

THE UNIVERSITY OF TEXAS AT AUSTIN

SCHOOL OF SOCIAL WORK

Course Number: SW360K/ SW393R23

Unique Number: 62600/62875

Semester: Spring 2011

Meeting Time: Mon. 11:30-2:30pm

Meeting Place: SSW 2.122

Office Number: SSW1.218G

Office Phone: 471-0520

Office Hours: By appointment

Instructor's name: Clay Shorkey,



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

TREATMENT OF 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

This course is one of a cluster of courses in the area of chemical dependence. Other courses include; “Dynamics of Chemical Dependence,” “Dual Diagnosis,” “Adolescent Chemical Dependence Prevention and Intervention” and “Relapse and Recovery”. 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”, or “Relapse and Recovery”.

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 (2009) 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.

AA and other related websites:

Alcoholics Anonymous	http://austinaa.org/
Al-Anon/Alateen	http://www.austinalanon.org/
Narcotics Anonymous	http://www.ctana.org/
Secular Organizations for Sobriety	http://www.secularsobriety.org/ http://www.sossobriety.org/meetings/states.htm#Texas
Women for Sobriety	http://www.womenforsobriety.org/
Smart Recovery	http://www.smartrecovery.org/
APA resources	Learning Resource Center (LRC)

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. Quizzes: 30 points each
- 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.

VII. Class Policies

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.

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)
Research Paper	-----	25 pts.
Attendance	15 pts.	15 pts.
	-----	-----
	175	200

Attendance:

0 to 1 missed class: 15 points
1½ -2 missed classes: 10 points

164-175 (94%-100%) = A	188-200 (94%-100%) = A
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 APA (5th ed.) 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 accommodations.

Required Assignments: 10 points each – Due on assigned date. If assignments are turned in after the assigned date, students can earn no more than 50% of the points for the assignment. Assignments that are turned in more than 1 week after the assigned date will be graded 0. All assignments must adhere to APA format and reference all sources as well as include in-text citations and a works-cited page.

1. 2-3 page summary (see instructions) of one journal article related to chemical dependence treatments for a selected population group using Dr. Shorkey's website resources on chemical dependency treatments with special population groups or from electronic databases such as EBSCO, MEDLINE, and PSYCHINFO. This paper must include a full reference for the article selected using APA style. Students should be prepared to make a 5-10 minute presentation about the current needs and available resources of their chosen special population. Due Jan 31
2. 2-3 page reaction paper related to the presentation by Mary Boone.
Due Feb 14
3. 2-3 page reaction paper related to Bill Wigmore's presentation.
Due Feb 21
4. 2-3 page reaction paper related to field visit to drug court.
Due Feb 28
5. 2-3 page reaction paper related to field visit to Phoenix Academy.
Due Mar 7
6. 2-3 page reaction paper related to Kyle Correctional Facility.
Due Mar 21
7. 2-3 page reaction paper related to field visit to Salvation Army.
Due Mar 28
8. 2-3 page reaction paper related to presentation on pharmacological treatment of chemical dependence.
Due Apr 4
9. 2-3 page reaction paper related to either Buddhist Psychology or the Integrated Experience of Art, Music and Breathwork.
Due Apr 18
10. 2-3 page reaction paper related to an open "12-step meeting."
Due May 2 (or before)

Journal Article Summary Outline (Assignment #1)

3 pages, double spaced, 12pt Times New Roman (not including works cited), in-text citations, APA works cited, include headings

I. Introduction (1 paragraph, 1 point)

Present the article you reviewed by stating if it is a research article, a literature review article, or a meta-analysis. Provide a rationale for why you chose this article. You may also provide information about the author(s) such as their educational and professional backgrounds. This is optional and should not constitute more than 1-2 sentences.

II. Article Summary (2-3 paragraphs, 3 points)

In this section the student is expected to summarize the article providing information about the problem that the author attempts to address, the methodology used to conduct the research, and the findings.

III. Your Critical reaction about the article (2-3 paragraphs, 5 points)

Discuss your reactions to the paper. Do you agree or disagree with the authors' main points? Why? How does this article relate to the class discussions and readings? Was any information missing from the article? The student is expected to provide thorough rationale for points of agreement and disagreement with the author's main points. In this process, the students are to use either in-text citations from class readings and lectures or highlight additional dimensions within the same authors' research assumptions. Personal opinions must be presented in the form of logical and convincing arguments. Case examples and practice wisdom are also acceptable if the agency is clearly identified and appropriately cited.

IV. Conclusion (1-2 paragraphs, 1 point)

The student is also expected to conclude their assignment with a 1-2 sentence summary of the main things they learned from analyzing the article.

Reaction Paper Outline

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

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 24 Class 1	<p>Understanding the addiction and recovery process</p> <ul style="list-style-type: none"> • How people enter treatment • Stages of change • Motivational Interviewing • Intervention • Spontaneous/Natural Recovery <p>Handouts: Valley Chart, DSM-IV Diagnostic Criteria, Motivational Interviewing, Stages of Change</p>	<p>Course Syllabus</p> <p>SAMHSA, Reducing wait time improves treatment access, retention, p. 1-5</p> <p>Whitten, Court-mandated treatment works as well as voluntary, p. 1 & 6</p> <p>Cunningham, Why do people stop their drug use? p.695-710.</p> <p>Ludwig, Cognitive processes associated with “spontaneous” recovery from alcoholism, p. 57-62.</p>
Jan 31 Class 2	<p>Special Populations</p> <p>Presentation of Special Population Groups</p> <p>Guest Lecturer: SIMMS Foundation</p> <p>Assignment #1 Due & Class Presentations</p>	<p>Individual Reading Assignments</p>
Feb 7 Class 3	<p>The Family and Intervention</p> <p>Guest Lecture: Mary Boone, LCDC</p>	<p>Liepman, Nirenberg & Begin, Evaluation of a program designed to help family and significant others to motivate resistant alcoholics into recovery, p. 209-221.</p> <p>Johnson, Intervention: How to help someone who does not want help, p. 61-87.</p> <p>Loneck, Garrett & Banks, A Comparison of Johnson intervention with four other methods of referral to outpatient treatment, p. 233-246.</p>
Feb 14 Class 4	<p>Recovery Group Models</p> <p>12 Step, Minnesota Model, Spontaneous Recovery/Natural Recovery, Secular Organization for Sobriety, Women for Sobriety, Rational Recovery/Smart Recovery.</p>	<p><i>Alcoholics Anonymous</i>, ch.1-5.</p> <p>Krentzman, Evidence base for effectiveness of Alcoholics Anonymous, p. 27-48.</p> <p>Shorkey & Uebel, Minnesota Model,</p>

	<p>Guest Lecture: Bill Wigmore, Executive Director of Austin Recovery</p> <p>Assignment #2 Due</p>	<p>p. 547-549.</p> <p>Shorkey & Uebel, Women for Sobriety, p. 1007-1008.</p> <p>Shorkey & Uebel, Rational Recovery, p. 759-761.</p>
<p>Feb 21 Class 5</p>	<p>Drug Court</p> <p>No class at regular time on Feb 21</p> <p><u>Field visit:</u> Appear at 5:45, starts at 6:00 p.m.</p> <p>Dress professionally (no jeans or sneakers) and bring ID and release form</p> <p>Attend on (Mon) Feb 21 or (Wed) Feb 23</p> <p>Assignment #3 Due</p>	<p>Finn & Newlyn, Miami's "Drug court": A different approach. p.1-15</p> <p>Patra, Factors associated with treatment compliance and its effects on retention among participants in a court mandated treatment program, p. 289-313.</p> <p>Longshore, et al., Drug Court: A Conceptual Framework p. 7-26.</p> <p>Kerl & Parsons (under supervision of Shorkey, C.), Rearrest and retention in the Travis County Drug Court, p. 1-17.</p>
<p>Feb 28 Class 6</p>	<p>Therapeutic Community</p> <p><u>Field Visit:</u> Phoenix House</p> <p>Assignments #4 Due</p>	<p>DeLeon, The therapeutic community and behavioral science, p. 74-99.</p> <p>Knight, Simpson & Hiller, Three-year reincarceration outcomes for an in-prison therapeutic community treatment in Texas, p. 337-351.</p>
<p>Mar 7 Class 7</p>	<p>Therapeutic Community – part 2</p> <p><u>Field Visit:</u> Kyle Correctional Facility Dress professionally & Bring picture ID</p> <p>Assignment #5 Due</p>	<p>Burdon, Differential effectiveness of residential vs. outpatient aftercare for parolees from prison-based therapeutic community treatment programs, p. 2-16.</p> <p>Gudyish, Werdegar, Sorensen, Clark & Acampora, A day of treatment program in a therapeutic Community setting: Six month outcomes-the Walden House day treatment program, p. 441-447.</p> <p>Waters, Fazio, Hernandez & Segarra, The story of CURA, a</p>

		Hispanic/Latino drug therapeutic community, p. 113-134.
Mar 21 Class 8	<p>Faith-Based Programs</p> <p>Field visit: Salvation Army</p> <p>Assignment #6 Due Begin completing midterm quiz</p>	<p>Salvation Army Adult Rehabilitation Center website at http://www.bakersfield.org/salarmy/</p> <p>Shorkey, C., Uebel, M. & Windsor, L. (2008). Measuring dimensions of spirituality in chemical dependence treatment and recovery, p. 286-305.</p> <p>Neff, Shorkey, & Windsor, Contrasting faith-based and traditional substance abuse treatment programs, p. 49-61</p> <p>Shorkey & Windsor, Inventory of spirituality in alcohol/other drug research: Psychometric dimensions, p. 17-37.</p>
Mar 28 Class 9	<p>Detoxification & Pharmacotherapeutic Treatment Approaches</p> <p>Including: Methadone, Disulfiram/Antabuse, Buprenorphine, Naltrexone & Clonidine</p> <p>Guest Lecture: Reid Minot, Pharmacotherapy</p> <p>Assignment #7 Due</p>	<p>Ling & Smith, Buprenorphine: Blending practice and research, p. 87-92.</p> <p>Rawson, McCann & Hasson, Pharmacotherapies for substance abuse, p. 18-24.</p> <p>Rubio et al, Clinical predictors of response to naltrexone in alcoholic patients: who benefits most from treatment with naltrexone? p. 227-233.</p>
Apr 4 Class 10	<p>Faith-Based Programs</p> <p>Buddhist Psychology, Mindful Meditation and ACT</p> <p>Field Visit: Buddhist Temple</p> <p>Assignment #8 Due</p> <p>Midterm Quiz Due</p>	<p>Marlatt, Buddhist Philosophy and the Treatment of Addictive Behavior, pp.44-50.</p> <p>Kabat-Zinn, Mindfulness-Based Interventions in Context: Past, Present, & Future, p. 144-156.</p> <p>Bowen, et.al, Mindfulness meditation and substance use in an incarcerated population, p. 343-347</p>

		Heffner, Valued directions: Acceptance and commitment therapy in the treatment of alcohol dependence, p. 378-383.
Apr 11 Class 11	<p>Alternate Therapies</p> <p>Integrative Art, Music, and Breathwork & Soul Based Psychology</p> <p>Field Visit: Maryse Saffle – Austin Recovery</p> <p>Personal pillow and blanket encouraged for exercise.</p>	Rhinewine & Williams, Holotropic breathwork, p. 771-776.
Apr 18 Class 12	<p>Empirically Supported Approaches</p> <p>In-Class group assignment: Behavioral techniques related to 12-step programs of recovery, Drug Court, & Therapeutic Communities</p> <ul style="list-style-type: none"> • Gestalt Therapy • Behavioral Couples Therapy • Rational Emotive/Cognitive Therapy • Contingency Management <p>Assignment #9 Due</p>	<p>Buchbinder, Gestalt therapy and its application to alcoholism treatment, p.49-67.</p> <p>Shorkey & Uebel, Gestalt Therapy, p. 1- 6.</p> <p>Ellis, McNerney, DiGiuseppe & Yeager, Rational emotive therapy with alcoholics and substance abusers, p. 22-37.</p> <p>Rawson et. al., A comparison of contingency management and cognitive behavioral approach, p. 267-274.</p> <p>Powers, Vedel & Emmelkamp, Behavioral Couples Therapy: A Meta Analysis, p. 952-962.</p> <p>Higgins et al., Contingent reinforcement, p. 64-72.</p> <p>McGowan, The New Quitter, p. 80-84</p> <p>McHugh et. al., Cognitive behavioral therapy for substance use disorders, p. 511-525.</p>
Apr 25 Class 13	Graduate Student Research Paper Presentations	GCATTC-Post Form

	Assignment #10 Due	
May 2 Class 14	In Class Second Quiz	GCATTC-Follow-up form UT Course Evaluation

BIBLIOGRAPHY

Introduction

Clay, R. (2007). Reducing wait time improves treatment access, retention. *Substance Abuse and Mental Health Services Administration*, 15(5), 1- 5.

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

Spontaneous Recovery/Natural Recovery

Cunningham, J.A., Koski-Jännes, A., and Toneatto, T. (2000) Why do people stop their drug use? Results from a general population sample. *Contemporary Drug Problems*, 26, 695-710.

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

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.

12-Step

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

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

Minnesota Model & Support Groups

Shorkey, C. & Uebel, M. (Sage, 2008). Minnesota Model. *Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery*, 547- 549.

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

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

Shorkey, C. & Uebel, M. (Sage, 2008). Rational Recovery. *Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery*, 1759-761.

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.

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.

Longshore, D., Turner, S., Wenzel, S., Morral, A., Harrell, A., McBride, D., Deschenes, E., & Iguchi, M. (2001). Drug Courts: A conceptual framework. *Journal of Drug Issues*, 31(1), 7-26.

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.

Therapeutic Communities

Burdon, W. M. et. al. (2007). Differential effectiveness of residential versus outpatient aftercare for parolees from prison-based therapeutic community treatment programs. *Substance Abuse Treatment, Prevention, and Policy*, 2(16), 2-16.

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.
- 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.
- 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.

Pharmacological Treatment Approaches

- Corelli, R.L. & Hudmon K.S. (2006) Pharmacologic interventions for smoking cessation. *Critical Care Nursing Clinics of North America, 18*(1), 39-51.
- Ling, W. & Smith, D. (2002). Buprenorphine: Blending practice and research. *Journal of Substance Abuse Treatment, 23*, 87-92.
- Rawson, R. A., McCann, M. J., & Hasson, A. L. (2000). Pharmacotherapies for substance abuse treatment: The beginning of a new era. *Counselor, 1* (1), 18-24.
- Rubio, G., Ponce, G., Rodriguez-Jumenez, R., Jimenez-Arriero, M.A. Hoenicka, J., & Palomo, T. (2005) Clinical predictors of response to Naltrexone in alcoholic patients: who benefits most from treatment with Naltrexone? *Alcohol and Alcoholism, 40*(3), 227-233.

Faith-Based Programs/Mindfulness/ACT

- Groves, Paramabandhu, & Farmer, Roger (1994). Buddhism and addictions. *Addictions Research, 2*(2), 183-194.
- Heffner, M. et. al. (2003). Valued directions: Acceptance and commitment therapy in the treatment of alcohol dependence. *Cognitive and Behavioral Practice, 10*, 378-383.
- Kabat-Zinn, Jon (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical Psychology: Science and Practice, 10*(2), 144-156.
- Marlatt, G. Alan (2002). Buddhist philosophy and the treatment of addictive behavior. *Cognitive and Behavioral Practice, 9*, 44-50.
- Neff, A.; Shorkey, C.; & Windsor, L. (2006). Contrasting faith based and traditional substance abuse treatment programs. *Journal of Substance Abuse Treatment, 30*, 49-61.
- 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.

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

Empirically/Clinically Supported Approaches: Gestalt, Cognitive & Behavioral Techniques

Buchbinder, J. (1986). Gestalt therapy and its application to alcoholism treatment. *Alcoholism Treatment Quarterly*, 3(3), 49- 67.

Shorkey, C. & Uebel, M. (2008). Gestalt Therapy, *Encyclopedia of Social Work*, 1-5.

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.

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.

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.

O'Farrell, T. J. & Fals-Stewart, W. (2000). Behavioral couples therapy for alcoholism and drug abuse. *The Behavior Therapist*, 23(3), 49-58.

Petry, N., Martin, B., Cooney, J. L., & Kranzler, H. R. (2000). Give them prizes and they will come: Contingency management for treatment of alcohol dependence. *Journal of Consulting and Clinical Psychology*, 68(2), 250-257.

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.

Rawson, R. A. et. al. (2006). A comparison of contingency management and cognitive-behavioral approach for stimulant-dependent individuals. *Addictive*, 101, 267-274.

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), 61-64.