

**The Treatment of Chemical Dependency  
PC 243-3; Fall 2021**

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Office hours: Tuesday – Friday 5:00 pm – 10:00 pm (EST); Saturday by appointment only

**Course Description**

This course will provide clinical and theological foundations for the assessment and treatment of chemical dependency and related process addictions. It will examine chemical dependency from a theological perspective, utilizing the history of the field of addiction. We will examine evidence-based assessment tools, treatment plans, and the role of the family, describe the major treatment approaches and highlight critical arenas for present-day strategies for chemical dependency care.

Readings, lectures, and practical applications will be combined with clinical expertise, research-evidenced practice, and common factors within a Family Systems context. Opportunity will be provided for students to experience a variety of assessment, treatment, and intervention methods, and to begin the process of formulating a theological and clinically integrated model of chemical dependency and process addiction treatment.

**Objectives and Expected Student Learning Outcomes**

<b>By the end of the semester, students will:</b>	<b>Student Learning Outcomes (SLO) &amp; MFT Competency Domain (C:)</b>	<b>Signature Assignment/Assessment</b>
Demonstrate a working knowledge and understanding of the varied substance-related disorders as they are described in the DSM-5.	<b>SLO 1</b> <b>DCC 1, 2, 5</b>	Class Participation Examinations
Show evidence of a basic knowledge and understanding of the various classes of drugs of abuse and their effects.	SLO 1, 2 DCC 1, 2	Class Participation Examinations

Demonstrate a practical understanding of major assessment processes and treatment modalities and their appropriate use for specific clients and/or family systems.	SLO 1, 2, 5 DCC 1, 2, 4	Examinations
Exhibit multicultural awareness in substance abuse/dependence assessment and treatment approaches as it relates to race, gender, age, etc.	SLO 4 DCC 3	Class Participation
Discuss spirituality and its role in the treatment of chemically dependent families, with particular attention given to the theology inherent in Alcoholics/Narcotics Anonymous and Al-Anon	SLO 1, 3 DCC (LPTS VII)	Class Participation
Articulate and discuss issues of chemical dependency treatment such as violence, sexual dysfunction, gender and cultural differences in the dynamics of chemical abuse and dependency and the impact of socio-economic factors on treatment.	SLO 1,3, 4 DCC 1, 3, 5	Class Participation Final Examination

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**SLO 1:** Graduating students will be able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.

**SLO 2:** Graduating students will demonstrate a broad knowledge of systemic theory and MFT treatment models and flexibly apply these in evidence-based practice.

**SLO 3:** Graduating students will be able to think ethically and make appropriate clinical ethical decisions.

**SLO 4:** Graduating students will be able to use a multi-contextual, antiracist approach to Marriage and Family Therapy that attends to religious, cultural, racial, economic, gender, and sexual orientation diversity and intersectional contexts in client, client-therapist, supervisory, and broader social systems.

**SLO 5:** Graduating students will be able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy.

**SLO 6:** Graduating students will be able to apply an ethical framework, including but not limited to the AAMFT Code of Ethics, to make appropriate decisions in therapy, advocacy, service and public participation.

DCC 1: Knowledge

DCC 2: Practice

DCC 3: Diversity

DCC 4: Ethics

DCC 5: Research

**Multicultural Therapy Definition:** Multicultural Therapy, according to D. W. Sue and Torino (2005, p 3) "...can be defined as both a helping role and process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, recognizes client identities to include individual, group, and universal dimensions, advocates the use of universal and culture- specific strategies and roles in the healing process, and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems." Multicultural competence as a therapist includes: (1) therapist awareness of personal assumptions, values and biases, (2) understanding the worldview of diverse clients, and (3) facility with appropriate strategies and interventions consistent with the life experiences and values of culturally different clients. (Sue & Sue 2008)

**Evidence-based Practice Definition:** EBP is a "...practice-friendly approach to using research to enhance family therapy" (Gehard, 2010, 133). This approach looks to research to help clinicians make decisions in therapy about care for individual clients, couples and families. Evidence-based practice will (1) look to research for information about what treatments are most effective for specific problems, (2) critically examine that research for its validity and applicability to specific cases, and (3) evaluate how effective a selected method is for specific clients, couples and families (for example, using the ORS/SRS).

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## **Requirements**

1. **Reading.** Assigned reading from the required texts listed below. *This requirement will account for 10% of the class grade.*

2. **Weekly Virtual Discussions:** Each student will read the prompt on the Canvas Message Board and reply using information from the weekly reading assignment and other resources by 11:59 pm on Wednesday. Each student will read their classmates responses and comment on 2 responses by the following Saturday by 11:59 pm. The responses should be in depth and more than one paragraph. *This requirement will account for 15% of the class grade.*

3. Students are required to attend four AA (Alcoholics Anonymous) or NA (Narcotics Anonymous) and two Al-Anon or Co-Dependents Anonymous (CODA) meetings. *This requirement will account for 15% of the class grade.*

**Because of COVID-19 restrictions it may be difficult to attend these meetings in person. To quell any anxieties or the inability to find a meeting you may opt to view a movie from a suggested list and write assessments and treatment plans for both the primary patient and the family.**

4. **Daily reflection journal:** Each student will keep a confidential daily journal in which he/she reflects on the day’s class, along with other pertinent experiences related to the class focus. The journal is to include personal reflection on: 1) daily reflections found on the Alcoholics Anonymous website ([AA.org](http://AA.org)) or “Just For Today” on the Narcotics Anonymous website ([NA.com](http://NA.com)), 2) experience in attending four Twelve Step Meetings and two Al-Anon or Co-Dependents Anonymous (CODA) meetings, and 3) reaction to class activities, lectures and invited speakers. The student will verify in his/her journal, their attendance at a Twelve Step Meeting (AA or NA) and an Al-Anon or CODA meeting along with their reflection on the strengths and weaknesses of each of the programs. The journal will be reviewed weekly for relevance and for the student’s direct engagement with the topic of the day. Journal entries are expected 5 out of 7 days of each week (Friday thru Thursday). A final Journal Summary is due on December 1st. *This requirement will account for 10% of the class grade.*

5. **Exams:** There are two exams. Exam Part I will be given during the third week of class, and Exam Part II will be given on November 3rd. Both exams are due on the dates listed in the class schedule. Exams will be evaluated on accuracy of information, interaction with the texts and class content, integration of theoretical and theological material, usefulness to clinical/pastoral practice, quality of thought, and clarity of expression. *This requirement will account for 30% of the class grade.*

**5. Research paper:** Each student will be required to write a final paper for this course that will be due on the last day of class. A detailed rubric for this paper will be provided on October 13<sup>th</sup>. The final paper will be due on Wednesday December 15, 2021, by 11:59 pm. ***This requirement will account for 30% of the class grade.***

### **Required Texts**

Brooks, Ford, and McHenry, Bill. A Contemporary Approach to Substance Use Disorders and Addiction Counseling, Second Edition. Alexandria, VA: American Counseling Association, 2014. ISBN: 978 1 55620 3398

Miller, William R., and Rollnick, Stephen. Motivational Interviewing: Preparing People for Change, Third Edition. New York: The Guilford Press, 2013.  
ISBN: 978 16091 82274

Foote, Jeffrey, Wilkens, Carrie, Kosanke, Nicole, and Higgs, Stephanie. Beyond Addiction: How Science and Kindness Help People Change. New York: Schuster and Schuster, 2014.  
ISBN: 978 14767 09475

May, Gerald G. Addictions and Grace: Love and Spirituality in the Healing of Addictions. New York: Harper, 1991 ISBN: 978 0 06 112243 9

Hart, Carl. Drug Use for Grownups: Chasing Liberty in the Land of Fear. New York: Penguin Press, 2021 ISBN: 9781101981641

Bible – Translation/version of your choice (i.e KJV, NIV, NRSV)

### **Additional Texts (Recommended not required)**

Fisher, Gary, and Thomas Harrison. Substance Abuse: Information for School Counselors, Social Workers, Therapists, and Counselors. New York: SAMSHA. 2017  
ISBN-13: 978-0134387642

\_\_\_\_\_. Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism, Fourth Edition. New York: Alcoholics Anonymous World Services, Inc., 2002.

Conyers, Beverly. Addict in the Family, Stories of Loss, Hope and Recovery, Center City, MN, Hazelden Publishing, 2003.

SAMHSA, Enhancing Motivation for Change in Substance Abuse Treatment, Treatment Improvement Protocol (TIP) Series 35, Rockville, MD: US Dept. of Health & Human Services, Substance Abuse and Mental Health Services Administration, 2013 (accessed online at the SAMHSA website).

\_\_\_\_\_. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Revised (DSM-5). Washington, D.C.: American Psychiatric Association, 2013.

Roberts, Linda J., and McCrady, Barbara S. Alcohol Problems in Intimate Relationships: Identification and Intervention, A Guide for Marriage and Family Therapists. Washington, D.C.: National Institute on Alcohol Abuse and Alcoholism, 2003. (Downloaded free from NIAAA website, or read online).

Edwards, J.T. Treating Chemically Dependent Families. Minneapolis, MN: Johnson Institute, 1990.

Ott, P.J., Tarter, R.E. and Ammerman, R.T. Sourcebook on Substance Abuse: Etiology, Epidemiology, Assessment and Treatment. Missouri: Allyn and Bacon, 1999, 1993.

Dodgen, C.E. and Shae, W.M. Substance Use Disorders: Assessment and Treatment. California: Academic Press, 2000.

Gurnan, A. and Kniskern, D. (eds.). Handbook of Family Therapy, Vols. I & II. New York: Brunner/Maze, 1991.

L'Abate, Farrar J.E., and Serritella, D.A. Handbook of Differential Treatment for Addictions. Massachusetts: Allyn and Bacon, 1992.

Hart, Carl. High Price: A Neuroscientist's Journey of Self Discovery that Challenges Everything You Know About Drugs and Society. New York: Harper Perennial, 2013.

Johnson, M/R. Memoirs of an Addict: Fact or Fiction. Washington, DC: Memoirs of 2165, 2014.

**Important Books in the field:**

Beattie, Melody. Codependent No More. Minnesota: Hazeldon, 1992.

Pluymen, Bert. The Thinking Person's Guide to Sobriety. New York: St. Martin's Press, 1999.

Woititz, Janet. Adult Children of Alcoholics. Deerfield Beach, FL: Health Communications, 1983.

Mooney, Al J, M.D, Arlene and Howard Eisenberg. The Recovery Book. New York: Workman Publishing Company, Inc. 1992.

**Important Resources in the field:**

Substance Abuse and Mental Health Services Administration (SAMHSA)  
<https://www.samhsa.gov>

Center for Substance Abuse Prevention (CSAP)  
<https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap>

Center for Substance Abuse Treatment (CSAT)  
<https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat>

National Association of Alcohol & Drug Addiction Counselors (NAADAC)  
<https://www.naadac.org>

National Association of Drug Court Professionals (NADCP)  
<https://www.nadcp.org>

National Institute on Alcohol Abuse and Alcoholism (NIAAA)  
<https://www.niaaa.nih.gov>

National Institute on Drug Abuse (NIDA)  
<https://www.drugabuse.gov>

The Office of National Drug Control Policy  
<https://www.whitehouse.gov/ondcp/> (ONDCP)

Kentucky Association of Addiction Professionals (KAAP), Michael Townsend, NSSW - President, [miket6567@gmail.com](mailto:miket6567@gmail.com)

The Kentucky School of Alcohol and Other Drug Studies (KSAODS)  
<http://kyschool.eku.edu>

International Certification & Reciprocity Consortium (ICRC)  
<https://www.internationalcredentialing.org>

### Class Schedule

<u>Date</u>	<u>Topic</u>	<u>Reading Assignment</u>
9/6	Introduction to Addiction	Brooks & Henry, chs. 1- 3
9/13	History & Etiological Models Substance Addictions Process Addictions Professional Issues/Professional Ethics	Brooks & Henry, ch.13 Miller & Rollnick, pp. 380-402
9/20	Intro to Assessment Assessment & Diagnosis Psychotherapeutic Approaches <b>EXAM I</b> (available 9/20 due by 9/23 – 11:59 pm)	Brooks & Henry, chs 4
9/27	Motivational Interviewing	Brooks & Henry p 103-107 Miller & Rollnick, ch. 23
10/4	Treatment of Comorbid Disorders Group Therapy	Brooks & Henry, chs. 9-10
10/11	<b>Research Paper Rubric Presentation</b> Addiction Pharmacotherapy	Brooks & Henry, ch. 11 Fisher & Harrison, ch. 2
10/18	<b>Research and Study Week - NO CLASS</b>	
10/25	12-Step Facilitation of Treatment	Brooks & Henry, ch. 12 Miller, et al. (2019), pp. 251-270
11/1	<b>Exam II</b> Maintenance and Relapse Prevention	Brooks & Henry, ch. 13 Fisher & Harrison, ch. 10
11/8	Substance Addiction and Families	Brooks & Henry, ch. 14 Fisher & Harrison, ch. 12-13 Conyers, chs. 4-7
11/15	Persons with Disabilities & Substance-Related and Addictive Disorders	Brooks & Henry, ch. 15
11/22	Cultural Diversity & Cultural Competence in Addictions Treatment	Brooks & Henry, ch. 17
11/29	<b>THANKSGIVING HOLIDAY - NO CLASS</b>	



12/6	Addressing the Spiritual Side	Miller, et al., (2019), pp. 363-379 CAMS
12/13	Closing Class <b>Research Paper Due</b>	

### Class Policies

#### Grading: Grade Scale and Philosophy

A	96.6-100
A-	93.6-96.5
B+	90.6-93.5
B	87.6-90.5
C	85.6-87.5
C+	83.6-85.5
C	81.6-83.5
C-	79.6-81.5
D	70.6-79.5
F	Below 70.6

Individuals admitted to graduate study are expected to perform consistently and well in academic work. This is translated into grades in the following way:

1. Basic mastery of the body of knowledge at a level expected in graduate study will earn scores in the B to B+ range.
2. Grades of A- are granted for work which demonstrates
  - a. basic mastery of the body of knowledge, and
  - b. independent thought about the subject matter.
3. Grades of A are granted for work which demonstrates
  - a. mastery of the required body of knowledge,
  - b. independent thought about the subject matter, and
  - c. creative/integrative use of the material, exceptional writing which integrates the material into a student's own system of thought, and/or exceptionally well done or articulate research.

### Seminary Policies

*Excerpted from the Faculty Handbook*

#### **Use of Inclusive Language**

In accordance with seminary policy, students are to use inclusive language in class discussions and in written and oral communication by using language representative of the whole human community in respect to gender, sexual orientation, ethnicity, age, and physical and intellectual capacities. Direct quotations from theological texts and translations of the Bible do not have to be altered to conform to this policy. In your own writing, however, when referring to God, you are encouraged to use a variety of images and metaphors, reflecting the richness of the Bible's

images for God. More discussion about inclusive language can be accessed from the Academic Support Center and from the section of the LPTS web site with information for current students.

### **Academic Honesty**

All work turned in to the instructors is expected to be the work of the student whose name appears on the assignment. Any borrowing of the ideas or the words of others must be acknowledged by quotation marks (where appropriate) and by citation of author and source. Use of another's language or ideas from online resources is included in this policy, and must be attributed to author and source of the work being cited. Failure to do so constitutes plagiarism, and may result in failure of the course. Two occurrences of plagiarism may result in dismissal from the Seminary. Students unfamiliar with issues related to academic honesty can find help from the staff in the Academic Support Center. For more information, see the Policy for Academic Honesty in the Student Handbook.

### **Special Accommodations**

Students requiring accommodations for a documented physical or learning disability should be in contact with the Director of the Academic Support Center during the first two weeks of a semester (or before the semester begins) and should speak with the instructor as soon as possible to arrange appropriate adjustments. Students with environmental or other sensitivities that may affect their learning are also encouraged to speak with the instructor.

### **Citation Policy**

Citations in your papers should follow Seminary standards, which are based on these guides:

American Psychological Association. *Publication Manual of the American Psychological Association*. 6th ed. Washington, DC: American Psychological Association, 2010.

Turabian, Kate L., Wayne C. Booth, Gregory G. Colomb, and Joseph M. Williams. *A Manual for Writers of Research Papers, Theses, and Dissertations: Chicago Style for Students and Researchers*. 8th ed. Chicago: University of Chicago Press, 2013.

The Chicago Manual of Style. 16th ed. Chicago: University of Chicago Press, 2010.

Copies of these guides are available at the library and in the Academic Support Center.

### **Attendance Policy**

According to the Seminary catalog, students are expected to attend class meetings regularly. In case of illness or emergency, students are asked to notify the instructor of their planned absence from class, either prior to the session or within 24 hours of the class session. Six or more absences (1/4 of the course) may result in a low or failing grade in the course.

**Using Fictional Characters as Patients**

**Watch the movie (of course).**

**Determine primary patient (may not be the main character)**

**Create a plan of care for patient.**

**Create plan of care for family or friends who will be supporting primary patient.**

**Movies to choose from**

Flight – 2012

Drugstore Cowboy – 1989

Requiem for a Dream – 2000

Losing Isaiah – 1995

Holiday Heart – 2000

Everything Must Go – 2010

16 Years of Alcohol – 2003

Beautiful Boy – 2018

Ray – 2004

Rachel Getting Married - 2008

<b>RESEARCH RUBRIC</b>	<b>EXPERT</b>	<b>PROFICIENT</b>	<b>APPRENTICE</b>	<b>NOVICE</b>
<b>INTEGRATION OF KNOWLEDGE</b>	The paper demonstrates that the author fully understands and has applied concepts learned in the course. Concepts are integrated into the writer's own insights. The writer provides concluding remarks that show analysis and synthesis of ideas.	The paper demonstrates that the author, for the most part, understands and has applied concepts learned in the course. Some of the conclusions, however, are not supported in the body of the paper.	The paper demonstrates that the author, to a certain extent, understands and has applied concepts learned in the course.	The paper does not demonstrate that the author has fully understood and applied concepts learned in the course.
<b>TOPIC FOCUS</b>	The topic is focused narrowly enough for the scope of this assignment. A thesis statement provides direction for the paper, either by statement of a position or hypothesis.	The topic is focused but lacks direction. The paper is about a specific topic but the writer has not established a position.	The topic is too broad for the scope of this assignment.	The topic is not clearly defined.
<b>DEPTH OF DISCUSSION</b>	In-depth discussion & elaboration in all sections of the paper.	In-depth discussion & elaboration in most sections of the paper.	The writer has omitted pertinent content or content runs-on excessively. Quotations from others outweigh the writer's own ideas excessively.	Cursory discussion in all the sections of the paper or brief discussion in only a few sections.
<b>COHESIVENESS</b>	Ties together information from all sources. Paper flows from one issue to the next without the need for headings. Author's writing demonstrates an understanding of the relationship among material obtained from all sources. For	For the most part, ties together information from all sources. Paper flows with only some disjointedness. Author's writing demonstrates an understanding of the relationship among material obtained from all sources. Sometimes ties together information from all sources.	Sometimes ties together information from all sources. Paper does not flow - disjointedness is apparent. Author's writing does not demonstrate an understanding of the relationship among material obtained from all sources. Does not tie together information.	Does not tie together information. Paper does not flow and appears to be created from disparate issues. Headings are necessary to link concepts. Writing does not demonstrate understanding any relationships
<b>SPELLING &amp; GRAMMAR</b>	No spelling &/or grammar mistakes.	Minimal spelling &/or grammar mistakes.	Noticeable spelling & grammar mistakes.	Unacceptable number of spelling and/or grammar mistakes.
<b>SOURCES</b>	More than 5 current sources, of which at least 3 are peer review journal articles or scholarly books. Sources include both general background sources and specialized sources. Special interest sources and popular literature are acknowledged as such if they are cited. All web sites utilized are authoritative.	5 current sources, of which at least 2 are peer-review journal articles or scholarly books. All web sites utilized are authoritative. Fewer than 5 current sources, or fewer than 2 of 5 are peer reviewed journal articles or scholarly books. All web sites utilized are credible.	Fewer than 5 current sources, or fewer than 2 of 5 are peer reviewed journal articles or scholarly books. All web sites utilized are credible.	Fewer than 5 current sources, or fewer than 2 of 5 are peer-reviewed journal articles or scholarly books. Not all web sites utilized are credible, and/or sources are not current.
<b>CITATIONS</b>	Cites all data obtained from other sources. APA citation style is used in both text and bibliography.	Cites most data obtained from other sources. APA citation style is used in both text and bibliography.	Cites some data obtained from other sources. Citation style is either inconsistent or incorrect.	Does not cite sources.

Adapted from: Whalen, S. "Rubric from Contemporary Health Issues Research Paper"  
[http://academics.adelphi.edu/edu/hpe/healthstudies/whalen/HED601\\_r2.shtml](http://academics.adelphi.edu/edu/hpe/healthstudies/whalen/HED601_r2.shtml)