

# The University of Texas at Austin

## School Of Social Work

Course Number: SW 393R16    Instructor's Name: Debbie Webb, Ph.D. LCSW, LPC, LCDC  
Unique Number: 63420    e-mail: debbiwebb@aol.com  
Semester: Fall, 2014  
Meeting time/place: M    Office: 3.130B, SSW  
5:30PM - 8:15PM    Phone Number: (512) 799-9358 (cell)\*  
Classroom: SSW : 2.116    Office Hours: M 8:15PM - 9PM, or by appointment

## COEXISTING PSYCHIATRIC & SUBSTANCE USE DISORDERS

### I. STANDARDIZED COURSE DESCRIPTION

Through use of lectures, class discussions and debates, guest speakers, attendance at groups and meetings outside of class, and videos, students will examine how mental illness in combination with substance use disorders plus other challenges, such as homelessness or advanced age, impacts individuals, families, and society. A wholistic approach (biopsychosocial/mental, physical, spiritual, emotional) will be used to identify, better understand, and address combinations of these illnesses and the subculture of those with dual and multiple disorders. The instructor's extensive practice and research experience in dual diagnoses, as well as over 40 years of experience in the field, will enable the class to explore and address dual and multiple diagnoses in depth.

Course Prerequisite: Graduate Standing

### II. STANDARDIZED COURSE OBJECTIVES

By the end of the semester, successful students will be able to:

1. Demonstrate an understanding of the assessment, classification of, and treatment of substance use disorders in combination with severe mental illnesses such as schizophrenia, schizoaffective disorder, major depression and bipolar disorder, plus several others such as personality disorders.
2. Demonstrate an understanding of the incidence of various dual diagnoses and the impact of their untreated versus treated symptoms on individuals, families, and communities.
3. Discuss pharmacological management of severe mental illnesses, pharmacological advances in the treatment of substance use disorders, inappropriate uses of medications by persons who are dually diagnosed, especially those who have advanced age, and the dangers of mixing medications with alcohol and other drugs (licit and illicit).
4. Describe, compare and critically evaluate existing theories and treatment models such as "integrated" treatment and motivational interviewing ("best practices").
5. Utilize methodologically-sound research designs such as experimental and quasi-experimental studies, published in refereed journals, to guide professional decision making regarding the treatment of specific dual and multiple diagnoses.
6. Become very familiar with and competent describing, discussing, and making referrals as appropriate of clients to self-help, Twelve-Step recovery programs, such as

- Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Dual Recovery Anonymous (DRA); doing the same for parents and loved ones regarding Al-Anon Family Groups, and supports offered by the National Alliance on Mental Illness (NAMI).
7. Become very familiar with and competent describing, discussing, and making appropriate referrals of clients to group therapy/psychoeducational groups for those with dual diagnoses, such as Good Chemistry Groups (GC).
  8. Be able to describe and discuss potential ethical and personal dilemmas regarding self-awareness of personal values versus behaviors of some persons with substance use disorders and/or mental illnesses, and being able to treat clients with dual or multiple disorders, and utilize principles of ethical decision making as presented by the NASW Code of Ethics.
  9. Explore and be able to discuss, in depth, treatment, research issues, and best practices regarding helping persons with one (or more) mental illnesses in combination with one (or more) substance use disorders.
  10. Demonstrate a knowledge base of the values/ethical issues in social work practice and research.
  11. Explore the historical oppression of persons with mental illnesses, substance use disorders, and/or multiple diagnoses.
  12. Prepare for field education by learning ways to recognize and address mental illnesses, substance use disorders, and combinations thereof (dual or multiple diagnoses).
  13. Have a better understanding about what it may be like to have a mental illness, a substance use disorder, and co-occurring disorders (enhance empathy and build respect for future clients and their families/caregivers).

### III. TEACHING METHODS

The primary means of instruction are informal, interactive lectures by Dr. Webb, and selected guest speakers, plus digestion and consideration of the readings. Students are strongly encouraged to make comments and raise questions on state of the art dual diagnoses issues, information, treatment options and outcomes. A substantial amount of reading and writing assignments, and attendance at three outside groups/meetings are also utilized. Weekly pop quizzes may be utilized, at the discretion of the instructor. In addition, each student will independently read one required E. Fuller Torrey book and prepare one ten page book report, as well as three short reflection papers (client unidentified) summarizing what he/she learned about himself/herself while attending Twelve-Step Meetings (AA, NA, and/or Al-Anon), and a Good Chemistry Group and/or DRA meeting IF available. During class, lively discussions, debates, roll plays, demonstrations, videos, and short to medium length student presentations will be utilized. All students will self-assign to a team which will jointly prepare and submit one term paper (APA format) and one in class PowerPoint enhanced presentation on a dual diagnoses topic of their choice which is approved by the instructor.

### IV. REQUIRED and RECOMMENDED TEXTS and MATERIALS

#### Required:

1) Book: **Dual Diagnosis: Counseling the Mentally Ill Substance Abuser, Second Edition** (2001) by Katie Evans & J. Michael Sullivan. New York: The Guilford Press. This book is available at The University CO-OP. ISBN: 1-57230-446-4. **It will also be on reserve in the UT SSW Learning Resource Center (LRC).**

2) Book: **The Twelve Steps and Dual Disorders** (1994) by Tim Hamilton and Pat Samples.

Publisher: Hazelden Educational Materials, **Order No. 1519A**. This book is available at The University CO-OP. ISBN: 1-56838-018-6. **It will also be on reserve in the UT SSW Learning Resource Center (LRC).**

3) Book: **Surviving Schizophrenia: A Manual for Families, Patients, and Providers, 5<sup>th</sup> Edition** (2006) by E. Fuller Torrey: New York: Collins Living. This book is available at The University CO-OP. ISBN-10:0-06-084259-8; ISBN-13:978-0-084259-8.

4) *Book: **Alcoholics Anonymous*** (4th Edition, 2001; or any edition will do) by Alcoholics Anonymous World Services, Inc. Available online for free, or in hard copy at the Alcoholics Anonymous Hill Country Intergroup, 1825 Fortview, Ste 104, Austin, TX 78704), phone: 444-0071 (on a bus route), or at any AA group. **Also, be sure to pick up a free Austin and surrounding area AA meeting schedule, as well, or get it off the internet.** The price of the book is \$9.75 for the full edition and \$5.95 for the small edition without personal stories in the back. You are only required to read the first 164 pages, so either one will do. ISBN: 0-916856-00-3.

5) *Book: **Handbook of Clinical Psychopharmacology for Therapists SEVENTH EDITION*** (2013) by John D. Preston, John H. O'Neal, and Mary C. Talaga: Oakland: New Harbinger Publications, Inc. This book is available at the University CO-OP. ISBN-978-1-60882-664-3.

6) *Manual: **Good Chemistry Co-Leader Manual*** (2004 version) by Debbie Webb, Ph.D., LCSW, LPC, LCDC. FREE. You can access this manual and download it free of charge in .pdf format at [www.drdebbiewebb.com](http://www.drdebbiewebb.com) .

7) *Book Chapter 13, pp. 354-406: “**Substance Use Disorders and Co-Occurring Disabilities**”* (2012) by Diana M. DiNitto & Deborah K. Webb. In *Chemical Dependency: A System's Approach Fourth Edition* by C. Aaron McNeece and Diana M. DiNitto: Boston: Pearson. ISBN-13:978-0-205-78727-2. The professor will make this reading available to you free of charge (for educational purposes only) via the LRC.

### **Suggested Readings:**

1) Book: **Substance Abuse Treatment for Persons with Co-Occurring Disorders: A Treatment Improvement Protocol TIP 42.** FREE. SUGGEST ORDERING IMMEDIATELY. DHHS Publication No. (SMA) 05-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005. According to the TIP 42: “Copies may be obtained free of charge from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI), (800) 729-6686 or (301) 468-2600; TDD (for hearing impaired), (800) 487-4889, or electronically through the following Internet World Wide Web site: [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)

2) Book: **Surviving Manic Depression: A Manual on Bipolar Disorder for Patients, Families, and Providers** (2002) by E. Fuller Torrey and Michael B. Knable: New York: Basic Books. This book is available at The University CO-OP. ISBN-10:0-465-08664-0; ISBN-13:978-0-465-08664-1.

3) Manual: **Group Treatment for Substance Abuse: A Stages-of-Change Therapy Manual** (2001) by Mary Marden Velasquez, Gaylyn Gaddy Maurer, Cathy Crouch, & Carlo C. DiClemente. The Guilford Press. ISBN 978-1-57230-625-7 \$27.25 at Amazon.com .

4) Book: **Making It Crazy** (1981; 1985) by Sue E. Estroff. Available from Amazon.com. The price of the paperback varies between \$10 and \$30. ISBN: 0-520-05451-2.

5) Book: **Bipolar Disorder Demystified: Mastering the Tightrope of Manic Depression** (2003) by Lana R. Castle & Peter C. Whybrow. Price is about \$14. ISBN: 1-569-24558-4.

6) Book: **Motivational Interviewing, Second Edition: Preparing People for Change** by William R. Miller & Stephen Rollnick. \$36 at amazon.com.

7) Manual: **Skills Training Manual for Treating Borderline Personality Disorder (1993) (Paperback)** by Marsha M. Linehan. \$38 at amazon.com .

8) Book: **Dialectical Behavior Therapy in Clinical Practice: Applications across Disorders and Settings** by Marsha M. Linehan (forward), Linda A. Dimeff (Editor) & Kelly Koerner (Editor). \$42 at amazon.com .

## V. COURSE REQUIREMENTS

### STUDENT EVALUATION: CALCULATION OF FINAL GRADE:

The grading scale for all assignments, pop quizzes & final exam is:

#### **GRADUATE GRADING SCALE**

94.0 and Above	A
90.0 to 93.999	A-
87.0 to 89.999	B+
84.0 to 86.999	B
80.0 to 83.999	B-
77.0 to 79.999	C+
74.0 to 76.999	C
70.0 to 73.999	C-
67.0 to 69.999	D+
64.0 to 66.999	D
60.0 to 63.999	D-
Below 60.0	F

A student's grade in this course will be based on:

- 1) the student's average score on any **pop quizzes administered &/or oral questions posed in class, and being able to memorize and produce the exact 12 Steps of AA (10% of course grade)**;
- 2) each student in a team's **term paper**, a literature review of dual diagnoses clinical practice and research, including an analyses of the literature, recommendations and conclusions drawn on an approved dual diagnoses topic (**30% of course grade**);
- 3) Professional **Team Presentation utilizing PowerPoint (5% of course grade)**
- 4) One (1) written ten page **book report (20% of course grade)**
- 5) The student's **attendance at and 3 short write-ups regarding** what she/he has learned

about herself/himself at assigned outside of class meetings (AA, Al-Anon, and GC/DRA) (15% of your course grade);

- 6) **Perfect attendance and constructive class participation informed by reading assignments before each class (20% of course grade)**

Plus/minus grades will be assigned for the final grade.

### **POP QUIZZES:**

Partially depending on how attentive and interactive students are in class about the readings and assignments, and how constructive class participation is, the instructor may administer written pop quizzes or pose questions orally during class on unannounced dates, so please make sure you keep up with your readings and that you share your thoughts and questions in class. True or false, multiple choice, matching, short answer, and longer essays will be used. Only in the event of serious, unforeseen emergencies or illnesses will make-up pop quizzes be given. **If you cannot attend class, it is your responsibility to contact Dr. Webb, via cell phone at (512) 799-9358, before that class begins.** Text messages are fine.

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### **IMPORTANT DETAILS ABOUT THE TERM PAPER POWERPOINT ENHANCED PRESENTATION ASSIGNMENT:**

Each 3 person student team, based on interests in specific dual diagnoses, like “schizophrenia and marijuana dependence” will write a carefully construed and polished professional **research-based current best practices paper on the dual disorders topic of their choice**, and present it to class as a PowerPoint enhanced presentation, **complete with handouts**. **The paper, focused on the combination of one mental illness and one substance use disorder, must be turned in on time, and written about a topic that was pre-approved by the instructor.** The paper will be **at least 25 typed**, double spaced pages long (and not longer than **40** pages), not including references. The cover page does not count as page 1. References will include at least **25** recent, pertinent journal articles from refereed journals and/or books. **APA format**, for the paper and the references, must be used.

### **Required SECTIONS of research paper for students to be sure and include are:**

1) **Introduction and Defining of a Mental Illness and a Substance Use Disorder** selected for paper (no more than one page, total per illness/two pages total). Cite the APA correctly in body of paper and in the reference list.

2) **Research-based Literature Review of strongest most up to date Evidence-Based Practices (EBP)**, from the **Dual Diagnoses Evaluation Literature Review** your team finds and selects on your specific dual diagnoses subject including strengths and limitations of each article that your team decides to include in your paper. Take a strong and critical look at the statistics and methodology selected for each study, summarize them, and see if you have faith in the findings and interpretations the authors present, or not. Describe specifically: **Why?** and/or **Why not?** Complete an exhaustive search of the literature using multiple databases and various key words, etc. in the social and medical sciences and focus on scientific studies. Aim for at least half (12 as a minimum) of your required 25 references to cover this area. However, IF you can find 25 research-based references (which meet criteria for giving the reader an EBP), do it and “skip including a “#3 “Practice-based Clinical Literature” review, as described

below. This section mainly focuses on studies with designs that are “true experimental” and “quasi-experimental.” Some studies with designs which are “pre-experimental” may be appropriate to include, as well. Qualitative studies may also be included, depending on how well they were designed and carried out.

3) **Practice-based Literature Review** (IF NOT enough researched based articles exist) of various, apparently best clinical treatment “Best Practices” for your team’s selected dual disorders, comprise the **Dual Diagnoses Clinical Literature Review**, including stating the specific treatment/clinical strengths and limitations of each article your team decides to include in the paper. Aim for ALL articles to be research based, but if that is NOT possible, aim for a minimum of at least half (12) of your required 25 references to come from the practice-based but not yet researched literature/publications. **So, if you CANNOT find enough research sources, this section does not focus on scientific studies, but instead on articles based on the “practice wisdom” and “clinical expertise” on the authors or their subjects or interviewees (AGAIN, use ONLY IF/WHEN there are NOT enough research articles that can be found to include to make a total of 25).**

4) **For the most important part/core of the paper, present your own Analyses of all the articles and book chapters (publications) you decided to include in your research-based (and possibly practice-based) literature review.** Do NOT merely feedback what the authors state are their strengths and weaknesses/limitations of their work: **Present your own unique, independent team’s analyses of what you reviewed, what has merit, what does not, why, etc. Include statistics with findings (such as alpha used and p values, correlations found, whether or not it is a replication, etc.). Be careful NOT to generalize findings if the study has NOT yet been replicated!** And, be careful to give credit where due via using citations liberally. **Use few if any direct quotes except on the first two pages regarding DSM-V (APA, 2013) diagnoses.** Instead, offer your own unique ideas, or carefully paraphrase with citations attached.

5) **Recommendations** (your own team’s) for future researchers and clinicians who focus on this particular combination of disorders. Be specific; make at least three or four pages of recommendations. It is okay to use bullet format in this section.

6) **Conclusions:** Share several of yours. Make them as pragmatic and meaningful as possible to others who share your specific dual diagnoses interests. Be realistic. Tell the reader what you really think, not what you surmise the instructor may “want to hear.” What did you learn? What surprised you, pleased you, disappointed you? How much do we really know in your chosen DDX subject? Make this section 2 to 3 pages in length, if not longer. It is okay to use bullet format in this section.

7) **References** (pages do not count toward page limits). Make sure every single reference you quote or list is in the body of the paper and on the reference list (cross check). Be sure you follow the most recent APA format precisely.

7) **Don’t lose points needlessly.** Run spell and grammar check several times. Re-read the final draft carefully to catch errors automated checks do not before you turn in this paper. Polish several drafts using a team approach and “critical eye” before you turn in the final product to the instructor in hard copy and electronically. **Italicize or underline all names of books including the DSM-V.** Use direct quotes sparingly if at all. Use citations liberally, giving credit where it is due. Take credit for your own unique ideas. Make sure each team member gets major assignments, attends work sessions, and

pulls her/his own fair share of this project, both paper and presentation-wise. If a team member “drops out” from the group process, please confidentially encourage them to do his/her share and if that does not remedy the situation, tell the instructor as early in the semester as possible. Those who do not perform as an integral part of her/his assigned team will have to take an incomplete, select a new topic, and complete this assignment independently on his/her own.

**This major term paper will be graded by the following criteria:**

- 1) Introduction and diagnoses: 5%
- 2) DDX evaluation literature review: 20% (Note: if ALL refs from eval. lit., this will count as 35%)
- 3) DDX best practices clinical literature review: 15%
- 4) Aggregated analyses (coherent synthesis): 20%
- 5) Recommendations: 20%
- 6) Conclusions: 10%
- 7) At least twenty-five (25) recent, references of good quality cited in the paper and in the reference section, in APA format: 10%
- 8) Avoid unnecessary loss of points such as from turning in the paper late, having a paper that is too short in length, having a disorganized paper, unclear presentation of ideas, unpolished sentences, grammar problems including spelling and punctuation, ending sentences with prepositions, etc.: mistakes cost 1% to 5% each, depending on severity and quantity of same mistake.

Please note: With **no** exceptions, **each consecutive day of the week that the paper is late will lower your whole team’s term paper grade by one letter grade, so plan now to turn it in on time**. You may choose a topic, propose it for approval, and start working on this paper and PowerPoint enhanced presentation now or ASAP.

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**DESCRIPTIONS OF YOUR OBSERVATIONS AND REFLECTIONS FROM GROUP ATTENDANCE:**

**The student will not attend “closed” self-help meetings or therapy groups, or pretend to have an illness(es).** Likewise, the student will not disclose anyone’s identity or their personal information gleaned from attending open 12-Step meetings or Good Chemistry Group(s). However, you will attend “open” meetings that are just that: “open” to anyone, not just persons with the particular diagnoses/problems they address. **The student is to be honest and openly state that he/she is a student who is only observing.**

Each student will attend:

- 1) One **open** Alcoholics Anonymous (or Narcotics or Cocaine Anon. etc.) (5% of grade)
- 2) One **open** Al-Anon Family Group meeting (5% of grade).
- 3) One **open** Good Chemistry Group and/or DRA meeting (5% of grade), IF available. If not, attend a 3<sup>rd</sup> type of 12 Step meeting or a NAMI-Austin meeting.

Each student will write up 3 short papers (minimum length of 2 and maximum of 3 typed, double-spaced pages, each) about what you have learned about yourself from attending these three meetings. What will benefit you as a future social worker (or other professional)? **These 3 short reflection papers are worth a total of 15% of your grade this semester.**

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**Written Book Report:** Each student will independently read 1 assigned book by Dr. E. Fuller Torrey and write 1 book report in bulleted, informal format this semester (see below). It will be a minimum of 10 pages (maximum of 15 pages) of typed, double spaced highlights using APA format, covering the most significant thing(s) you learned in each chapter of each assigned book, plus citations (a cover page and the citations will not count in the 10-15 pages). Students may expect to be called upon to orally share their selected highlights with the whole class, as time permits. **The book report will each count as 20% of your grade in this class.**

**MAKE-UP POP QUIZ/EXAM/ASSIGNMENTS:** Assignments are due on the dates indicated. The only exceptions are unforeseen, verified emergencies and observance of religious holidays. If an emergency occurs, or if you plan to observe a religious holiday, please call or text message Dr. Webb on her cell phone: (512) 799-9358 as soon as possible (but before class). Also, arrange a date for a makeup pop quiz or completion and/or submission of the assignment. **On the term paper, with no exceptions, each consecutive day of the week that the paper is late will lower your team's term paper grade by one letter, so please turn it in on time.**

**EVALUATION of the INSTRUCTOR:** Students will have the opportunity to evaluate the instructor and are encouraged to do so. At the end of the term, you will be given the official UT Course Instructor Survey (CIS) of The University of Texas at Austin. Dr. Webb also welcomes your candid comments during class, office hours, during individual appointments, and on a "How to Improve This Course Survey" at the end of the semester.

## **VI. CLASS POLICIES**

**1. 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.

**2. 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.

**3. CLASSROOM CIVILITY.** A course brings together a group of diverse individuals with various backgrounds. Students are influenced and shaped by such factors as ethnicity, gender, sex, physical abilities, religious and political beliefs, national origins, and sexual orientations, among others. We expect to learn from each other in an atmosphere of positive engagement and mutual respect. Social Work deals with complex and controversial issues. These issues may be challenging and uncomfortable, and it would be impossible to offer a substantive classroom experience that did not include potentially difficult conversations relating to challenging issues.

**4. UNANTICIPATED DISTRESS.** Students may experience unexpected and/or distressing reactions to course readings, videos, conversations, and assignments. If so, students are encouraged to inform the instructor. The instructor can be responsive and



supportive regarding students' participation in course assignments and activities, but students are responsible for communicating clearly what kind of support is desired. If counseling is needed, students can contact a service provider of their choosing, including the UT Counseling Center at 512-471-3515 or online at [www.utexas.edu/student/cmhc/](http://www.utexas.edu/student/cmhc/).

**5. 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.

6. 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.

7. 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.

**8. 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/>).

**9. USE OF CLASS MATERIALS.** The materials used in this class, including, but not limited to, exams, quizzes, and homework assignments are copyright protected works. Any unauthorized copying of the class materials is a violation of federal law and may result in disciplinary actions being taken against the student. Additionally, the sharing of class materials without the specific, express approval of the instructor may be a violation of the University's Student Honor Code and an act of academic dishonesty, which could result in further disciplinary action. This includes, among other things, uploading class

materials to websites for the purpose of sharing those materials with other current or future students.

**10. 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/>.

**11. 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.

**12. 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>.

**13. 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.

**14. 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 or visit <http://www.utexas.edu/safety/bcal>.

**15. 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.

## VII. COURSE SCHEDULE

Date	Topics	Readings, Other Assignments, & Activities
09/08	<p>Introduce yourself to the class! What are your interests and why are you here?</p> <p>What do you hope to learn? Introduction of the Instructor. Introduction to the course: The Syllabus</p>	<p>Buy books Plan ahead to attend required, "outside of class" groups/ meetings.</p> <p>Attend Good Chemistry Group or DRA ASAP: Times to be announced</p> <p>Obtain AA &amp; AI-Anon schedules on the www: World Wide Web resources: <a href="http://www.main.org/aa/">http://www.main.org/aa/</a> <a href="http://www.main.org/alanon/ed6sml.pdf">http://www.main.org/alanon/ed6sml.pdf</a> <a href="http://www.tejas-na.org/centraltexas.html">http://www.tejas-na.org/centraltexas.html</a></p> <p>Assign 3 to 4 persons per team per preliminary DDX topic.*</p> <p>*Final Topics for term papers and presentations due 09/16. Use <i>DSM V</i> (APA, 2013) language to specify diagnoses.</p> <p>FOR NEXT CLASS:</p> <p>*READ Part One: Understanding Psychopharmacology: The Basics chapters 1 - 5 in <u>Handbook of Clinical Psychopharmacology for Therapists</u> (2013); plus Chapter 6 through 15 about various mental illnesses.</p>
09/15	<p>MICAA versus CAAMI Primary Presenting Problems</p> <p>Definitions: Substance Use Disorders vs. substance vulnerability</p>	<p>Addition of Physical Health &amp; PIE for wholistic consideration (now V codes) Evans &amp; Sullivan, Chapters 1-3</p> <p><u>DSM V</u> (Dr. Webb will supply handouts via email and/or during class.) Epidemiology: the <b>ECA Study</b> Regier et al. (1990) (handout in class from Dr. Webb).</p> <p>Class Discussion of <b>Psychopharmacology reading assignment.</b></p>

**DUE:** Assignment by End of Class: Turn in one page handwritten team proposal for topic for dual diagnoses term paper, per team.

**FOR NEXT CLASS:**

\*READ Psychopharmacology book **Chapters 16 - 23; & Appendix C Psychotropic Drug Interactions.**  
Read Evans & Sullivan, Chapters 4 & 5

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09/22 Screening, diagnosis, & assessment of  
Substance Use Disorders &  
Psychiatric Disorders

Evans & Sullivan, Chapters 4 & 5

Tools of the trade: CAGE; MAST; SASSI; ASI; (Dr. Webb will supply handouts during class.)

Discuss: Psychopharmacology book **Chapters 16 - 23; & Appendix C Psychotropic Drug Interactions.**

**FOR NEXT CLASS:**

\*READ Evans & Sullivan Chaps 6 & 7, and  
\*READ Torrey's Surviving Scizophrenia (2006) &  
prepare bulleted, typed book report to turn in on  
10/07.

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09/29

Symptoms of Major Mental Illnesses including  
thought disorders such as schizophrenia;  
mood disorders such as major depression;  
mood & thought disorders such as bipolar  
disorder and schizoaffective disorder.

Myths concerning mental illnesses.

Assessing : "Person In Environment (PIE)"  
Assessing: Functioning

DSM V (Dr. Webb will bring to  
class)

Channing Bete's  
*Understanding Mental  
Illness* (Dr. Webb will  
supply during class.)

*Discuss Evans & Sullivan,  
Chapters 6 & 7 (Req)*

Sue Estroff Book (suggested):  
*Making It Crazy.*

Get out of class EARLY at 7PM: Attend any 8PM AA open meeting of your choice

**FOR NEXT CLASS:**

1) *READ Alcoholics Anonymous ("Big Book"),  
Chapter 11 (pp. xi - 164)*

2) *Memorize the 12 Steps of AA so  
you can produce them verbatim in  
writing in class, from memory*

3) Attend an Alcoholics Anonymous

“Open” meeting before next class

4) READ DiNitto et al. article about ddx clients and 12 Step mtgs (find in back of Good Chemistry manual at [www.drdebbiewebb.com](http://www.drdebbiewebb.com) )

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10/06 Twelve-Step Meetings: Use of & programs by persons with dual diagnoses

Alcoholics Anonymous meetings

**1) Produce 12 Steps of AA verbatim in writing in class, from memory**

2) DISCUSS Alcoholics Anonymous (“Big Book”), Chapter 11 (pp. xi - 164)

3) Review DSM V Substance Use Disorder Criteria

4) Discuss Attendance at Alcoholics Anonymous “Open” meeting & how ddx clients may do at AA.

5) DISCUSS DiNitto et al. article found in back of Good Chemistry manual online for free at [www.drdebbiewebb.com](http://www.drdebbiewebb.com)

6) AA reflection paper about SELF is due today.

Discussion of (unidentified) Observations about SELF at Alcoholics Anonymous meeting(s).

Class discussion and debate

As time permits, may do mock CD assessments, of peers in class, utilizing standardized instruments.

FOR NEXT CLASS:

- 1) Complete Torrey (2006) *Surviving Schizophrenia* book & informal book report;
- 2) Read: Appendices A, B, & D – I. in Handbook of Clinical Psychopharmacology for Therapists (2013).
- 3) Read AA member & medications pamphlet (to be supplied to students)

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10/13 Pharmacological interventions for persons with dual diagnoses

*The AA Member and Medications (AA World Services, 1984) (Req)*

*Good Chemistry Group Co-Leaders Manual (Webb, 2000) FREE (Req) Sessions 3 & 4 Available at [www.drdebbiewebb.com](http://www.drdebbiewebb.com)*

**DUE:** 10 page + citations and reference list, typed book report regarding most significant highlights of what you learned from reading E. Fuller Torrey’s (2006) *Surviving Schizophrenia: A Manual for Families, Patients, and Providers, 5<sup>th</sup> Edition*.

\*Discuss *Surviving Schizophrenia* Class discussion (and debate?) RE: Torrey book

- Discuss AA Member & Medication (AA World Services, 1984)

\*DISCUSS Appedices A,B & D – I In Handbook of Clinical Psychopharmacology for Therapists (2013).

FOR NEXT CLASS:

- 1) READ Evans & Sullivan, Chapter 10
  - 2) Attend AI-Anon meeting
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10/20 Plight of the Family and Friends  
of those with dual diagnoses

Guest Speaker: TBA  
Q & A with Speaker

- 1) Evans & Sullivan, Chapter 10
- 2) Attendance at Al-Anon meeting
- 3) Look at Al-Anon & NAMI materials in class.  
(Dr. Webb will supply in class.)  
Discussion of (unidentified) observations about SELF  
at Al-Anon meeting
- 4) Al-Anon reflection paper about SELF is due today

Class debate?

**FOR NEXT CLASS:**

- 1) **READ *The Twelve Steps & Dual Disorders***  
(Hamilton & Samples, 1994).  
Entire book (Preface - p. 100).
- 2) **READ Evans & Sullivan, Modified Stepwork,**  
Appendix 1

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10/27 Dual Recovery Anonymous (DRA)

- 1) Guest Speaker: TBA  
Dual Diagnoses Case Study: "Hope!"
- 2) *The Twelve Steps & Dual Disorders*  
(Hamilton & Samples, 1994).  
Entire book (Preface - p. 100).
- 3) Evans & Sullivan, Modified Stepwork,  
Appendix 1
- 4) Communities for Recovery Model

Example: A Pop Quiz would cover: *The Twelve Steps & Dual Disorders* (entire book); Evans & Sullivan, Modified Stepwork, Appendix 1; what guest speaker presented.

**FOR NEXT CLASS:**

- 1) **READ Evans & Sullivan, Chapter 8**
- 2) **Refresh knowledge of *DSM-V, Personality Disorders*** (Dr. Webb will supply during class.)

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11/03 Personality Disorders

- 1) **Evans & Sullivan, Chapter 8**
- 2) ***DSM-V, PDI*** (Dr. Webb will supply during class.)

Class discussion (and debate?)

**FOR NEXT CLASS:**

Download for free and review entire *Good Chemistry Co-Leader's Manual* (Webb, 2004)

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11/10 Group Therapy for persons with  
Diagnoses: Good Chemistry Groups

- 1) **Overview by Founder of Good Dual Chemistry Groups (Webb)**
- 2) **Dr. Webb's Personal Practice Model: What's Yours?**
- 3) **Review of the topics and logic behind all 9 GC sessions (Webb, 2000; *Good Chemistry Co-Leaders Manual*).**
- 4) **STEMSS, GC Do's & Don'ts, & GC Mottos**  
FREE manual at [www.drdebbiewebb.com](http://www.drdebbiewebb.com)
- 5) **Theoretical underpinnings: Principles of Learning (Human Behavior) & Yalom's Therapeutic Factors**

6) Attendance at Good Chemistry Group(s) or in class demonstration

Class Discussion: Compare and Contrast GC with DRA and AA.

Importance of providing a full continuum/ Discussion of (unidentified) observations of SELF at GC or DRA meeting(s). Smorgasbord of options.

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**11/17 DUE :Turn in double -spaced, typed dual diagnoses term paper at beginning of class!**

Preparing for Direct Practice with Clients who are Dually Diagnosed: Ethical Considerations & Potential Value Dilemmas

Assuming the serious responsibility of working directly with persons who have dual diagnoses:

Honestly assessing our attitudes about:

- 1) The use of various substances by clients & by us;
- 2) Becoming ready to answer the client's question:

“Do you drink and/or drug?”

- 3) Stigma, mental illness, and chemical dependency
- 4) Determining: “Am I ready and able to make the personal commitment necessary to serve as a role model?”
- 5) Considering doing System's-Level Advocacy: influencing laws, agency policies, & the general public.

Lecture: Searching for Positive Treatment Outcomes:

- 1) Evans & Sullivan, Chapter 11
- 2) Class Discussions
- 3) Role Plays
- 4) Good Chemistry Group or DRA Reflection paper about SELF is also due today.

- 1) Evans & Sullivan, Chapter 9
- 2) The Latest Findings in Dual Diagnoses Research: Dr. Webb and class members.
- 3) The role of demographics and other diverse factors/special populations: gender; age; ethnicity & culture; socio-economic status; sexual orientation; marital status; having other co-occurring disabilities (blindness; deafness; mental retardation, etc.); family structure; religious preference, if any; stated desire to work a spiritual program; homelessness. (Chapter 13: DiNitto & Webb)

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**11/24 STUDENT PRESENTATIONS BEGIN + Lecture**

First group of Student Teams make 60 minute PowerPoint enhanced presentations and 20 minute Q&A to the entire class, summarizing pertinent things learned while writing their term papers.

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**12/01 STUDENT PRESENTATIONS CONTINUE & LAST DAY OF CLASS**

Bring “goodies” to share, if you like, so we can celebrate end of semester!

**Get back term papers!**

**Last group of Student teams make 60 minute PowerPoint enhanced presentations and 20 minute Q&A to the entire class, summarizing pertinent things learned while writing their term papers.**

Final Questions, Answers, & Comments!

**Official UT Student Evaluations of the course;** plus share the most important (to you) things you learned this semester (totally from your perspective): What did you like? What did you not like? How could Dr. Webb improve this course? More of what? Less of what?

**Final survey/paperwork filled out for Dr. Shorkey.**

## **VIII. Bibliography**

**See required and suggested reading list above. Also, on particular topic, please see the following recommended readings:**

### **I. Incidence and Prevalence of Dual Diagnoses:**

Kessler, R.C., Nelson, C.B., McGonagle, K.A., et al. (1996). The epidemiology of co-occurring addictive and mental disorders: Implications for prevention and service utilization. American Journal of Orthopsychiatry , 66 ,17-31.

Regier, D.A., Farmer, M.E., Rae, D.S., et al. (1990). Comorbidity of mental disorders with alcohol and other drug abuse: Results from the Epidemiologic Catchment Area (ECA) study. Journal of the American Medical Association , 264, Issue 19, 2511-2518.

### **II. Assessment Methods and Instruments:**

#### **a. Alcohol and Drugs:**

Drake, R.E., Mueser, K.T., & McHugo, G.J. (1995). Using clinician rating scales to assess substance use among persons with severe mental illness. In L.I. Sederer & B. Dickey (Eds.), Outcomes assessment in clinical practice , 113-116. Baltimore: Williams and Wilkins.

Ewing, J.A. (1984). Detecting alcoholism. JAMA, 252 (14), 1905-1907.

McLellan, A.T., Luborsky, L., Woody, G.E., & O'Brien, C.P. (1980). An improved evaluation instrument for substance abuse patients: The Addiction Severity Index (ASI). Journal of Nervous and Mental Disease, 168 , 26-33.

Miller, G. (1985). The Substance Abuse Subtle Screening Inventory Manual. Bloomington, IN: The SASSI Institute.

Pokorny, A.D., Miller, B.A., & Kaplan, H.B. (1972). The brief MAST: A shortened version of the Michigan Alcoholism Screening Test (MAST). American Journal of Psychiatry , 129 (3), 342-345.

Selzer, M.L. (1971). The Michigan Alcoholism Screening Test (MAST): The quest for a new diagnostic instrument. American Journal of Psychiatry, 3, 176-181.

#### **b. Mental Illnesses:**



American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV, TR). Washington, DC: American Psychiatric Association.

Beck, A.T. (1978). Beck Depression Inventory. San Antonio, TX: The Psychological Corporation.

Estroff, S.E. Making It Crazy (1981; 1985). Berkeley: University of California Press.

### **III. Efficacy of Dual Diagnoses Treatment Studies:**

#### **a. Experimental Studies:**

Burnam, M.A., Morton, S.C., McGlynn, E.A., et al. (1995). An experimental evaluation of residential and nonresidential treatment for dually diagnosed adults. Journal of Addictive Diseases ,14 , 111-134.

Drake, R.E., McHugo, G.J., Clark, R.E., et al. (1998). Assertive Community Treatment for patients with co-occurring severe mental illness and substance use disorder: A clinical trial. American Journal of Orthopsychiatry , 68 (2), 201-215.

Jerrell, J.M. & Ridgely, M.S. (1995). Comparative effectiveness of three approaches to serving people with severe mental illness and substance abuse disorders. Journal of Nervous and Mental Disease , 183 ,566-576.

Lehman, A.F., Herron, J.D., Schwartz, R.P., et al. (1993). Rehabilitation for adults with severe mental illness and substance use disorders: A clinical trial. Journal of Nervous and Mental Disease , 181 , 86-90.

Webb, D.K., & DiNitto, D.M. (1997). Initial findings from the effectiveness of Good Chemistry with dually diagnosed consumers: An experimental study. Austin, TX: Hogg Foundation for Mental Health.

#### **b. Quasi-Experimental Studies:**

Blankertz, L.E. & Cnaan, R.A. (1994). Assessing the impact of two residential programs for dually diagnosed homeless individuals. Social Service Review , 68, 536-560.

Bond, G.R., McDonel, E.C., Miller, L.D., et al. (1991). Assertive community treatment and reference groups: An evaluation of their effectiveness for young adults with serious mental illness and substance abuse problems. Psychosocial Rehabilitation Journal ,15 , 31-43.

Webb, D.K. (1994). Psychoeducation/group therapy for individuals with serious mental illnesses and chemical abuse or dependence: Testing the effectiveness of "Good Chemistry." Doctoral dissertation, The University of Texas at Austin.

#### **c. Pre-Experimental Studies:**

Blume, A.W., & Schmaling, K.B. (1997). Specific classes of symptoms predict readiness to change scores among dually diagnosed patients. Addictive Behaviors , 22 (5), 625-630.

Dixon, L., McNary, S., & Lehman, A.F. (1998). Remission of substance use disorder among psychiatric inpatients with mental illness. American Journal of Psychiatry, 155 (2), 239-243.

Meisler, N., Blankertz, L., Santos, A.B., & McKay, C. (1997). Impact of Assertive Community Treatment on homeless persons with co-occurring severe psychiatric and substance use disorders. Community Mental Health Journal , 33 (2), 113-122.

Minkoff, K., & Ajilore, C. (1998). Co-occurring psychiatric and substance disorders in managed care systems: Standards of care, practice guidelines, workforce competencies, and training curricula (Report of The Center for Mental Health Services Managed Care Initiative: Clinical Standards and Workforce Competencies Project Co-occurring Mental and Substance Disorders Panel). Rockville, MD: CMHS.

Weiss, R.D., Najavits, L.M., Greenfield, S.F., et al. (1998). Validity of substance use self-reports in dually diagnosed outpatients. American Journal of Psychiatry, 155 (1), 127-128.

#### **IV. Excellent, Free Materials: Highly Recommended**

U.S. Department of Health and Human Services. **Mental Health: A Report of the Surgeon General**. Rockville, MD: U.S. DHHS, SAMHSA, CMHS, NIH, NIMH, 1999. `

U.S. Department of Health and Human Services. **Healthy People 2000 National Health Promotion and Disease Prevention Objectives. Healthy People 2000 Final Review**. Hyattsville, Maryland, DHHS, CDC, National Center for Health Statistics, DHHS Publication No. 01-0256, October 2001

U.S. Department of Health and Human Services. **Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders**, Rockville, MD: U.S. DHHS, SAMHSA, CMHS, NIH, NIMH, November, 2002.

The President's New Freedom Commission on Mental Health. **Achieving the Promise: Transforming Mental Health Care in America. Final Report**, July, 2003.