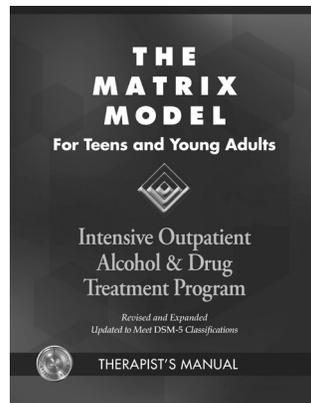


**THE MATRIX MODEL FOR
TEENS AND YOUNG ADULTS**



Intensive Outpatient Alcohol and Drug Treatment Program

SCOPE AND SEQUENCE



Jeanne L. Obert, MSM, LMFT

Michael J. McCann, MA

Jeremy Martinez, MD



CONTENTS

Introduction to <i>The Matrix Model for Teens and Young Adults</i>	3
What Evidence-Based Approach Is Used?	3
What Studies Support the Use of This Program with Adolescents and Young Adults?	3
What Is New in This Updated Edition of <i>The Matrix Model for Teens and Young Adults</i> ?	6
What Topics Are Covered?	7
Implementation of the Matrix Model	11
Is Training Necessary to Implement <i>The Matrix Model for Teens and Young Adults</i> ?	11
How Do We Manage Training Staff Turnover?	11
Can Our Program Be Recognized as a Matrix Clinic?	12
Why Should We Purchase and Use <i>The Matrix Model for Teens and Young Adults</i> ?	12
About the Authors	14
References	15

Introduction to *The Matrix Model for Teens and Young Adults*

The Matrix Model for Teens and Young Adults, like *The Matrix Model* for adults, is a comprehensive, organized set of evidence-based therapeutic interventions. It consists of research-based techniques integrated into an approach that includes individual sessions, family sessions, group sessions, Twelve Step programs, and separate parent and youth education groups. The complex social environment of the adolescent—including family, school, community, peers, and possibly juvenile justice involvement—is an important consideration in developing appropriate treatment, as is the developmental stage of the adolescent. We recognize that many patients entering treatment during their teen or young adult years need programming that falls toward the middle of the prevention-treatment continuum. The material in this program was selected, organized, and designed to be delivered while taking all of these issues into account. The structure of the program is flexible enough to be adapted to young people who need early-stage intervening, who are experimenting with drugs, or who have already developed a substance use disorder. It can be used with patients whose families may or may not be willing and able to participate.

What Evidence-Based Approach Is Used?

A number of evidence-based practices are integrated into the *The Matrix Model for Teens and Young Adults*. They include cognitive-behavioral therapy (CBT), motivational interviewing (MI), Twelve Step facilitation (TSF), and contingency management (CM).

What Studies Support the Use of This Program with Adolescents and Young Adults?

Teen Addiction Severity Index (Teen-ASI) research was conducted with *The Matrix Model for Teens and Young Adults*. The T-ASI assesses seven domains:

- chemical (alcohol and other drug) use
- school status
- employment-support status
- family relationships
- peer/social relationships
- legal status
- psychiatric status

The T-ASI was administered at intake, three months after intake, and again six months after intake. The research reports that adolescent patients in *The Matrix Model for Teens and Young Adults* program showed significant improvements on the T-ASI severity scales at the six-month follow-up in all domains (chemical use, school, family, peer/social, legal, psychiatric) except work. The patients showed significant decreases in alcohol and other drug use at the six-month follow-up compared to intake. A full 52 percent of the adolescent Matrix Model patients reported no drug use at the six-month assessment. This is compared to only 24 percent of adolescent patients from the Cannabis Youth Treatment comparison study.

Cognitive-Behavioral Therapy

Cognitive-behavioral therapy (CBT) is used as patients are taught to analyze events and to change thoughts and behaviors that precede substance use, which can result in a different outcome. Patients are also taught skills for stopping alcohol and drug use and preventing relapse, guided in identifying and planning events that are not associated with substance use, and rewarded for using the tools and accomplishing the assignments. Other aspects of CBT include the development of alternative behaviors that are unlikely to result in alcohol or other drug use, in other words, a change in lifestyle. Regular urine testing is also a part of this approach. These essential aspects of CBT are also outlined in the cognitive-behavioral approach manual written by Kadden et al. (1992). This relapse prevention work has its roots in the work of Marlatt and Gordon (1985), and research has shown it to be effective in treating different types of substance use disorders (Carroll et al. 1994; Carroll and Onken 2005; Rawson et al. 2004).

Motivational Interviewing

Adolescents and young adults often ambivalent about discontinuing their use of substances. From a developmental perspective, teens are moving through a transitional stage in their lives during which risk-taking is normal, disengagement from parents is necessary, and connecting with peers becomes the goal. Drinking and experimenting with drugs (especially marijuana) are common.

The Matrix Model for Teens and Young Adults contains an initial session for the patient and the family that uses motivational interviewing to increase the likelihood of their parents' and caregivers' continued participation in treatment, thereby exposing them to new ways of thinking about drugs and teens, as well as improving their parenting skills. Using MI is intended to help the adolescent resolve his or her ambivalence regarding treatment attendance and the use of mind-altering substances,

at least during the treatment episode. Attempting this period of abstinence gives the adolescent more information about discontinuing substance use, avoiding substance use disorder, and the degree of difficulty he or she might have with these issues. This approach has been supported by research (Copeland et al. 2001; Stephens et al. 2000; Martin et al. 2005) and has been integrated with CBT into interventions (Sampl and Kadden 2001).

Twelve Step Facilitation

Multiple outcome studies have shown that people who use a Twelve Step program in addition to the cognitive-behavioral interventions that are part of the Matrix Model do better in long-term recovery (Brecht et al. 2000). *The Matrix Model for Teens and Young Adults* emphasizes the critical importance of many of TSF's principles and encourages patients to use Twelve Step programs in the initial intensive phase of treatment for several reasons. A spiritual component is an important element of the Matrix Model's biopsychosocial approach to recovery. In the United States, Twelve Step programs are an easy and safe way to find peers or other people who are doing recovery-oriented activities. These groups also provide ongoing social support and sponsorship for the recovery process after the intensive phase of the Matrix program ends. Although patients are not denied access to treatment if they are opposed to going to these meetings, everyone should acquire familiarity with Twelve Step programs. Programs using the Matrix Model are encouraged to conduct Twelve Step meetings on-site to make attendance more attractive to program participants. It is important to inform all teens and young adults entering treatment that the most successful patients place substantial reliance on Twelve Step programs for emotional support and nurturing.

Contingency Management

The Matrix Model for Teens and Young Adults includes many different uses of contingency management that are simple and inexpensive, including social reinforcement and rewards such as stickers, pizza parties, and gift cards. A large amount of research supports the efficacy of the systematic use of reinforcement for meeting specific behavioral criteria in the treatment of substance use disorders (Higgins et al. 1994, 2000; Iguchi et al. 1997; Petry et al. 2000; Rawson et al. 2002, 2006), which has been successful when used with adolescents (Branson et al. 2012; Stewart et al. 2015; Morean et al. 2015; Stanger, et al. 2015). Contingency management research with substance use disorders usually has specified drug-free urine results, attendance at treatment sessions, or achieving treatment goals as the basis for receiving incentives. Participants in research studies

usually receive certificates that are redeemable for items with monetary value ranging from as little as one dollar to as much as several hundred dollars. Coupled with social recognition, relatively inexpensive items can have a strong effect on behavior (Branson et al. 2012). This approach has long been a part of both the educational system and parenting-skills training. Contingency management has not made significant inroads into treatment, but this powerful tool is extremely useful and effective in adolescent treatment services.

What Is New in This Updated Edition of *The Matrix Model for Teens and Young Adults?*

Several new changes to the manual cover the latest addiction treatment standards. Each session of *The Matrix Model for Teens and Young Adults* has been reviewed and updated for accuracy and to ensure ASAM compliance for terms and definitions. The entire manual and all group sessions were reviewed to add the latest information about specific drugs and their impact on the brain and body. This updated program includes several new components.

Meets ASAM Criteria for Young Adults

The program has been updated to meet the adult ASAM Criteria for Intensive Outpatient Treatment (Level 2.1) of young adults 18 years or older. This is accomplished by providing an expanded format of the Early Recovery Group designating a time for Site-Specific groups, both of which assure a full three-hour day, as required by ASAM criteria for adults (those 18 or older). This new component is the Early Recovery Young Adult Group.

Serves Clients Using Medication-Assisted Treatment

The Matrix Model has also been upgraded to include a version of the Individual and Family Sessions specifically for use with patients who are considering or using medication-assisted treatment. This new component is Individual and Family Sessions with MAT (Medication-Assisted Treatment). The Family Program session topics have been updated to include the latest information about the use of prescription medications, synthetic cannabinoids, e-cigarettes, and other addictive substances.

The Family Program also recommends the use of three new videos that offer up-to-date information on all the common addictive substances and how recovery works for young patients and their families.

Updated Video Selections

The revised Family Program is now matched with three new Hazelden videos (sold separately at a discount when you purchase the program).

1. Young Adults Discover the 12 Steps
2. Youth and Drugs of Abuse
3. Medical Aspects of Substance Use Disorder

These three videos can be used to deepen the learning by matching the topics in the Family Group sessions.

What Topics Are Covered?

The Matrix Model for Teens and Young Adults program includes instruction on how to deliver seven different treatment groups:

1. Individual and Family Sessions
2. Individual and Family Sessions with MAT (Medication-Assisted Treatment)
3. Early Recovery Adolescent Group (for clients 13 through 17 years of age)
4. Early Recovery Young Adult Group (for clients 18 through 25 years of age)
5. Relapse Prevention Group
6. Family Program: Parent Education Group
7. Family Program: Youth Education Group

The following lists show the sessions and topics for each group.

Individual and Family Sessions (8 sessions)

- Session 1: Orientation (Individual and Family)
- Session 2: Establishing Boundaries (Family)
- Session 3: Be Prepared (Individual)
- Session 4: Learning to Communicate (Family)
- Session 5: Resolving Conflicts (Family)
- Session 6: Goals: Where Do You Want to Be? (Individual)
- Session 7: Sharing Goals with Family (Family)
- Session 8: Managing Relapse (Optional Session for Family or Individual)

**Individual and Family Sessions with MAT (Medication-Assisted Treatment)
(9 sessions)**

- Session 1: Orientation (Individual and Family)
- Session 2: Orientation to Medications (Individual and Family)
- Session 3: Establishing Boundaries (Family)
- Session 4: Be Prepared (Individual)
- Session 5: Learning to Communicate (Family)
- Session 6: Resolving Conflicts (Family)
- Session 7: Goals: Where Do You Want to Be? (Individual)
- Session 8: Sharing Goals with Family (Family)
- Session 9: Managing Relapse (Optional Session for Family or Individual)

Early Recovery Adolescent Group (8 sessions)

- Session 1: Admitting You Have a Problem
- Session 2: Stop the Trigger Cycle
- Session 3: Thought-Stopping
- Session 4: Identifying External Triggers
- Session 5: Identifying Internal Triggers
- Session 6: Readiness for Change
- Session 7: Early Recovery Challenges
- Session 8: Healing Your Body and Brain

Early Recovery Skills Young Adult Group (16 sessions)

- Session 1: Admitting You Have a Problem
- Session 2: Assessing Recovery Progress
- Session 3: Stop the Trigger Cycle
- Session 4: Adopting a Healthy Lifestyle
- Session 5: Thought-Stopping
- Session 6: Thoughts, Emotions, and Behavior
- Session 7: Identifying External Triggers
- Session 8: Dealing with Relapse
- Session 9: Identifying Internal Triggers
- Session 10: Reassessing Recovery Progress
- Session 11: Readiness for Change
- Session 12: Be Smart, Not Strong

- Session 13: Alcohol Arguments
- Session 14: Addictive Behavior
- Session 15: Healing Your Body and Brain
- Session 16: Early Recovery Challenges

Relapse Prevention Group (32 sessions)

- Session 1: The Past and the Present
- Session 2: Relapse Justification I
- Session 3: Dealing with Problems
- Session 4: A Matter of Life and Death
- Session 5: Users in My Home
- Session 6: Having a Good Time without Being High
- Session 7: Clean and Sober
- Session 8: Destructive Behaviors
- Session 9: School and Future Goals
- Session 10: Prescription Medications and Opioids
- Session 11: Twelve Step Tips
- Session 12: Trust
- Session 13: Relapse Is a Setback, Not a Failure
- Session 14: Managing Anger
- Session 15: Truthfulness
- Session 16: I'm Not Cool If I Don't Use
- Session 17: Dealing with Feelings and Depression
- Session 18: Staying Busy
- Session 19: Guilt and Shame
- Session 20: Taking Care of Yourself
- Session 21: Life Satisfaction Scale
- Session 22: Relapse Justification II
- Session 23: Motivation for Recovery
- Session 24: What Would You Do If...?
- Session 25: Sex and Recovery
- Session 26: Repairing Relationships
- Session 27: One Day at a Time
- Session 28: Today I Feel...
- Session 29: Twelve Step Introduction

Session 30: Making New Friends

Session 31: Avoiding Relapse Drift

Session 32: Up in Smoke

Graduation (optional)

Family Program: Parent Education Group (12 sessions)

Session 1: Road Map for Recovery (Video)

Session 2: How Well Is Our Family Functioning? (Discussion)

Session 3: Medical Aspects of Addiction (Video)

Session 4: Parents Sharing Experiences (Panel)

Session 5: Developmental Issues for Teens (Discussion)

Session 6: Triggers and Cravings (Video)

Session 7: What about Relapse? (Discussion)

Session 8: Recovering Teens Share Experiences (Panel)

Session 9: Families in Recovery (Video)

Session 10: Family Conflict: Is It Okay? (Discussion)

Session 11: Introduction to the Twelve Steps (Video)

Session 12: Who's in Charge Here Anyway? (Discussion)

Family Program: Youth Education Group (12 sessions)

Session 1: Road Map for Recovery (Video)

Session 2: Addiction as a Disease (Video)

Session 3: Choosing Not to Use (Video)

Session 4: Taking Care of Your Body and Brain (Video)

Session 5: Triggers and Cravings (Video)

Session 6: Alcohol and Other Sedatives (Video)

Session 7: Tobacco and E-cigarettes (Video)

Session 8: Marijuana and Synthetic Cannabinoids (Video)

Session 9: Opioids and Prescription Painkillers (Video)

Session 10: Families in Recovery (Video)

Session 11: Introduction to the Twelve Steps (Video)

Session 12: Giving Back: Matrix Graduate Panel (Discussion)

Implementation of the Matrix Model

The Matrix Model for Teens and Young Adults covers a wide age range, from adolescents (those 13 through 17 years of age) to young adults (those 18 through 25 years). The model is implemented differently, depending on the age of the patients. The Early Recovery Adolescent Group is designed for patients younger than age 18, and should be used for that population. This group meets ASAM Level 2.1 Criteria for adolescents (minimum of 6 hours per week). The Early Recovery Young Adult Group meets the adult ASAM Level 2.1 Criteria of 9 hours per week for patients 18 years and older. To meet the adult ASAM Criteria Level 2.1, additional Site-Specific groups have also been added to the schedule.

New for this edition of *The Matrix Model for Teens and Young Adults* is the addition of a version of the Individual and Family Sessions for patients using medication-assisted treatment (MAT). For patients not using MAT, the traditional Individual and Family Sessions may be used.

Is Training Necessary to Implement The Matrix Model for Teens and Young Adults?

Although training is not necessary to implement the Matrix Model, programs that are most successful in implementing the model to fidelity are those whose staff members have received training. Live training provides the ability to ask questions about implementation and avoid common pitfalls of beginning a new treatment model. The two-day **Matrix Model Basic Core Training** is provided by the Matrix Institute during an open-enrollment training in Los Angeles, California, or by arranging for a session at your site.

How Do We Manage Training Staff Turnover?

A common problem arises when staff are trained, but then leave for other employment opportunities. This can be managed by identifying a **Key Supervisor** at your site who is trained on the fidelity standards of the Matrix Model. The Key Supervisor acts as an internal trainer for your organization, to train new therapists in the Matrix Model. The Key Supervisor should be a person who has extensive experience using the model and is committed to staying with your organization. Key Supervisor Training is a one and a half days of live training provided by the Matrix Institute.

Can Our Program Be Recognized as a Matrix Clinic?

The Matrix Model is a trademarked product and service package, so a facility may not claim to be a Matrix Clinic. However, your facility may be recognized as a **Matrix Certified Site**. Matrix Certification requires a facility to be using the Matrix Model for at least six months with a Key Supervisor in place. The Matrix Institute will provide a site visit and review recorded Matrix Model sessions to grant either a two- or three-year certification. To assure fidelity of these practices, individual programs may be certified in the Matrix Model.

To learn more about training or certification, please visit matrixinstitute.org or call 877-422-2353.

Why Should We Purchase and Use *The Matrix Model for Teens and Young Adults?*

The Matrix Model for Teens and Young Adults is adapted from the evidence-based adult program. The teen and young adult version is a comprehensive, organized set of evidence-based therapeutic interventions. This includes cognitive-behavioral therapy (CBT), motivational interviewing (MI), Twelve Step facilitation (TSF), and contingency management (CM). Although there has not been a controlled trial of the Matrix adolescent treatment, much support exists for the best-practice therapy elements that comprise the program (CBT, MI, TSF, and CM).

The Matrix Adolescent Treatment Model is recognized in *Treating Teens: A Guide to Adolescent Drug Programs*, published by Drug Strategies (2003), as an exemplary treatment approach. The Matrix Model was tested in the CSAT-sponsored Methamphetamine Treatment Project (Rawson et al. 2004), the largest randomized clinical trial of treatments for methamphetamine use disorders to date. The study reported that in the overall sample, and in the majority of sites, those who were assigned to Matrix Model treatment succeeded in the following:

- The patients attended more clinical sessions.
- They stayed in treatment longer.
- They provided more methamphetamine-free urine samples during the treatment period.
- They had longer periods of methamphetamine abstinence than those assigned to receive treatment as usual.

The Matrix Model has been recognized by the U.S. Federal Government during testimony before the U.S. Senate Appropriations Committee during its hearing on methamphetamine use disorders (U.S. Senate, 2005). In addition, the National Institute on Drug Abuse (NIDA) has recognized the Matrix Model as one of only eight evidence-based practices for addiction treatment (NIDA, 2012).

In addition, Teen ASI outcome data were presented at the Joint Meeting on Adolescent Treatment Effectiveness, JMATE, in Washington, D.C. (2008). There was a significant reduction in self-reported days of drug use from intake to six-month follow-up (11.9 days compared to 3.9 days), and two-thirds reported no alcohol or other drug use. Teen ASI severity scores for the Matrix adolescents reflected significant improvement in seven of eight areas, with work being the one exception. At six-month follow-up, 52 percent of the adolescents using *The Matrix Model for Teens and Young Adults* reported no drug or alcohol use, compared to 24 percent of those in the Cannabis Youth Treatment Project (Dennis 2000).”

About the Authors

The authors of the *Matrix Model for Teens and Young Adults* are clinicians and researchers who have worked extensively with people who have substance use and mental health issues.

Jeanne L. Obert, MSM, LMFT, is a co-founder and president of the Matrix Institute Board of Directors. Ms. Obert is a licensed marriage and family therapist and supervisor, a motivational interviewing trainer trained by Bill Miller, and a consultant for the National Institute on Drug Abuse (NIDA) and the Center for Substance Abuse Treatment (CSAT). She served as an expert trainer on a motivational enhancement study led by Yale University as part of the NIDA Clinical Trials Network (CTN) and has created a system designed to disseminate the Matrix Model nationally and internationally. Obert has authored or coauthored more than fifty articles, book chapters, and treatment manuals, including the adult Matrix Model and related publications.

Michael J. McCann, MA, is one of the founders of the Matrix Institute and creators of the Matrix Model. He has more than thirty years of experience in substance use disorder treatment and research and he has authored or coauthored more than forty articles and books in the area. He has been the principal investigator for NIDA- and CSAT-funded projects evaluating pharmacologic and behavioral treatments for methamphetamine use disorder. He also has been the project director for CSAT-funded grants that expand treatment services for opioid use disorders and provide evidence-based enhancements to standard services. McCann has developed and overseen the operation of Matrix clinics, as well as the integration of many research projects within these sites. He has trained and lectured on evidence-based behavioral interventions, pharmacologic treatments, methamphetamine use disorder, and the implementation of research findings into clinical practice.

Jeremy Martinez, MD, is a board-certified addiction psychiatrist and the CEO of the Matrix Institute on Addictions. Dr. Martinez also serves as a clinical instructor at the UCLA School of Medicine. He has authored numerous book chapters and articles and has given lectures internationally on the topics of psychosocial addiction treatment, medication-assisted treatment, and cultural psychiatry. His focus at Matrix has been to enhance the scope of medication-assisted treatment, develop programming for co-occurring disorders, further develop its training department, expand research activities, and assure that Matrix continues the high-quality treatment for which it is known.

References

- Branson, C. E., A. M. Barbuti, P. Clemmey, L. Herman, and P. Bhutia. 2012. "A Pilot Study of Low-Cost Contingency Management to Increase Attendance in an Adolescent Substance Abuse Program." *American Journal on Addictions* 21 (2): 126–129. doi:10.1111/j.1521-0391.2011.00204.x.
- Brecht, M. L., C. von Mayrhauser, and M. D. Anglin. (2000). "Predictors of Relapse After Treatment for Methamphetamine Use." *Journal of Psychoactive Drugs* 32 (2): 211–220. doi:10.1080/02791072.2000.10400231.
- Carroll, K. M., and L. S. Onken. 2005. "Behavioral Therapies for Drug Abuse." *American Journal of Psychiatry* 162 (8): 1452–60.
- Carroll, K. M., B. J. Rounsaville, C. Nich, L. T. Gordon, P. W. Wirtz, and F. Gawin. 1994. "One-Year Follow-Up of Psychotherapy and Pharmacotherapy for Cocaine Dependence: Delayed Emergence of Psychotherapy Effects." *Archives of General Psychiatry* 51 (12): 989–97.
- Copeland, J., W. Swift, R. Roffman, and R. Stephens. 2001. "A Randomized Controlled Trial of Brief Cognitive-Behavioral Interventions for Cannabis Use Disorder." *Journal of Substance Abuse Treatment* 21 (2): 55–64.
- Higgins, S. T., A. J. Budney, W. K. Bickel, F. E. Foerg, R. Donham, and G. J. Badger. 1994. "Incentives Improve Outcome in Outpatient Behavioral Treatment of Cocaine Dependence." *Archives of General Psychiatry* 51 (7): 568–76.
- Higgins, S. T., C. J. Wong, G. J. Badger, D. E. H. Ogden, and R. L. Dantona. 2000. "Contingent Reinforcement Increases Cocaine Abstinence During Outpatient Treatment and 1 Year of Follow-Up." *Journal of Consulting and Clinical Psychology* 68 (1): 64–72.
- Iguchi, M. Y., M. A. Belding, A. R. Morral, R. J. Lamb, and S. D. Husband. 1997. "Reinforcing Operants Other Than Abstinence in Drug Abuse Treatment: An Effective Alternative for Reducing Drug Use." *Journal of Consulting and Clinical Psychology* 65 (3): 421–28.
- Kadden, R., K. M. Carroll, D. Donovan, N. Cooney, P. Monti, D. Abrams, M. Litt, and R. Hester. 1992. *Cognitive-Behavioral Coping Skills Therapy Manual: A Clinical Research Guide for Therapists Treating Individuals with Alcohol Abuse and Dependence*. Vol. 3. Project MATCH Monograph Series. DHHS Publication No. (ADM) 92-1895. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.
- Marlatt, B. A., and J. R. Gordon. 1985. *Relapse Prevention*. New York: Guilford Press.
- Martin, G., J. Copeland, and W. Swift. 2005. "The Adolescent Cannabis Check-Up: Feasibility of a Brief Intervention for Young Cannabis Users." *Journal of Substance Abuse Treatment* 29 (3), 207–213. doi:10.1016/j.jsat.2005.06.005
- Morean, M. E., G. Kong, D. R. Camenga, D. A. Cavallo, K. M. Carroll, B. Pittman, and S. Krishnan-Sarin. 2015. "Contingency Management Improves Smoking Cessation Treatment Outcomes Among Highly Impulsive Adolescent Smokers Relative to Cognitive Behavioral Therapy." *Addictive Behaviors* 42: 86–90. doi:10.1016/j.addbeh.2014.11.009.

Petry, N. M., B. Martin, J. L. Cooney, and H. R. Kranzler. 2000. "Give Them Prizes and They Will Come: Contingency Management for Treatment of Alcohol Dependence." *Journal of Consulting and Clinical Psychology* 68 (2): 250–57.

Rawson, R. A., A. Huber, M. McCann, S. Shoptaw, D. Farabee, C. Reiber, and W. Ling. 2002. "A Comparison of Contingency Management and Cognitive-Behavioral Approaches During Methadone Maintenance Treatment for Cocaine Dependence." *Archives of General Psychiatry* 59 (9): 817–24.

Rawson, R. A., P. Marinelli-Casey, M. D. Anglin, A. Dickow, Y. , Frazier, C. Gallagher, G. P. Galloway, J. Herell, A. Huber, M. J. McCann, J. L. Obert, S. Pennell, C. Reiber, D. Vandersloot, J. Zweben, and the Methamphetamine Treatment Project Corporate Authors. 2004. "A Multi-Site Comparison of Psychosocial Approaches for the Treatment of Methamphetamine Dependence." *Addiction* 99 (6): 708–17.

Rawson, R. A., M. J. McCann, F. Flammino, S. Shoptaw, K. Miotto, C. Reiber, and W. Ling. 2006. "A Comparison of Contingency Management and Cognitive-Behavioral Approaches for Stimulant-Dependent Individuals." *Addiction* 101 (2): 267–74.

Sampl, S., and R. Kadden. 2001. *Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users*. Vol. 1. Cannabis Youth Treatment (CYT) Series. DHHS Publication No. (SMA) 01-3486. Rockville, MD: Center for Substance Abuse Treatment.

Stanger, C., S. R. Ryan, E. A. Scherer, G. E. Norton, and A. J. Budney. 2015. "Clinic- and Home-Based Contingency Management Plus Parent Training for Adolescent Cannabis Use Disorders." *Journal of the American Academy of Child and Adolescent Psychiatry* 54 (6): 445–453.e442. doi:10.1016/j.jaac.2015.02.009.

Stephens, R. S., R. A. Roffman, and L. Curtin. 2000. "Comparison of Extended Versus Brief Treatments for Marijuana Use." *Journal of Consulting and Clinical Psychology* 68 (5): 898–908.

Stewart, D. G., B. I. Felleman, and C. A. Arger. 2015. "Effectiveness of Motivational Incentives for Adolescent Marijuana Users in a School-Based Intervention." *Journal of Substance Abuse Treatment* 58: 43–50. doi:10.1016/j.jsat.2015.06.002.