

**THE UNIVERSITY OF TEXAS AT AUSTIN**

**SCHOOL OF SOCIAL WORK**

**Course Number:** 360K/393R23  
**Unique Number:** 63380/63640  
**Semester:** Spring 2013  
**Meeting Time:** Monday 11:30am-2:15pm  
**Meeting Place:** SSW 2.122  
**Office Number:** SSW1.218G  
  
**Office Phone:** 471-0520  
**Office Hours:** By appointment

**Instructor's name:**



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Josleen and  
Frances Lockhart  
Professor of  
Direct Practice in  
Social Work

**TREATMENT OF CHEMICAL DEPENDENCE**

I. Standardized Course Description

The course is designed to provide a basic understanding of contemporary treatment methods used in work with a diverse range of clients recovering from alcohol and/or drug dependence. Emphasis will be placed on integrating the use of Gestalt Therapy, Rational Emotive Therapy, and Behavior Therapy with the 12 Step Program of Recovery/ Minnesota model, Faith-based Models, Pharmacological Model, 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 Chemical Dependence,” “Treatment of Chemical Dependence” and one or more from “Dual Diagnosis”, “Adolescent Chemical Dependence Prevention/ Intervention”, “Relapse and Recovery” or “Women and Chemical Dependence.”

### 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 chemically dependent clients.
3. The student should be able to describe the concepts, procedures and preliminary outcome data related to six major models for treatment of chemical dependence: 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 of major psychosocial theories including: Gestalt, Rational Emotive, and Behavioral.
5. The student should be able to integrate counseling techniques derived from psychosocial theories covered in the course with the Pharmacological, 12 Step, Minnesota, the Faith-based, Therapeutic Community, and Drug Court models.

### IV. Teaching Methods

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

### V. Required Texts, and Materials

#### Required:

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

Dr. Shorkey's website (<http://www.utexas.edu/research/cswr/tattc/>) resources related to:

1. Social work and chemical dependence (social work knowledge, values and practice methods)
2. Chemical dependence with diverse population groups: African Americans, Hispanics, Native Americans, Asian Americans, Gays and Lesbians, persons with disabilities, and Dual Diagnosis.
3. Models and frameworks of chemical dependence
4. Psychosocial theories related to chemical dependence treatment.

#### Recommended:

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

**AA and other related websites:**

Alcoholics Anonymous	<a href="http://www.austinaa.org/">www.austinaa.org/</a>
Al-Anon/Alateen	<a href="http://www.austinalanon.org/">www.austinalanon.org/</a>
Narcotics Anonymous	<a href="http://www.ctana.org/">www.ctana.org/</a>
Secular Organizations for Sobriety	<a href="http://www.cfiwest.org/sos/index.htm">www.cfiwest.org/sos/index.htm</a> <a href="http://www.cfiwest.org/sos/intro.htm">www.cfiwest.org/sos/intro.htm</a> <a href="http://www.sossobriety.org/meetings/states.htm#Texas">www.sossobriety.org/meetings/states.htm#Texas</a>
Lamda (LGBT Friendly Group)	<a href="http://www.lambdaaustin.org/index.htm">www.lambdaaustin.org/index.htm</a>
Women for Sobriety	<a href="http://www.womenforsobriety.org/">www.womenforsobriety.org/</a>
Smart Recovery	<a href="http://www.smartrecovery.org/">www.smartrecovery.org/</a>
Celebrate Recovery	<a href="http://www.celebraterecovery.org">www.celebraterecovery.org</a>

VI. Course Requirements

- 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.  
Quizzes: 30 points each
- Field Trips  
Field trips are scheduled during the regular class times unless community agencies schedule does not fit the class time. Students will be made aware of these changes at the first class session. In the even that the alternate time of the field trip conflicts with another class or commitment, please make an appointment with professor to discuss an alternate assignment.

## VII. Class Policies

### **Attendance**

Class attendance is required to complete all of the assignments. Students may miss no more than two (2) class sessions. Students who fail to attend class on a regular basis (missing more than 2 classes without a valid excuse, e.g., 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.

### **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>Undergraduates</u>	<u>Graduates</u>
2 Quizzes	60 (30 pts. each)	60 (30 pts. each)
10 Assignments	100 (10 pts. each)	100(10 pts each)
Graduate Assignment (TBA)	-----	25 pts.
Attendance	15 pts.	15 pts.
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	175	200

### Attendance:

0 to 1 missed class: 15 points	164-175 (94%-100%) = A	188-200 (94%-100%) = A
1½ -2 missed classes: 10 points	157-163 (90%- 93%) = A-	180-187 (90%-93%) = A-
	152-156 (87%- 89%) = B+	174-179 (87%-89%) = B+
	147-151 (84%- 86%) = B	168-173 (84%-85%) = B
	140-146 (80%- 83%) = B-	160-167 (80%-83%) = B-
	135-139 (77%-79%) = C+	154-159 (77%-79%) = C+
	129-134 (74%-76%) = C	148-153 (74%-76%) = C
	122-128 (70%-73%) = C-	140-147 (70%-73%) = C-
	117-121 (67%-69%) = D+	134-139 (67%-69%) = D+
	112-116 (64%-66%) = D	128-133 (64%-66%) = D
	105-111 (60%-63%) = D-	120-127 (60%-63%) = D-
	104 & below (59% & below) =F	119& below (59%&below)=F

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

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

### School of Social Work Policy

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

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

### University Policy

The University of Texas at Austin is proud of its students' commitment to academic integrity and their pledge to abide by its policy on scholastic dishonesty. The tradition of intellectual honesty is maintained by the cooperation of students and faculty members. School policy on this subject can be found in General Information 2007-2008 Scholastic dishonesty in this class may result in a grade of F for the course with possible reporting to the Dean of the School of Social Work and the Dean of the Graduate School.

The University of Texas at Austin provides upon request, appropriate academic accommodations for qualified students with disabilities. Any student with a documented disability (physical or cognitive) who requires academic accommodations should contact the Service for Students with Disabilities area of the Office of the Dean of Students at 471-6259 (voice) or 471- 4641 (TTY for users who are deaf or hard of hearing) as soon as possible to request an official letter outlining authorized accommodation

**Religious Holidays:** By UT Austin policy, you must notify me of your pending absence at least fourteen days prior to the date of observance of a religious holy day. If you must miss a class, an examination, a work assignment, or a project in order to observe a religious holy day, you will be given an opportunity to complete the missed work within a reasonable time after the absence.

Excerpt from The Center for Teaching Effectiveness, The University of Texas at Austin, (No Date). Teachers and Students: A Sourcebook for UT-Austin Faculty, pp. C.8.b-7 - C.8

**Required Assignments:** 10 points each – Due on assigned date. All assignments must adhere to APA format and reference all sources as well as include in-text citations. Please include an APA formatted title page.

1. 2-3 page reaction paper related to presentation by Bill Wigmore  
Due February 4
2. 2-3 page reaction paper related to the presentation by Mary Boone  
Due February 11
3. 2-3 page reaction paper related to an open “12-step meeting.”  
Due February 18 (you are strongly encouraged to turn this in prior to the due date)
4. 2-3 page reaction paper related to the field visit to Drug Court  
Due February 25
5. 2-3 page reaction paper related the field visit to Austin Recovery for the Musical Journey.  
Due March 4
6. 2-3 page reaction paper related to the field visit to Phoenix Academy  
Due March 18
7. 2-3 page reaction paper related to the field visit to Kyle Correctional Facility.  
Due March 25
8. 2-3 page reaction paper related to the field visit to Salvation Army.  
Due April 11
9. 2-3 page reaction paper related to the presentation by Michael Uebel  
Due April 18
10. 2-3 page reaction paper related to the presentation by Reid Minot  
Due April 15

### **Special Note on Assignments**

Regular Reaction Papers are not required for the session on Behavioral Couples Therapy, Contingency Management & Rational/Emotive Cognitive Therapy (April 15). However, if you missed a previous class and you have a valid excuse (e.g. doctor’s note) for one missed class, you may make up a reaction paper based on this presentation. This does not apply to the assignment related to attending an open “12-step meeting”.

## Reaction Paper Outline

2-3 pages, double spaced, 12pt Times New Roman (not including works cited), in-text citations, APA works cited, **include headings**, APA formatted title page.

### I. Observations (3-4 paragraphs, 3 points)

In this section the student will briefly describe the proceedings of the event in which they attended. This includes the components of the event and the order in which they occurred.

### II. Analysis and Interaction of Reading (3-4 paragraphs, 5 points)

The student will also identify the treatment modality or practice model in which the event is classified and explain specifically how the event was an example of the model or modality. What elements of the specific event that you attended concur with the characteristics of its model as explained by the readings? Discuss your reactions to the event. Did the event deviate from the readings' account of its practice model? How did it differ and why? How did attending the event differ or concur with your expectations?

### III. Brief Personal Reaction (1-2 paragraphs, 2 points)

Did you agree or disagree with certain elements of the event? Why? How did you feel about attending the event? 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 sentence summary of the main things they learned from attending the event.



Date	Description	Text/Readings
Jan 14 Class 1	<p><b><i>Definitions and Entrance into Treatment</i></b></p> <ul style="list-style-type: none"> <li>• New definition of addiction</li> <li>• Barriers to treatment</li> <li>• Stages of change</li> <li>• Motivational Interviewing</li> <li>• Intervention</li> <li>• Spontaneous/Natural Recovery</li> <li>• Court-mandated treatment</li> </ul> <p><u>Handouts:</u></p> <ul style="list-style-type: none"> <li>• DSM-IV Diagnostic Criteria</li> <li>• Motivational Interviewing</li> <li>• Stages of Change</li> <li>• APA Handout</li> </ul> <p><u>Video:</u> Motivational Interviewing</p>	<p>Course Syllabus</p> <p>ASAM, New definition of addiction. p. 1-7.</p> <p>The NSDUH Report, Alcohol treatment: Need, utilization, and barriers. p.1-10</p> <p>Ludwig, Cognitive processes associated with “spontaneous” recovery from alcoholism, p. 57-62.</p> <p>Whitten, Court-mandated treatment works as well as voluntary, p. 1 &amp; 6</p> <p>Field, C. A., Baird, J., Saitz, R., Caetano, R., &amp; Monti, P. M. (2010). The mixed evidence for brief intervention in emergency departments, trauma care centers and inpatient hospital settings: what should we do? . <i>Alcoholism: Clinical and experimental research</i>, 34(12), 2004-2010.</p>
Jan 28 Class 2	<p><b><i>12 Step &amp; other Self-Help Models</i></b></p> <ol style="list-style-type: none"> <li>1. 12 Step (AA, NA, CA, Al-anon)</li> <li>2. Secular Organization for Sobriety</li> <li>3. Women for Sobriety</li> <li>4. Smart Recovery</li> <li>5. Celebrate Recovery</li> </ol> <p><u>Guest Lecture:</u> Rev. Bill Wigmore</p> <p><u>Handouts:</u></p> <ul style="list-style-type: none"> <li>• Living Sober: Some Methods A.A. Members have used for not drinking.</li> <li>• Valley Chart of alcohol, addiction, &amp; recovery.</li> <li>• The Ego Factors in Surrender in Alcoholism – Harry M. Tiebout, M.D.</li> </ul>	<p><b><u>12 Step Groups</u></b> <i>Alcoholics Anonymous.</i></p> <ul style="list-style-type: none"> <li>• Foreward</li> <li>• Doctor’s Opinion</li> <li>• Bill’s Story</li> <li>• There is a Solution – Ch. 2</li> <li>• How it works - Ch. 5</li> </ul> <p>Krentzman, Evidence base for effectiveness of Alcoholics Anonymous, p. 27-48.</p> <p>Shorkey, C. &amp; Uebel, M. Secular Organizations for Sobriety, p. 815-816</p> <p>Shorkey &amp; Uebel, Women for Sobriety, p. 1007-1008.</p> <p>Smart Recovery: <a href="http://www.smartrecovery.org">www.smartrecovery.org</a></p>
Feb 4 Class 3	<p><b><i>The Family</i></b></p> <p><u>Guest Lecture:</u> Mary Boone, LCDC, LCSW</p> <p><b>Assignment #1 Due: Reaction to Bill</b></p>	<p>Johnson, Preparing for the Intervention, p. 61-87.</p> <p>Liepman, Nirenberg &amp; Begin, Evaluation of a program designed to help family and significant others to motivate resistant</p>

	<p><b>Wigmore's Presentation</b></p> <p><u>Handouts:</u></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p>alcoholics into recovery, p. 209-221.</p> <p>Loneck, Garrett &amp; Banks, A Comparison of Johnson intervention with four other methods of referral to outpatient treatment, p. 233-246.</p> <p>Wegscheider, S. (1976). <i>The family trap.. no one escapes from a chemically dependent family</i> . (1st ed.). [Brochure]. USA: The Johnson Institute.</p>
Feb 11 Class 4	<p><b><i>Recovery Systems &amp; Culturally Competent Services</i></b></p> <p><u>Guest Lecturer:</u> Communities for Recovery</p> <p><b>Assignment #2 Due: Reaction to Mary Boone's Presentation</b></p> <p><u>Handouts:</u></p> <ul style="list-style-type: none"> <li>• McGowan, K. (2010, Aug). The new quitter. <i>Psychology Today</i> , 43(4), 80-84.</li> </ul>	<p>SAMHA's working definition of recovery from mental disorders and substance use disorders. p.1-3</p> <p>Walsh, Lifestyle and mental health. p.1-14</p> <p>Shorkey, Windsor &amp; Spence, Assessing Culturally Competent Chemical Dependence Treatment Services for Mexican Americans, p. 61-74.</p> <p>Shorkey, Windsor &amp; Spence, Systematic Assessment of Culturally Competent Chemical Dependence Treatment Services for African Americans, 113-128.</p> <p>Emmons&amp; McCullough, Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. p. 3370389</p>
Feb 18 Class 5	<p><b><i>Drug Court</i></b></p> <p><u>Guest Lecturer:??</u></p> <p><b>Assignment #3 Due: Reaction to Open 12 step meeting</b></p> <p><u>Handouts:</u></p> <ul style="list-style-type: none"> <li>• Officials say drug court on the road to recovery – Statesman Article</li> </ul>	<p>Finn &amp; Newlyn, Miami's "Drug court": A different approach. p.1-15</p> <p>Patra, Factors associated with treatment compliance and its effects on retention among participants in a court-mandated treatment program, p. 289-313.</p> <p>Kerl &amp; Parsons (under supervision of Shorkey, C.), Rearrest and retention in the Travis County Drug Court, p. 1-17.</p>
Feb 25 Class 6	<p><b><i>Experiential Therapy</i></b></p> <p>Integrative Art, Music, and Breathwork-Musical Journey Rituals</p> <p><u>Field Visit:</u> Austin Recovery Musical Journey</p>	<p>Dingle, Gleadhill, &amp; Baker, Can music therapy engage patients in group cognitive behaviour therapy for substance abuse treatment? p. 190-196.</p> <p>Shorkey, C. (n.d.). <i>Summary of research</i></p>

	<p>Guest Lecturer: Maryse Saffle, LCDC</p> <p>Personal pillow and blanket encouraged for exercise.</p> <p><b>Assignment #4 Due: Reaction to Drug Court</b></p>	<p><i>using music to facilitate recovery from chemical dependence</i>. Unpublished manuscript, School of Social Work , University of Texas , Austin, Tx.</p> <p>Rhinewine &amp; Williams, Holotropic breathwork, p. 771-776.</p> <p>Marcus, M. T., Fine, M., &amp; Kouzekanai, K. (2001). Mindfulness-based meditation in a therapeutic community . <i>Journal of Substance Abuse</i> , 5(4), 305-311.</p>
March 4 Class 7	<p><b><i>Mixed Model: Therapeutic Community &amp; Medical Model</i></b></p> <p><u>Field Visit</u>: Phoenix Academy</p> <p><b>Assignment #5 Due: Reaction to Austin Recovery/Musical Journey</b></p>	<p>DeLeon, The therapeutic community and behavioral science, p. 74-99.</p> <p>Gudyish, Werdegard, Sorensen, Clark &amp; Acampora, A day of treatment program in a therapeutic Community setting: Six month outcomes-the Walden House day treatment program, p. 441-447.</p> <p>Waters, Fazio, Hernandez &amp; Segarra, The story of CURA, a Hispanic/Latino drug therapeutic community, p. 113-134.</p>
March 18 Class 8	<p><b><i>Therapeutic Community</i></b></p> <p><u>Field Visit</u>: Kyle Correctional Facility Dress professionally &amp; bring picture ID</p> <p><u>Handout</u>: Atkinson, J. (2001, 01). My brother, Tom <i>Texas Co-op Power</i> , 57(7), 20-21.</p> <p><b>Assignment #6 Due: Reaction to Phoenix Academy</b></p> <p><b>Begin completing midterm quiz</b></p>	<p>Brown, R. (2011). Drug court effectiveness:a matched cohort study in the dane county drug treatment court . <i>Journal of Offender Rehabilitation</i> , 50(4), 2011. doi: 10.1080/10509674.2011.571347</p> <p>Knight, Simpson &amp; Hiller, Three- year reincarceration outcomes for an in-prison therapeutic community treatment in Texas, p. 337-351.</p> <p>Shorkey &amp; Windsor. Inventory of Spirituality in alcohol/other drug research: Psychometric dimensions</p>
March 25 Class 9	<p><b><i>Faith-Based Programs</i></b></p> <p><u>Field visit</u>: Salvation Army</p> <p><b>Assignment # 7 Due: Reaction to Kyle Correctional Facility</b></p> <p>Handout:</p> <ul style="list-style-type: none"> <li>• Salvation Army – Circle of Endeavor, elements in the rehabilitation of a total</li> </ul>	<p>Shorkey, C., Uebel, M. &amp; Windsor, L. (2008). Measuring dimensions of spirituality in chemical dependence treatment and recovery, p. 286-305.</p> <p>Neff, Shorkey, &amp; Windsor, Contrasting faith-based and traditional substance abuse treatment programs, p. 49-61.</p> <p>Wolf-Branigin, M. (2009). The emergence of formalized salvation army addictions</p>

	person	treatment . <i>Journal of Religion &amp; Spirituality in Social Work</i> , 28(3), 328-338.
April 1 Class 10	<p><b><i>Faith-Based Programs</i></b></p> <p>Buddhist Philosophy and Psychology, Mindful Meditation and Acceptance and Commitment Therapy (ACT)</p> <p><u>Guest Lecture:</u> Michael Uebel, Ph.D, LCSW</p> <p><b>Assignment #8 Due: Reaction to Salvation Army</b></p> <p>Handouts:</p> <ul style="list-style-type: none"> <li>• Buddhism &amp; Psychology(Venerable Master Hsing Yun)</li> <li>• Sutra of the Eight Realizations of Great Beings</li> <li>• Buddhism &amp; the Psychotherapy of Addictions</li> </ul>	<p>Bowen, et al, Mindfulness meditation and substance use in an incarcerated population, p. 343-347.</p> <p>Groves, Paramabandhu &amp; Farmer, Buddhism and addictions, P. 183-194.</p> <p>Kabat-Zinn, Mindfulness-Based Interventions in Context: Past, Present, &amp; Future, p. 144-156.</p> <p>Recommended:</p> <ul style="list-style-type: none"> <li>• One Breath at a Time: Buddhism and the Twelve Steps, Kevin Griffin (2004).</li> <li>• A Burning Desire: Dharma God &amp; the path of recovery, Kevin Griffin (2010).</li> <li>• The Twelve Step Buddhist: Enhance Recovery from any addiction, Darren Littlejohn (2009).</li> </ul>
April 8 Class 11	<p><b><i>Detoxification &amp; Pharmacotherapeutic Treatment of Chemical Dependence and Coexisting Psychiatric Disorders</i></b></p> <p>Including: Methadone, Disulfiram/Antabuse, Buprenorphine, Naltrexone &amp; Clonidine</p> <p><u>Guest Lecture:</u> Reid Minot, Pharmacotherapy, Nurse Practitioner with Prescription Authority</p> <p><b>Assignment #9 Due: Reaction to Michael Uebel's Presentation</b></p>	<p>Parran, et al., Long-term outcomes of office-based buprenorphine / naloxone maintenance therapy, p. 56-60. (2009)</p> <p>Roman, Abraham &amp; Knudsen, Using medication-assisted treatment for substance use disorders, p. 584-589. (2011)</p> <p>Anton, R. F., O'Malley, S. S., Ciraulo, D. A., Cisler, R. A., et al. (2006). Combined pharmacotherapies and behavioral interventions for alcohol dependence: The COMBINE study. <i>JAMA</i>, 295(17), 2003-2017.</p> <p>Mariani, J., &amp; Levin, F. (2004). Pharmacotherapy for Alcohol-Related Disorders: What Clinicians Should Know. <i>Harvard Review Of Psychiatry</i>, 12(6), 351-366.</p> <p>Alpert, H. R., Connolly, G. N., &amp; Biener, L. C. (2013). A prospective cohort study challenging the effectiveness of population-based medical intervention for smoking</p>

		<p>cessation. <i>Tobacco Control</i> , 22(1), 32-37. doi: 10.1136/tobaccocontrol-2011-050129</p>
<p>April 15 Class 12</p>	<p><b><i>Empirically Supported Approaches</i></b></p> <ul style="list-style-type: none"> <li>• Behavioral Couples Therapy</li> <li>• Contingency Management</li> <li>• Rational Emotive/Cognitive Therapy</li> </ul> <p>Recommended Information:</p> <ul style="list-style-type: none"> <li>• SAMHSA’s National Registry of Evidence-based Programs and Practices (<a href="http://www.nrepp.samhsa.gov">www.nrepp.samhsa.gov</a>)</li> </ul> <p><b>Handouts:</b> Coping with cravings and Urges to Drink</p> <p><b>Assignment #10 Due: Reaction to Reid Minot</b></p> <p><b>Midterm Quiz Due</b></p>	<p><b><u>Evidence Based Practice</u></b> SAMHSA, Reducing wait time improves treatment access, retention, p. 1-5 (Network for the Improvement of Addiction Treatment- NIATx, Strengthening Treatment Access and Retention-State Implementation- STAR-SI)</p> <p>Sindelar &amp; Ball, Cost Evaluation of Evidence-Based Treatments, p. 44-51.</p> <p><b><u>Behavioral Couples Therapy</u></b> O’Farrell &amp; Fals-Stewart, Behavioral couples therapy for alcoholism and drug abuse, p. 49-58.</p> <p>Powers, Vedel &amp; Emmelkamp, Behavioral Couples Therapy: A Meta Analysis, p. 952-962.</p> <p><b><u>Contingency Management</u></b> Higgins et al., Contingent reinforcement, p. 64-72.</p> <p>Rawson et. al., A comparison of contingency management and cognitive behavioral approach, p. 267-274.</p> <p>Promoting Awareness of Motivational Incentives Training Website: <a href="http://www.ATTCnetwork.org/PAMI">www.ATTCnetwork.org/PAMI</a></p> <p><b><u>Rational Emotive / Cognitive Therapy</u></b> Ellis, McInerney, DiGiuseppe &amp; Yeager, Rational emotive therapy with alcoholics and substance abusers, p. 22-37.</p> <p>McHugh et. al., Cognitive behavioral therapy for substance use disorders, p. 511-525.</p> <p>Witkiewitz, K., Bowen, S., &amp; Donovan, D. M. (2011). Moderating effects of a craving intervention on the relation between negative mood and heavy drinking</p>

		following treatment for alcohol dependence.
April 22 Class 13	<b><i>Graduate Student Assignments &amp; Presentations</i></b>	GCATTC-Post Form
April 29 Class 14	<b><i>In Class Second Quiz</i></b>	GCATTC-Follow-up form  UT Course Evaluation

## BIBLIOGRAPHY

### **Introduction**

ASAM, New Definition of addiction

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

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

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

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

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