



LEWIS & CLARK COLLEGE

GRADUATE SCHOOL OF EDUCATION AND COUNSELING
CPSY 564: Treating Addictions in MCFT
SUMMER 2010

When: Tuesdays 5:30-9:00 PM

Where: South Campus Conference Center, Room 101

Instructor: Sebastian A. Perumbilly, LMFT, M.A.(Bioethics), M.A-MFT., Ph.D. Candidate

Office Location: Rogers: 331

Office Hours: Tuesdays 2:00-4:00 PM or by appointments

E-Mail: Perumbil@lclark.edu (E-mail is the best way to contact me)

CATALOG DESCRIPTION: TREATING ADDICTIONS IN MCFT

Family Systems view of the development and maintenance of substance abusing patterns for family therapists and other health practitioners. This course will examine the contributions made to the understanding and treatment of substance abuse by family researchers, theorists, and clinicians; and will consider clinical intervention methods of substance abuse with attention to the treatment of adolescents, couples and families.

COURSE OBJECTIVES

Addiction destroys individuals, families, communities, societies and nations. Today, we cannot talk about the field of mental health without including a wide range of issues stemming from various types of addiction. This course will prepare the participants to understand addiction through a systemic lens rather than solely focusing on intra-psychic factors. This is a major *paradigm shift (from psyche to systems)* in the field of mental health. Although we will briefly discuss various types of addiction, our primary focus will be on substance addiction, which includes alcohol and other types of psychoactive drugs. Using a wide range of literatures from interdisciplinary fields, the participants will be invited to look at the history of substance addiction treatment from its early days to the current practices, including the evidence-based approaches. The discussions will revolve around various aspects of substance, addiction and addiction treatment.

By the end of this semester, the students will be able to:

1. Have a general understanding on various types of addictive behaviors
2. Know the historical development of a paradigm shift in addiction treatment, which is viewing addiction through a *systemic lens* (unlike understanding addiction as an intra-psychic process), which includes a broader understanding of the contribution of interpersonal and contextual factors to addictive behaviors.
3. Understand the historical development of substance addiction treatment programs, and how the current practices are shaped and influenced by the past

4. Understand addictions from various predominant theoretical models including a bio-psycho-social spiritual systemic lens
5. Understand various bio-psycho-social factors, including neurological and genetic processes as contributing factors in addictive behaviors
6. Understand how substance addiction affects couple and family relationships and various roles and functions within those relational systems
7. Know how to assess and develop interventions for individuals and families that are affected by substance addiction
8. Understand the correlation that exists between substance addiction and various psychiatric disorders (co-occurring disorders)
9. Learn the historical antecedents & contributing factors supporting the development of evidence-based approaches to treating addiction in families
10. Become aware of effective family-based treatment models for substance abuse & addiction
11. Understand multicultural & social justice issues relative to successful treatment of addiction.

READINGS:

REQUIRED GENERAL READINGS:

- Liddle, H.A. (1999). Theory development in a family-based therapy for adolescent drug abuse. *Journal of Clinical Child Psychology, 28*, 521-532.
- Mott, S., & Gysin, T. (2003). Post-modern ideas in substance abuse treatment. *Journal of Social Work Practice in the Addictions, 3*, 3-19.
- O'Farrell, T., & Fals-Stewart, W. (2003). Alcohol abuse. *Journal of Marital and Family Therapy, 29*, 121-146.
- Rowe, C.L., & Liddle, H.A. (2003). Substance abuse. *Journal of Marital and Family Therapy, 29*, 97-120.
- Smock, S.A., Trepper, T.S., Wetchler, J.L., McCollum, E.E., Ray, R., & Pierce, K. (2008). Solution-focused group therapy for level 1 substance abusers. *Journal of Marital and Family Therapy, 34*, 107-120.
- White, W.L., & Sanders, M. (2008). Recovery management and people of color: redesigning addiction treatment for historically disempowered communities. *Alcoholism Treatment Quarterly, 26*, 365-395.

ADDITIONAL WEEKLY READINGS:

Weekly readings are posted online (MOODLE) in preparation for each class. These WEEKLY READINGS ARE TO BE COMPLETED FOR THE DAY INDICATED. Be prepared to discuss the ideas/concepts discussed in the readings. You are responsible for all of the assigned readings, whether or not they are discussed in class. Please note that there are more readings assigned for some topics than for others.

FINAL GRADING

A = 93-100

B = 83-87

C = 73-77

A- = 90-92

B- = 80-82

C- = 70-72

B+ = 88-89

C+ = 78-79

PARTICIPATION IN THE LEARNING COMMUNITY

Participants are required to attend and actively involve in all scheduled class meetings. This includes being on time, being prepared, and engaging with colleagues as fellow professionals. Treating colleagues with respect, listening deeply to their experiences, and being open to diverse world views may encourage a collaborative milieu of care in which we can all challenge ourselves and each other, and 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, apply the content of readings, and actively engage in role- playing activities. 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 the learning community in another way. According to the Lewis & Clark Counseling Psychology attendance policy, **missed class periods may result in lowered final grades and students who miss two class periods may be failed.**

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.

SPECIAL NEEDS/ ACCOMMODATIONS

Please see me individually at the beginning of the semester if you require any special accommodations as a result of a *documented disability*.

ABSENCES

Please notify me by sending an e-mail if you have to miss a class. Missing more than two classes may result in failure to complete class, (any exceptional circumstances may be considered by the instructor).

If you miss a class, you will be asked to make a class presentation. This involves the following:

- ❑ Complete all the required readings assigned for the class that you missed, and choose two extra readings related to the topic from peer reviewed journals.
- ❑ You will make an oral presentation to the entire class for 10 minutes about your findings from the readings. During the presentation, you will make references to all the readings (both the assigned and the ones you chose to read further about).
- ❑ At the end of your presentation, you will answer any questions that the class may have. Finally, before the class disperses that evening, you will turn in a two-page paper to me. This paper will succinctly and clearly state what your findings are in light of your readings and personal reflection.

CONFIDENTIALITY

Because of the nature of classroom work and group dynamics, it is expected that "personal" information shared by students will be kept in confidence. Students are not required to share personal information as part of the classroom dynamics, or as a requirement for any evaluation or for grading purposes. Students are asked to be intentional about what they choose to share with other students in the class during classroom-activities.

LAPTOPS AND CELL PHONES

Due to the experiential nature of the class laptops may be used only when designated by the instructor. Cell phones must be silenced and text messaging is not allowed during class time. If there is an emergency you may exit the class to use your cell. Laptops and cells phones may, of course be used, on breaks. Please come prepared to take hand-written notes. If an alternate learning ability requires the use of a laptop please let the instructor know at the beginning of the semester.

EVALUATING COURSE PARTICIPATION & GRADING

ASSIGNMENTS

Your successful course participation and completion will be evaluated based on the following FOUR modes of assessment:

1. FIVE Reaction papers to class readings (20 points):

In order to stimulate and facilitate informed and engaging discussion during the class every week, every course participant is expected to send a **two-page (double spaced)** reflection/ reaction paper on the weekly assigned topic to me by e-mail (perumbil@lclark.edu). These e-mails would uncover some of the most significant points/ themes emerging from the assigned readings for that class. Your reaction papers will address the common themes emerging from the entire set of articles as one unit for that week. I will count only one reaction paper per week. To count your reaction paper towards the grade, these e-mails are expected to reach my e-mail inbox by 8:00 AM that specific Tuesday. The themes emerged from your reaction papers will be integrated into the class discussion that evening. In order to help me track your class contribution and to give you credit for your reflection for that class, please indicate the following on the subject column of your e-mail: **topic, your name and the paper number**. For instance, if you were to write the third paper, it would look something like this: **Genetics & Addiction-LAST NAME-Paper#3**. Each participant is expected to send a total of **FIVE** papers during this semester, and each relevant paper will score 4 points towards the final course grade.

2. A paper on interviewing clinical professionals (20 points):

As part of this coursework, you will visit a mental health clinic in your community, and interview one or more clinical professionals there, and write a 5-6 page (double spaced) paper about the clinical assessment procedures employed, and addiction treatment programs available at that center. In the final section of this paper, you will include a

brief section on your personal experience going through the process of interviewing; and your personal critique on the assessment protocol employed at that center.

Some **Guiding Questions** that may help you when you interview the professional/s are:

- ❑ How prevalent is the problem of substance abuse and addiction in your treatment community?
- ❑ Were you specifically trained to address the problem during your graduate educational training?
- ❑ What specific training did you receive, after graduation, to assess the problem?
- ❑ What kind of assessment tools (e.g., clinical observation, reports from families, specific psychological instrument, etc) do you currently use to diagnose and assess substance abuse and addiction in your clients? Please name the instruments.
- ❑ Is assessing (substance abuse and addiction) an essential intake-protocol at your treatment center/ agency?
- ❑ If you are treating substance abuse and addiction, what and/ or who (e.g., psychiatrists, clinical psychologists, etc) constitutes your treatment team?
- ❑ If you are treating substance abuse and addiction, what guides your treatment philosophy (e.g., personal experience, standardized manual, etc)?
- ❑ If you are treating substance abuse and addiction, on which psychological/ family therapy theories do you rely most?
- ❑ If you are treating substance abuse and addiction, who do you consult the most (e.g., psychiatrist, medical doctors, fellow-therapist, supervisor, researchers, etc)?

As you know, it would often be difficult to get an interview with a treatment professional. Therefore, please make sure that you plan this activity well in advance.

Interview report is due: June 29

3. Group presentations— presenting the model, case description, clinical assessment & treatment plan (30 points)

The course participants will form a group of two, and will work together on a given evidence-based model (see the list below) of substance abuse and addiction treatment. On the assigned date and time, the group members will present their case and findings to the class. During this project, you will have two opportunities to present in class. They are:

- ❑ An initial presentation (**not graded**) during which you will get feedback from me and the course participants; and
- ❑ A final presentation (ye, this time it will be **graded**). Feedback you will get from this day may be useful for working on the final paper.

The initial round of presentation will be on June 15 & 22. The final presentation will be **due on: July 6, 13 & 20**. Please see the COURSE SCHEDULE for details.

Your class presentation is to a *scholarly* and *professional community*, and therefore, will have the following components:

- ❑ *A comprehensive description about the treatment model*: proponents of the model; major theoretical orientations used in the model; key ideas in the model; analysis of the chosen model's fit with the System's Theory; a personal critique of the

model (i.e., both strengths and limitations); your thoughts/ suggestions to improve the model to work with a systemic-perspective. For instance, Multidimensional Family Therapy (MDFT) model and Multisystemic Therapy (MST) model are designed to work with adolescents and their families. Can you think of a way to expand certain components in these models to work with couples and adults? What I am asking you to do is to learn deeply about the model, and to think critically about it, and adapt the model to include a systemic perspective;

- ❑ *A genogram*;
- ❑ *A comprehensive clinical assessment*: clinically relevant information about the identified patient (IP), family members and their background; nature and gravity of the presenting problem; family's life setting; their strengths and resilience; clinically relevant family history; and family's involvement with other systems; etc.
- ❑ Problem conceptualization using one or more systemic theoretical lenses from the field of Marriage & Family Therapy (e.g., Structural, Intergenerational, Solution-Focused, etc); and
- ❑ A treatment plan consistent with the clinical assessment using the same theoretical lenses. Your treatment plan must be supported by the relevant research from peer reviewed journal articles related to the field of MCFT.

Your presentation will last 30 minutes, and will be followed by a ten-minute question & answer session. After your presentation, the course participants and I will give you feedback on your *clinical assessment* and *treatment plan*, and you may consider including them for your final paper and the role play on a DVD format.

Each presentation needs to be based on a solid literature review from professional journals relevant to the topic. Although it is not necessary, usually the use of multi-stimuli (media and audio-video visual aids) may enhance the presentation. It will be the presenters' responsibility to get equipments ready for the presentation.

Before the presentation, each presenting group is expected to give me an outline of the content, and bibliography from which the presentation originated. This will facilitate the evaluation process of the presentation. In the course of the presentation, the presenters may choose to distribute relevant materials to the class in order to enhance the effectiveness of the delivery of the assigned topic.

Since this is a very time-consuming project, I would strongly recommend that your group start preparing as soon as you can.

4. Final group project: Final Paper & Clinical Assessment in Action (30 points)

- ❑ Your final group project paper will have all those components described above (#3); and
- ❑ An individual page (by each member within the group) on your individual experience and the lessons learned through this exercise in the course of the semester.

Final paper is the product of the group members. Your group members will submit your final paper (15-16 pages) along with the role play (30 minutes visual recording on a DVD format) NOT LATER than Tuesday, **August 3rd in class**. What I will evaluate is your paper, and the DVD is only an ancillary component; as a tool to provide a context and to simulate a real therapy session.

Your final paper should be professionally written, double spaced, 12 pt font, organized into sections with appropriate headings, and referenced according to APA 5 or 6 guidelines. This group paper will be graded for thorough consideration of all areas of the paper, clarity and organization of ideas, use of extensive literature, critical thinking, and writing and referencing according to APA 5/6. Late papers will receive lower grades.

FINAL PAPER Due: August 3, 2010

The Lewis and Clark Writing Center has prepared a brief guide to APA referencing:
http://www.lclark.edu/dept/wstudio/objects/apa_style.pdf

The final paper will be evaluated based on the following criteria:

Content	70%
Clarity and organization of ideas	10%
Use of pertinent literature	10%
Writing and referencing according to APA 5 style	10%

FINAL GRADING

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

CLASS SCHEDULE – SUMMER 2010

Date	Topic & Readings
5/11	<u>Introduction & course overview</u> <ul style="list-style-type: none">• Goals• Expectations• Assignments & Exams<ul style="list-style-type: none">• Response papers• Interview reports• Class presentations and final project
5/18	<u>Defining terms:</u> <ul style="list-style-type: none">□ Substance; abuse; dependence; addiction; treatment/ intervention; triggers, relapse; relapse prevention; recovery; prevention, etc <u>Types of addiction:</u> <ul style="list-style-type: none">□ sex, internet, pathological gambling and substance

	<p><u>Genetics of addiction</u> <u>Addiction & co-existing factors</u> READINGS: Alexander, B.K., & Schweighofer, A.R.F. (1988). Defining addiction. <i>Canadian Psychology</i>, 29, 151-162. Robinson, T.E., & Berridge, K.C. (2003). Addiction. <i>Annual Review of Psychology</i>, 54, 25-53. Campbell, W.G. (2003). Addiction a disease of volition caused by a cognitive impairment. <i>Canadian Journal of Psychiatry</i>, 48, 669-674.</p>
5/25	<p><u>Addiction Treatment (Part-I):</u> History of treatment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-modern phase of treatment <input type="checkbox"/> Modern phase <input type="checkbox"/> Contemporary phase & stages of treatment: <ul style="list-style-type: none"> • Diagnosis • Detoxification phase • Pharmacotherapy • Psychotherapy (individual, group, couple & family therapy) • Continuing care (aftercare) programs & sobriety <p>READINGS: Journal interview: conversations with M. Douglas Anglin (2006). <i>Addiction</i>, 101, 169-180. Khalsa, S.B.S., Khalsa, G.S., Khalsa, H.K., & Khalsa, M.K. (2008). Evaluation of a residential Kundalini Yoga lifestyle pilot program for addiction in India. <i>Journal of Ethnicity in Substance Abuse</i>, 7, 67-79. Weiner, B., & White, W. (2007). The journal of inebriety (1876-1914): history, topical analysis, and photographic images. <i>Addiction</i>, 102, 15-23. White, W. (2000). The history of recovered people as wounded healers: the era of professionalization and specialization. <i>Alcoholism Treatment Quarterly</i>, 18, 1-25.</p>
6/1	<p><u>Addiction Treatment (Part-II):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Conceptualization of the problem <input type="checkbox"/> Historical development of treatment <input type="checkbox"/> Theoretical development & clinical interventions <input type="checkbox"/> Treatment paradigm shift from <i>psyche</i> to <i>systems</i> <input type="checkbox"/> Issues of multiculturalism and social justice in treatment <p>READINGS: Hubbard, R., Simpson, D.D., & Woody, G. (2009). Treatment research: accomplishments and challenges. <i>Journal of Drug issues</i>, Fall, 153-166. Klingemann, H., & Bergmark, A. (2006). The legitimacy of addiction treatment in a world of smart people. <i>Addiction</i>, 101, 1230-1237. Sindelar, J.L., & Fiellin, D.A. (2001). Innovations in treatment for drug abuse: solutions to a public health problem. <i>Annual Review of Public Health</i>, 22, 249-272.</p>

	<p>White, W.L., & Sanders, M. (2008). Recovery management and people of color: redesigning addiction treatment for historically disempowered communities. <i>Alcoholism Treatment Quarterly</i>, 26, 365-395.</p>
6/8	<p><u>Addiction Treatment (Part-III):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Theories of addiction <input type="checkbox"/> Addiction and co-occurring disorders <input type="checkbox"/> Genetics of addiction <p><u>READINGS:</u></p> <p>Buckland, P.R. (2008). Will we ever find the genes for addiction? <i>Addiction</i>, 103, 1768-1776.</p> <p>Ducci, F., & Goldman, D. (2008). Genetic approaches to addiction: genes and alcohol. <i>Addiction</i>, 103, 1414-1428.</p> <p>Edenberg, H. J., Foroud, T. (2006). The genetics of alcoholism: identifying specific genes through family studies. <i>Addiction Biology</i>, 11, 386-396.</p> <p>Healey, C., Peters, S., Kinderman, P., McCracken, C., & Morriss, R. (2009). Reasons for substance use in dual diagnosis bipolar disorder and substance use disorders: a qualitative study. <i>Journal of Affective Disorders</i>, 113, 118-126.</p> <p>Philips, P.A. (2007). Dual diagnosis: an exploratory qualitative study of staff perceptions of substance misuse among the mentally ill in northern India. <i>Issues in Mental Health Nursing</i>, 28, 1309-1322.</p> <p>Prasant, M.P., Mattoo, S.K., & Basu, D. (2006). Substance use and other psychiatric disorders in first-degree relatives of opioid-dependent males: a case-controlled study from India. <i>Addiction</i>, 101, 413-419.</p> <p>Van der Zwaluw, C., & Engels, R.C.M.E. (2009). Gene-environment interactions and alcohol use and dependence: current status and future challenges. <i>Addiction</i>, 104, 907-914.</p>
6/15	<p><u>Addiction & Family Systems - I:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Major disruptions in roles and functions <input type="checkbox"/> Couples, families & relationships <input type="checkbox"/> Impact on children <p><u>READINGS:</u></p> <p>McCauley-Ohannessian, C., & Hesselbrock, V.M. (1999). Predictors of substance abuse and affective diagnoses: does having a family history of alcoholism make a difference? <i>Applied Developmental Science</i>, 3, 239-247.</p> <p>Pickens, R.W, et al (2001). Family history on drug abuse severity and treatment outcome. <i>Drug and Alcohol Dependence</i>, 61, 261-270.</p> <p>Ripley, J.S., Cunion, A., & Noble, N. (2006). Alcohol abuse in marriage and family contexts: relational pathways to recovery. <i>Alcoholism Treatment Quarterly</i>, 24, 171-184.</p> <p>Rotunda, R.J., & Doman, K. (2001). Partner enabling of substance use disorders: critical review and future directions. <i>American Journal of Family Therapy</i>, 29, 257-270.</p>

	<p>Reporting by the groups: 1-6 (Each group will make a presentation for ten minutes, and receive initial feedback from the group and instructor)</p>
6/22	<p><u>Addiction & Family Systems – II</u></p> <ul style="list-style-type: none">❑ Assessing addiction & the system impact❑ Stages of change for clients/ patients and families❑ Assessment, problem conceptualization and treatment design❑ Designing prevention programs <p><u>READINGS:</u></p> <p>Chan, J.G. (2003). An examination of family-involved approaches to alcoholism treatment. <i>Family Journal: Counseling and Therapy for Couples and Families</i>, 11, 129-138.</p> <p>Copello, A.G., Velleman, R.D.B., & Templeton, L.J. (2005). Family interventions in the treatment of alcohol and drug problems. <i>Drug and Alcohol Review</i>, 24, 369-385.</p> <p>Higgins, M. P. (1998). Alcoholic families: the crisis of early recovery. <i>Family Therapy</i>, 25, 203-219.</p> <p>Landau, J., & Garrett, J. (2008). Invitational intervention: the ARISE model for engaging reluctant alcohol and other drug abusers in treatment. <i>Alcoholism Treatment Quarterly</i>, 26,, 147-168.</p> <p>Liepman, M.R., Flachier, R., & Tareen, R.S. (2008). Family behavior loop mapping: a technique to analyze the grip addictive disorders have on families and to help them recover. <i>Alcoholism Treatment Quarterly</i>, 26, 59-80.</p> <p>Meyers, R.J., Apodaca, T.R., Flicker, S.M., & Slesnick, N. (2002). Evidence-based approaches for the treatment of substance abusers by involving family members. <i>Family Journal: Counseling and Therapy for Couples and Families</i>, 10, 281-288.</p> <p>Morgan, O.J., & Litzke, C.H. Introduction: family intervention in substance abuse: current best practices. <i>Alcoholism Treatment Quarterly</i>, 26, 1-8.</p> <p>O’Farrell, T.J., & Fals-Stewart, W. (2008). Behavioral couples therapy for alcoholism and other drug abuse. <i>Alcoholism Treatment Quarterly</i>, 26, 195-219.</p> <p>Smith, J.E., Meyers, R.J., & Austin, J.L. (2008). Working with family members to engage treatment-refusing drinkers: the CRAFT program. <i>Alcoholism Treatment Quarterly</i>, 26, 169-193.</p> <p>Reporting by the groups: 7-12 (Each group will make a presentation for ten minutes; and receive initial feedback from the group and instructor)</p>
6/29	<p><u>System-Based Addiction Treatment (Part-IV):</u> <u>Evidence Based Practices (EBP) - I:</u></p> <ul style="list-style-type: none">❑ EBP’s: debates, politics and problems

	<p><u>READINGS:</u> Amodeo, M., Ellis, M., & Samet, J. (2006). Introducing evidence-based practices into substance abuse treatment using organization development methods. <i>American Journal of Drug and Alcohol Abuse</i>, 32, 555-560. Herbeck, D.M., Hser, Y., & Teruya, C. (2008). Empirically supported substance abuse treatment approaches: a survey of treatment providers' perspectives and practices. <i>Addictive Behaviors</i>, 33, 699-712. Tucker, J.A., & Roth, D.L. (2006). Extending the evidence hierarchy to enhance evidence-based practice for substance use disorders. <i>Addiction</i>, 101, 918-932.</p> <p>DUE: Paper on Interviewing the Clinical Professional</p>
7/6	<p><u>System-Based Addiction Treatment (Part-V):</u> <u>Evidence Based Practices (EBP) - II:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Dialectical Behavior Therapy (DBT) <input type="checkbox"/> Cognitive Behavioral Therapy (CBT) <input type="checkbox"/> Contingency Management Interventions) <input type="checkbox"/> Minnesota Model (MM)
7/13	<p><u>System-Based Addiction Treatment (Part-VI):</u> <u>Evidence Based Practices (EBP) - III:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Motivational Enhancement Therapy (MET) <input type="checkbox"/> Multisystemic Therapy (MST) <input type="checkbox"/> Multidimensional Family Therapy (MDFT) <input type="checkbox"/> Brief Strategic Family Therapy (BSFT) <input type="checkbox"/> Functional Family Therapy (FFT)
7/20	<p><u>System-Based Addiction Treatment (Part-VII)</u> <u>SPECIAL POPULATION:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Adolescents: substance abuse & addiction <input type="checkbox"/> Women: substance abuse & addiction <input type="checkbox"/> Veterans: substance abuse & addiction <input type="checkbox"/> Older adults: substance abuse & addiction
7/27	<p><u>System-Based Addiction Treatment (Part-VIII):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Recovery, continuing care (aftercare) and maintaining sobriety <input type="checkbox"/> Twelve-step philosophy <input type="checkbox"/> Self-help and anonymous groups (AA, NA, etc) <input type="checkbox"/> Spirituality and addiction treatment <input type="checkbox"/> Support systems and recovery <p><u>READINGS:</u> Barber, J.P., Connolly, M.B., Crits-Christoph, P., Gladis, L., & Siqueland, L. (2000). Alliance predicts patients' outcome beyond in-treatment change in symptoms. <i>Journal of Consulting and Clinical Psychology</i>, 6, 1027-1032. Bristow-Braitman, A. (1995). Addiction recovery: 12 step programs and</p>

	<p>cognitive-behavioral psychology. <i>Journal of Counseling & Development</i>, 73, 414-418.</p> <p>Laudet, A.B., Morgen, K., & White, W.L. (2006). The role of social supports, spirituality, religiousness, life meaning and affiliation with 12-step fellowships in quality of life satisfaction among individuals in recovery from alcohol and drug problems. <i>Alcohol Treatment Quarterly</i>, 24,33-73.</p> <p>Leighton, T. (2007). How can we (and why should we) develop better models of recovery? <i>Addiction Research and Theory</i>, 15, 435-438.</p> <p>McGovern, T.F., & McMahon, T. (2006). Spirituality and religiousness and alcohol/ other drug problems: conceptual framework. <i>Alcohol Treatment Quarterly</i>, 24, 7-19.</p> <p>Schmid, J., & Brown, S. (2008). Beyond “happily ever after:” family recovery from alcohol problems. <i>Alcohol Treatment Quarterly</i>, 26, 31-58.</p> <p>Speer, R. P., & Reinert, D.P. (1998). Surrender and recovery. <i>Alcohol Treatment Quarterly</i>, 16, 21-29.</p> <p>Straussner, S.L.A., & Byrne, H. (2009). Alcoholics anonymous: key research findings from 2002-2007. <i>Alcohol Treatment Quarterly</i>, 27, 349-367.</p> <p>Treadway, D.C. (2008). Grace happens: a practitioner’s response. <i>Alcohol Treatment Quarterly</i>, 26, 221-225.</p> <p><u>Roles of family therapists/ counselors:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Substance abuse and prevention programs (schools, communities, etc): <ul style="list-style-type: none"> ▪ Primary, secondary and tertiary preventions <input type="checkbox"/> Preparing the families for early detection of the problems <input type="checkbox"/> Family intervention <input type="checkbox"/> Referral for in-patient treatment <input type="checkbox"/> Working with families while members in treatment <input type="checkbox"/> Family aftercare
8/3	<p><u>System-Based Addiction Treatment (Part-IX)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Self of the therapist & self-care <input type="checkbox"/> Course Review <input type="checkbox"/> Final remarks & comments <input type="checkbox"/> Course participants’ reflections on Final Project <p>Final Exam Due in Class Course Evaluation</p>

