

WURZWEILER SCHOOL OF SOCIAL WORK
YESHIVA UNIVERSITY

Social Work Practice with Addictions: Social Work 6691
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SYLLABUS

Course Description

Welcome to your Addictions elective! This is a fully online course supported by the Canvas Learning Management System. Students are responsible for following Announcements in Canvas.

The course is designed to facilitate student knowledge of addictive phenomena and its relation to social work practice issues. The language concerning addictions ranges from archaic (words like 'dipsomania') to contemporary ('the opioid epidemic') and is constantly changing. Terminology will be a sustained area of concern in this course for it is from words that applied assessment and diagnostic instruments and criteria are constructed. We will cover both chemical (alcohol, various stimulants, opiates) and behavioral (primarily sex and gambling) addictions. For example, can compulsive sexual behavior even properly be called an addiction? The course assumes participants have had little to no previous exposure to the professional literature and related conceptualizations of addiction though the first module discussion will help me get a better feel for your cohort and I will modify modules a bit as we go.

Attention will be given to biological and genetic factors in the etiology of individual addiction and implications for families. Addiction exists in diverse cultural contexts. The consequences of addictions will be studied at the individual, family, community and societal levels. This course will draw on current research in the field of addictions, and will emphasize critical thinking and analysis of the current controversies in the field.

Upon completion of the course, students will understand the following:

- The definitions of drug use, abuse, dependency, and addictions.
- Contemporary issues in substance abuse policy and treatment.
- The impact of one's own values, attitudes, and life experiences on one's view of addiction, in essence, the single major barrier to effective clinical work with addicted populations.

- Various clinical manifestations of the eleven DSM 5 criteria for a substance use disorder.
- The use of assessment criteria and tools including the MAST, the AUDIT, ASI (adults, teens, others) and the American Society of Addiction Medicine Patient Placement Criteria.
- Evidence-based 12-Step Facilitation Therapy and Cognitive Behavioral Therapy for addictions.
- Major research informed conclusions regarding the genetic predisposition to alcohol use disorders including Fetal Alcohol Spectrum Disorders (FASD)

Core Competencies

The following competencies are addressed throughout this course:

- Competency 2.1.3, Apply critical thinking to inform and communicate professional judgments.
- Competency 2.1.4, Engage diversity and difference in practice.
- Competency 2.1.7, Apply knowledge of human behavior and the social environment.
- Competency 2.1.8, Engage in policy practice to advance social and economic well, being and to deliver effective social work services.
- Competency 2.1.10, Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.

Required Reading

There is no required textbook for this course as we will rely course files (PDF in Canvas) and online access to websites as well as articles from journals subscribed to by the Yeshiva University library. See for example, the Journal of Social Work Practice in the Addictions (JSWPA). Additional optional reading and audio/video will be posted by the professor. Also, anonymized case material (assessments) from current and recent clinical treatment will be posted. All assigned reading material will be discussed in online forums. As it becomes relevant to discussion and learning the professor will recommend (not require) additional citations and references for consideration. Always feel free to ask for more. Instructions on how to access and navigate Canvas will be e-mailed by the Wurzweiler School before the start date of the course.

For Canvas LOGIN assistance, call the HELP DESK: 800-829-7418
For 24 + 7 + 365 Canvas assistance on general CALL: +1-844-747-4611
For Canvas FAQ's please access Canvas GUIDES
Also, feel free to e-mail helpdesk@yu.edu

Also, all participants will subscribe free to the National Institute of Drug Abuse (NIDA) Notes at: http://www.drugabuse.gov/NIDA_Notes/NNIndex.html. This will bring you into the whole realm of NIDA research and literature. See for example new research on “Nonmedical Opioid and Heroin Use Among High School Seniors” and “Why Females Are More Sensitive to Cocaine.” Also, bookmark the following site <https://www.niaaa.nih.gov/research>. This will bring you into the National Institute on Alcohol Abuse and Alcoholism research and practice world.

Between the course files, Yeshiva's excellent online journal and book holdings, JSWPA, NIDA Notes, and the NIAAA site you will be able to secure the assigned reading and the literature you will need to participate in discussion and support your written assignments.

Assignments

There are 3 assignments for this course. You are responsible for completing 10 Discussion Boards, 1 critical reflection paper and 1 annotated bibliography. Each is explained below. Also, see the table below for all deadlines.

1) Discussions: 50% of grade. There are 10 of these for the fall semester with **various due dates** – pay close attention.

The Discussion Board in Canvas is our classroom.



When you open the discussion board, picture yourself walking into the classroom filled with students (It is August 24th, 2018 as I write there are over 20 masters and several doctoral students registered). When you speak (write) everyone can

hear (see) it; the same for me. For this course you should plan on spending 3 hours per week 'in class', writing discussions.

Before you come to class you will have completed the reading or audio/video assigned for the Module so you are ready to participate in the classroom discussion.

According to worldwidelearn.com "Asynchronous communication is the relay of information with a time lag. Discussion forums and email are two examples of how asynchronous communication is employed in online learning. It is very helpful to communicate in this way, because students have plenty of time to formulate thoughts. By communicating [this way] students are able to respond in detail to a question or topic that they might have answered incompletely in a real-time conversation. This time lag in communication helps students internalize information by giving them time to *research certain ideas* (emphasis added)... and extra time for contemplation."

My experience with online learning has taught me that when students are formulating a written post to an open discussion board, they are keenly aware that not only the professor, but all members of the class (peers) will be carefully reading and scrutinizing everything they write, and this dynamic tends to elicit high-quality postings and optimal learning.

A grading rubric will be applied to your discussion posts each class as I review and includes the following criteria:

- Were the assigned questions/topics responded to?
- Was the initial post over 250 and under 500 words?
- Was a citation included in the post? [One outside scholarly citation/source (not provided, but one you search out) is required for each original post.]
- Were three peers (as determined by professor) responded to each week?
- Student's written work demonstrates graduate level skill including critical thinking.

Dr. Conley Discussion Reply Protocol: The professor will use the edit function to insert comments directly into your post using either [[*brackets or bold like this*]]. This will make more sense once we get started. In this way, my replies to questions or really provocative writing will be placed on the discussion board in a way that keeps your professor's comments connected. Please do not use the bold function in your posts. You may underline or italicize, but please leave the bold text to me. Also, keep an eye out in the discussion board for audio recorded brief lectures from the professor. Occasionally, a student will make a very salient point or raise a very intriguing question that I will want to address more at length and I'll do that with an audio file. I usually point out in an announcement when I have added substantial material to your posts.

While I am able to actually edit the content of your post, I don't. I'm only selectively putting a few ideas of my own in where I think it will be most useful for everybody's learning. Please keep in mind, that with 25+ students across sections I will not post a reply to every comment ☺. Nonetheless, when I am grading in Canvas I will always leave a comment on your individual work.

2) Critical self-reflection paper, confidential to the professor, 20% of grade. This is due 10/5/18. Effective work with addicted populations, whether it is clinical, policy or research, requires an objective knowledge of one's own values, attitudes, and personal understanding of addiction. This reflection paper is an essay by you describing how you learned what you knew about addiction before taking this course. Also, answer the following questions.

1) Do you 'believe' step 1 of the 12 steps, that the addict has no power over their use of the substance and thus life becomes unmanageable – in essence that their free will was compromised by a mental illness?

2) DSM states that one criteria for a substance use disorder is that the substance is taken in larger amounts or over a longer period of time than *intended* with key idea being *intention*. The concept in play here is that intention, volition, and will, are mentally compromised, and therefore insufficient to control the quantity and frequency of use. Do you 'believe' this?

Using these two points as a guide, and using a narrative/descriptive writing style, (if in doubt look it up) explore your own position relative to these ideas concerning addiction. The professor will provide verbal feedback to this paper in the form of an audio file attachment. This is pass/fail and all who pass receive 100% credit. If the effort is insufficient, you may be given the opportunity for one re-do.

3) Annotated Bibliography: 30% of grade. Start right away looking for your articles. This is due 12/5/18. The following description of an annotated bibliography is modified, but largely borrowed, from Research & Learning Services, Olin Library, Cornell University Library, Ithaca, NY, USA.

What is an Annotated Bibliography?

An annotated bibliography is a list of citations to books, articles, and documents. Each citation is followed by a brief (usually about 150 words) descriptive and evaluative paragraph, the annotation. The purpose of the annotation is to inform the reader of the relevance, accuracy, and quality of the sources cited.

Annotations vs. Abstracts

Abstracts are the purely descriptive summaries often found at the beginning of scholarly journal articles or in periodical indexes. Annotations are descriptive and critical; they may describe the author's point of view, authority, or clarity and appropriateness of expression.

The Process

Creating an annotated bibliography calls for the application of a variety of intellectual skills: concise exposition, succinct analysis, and informed library research.

First, locate and record citations to books, periodicals, and documents that may contain useful information and ideas on your topic. Briefly examine and review the actual items. Then choose those works that provide a variety of perspectives on your topic.

Cite the book, article, or document using the APA style as seen in the example below.

Write a concise annotation that summarizes the central theme and scope of the book or article. Include one or more sentences that (a) evaluate the authority or background of the author, (b) comment on the intended audience, (c) compare or contrast this work with another you have cited, or (d) explain how this work illuminates your bibliography topic.

Critically Appraising the Book, Article, or Document

Link to the following website for assistance with this:

<http://guides.library.cornell.edu/criticallyanalyzing>

Sample Annotated Bibliography Entry for a Journal Article

The following example uses APA style (*Publication Manual of the American Psychological Association*, 6th edition, 2010) for the journal citation:

Waite, L. J., Goldschneider, F. K., & Witsberger, C. (1986). Nonfamily living and the erosion of traditional family orientations among young adults. *American Sociological Review*, *51*, 541-554.

The authors, researchers at the Rand Corporation and Brown University, use data from the National Longitudinal Surveys of Young Women and Young Men to test their hypothesis that nonfamily living by young adults alters their attitudes, values, plans, and expectations, moving them away from their belief in traditional sex roles. They find their hypothesis strongly supported in young females, while the effects were fewer in studies of young males. Increasing the time away from parents before marrying increased individualism, self-sufficiency, and changes in attitudes about families. In contrast, an earlier study by Williams cited below shows no significant gender differences in sex role attitudes as a result of nonfamily living.

Your Assignment: Prepare an annotated bibliography which reports on one of the following topics: fetal alcohol spectrum disorders; driving under the influence; the current opioid epidemic in perspective (it is not the USA's first); advances in treatment for compulsive gambling; research on sexual compulsivity; addiction and stigma; trends in adolescent substance use; smoking cessation: what works, what doesn't; prevalence of addiction in diverse ethnic groups; 12-step facilitation therapy; cognitive behavioral therapy for addictions; medication assisted therapy (MAT); changes in DSM diagnostic criteria for addiction over time. 7-10 articles, about a half a page per article.

Grading rubric for the paper will be based on the following criteria:

- For each article reviewed the student
 - (a) evaluates the authority or background of the author,
 - (b) comments on the intended audience,
 - (c) compares or contrasts this work with another they have cited
 - (d) explains how this work illuminates the bibliography topic.
- The paper has a title page including student's name and the name of the course (pretty basic but I am lost grading without it)
- Submit as a document attached to e-mail (not through Canvas).

- Include PDF copies of the articles reviewed. If reviewing a book, include a scanned PDF copy of the copyright and contents pages.
- Use Ariel font, 12-point size as is used here. Kindly Do not submit papers using times new roman font like this as it substantially slows comprehension.
- Name and save the paper like this: Lastname_First name 6691 Bibliography. So for example my paper would be saved as Conley_Timothy_6691 Bibliography.

Please adhere to these submission guidelines – understanding that your professor will be reading and reviewing up to 200 pages of material ☺.

Plagiarism

The School will not condone plagiarism in any form and will sanction acts of plagiarism firmly. A student who presents someone else's work as his or her own work is stealing from the authors or persons who did the original thinking and writing. Plagiarism occurs when a student directly copies another's work without citation; when a student paraphrases major aspects of another's work without citation; and when a student combines the work of different authors into a new statement without reference to those authors. It is also plagiarism to use the ideas and/or work of another student and present them as your own. It is not plagiarism to formulate your own presentation of an idea or concept as a reaction to someone else's work; however, the work to which you are reacting should be discussed and appropriately cited. Any student who can be shown to have plagiarized any part of any assignment in this course will automatically Fail the course and will be referred to the Associate Dean for disciplinary action that may include expulsion. Please be advised that **Professor Conley uses plagiarism detection software** designed to search the web and published journals for duplicate text. As a published author and seasoned journal reviewer I am *extremely* sensitive to writing style and tone and the second my 6th sense goes off I start checking. Please, be careful and be honest.

Required Reading and Schedule of Activities

This Fall course is organized in 10 modules in Canvas. Each module consists of four tabs (three are pages, one is the discussion). The tabs are as follows:

- **Instructions and Anticipated Outcomes:** Read this closely as it tells you what we're going to do for the module, and it also specifically states what you will have learned by the time we have finished.
- **Readings/Links for the Module:** This will tell you what you are required to read for the module, and link you to that reading. Clicking on the links will open the reading, which can also be found in the files section of Canvas. Links in Canvas can be a bit unreliable so I tend to post the articles in more than one place. Occasionally, I will link to something on the World Wide Web. Some links will open a PowerPoint or a video, sometimes and audio file from me.
- **Activities/Assignments:** Each module will include the required discussion board and that will be stated here. If there is an assignment due within the

timeframe of this module, that will be reiterated here. I make every effort to cross link pages in Canvas wherever possible.

- **Discussion Board Instructions:** These are very specific, and pose questions of exactly which information you are being required to discuss. The instructions of course assume that you completed the readings and links for the modules! Each discussion requires that you go beyond the provided readings/links, locate and cite/reference an additional reading or web resource.

Here is the course schedule and assignments with deadlines in a table format.

Assignment	Due Date ↓11:59 p.m. on↓
Module 1, Class Discussion Board 1	9/7/18
Module 2, Class Discussion Board 2	9/14//18
Module 3, Class Discussion Board 3	9/23/18
Module 4, Class Discussion Board 4	9/28/18
Critical Self-Reflection Paper Due	10/9/18
Module 5, Class Discussion Board 5	10/14/18
Module 6, Class Discussion Board 6	10/18/18
Module 7, Class Discussion Board 7	10/25/18
Module 8, Class Discussion Board 8	11/8/18
Module 9, Class Discussion Board 9	11/16/18
Annotated Bibliography Due	12/5/18
Module 10, Class Discussion Board 10	12/17/18

MODULES

Module 1) Addictions: A challenge for the profession of social work

With our first Class Discussion let's hear a few words about what each of us knows about addictions, what have you studied previously? Also, take this opportunity to share what you would like out of this course. We can stretch the pre-set goals and objectives from the syllabus a bit depending on where your interest lies.

For now, you may find your readings for this module in the files section of Canvas. Each is cited below with starter ideas for a Class Discussion.

Read:

- Rhodes, R., Johnson. A.D. (1996). Social work and substance –abuse treatment: A challenge for the profession. *Families in Society: The Journal of Contemporary Human Services*, 77 (3), 182-185.

21 years ago, Rhodes and Johnson indicated that social work suffered some sort of institutional denial of the prevalence and significance of substance abuse problems. Has that changed?

- Wilkey, C., Lundgren, L., & Amodeo, M. (2013). Addiction training in social work schools: a nationwide analysis. *Journal of Social Work Practice in the Addictions*, 13(2), 192-210.

Rhodes and Johnson's issue may not have changed! This 2nd article will give you some context on what it is you are studying. Right from the start the authors indicate "Social work education has not met addiction workforce development needs; there is no evidence this pattern will change." Do you think this is true? What is our issue?!

Module 2) Screening, Assessment, Diagnosis

This module centers around the PowerPoint addressing issues of screening, assessment, and diagnosis. There are audio files embedded in each slide so as you open the slideshow, be sure to click on the audio file, and listen to the lecture material provided by the professor. If there are technical problems, please work with Canvas Support.

Specific instruments are also linked to in this module and may also be found in your files here in Canvas. I refer to them in the slides. Please read the article by Cherpital:

- Cherpital, C.J. (1997). Brief screening instruments for alcoholism. *Alcohol Health and Research World* 21(4) p. 348-351.

and another by Strausner:

- Strausner, S.L.A. (2013). The DSM–5 Diagnostic Criteria: What's New?, *Journal of Social Work Practice in the Addictions*, 13:4, 448-453.

Strausner over at NYU is actually the founding editor of the *Journal of Social Work Practice in the Addictions* and I have reviewed articles and published with her for years - she is a real heavy weight in the field of addiction scholarship. The material in the PowerPoint and the associated articles give us a chance to really define what it is we're talking about when we say 'addict, addiction, addicted, substance dependent, substance use disorder, chemical dependency.' Let's all focus in hard and think about those DSM diagnostic criteria, and the degree to which they perhaps resonate or perhaps repulse you. Files linked to for this module include: DSM addiction Diagnosis & Assessment.pptx, ASI, AUDIT, DAST, MAST, and CAGE. Discussion of this module is concurrent with module 3

Module 3) Assessing Assessment

This module centers around assessing assessment in social work: a two article series by Mattaini and Kurk (1991, 2008) where they critically examine categorical, dimensional and contextual assessments. The 1991 material is dated but timeless. See for example how they refer to DSM-III-R in the original article. In your mind just substitute DSM 5 as it does not impact their argument. The original DSM III seven criteria, by the way, survived 4 more editions and are in DSM 5, along with four additional criteria (remember Strausner's work; also, if anyone wants to go so far as seeing the original theoretical work that informed the DSM III addiction criteria, let me know, I will get you the citation. Construct validity rules!)

The authors conclude that "...dimensional approaches are generally more adequate for practice purposes than are categorical ones and that contextual approaches that take into account the transactional and often nonlinear relationships among dimensions are potentially more useful than unidimensional

ones.” The 2008 work also provides a good example of the importance of religiosity in capturing context. Categorically indicating that an individual 'belongs' to a particular religion is way different than indicating the degree to which their community is supportive.

That said, we will continue to rely on DSM 5 criteria as a theoretical and practical underpinning of our discussions throughout the course. Keep the language!

- Mattaini, M.A. and Kurk, S.A. (1991) Assessing assessment in social work. *Social Work* 36(3) p. 260-266.
- Mattaini and Kirk Misdiagnosing assessment.pdf

Also, see the Addiction Severity Index (adult, teen and Native American versions). This is a very widely used instrument in public clinics as it is in the public domain (free), unlike, say, the Substance Abuse Subtle Screening Inventory.

- T_ASI.pdf
- T-ASI Guide.pdf
- ASI_Tool_Blank.pdf
- ASI-FAQ.pdf
- ASI_NAV.pdf
- ASI Mock Interview: Audio file

See Canvas for your assigned discussion questions.

Module 4) Twelve Steps

Going forward we will assume that I can freely discuss DSM and ASAM (along with miscellaneous instruments) with an assumption you understand what's being talked about. Now, in light of that, let's take a look at the 12 steps, specifically, the old granddaddy of all 12 step program, Alcoholic Anonymous. From this program, started officially in 1939, emanated Gambler's Anonymous, Al-Anon (for families), Narcotics Anonymous and now seemingly endless other spin offs.

This week we will look at the steps themselves as well as some reading about the "Big Book" and other AA sources. Next week we will continue this a bit and also look at 12 step facilitation therapy and Cognitive Behavioral Therapy (CBT). Two readings from encyclopedia chapters written by your professor, Conley, T. will kick us off:

- Conley, T. (2008). The Big Book. *Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery*. New York: Sage.
- Conley, T. (2008). The Twelve Steps. *Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery*. New York: Sage.

Both are brief encyclopedia chapters I wrote in 2008. Also, read an additional encyclopedia chapter:

- Kelly, J.F., Bergman, B.G., Cristello, J. (2016). *Alcoholics Anonymous*. Sage Encyclopedia of Psychology. Authors copy reprinted with permission.

Your discussion for module 4&5 will include a general reaction to the 12-step philosophy. Also, and this is important (though it is like an intellectual puzzle game): which of the DSM 5 eleven diagnostic criteria have the same conceptual basis as one or more of the steps? This is the "Apply critical thinking to inform and communicate professional judgments" part of the course! I think step 1 of the 12 shows up everywhere... Watch closely for post relies as I may be salt and peppering another handful of relevant articles to my replies and generating mini-lectures, time permitting

Module 5) 12-Step Facilitation Therapy; Typologies of Alcoholism

Making AA Easier (MAAEZ) is a program of 12-step facilitation therapy. Review the article in files titled "Kaskutas_MAAEZ article highlighted." This is a research article comparing MAAEZ (the ON condition) to treatment as usual (OFF condition). So the research methodology (quasi-experimental design) is quite heavy and I took the liberty of highlighting a few things for you. I don't expect you to read the whole thing but do read the section I highlighted on page 4 and afterwards scan the rest of the article and answer this: what do you see for "Oh Wow!" statistics? What are the key outcome numbers here? Is 12 step facilitation therapy more effective than treatment as usual?

The second article this week concerns typologies of alcoholism. Is there more than one type? There are many types of cancer; 2 types of diabetes, many forms of heart disease. Is there more than one kind of alcoholism?

- Kaskutas, L.A., Subbaraman, M., Witbrodt, J., and Zemore, S.E. (2009). Effectiveness of Making Alcoholics Anonymous Easier (MAAEZ), a group format 12-step facilitation approach. *Journal of Substance Abuse Treatment* 37(3): 228–239.
- Moss, H.B., Chiung, C.M, Hsiao-ye, Y. (2007). Subtypes of alcohol dependence in a nationally representative sample. *Drug and Alcohol Dependence*. doi:10.1016/j.drugalcdep.2007.05.016
- Dennis, C.B. and Earlywine, M. (2013). Assessing the Attitudes Substance Abuse Professionals Have Toward 12 Step Culture Preliminary Results. *Journal of Social Work Practice in the Addictions*, 13: 373–392 available as a .pdf in Canvas files.
- "Cooperation with the Professional Community" https://www.aa.org/assets/en_US/mg-11_coopwithprofe.pdf
- "If you are a Professional" https://www.aa.org/assets/en_US/p-46_ifyouareaprofessional.pdf

Module 6) American Society of Addiction Medicine

Welcome to your initial training and discussion concerning the American Society of Addiction Medicine treatment criteria for addictive, substance related, and co-occurring conditions. Our focus is going to be on dimensional assessment, as this is the most common assessment paradigm in the field of practice.

- Listen to the first lecture by Dr. C., (Audio file) which is an introductory lecture taken largely from the third edition of the ASAM book.

- Review the PDF chapter “ASAM 2017” which covers the 6 dimensions of multidimensional assessment (in your course files).
- Review the PDF “ASAM dimension training 2017” and listen to my audio lecture. It reinforces what you read in the book chapter (both in your course files).
- American Society of Addiction Medicine
<https://www.asam.org/resources/the-asam-criteria/how-to-use-the-asam-criteria#.Wc18ApSVRo.twitter> Retrieved 1-15-18
- ASAM: What it is and why it is important. California Institute for behavioral health solutions.
<https://www.youtube.com/watch?v=3T6sUijiSuo&t=2233s>
Retrieved 6-15-18

Module 7) ASAM Levels of Care

This module we will be discussing 1) ASAM levels of Care and 2) a case study presented by Dr. Conley intended to spark interest and application of ideas.

For the ASAM please see course file titled

- "ASAM Levels Presentation Mee Lee"
- Also, the following link to a video lecture on ASAM. I direct you to the video starting at 37.25 and going forward of the following link:
https://www.youtube.com/watch?v=4Tid_A1fJQA
- Also, see minute 43.0 of the following video for the section on levels.
<https://www.youtube.com/watch?v=3T6sUijiSuo>

See also the case study of “Kendra.” This provides you with a good (fictionalized but pretty 'real world') picture of what both DSM and ASAM look like in action: an integrated mental health / addiction assessment. The criteria and especially the case are up for discussion; see instructions in cAnvas I will be replying daily.

Module 8) Sexual Compulsivity

This week’s readings and resources are in your files starting with the word “Sexuality”. You are only required to read articles by Levine & Troiden, and Barrilleaux.

- Levine, M.P. Troiden, R.R. (1988). The Myth of Sexual Compulsivity. The Journal of Sex Research, 25(3) p. 347-363.
- Barrilleaux, J.C. Sexual Addiction: Definitions and Interventions, Journal of Social Work Practice in the Addictions, 16:4, 421-438, DOI:10.1080/1533256X.2016.1235425

The others are included for your interest. You might note that the file "Sexual behavior health survey" is a series of article concerning sexual behavior in general. This is a very good - excellent general education on the prevalence rates of a variety of diverse demographic populations and diverse sexual behaviors.

Levine and Troiden argued in 1988 that “... sexual addiction and sexual compulsion represent pseudoscientific codifications of prevailing erotic values rather than bona fide clinical entities. The concepts of sexual addiction and

compulsion constitute an attempt to re-pathologize forms of erotic behavior that became acceptable in the 1960s and 1970s.” They did an excellent job of reviewing the theoretical and other literature up to that point – about 30 years ago. Essentially: sexual addiction is a made-up fake diagnosis!

Fast forward to 2016 and Barrilleaux indicates that “Attempting to define sexual addiction is a problem in itself because there is a lack of general consensus on what it is and, consequently, how to treat it...” He goes on to point out that “The DSM–5 Task Force, which was responsible for writing the draft proposals for inclusion of addictive disorders into the new diagnostic manual, advocated for expanding the definition of addiction through the lens of more comprehensive nonsubstance behaviors with neurochemical dopaminergic rewards, thereby including sexual compulsivity” but that “This view was rejected by the editors of DSM–5.”

What is your view? Can sexual behavior properly be identified as an “addiction?” Using what you now know from DSM 5 and other sources about Substance Use Disorders and Gambling Disorder, do you think that the criteria can apply to an instinctive biological drive/process such as sexuality?

Module 9) Compulsive Gambling

All files for this week start with the word “Gambling.” I included more files than what are required for this week so pay close attention to the instructions below. You may use these files as your additional source when posting, or, as usual, locate additional articles online and through the library.

- 1) Review DSM-5 diagnostic criteria for compulsive gambling (not exactly like those for substance use disorders are they? See the similarities though?)
- 2) Read Chapter on “Etiological Models” taken from the book: *Research and Measurement Issues in Gambling Studies*;
 - Blaszczynski, A., & Nower, L. (2007). Research and measurement issues in gambling studies: Etiological models. *Research and measurement issues in gambling studies*, 323-339.

Read also (perhaps less thoroughly) the chapter on “Pathways Model.”

- 3) Listen to 30-minute conversation with “Gary”, a compulsive gambler and alcoholic in recovery 4 years.
 - 4) Post your entry and replies to one another on the discussion board. The article on etiology delineates several etiological models (psychoanalytic, public health, social reward etc.). For you, which model helps to best understand Gary's story? Were you able to hear how each diagnostic criteria was reflected in his story? What did you hear? This week's discussion will be open for 2 weeks.
- One other note: Gary is not a client or former client, but a friend of Dr. C. (Ok, so he calls me Timmy!). He is a fellow in recovery and now a Peer Recovery Support Specialist at a local treatment center and when I mentioned what I was teaching this fall he asked if there was anything he could do to help out; hence our discussion.

Module 10) To be Determined

Disabilities

Students with disabilities who are enrolled in this course and who will be requesting documented disability-related accommodations should make an appointment with the Office of Disability Services, akelsen@yu.edu or 646-592-4280 during the first week of class. Once you have been approved for accommodations, contact me to ensure the successful implementation of those accommodations.

HIPAA alert

In line with the new HIPAA regulations concerning protected health information, it is important that you understand that any case information you present from your work, will need to be de-identified. What this means is that any information that would allow another to identify the person needs to be changed or eliminated. This includes obvious things like names and birth dates but may also contain other information that is so unique to the person that it will allow for identification, including diagnosis, race/ethnicity, or gender. If diagnosis, race/ethnicity, or gender is directly related to the case presentation it can be included if it will not allow for identification.

Confidentiality

Given the nature of classroom discussion boards and the presentation of case materials, and at times personal revelation in class, students are reminded that the same commitment to confidentiality with clients extends to classmates. What is shared in class stays in class.