



**LEWIS & CLARK  
COLLEGE**

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**GRADUATE SCHOOL OF EDUCATION AND COUNSELING  
CPSY 564: Treating Addictions in MCFT  
SUMMER 2011**

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When: Tuesdays 5:30-9:30 PM

Where: South Campus Conference Center, Room 107

Instructor: Sebastian A. Perumbilly, LMFT, M.A.(Bioethics), M.A-MFT., ABD

Office Location: Rogers: 331

Office Hours: Mondays 4:30-8:30 PM or by appointments

E-Mail: [Perumbil@lclark.edu](mailto: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 to psychoactive substances 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-psycho 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, active and engaged course participants 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*, 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 various treatment modalities used in substance addiction treatment;

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

#### **REQUIRED GENERAL READINGS:**

##### **Textbooks:**

Rosengren, D.B. (2009). *Building motivational interviewing skills: a practitioner workbook*. New York: Guildford Press

Miller, P.M. (Ed.). (2009). *Evidence-based addiction treatment*. Boston: Elsevier.

##### **Journal Articles:**

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 emerging 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 are expected to carefully read and study all assigned materials to be ready to discuss, debate, apply the content of readings, and, sometimes, actively engage in role- playing activities. Class discussion and interaction with colleagues are fundamental to the process of learning to be a graduate student, and to be a systemic therapist. Therefore, if you must miss a class, the instructor may ask you to contribute to the learning community in another way.

**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**

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.** Please notify the instructor by sending an e-mail if you have to miss a class for any exceptional circumstances.

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 the instructor. 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. Any violation to this without the explicit permission of the instructor will be considered as a violation of professional behavior in the classroom. If there is an emergency you may exit the class to use your cell, without disrupting class processes. 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**

### **ASSIGNMENTS**

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

#### **1. Active Participation and professional behavior in the class (10 points)**

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

As part of this coursework, you will visit a substance addiction treatment facility, 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 interview the chosen professionals are:

- ❑ How prevalent is the problem of substance abuse and addiction in your treatment community?
- ❑ What kind of substances are commonly abused in your community?
- ❑ Were you specifically trained to address the problem during your graduate educational training?
- ❑ What specific training did you receive, after graduation, to assess substance abuse and addiction?
- ❑ 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.
- ❑ 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 14, 2011**

**3. Book Review (20 points)**

Submit a written paper (a maximum of six double-spaced paper), which is essentially consisted of a summary of key themes in the assigned book, and your personal critique of the book (strengths and limitations).

Rosengren, D.B. (2009). *Building motivational interviewing skills: a practitioner workbook*. New York: Guildford Press

#### **4. Presentations & Final Papers (Maximum of 12 pages) (50 Points)**

There are two options for the final paper: either a group's presentation focusing on an EVIDENCE-BASED TREATMENT MODALITY or an individual's presentation on a SPECIAL POPULATION. Criteria of evaluation are different for each of these.

##### **Choice-A: GROUP PRESENTATION on a TREATMENT MODALITY**

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.

##### Evidence Based Practices (EBP)

- Behavioral Couples Therapy (BCT)
- Brief Strategic Family Therapy (BSFT)
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Functional Family Therapy (FFT)
- Minnesota Model (MM)
- Motivational Enhancement Therapy (MET)
- Multidimensional Family Therapy (MDFT)
- Multisystemic Therapy (MST)

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

1. *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 treat 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;
2. *A genogram*;
3. *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.
4. Problem conceptualization using one or more systemic theoretical lenses from the field of Marriage & Family Therapy (e.g., Structural, Intergenerational, Solution-Focused, etc); and
5. 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 group presentation will last 30 minutes, and will be followed by a ten-minute question & answer session. 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 the course 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.

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

- ❑ Your final group project paper will have all those components described above; 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, July 19<sup>th</sup> **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 6. Late papers will receive lower grades.

**FINAL PAPER Due: July 19, 2010**

**Choice-B: An individual's presentation on a SPECIAL-POPULATION:**

Those who choose this option will work on a topic from the list below, or on a topic of choice, which is approved by the course instructor.

- ❑ Adolescents: substance abuse & addiction
- ❑ Women: substance abuse & addiction
- ❑ Veterans: substance abuse & addiction
- ❑ Older adults: substance abuse & addiction
- ❑ LGBTQI: substance abuse & addiction

CRITERIA employed for evaluating Choice-B Project will be different from Choice-A. What is expected from a student, who chooses this project, are the following:

- ❑ A comprehensive summary of research pertaining to the prevalence of substance abuse/ addiction among the chosen-population;

- ❑ A summary of a commonly used treatment approaches used with this population, and their common focus (i.e., specify the focus is individually-. or group-focused, or systemically-focused;
- ❑ Elaborate on how would you, as an MCFT, develop a *systemically-focused* treatment approach to work with this population?
- ❑ Articulate various *factors* that you would consider when developing a systemically-focused treatment approach, and provide a solid rationale for considering such factors.

On the assigned date, July 12<sup>th</sup>, the course participant will present her/ his findings to the class. Course participant will submit the final paper on July 19<sup>th</sup> in class.

**Common Criteria Used for Evaluating Papers:**

Papers 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	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	

Date	Topic & Readings
5/10	<p>WEEK-1</p> <p>Course introduction and expectations</p> <p>Concepts and Terms</p> <ul style="list-style-type: none"> <li>❑ Substance; abuse; dependence; addiction; treatment/ intervention; triggers, relapse; relapse prevention; recovery; prevention, etc</li> </ul> <p>Types of addiction:</p> <ul style="list-style-type: none"> <li>❑ sex, internet, pathological gambling and substance</li> </ul> <p><b><u>READINGS:</u></b></p> <p>Alexander, B.K., &amp; Schweighofer, A.R.F. (1988). Defining addiction. <i>Canadian Psychology, 29</i>, 151-162.</p> <p>Robinson, T.E., &amp; Berridge, K.C. (2003). Addiction. <i>Annual Review of Psychology, 54</i>, 25-53.</p> <p>Campbell, W.G. (2003). Addiction a disease of volition caused by a cognitive impairment. <i>Canadian Journal of Psychiatry, 48</i>, 669-674.</p>

5/17	<p>WEEK-2                  Substance Abuse, Addiction, and Treatment History                  Epidemiology, and cross-cultural aspects of addiction</p> <p><b>History of treatment:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pre-modern phase of treatment</li> <li><input type="checkbox"/> Modern phase</li> <li><input type="checkbox"/> Contemporary phase &amp; stages of treatment:                         <ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Detoxification phase</li> <li>• Pharmacotherapy</li> <li>• Psychotherapy (individual, group, couple &amp; family therapy)</li> <li>• Continuing care (aftercare) programs &amp; sobriety</li> </ul> </li> <li><input type="checkbox"/> Conceptualization of the problem</li> <li><input type="checkbox"/> Historical development of treatment</li> <li><input type="checkbox"/> Theoretical development &amp; clinical interventions</li> <li><input type="checkbox"/> Treatment paradigm shift from <i>psyche</i> to <i>systems</i></li> <li><input type="checkbox"/> Issues of multiculturalism and social justice in treatment</li> </ul> <p><b><u>READINGS:</u></b></p> <p>Hubbard, R., Simpson, D.D., &amp; Woody, G. (2009). Treatment research: accomplishments and challenges. <i>Journal of Drug issues, Fall</i>, 153-166.</p> <p>Klingemann, H., &amp; Bergmark, A. (2006). The legitimacy of addiction treatment in a world of smart people. <i>Addiction, 101</i>, 1230-1237.</p> <p>White, W.L., &amp; Sanders, M. (2008). Recovery management and people of color: redesigning addiction treatment for historically disempowered communities. <i>Alcoholism Treatment Quarterly, 26</i>, 365-395.</p> <p>Journal interview: conversations with M. Douglas Anglin (2006). <i>Addiction, 101</i>, 169-180).</p> <p>White, W. (2000). The history of recovered people as wounded healers: the era of professionalization and specialization. <i>Alcoholism Treatment Quarterly, 18</i>, 1-25.</p>
5/24	<p>WEEK-3                  Theories of addiction treatment                  Addiction: neurobiology, genetics, and co-occurring disorders                  Miller Book: Chapter 5</p>
5/31	<p>WEEK-4                  Addiction and nations                  Addiction and Individuals                  Addiction and family systems</p> <p>Higgins, M. P. (1998). Alcoholic families: the crisis of early recovery. <i>Family Therapy, 25</i>, 203-219.</p> <p>Ripley, J.S., Cunion, A., &amp; Noble, N. (2006). Alcohol abuse in marriage and family contexts: relational pathways to recovery. <i>Alcoholism Treatment Quarterly, 24</i>, 171-184.</p>

	<p>Rotunda, R.J., &amp; Doman, K. (2001). Partner enabling of substance use disorders: critical review and future directions. <i>American Journal of Family Therapy, 29</i>, 257-270.</p> <p>Meyers, R.J., Apodaca, T.R., Flicker, S.M., &amp; 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, 10</i>, 281-288.</p> <p>Morgan, O.J., &amp; Litzke, C.H. Introduction: family intervention in substance abuse: current best practices. <i>Alcoholism Treatment Quarterly, 26</i>, 1-8.</p> <p>O'Farrell, T.J., &amp; Fals-Stewart, W. (2008). Behavioral couples therapy for alcoholism and other drug abuse. <i>Alcoholism Treatment Quarterly, 26</i>, 195-219.</p> <p>Smith, J.E., Meyers, R.J., &amp; Austin, J.L. (2008). Working with family members to engage treatment-refusing drinkers: the CRAFT program. <i>Alcoholism Treatment Quarterly, 26</i>, 169-193.</p>
6/7	<p>WEEK-5</p> <p>Assessing substance abuse and addiction</p> <p>Miller Book: Chapters 6-7</p>
6/14	<p>WEEK-6</p> <p>Treatment modalities</p> <p>Advent of Evidence-Based Treatment Practices</p> <p>Miller Book: Chapters 1, 8-15</p> <p><b>PAPER DUE: Interviewing Treatment Professionals</b></p>
6/21	<p>WEEK-7</p> <p>Addiction treatment strategies</p> <p><i>Motivational Interviewing with individuals, couples and family systems</i></p> <p>Rosenberg Book (entire book)</p> <p><i>Writing a book review: 3 page summary and critique (strengths and limitations)</i></p>
6/28	<p>WEEK-8</p> <p>Systemic treatment of addiction</p> <p>Special issues and challenges in addiction treatment</p> <p>Miller Book: Chapter 16-20</p>
7/5	<p>WEEK-9</p> <p>Continuing care</p> <p>Application of Twelve-Step philosophies (psychological mechanisms, history, outcome research, and critique)</p> <p>Culture of addiction and culture of recovery</p> <p>Bristow-Braitman, A. (1995). Addiction recovery: 12 step programs and cognitive-behavioral psychology. <i>Journal of Counseling &amp; Development,</i></p>

	<p>73, 414-418.</p> <p>Laudet, A.B., Morgen, K., &amp; 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>McGovern, T.F., &amp; McMahon, T. (2006). Spirituality and religiousness and alcohol/ other drug problems: conceptual framework. <i>Alcohol Treatment Quarterly</i>, 24, 7-19.</p>
<p>7/12</p>	<p>WEEK-10</p> <p><b><u>Class presentations on “SPECIAL-POPULATION &amp; ADDICTION”</u></b></p> <ol style="list-style-type: none"> <li>1. Sylvia: Women</li> <li>2. Darren: LGBTQI and Meth Addiction</li> <li>3. Mitch: Native American Population</li> <li>4. Dana: Psychologists and addiction</li> <li>5. Megan Z.: Adolescent boys and addiction</li> </ol> <p><b><u>Class Presentation on “Evidence-Based Model</u></b></p> <ol style="list-style-type: none"> <li>1. Hali &amp; Lindsay: Minnesota Model (MM)</li> </ol> <p>Substance abuse, addiction and preventive-measures          Role of therapists and professionals</p>
<p>7/19</p>	<p>WEEK-11</p> <p><b><u>Class presentations on “EVIDENCE-BASED TREATMENT MODELS”</u></b></p> <ol style="list-style-type: none"> <li>1. Brea &amp; Irina: Brief Strategic Family Therapy (BSFT)</li> <li>2. Paula &amp; Joyann: Multisystemic Therapy (MST)</li> <li>3. Megan P. &amp; Becca: Multidimensional Family Therapy (MDFT)</li> <li>4. Erika &amp; Allegra: Motivational Enhancement Therapy (MET)</li> </ol> <p>Course Review          Final project submission</p>

