THE UNIVERSITY OF TEXAS AT AUSTIN

SCHOOL OF SOCIAL WORK

Course Number: SW360K/SW393R23

Unique Number: 60480/60760

Semester: Fall 2015

Meeting Time: Mondays 5:30-8:30pm

Meeting Place: SSW 1.212 **Office Number:** SSW1.218G

Office Phone: 471-0520

Office Hours: By appointment



Clay Shorkey, LCSW, PhD Josleen and Frances Lockhart Professor of Direct Practice in Social Work

TREATMENT OF SUBSTANCE USE DISORDERS

I. <u>Standardized Course Description</u>

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 "Coexisting 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. <u>Teaching Methods</u>

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). <i>Living sober</i> . (3 ed.). New York, NY: Alcoholics Anonymous World Services, Inc.

AA & other related website resources:

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

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 event 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 Participation

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 ½ 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. The instructor reserves the right to modify the final grade based on student's 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	50	50
Final	40	40
Attendance	15	15
Graduate Assignment		25
Journals	50	50
12 – Step Reflection Paper	45	45
Total possible points	200	225

Grading Scale		
Undergraduate	Graduate	
188-200 (94%-100%) = A	211-225 (94%-100%) = A	
180-187.999 (90%- 93%) = A-	202-210 (90%-93%) = A-	
174-179.999 (87%- 89%) = B+	195-201 (87%-89%) = B+	
168-173.999 (84%- 86%) = B	189-194.999 (84%-85%) = B	
160-167.999 (80%-83%) = B-	180-188.999 (80%-83%) = B-	

154-159.999 (77%-79%) = C+	173-179.999 (77%-79%) = C+
148-153.999 (74%-76%) = C	166-172.999 (74%-76%) = C
140-147.999 (70%-73%) = C-	157-165.999 (70%-73%) = C-
134-139.999 (67%-69%) = D+	150-156.999 (67%-69%) = D+
128-133.999 (64%-66%) = D	144-149.999 (64%-66%) = D
120-127.999 (60%-63%) = D-	135-143.999 (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.

University Policies

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.

PROFESSIONAL CONDUCT AND CIVILITY IN THE CLASSROOM. 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. 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 also 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. In this environment we will be exposed to diverse ideas and opinions, and sometimes we will not agree with the ideas expressed by others. Nevertheless, the professor requires that students engage one another with civility, respect, and professionalism.

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 professor. The professor 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 may contact a service provider of their choosing, including the UT Counseling Center at 512-471-3515 or online at www.utexas.edu/student/cmhc/.

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/).

USE OF COURSE MATERIALS. The materials used in this course, including, but not limited to exams, quizzes, and homework assignments, are copyright protected works. Any unauthorized

duplication of the course materials is a violation of federal law and may result in disciplinary action being taken against the student. Additionally, the sharing of course materials without the specific, express approval of the professor 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 sharing includes, among other things, uploading class materials to websites for the purpose of distributing those materials to other current or future students.

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). A student should present the letter to the professor at the beginning of the semester so that needed accommodations can be discussed and followed. 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, examination, work assignment, or 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.

TITLE IX REPORTING. In accordance with Title IX of the Education Amendments of 1972, the University of Texas at Austin is committed to maintaining a learning environment that is free from discriminatory conduct based on gender. Students who report incidents of sex discrimination, sexual harassment, sexual violence, or sexual misconduct to faculty, instructors, and/or staff who supervise students, will be provided a list of University resources. If the incident is impacting the academic environment, a report will be provided to the University's Title IX Coordinator. Further information, including student resources related to Title IX, may be found at https://www.utexas.edu/student-affairs/policies/title-ix.

CLASSROOM CONFIDENTIALITY. Information shared in class about agencies, clients, and personal matters is considered confidential per the NASW Code of Ethics on educational supervision and is protected by regulations of the Family Educational Rights and Privacy Act (FERPA) as well. As such, sharing this information with individuals outside of the educational context is not permitted. Violations of confidentiality could result in actions taken according to the policies and procedure for review of academic performance located in sections 3.0, 3.1, and 3.2 of the Standards for Social Work Education.

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 for keeping the university informed about a change of 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 between 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.

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 in the classroom and the building. Remember that the nearest exit door may not be the one you used when entering 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.

Course Specific Information:

Assignments

How grades are determined:

Assignment	Due Date	Undergrad	Graduate
Mid-term	November 16	50	50
Final	November 30	40	40
Attendance	Ongoing	15	15
Graduate Assignment	November 2		25
Journals	Ongoing	50	50
12 – Step Reflection Paper	November 9	45	45
Total possible points		200	225

Readings

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: (50 pts) You will be given a take home mid-term quiz on **September 28**, it is due **November 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: (40pts) There will be final quiz given in class on **November 30**. Be sure to bring your handouts you have been given in class throughout 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 & Class Participation Policy for more details)

Graduate Assignment

You will be given a separate assignment sheet related to this assignment on September 14 in class; assignment due **November 2** (paper + 5 minute presentation).

Journals

(5 journals x 10 pts each = 50 pts total) Related to field visits/ guest speakers
Each Journal entry should be posted to Canvas by <u>Friday each week at 5pm</u> to be given full credit. Please use the following template when writing your journal. [10 points total]

You have the opportunity to write a journal entry for every class **except** two: The second class on September 14 and the last class on November 30.

Journal entries should cover the following questions:

- 1) 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.
- 2) Briefly describe the treatment modality being discussed/experienced for the week.
- 3) Discuss how this week's readings support, disagree with, and match with the treatment modality for this week. Be specific, provide examples, and use citations.
- 4) What specific aspects of the treatment modality/program discussed would be most beneficial in your opinion? Are there people you think would not benefit from this modality/program?
- 5) What was the experience like for you? Did you agree or disagree with any element of the field visit/guest speaker's presentation? Please provide thorough rationale for points of agreement or disagreement. Feel free to express their personal opinion (may include readings or discussion, personal history/experiences, or practice wisdom).

12-Step Reflection Paper

(AA, NA, CA, ACOA, Al Anon, Women for Sobriety, etc)

(45 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 **November 9**, however you are strongly encouraged to complete this assignment before its due date and can turn in any time before **November 9**. Papers should be formatted as follows and **include section 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.

4. Correct APA Format and Citations (5 points)

Date	Description	Text/Readings	
	Course Overview & 12 Step Models		
Monday Aug. 31 Class 1	Course Overview Handouts: Syllabus Journal Template APA Citations Field Visit Maps Guest Lecturer: Rev. Bill Wigmore Handouts: The Ego Factors in Surrender in Alcoholism – Harry M. Tiebout, MD Transformation 12-Step Hopelessness Four Absolutes (Honesty, Purity, Unselfishness, Love)	 12 Step Groups Alcohol Anonymous Foreword Doctor's Opinion Bill's Story There is a Solution – Ch. 2 How it Works – Ch. 5 Krentzman, Evidence base for effectiveness of Alcoholics Anonymous, p. 27-48 Miller & Wilbourne: Mesa Grande – A methodological analysis of clinical trials of treatments for alcohol use disorders, p. 266-277 Available in the LRC: "Pleasure Unwoven" by Kevin McCauley 	
	I abor D	Day Holiday	
Monday Sept 7	Labor Day Holiday – No Class!	dy Honady	
	Definitions, Diagnosis, a	and Treatment Interventions	
Monday Sept 14 Class 2	Concepts: New Definition of Addiction Spontaneous/Natural Recovery Court-Mandated Treatment Motivational Interviewing Intervention Handouts: Commonly Abused Drugs American Association of Addiction Professionals DSM 5 Diagnostic Criteria Motivational Interviewing/Stages of Change Videos: Motivational Interviewing The Party's Over	 DSM 5 Substance Use Disorders p. 483-485 Ludwig: Cognitive processes associated with "spontaneous" recovery from alcoholism, p. 57-62. Whitten: Court-mandated treatment works as well as voluntary, p. 1 & 6 Field, Baird, Saitz, Caetano, & Monti: The mixed evidence for brief intervention in emergency departments, trauma care centers and inpatient hospital settings: what should we do? p. 2004-2010. +Loneck, Garrett & Banks: A Comparison of Johnson intervention with four other methods of referral to outpatient treatment, p. 233-246 	
	*Receive Graduate Assignment Instructions		

	The Family		
Monday Sept 21 Class 3	Guest Lecturer: Mary Boone, LCSW, LCDC Handouts: Needs in Recovery Codependency: The Survival Roles Grown Up Enabling Behaviors The Disease of Substance Use Disorder: An Overview Family Dynamics and Family Recovery	 Liepman, Nirenberg & Begin: Evaluation of a program designed to help family and significant others to motivate resistant alcoholics into recovery, p. 209-221 Miller, Meyers, & Tonigan: Engaging the unmotivated in treatment for alcohol problems: A comparison of three strategies for intervention through family members, p. 688-697 Wegscheider: The family trap: No one escapes from a chemically dependent family 	
	Recovery Systems Contor for Student	s in Recovery, & Other Self Help Groups	
Monday Sept 28 Class 4	Communities for Recovery Center for Students in Recovery Center for Students in Recovery Concepts: 12-Step (AA, NA, CA, Al-Anon) Secular Organizations for Sobriety Women for Sobriety Smart Recovery Celebrate Recovery Handouts: SAMHA's Working Definitions Living Sober: Methods AA members have used for not drinking The Future of Addiction Treatment in America Utilizing Smartphone Technologies in Recovery Services Celebrate Recovery Watch "The Anonymous People" Trailer	 Emmons & McCullough: Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. p. 370 -389 Walsh: Lifestyle and mental health. p. 1-14 Laudet, Harris, Kimball, Winters, Moberg: Collegiate Recovery Communities Programs: What do we know and what do we need to know? p. 84-93 The NSDUH Report: Alcohol Treatment-Need, Utilization, and Barriers +Shorkey & Ubel: Secular Organizations for Sobriety, p. 815-816 +Shorkey & Ubel: Women for Sobriety, p. 1007-1008 +Reardon: Alternatives to 12-Step Addiction Recovery Available in the LRC: "The Anonymous People" Documentary Refuge Recovery: A Buddhist Path to Recovering from Addiction by Noah Levine 	
	*Receive and begin completing first quiz		

Monday Oct 5 Class 5	Field Visit: Phoenix Academy 400 W Live Oak Street **Dress Professionally**	 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 Waters, Fazio, Hernandez & Segarra: The story of CURA, a Hispanic/Latino drug therapeutic community, p. 113-134 Winters, Stinchfield, Latimer, & Lee: Longterm outcome of substance-dependent youth following 12-step treatment. p. 61-69
Monday Oct 12 Class 6	Field Visit: Kyle Correctional Facility 2300 I-35, Kyle, Texas **Dress Professionally and Bring Photo ID**	Brown: Drug court effectiveness: A matched cohort study in the Dane County drug treatment court, p. 191-201 Knight, Simpson & Hiller: Three- year reincarceration outcomes for an in-prison therapeutic community treatment in Texas, p. 337-351 De Leon: The Therapeutic Community and Behavioral Science

	Faith-Based Programs		
Monday Oct 19 Class 7	Field Visit: Salvation Army 4216 S. Congress Ave Handout: Salvation Army Circle of Endeavor: Elements in the Rehabilitation of a Total Person	 Shorkey, Ubel, & Windsor: 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 Neff, Shorkey, & Windsor: Contrasting faith-based and traditional substance abuse treatment programs, p. 49-61 Wolf-Branigin: The emergence of formalized salvation army addictions treatment, p. 328-338 Shorkey & Windsor: Inventory of Spirituality in alcohol/other drug research: Psychometric dimensions, p. 17-37 	
	Drug Court & Cultura	ally Competent Treatment	
Monday Oct 26 Class 8	Field Visit: Drug Court 501 West 11 th St (6 th Floor) Handouts: Drug Court PowerPoint "Drug offender program seeks to trim recidivism" Video: South Boston Drug Court: Addiction Series DVD	 Finn & Newlyn: Miami's Drug court: A different approach. p. 1-15 Patra: Factors associated with treatment compliance and its effects on retention among participants in a court-mandated treatment program, p. 289-313 Kerl & Parsons (under supervision of Shorkey): Rearrest and retention in the Travis County Drug Court, p. 1-17 Shorkey, Windsor & Spence: Systematic Assessment of Culturally Competent Chemical Dependence Treatment Services for African Americans, 113-128 Shorkey, Windsor & Spence: Assessing Culturally Competent Chemical Dependence Treatment Services for Mexican Americans, p. 61-74 	

	Experiential Therapies		
Monday Nov 2 Class 9	**Graduate Assignments Due** (5 Minute Graduate Presentations) Field Experience:	 Dingle, Gleadhill, & Baker: Can music therapy engage patients in group cognitive behaviour therapy for substance abuse treatment? p. 190-196 Shorkey: Summary of research using music to facilitate recovery from chemical dependence Rhinewine & Williams: Holotropic breathwork, p. 771-776 	
		tment of Chemical Dependence and Coexisting ic Disorders	
Monday Nov 9 Class 10	**12 Step Reflection Paper Due** Guest Lecturer: Reid Minot, Nurse Practitioner with Prescription Authority Concepts: Methadone, Disulfram/Antabuse, Buprenorphine, Subaxone, Naltrexone, & Clonidine	 Anton, O'Malley, Ciraulo, Cisler, et al: Combined pharmacotherapies and behavioral interventions for alcohol dependence: The COMBINE study, p. 2003- 2017 Alpert, Connolly, & Biener: A prospective cohort study challenging the effectiveness of population-based medical intervention for smoking cessation, p. 32-37 Mariani, & Levin: Pharmacotherapy for Alcohol-Related Disorders: What Clinicians Should Know, p. 351-366 Roman, Abraham & Knudsen: Using medication-assisted treatment for substance use disorders, p. 584-589 	

	Buddhist Philosophy, Psych	hology, and Mindful Meditation
Monday Nov 16 Class 11	*First Quiz Due** Handouts: • Buddhism & Psychology (Venerable Master Hsing Yun) • Sutra of the Eight Great Realizations of Great Beings • Buddhism & the Psychotherapy of Addictions • Coping with Cravings and Urges to Drink Video: Marlatt Mindfulness: Urge Surfing Available in the LRC: • "The Dhamma Brothers"	 Bowen, et al: Mindfulness meditation and substance use in an incarcerated population, p. 343-347 Groves, Paramabandhu & Farmer: Buddhism and addictions, p. 183-194 Kabat-Zinn: Mindfulness-Based Interventions in Context: Past, Present, & Future, p. 144-156 Recommended/Optional: Kevin Griffin: One Breath at a Time: Buddhism and the Twelve Steps Kevin Griffin: A Burning Desire: Dharma God & the Path of Recovery Darren Littlejohn: The Twelve Step Buddhist: Enhance Recovery from Any Addiction
	Empirically Su	pported Approaches
Monday Nov 23 Class 12	Concepts: Behavioral Couples Therapy Incentive Rational Emotive/Cognitive Therapy Handouts: Iceberg Theory Salvation Army Incentives Drug Court Incentives 	 Evidence Based Practice SAMHSA: Reducing wait time improves treatment access, retention, p. 1-5 Sindelar & Ball: Cost Evaluation of Evidence-Based Treatments, p. 44-51 Behavioral Couples Therapy 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 Incentives Higgins et al.: Contingent reinforcement, p. 64-72 Rawson et. al.: A comparison of contingency management and cognitive behavioral approach, p. 267-274 Rational Emotive Cognitive Therapy 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
Monday	**In Class Second Quiz**	al Exam
Nov 30 Class 13	III Ciass Second Quiz	

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 Addications*, 7(4), 27-48.
- Miller, W., & Wilbourne, P. Mesa Grande: a methodological analysis of clinical trials of treatment for alcohol use disorders . *Addiction*, *3*, 256-277. Retrieved July 9, 2014, from http://www.ncbi.nlm.nih.gov/pubmed/11964100
- Shorkey, C. & Uebel, M. (Sage, 2008). Secular Organizations for Sobriety (SOS). *Encyclopedia of Substa*nce *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
- Laudet, A., Harris, K., Kimball, T., Winters, K. C., & Mobert, D. P. (2014). Collegiate Recovery Communities Programs: What do we know and what do we need to know? . Journal of Social Work Practice in the Addictions, 14 (1), 84-100.

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.