

Jessi Frothingham, LMFT  
CPSY 564 – Addiction Treatment in  
Family Therapy

# **LEWIS & CLARK COLLEGE**

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

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

#### **CPSY 564: Treating Addictions in MCFT (2 Credits)**

#### **SUMMER 2014**

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**Time & Day: 1:00-4:00 PM on Wednesdays 5/7 14- 7/9/14**

**Instructor: Jessi Frothingham , LMFT**

**Place: York Graduate Center (Room 101)**

**Contact Information: [jessi@lclark.edu](mailto:jessi@lclark.edu)**

**Office Hours: by appointment**

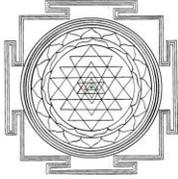
#### **CATALOG DESCRIPTION: TREATING ADDICTIONS IN MCFT**

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**

It is generally understood that Addiction, in its many forms is a destructive force in 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. Indeed, most of the clients with whom we come in contact have been affected by addiction in some way, and yet, many practitioners do not address Addiction directly. An air of mystery still surrounds this area of treatment, even as our understanding of the neurological, familial, social and societal dimensions of so-called “substance use disorders” increases. This course will prepare the participants to question assumptions and biases about the diagnosis, and treatment of addictions and the people who suffer with them, viewing addiction through a systemic lens. 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 materials 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 center on the use of self as clinician to invite the afflicted client(s) into a productive, collaborative engagement, aimed at eliminating clinician bias and distancing, providing opportunities for growth and healing for all parties.

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



1. Have a general understanding on various types of addictive behaviors (CC 2.1.5; KS 42)
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 (KS 44; CC 3.1.4)
4. Understand addictions from various predominant theoretical models including a bio-psycho-social spiritual systemic lens (CC 2.3.7)
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 (KS 42, 43)
7. Know how to assess and develop interventions for individuals and families that are affected by substance addiction (CC 2.1.5, 2.3.5)
8. Understand the correlation that exists between substance addiction and various psychiatric disorders (co-occurring disorders) (CC 2.1.3)
9. Learn the historical antecedents & contributing factors supporting the development of evidence-based approaches to treating addiction in families (KS 44)
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 (PM)

## **READINGS:**

### **REQUIRED READINGS**

Mate, G. (2010). *In the realm of hungry ghosts: Close encounters with addiction*. Berkley: North Atlantic Books.

Miller, W.R., Forchimes, A.A., & Zweben, A. (2011). *Treating addiction: a guide for professionals*. New York: Guilford Press.

Yalom, I.D. (2002) *The gift of therapy: An open letter to a new generation of therapists and their patients*. New York: HarperCollins Publishers.

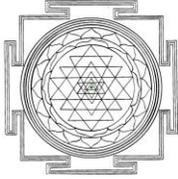
### **ADDITIONAL READINGS:**

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*,



Jessi Frothingham, LMFT  
CPSY 564 – Addiction Treatment in  
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.

### **RECOMMENDED READINGS (FOR WORKING WITH FAMILIES):**

Foote, J., Wilkens, C., Kosanke, N., & Higgs, S. (2014). *Beyond addiction: How science and kindness help people change*. New York: Simon & Schuster.

Smith, J., & Meyers, R. (2004). *Motivating substance abusers to enter treatment*. New York: The Guilford Press.

### **PARTICIPATION IN THE LEARNING COMMUNITY**

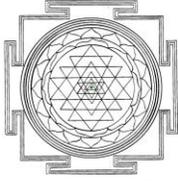
Participants are required to attend and actively involved in all scheduled class meetings. This includes being on time, being prepared, and engaging with colleagues as fellow professionals. Becoming a couple & family therapist involves looking closely at ourselves, our values, beliefs, and biases. This 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 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 related to substance addiction treatment. 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 (see below), missed class periods may result in lowered final grades and students who miss two class periods may be failed in this course.

### **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 (10%) 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.

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 day, you will turn in a two-page paper summary of your findings about the topic you presented to the instructor. This paper will succinctly and clearly state what your findings are in light of your readings and personal reflection. Failure to turn in your paper the same day of your presentation will negatively



Jessi Frothingham, LMFT  
CPSY 564 – Addiction Treatment in  
Family Therapy

affect your final course grade.

### **SPECIAL ASSISTANCE**

If you need course adaptations or accommodations because of a disability and/or you have emergency medical information to share please make an appointment with the instructor **as soon as possible**.

### **NON-DISCRIMINATION POLICY**

*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 the instructor individually at the beginning of the semester if you require any special accommodations as a result of a documented disability (from Lewis & Clark College).

### **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**

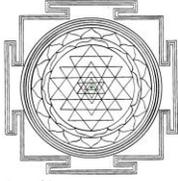
Laptops may be used only when designated by the instructor. Cell/mobile phones must be silenced. Text messaging and web browsing using any means of electronic gadgets is not allowed during class time. If there is an emergency you may exit the class to use your cell. Laptops and cell phones may of course 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**

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

#### **1. Completion of all required readings and active participation in class discussions and role plays (20 points).**

All assigned readings must be completed in advance of the class in which they are to be discussed. That is, every student is responsible for coming to class prepared to participate in a meaningful discussion. Classroom discussions and role plays are opportunities to bring up questions about the assigned reading, further your understanding of the concepts under study, and integrate course material into your clinical practice. In addition to the textbook that is required for this course, there are additional readings that also are required. You can download them directly from the library (Watzek Library) website. If you encounter any difficulty to access reading materials, please contact the librarian early on.



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

The course participants will form a group of two-three during the first session (i.e., on May 7<sup>th</sup>), and will start working together on a given evidence-based model (see the list below) of substance abuse and addiction treatment:

- \_ Brief Strategic Family Therapy (BSFT)
- \_ Behavioral Couples Therapy (BCT)
- \_ Community Reinforcement Approach (CRA)
- \_ Community Reinforcement and Family Training (CRAFT)
- \_ Cognitive Behavioral Therapy (CBT)
- \_ Contingency Management Interventions
- \_ Dialectical Behavior Therapy (DBT)
- \_ Functional Family Therapy (FFT)
- \_ Minnesota Model (MM)
- \_ Motivational Enhancement Therapy (MET)
- \_ Multidimensional Family Therapy (MDFT)
- \_ Multisystemic Therapy (MST)

Each group will let the instructor know (via e-mail for the documentation purpose) the topic of their research presentation either before or on the **second day of the class (i.e., on May 14<sup>th</sup>)**. On the assigned date and time, the group members will present their research in class. For any change in topic, you need to be authorized by the instructor.

Please remember that your research 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; a personal critique of the model (i.e., both strengths and limitations) and critical reflection on *the chosen model's fit with the System's Theory; your thoughts/suggestions to improve the model to work with a systemic perspective*. For instance, CBT is traditionally designed to work with individuals. Can you think and propose a way to expand certain components of this to work with families and couples? In other words, what you are challenged to do is to learn deeply about the model, and to think critically about it with a view to use it in couple/family/relational systems. This will be your critical contribution;

\_ *Your group presentation will last 30 minutes*, and will be followed by a ten-minute question and answer session. After your presentation, the instructor will give you feedback on your presentation and you will include the suggestions in your final paper;

\_ Each presentation needs to be based on a solid *literature review from professional journals* relevant to the topic;

\_ Since this is a group project, make sure that your group's *work is distributed fairly* to each member of the group. As part of your final paper, please include a paragraph indicating what each member's contribution was to the group project. Again, this is to ensure fairness in your group work;

\_ Although it is not necessary, usually the use of multi-stimuli (media and audio-video visual aids) may enhance research presentations. If you are using visuals, it will be the presenters' responsibility to get equipments ready for the presentation and start the presentation at the designated time.

Before the group presentation on the assigned day, each presenting group is expected to *give the*



Jessi Frothingham, LMFT  
CPSY 564 – Addiction Treatment in  
Family Therapy

*instructor 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. Of course, this is optional.

Since this is a very time-consuming research project, please make sure that you get organized in your group and start preparing as soon as you can.

### **3. Final paper (30 points)**

Your final group project paper will have all those components described above (#2); and a single spaced page (by each member within the group) reflection on your individual experience and the lessons learned through this exercise in the course of the semester.

Your final paper should be professionally written, double spaced, 12 pt font, organized into sections with appropriate headings, and referenced according to APA 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 6. Late papers will receive lower grades.

### **4. Forty-Day Discipline: an Exercise in refraining (30 points)**

On the first day of class (May 7) each student will be asked to choose some aspect of his routine or life that will be 'given up' for 40 days. Behavior Change is an easy thing to theorize about. It is much harder to do. Students will keep a journal of the experiences that arise from the decision to refrain from some thing, such as a type of food or drink, or some behavior, such as watching TV. A 2-5 page reflection paper will be due on June 17<sup>th</sup> or Day 42. Students will share their experience of refraining in a group format.

### **FINAL PAPER Due: Last Day of the Class (July 9, 2012)**

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 6 style 10%

### **FINAL GRADING**

A = 93-100

A- = 90-92

B+ = 88-89

B = 83-87

B- = 80-82

C+ = 78-79

C = 73-77

C- = 70-72

## **Weeks Topics and Readings**

**Week**

**ONE**

**May 7**

\_ **Course goals, expectations, assignments and exams**

\_ **Defining terms:** *substance; abuse; dependence; addiction; treatment/intervention; comorbidity; triggers; relapse; relapse prevention; recovery; prevention (primary, secondary and tertiary prevention), etc*



- \_ **Types of addiction:** *pathological gambling; sex addiction; and substance addiction*
- \_ A Discussion of the Stigma of Addictive disorders, and a setting of Intention to bring humanity to our interactions with the Afflicted, even if only as we Imagine them.
- \_ A discussion of "Therapist heal thyself". How we can maintain a social justice model while holding awareness of our "higher functioning addictions" within the power differential inherent in therapeutic relationships.

## Week

### TWO

May 14

#### \_ **Historical development of substance abuse and addiction treatment programs**

1. Pre-modern phase of treatment
2. Modern phase
3. **Contemporary phase and stages of treatment:** *diagnosis; detoxification phase; pharmacotherapy; psychotherapy (individual, group, couple and family therapy); continuing care (aftercare) programs*
4. **Conceptualization of the problem**
5. **Historical development of treatment**
6. **Theoretical development & clinical interventions**
7. **Treatment paradigm shift from *psyche* to *systems***

#### **Readings:**

*Miller, Forcehimes & Zweben: Chapters 1-4*

*Yalom, Chapters 1-15*

*Mate, Chapter 9-10*

Letters between Bill Wilson and Carl Jung (Moodle)

White, W. (2000). The history of recovered people as wounded healers: the era of professionalization and specialization. *Alcoholism Treatment Quarterly*, 18, 1-25.

## Week

### THREE

May 21

- \_ **Addiction treatment: predominant theories**
- \_ **Factors contributing to addictive behaviors, including neurological and genetic processes**

#### **Readings:**

*Miller, Forcehimes & Zweben: Chapters 5-8*

*Yalom, 16-30*

*Mate, Chapters 11-16*

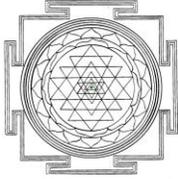
## Week

### FOUR

May 28

- \_ **Issues that arise in addiction treatment:** *treatment resistance; co-occurring disorders; promoting maintenance; working with groups; twelve-step programs and spirituality; professional ethic; and promoting prevention programs*

#### **Readings:**



*Miller, Forcehimes & Zweben: Chapters 16-23*

*Mate, Chapters 17-19*

Straussner, S.L.A., & Byrne, H. (2009). Alcoholics anonymous: key research findings from 2002-2007. *Alcohol Treatment Quarterly*, 27, 349-367.

**Week**

**FIVE**

**June 4**

**\_ Substance addiction and family systems**

Copello, A.G., Velleman, R.D.B., & Templeton, L.J. (2005). Family interventions in the treatment of alcohol and drug problems. *Drug and Alcohol Review*, 24, 369-385.

Higgins, M. P. (1998). Alcoholic families: the crisis of early recovery. *Family Therapy*, 25, 203-219.

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. *Alcoholism Treatment Quarterly*, 26, 59-80.

O'Farrell, T.J., & Fals-Stewart, W. (2008). Behavioral couples therapy for alcoholism and other drug abuse. *Alcoholism Treatment Quarterly*, 26, 195-219.

Ripley, J.S., Cunion, A., & Noble, N. (2006). Alcohol abuse in marriage and family contexts: relational pathways to recovery. *Alcoholism Treatment Quarterly*, 24, 171-184.

Rotunda, R.J., & Doman, K. (2001). Partner enabling of substance use disorders: critical review and future directions. *American Journal of Family Therapy*, 29, 257-270.

Smith, J.E., Meyers, R.J., & Austin, J.L. (2008). Working with family members to engage treatment-refusing drinkers: the CRAFT program. *Alcoholism Treatment Quarterly*, 26, 169-193.

**Week**

**SIX**

**June 11**

**\_ Addiction treatment: emergence of evidence-based-practices (EBP)**

**Readings:**

*Miller, Forcehimes & Zweben: Chapters 9-15*

*Yalom, Chapters 30-62*

**Week**

**SEVEN**

**June 18**

**GROUP: Refraining**

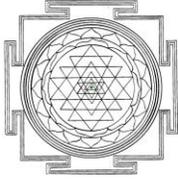
**Week**

**EIGHT**

**June 25**

**GROUP PRESENTATIONS: Addiction Treatment Models**

**Week**



Jessi Frothingham, LMFT  
CPSY 564 – Addiction Treatment in  
Family Therapy

**NINE**

**July 2**

**GROUP PRESENTATIONS: Addiction Treatment Models**

**Week**

**TEN**

**July 9**

**Multicultural and social justice issues relative to successful treatment of addiction**

- \_ LGBTQI: substance abuse & addiction (Guest Speaker)
- \_ Women: substance abuse & addiction
- \_ Veterans: substance abuse & addiction
- \_ Older adults: substance abuse & addiction

**Readings:**

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.

**FINAL PAPER DUE IN CLASS**



Jessi Frothingham, LMFT  
CPSY 564 – Addiction Treatment in  
Family Therapy

## **COURSE OBJECTIVES-MCFT CORE COMPETENCIES EVALUATION SHEET**

*Upon Completion of CPSY 564, please rate each item according to how much you learned about the competency through your work in this class.*

**TERM: Summer 2014 INSTRUCTOR: Jessi Frothingham, LMFT**

Please circle the rating corresponding to your assessment:

*1=objective not met 2=objective somewhat met 3=objective adequately met*

*4. objective more than met*

Have a general understanding on various types of addictive behaviors

**1 2 3 4**

Understand the historical development of substance addiction treatment programs, and how the current practices are shaped and influenced by the past

**1 2 3 4**

Understand various bio-psycho-social factors, including neurological and genetic processes as contributing factors in addictive behaviors

**1 2 3 4**

Understand addictions from various predominant theoretical models including a bio-psycho-social spiritual systemic lens

**1 2 3 4**

Understand how substance addiction affects couple and family relationships and various roles and functions within those relational systems

**1 2 3 4**

Understand the correlation that exists between substance addiction and various psychiatric disorders (co-occurring disorders)

**1 2 3 4**

Learn the historical antecedents & contributing factors supporting the development of evidence-based approaches to treating addiction in families

**1 2 3 4**

Become aware of effective family-based treatment models for substance abuse & addiction



Jessi Frothingham, LMFT  
CPSY 564 – Addiction Treatment in  
Family Therapy

**1 2 3 4**

Understand multicultural & social justice issues relative to successful treatment of substance addiction.

**1 2 3 4**