

THE UNIVERSITY OF TEXAS AT AUSTIN

SCHOOL OF SOCIAL WORK

Course Number: N360K/N393R23
Unique Number: 94675/94755
Semester: Summer 2012
Meeting Time: Mon & Wed 1:30-4:00pm
Meeting Place: SSW 2.116
Office Number: SSW1.218G

Office Phone: 471-0520
Office Hours: By appointment

Instructor's name:



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

TREATMENT OF 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.

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.cfiwest.org/sos/index.htm http://www.cfiwest.org/sos/intro.htm http://www.sossobriety.org/meetings/states.htm#Texas
Lamda (LGBT Friendly Group)	http://lambdaaustin.org/index.htm
Women for Sobriety	http://www.womenforsobriety.org/
Smart Recovery	http://www.smartrecovery.org/
APA Resources	Learning Resource Center (LRC) Reference Book

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

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. Two points will be deducted from the assignment for each class session past the due date.

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.
	-----	-----
	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 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 reaction paper related to Bill Wigmore’s presentation.
Due June 11
2. 2-3 page reaction paper related to the presentation by Mary Boone.
Due June 13
3. 2-3 page reaction paper related to the field visit to Austin Recovery for the Musical Journey.
Due June 20
4. 2-3 reaction paper related the field visit to drug court.
Due June 25
5. 2-3 page reaction paper related to the field visit to Phoenix Academy.
Due June 27
6. 2-3 page reaction paper related to the Kyle Correctional Facility.
Due July 2
7. 2-3 page reaction paper related to the field visit to Salvation Army.
Due July 9
8. 2-3 page reaction paper related to Michael Uebel’s presentation.
Due July 11
9. 2-3 page reaction paper related to the presentation on pharmacological treatment of chemical dependence by Reid Minot
Due July 16
10. 2-3 page reaction paper related to an open “12-step meeting.”
Due July 18 (you are strongly encouraged to turn this in prior to the due date)

Special Note on Assignments

Regular Reaction Papers are not required for the session on Gestalt Therapy, Behavioral Couples Therapy, Contingency Management & Rational/Emotive Cognitive Therapy. 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.

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
Jun 4 Class 1	<p>Definitions and Entrance into Treatment</p> <ul style="list-style-type: none"> • New definition of addiction • Barriers to treatment • Stages of change • Motivational Interviewing • Intervention • Spontaneous/Natural Recovery <p>Handouts: DSM-IV Diagnostic Criteria, Motivational Interviewing & Stages of Change</p> <p>Video: 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>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> <p>Whitten, Court-mandated treatment works as well as voluntary, p. 1 & 6</p>
Jun 6 Class 2	<p>Recovery Group Models</p> <p>12 Step, Minnesota Model, Spontaneous Recovery/Natural Recovery, Secular Organization for Sobriety, Women for Sobriety, Smart Recovery.</p> <p><u>Guest Lecture:</u> Rev. Bill Wigmore</p>	<p><u>Alcoholics Anonymous</u> <i>Alcoholics Anonymous</i>, ch.1-5.</p> <p>Krentzman, Evidence base for effectiveness of Alcoholics Anonymous, p. 27-48.</p> <p><u>Minnesota Model</u> Shorkey & Uebel, Minnesota Model, p. 547-549.</p> <p><u>Other 12-Steps Groups</u> Shorkey, C. & Uebel, M. Secular Organizations for Sobriety, p. 815-816</p> <p>Shorkey & Uebel, Women for Sobriety, p. 1007-1008.</p> <p>Smart Recovery: www.smartrecovery.org</p>
Jun 11 Class 3	<p>The Family & Intervention</p> <p><u>Guest Lecture:</u> Mary Boone, LCDC, LCSW</p>	<p>Johnson, Intervention: How to help someone who does not want help, p. 61-87.</p> <p>Liepman, Nirenberg & Begin,</p>

	<p>Assignment #1 Due: Reaction to Bill Wigmore's Presentation</p>	<p>Evaluation of a program designed to help family and significant others to motivate resistant alcoholics into recovery, p. 209-221.</p> <p>Loneck, Garrett & Banks, A Comparison of Johnson intervention with four other methods of referral to outpatient treatment, p. 233-246.</p>
<p>Jun 13 Class 4</p>	<p>Recovery and Internet Tools</p> <p><u>Guest Lecturer:</u> TBA</p> <p>Assignment #2 Due: Reaction to Mary Boone's Presentation</p>	<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>Jun 18 Class 5</p>	<p>Alternate Therapies & Culturally Competent Services</p> <p>Integrative Art, Music, and Breathwork-Musical Journey</p> <p><u>Field Visit:</u> Tour of Austin Recovery & Musical Journey Tour: Ilana Baar, LMSW Guest Lecturer: Maryse Saffle, LCDC</p> <p>Personal pillow and blanket encouraged for exercise.</p>	<p>Dingle, Gleadhill, & Baker, Can music therapy engage patients in group cognitive behaviour therapy for substance abuse treatment? p. 190-196.</p> <p>Rhinewine & Williams, Holotropic breathwork, p. 771-776.</p> <p>Shorkey, Windsor & Spence, Assessing Culturally Competent Chemical Dependence Treatment Services for Mexican Americans, p. 61-74.</p> <p>Shorkey, Windsor & Spence, Systematic Assessment of Culturally Competent Chemical Dependence Treatment Services for African Americans, 113-128.</p>
<p>Jun 20 Class 6</p>	<p>Drug Court</p> <p>No class at regular time on June 20</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</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>form</p> <p>Attend on (Mon) Jun 18 or (Wed) Jun 20</p> <p>Assignment #3 Due: Reaction to Austin Recovery / Musical Journey</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>Jun 25 Class 7</p>	<p>Therapeutic Community: Session 1</p> <p><u>Field Visit:</u> Phoenix Academy</p> <p>Assignment #4 Due: Reaction to Drug Court</p>	<p>DeLeon, The therapeutic community and behavioral science, p. 74-99.</p> <p>Gudyish, Werdegar, Sorensen, Clark & Acampora, A day of treatment program in a therapeutic Community setting: Six month outcomes-the Walden House day treatment program, p. 441-447.</p> <p>Waters, Fazio, Hernandez & Segarra, The story of CURA, a Hispanic/Latino drug therapeutic community, p. 113-134.</p>
<p>Jun 27 Class 8</p>	<p>Therapeutic Community: Session 2</p> <p><u>Field Visit:</u> Kyle Correctional Facility Dress professionally & bring picture ID</p> <p>Assignment #5 Due: Reaction to Phoenix Academy</p> <p>Begin completing midterm quiz</p>	<p>Burdon, Differential effectiveness of residential vs. outpatient aftercare for parolees from prison-based therapeutic community treatment programs, p. 2-16.</p> <p>Knight, Simpson & Hiller, Three-year reincarceration outcomes for an in-prison therapeutic community treatment in Texas, p. 337-351.</p>
<p>July 2 Class 9</p>	<p>Faith-Based Programs: Session 1</p> <p><u>Field visit:</u> Salvation Army</p> <p>Assignment # 6 Due: Reaction to Kyle Correctional Facility</p>	<p>Neff, Shorkey, & Windsor, Contrasting faith-based and traditional substance abuse treatment programs, p. 49-61.</p> <p>Shorkey, C., Uebel, M. & Windsor, L. (2008). Measuring dimensions of spirituality in chemical dependence treatment and recovery, p. 286-305.</p>
<p>July 9 Class 10</p>	<p>Faith-Based Programs: Session 2</p> <p>Buddhist Philosophy and Psychology, Mindful Meditation and Acceptance and Commitment Therapy (ACT)</p> <p><u>Guest Lecture:</u> Michael Uebel, Ph.D,</p>	<p>Bowen, et al, Mindfulness meditation and substance use in an incarcerated population, p. 343-347.</p> <p>Groves, Paramabandhu & Farmer, Buddhism and addictions, P. 183-194.</p>

	<p>LCSW</p> <p>Assignment #7 Due: Reaction to Salvation Army</p>	<p>Heffner, Valued directions: Acceptance and commitment therapy in the treatment of alcohol dependence, p. 378-383.</p> <p>Kabat-Zinn, Mindfulness-Based Interventions in Context: Past, Present, & Future, p. 144-156.</p>
<p>July 11 Class 11</p>	<p>Detoxification & Pharmacotherapeutic Treatment of Chemical Dependence and Coexisting Psychiatric Disorders</p> <p>Including: Methadone, Disulfiram/Antabuse, Buprenorphine, Naltrexone & Clonidine</p> <p><u>Guest Lecture:</u> Reid Minot, Pharmacotherapy, Nurse Practitioner with Prescription Authority</p> <p>Assignment #8 Due: Reaction to Michael Uebel's Presentation</p>	<p>Parran, et al., Long-term outcomes of office-based buprenorphine / naloxone maintenance therapy, p. 56-60.</p> <p>Rawson, McCann & Hasson, Pharmacotherapies for substance abuse, p. 18-24.</p> <p>Roman, Abraham & Knudsen, Using medication-assisted treatment for substance use disorders, p. 584-589.</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>
<p>July 16 Class 12</p>	<p>Empirically Supported Approaches: Session 1</p> <ul style="list-style-type: none"> • SAMHSA's National Registry of Evidence-based Programs and Practices (www.nrepp.samhsa.gov) • Gestalt Therapy • Behavioral Couples Therapy • Contingency Management • Rational Emotive/Cognitive Therapy <p>Assignment #9 Due: Reaction to Reid Minot</p> <p>Midterm Quiz Due</p>	<p>Evidence Based Practice</p> <p>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 & Ball, Cost Evaluation of Evidence-Based Treatments, p. 44-51.</p> <p>Gestalt Therapy</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>July 16 Class 12 Cont.</p>		<p><u>Behavioral Couples Therapy</u> O’Farrell & Fals-Stewart, Behavioral couples therapy for alcoholism and drug abuse, p. 49-58.</p> <p>Powers, Vedel & Emmelkamp, Behavioral Couples Therapy: A Meta Analysis, p. 952-962.</p> <p><u>Contingency Management</u> 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: www.ATTCnetwork.org/PAMI</p> <p><u>Rational Emotive / Cognitive Therapy</u> Ellis, McInerney, DiGiuseppe & 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>July 18 Class 13</p>	<p>Graduate Student Assignments & Presentations</p> <p>Assignment #10 Due: Reaction to an open “12-step meeting”</p>	<p>GCATTC-Post Form</p>
<p>July 23 Class 14</p>	<p>In Class Second Quiz</p>	<p>GCATTC-Follow-up form</p> <p>UT Course Evaluation</p>

BIBLIOGRAPHY

Introduction

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

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.

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, V.E. (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

Bantchevska, D., Erdem, G., Patton, R., Linley, J., Letcher, A., Bonomi, A., & Slesnick, N. (2011). Predictors of Drop-In Center Attendance among Substance-Abusing Homeless Adolescents. *Social Work Research*, 35(1), 58-63.

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

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.

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.

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

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

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, 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.

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.

Special Populations

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.

Alternate Therapies

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.

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.

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.
- O'Farrell, T.J., Murphy, M., Alter, J., & Fals-Stewart, W. (2010). Behavioral family counseling for substance abuse: A Treatment Development Pilot Study. *Addictive Behaviors, 35*(1), 1-6.
- 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.
- Ruff, S., McComb, J., Coker, C.J., & Sprenkle, D.H. (2010). Behavioral Couples Therapy for the Treatment of Substance Abuse: A Substantive and Methodological Review of O'Farrell, Fals Stewart, and Colleagues' Program of Research. *Family Process, 49*(4), 439-456.