

THE UNIVERSITY OF TEXAS AT AUSTIN

SCHOOL OF SOCIAL WORK

Course Number: SW360K/SW393R23

Unique Number: 84395/93865

Semester: Summer 2014

Meeting Time: 1:30p-4:30p

Meeting Place: SSW 2.116

Office Number: SSW1.218G

Office Phone: 471-0520

Office Hours: By appointment

Instructor's name: Clay Shorkey,



LCSW, PhD

Josleen and

Frances Lockhart

Professor of

Direct Practice in

Social Work

TREATMENT OF SUBSTANCE USE DISORDERS

I. Standardized Course Description

The course is designed to provide a basic understanding of contemporary treatment methods used in work with a diverse range of clients recovering from alcohol and/or drug addiction. Emphasis will be placed on integrating the use of Mindfulness-Based Therapy, Rational Emotive Therapy, and Behavior Therapy with the 12 Step Program of Recovery/ Minnesota Model, Faith-based, Pharmacological, the Therapeutic Community Model and the Drug Court Model.

II. Pre and/or Co-Requisites

Students who plan to specialize in chemical dependence and wish to obtain state licensing as a chemical dependence counselor (LCDC), should take a minimum of three (3) courses in this area. It is suggested that the sequence include: “Dynamics of Substance Use Disorders,” “Treatment of Substance Use Disorders” and one or more from “Co-existing Psychiatric and Substance Use Disorders”, “Adolescent Substance Use Disorders Prevention/ Intervention”, “Relapse and Recovery” or “Women and Substance Use Disorders.”

III. Standardized Course Objectives

By the end of the semester,

1. The student should be able to work with a broad range of clients with understanding, affirmation, and respect for the positive value of diversity.
2. The student should be familiar with basic theoretical concepts and treatment

techniques of selected contemporary counseling theories, adjunctive methods and medically supervised programs for treatment of clients with substance use disorders.

3. The student should be able to describe the concepts, procedures and preliminary outcome data related to six major models for treatment of substance use disorders: Pharmacological, 12 Step, Minnesota, Faith-based, Therapeutic Community and Drug Court.
4. The student should be able to describe basic concepts, propositions, treatment techniques, and procedures derived from major psychosocial theories including: Mindfulness, Rational Emotive, and Behavioral.
5. The student should be able to integrate counseling techniques derived from psychosocial theories covered in the course with the Pharmacological, 12 Step, Minnesota, the Faith-based, Therapeutic Community, and Drug Court models.

IV. Teaching Methods

Teaching methods will include lecture, group discussion, group exercises, audio-visual materials, field trips, and guest lecturers.

V. Required Texts, and Materials

Required:

- Reading package University Copy Center in the School of Social Work (Telephone 471-8281).
- The Anonymous Press Mini Edition of Alcoholics Anonymous (2010) The Anonymous Press: Malo, WA (this little book can be purchased in class for 1\$)

Recommended:

- APA Resources Learning Resource Center (LRC) Reference Book
APA Style Guide
- Living Sober: Some methods A.A. Members have used for not drinking Alcoholics Anonymous. (2005). *Living sober*. (3 ed.). New York, NY: Alcoholics Anonymous World

AA & other related website resources:

Alcoholics Anonymous	www.austinaa.org/	Lamda (LGBT Friendly Group)	http://lambdaaustin.org
Al-Anon/Alateen	www.austinalanon.org/	Women for Sobriety	www.womenforsobriety.org/
Narcotics Anonymous	www.ctana.org/	Smart Recovery	www.smartrecovery.org/
Secular Organizations for Sobriety	http://www.cfiwest.org/sos/index.htm	Celebrate Recovery	www.celebraterecovery.org

VI. Field Trips

Field trips are scheduled during the regular class times unless community agencies schedule does not fit the class time. Students will be made aware of these changes at the first class session. In the even that the alternate time of the field trip conflicts with another class or commitment, please make an appointment with professor to discuss an alternate assignment.

VII. Class Policies

Attendance

Class attendance is required to complete all of the assignments. Students may miss no more than two (2) class sessions. Students who fail to attend class on a regular basis (missing more than 2 classes without a valid excuse, medical documentation) will receive one course grade lower than their final grade when points are totaled. Students who miss more than three unexcused classes may receive two grades lower than their final grade. Students who leave at the mid-point break of the class will be counted as attending $\frac{1}{2}$ of the only class. Students who are one or two points below the cut-off for a letter grade may receive the higher grade at the end of the semester based on class participation.

Late Assignments

Assignments are due on the dates indicated in the course syllabus. Late assignments will not be accepted without penalty. One point will be deducted from the assignment for each day past the due date.

Student Concerns

Students who would like to discuss a concern with either the professor or the teaching assistant related to the class should make an appointment at a time mutually convenient.

Grading:

<u>Assignment</u>	<u>Undergrad</u>	<u>Graduate</u>
Mid term	30	30
Final	30	30
Attendance	15	15
Graduate Assignment	--	25
Journal	60	60
Pop Quizzes	30	30
12 - Step Reflection Paper	35	35
Total possible points	200	225

<i>Grading Scale</i>	
<i>Undergraduate</i>	<i>Graduate</i>
188-200 (94%-100%) = A	211-225 (94%-100%) = A
180-187 (90%- 93%) = A-	202-210 (90%-93%) = A-
174-179 (87%- 89%) = B+	195-201 (87%-89%) = B+
168-173 (84%- 86%) = B	189-194 (84%-85%) = B
160-167 (80%- 83%) = B-	180-188 (80%-83%) = B-
154-159 (77%-79%) = C+	173-179 (77%-79%) = C+
148-153 (74%-76%) = C	166-172 (74%-76%) = C
140-147 (70%-73%) = C-	157-165 (70%-73%) = C-
134-139 (67%-69%) = D+	150-156 (67%-69%) = D+
128-133 (64%-66%) = D	144-149 (64%-66%) = D
120-127 (60%-63%) = D-	135-143 (60%-63%) = D-
119 & below (59% & below) = F	134 & below (59%&below) = F

Grading Scale: (Grades are rounded up to the next number at .5). Grading of all written assignments will take into account the quality of the writing as well as the content. The current APA format should be followed. Written material should be carefully proofread corrected for errors in punctuation, typographical errors, and spelling errors. Good writing requires a reiterative process that must be followed if quality is to improve. It is a good idea to read your paper several times and if possible have someone else read it.

Students requesting an incomplete for medical problems or family emergencies must fill out the required form available in the Student Service office and discuss their request with the instructor.

SCHOOL OF SOCIAL WORK POLICY. Read the School of Social Work Safety statement: As part of professional social work education, students may have assignments that involve being in agency settings and/or the community. As such, these assignments may present some risks. Sound choices and caution may lower risks inherent to the profession. It is the student's responsibility to be aware of and adhere to policies and practices related to agency and/or community safety.

Students should notify instructors regarding any safety concerns. Information shared in class about agencies and clients is considered to be covered by the NASW Code of Ethics regarding the sharing of information for supervisory purposes. Agencies are aware that information is shared in class for this purpose. However, discussion outside of class with individuals not in this class or with other class members in settings where you cannot assure that no one else may overhear the conversation is considered a breach of confidentiality and will result in recommendation against admission to the BSW program.

THE UNIVERSITY OF TEXAS HONOR CODE. The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community. **NOTE:** Please do not sign attendance sheet for your friends not attending the class session. This is viewed as a serious honor code violation.

PROFESSIONAL CONDUCT IN CLASS. The professor expects students to act as professionals in class. This means students should arrive on time for class, be prepared to participate in the class discussion, and show respect for one another's opinions. We will not, nor should we, always agree with one another. In this environment we should be exposed to diverse ideas and opinions, and sometime we will not agree with the ideas expressed by others. However, the professor does require that students engage one another with respect and professionalism.

POLICY ON SOCIAL MEDIA AND PROFESSIONAL COMMUNICATION. Public social networks are not private. Even when open only to approved or invited members, users cannot be certain that privacy will exist among the general membership of sites. If social work students choose to participate in such forums, please assume that anything posted can be seen, read, and critiqued. What is said, posted, linked to, commented on, uploaded, subscribed to, etc., can be accessed and archived, posing potential harm to professional reputations and prospective careers.

Social work students who use social media (i.e. Facebook, Twitter, etc.) and other forms of electronic communication (i.e. blogs, etc.) must be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. Social work students are expected to make every effort to minimize material, which could be considered inappropriate for a professional social worker in training. Because of this, social work students are advised to manage security settings at their most private levels and avoid posting information/photos or using any language that could jeopardize their professional image. Students are asked to consider the amount of personal information posted on these sites and are obliged to block any client access to involvement in the students' social networks. Client material should not be referred to in any form of electronic media, including *any* information that might lead to the identification of a client or compromise client confidentiality in *any* way. Additionally, students must critically evaluate any material that is posted regarding community agencies and professional relationships, as certain material could violate the standards set by the School of Social Work, the Texas Code of Conduct for Social Workers, and/or the NASW Code of Ethics.

Social work students should consider that they will be representing professional social work practice as well as the University of Texas at Austin School of Social Work program while in the classroom, the university community, and the broader area communities.

POLICY ON SCHOLASTIC DISHONESTY. Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and/or dismissal from the University. Since such dishonesty harms the individual, all students, and the integrity of the University, policies on scholastic dishonesty will be strictly enforced. For further information, the student may refer to the Web Site of the Student Judicial Services, Office of the Dean of Students (<http://deanofstudents.utexas.edu/sjs/>).

DOCUMENTED DISABILITY STATEMENT. Any student who requires special accommodations must obtain a letter that documents the disability from the Services for Students with Disabilities area of the Division of Diversity and Community Engagement (471- 6259 voice or 471-4641 TTY for users who are deaf or hard of hearing). Present the letter to the professor at the beginning of the semester so that needed accommodations can be discussed. The student should remind the professor of any testing accommodations no later than five business days before an exam. For more information, visit <http://www.utexas.edu/diversity/ddce/ssd/>.

RELIGIOUS HOLIDAYS. By UT Austin policy, students must notify the professor of a pending absence at least fourteen days prior to the date of observance of a religious holy day. If the student must miss a class, an examination, a work assignment, or a project in order to observe a religious holy day, the professor will give the student an opportunity to complete the missed work within a reasonable time after the absence.

USE OF E-MAIL FOR OFFICIAL CORRESPONDENCE TO STUDENTS. Email is recognized as an official mode of university correspondence; therefore, students are responsible for reading their email for university and course-related information and announcements. Students are responsible to keep the university informed about changes to their e-mail address. Students should check their e-mail regularly and frequently—daily, but at minimum twice a week—to stay current with university-related communications, some of which may be time-sensitive. Students can find UT Austin’s policies and instructions for updating their e-mail address at <http://www.utexas.edu/its/policies/emailnotify.php>.

SAFETY. As part of professional social work education, students may have assignments that involve working in agency settings and/or the community. As such, these assignments may present some risks. Sound choices and caution may lower risks inherent to the profession. It is the student's responsibility to be aware of and adhere to policies and practices related to agency and/or community safety. Students should notify the professor regarding any safety concerns.

BEHAVIOR CONCERNS ADVICE LINE (BCAL). If students are worried about someone who is acting differently, they may use the Behavior Concerns Advice Line to discuss by phone their concerns about another individual’s behavior. This service is provided through a partnership among the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP), and The University of Texas Police Department (UTPD). Call [512-232-5050](tel:512-232-5050) or visit <http://www.utexas.edu/safety/bcal>.

EMERGENCY EVACUATION POLICY. Occupants of buildings on the UT Austin campus are required to evacuate and assemble outside when a fire alarm is activated or an announcement is made. Please be aware of the following policies regarding evacuation:

- Familiarize yourself with all exit doors of the classroom and the building. Remember that the nearest exit door may not be the one you used when you entered the building.
- If you require assistance to evacuate, inform the professor in writing during the first week of class.
- In the event of an evacuation, follow the professor’s instructions.
- Do not re-enter a building unless you are given instructions by the Austin Fire Department, the UT Austin Police Department, or the Fire Prevention Services office.

Assignments

- Reading assignments should be completed prior to class and will provide the basis for discussion. Students are encouraged to ask questions and make comments during lectures. Student's questions and comments provide the instructor an important assessment tool for whether or not readings are being completed outside of class.
- Mid-Semester and Final Quiz
The quizzes will test students' knowledge of the therapeutic approaches covered in the course and students ability to critically analyze and compare these models. The test formats will include short answer questions and essay questions. The mid-semester quiz will be a take-home quiz whereas the second quiz will be an open book quiz that takes place in the classroom. Quizzes are scheduled at the times indicated on the course outline.

Mid-Term Quiz: You will be given a take home mid-term quiz on **July 2**, it is due **July 16**. Please answer questions in list form or 2-3 sentences. You do not need to retype the questions, as long as your answer numbers correctly correspond to the questions on the quiz.

Final: There will be final quiz given in class on July 28. Be sure to bring your handouts you have been given in class through out the semester.

Attendance:

0-1 Missed class = 15 points

1 ½ - 2 missed classes = 10 points

****MORE THAN 2 MISSED CLASSES:** 0 points and possible grade reduction (See Attendance Policy)

Graduate Assignment: You will be given a separate assignment sheet related to this assignment on **June 23rd** in class.

Journal: Related to field visits/ guest speakers

Each Journal entry should be posted to Blackboard by Friday each week at 5pm to be given full credit. There are 11 possible weeks you can write a journal entry for, and you will need to complete 6 entries worth 10 points each. Full points will be awarded based on length and depth of content.

You have the opportunity to write a journal entry for every week of class except 3: the first class on June 9th, or the last two classes on July 21 & July 23.

Journal entries should cover the following questions:

- Briefly describe the event – where did you go/ who did you hear, key components of the event. This is to show your attentiveness and attendance to the field visit/ lecture.

- Briefly describe the treatment modality being discussed/viewed for the week. In what ways did you see this displayed on your field visit; how was it talked about by the guest lecturer? Does this match with the readings you did for the week?
- What was the experience like for you?
- Did you agree or disagree with any element of the field visit/guest speaker's presentation?
- How do you see yourself using what you have learned from this field visit when working with clients? If you do not, why not?
- Please provide thorough rationale for points of agreement or disagreement.
- Are there clients you can for see not benefiting from the treatment modality/program being discussed? Why or why not?
- If you do not see this treatment modality/program as beneficial, how do you think this could impact your client?
- Students are encouraged to express their personal opinion in this journal; personal opinion can include class readings or discussion, personal history/experiences, or practice wisdom.
- Please conclude each journal entry with a 1-2 sentence summary stating the main thing(s) you learned from attending this field visit/listening to the guest lecturer.

Quizzes: You will be given 4 pop quizzes through out the semester. The lowest quiz grade will be dropped. Quizzes will be given via blackboard, you will be emailed when you have a quiz to complete and when the quiz is due. Quizzes will be timed, and you will receive your score immediately.

12-Step Reflection Paper: (35 points) Write a 4-5 page (not including the title or works cited page) reflection paper about a 12 step meeting you attended in the community. Papers should be double spaced, 12pt Times New Roman Font, and should include APA formatted in-text citations, works cited page and title page. Please include the AA book and a minimum of any 4 articles from your course pack. This paper is due **June 30**, however you are strongly encouraged to complete this assignment before its due date and can turn in any time before March 3. Papers should be formatted as follows and include headings:

1. Observation (approximately 1 page, 5 points)

In this section the student will briefly describe the proceedings of the meeting in which they attended. This includes the components of the meeting and the order in which they occurred. This section is to show student's attentiveness in the meeting and attendance to the meeting.

2. Analysis and Interaction of Readings (approximately 2-3 pages, 15 points)

The student will also identify 12-step model in which the meeting is classified and explain specifically how the meeting was an example of the model (AA, NA, CA, Celebrate Recovery, Al-Anon, etc). What elements of the specific meeting that you attended concur with the characteristics a 12 step meeting/ treatment modality? Discuss your reactions to the meeting. Did the meeting deviate from the twelve step practice model? How did it differ and why? How did attending the meeting differ or concur with

your expectations? Incorporate the AA book and 4 readings from the course pack and discuss how they align or do not align with the meeting you attended. This section is to show student's comprehension of weekly assigned readings and ability to apply readings to class lecture.

** Please ensure you are referencing and citing all readings related to your reflection paper in this section. Be sure you are citing sources you reference in your paper according to **APA**.

3. **Brief Personal Reaction** (*Approximately 1-2 pages, 10 points*)

What was it like for you to attend the meeting? How did you feel before, during and after the meeting? Did you agree or disagree with certain elements of the meeting? Why? Would you recommend it to a client faced with chemical dependence? Why or why not? The student is expected to provide thorough rationale for points of agreement and disagreement. In this process, the students are free to use their personal opinion and are encouraged to cite in-class readings as well. Personal opinions can use life experiences or practice wisdom. However, multiple sides of the issue must be examined. Why would some individuals/clients find this treatment beneficial if you do not? The student is also expected to conclude their assignment with a 1-2 paragraph summary of the main things they learned from attending the meeting.

**correct APA format and citations = 5 points

Date	Description	Text/Readings
<p>Monday June 9 Class 1</p>	<i>Definitions and Entrance into Treatment</i>	
	<ul style="list-style-type: none"> • New definition of addiction • Barriers to treatment • Stages of change • Motivational Interviewing • Spontaneous/Natural Recovery • Court-mandated treatment <p><u>Handouts:</u></p> <ul style="list-style-type: none"> • DSM 5 Diagnostic Criteria • Motivational Interviewing • Stages of Change • APA Handout • Commonly Abused Drugs <p><u>Video:</u> Motivational Interviewing</p>	<ul style="list-style-type: none"> • Course Syllabus • DSM 5 Substance Use Disorders p483-485 • Ludwig, Cognitive processes associated with “spontaneous” recovery from alcoholism, p. 57-62. <p>Whitten, Court-mandated treatment works as well as voluntary, p. 1 & 6</p> <ul style="list-style-type: none"> • Field, C. A., Baird, J., Saitz, R., Caetano, R., & Monti, P. M. (2010). The mixed evidence for brief intervention in emergency departments, trauma care centers and inpatient hospital settings: what should we do? . <i>Alcoholism: Clinical and experimental research</i>, 34(12), 2004-2010.
<p>Wednesday June 11 Class 2</p>	<i>The Family</i>	
	<p><u>Guest Lecture:</u> Mary Boone, LCSW, LCDC</p> <p><u>Handouts:</u></p> <ul style="list-style-type: none"> • Codependency survival rules • The disease of Chemical Dependence: An overview • Family Dynamics and Family Recovery • Intervention 	<ul style="list-style-type: none"> • Johnson, Preparing for the Intervention, p. 61-87. • Liepman, Nirenberg & Begin, Evaluation of a program designed to help family and significant others to motivate resistant alcoholics into recovery, p. 209-221. • Loneck, Garrett & Banks, A Comparison of Johnson intervention with four other methods of referral to outpatient treatment, p. 233-246. • Wegscheider, S. (1976). <i>The family trap.. no one escapes from a chemically dependent family</i> . (1st ed.). [Brochure]. USA: The Johnson Institute. • Miller, Meyers, & Tonigan: Engaging the unmotivated in treatment for Alcohol problems: A comparison of three strategies for intervention through family members.

<p>Monday June 16 Class 3</p>	<p><i>12 Step & other Self-Help Models</i></p>	
	<p><u>Guest Lecturer:</u></p> <p style="text-align: right;">Rev. Bill Wigmore</p> <p><u>Handouts:</u></p> <ul style="list-style-type: none"> • Living Sober: Some Methods A.A. Members have used for not drinking. • Valley Chart of alcohol, addiction, & recovery. • The Ego Factors in Surrender in Alcoholism – Harry M. Tiebout, M.D. 	<p><u>12 Step Groups</u></p> <p><i>Alcoholics Anonymous.</i></p> <ul style="list-style-type: none"> • Foreword • Doctor’s Opinion • Bill’s Story • There is a Solution – Ch. 2 • How it works - Ch. 5 <ul style="list-style-type: none"> • Krentzman, Evidence base for effectiveness of Alcoholics Anonymous, p. 27-48. • Shorkey, C. & Uebel, M. Secular Organizations for Sobriety, p. 815-816 • Shorkey & Uebel, Women for Sobriety, p. 1007-1008. Reardon: Alternatives to 12-step addiction recovery
<p>Wednesday June 18 Class 4</p>	<p><i>Recovery Systems & Culturally Competent Services</i></p>	
	<ol style="list-style-type: none"> 1. 12 Step (AA, NA, CA, Al-anon) 2. Secular Organization for Sobriety 3. Women for Sobriety 4. Smart Recovery 5. Celebrate Recovery <p><u>Guest Lecture:</u></p> <p><u>Handouts:</u></p> <ul style="list-style-type: none"> • McGowan, K. (2010, Aug). The new quitter. <i>Psychology Today</i> , 43(4), 80-84. 	<ul style="list-style-type: none"> • Shorkey, Windsor & Spence, Systematic Assessment of Culturally Competent Chemical Dependence Treatment Services for African Americans, 113-128. • SAMHA’s working definition of recovery from mental disorders and substance use disorders. p.1-3 • Walsh, Lifestyle and mental health. p.1-14 • Shorkey, Windsor & Spence, Assessing Culturally Competent Chemical Dependence Treatment Services for Mexican Americans, p. 61-74. • Emmons& McCullough, Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. p. 370 -389

<p>Monday June 23 Class 5</p>	<p><i>Mixed Model: Therapeutic Community & Medical Model: Phoenix Academy</i></p>	
<p>Wednesday June 25 Class 6</p>	<p><u>Field Visit:</u> Phoenix Academy</p> <p>*receive graduate assignment instructions</p>	<p>• Gudyish, Werdegar, Sorensen, Clark & Acampora, A day of treatment program in a therapeutic Community setting: Six month outcomes-the Walden House day treatment program, p. 441-447.</p> <p>• Waters, Fazio, Hernandez & Segarra, The story of CURA, a Hispanic/Latino drug therapeutic community, p. 113-134.</p> <p>• Winters, Stinchfield, Latimer, & Lee: Long-term outcome of substance-dependent youth following 12-step treatment. p. 61-69.</p>
<p>Monday June 30 Class 7</p>	<p><i>Drug Court</i></p>	
<p>Monday June 30 Class 7</p>	<p><u>Field Visit:</u> Travis county Drug Court</p> <p>**Class will meet at the Travis County Drug Court, on Monday June 23rd or Thursday June 26th – We will talk about this more in class.</p> <p>Handouts:</p> <ul style="list-style-type: none"> • Officials say drug court on the road to recovery – Statesman Article 	<p>• Finn & Newlyn, Miami’s “Drug court”: A different approach. p.1-15</p> <p>• Patra, Factors associated with treatment compliance and its effects on retention among participants in a court-mandated treatment program, p. 289-313.</p> <p>• Kerl & Parsons (under supervision of Shorkey, C.), Rearrest and retention in the Travis County Drug Court, p. 1-17.</p>
	<p><i>Experiential Therapy</i></p>	
	<p>**12 Step reflection Paper due **</p> <ul style="list-style-type: none"> • Integrative Art, Music, and Breathwork-Musical Journey • Rituals <p><u>Field Visit:</u> Austin Recovery Musical Journey</p> <p>Guest Lecturer: Maryse Saffle, LCDC</p> <p>**Personal pillow and blanket encouraged for exercise.</p>	<p>• Dingle, Gleadhill, & Baker, Can music therapy engage patients in group cognitive behaviour therapy for substance abuse treatment? p. 190-196.</p> <p>• Shorkey, C. (n.d.). <i>Summary of research using music to facilitate recovery from chemical dependence</i>. Unpublished manuscript, School of Social Work , University of Texas , Austin, Tx.</p> <p>• Rhinewine & Williams, Holotropic breathwork, p. 771-776.</p>

<p>Wednesday July 2 Class 8</p>	<p><i>Therapeutic Community</i></p>	
<p>Monday July 7 Class 9</p>	<p><u>Field Visit:</u> <p style="text-align: center;">Kyle Correctional Facility</p> <p>**Dress professionally & bring picture ID</p> <p><u>Handout:</u> Atkinson, J. (2001, 01). My brother, Tom <i>Texas Co-op Power</i> , 57(7), 20-21.</p> <p>Begin completing midterm quiz</p> </p>	<p><i>Faith-Based Programs</i></p> <p><u>Field visit:</u> <p style="text-align: center;">Salvation Army</p> <p><u>Handout:</u></p> <ul style="list-style-type: none"> • Salvation Army – Circle of Endeavor, elements in the rehabilitation of a total person </p>
<p><u>Field Visit:</u> <p style="text-align: center;">Kyle Correctional Facility</p> <p>**Dress professionally & bring picture ID</p> <p><u>Handout:</u> Atkinson, J. (2001, 01). My brother, Tom <i>Texas Co-op Power</i> , 57(7), 20-21.</p> <p>Begin completing midterm quiz</p> </p>	<ul style="list-style-type: none"> • Brown, R. (2011). Drug court effectiveness:a matched cohort study in the dane county drug treatment court . <i>Journal of Offender Rehabilitation</i> , 50(4), 2011. doi: 10.1080/10509674.2011.571347 • Knight, Simpson & Hiller, Three- year reincarceration outcomes for an in-prison therapeutic community treatment in Texas, p. 337-351. • Video: The House I Live In (Available on reserve in the LRC or on Netflix) 	
<p><u>Field visit:</u> <p style="text-align: center;">Salvation Army</p> <p><u>Handout:</u></p> <ul style="list-style-type: none"> • Salvation Army – Circle of Endeavor, elements in the rehabilitation of a total person </p>	<ul style="list-style-type: none"> • Shorkey, C., Uebel, M. & Windsor, L. (2008). Measuring dimensions of spirituality in chemical dependence treatment and recovery, p. 286-305. • Neff, Shorkey, & Windsor, Contrasting faith-based and traditional substance abuse treatment programs, p. 49-61. • Wolf-Branigin, M. (2009). The emergence of formalized salvation army addictions treatment . <i>Journal of Religion & Spirituality in Social Work</i> , 28(3), 328-338. • Shorkey & Windsor. Inventory of Spirituality in alcohol/other drug research: Psychometric dimensions 	

<p>Wednesday July 9 Class 10</p>	<p align="center"><i>Detoxification & Pharmacotherapeutic Treatment of Chemical Dependence and Coexisting Psychiatric Disorders</i></p>	
	<p>Including: Methadone, Disulfiram/Antabuse, Buprenorphine, Naltrexone & Clonidine</p> <p><u>Guest Lecture:</u> Reid Minot, Nurse Practitioner with Prescription Authority</p>	<ul style="list-style-type: none"> • Roman, Abraham & Knudsen, Using medication-assisted treatment for substance use disorders, p. 584-589. (2011) • Anton, R. F., O'Malley, S. S., Ciraulo, D. A., Cisler, R. A., et al. (2006). Combined pharmacotherapies and behavioral interventions for alcohol dependence: The COMBINE study. <i>JAMA</i>, 295(17), 2003-2017. • Mariani, J., & Levin, F. (2004). Pharmacotherapy for Alcohol-Related Disorders: What Clinicians Should Know. <i>Harvard Review Of Psychiatry</i>, 12(6), 351-366. • Alpert, H. R., Connolly, G. N., & Biener, L. C. (2013). A prospective cohort study challenging the effectiveness of population-based medical intervention for smoking cessation. <i>Tobacco Control</i> , 22(1), 32-37. doi: 10.1136/tobaccocontrol-2011-050129
<p>Monday July 14 Class11</p>	<p align="center"><i>Faith-Based Programs: Buddhist Philosophy and Psychology, Mindful Meditation</i></p>	
	<p><u>Guest Lecture:</u> Michael Uebel, Ph.D, LCSW</p> <p>Handouts:</p> <ul style="list-style-type: none"> • Buddhism & Psychology(Venerable Master Hsing Yun) • Sutra of the Eight Realizations of Great Beings • Buddhism & the Psychotherapy of Addictions 	<ul style="list-style-type: none"> • Bowen, et al, Mindfulness meditation and substance use in an incarcerated population, p. 343-347. <p>Groves, Paramabandhu & Farmer, Buddhism and addictions, P. 183-194.</p> <ul style="list-style-type: none"> • Kabat-Zinn, Mindfulness-Based Interventions in Context: Past, Present, & Future, p. 144-156. <p>Recommended:</p> <ul style="list-style-type: none"> • One Breath at a Time: Buddhism and the Twelve Steps, Kevin Griffin (2004). • A Burning Desire: Dharma God & the path of recovery, Kevin Griffin (2010). • The Twelve Step Buddhist: Enhance Recovery from any addiction, Darren Littlejohn (2009).

<p>Wednesday July 16 Class 12</p>	<p><i>Empirically Supported Approaches</i></p>	
	<ul style="list-style-type: none"> • Behavioral Couples Therapy • Contingency Management • Rational Emotive/Cognitive Therapy <p>Recommended Information: SAMHSA's National Registry of Evidence-based Programs and Practices (www.nrepp.samhsa.gov)</p> <p>Handouts:</p> <ul style="list-style-type: none"> • Coping with cravings and Urges to Drink <p>Midterm Quiz Due</p>	<p><u>Evidence Based Practice</u></p> <ul style="list-style-type: none"> • SAMHSA, Reducing wait time improves treatment access, retention, p. 1-5 (Network for the Improvement of Addiction Treatment- NIATx, Strengthening Treatment Access and Retention-State Implementation-STAR-SI) • Sindelar & Ball, Cost Evaluation of Evidence-Based Treatments, p. 44-51. <p><u>Behavioral Couples Therapy</u></p> <ul style="list-style-type: none"> • O'Farrell & Fals-Stewart, Behavioral couples therapy for alcoholism and drug abuse, p. 49-58. • Powers, Vedel & Emmelkamp, Behavioral Couples Therapy: A Meta Analysis, p. 952-962. <p><u>Contingency Management</u></p> <ul style="list-style-type: none"> • Higgins et al., Contingent reinforcement, p. 64-72. • Rawson et. al., A comparison of contingency management and cognitive behavioral approach, p. 267-274. <p><u>Rational Emotive / Cognitive Therapy</u></p> <ul style="list-style-type: none"> • Ellis, McInerney, DiGiuseppe & Yeager, Rational emotive therapy with alcoholics and substance abusers, p. 22-37. • McHugh et. al., Cognitive behavioral therapy for substance use disorders, p. 511-525. • Witkiewitz, K., Bowen, S., & Donovan, D. M. (2011). Moderating effects of a craving intervention on the relation between negative mood and heavy drinking following treatment for alcohol dependence.

	<i>Graduate Student Assignments & Presentations</i>	
Monday July 21 Class 13		GCATTC-Post Form
	<i>In Class Second Quiz</i>	
Wednesday July 23 Class 14	<i>In Class Second Quiz</i> GCATTC-Follow-up form UT Course Evaluation	

BIBLIOGRAPHY

Introduction

ASAM, New Definition of addiction

The NSDUH Report, Alcohol treatment: Need, utilization, and barriers. p.1-10

Ludwig, A. (1985). Cognitive processes associated with “spontaneous” recovery from alcoholism. *Journal of Studies on Alcohol*, 46, 53-58.

Whitten, L. (2006). Court-mandated treatment works as well as voluntary. *NIDA Notes*, 20(6), 1&6.

Field, C. A., Baird, J., Saitz, R., Caetano, R., & Monti, P. M. (2010). The mixed evidence for brief intervention in emergency departments, trauma care centers and inpatient hospital settings: what should we do? . *Alcoholism: Clinical and experimental research* , 34(12), 2004-2010.

12-Step & Other self-help Models

Alcoholics Anonymous. (1996). *Alcoholics Anonymous*. New York: World Service, In.

Krentzman, A. R. (2007). The evidence base for the effectiveness of Alcoholics Anonymous: Implications for social work practice. *Journal of Social Work Practice in the Addictions*, 7(4), 27-48.

Shorkey, C. & Uebel, M. (Sage, 2008). Secular Organizations for Sobriety (SOS). *Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery*, 815-816.

Shorkey, C. & Uebel, M. (Sage, 2008). Women for Sobriety, *Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery*, 1007-1008.

Reardon, C. (2013, November/December). Alternatives to 12-step addiction recovery. *Social Work Today*, 13(6), 12-15.

The Family & Intervention

Johnson, VE. (1986). *Intervention: How to help someone who does not want help*. San Francisco: Harper & Row. 61-87.

Liepman, Nirenberg & Begin (1989). Evaluation of a program designed to help family and significant others to motivate resistant alcoholics into recovery. *American Journal of Drug and Alcohol Abuse*, 15(2), 209-221.

Loneck, Garrett & Banks (1996). A Comparison of Johnson intervention with four other methods of referral to outpatient treatment. *American Journal of Drug and Alcohol Abuse*, 22(2), 233-246.

Wegscheider, S. (1976). *The family trap.. no one escapes from a chemically dependent family* . (1st ed.). [Brochure]. USA: The Johnson Institute.

Miller, W.R., Meyers, R. J., & Tonigan, J. S. (1999). Engaging the unmotivated in treatment for alcohol problems: A comparison of three strategies for intervention through family members. *Journal of consulting and clinical psychology*, 67(5), 688-697.

Recovery Systems & Culturally Competent Services

Flores, P. J. (2004). *Addiction as an attachment disorder*. Lanham, MD: Jason Aronson. p. 1-67

SAMSHA's working definition of recovery from mental disorders and substance abuse

Walsh, R. (2011, January 17). Life style & Mental Health. *American Psychologist*. Advance online publication. doi: 10.1037/a0021769

Shorkey, C., Windsor, L.C., & Spence, R. (2008). Assessing Culturally Competent Chemical Dependence Treatment Services for Mexican Americans. *Journal of Behavioral Health Services & Research*, 36(1), 61-74.

Shorkey, C., Windsor, L.C., & Spence, R. (2009). Systematic Assessment of Culturally Competent Chemical Dependence Treatment Services for African Americans. *Journal of Ethnicity in Substance Abuse*, 8, 113-128.

Emmons, R. A., & McCullough, M. E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology*, 84(2), 377-389. doi: 10.1037/0022-3514.84.2.377

Drug Court

Finn, P. & Newlyn, A. K. (June 1993). Miami's "Drug court": A different approach, Dade County diverts drug defendants to court-run rehabilitation program. *Program Focus*. Miami: National Institute of Justice, 1-15.

Patra, J. et. al. (2010). Factors associated with treatment compliance and its effects on retention among participants in a court-mandated treatment program. *Contemporary Drug Problems*, 37, 289-313.

Kerl, D. J. & Parsons, K. (Under Supervision of Clayton Shorkey), (2009). Rearrest and retention in the Travis County Drug Court. Austin, TX: University of Texas at Austin.

Experiential Therapy

Dingle, G.A., Gleadhill, L., & Baker, F.A.. (2008). Can music therapy engage patients in group cognitive behaviour therapy for substance abuse treatment? *Drug and Alcohol Review*, 27, p. 190-196.

Shorkey, C. (n.d.). *Summary of research using music to facilitate recovery from chemical dependence*. Unpublished manuscript, School of Social Work, University of Texas, Austin, Tx.

Rhinewine, J.P. & Williams, O.J. (2007). Holotropic Breathwork: The Potential Role of a Prolonged, Voluntary Hyperventilation Procedure as an Adjunct to Psychotherapy. *The Journal of Alternative and Complementary Medicine*, 13(7), 771-776.

Marcus, M. T., Fine, M., & Kouzekanai, K. (2001). Mindfulness-based meditation in a therapeutic community. *Journal of Substance Abuse*, 5(4), 305-311.

Mixed Model: Therapeutic Community & Medical Model

DeLeon, G. (1988). The therapeutic community and behavior science. In B.A. Ray *Learning factors in substance abuse*. Rockville, MD: Alcohol, Drug Abuse and Mental Health Administration.

Guydish, J., Werdegar, D., Sorensen, J. L., Clark, W., & Acampora, A. (1995). A day treatment program in a therapeutic community setting: Six month outcomes - The Walden House day treatment program. *Journal of Substance Abuse Treatment*, 12(6), 441-447.

Waters, J. A., Fazio, S. L., Hernandez, L., & Segarra, J. (2002). The story of CURA, a Hispanic/Latino drug therapeutic community. *Journal of Ethnicity in Substance Abuse, 1*(1), 113-134.

Therapeutic Communities

Brown, R. (2011). Drug court effectiveness: A matched cohort study in the Dane County drug treatment court. *Journal of Offender Rehabilitation, 50*(4), 2011. doi: 10.1080/10509674.2011.571347

Knight, K., Simpson, D. D., & Hiller, M. L. (1999). Three year reincarceration outcomes for in prison therapeutic community treatment in Texas. *The Prison Journal, 79*(3), 337-351.

Shorkey, C. T. & Windsor, L. C. (2010). Inventory of spirituality in alcohol/other drug research: Psychometric dimensions. *Alcoholism Treatment Quarterly, 28*, 17-37.

Winters, K. C., Stinchfield, R., Latimer, W. W., & Lee, S. (2007). Long-term outcome of substance-dependent youth following 12-step treatment. *Journal of Substance Abuse Treatment, 33*, 61-69.

Faith-Based Programs: Salvation Army

Shorkey, C. & Uebel, M. & Windsor, L. (2008). Measuring dimensions of spirituality in chemical dependence treatment and recovery. *International Journal of Mental Health & Addictions, 6*, 286-305.

Neff, Shorkey, & Windsor, Contrasting faith-based and traditional substance abuse treatment programs, p. 49-61.

Wolf-Branigin, M. (2009). The emergence of formalized salvation army addictions treatment. *Journal of Religion & Spirituality in Social Work, 28*(3), 328-338. doi: 10.1080/15426430903070251

Faith-Based Programs: Mindfulness

Bowen, S., Witkiewitz, K., Dillworth, T.M., Chawla, N., Simpson, T.L., Ostafin, B.D., & Larimer, M.E. (2006). Mindfulness Meditation and Substance Use in an Incarcerated Population. *Psychology of Addictive Behaviors, 20*(3), 343-347.

Groves, P. & Farmer, R. (1994). Buddhism and addictions. *Addiction Research, 2*(2), 183-194.

Kabat-Zinn, Jon (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical Psychology: Science and Practice, 10*(2), 144-156.

Detoxification & Pharmacological Treatment

Parran, T.V., Adelman, C.A., Merkin, B., Pagano, M.E., Defranco, R., Ionescu, R.A., & Mace, A.G. (2010). Long-term outcomes of office-based buprenorphine / naloxone maintenance therapy. *Drug and Alcohol Dependence, 106*. 56-60.

Roman, et al., Using medication-assisted treatment for substance use disorders: Evidence of barriers and facilitators of implementation. *Addictive Behaviors, 36*, 584-589.

Anton, R. F., O'Malley, S. S., Ciraulo, D. A., Cisler, R. A., Couper, D., Donovan, D. M., Gastfriend, D. R., Hosking, J. D., Johnson, B. A., LoCastro, J. S., Longabaugh, R., Mason, B. J., Mattson, M. E., Miller, W. R., Pettinati, H. M., Randall, C. L., Swift, R., Weiss, R. D., Williams, L. D., &

- Zweben, A. (2006). Combined pharmacotherapies and behavioral interventions for alcohol dependence: The COMBINE study. *JAMA*, 295(17), 2003-2017.
- Mariani, J., & Levin, F. (2004). Pharmacotherapy for Alcohol-Related Disorders: What Clinicians Should Know. *Harvard Review Of Psychiatry*, 12(6), 351-366. doi:10.1080/10673220490905697
- Alpert, H. R., Connolly, G. N., & Biener, L. C. (2013). A prospective cohort study challenging the effectiveness of population-based medical intervention for smoking cessation. *Tobacco Control*, 22(1), 32-37. doi: 10.1136/tobaccocontrol-2011-050129
- Empirically/Clinically Supported Approaches: Cognitive & Behavioral Techniques***
- SAMHSA. (2007). Reducing wait time improves treatment access, retention. *SAMHSA News*, 15. Retrieved from http://www.samhsa.gov/SAMHSA_News/VolumeXV_5/September_October_2007.pdf
- Sindelar, J.L. & Ball, S.A. Cost Evaluation of Evidence-Based Treatments. *Addiction Science & Clinical Practice*, 5(2), 44-51.
- O'Farrell, T. J. & Fals-Stewart, W. (2000). Behavioral couples therapy for alcoholism and drug abuse. *The Behavior Therapist*, 23(3), 49-58.
- Powers, M. B., Vedel, E. & Emmelkamp, P. M. C. (2008). Behavioral couples therapy (BCT) for alcohol and drug use disorders: A meta-analysis. *Clinical Psychology Review*, 28, 952-962.
- Higgins, S. T., Wong, C. J., Ogden, D. E., & Dantona, R. L. (2001). Contingent reinforcement increases cocaine abstinence during outpatient treatment and one year follow-up. *Journal of Consulting and Clinical Psychology*, 68(1), 64-72.
- Rawson, R. A. et. al. (2006). A comparison of contingency management and cognitive-behavioral approach for stimulant-dependent individuals. *Addictive*, 101, 267-274.
- Ellis, A., McInerney, J. F., DiGiuseppe, R., & Yeager, R. J. (1988). *Rational-Emotive therapy with alcoholics and substance abusers*. New York: Pergamon Press, 22-37.
- McHugh, R. K., Hearon, B. A. & Oho, M. W. (2010). Cognitive behavioral therapy for substance use disorders. *Psychiatric Clinics of North America*, 33, 511-525.
- Witkiewitz, K., Bowen, S., & Donovan, D. M. (2011). Moderating effects of a craving intervention on the relation between negative mood and heavy drinking following treatment for alcohol dependence.