

**GOVERNORS STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
DIVISION OF SOCIAL WORK, ADDICTIONS STUDIES & HEALTH ADMINISTRATION**

COURSE SYLLABUS

COURSE TITLE: Alcoholism and Drug Abuse
A Systems Approach

COURSE NUMBER: ADDS 518

CREDIT HOURS: 3 Hours Graduate/Undergraduate

INSTRUCTOR: David O'Donnell, MHS
Office - 708/534-6365
Room 106, new Faculty Office Building
Office Hours: Wednesday – 3:00 – 7:00 pm
Thursday - 2:00 – 4:30 pm

TRIMESTER: Fall 2003

GSU ARCHIVES
ADDS 518
FA 03 W

DESCRIPTION:

This course will explore a systems approach as it relates to the etiology and treatment of drug and alcohol problems. Systems theory is based on the recognition that living things are open systems, interacting with their environments through circular and multifactorial patterns. Each individual is complex, being composed of many interrelated biological and psychological systems, and is influenced through interaction with multiple social systems such as family, community, society, etc. A systems approach to alcohol and drug problems (a) recognizes the impact of cultural interpersonal and environment influences, (b) recognizes individual differences among people with alcohol and drug problems, and (c) examines treatment models that take these factors into account.

EXPECTED STUDENT OUTCOMES:

1. Understand the impact of internal and external factors with regard to etiology and treatment of substance abuse problems.
2. Understand the alcoholic family syndrome as it relates to family roles, hierarchy, boundaries and triads.
3. Compare and contrast treatment issues of different special population.
4. Understand gender specific issues.
5. Understand the role of sexuality as it relates to substance abuse.
6. Compare and contrast different theories of substance abuse.

REQUIRED TEXT:

Chemical Dependency: A Systems Approach, McNeese and DiNitto.

CLASS SCHEDULE

- 9-03-03 Course overview, Evaluation, House Rules
- 9-10-03 Begin theories – Biologic-Medical Model, Brain Dysfunction. Read Chapter 2, Etiology of Addiction
- 9-17-03 Theories continued. Psychologic: Social Learning, Cognitive, Psychodynamic, Choice Theory
- 9-24-03 Social theories, Sociocultural, Moral, Environmental Pain – Review for test #1
- 10-1-03 Test #1 Family Systems Chapter 10, Theory
- 10-8-03 Chapter 10 continued. Co-Dependency, Define terms
- 10-15-03 Roles
- 10-22-03 Movie – “Under the Influence”, review for test #2
- 10-29-03 Test #2 Family Systems. Read Chapter 3, Becoming Addicted, Addiction Continuum
- 11-5-03 Drug Therapy – Agonist/Antagonist
- 11-12-03 Culture: Native Americans, African Americans
- 11-19-03 Hispanic Asian
- 11-26-03 Gay Lesbian issues Chapter 12, review for test #3
- 12-3-03 **Final test #3**

EVALUATION

Test #1	25 %
Test #2	25 %
Test #3	25%
Attendance	<u>25 %</u>
Total	100 %

Attendance:

Perfect Attendance	=	100%
1 Miss	=	95%
2 Misses	=	90%
3 Misses	=	85%
4 Misses	=	80%
5 Misses	=	75%

Grading

90 – 100	=	A
82 – 89	=	B
74 – 81	=	C
66 – 73	=	D

DISABILITY STATEMENT:

Students who have a disability or special needs and require accommodation in order to have equal access to the classroom, must register with the designated staff member in the Division of Student Development. Please go to Room B1201 or call (708) 534-4090 and ask for the Coordinator of Disability Services. Students will be required to provide documentation of any disability when an accommodation is requested.

THEORIES OF ADDICTION

1. Biological Theories

A. Medical Model

- Disease Concept
- Genetically Predisposed (univariate causality – “you have it or don’t”)
- Primary
- Progressive
- Chronic
- Characterized by predictable symptoms
- Treatment no cure

Types

- Alpha – psychological/emotional dependence, no evidence of physical dependence
- Beta – physical symptoms (i.e. gastritis or ulcers) no dependence
- Gamma – physical and psychological dependence, inability to abstain characterized by increased tolerance and loss of control. Physical withdrawal symptoms evidenced (i.e. delirium tremors DTs) when attempting abstinence. Basis for Medical Model.
- Delta – psychological and physical dependence but unlike Gamma can control amount they drink. Unable to abstain.
- Epsilon – same as Gamma but can go on periods of abstinence for days, weeks sometimes months. Known as “Binge Drinker.”

Type I Milieu Theory – less severe, makes up greater population of alcoholics, both males and females get it. Gene plus environmental factors necessary (i.e., stresses associated with economic problems.)

Type II Male Limited Theory – passed on from male to offspring (mostly males) more severe alcoholism, fewer population get it, predisposed by gene only, no other factors necessary.

Treatment

- Clinical interventions essential to interrupt the disease
- Education, Individual, group counseling and referral to self help essential components, existential – focus on here & now
- Acceptance of Diagnosis critical (why not significant)

Recovery

- Defined by Abstinence
- Relapse prevention integral component of aftercare
- Relapse prevention is ongoing – once an alcoholic always an alcoholic
- Accents on holistic approach with spiritual component

STAGES OF ALCOHOLISM IN MEN AND WOMEN

Men's Symptoms

Women's Symptoms

PRODROMAL STAGE

Increased tolerance for alcohol
 Unwilling to discuss drinking
 "Pre-drinking" drinking
 Guilty about drinking
 Memory blackouts
 Sneaks drinks
 Gulps drinks

Increased tolerance for alcohol
 Unwilling to discuss drinking
 Feels women who drink excessively worse than men +
 Personality change when drinking
 Drinks more just before menstrual period
 Feels more intelligent and capable when drinking +
 Supersensitive +

EARLY STAGE

Periods of abstinence
 Others disapprove of drinking
 Rationalization of drinking
 Flashes of aggressiveness *
 Grandiose behavior
 Persistent remorse

Periods of abstinence
 Others disapprove of drinking
 Rationalization of drinking
 Memory blackouts
 Unexplained bruises +
 Drinking before facing a new situation +

MIDDLE STAGE

Neglects eating
 Protects supply of liquor
 Self-pity
 Unreasonable resentment
 Devalues personal relationships
 Considers geographic escape *
 Decrease in sexual drive *
 Quits or loses jobs
 Alcoholic jealousy *

Neglects eating
 Protects supply of liquor
 Self-pity
 Unreasonable resentment
 Permissive with children because of guilt feelings
 Told by others she couldn't be alcoholic
 "Pre-drinking" or "post-drinking" or both
 Guilt about drinking
 Binges

LATE STAGE

Starts day with drink
 Tremors
 Loses tolerance for alcohol
 Binges

Starts day with drink
 Tremors
 Loses tolerance for alcohol
 Sneaks drinks
 Gulps drinks
 Persistent remorse
 Devalues personal relationships
 Carries liquor in purse +

From Jellinek
 *Reported by men only
 1945

James, 1975
 +Reported by women only

B. Brain Dysfunction Theory

Cause

This theory postulates that certain mood altering drugs mimic the action of neurotransmitters that control mood, pain and pleasure in the brain; namely serotonin, endorphins, dopamine. Drugs act as positive reinforcers much stronger than the neurotransmitters themselves causing a repeating use until it becomes a pattern leading to addiction.

Drug that most commonly affect neurotransmitters

- Cocaine – dopamine – (pleasure)
- Alcohol – endorphins dopamine
- Narcotics – endorphins (pain mediator, euphoria)

Treatment

Defined as clinical interventions plus the use of pharmacological intervention drugs that act as antagonists and agonists which prevent or control mood altering affects respectively.

Recovery

Defined by abstinence or controlled affect

2. **Psychological Theories**

A. Social Learning Theory

- Addiction is learned behavior
- Environment, culture, interpersonal relationships play key roles (multivariate causality)
- Addiction is defined as a maladaptive behavior with negative consequences
- Drugs/Alcohol serve as positive reinforcement or pain reducer (i.e. peers, withdrawal)

Treatment

- Focus is on identification and extinguishing of symptoms (maladaptive behavior)
- Replace maladaptive behavior with positive skills
- Acceptance of diagnosis not essential
- Individual Counseling most popular, behavioral contract frequent strategy
- Referral to self help utilized but not essential
- Spiritual component not emphasized

Recovery

- Defined by abstinence, reduction of use, and or improved quality of life
- Elimination of maladaptive behavior and skill replacement

B. Cognitive Theory

Rational Emotive Theory (R.E.T.)

- Current Activating Events trigger irrational thinking from negative experiences associated with past events
- Irrational thinking creates anxiety
- Anxiety escalates to fear about the environment
- Negative thinking becomes a pattern which results in immobilizing fear (i.e. phobias) or depression
- View of the world becomes extreme resulting in Black or White, either, or perceptions
- Alcohol/drugs provide relief from fear and depression associated with irrational thinking

Treatment

- Therapy: Individual and Group
- Therapist plays active/direct role (i.e. advice giving, assigns task)
- Identify past events which trigger negative current thoughts and emotions
- Process negative past experiences which trigger current fear/depression and confront them
- Accept and detach from negative past
- Change thinking from negative to positive through practice (cognitive restructuring)
- Accept the metaphor of life that the glass is more half full than empty

Recovery

- Abstinence
- Acceptance of the current environment in a reality based view
- Acceptance of responsibility for how one currently exists

C. Psychodynamic

- Views early onset of mental illness as causal to addictive behavior
- Mental Illness is primary disorder
- Substance Abuse reduces anxiety resulting from imbalance in internal subconscious conflict between id, ego, superego, (Freudian)
- Substance Abuse becomes pattern as a result of individuals attempt to maintain conscious stability (sanity)

Treatment

- Dual Diagnosis – Mental Illness Primary, addictive Behavior Secondary
- Individual Theory – Therapist plays significant role as interpreter of patients conscious behavior relating to subconscious thoughts/emotions as motivator
- Why we behave, think and feel is significant to change
- Long term with pharmacological intervention used to reduce symptoms

Recovery

- Reduction in symptoms associated with primary mental illness diagnosis
- Reduction of substance abuse pattern to non-symptomatic use concurrent with resolve of diagnosed mental illness

D. Control Theory

- Substance abuse is a learned behavior
- An ineffective attempt at need fulfillment
- Patient is responsible for addiction
- Substance abuse 'Voluntary Disease'
- Life is out of control

Treatment

- Reality Therapy – applied to self or with RT Counselor
- Develop action plan with effective means to fulfill needs
- Replace negative addiction with positive
- Refer to self-help

Recovery

- Positive addiction or return to moderation
- Individual takes effective control of their life

3. **Social Theories**

A. Moral Modal/Temperance

- Substance abuse results from a lack of strong moral base as a 'falling away from God'
- Substance abuse is sinful

Treatment/Recovery

- 'Born again' as strong emphasis on spiritual recovery which strengthens moral values
- 12 steps model or religious affiliation essential to recovery
- Temperance model with strong emphasis on abstinence pledge

B. Family Systems Theory

- Substance abuse a symptom of family dysfunction (i.e. marital conflict)
- Triangulation – Substance abuse involves at least three individuals in the family or extended family
- Members take on inappropriate roles
- Family values, boundaries and hierarchy become dysfunctional
- Family homeostasis centers around the substance abuser and their use

Treatment/Recovery

- Structural Family Therapy
- Realignment of family roles, hierarchy and boundaries
- Behavioral contracting
- Referral to treatment for substance abusing member
- Wet vs. Dry Families

C. Sociocultural Theory

Cause

Theory states that as a “melting pot” of cultures there lacks established consistent norms and values that provide guidelines as to the role of alcohol and drugs in society. Each culture assigns different value to alcohol/drug use therefore creating ambiguity as to what is acceptable and what is not.

Solution

Treatment or laws regulating use are not nearly as important as are clearly defined norms and values which integrate alcohol/drug use behavior (Integrated drinking). Personal responsibility through education plays a key role. Negative outcomes are greatly reduced through strict adherence to social values (i.e. Italian, Jewish culture, Mormon religion).

D. Environmental Pain Theory

Substance Abuse the result of oppression by the dominant class

- loss of identity
- anxiety due to stress from lack of opportunity and freedom
- pressure to acculturate to the values of the oppressor
- addiction is a response to environmental pain

- Treatment

- needs to address values of the oppressed culture
- treatment needs to be flexible enough to look at the history of the culture and past experience connected to oppression resulting in pain (tradition treatment is existential)

Causal Models

Moral – individual causes addiction and is responsible to change it

Enlightenment – people cause addiction but are not responsible for solving it

Medical Model – people are neither responsible for the cause of the problem or the solution

Compensatory Model – people are not responsible for the cause the problem but are responsible for the solution