders face feelings of failure and hopelessness.
- Offenders often feel alienated from mainstream institutions.
- Offenders learn to be cynical and manipulate the system.
- As a group, offenders tend to be less educated, less skilled, and less mature than the general population.
- Some studies have shown that offenders tend to have higher rates of attention deficit/hyperactivity disorder (AD/HD) and other learning disabilities than the general population.
- Offenders' educational, mental and social problems are often not addressed in prison.
- Incarceration widens the educational/social gap.
- Survival in prison and survival outside prison require two vastly different sets of skills.

Overcoming Barriers Resulting From Offender Alienation

- *Respect:* Drug and alcohol counselors should strive to treat each person as an individual with a unique set of positive and negative qualities.
- *Hope:* Offenders accustomed to failure and feelings of hopelessness need contact with positive role models—people who have come through prison and substance abuse treatment and found a job.
- *Positive incentives:* Offenders need to experience achievements rather than failure. Some programs mark advancement through program phases with ceremonies or small tokens of achievement.
- *Clear information:* Counselors should orient clients to the substance abuse treatment process.
- *Consistency:* If there are inconsistent or delayed reactions to rule violations, they may be ignored.
- *Compassion:* Counselors should ask the client what other requirements she has and offer to help her improve skills.

- *Information about the career ladder:* Clients need to develop a vision of increasing job skills and increasing job complexity.

For more detailed information, see TIP 38, pp. 153–165.

Ordering Information

TIP 38

Integrating Substance Abuse Treatment and Vocational Services

TIP 38-Related Products

**KAP Keys for Clinicians
based on TIP 38
Quick Guide for
Administrators**



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1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**
2. Visit CSAT's Web site at **www.csat.samhsa.gov**



Other Treatment Improvement Protocols (TIPs) that are relevant to this Quick Guide:

TIP 7, *Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System (1994)* **BKD138**

TIP 12, *Combining Substance Abuse Treatment With Intermediate Sanctions for Adults in the Criminal Justice System (1994)* **BKD144**

TIP 17, *Treatment Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System (1995)* **BKD165**

TIP 35, *Enhancing Motivation for Change in Substance Abuse Treatment (1999)* **BKD342**

TAP 18, *Checklist for Monitoring Alcohol and Other Drug Confidentiality Compliance (1996)* **BKD722**

TAP 24, *Welfare Reform and Substance Abuse Treatment Confidentiality: General Guidance For Reconciling Need to Know and Privacy (1997)* **BKD336**

See the inside back cover for ordering information for all TIPs and related products.