

The following paragraphs outline the research and outcomes for the *Living In Balance* Treatment Curriculum

The Living In Balance is a clinically-validated program. An evaluation of the Living In Balance program was conducted at two outpatient programs, one in Washington, D.C. and one in Los Angeles. In both programs, clients were referred primarily from criminal justice and employee assistance programs and their primary drug problem was cocaine. Subjects at both sites were randomly assigned to either the 36-session Living in Balance group counseling program or a 36-session Twelve-Step group-counseling program. Both programs used manuals to guide counselor-directed group counseling and education sessions. Groups generally met three evenings a week over a period of 12 weeks. Counselors were trained in either the Living In Balance or the Twelve-Step approach and were supervised by clinical psychologists at both sites. No other treatment services were provided.

A total of 67 clients received group treatment in the DC site and 65 clients participated in the study at the Los Angeles site. The average age of the DC clients was 35 and for LA clients it was 33. The average years of education completed was 12 for DC and 14 for LA. The DC site had 64 percent males and 36 percent females, while LA had 75 percent males and 25 percent females. The majority of the clients at the DC site were African American, while the majority of the clients at the LA site were white. Given the limited number of subjects, the analyses performed were for both sites combined. With both sites combined, 67 clients participated in the Living in Balance groups and 65 clients participated in the Twelve-Step groups. Approximately 27 percent of the Living in Balance clients and 33 percent of the Twelve-Step clients completed the assessments at the end of treatment, while approximately 26 percent for both groups completed the assessments at 3-months post-treatment follow-up.

The results demonstrated that the Living in Balance group and the Twelve-Step group were equally effective in retaining clients in treatment (number of days in treatment) and in exposing clients to treatment (number of sessions attended). Out of a maximum potential of 84 days in treatment, the average number of days for participants in the Living in Balance group was 38, and 42 days for participants in the Twelve-Step group. This difference was not statistically significant. Out of a maximum potential of 36 sessions, Living in Balance participants averaged 11 sessions, whereas Twelve-Step participants averaged 13 sessions, also not statistically significant.

For the Living in Balance group, self-reported cocaine use was reduced from 13 days out of the past 30 at intake to 6 days out of the past 30 at the end of treatment and to 4 days out of the past 30 at 3-month follow-up. For the Twelve-Step group, self-reported cocaine use was reduced from 10 days out of the past 30 at intake to 5 days out of the past 30 at the end of treatment and to 5 days out of the past 30 at 3-month follow-up. Although the differences between the groups were not significant, the number of days of cocaine use was cut in half for both treatment groups between intake and the end of treatment, and those reductions remained fairly constant at the 3-month follow-up. Living in Balance participants did reduce their alcohol use from 7 to 4 days of the previous 30 days between intake and follow-up, whereas Twelve-Step group participants only reduced alcohol use from 7 to 6 days. This difference is statistically significant. The sample size from this evaluation was too small to make any substantial generalizations. However, clients did respond favorably to the Living In Balance program, reducing both cocaine and alcohol use.