



## **LEWIS & CLARK COLLEGE**

### **GRADUATE SCHOOL OF EDUCATION AND COUNSELING**

#### **Department of Counseling Psychology**

#### **Professional Mental Health Counseling-Addiction**

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### **CPSY 546: Models of Addiction and Recovery**

Time & Day: 5:30-8:30, Monday

Class Room: York Graduate Center, Room 107

Instructor: John Fitzgerald, PhD, LPC, CAS

Email: [jfitzgerald@lclark.edu](mailto:jfitzgerald@lclark.edu)

Office Hours: Available on Request: 503-343-5666

### **CATALOG DESCRIPTION**

This class provides an overview of the major theories and models for the etiology of addictive behaviors and recovery from those behaviors. Special emphasis is placed upon the critical evaluation of biological predispositions, psychological factors, socialization processes, and spiritual influences implicated in the development of addictive behaviors and recovery. Additionally, risk and resiliency factors that mediate and moderate the intergenerational transmission of addiction, sociocultural factors, effects on the psychosocial development, and the impact of culture and gender differences will be examined. The successful integration, adaptation, and application of a working model of addiction/recovery into the counseling setting are the ultimate goal for each student.

### **COURSE PURPOSE & OBJECTIVES**

1. To gain an understanding of the basic assumptions that underlie the various theoretical models of addiction and recovery.
2. To appreciate the historical and cultural meanings of addiction for the understanding (and misunderstandings) of both counselors as well as clients.
3. To compare and evaluate select models of addiction and treatment through a structured critical analysis using discussion and focused readings.
4. To confront select current key topics in addictions, often controversial, and critically evaluate them.
5. To tease out one's own biases and long-standing assumptions about addictions and the addicted, and learn to appreciate how these color one's therapeutic strategies and relationships with clients.
6. To develop a well-defined personal theory of addiction and recovery that respects cultural diversities and has meaningful application in the counseling field.

## CACREP ADDICTION COUNSELING OBJECTIVES & LEARNING OUTCOMES

AC.A.1.	Understands the history, philosophy, and trends in addiction counseling.
AC.A.5.	Understands a variety of models and theories of addiction related to substance use and other addictions.
AC.A.6.	Knows the behavioral, psychological, physical health, and social effects of psychoactive substances and addictive disorders on the user and significant others.
AC.A.8.	Understands factors that increase the likelihood for a person, community, or group to be at risk for or resilient to psychoactive substance use disorders.
AC.A.9.	Understands the impact of crises, disasters, and other trauma-causing events on persons with addictions.
AC.C.1.	Knows the principles of addiction education, prevention, intervention, and consultation.
AC.C.2.	Knows the models of treatment, prevention, recovery, relapse prevention, and continuing care for addictive disorders and related problems.
AC.C.3.	Recognizes the importance of family, social networks, and community systems in the treatment and recovery process.
AC.C.4.	Understands the role of spirituality in the addiction recovery process.
AC.C.6.	Understands the principles and philosophies of addiction-related self-help programs.
AC.C.8.	Understands the principles of intervention for persons with addictions during times of crisis, disasters, and other trauma-causing events.
AC.E.2.	Understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with addictions.
AC.G.1.	Understands various models and approaches to clinical evaluation for addictive disorders and their appropriate uses, including screening and assessment for addiction, diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments.
AC.G.2.	Knows specific assessment approaches for determining the appropriate level of care for addictive disorders and related problems.
AC.G.3.	Understand the assessment of biopsychosocial and spiritual history.
AC.G.4.	Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified.
AC.I.1.	Knows models of program evaluation for addiction counseling treatment and prevention programs.
AC.I.1.	Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in addiction counseling.
AC.K.1.	Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM)</i> .
AC.K.2.	Knows the impact of co-occurring addictive disorders on medical and psychological disorders.
AC.K.3.	Understands the established diagnostic and clinical criteria for addictive disorders and describes treatment modalities and placement criteria within the continuum of care.
AC.L.2.	Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by clients and communicate the differential diagnosis with collaborating professionals.

## COURSE SCHEDULE

Date	Topic	Required Readings
1	1/7	Overview None
2	1/14	Addiction theory <ul style="list-style-type: none"> <li>• Conceptualizing addiction: How useful is the construct? (am)</li> <li>• The roots of addiction in free market society (am)</li> <li>• The origins of addiction – ACE study (am)</li> </ul>
	<b>1/21</b>	<b>No class</b>
3	1/28	Addiction theory <ul style="list-style-type: none"> <li>• Outline of a synthetic theory of addiction (am)</li> <li>• Toward a syndrome model of addiction (am)</li> </ul> <i>Guest Instructors: Judge Eric Bloch &amp; Ben Wyatt</i>
4	2/4	Addiction theory <ul style="list-style-type: none"> <li>• Addiction as excessive appetite (am)</li> <li>• Drug dependence: a chronic medical illness (am)</li> <li>• Co-morbidity of drug addiction (library)</li> </ul>
5	2/11	Treatment system <ul style="list-style-type: none"> <li>• Addiction Medicine: Closing the gap between science and practice (am)</li> </ul> <i>Pages: 1-17, 131-174, 199-234</i>
6	2/18	Motivation <ul style="list-style-type: none"> <li>• The behavior change wheel... (am)</li> <li>• What you need to know about willpower (am)</li> <li>• Motivational interviewing in health settings: a review (am)</li> </ul>
7	2/25	Evaluation <ul style="list-style-type: none"> <li>• Bargains with chaos – addiction interactive disorder (library)</li> <li>• Assessing addiction: concepts and instruments (am)</li> <li>• <i>Evaluation template</i> (am)</li> </ul>
8	3/4	Manage <ul style="list-style-type: none"> <li>• Managing addiction as a chronic condition (am)</li> <li>• Update on harm-reduction policy and intervention research (library)</li> <li>• Evidence-based treatment (am)</li> </ul>
9	3/11	Manage <ul style="list-style-type: none"> <li>• The community reinforcement approach (am)</li> <li>• Relapse prevention for alcohol and drug problems (am)</li> <li>• Multidimensional family therapy (am)</li> </ul>
10	3/18	Manage <ul style="list-style-type: none"> <li>• Self-help organizations for alcohol and drug problems (library)</li> <li>• Substance abuse treatment: Group therapy (am) <i>Exec summary, Ch. 1-2</i></li> <li>• Medications to treat substance abuse disorders (am)</li> </ul>
	<b>3/25</b>	<b>No class</b>
11	4/1	Resolve <ul style="list-style-type: none"> <li>• Psychological trauma and substance abuse (library)</li> <li>• Manifestations of damaged development... (library)</li> </ul>
12	4/8	Resolve <ul style="list-style-type: none"> <li>• Developmentally-based psychotherapy (am)</li> <li>• Applying principles of neurodevelopment to clinical work (am)</li> </ul>
13	4/15	Create <ul style="list-style-type: none"> <li>• The path of least resistance (<b>buy book</b>) <i>Ch. 3-5 (all if you like ☺)</i></li> <li>• Me to we (<b>buy book</b>) <i>Ch. 3-5, 10 (all if you like, again ☺)</i></li> </ul>
14	4/22	Create <ul style="list-style-type: none"> <li>• The integral recovery model for drug and alcohol addiction (am)</li> <li>• Spirituality, science, and addiction counseling (am)</li> </ul>

am = <http://addictionmanagement.org/resources-for-class/>

library = <http://library.lclark.edu/reference/>

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## REQUIRED READINGS

- Alexander, B.K., and Canadian Centre for Policy Alternatives. "The Roots of Addiction in Free Market Society" (2001). <http://www.cfdp.ca/roots.pdf>.
- Britt, E., S. M. Hudson, and N. M. Blampied. "Motivational Interviewing in Health Settings: a Review." *Patient Education and Counseling* 53, no. 2 (2004): 147–155.
- C. Kielburger, and M. Kielburger. *Me to We: Finding Meaning in a Material World*. New York: Fireside, 2004.
- Carnes, Patrick J., Robert E. Murray, and Louis Charpentier. "Bargains With Chaos: Sex Addicts and Addiction Interaction Disorder." *Sexual Addiction & Compulsivity* 12, no. 2–3 (April 2005): 79–120. doi:10.1080/10720160500201371.
- Clark, M. "Conceptualising Addiction: How Useful Is the Construct." *International Journal of Humanities & Social Science* 1, no. 13 (2011): 55–64.
- Dass-Brailsford, P., and A. C. Myrick. "Psychological Trauma and Substance Abuse: The Need for an Integrated Approach." *Trauma, Violence, & Abuse* 11, no. 4 (2010): 202–213.
- Demetrovics, Zsolt. "Co-morbidity of Drug Addiction: An Analysis of Epidemiological Data and Possible Etiological Models." *Addiction Research & Theory* 17, no. 4 (January 2009): 420–431. doi:10.1080/16066350802601324.
- Dennis, M., and C.K. Scott. "Managing Addiction as a Chronic Condition." *Addiction Science & Clinical Practice* 4, no. 1 (2007): 45.
- Dupuy, J., and M. Morelli. "The Integral Recovery Model for Drug and Alcohol Addiction." *AQAL: Journal of Integral Theory & Practice* 2. Accessed January 4, 2013. [http://www.integralrecovery.com/files/articles/integralrecovery\\_dupuy.pdf](http://www.integralrecovery.com/files/articles/integralrecovery_dupuy.pdf).
- Felitti, V.J. "The Origins of Addiction," 2004. <http://www.nijc.org/pdfs/Subject%20Matter%20Articles/Drugs%20and%20Alc/ACE%20Study%20-%20OriginsofAddiction.pdf>.
- Fitzgerald, John. "Medications to Treat Substance Abuse Disorders." In *A Multilevel Analysis of Individual and Organizational-level Effects on Staff Attitudes Towards Use of Medications in Substance Abuse Treatment.*, 48–59, 170–179, 2007.
- Greenspan, Stanley. *Developmentally Based Psychotherapy*. Madison, CT: International Universities Press, 1997.
- Humphreys, K., Wing, S., McCarty, D., Chappel, J., Gallant, L, and Haberle, B. "Self-help Organizations for Alcohol and Drug Problems: Toward Evidence-based Practice and Policy." *Journal of Substance Abuse Treatment* 26 (2004): 151–158.
- Liddle, H. A., R. A. Rodriguez, and F. A. Marvel. "Multidimensional Family Therapy (MDFT): An Effective Treatment for Adolescent Substance Abuse." Accessed January 4, 2013. [http://www.nd.gov.hk/en/conference\\_proceedings/Drugs\\_proBK\\_Part4/Drugs\\_proBK\\_HowardL.pdf](http://www.nd.gov.hk/en/conference_proceedings/Drugs_proBK_Part4/Drugs_proBK_HowardL.pdf).
- Marlatt, G. A., and K. Witkiewitz. "Update on Harm-reduction Policy and Intervention Research." *Annual Review of Clinical Psychology* 6 (2010): 591–606.
- McLellan, A.T., D.C. Lewis, C.P. O'Brien, and H.D. Kleber. "Drug Dependence, a Chronic Medical Illness." *JAMA: The Journal of the American Medical Association* 284, no. 13 (2000): 1689.
- Meyers, R.J., Roozen, J.G. & Smith, J.E. (2011). The community reinforcement approach: an update of the evidence. *Alcohol Research & Health*, Vol. 33, Issue 4.
- Michie, S., M.M. van Stralen, and R. West. "The Behaviour Change Wheel: A New Method for Characterising and Designing Behaviour Change Interventions." *Implementation Science* 6, no. 1 (2011): 42.
- Miller, W.R., J. Zweben, and W.R. Johnson. "Evidence-based Treatment: Why, What, Where, When, and How?" *Journal of Substance Abuse Treatment* 29, no. 4 (2005): 267–276.
- Orford, J. "Addiction as Excessive Appetite." *Addiction* 96, no. 1 (2001): 15–31.

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- Perry, Bruce D. "Applying Principles of Neurodevelopment to Maltreated Children." In *Working with Traumatized Youth in Child Welfare*. Spring Street, New York: The Guilford Press, 2006.
- Robert Fritz. *The Path of Least Resistance: Learning to Become the Creative Force in Your Own Life*. New York: Fawcett Books, 1989.
- Samet, S., R. Waxman, M. Hatzenbuehler, and D.S. Hasin. "Assessing Addiction: Concepts and Instruments." *Addiction Science & Clinical Practice* 4, no. 1 (2007): 19.
- Schwartz, M.F. "Manifestations of Damaged Development in the Human Affectional Systems and Developmentally Based Psychotherapy." *Sexual Addiction & Compulsivity* 6 (1999): 163–175.
- Shaffer, Howard J., Debi A. LaPlante, Richard A. LaBrie, Rachel C. Kidman, Anthony N. Donato, and Michael V. Stanton. "Toward a Syndrome Model of Addiction: Multiple Expressions, Common Etiology." *Harvard Review of Psychiatry* 12, no. 6 (January 2004): 367–374.  
doi:10.1080/10673220490905705.
- Weir, Kristen. *What You Need to Know About Willpower: The Psychological Science of Self-control*. American Psychological Association, 2012. <http://www.apa.org/helpcenter/willpower.pdf>.
- West, R. *Outline of a Synthetic Theory of Addiction*. University College London and Cancer Research UK, 2006. <http://addictionmanagement.org/synthetic.doc>.
- White, William. "Spirituality, Science and Addiction Counseling." *Counselor Magazine* 7, no. 1 (2006): 56–59.
- Witkiewitz, K., and G.A. Marlatt. "Relapse Prevention for Alcohol and Drug Problems: That Was Zen This Is Tao." *American Psychologist* 59, no. 4 (2004): 224–235.
- Addiction Medicine: Closing the Gap Between Science and Practice*. The National Center on Addiction and Substance Abuse at Columbia University, June 2012.  
<http://www.casacolumbia.org/upload/2012/20120626addictionmed.pdf>.
- Substance Abuse Treatment: Group Therapy*. SAHMSA, 2005.  
<http://numerons.in/files/documents/6Substance-Abuse-Treatment---Group-Therapy.pdf>.

## ASSIGNMENTS

Students read assigned journal articles/book chapters and prepare *cognitive-Map* papers (described the first night of class and below), and participate in class dialogue of material.

### Instructions for weekly cognitive-map papers

Each week you will complete cognitive-map papers that will be 2-3 pages (single-spaced, no longer than 3 pages), and outlined as follows:

1. **Terms and concepts:** List any words from the readings that you don't know, and then look them up in the dictionary and define them.
2. **Identify key themes across all readings:** After you have completed the readings for the week, consider what the 3-5 key themes are, and then write a paragraph or two about each. Ideally, the themes cross over articles, although some may be specific to one article.
3. **Questions:** Write down 2-3 questions you have after completing the readings which may serve as discussion points in class.
4. **Integration of material with other knowledge:** After completing the readings, think about how the ideas and concepts *link with what you already know*, from personal experience, other readings, classes, etc.. Write a paragraph or two about this.
5. **Applications in clinical practice:** Write a paragraph or two about how you may use what you learned in the readings in your clinical work with clients. What ideas can be implemented in practice? How might you do this? Or, explain why particular ideas are not relevant to practice.
6. **Evaluation of readings:** Briefly, in a few sentences, evaluate each article and say what you liked and disliked.

At the top of the paper write your name, and list the names of the articles for the week. You don't need to include reference information, just the names of the articles is sufficient.

**Instructions for class participation points**

You are expected to attend and participate in every class, by taking on one of the rolls to help facilitate group discussion, and/or by engaging productively in class discussions. At the end of each class, I will ask you to provide me a *participation-points score* based on the following criteria:

Points earned	Criteria
0	Not in class, or forget to write point score on cog-map paper before turning in
1	<i>Little to no</i> engagement in class, did not do readings, no cog-map (will have to hand-in paper explaining why no cog-map and listing point earned for the night)
2	<i>Minor</i> engagement in discussion, completed readings and cog-map, contribute 1-2 brief comments to discussion
3	<i>Moderate</i> engagement, contribute something <i>value-added</i> to discussion
4	<i>Good</i> engagement, fully prepared for class, may have taken on discussion task for evening, multiple productive comments during class discussion
5	<i>Excellent</i> engagement, fully prepared for class, may have taken on discussion task for evening, multiple productive comments, been group leader, taken risks

Please write the number of points you earned at the top of your cog-map before turning it in at the end of class. If you forget to write a number it will be recorded as a "0", so please don't forget, it is your responsibility. In the end, the score you give yourself on a given night is *subjective*. Use the above as a general guide, and also consider what is your norm for participation and what is a stretch for you. Bottom line, I want everyone to earn 5 points every class, it is not hard: do the readings, prepare a solid cog-map paper, and then contribute productively to the discussion.

**Instructions for attending drug-court and self-help group**

TBA

**Grading Summary**

Cognitive Maps                            12 papers worth 20 points each = 240 points  
 Class Participation                        12 discussion classes worth 5 points each = 60 points  
 One Drug Court Visit                      25 points  
 One Self-help Meeting                      25 points

Total Points = 350

**Grade Calculation (percentages of total points)**

93-100 = A                            83-87 = B                            73-77 = C  
 90-92 = A-                            80-82 = B-                            70-72 = C-  
 88-89 = B+                            78-79 = C+

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## **NON-DISCRIMINATION POLICY/SPECIAL ASSISTANCE**

Lewis & Clark College adheres to a nondiscriminatory policy with respect to employment, enrollment, and program. The College does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, handicap or disability, sexual orientation, or marital status and has a firm commitment to promote the letter and spirit of all equal opportunity and civil rights laws.

## **PARTICIPATION IN THE LEARNING COMMUNITY**

Students are required to attend and actively participate in all scheduled class meetings. This includes being on time, being prepared, following through on group projects, and otherwise engaging with colleagues as fellow professionals. Becoming a counselor/therapist involves looking closely at ourselves, our values, beliefs, and biases. This can be a very personal, and sometimes emotional, process. Treating colleagues with respect, listening deeply to their experiences, and being open to diverse world views encourages a collaborative milieu of care in which we can all challenge ourselves and each other to critically examine and develop our skills and perspectives. In order to prepare for each class, students should carefully read and study all assigned materials to be ready to discuss, debate, and apply the content of readings. Class discussion and interaction with colleagues are fundamental to the process of learning to be a therapist and all sessions include necessary information. Therefore, if you must miss a class, fellow students and the instructor may ask you to contribute to learning community in another way. If you must be absent or late, please email the instructor at least several hours prior to class.

## **CPSY DEPARTMENTAL ATTENDANCE POLICY**

Class attendance is expected and required. Any missed class time will be made up by completing *extra assignments designed by the instructor*. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness may be seen as an absence that requires make-up work.

## **SPECIAL ASSISTANCE**

The Student Support Services Office, located in the Templeton Student Center, is a resource for students with disabilities. A variety of services are available through this office according to the particular needs of each student. Students interested in such services may contact Student Support Services at 503-768-7191. This contact is the necessary first step for receiving appropriate accommodations and support services. Please inform me if you need accommodations in class.