These reference entries include sources that may be cited in class. The purpose of this bibliography is to assist students in finding a source of information if the citation is not contained in the lecture notes or presentation decks. These sources vary widely in terms of their degree of scholarly value, ranging from publications in peer-reviewed scientific and professional journals to internet blog posts describing the personal experiences of individual authors. As a general rule when writing papers, students should cite only scholarly sources and peer-reviewed research. Some reference list entries are written in APA (2010) Publication Manual (6th ed.) style, which provides more detail for print publications (e.g., such as location of publisher), whereas other reference list entries are written in APA (2020) Publication Manual (7th ed.) style, which provides more detail for digital sources (e.g., such as name of website). Sometimes the distinction between online periodical types is ambiguous (e.g., blog hosted by a newsletter). To aid the reader, long uniform resource locators rather than short ones are used. For most blog posts, magazine articles, and newspaper articles (e.g., blogs, journals, conference proceedings) that have a parent or overarching publication other than the website itself, the style in this bibliography generally follows the style of APA (2020, p. 320, Section 10.1 [Periodicals], Example 16 [Newspaper article] or Example 17 [Blog post]), in which the title of the parent publication or online periodical is italicized. For webpages on a website with a group author or an individual author, in which there is no a parent or overarching publication other than the website itself, the style generally follows the style in APA (2020, p. 351, Section 10.16 [Webpages and Websites], Example 111 [Webpage on a website with a group author] or 112 [Webpage on a website with an individual author]). In general, a title is italicized for a work that stands alone (e.g., book, report, webpage on a website), and some part of the source is italicized for a work that is part of a greater whole (e.g., book chapter, journal article, newspaper article).

Disclaimer: This resource list is designed to be educational in nature and is not intended to provide clinical or professional advice. The reader is encouraged to contact a qualified professional if a mental health consultation is needed.

As of announcement by the American Psychological Association on January 18, 2022, the Journal of Abnormal Psychology is now the Journal of Psychopathology and Clinical Science.


Women are more predisposed to medical complications from alcohol use.

http://www.psychiatrictimes.com/


Chris Aiken, M.D. is an instructor in clinical psychiatry at the Wake Forest University School of Medicine and the Director of the Mood Treatment Center in Winston-Salem, N.C. He describes how one medication stood out as the most effective in a meta-analysis of alcohol use disorders with depression, but few patients are taking it. Disulfiram (Antabuse) was the most effective at reducing alcohol use across all comparisons. For remission of an alcohol use disorder, only three medications research statistical significance: Disulfiram, Anticonvulsants (Carbamazepine, topiramate, tiagabine), and Naltrexone with an SSRI.

Al-Anon Resources: See free downloadable files at the link below: https://www.al-anon12.org/downloadable-resources.html


Al-Anon officially formed in 1951 and released several pamphlets between 1951–55. This book was the first printing of Al-Anon’s first book. In 1960, Al-Anon published some of the same material in *Living With an Alcoholic*, which is considered by many members to be an expanded and revised version of the original book titled *The Al-Anon Family Groups* (1955). Al-Anon’s first book in 1955 contained some quotable material from Lois W. not found in some of the subsequent literature: “We both attended A.A. meetings never missing except for illness. In the Family Group I found that it was so important to me to live the Twelve Steps as for him” (1955, p. 67), “I became as sick mentally, physically and spiritually as he” (p. 68), “From that day to this the principles and philosophy of the A.A. program have been the governing influence of our lives. I removed my tongue from my cheek and put my nose in the A.A. book and Family Group literature” (p. 73), “It is the spirit of the A.A. philosophy that catches and holds the interest of the alcoholic and the non-alcoholic alike” (pp. 73-74), and “My need for the principles of A.A. was as great as his” (p. 77).


The original paper hard copy of the “Blue Bookmark” has a stock number (17-300M-85-12/1.00) at the bottom of the bookmark and the copyright is listed as Al-Anon Family Group Headquarters, Inc. 1972. At that time, the headquarters was listed as P. O. Box 182, Madison Square Station, New York, NY 10159-0182. According to Dale Carnegie (1944), “Just for Today” was written by the late Sibyl F. Partridge (whose first name Carnegie spelled incorrectly as “Sibyl” rather than Sybil). With the exception of the Prayer of St. Francis, the Al-Anon bookmark [M-12] titled “Just for Today” was originally written by the same title by Sybil F. Partridge and is printed in *How To Stop Worrying And Start Living* by Dale Carnegie (1985, pp. 126–127). Although “Just for Today” has been attributed to earlier authors (e.g., including 1921 article by Frank Crane in the *Boston Globe*), the words in the 1928 sheet music are identified as “A Prayer by Sybil F. Partridge.”

The earliest appearance of this text appears to have been a 1921 piece titled “Just for Today” published in a *Boston Globe* newspaper column titled “Dr. Crane Says” written by Frank Crane. Crane’s 10 suggestions were titled “Just for Today” and were prefaced by this introduction: “Here are ten resolutions to make when you awake in the morning. They are Just for One Day. Think of them not as a life task but as a day’s work. These things will give you pleasure. Yet they require will power. You don’t need resolutions to do what is easy.” Forty years earlier, an 1880 periodical called “The Messenger of the Sacred Heart of Jesus” printed a piece titled “To-Day” that included the recurring phrase:
“Just for to-day.” This 1880 piece was written by an English governess, Sister Mary Xavier, S.N.D. (Sisters of Notre Dame), who was posthumously identified as Sybil F. Partridge (1856–1917). Sr. Xavier’s work differed substantially from the “Just for Today” essay published by Frank Crane in 1921. The 1880 piece ended with the identifier “S.M.X.” The 1880 piece, which basically became a Protestant hymn written by a Catholic nun known as Sister Mary Xavier, was attributed to Sybil F. Partridge. It was sometimes called “Just for Today,” which may have led to a misunderstanding by Dale Carnegie, who incorrectly ascribed the piece to Sybil Partridge.

See also Partridge and Seaver (1928).

A revised paper hard copy of the “Blue Bookmark” with no copyright date or stock number and with the same content (except for the address) as the 1972 bookmark is listed as Al-Anon Family Group Headquarters, 1600 Corporate Landing Parkway, Virginia Beach, VA 23454-5617.

A digital version of the “Blue Bookmark” has a stock number (37-400M-04-12/100) at the bottom of the bookmark and the copyright is listed as Al-Anon Family Group Headquarters, is listed as Al-Anon Family Group Headquarters, 1600 Corporate Landing Parkway, Virginia Beach, VA 23454-5617.

The “Detachment Brochure” is also available at the link below:
https://drive.google.com/open?id=0B3XDZkTMSAiOaHV6RkhCUDl3cDg

The description of this site is taken from page 65 of *How Al-Anon Works for Families & Friends of Alcoholics* (B-32): “Unlike some of Al-Anon’s practices and principles that take a while to learn and apply, the Al-Anon slogans are easy to learn and remember. You may have heard some of these slogans hundreds of times before without ever taking
them seriously or trying to put them to work. After all, they are clichés, and easy to disregard. But it is their very simplicity that makes them so powerful.”


Note: The original edition, which is often attributed to Lois W., was published in 1955. For two years (1953-1955), Lois struggled to prepare a draft of this book. With the help of her husband an AA co-founder Bill W., Lois wrote the first draft of what she and Bill thought was going to be a pamphlet. Trudy M., a short time but most capable volunteer, with the help of Margaret D. (the first editor of *The Forum*), made a second manuscript out of it. Bill and Lois went over it again and added some material. Ralph B., an AA writer, edited the manuscript and then Bill and Lois mimeographed copies to groups selected at random. Many of the suggestions and stories were so good that they grew into a book. At the 1955 AA International Convention in St. Louis (where Al-Anon participated in workshops), the multi-authored book made its appearance. From 1960–1984, the book was revised and retitled to *Living With an Alcoholic*, which was later replaced by *How Al-Anon Works* (1995, 2008). The Classic Edition of *Al-Anon Family Groups* was published in 2000.


The book *Living With an Alcoholic* is an expanded and revised version of the original book titled *The Al-Anon Family Groups* (1955), which was Al-Anon’s first book.


The concept of Conference Approved Literature (CAL) was a topic at Al-Anon’s First World Service Conference in April 1961 (Summary page 4 or PDF page 5). Although the booklet *Alcoholism, the Family Disease* and the book *Twelve Steps and Twelve Traditions* had been published, it appears that 1961 was the year before which there actually was no official CAL (Summary page 4 or PDF page 5). Given the Oxford Group origins of Alcoholics Anonymous, here is an interesting comment from the Al-Anon conference summary: “While reading from the Bible gives a spiritual life to a meeting, it should be done at the discretion of the leader, for if entire meetings were conducted in this manner, groups would lose sight of the 12 Steps and 12 Traditions and of the
identification one with another” (Summary page 7 or PDF page 8). The 1961 Conference
“was adjourned with the recitation of the Lord's Prayer in unison” (Summary page 8 or
PDF page 9). According to the contributions list of state (Summary page 9 or PDF page
10), Georgia apparently had 9 groups, with California (148), Michigan (100), Texas (99),
and New York (92) with the most groups.

Al-Anon Family Group Headquarters. (1961/2006). *Twelve Steps and Twelve Traditions*
[Brochure, P-17]. Virginia Beach, VA: Author.

On the copyright page of the original 1961 pamphlet, there appears this statement: “Parts
of this booklet were reprinted from Triple A Family Group and Alcoholics the Family
Disease.” The original edition is physically smaller in size than the 2005 pamphlet. The
2005 edition has a section titled “The Three Obstacles to Success.” This passage has
helped many groups to resolve group problems. Listed in the order in which they appear
in the pamphlet, the three obstacles include discussion of religion, gossip, and dominance
(which includes giving advice and cross-talk). These three obstacles are also listed on
page 22 of the 2018-2021 *Al-Anon/Alateen Service Manual* (Al-Anon Family Group
Headquarters. 2018).

Al-Anon Family Group Headquarters. (1965). *The dilemma of the alcoholic marriage.* New
York, NY: Author.

[B-6]. Virginia Beach, VA: Author.
Alice B., an Al-Anon member, spoke with many pioneers who shared their experience,
strength and hope to provide the fundamental principles for this work. The first
publication of *One Day at a Time* was in 1968.

Beach, VA: Author.

denial* [P-3]. New York, NY: Author. [23 pages]
*Alcoholism, a Merry-Go-Round Named Denial* has been one of Al-Anon’s most popular
pamphlets. It is based on a presentation given by Reverend Joseph L. Kellerman at the
Second Annual Workshop of the Connecticut Al-Anon Groups in Milford, Connecticut
on October 5, 1968. Kellerman was the former Director of the Charlotte, North Carolina,
Council on Alcoholism. In his presentation, Kellerman described the family disease of
alcoholism using a metaphor of a dramatic three-act play that includes four main
characters: the alcoholic, the enabler, the victim, and the provoker. His message was
received with such enthusiasm that he granted permission to Al-Anon Family Group Headquarters to print and distribute it in the pamphlet format. Currently, all Al-Anon Conference Approved Literature is developed from the experience, strength, and hope of Al-Anon members. However, this pamphlet originated from a time when few professionals recognized the problems involved in living with alcoholism. Feeling that it met an identified need within the Al-Anon fellowship, the 1969 World Service Conference approved its distribution. The text of Kellerman’s description is reprinted in the Al-Anon pamphlet as it was originally presented. See also Kellermann (1970) *Alcoholism a Merry-Go-Round Named Denial*.


The original book *The Dilemma of the Alcoholic Marriage* was published in 1965.


This Al-Anon Conference Approved Literature contains a list of “Character Traits” (pp. 36–48) and a “Character Checklist” list (pp. 49–51).


*Note: Al-Anon Family Group Headquarters started moving its office from New York City, and opened its office for business in Virginia Beach on June 1, 1996.*

Al-Anon Family Group Headquarters. (1997, April 1). *Paths to recovery Al-Anon’s steps, traditions, and concepts* [B-24]. Virginia Beach, VA: Author.


*Note: The original edition was written during 1953-1955 and published in 1955. The Classic Edition was published in 2000.*


This bookmark is about sponsorship, its purpose, and its focus. It includes essential characteristics of members who sponsor. It contains a one sentence definition of sponsorship: “Sponsorship is a confidential relationship between two Al-Anon members who benefit from sharing experience, strength, and hope.”


This Al-Anon Conference Approved Literature contains a list of “Character Traits” (pp. 78–80) and a “Character Checklist” list (pp. 81–83).


Here are some interesting facts about one of the first Al-Anon pamphlets published as Conference Approved Literature (CAL) in 1961: The pamphlet was originally a booklet developed by Harold Black, a non-member, with the participation of members of the Prestonsburg, Kentucky Al-Anon group in 1953. The Clearing House (Al-Anon’s first World Service Office) distributed this pre-CAL version until 1961. In July 1961, when groups received a summary of the first World Service Conference, they also received copies of the first two pieces designated as Conference Approved Literature: *Alcoholism, the Family Disease* (P-4) and *The Twelve Steps and Traditions* (P-17). The new version of *Alcoholism, the Family Disease* (P-4) was “a happy merger from the Literature Committee” that combined new material developed by the Literature Committee with the title and some sections from the Kentucky group, and additional content from the *Triple A Family Groups* booklet from Arizona. When first printed, the “Three Obstacles to Success in Al-Anon” was titled, “Three Enemies of Al-Anon.” The pamphlet was revised in 2005 to include an adult child’s story that had been removed from *Al-Anon Sharings from Adult Children* (P-4) when that pamphlet was revised.

Comment from Clara: Literature was not CAL until 1961 before being named The Word Service Office then it was the Clearing House. The first CAL approved literature was “Alcoholism, the Family Disease” and the Twelve Steps, Twelve Traditions. Before revision The Three Obstacles To Success were Three Enemies To Success.

Source: Al-Anon Family Groups. (2021) *Alcoholism, the family disease* (P-4) - Happy 60th anniversary. https://al-anon.org/blog/alcoholism-the-family-disease-p-4-happy-60th-anniversary/


Al-Anon Family Group Headquarters. (2011, April). *Taking a group inventory: Methods and reflections* [G-8b]. Virginia Beach, VA: Author. Available: https://drive.google.com/file/d/0B3XDZkTMSAiORmNSSVZHMIrZDg/view


This 2018-2021 edition of the *Al-Anon/Alateen Service Manual* (P-24/27) replaces any previous editions. Page 22 contains a section titled “The Three Obstacles to Success.” Listed in the order in which they appear in the pamphlet, the three obstacles include discussion of religion, gossip, and dominance (which includes giving advice and cross-
This passage has helped many groups to resolve group problems. These three obstacles are also listed in a section by the same name in pamphlet titled Alcoholism, The Family Disease (Al-Anon Family Group Headquarters, 2005).


Al-Anon Family Group Headquarters. (2021). Alcoholism, the family disease (P-4) -Happy 60th anniversary. https://al-anon.org/blog/alcoholism-the-family-disease-p-4-happy-60th-anniversary/


This 2022-2025 edition of the Al-Anon/Alateen Service Manual (P-24/27) replaces any previous editions. Page 20 contains a section titled “The Three Obstacles to Success.” Page 21 lists in the order in which they appear in the pamphlet, the three obstacles include Discussion of Religion, Gossip, and Dominance (which includes giving advice and cross-talk). With regard to avoiding discussions of religion, “Al-Anon is not allied with any sect or denomination. It is a spiritual program, based on no particular form of religion” (p. 21). With regard to gossip, “Careless repeating of matters heard at meetings can defeat the very purposes for which we are joined together” (p. 21). With regard to avoiding attempts to control or dominate others, “No member of Al-Anon should direct, assume authority, or give advice” (p. 21). This passage has helped many groups to resolve group problems. These three obstacles are also listed in a section by the same name in pamphlet titled Alcoholism, The Family Disease (Al-Anon Family Group Headquarters, 2005).


The Grapevine has been continuously published every month since the first issue appeared in June 1944. By charter, the Grapevine is entirely self-supporting through the sale of the magazine and related materials. It receives no group contributions sent to the General Service Office. The 1986 General Service Conference, through an Advisory Action, recognized the AA Grapevine as The International Monthly Journal of Alcoholics Anonymous. The Grapevine is produced by a professional staff of editors, writers, and artists, all members of AA, and the charter of the General Service Conference guarantees
the editor the right to accept and reject material for publication. AA co-founder Bill W. introduced the Traditions to the Fellowship in an April 1946 Grapevine article called “Twelve Suggested Points for AA Tradition.” Bill W. published more than 150 articles in the Grapevine between 1945 and 1970; these were collected in the anthology The Language of the Heart (1988). The Preamble was created by one of the Grapevine’s early editors based on the Foreword to the first edition of the Big Book (Alcoholics Anonymous) and it first appeared in the June 1947 issue as a way of telling those outside the Fellowship just what AA was all about. In 1995, at the request of the General Service Conference, the Grapevine began publishing a Spanish-language version called La Viña.


On April 10, 1939, 4,730 copies of the first edition of Alcoholics Anonymous were published by Works Publishing Company at $3.50 per copy. The printer, Edward Blackwell of the Cornwall Press, was told to use the thickest paper in his shop. The large, bulky volume became known as the “Big Book” and the name has stuck ever since. On page 170 of AA Comes of Age Bill W. wrote that the idea behind the thick, large paper was to convince the alcoholic he was getting his money’s worth. The second edition was published in 1955, third edition in 1976, and the fourth edition in 2001.

New York member Hank P had persuaded Bill to form Works Publishing Company and sell stock to raise funds for the book project. Works Publishing eventually became known as AA World Services. There were 600 shares of stocks issued. Bill and Hank each received 200 shares, and 200 shares were sold to others. It was decided that the author’s royalty (which would ordinarily have gone to Bill) went to the Alcoholic Foundation. In May 1940, Works Publishing Company was legally incorporated as a publishing arm of the Alcoholic Foundation. This action ensured that the ownership of the Big Book would be held in trust for all members of the AA Fellowship. Bill W and Hank P gave up their stock with a stipulation that Dr. Bob and Anne would receive 10% royalties on the Big Book for life.


Copyrighted in 1952 by The AA Grapevine, Inc. and Alcoholics Anonymous Publishing (now known as Alcoholics Anonymous World Services, Inc.), the first printing of the
book was in April 1953. There is a general consensus among scholars and historians that Bill W. wrote the book.


On April 10, 1939, 4,730 copies of the first edition of *Alcoholics Anonymous* were published by Works Publishing Company at $3.50 per copy. The printer, Edward Blackwell of the Cornwall Press, was told to use the thickest paper in his shop. The large, bulky volume became known as the “Big Book” and the name has stuck ever since. On page 170 of *AA Comes of Age* Bill W. wrote that the idea behind the thick, large paper was to convince the alcoholic he was getting his money’s worth. The second edition was published in 1955, third edition in 1976, and the fourth edition in 2001.


Copyrighted in 1952 by The *AA Grapevine*, Inc. and Alcoholics Anonymous Publishing (now known as Alcoholics Anonymous World Services, Inc.), the first printing of the book was in April 1953. This book was written by AA co-founder Bill W., who had introduced the Traditions to the Fellowship in an April 1946 *Grapevine* article titled “Twelve Suggested Points for AA Tradition.” Bill W. published more than 150 articles in the Grapevine between 1945 and 1970. These articles were collected in the anthology known as *The Language of the Heart* (1988).


More than 6,000 members of Alcoholics Anonymous (AA) from the U.S. and Canada participated in a random survey. Similar studies have been conducted every three years since 1968 by the AA General Service Office. Before coming to AA, 59% of the members received some type of treatment or counseling (such as medical, psychological, spiritual, etc.) related to their drinking. Of those who received some type of treatment or counseling before coming into AA, 74% of those members who received treatment or counseling said it played an important part in directing them to AA. After coming to AA, 58% of the members received some type of treatment or counseling (such as medical,
psychological, spiritual, etc.) related to their drinking. Of those who received some type of treatment or counseling after coming into AA, 84% of those members who received treatment or counseling said it played an important part in their recovery from alcoholism.


With the rush to shift to online meetings in 2020, many people did not take time to investigate what this shift meant to the spiritual foundation of our recovery – namely, anonymity. This article, which originated in the AA Central Office in New York City, was posted on the website of Alcoholics Anonymous District 18 Southern Illinois. The article explains some Zoom default settings and ways to provide greater protection of anonymity in meetings.


Mary Jane Alexander, Gary Haugland, Peter Ashenden, Ed Knight, and Isaac Brown studied participants in 14 regional consumer-run Hope Dialogues in New York State (N=198). The participants wrote up to five strategies they use to deal with suicidal thoughts. First responses included spirituality, talking to someone, positive thinking, using the mental health system, considering consequences of suicide to family and friends, using peer supports, and doing something pleasurable. Although a majority reported that more formal therapeutic supports were available, only 12% indicated that they considered the mental health system a frontline strategy. Instead, respondents more frequently relied on family, friends, peers, and faith as sources of hope and support. When values tie for the same rank, the next rank is skipped: (1st) Spirituality and religious practices (18%), (2nd) Talking to someone and companionship (14%), (3rd) Positive thinking (13%), (4th) Using the mental health system (12%), (5th) Considering consequences to people close to me (9%), (6th) Using peer supports (8%), (6th) Doing something pleasurable (8%), (8th) Protecting myself from means of harm (5%), (9th) Doing grounding activities (4%), (10th), Considering consequences to self, (11th) Doing tasks to keep busy (2%), (12th) Maintaining sobriety (2%), (13th) Finding a safe place (1%), (14th) Helping others (1%), (14th) Seeking emotional outlets (1%).


Keywords: Expressed emotion (EE), schizophrenia, relapse, risk factor
Anekal C. Amaresha (Departments of Psychiatry and Psychiatric Social Work, National Institute of Mental Health and Neurosciences, Bangalore, Karnataka, India) and Ganesan Venkatasubramanian (Department of Psychiatric Social Work, National Institute of Mental Health and Neurosciences, Bangalore, Karnataka, India) describe how expressed emotion (EE) is considered to be an adverse family environment that is “one of the most robust predictors of relapse in schizophrenia” (p. 12).


As shown in reference example #55 in APA (2020, p. 330), the reference entry above is written in 7th edition style.


In 2017, the highest U.S. age-adjusted suicide rate was among Whites (15.85) and the second highest rate was among American Indians and Alaska Natives (13.42). Much lower and roughly similar rates were found among Black or African Americans (6.61) and Asians and Pacific Islanders (6.59). The age-adjusted suicide rate in 2017 was 14.0 per 100,000 individuals. The rate of suicide is highest in middle-age white men in particular. In 2017, men died by suicide 3.54 times more often than women. On average, there are 129 suicides per day. White males accounted for 69.67% of suicide deaths in 2017. In 2017, firearms were the most common method of death by suicide, accounting for a little more than half (50.57%) of all suicide deaths. The next most common methods were suffocation (including hangings) at 27.72% and poisoning at 13.89%. In 2017, firearms accounted for 50.57% of all suicide deaths: Firearm (50.6%), Suffocation (27.7%), Poisoning (13.9), and Other (7.8%). The data are based on age-adjusted rates. According to AFSP, the data were derived from Centers for Disease Control and Prevention (CDC) Data & Statistics Fatal Injury Report for 2017.


This reference entry (above) illustrates the correct citation style as shown in APA (2020, p. iv) 7th edition style. For historical archives purposes, the same reference entry written in APA (2010) 6th edition style is shown below:


This reference entry is written in the old APA (2010) 6th edition style, which was replaced by APA (2020) 7th edition style on October 1, 2019.


Key words: DSM-5-TR (APA, 2022), text revision

This reference entry (above) illustrates the correct citation style as shown in APA (2020, p. iv) 7th edition style. For historical archives purposes, the same reference entry written in APA (2010) 6th edition style is elsewhere in this bibliography.

The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, Text Revision (DSM-5-TR) includes the fully revised text and references, updated diagnostic criteria and ICD-10-CM codes since DSM-5 was published in 2013. It features a new disorder, Prolonged Grief Disorder, as well as codes for suicidal behavior available to all clinicians of any discipline without the requirement of any other diagnosis. The 2022 text revision includes over 70 modified criteria sets with clarifications since publication of DSM-5, over 50 coding updates new to DSM-5-TR for substance intoxication and withdrawal and other disorders, new codes to identify and monitor suicidal behavior (i.e., without the requirement of any other diagnosis), as well as updated ICD-10-CM codes that have been introduced since 2013.

With contributions from more than 200 subject matter experts, this updated text revision of DSM-5 includes some significant changes such as refinement of criteria, symptom codes for suicidal behavior and nonsuicidal self-injury, restoration of the DSM-IV category of “Unspecified Mood Disorder,” whose omission from DSM-5 was a byproduct of the decision to eliminate the mood disorders diagnostic chapter in favor of having separate top-level diagnostic classes for bipolar disorders and depressive disorders. Diagnostic criteria have also been revised, primarily for clarification, for several disorders including Autism spectrum disorder, Manic episode, Bipolar I and
bipolar II disorder, Cyclothymic disorder, Major depressive disorder, Persistent depressive disorder, PTSD in children, Avoidant-restrictive food intake disorder, Delirium, Substance/medication-induced mental disorders, and Attenuated psychosis syndrome (in the chapter “Conditions for Further Study”). In DSM-5-TR, there is the addition of a new category of Prolonged Grief Disorder (F43.8), which in earlier versions of ICD-10 was identified as “Other reactions to severe stress” and which in earlier versions of ICD-11 had already been identified as “Prolonged Grief disorder.” Depending on the year of publication, ICD-11 “Prolonged Grief Disorder” has been variously coded as 7B22 in the Beta Draft of ICD-11 (World Health Organization [WHO], 2014) and it is currently coded as 6B42 in the ICD-11 (WHO, 2022). It is estimated that following the nonviolent loss of a loved one, approximately one in 10 bereaved adults is at risk for developing prolonged grief disorder, which involves a pervasive inability to move past grief consisting of symptoms severe enough to affect day-to-day functioning.

The reference entry (above) illustrates the correct citation style as shown in APA (2020, p. iv) 7th edition style. For historical archives purposes, the same reference entry written in APA (2010) 6th edition style is shown below:


This reference entry (above) illustrates the correct 7th edition of APA (2020) style as shown on the copyright page (p. iv) of the entry. APA (2010) 6th edition style was replaced by APA (2020) 7th edition style on October 1, 2019. The same reference entry is shown below using the APA (2010) 6th edition style, which was replaced by APA (2020) 7th edition style on October 1, 2019:


*Keywords*: COVID-19, Coronavirus
This article provides state-specific information related to emergency orders relevant to licensed psychologists during the COVID-19 public health crisis. This resource is updated regularly for the duration of the COVID-19 public health emergency. Government and payer policies in response to the coronavirus crisis are changing rapidly, so it is recommended that psychologists check the APA Practice Information Hub frequently. It is important to note that the state-specific information below does not apply to Medicare, including information about trainees’ services. The Centers for Medicare and Medicaid Services does not cover services provided by supervised trainees to Medicare beneficiaries. With regard to Medicaid, Georgia Medicaid is temporarily waiving any restrictions on originating sites (where the patient is located) and distant sites (where the provider is located) during the public health emergency. Qualified providers should continue to follow all applicable licensure rules specific to their profession. Services delivered from distant sites will be billed using the provider billing address associated with the enrolled Medicaid practice or facility. Claims must be billed using the associated procedure code, GT modifier and place of service code 02 to indicate telehealth delivery. With regard to Supervised Trainee Telehealth Services – Telesupervision and Medicaid Reimbursement, Georgia Emergency Rule amending Board Rule 510-2-.05 allows for supervision of practicum students, interns or post-doctorate fellows to be conducted by telephone and/or videoconferencing for the duration of the COVID-19 state of emergency, and for a period of not more than 120 days thereafter.

**Keywords:** American Society of Addiction Medicine (ASAM)

**Keywords:** American Society of Addiction Medicine (ASAM)

**Keywords:** American Society of Addiction Medicine (ASAM)  
The placement criteria are on pages 43–54.

**Keywords:** American Society of Addiction Medicine (ASAM)

The ASAM website contains depictions of how dimensional criteria (i.e., six dimensions of multidimensional assessment) are used to make decisions regarding placement into 12 levels of care, organized in five main categories (i.e., early intervention, outpatient services, intensive outpatient/partial hospitalization services, residential/inpatient services, and medically managed intensive inpatient services). Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals represent benchmarks along a continuum, meaning that patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.


THC appears to accelerate the onset of a first psychotic episode by 2 to 3 years in individuals who are at risk. An exposure-dependent effect has also been demonstrated. Frequent cannabis use and more potent THC levels increase the risk of psychosis. Ongoing cannabis use after a first psychotic episode is correlated with an increased risk of relapse, as well as a higher severity of positive symptoms and a greater decline in overall functioning. Abstinence reduces the relapse risk.

Andréasson, S., Allebeck, P., Engström, A., & Rydberg, U. (1987, December 26). Cannabis and schizophrenia: A longitudinal study of Swedish conscripts. *Lancet, 2*(9574), 1483–1486. Andréasson et al. studied the association between level of cannabis consumption and development of schizophrenia during a 15-year follow-up in a cohort of 45,570 Swedish conscripts. The relative risk for schizophrenia among high consumers of cannabis (use on more than 50 occasions) was 6.0 (95% confidence interval 4.0–8.9) compared with non-users. Persistence of the association after allowance for other psychiatric illness and social background indicated that cannabis is an independent risk factor for schizophrenia.

Dominica Applegate, MA (Counseling) discusses three danger signs to consider with regard to excessive dependence on a counselor or therapist: (1) An inability to move forward. Is your therapist making important decisions for you? One goal of a therapist is to you learn tools and methods that can help you take care of your own needs. (2) An unhealthy attachment. When you have an event arise that you are not sure about in your life, do you automatically contact your therapist for advice? If you feel like you cannot live without your therapist’s involvement, you may have an unhealthy attachment. (3) Crossing of professional boundaries. Do you feel like you have developed feelings that are beyond the boundaries of a professional relationship? If so, it may be time to address them. [If your counselor cannot discuss and resolve these concerns with you, then it may be time for a new counselor].


https://prestongroup.org/aa_docs/Traditions_Study_Guide_by_Arthur_S.pdf


Also titled *The Fourth and Fifth Steps*, this 20 page document is used at the Atlanta Men’s Workshop, known “A Semi-Annual Booster Shot for Men in Recovery since 1982.” In the words of one participant: “I went to my first Rock at 28 days sober and have never missed one since then...76 in all...so far” (Bill S., Roswell GA). In contrast to the “4 column” method of doing the Fourth Step, page 5 contains a “5 column” method that includes this question, “Which of the above character defects caused me to do what I did, or cause me to want to hold on to the old resentment, even though I may have done nothing to cause it?”


Using the Beatitudes of Jesus as a foundation, Senior Pastor Rick Warren of Saddleback Church and John Baker, who is also a pastor at Saddleback, developed the eight choices shared in this book.


The reference entry above is written in APA (2010) 6th edition style, whereas the entry below is written in APA (2020) 7th edition style:


In partnership with USC Annenberg and Los Angeles Times Graphics, Alejandra Ramos Barreda, Kristine De Leon, and Stefani Urmas provide cannabis calculators of THC content in various forms of smoke and edibles.


Copyright for this book is held by Hazeldon Foundation.


Alcohol Research & Health is NIAAA’s quarterly, peer-reviewed scientific journal, which was formerly Alcohol Health & Research World.


Fabrizio Benedetti, Helen S. Mayberg, Tor D. Wager, Christian S. Stohler, and Jon-Kar Zubieta provide a detailed analysis of the placebo effect, including behavioral and pharmacological considerations such as the presence of endogenous opioids in placebo analgesia and neuroimaging studies.


*Keywords*: Miracle Question


Based on the principles behind Steps Six and Seven, *Drop the Rock* combines personal stories, practical advice, and powerful insights to help readers move forward in recovery. The second edition features additional stories and a reference section.


Bill T. is Archivist for the General Service of Southeastern Michigan, Area 33.


Bill W. (1967). *The Vitamin B-3 therapy: The first communication to AA’s physician.*


Bill W. was AA Grapevine’s most prolific contributor, having written more than 150 articles, from his first in June 1944 to his last in December 1970. An enthusiastic advocate, he also served for many years as a consulting editor of *Grapevine*, which started as an eight-page local newsletter and became the principal journal of the Fellowship. In more than 150 articles, written over a span of twenty-six years, Bill Wilson documented the painstaking process of trial and error that resulted in AA’s spiritual principles of recovery, unity, and service, articulating along the way his vision of what the Fellowship could become.


This 8-page pamphlet was reprinted with permission from the March 1958 issue of *The AA Grapevine*.


Excerpt from Abstract: The nucleus accumbens, a site within the ventral striatum, plays a prominent role in mediating the reinforcing effects of drugs of abuse, food, sex, and other addictions. Indeed, it is generally believed that this structure mandates motivated behaviors such as eating, drinking, and sexual activity, which are elicited by natural rewards and other strong incentive stimuli. This article focuses on sex addiction, but we hypothesize that there is a common underlying mechanism of action for the powerful effects that all addictions have on human motivation. That is, biological drives may have common molecular genetic antecedents, which if impaired, lead to aberrant behaviors. Based on abundant scientific support, Blum et al. further hypothesize that dopaminergic genes, and possibly other candidate neurotransmitter-related gene polymorphisms, affect both hedonic and anhedonic behavioral outcomes.


Among other findings, the authors report that the *ADH1B* gene occurs in approximately 15 to 25 percent of African Americans.

*Keywords*: Expressed emotion (EE), schizophrenia, relapse, risk factor

According to Maria Bourbon (2011, p. 1), “‘Expressed emotion’ is a term used in mental health to denote the intensity of expression of a range of emotions within the family context. Levels of expressed emotion may be high or low. This emotion may be considered ‘negative’ (for example hostility, anger) or ‘positive’ (for example caring concern).”


*Keywords*: COVID-19, Coronavirus

Lydia Bourouiba, PhD is a researcher at the Institute for Medical Engineering and Science at the Massachusetts Institute of Technology. She is a physical applied mathematician concentrating on geophysical problems of hydrodynamic turbulence and on the mathematical modeling of population dynamics and disease transmission. She explains her research that demonstrates how peak exhalation speeds can reach up to 33 to 100 feet per second can create a cloud that can span approximately 23 to 27 feet. Protective and source control masks, as well as other protective equipment, should have the ability to repeatedly withstand the kind of high-momentum multiphase turbulent gas cloud that may be ejected during a sneeze or a cough and the exposure from them. Dr. Bourouiba points out that currently used surgical and N95 masks are not tested for these potential characteristics of respiratory emissions.


Bethany Bray, a senior writer and social media coordinator for *Counseling Today* magazine, provides a summary of an interview with Holly Wilson, LPC, who founded a program that she named Women’s Recovery.


Richard Bribiescas, Ph.D., Yale University Professor of Anthropology, Ecology & Evolutionary Biology, discusses the double-edged sword of testosterone. Although conferring many positive effects (e.g., increased metabolism, increased muscle-building, increased libido, improved mood), the anabolic hormone testosterone is also associated with higher risk of mortality.


Brickman and Campbell coined the term *hedonic treadmill*, which is also known as hedonic adaptation or hedonic habituation. This theory holds that as a person makes more money, expectations and desires rise in tandem, which results in no permanent gain in happiness.


David Brin, Ph.D. provides a paleo-anthropological speculation on the origins of secondary sexual traits, male nurturing, and the child as a sexual image. Brin’s Ph.D in Physics from the University of California at San Diego (the lab of nobelist Hannes Alfven) followed a masters in optics and an undergraduate degree in astrophysics from Caltech. Every science show that depicts a comet now portrays the model developed in Brin’s PhD research.


Zach Brittle, LMHC, is a Certified Gottman Therapist, who begins this article with the following observation: “In relational terms, repair is less about fixing what is broken and more about getting back on track.”


An answer to this question is provided by James M. Broadway, a postdoctoral researcher in the Department of Psychological and Brain Sciences at the University of California, Santa Barbara, and Brittiney Sandoval, a graduate of the same institution.


Michael Brown, MSC, LMFT is a Certified Gottman Therapist with 10 years of experience working with couples and families in community mental health and substance abuse treatment. In this article, she describes how substance abuse can intrude into a relationship and erode it like an unwanted guest.


Sally Brown and David R. Brown describe the history and life of the first woman member who found long-term sobriety. Whereas Lois Wilson might be described as AA’s first woman member, to the extent that she attended meetings with her husband, Lois was never an alcoholic but was instead the co-founder (along with a woman identified only as “Anne B.”) of Al-Anon in 1951.

Stephanie Brown, Ph.D., a psychologist, provides a stage-based model that at the time of her publication was considered to be the first major stage-based developmental approach to the process of recovery.


Brown, B. (2010, August 27). *The gifts of imperfection: Let go of who you think you're supposed to be and embrace who you are*. Center City, MN: Hazelden Publishing.

Brené Brown, Ph.D., LCSW is a research professor at the University of Houston where she holds the Huffington Foundation–Brené Brown Endowed Chair at The Graduate College of Social Work.


*Keywords*: Expressed emotion (EE), schizophrenia, relapse, risk factor

The concept of EE seems to date back to a 1956 study of readmissions of schizophrenia patients in London by George Brown, who found that patients discharged to live with their parents or wives were more frequently readmitted than those discharged to live with siblings or non-family in lodging houses. Brown also found that those that lived with their mothers were more likely to be readmitted if the mothers did not work outside the
home, suggesting that the duration of exposure to certain family members was related to relapse (Amaresha & Venkatashubramanian, 2012).


Kate Brumback is a reporter for the Associated Press. On September 07, 2022, Dekalb County State Court jury awarded a total of about $77 million for the death of Nick Carusillo, including $10 million for pain and suffering, $55 million for the value of his life, $1 million in punitive damages, and the remainder for attorneys’ fees and expenses. See also *Carusillo v. Metro Atlanta Recovery Residences* (2022).

Psychologist Linda Paulk Buchanan, Ph.D. provides an alternative interpretation of clients’ apparent resistance, termed pathological ambivalence, which is rooted in early experience, biological functioning, and psychological narrative. The concept of pathological ambivalence draws from several established theoretical perspectives in explaining why some people seem to sabotage their progress in psychotherapy and how some therapists become unintentional enablers.

Bob Burg and John David Mann tell the story of an ambitious young man who yearns for success. The man is a true go-getter, though sometimes he feels as if the harder and faster he works, the further away his goals seem to be. One day, desperate to land a key sale at the end of a bad quarter, he seeks advice from the enigmatic fellow, a legendary consultant referred to by his many devotees simply as the Chairman. Over the next week, the Chairman introduces the young man to a series of “go-givers:” a restaurateur, a CEO, a financial adviser, a real estate broker, and the “Connector,” who brought them all together. All of these people share the Five Laws of Stratospheric Success and teach the young man how to open himself up to the power of giving.


Carnes, P. (1997). *Sexual anorexia: Overcoming sexual self-hatred* (with Joseph Moriarity). Center City, MN: Hazelden. Patrick Carnes, Ph.D., along with Joseph Moriarity (who is not listed on the copyright page as second author), use this definition: “Sexual anorexia is an obsessive state in which the physical, mental, and emotional task of avoiding sex dominates one’s life. Like self-starvation with food or compulsive debting or hoarding with money, deprivation with sex can make one feel powerful and defended against all hurts” (p. 1).


*Carusillo v. Metro Atlanta Recovery Residences*, No. 19A73528, 2022 (Dekalb County State Court).
Dekalb County State Court Case #19A73528 The Estate of Nicholas Carusillo, by and through Michael Carusillo, III vs. Metro Atlanta Recovery Residences, Inc., Et Al. Natalie S. Woodward, plff.; Heather Saum Ware, H. Durance Lowendick, John E. Hall, Jr., Thomas E. Lavender, III, dft. This citation is a September 07, 2022 trial court verdict by a Dekalb County State Court jury, based on a civil suit filed in 2019. The citation is not a legal precedent because it is not an appellate decision. It is a trial court decision that is being appealed by the defendants.


Case Western Reserve University, Center for Evidence-Based Practices. (2011). *Tobacco: Recovery across the continuum*. Cleveland, OH: Case Western Reserve University. [https://www.centerforebp.case.edu/practices/trac](https://www.centerforebp.case.edu/practices/trac)


This 6-minute video (05:58) provides an overview of The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain, a Working Paper from the National Scientific Council on the Developing Child.


Ceylan-Isik, A. F., McBride, S. M., & Ren, J. (2010). Sex difference in alcoholism: Who is at a greater risk for development of alcoholic complication? Life Sciences, 87(5-6), 133–138. Keywords: Alcohol use disorder
Women are more predisposed to medical complications from alcohol use.


   The Cleveland Clinic Six Pillars of Brain Health include physical exercise, food and nutrition, medical health, sleep and relaxation, mental fitness, and social interaction.


This reference entry is written in APA (2020) 7th edition style, which omits the city and state of publisher. For historical reference purposes, the same reference entry written in the old APA (2010) 6th edition style is shown below:


Dr. Cranford also helped establish case law in Georgia related to privileged communication in *Cranford v. Cranford* (1969), which involved Peter G. Cranford versus Helen T. Cranford (09-30-1969):

“…If the appellant's contention that the fact of employment is protected is to be determined by reference to the law applicable to the attorney-client relationship, as the statute directs, then it is without merit. The mere fact of employment is not protected from disclosure....”

Note: According to the *Publication Manual of the American Psychological Association* (APA; 2020, p. 358), “Unlike other reference types, the title or name of a case is written in standard type in the reference list entry and in italic type in the in-text citation.”


This excellent and detailed perspective of the history of Georgia famous Central State Hospital was written by the late Peter Cranford, Ph.D., who became a licensed psychologist only two years after Georgia’s Psychology Practice Act (Title 43, Section 39) became effective. Dr. Cranford had license #PSY00052, issued on 04-09-1953, last renewed on 03-28-1986, with an expiration date of 03-31-1987. Legislation created the Georgia Lunatic, Idiot, and Epileptic Asylum (1837) and the first patient admitted several years later (1898). The hospital has had several subsequent names: Georgia State Sanitarium (1898), Milledgeville State Hospital (1929), and Central State Hospital (1967) until its closure (2010). See also Graham (2011).


Remi Daviet et al. (2022) used multimodal imaging data from 36,678 generally healthy middle-aged and older adults from the United Kingdom (UK) Biobank to examine the association of alcohol intake with measures of gray matter and white matter.
microstructure in the brain in a large population sample. The UK Biobank is the largest collection of MRI scans, based on evaluations of 36,678 men and women aged between 40 and 69 years, living in the UK. The authors assessed associations between alcohol intake (i.e., mean daily alcohol units; one unit = 10 milliliters or 8 grams of ethanol) and imaging derived phenotypes (IDPs) of brain structure (total gray matter volume, total white matter volume, and 139 regional gray matter volumes), as well as 375 IDPs of white matter microstructure (diffusion tensor imaging and neurite orientation dispersion and density imaging indices). The authors observed negative associations between alcohol intake and global gray and white matter measures, regional gray matter volumes, and white matter microstructural indices were observed. Controlling for confounding variables, the authors observed decreases in both gray matter and white matter volumes. These associations were diffuse across the brain, and their magnitude increased with the average absolute units of alcohol consumed per day. The authors observed a significant volume change with the transition from 1 to 2 drinks (10 milliliters or 8 grams of ETOH) daily. The negative effects of alcohol consumption were similar among men and women.


When an alcoholic’s spouse is active in Al-Anon and the alcoholic is active in AA, the alcoholic is more likely to be abstinent, marital happiness is more likely to be increased and parenting by both is more likely to improve.


The auto-addiction opioid theory hypothesizes that “chronic eating disorders are an addiction to the body's endogenous opioids” (Davis & Claridge, 1998, p. 463).


Excessive alcohol use is responsible for more than 95,000 deaths (i.e., 261 deaths per day) in the U.S each year. These deaths shorten the lives of those who die by an average of almost 29 years, for a total of 2.8 million years of potential life lost. It is a leading cause of preventable death.


Lance Dodes, M.D. a retired psychiatry professor from Harvard Medical School, reviewed the retention rates of Alcoholics Anonymous along with studies on sobriety and rates of active involvement (attending meetings regularly and working the program) among AA members. Based on these data, he estimated AA’s success rate somewhere between 5 and 8 percent.


Richard Doll and A. Bradford Hill’s article on the relationship on smoking and lung cancer is regarded by some as the first such article published in a prestigious medical journal.


*Keywords*: HCR-20, dangerousness, duty to protect

This user guide contains the correct citation for the HCR-20V3.


*Keywords*: HCR-20, dangerousness, duty to protect

This paper contains an HCR-20 annotated bibliography.


Note: For webpages on a website with a group author or an individual author, the style of this bibliography mostly follows APA (2020, p. 351), using example 112 (Webpage on a website with an individual author).


http://drwilliamdoverspike.com/
This article discusses the three major evidence-based models of treatment, as well as research findings related to Alcoholics Anonymous, controlled drinking, biological treatments, and component treatment. There is some discussion of findings from Project MATCH, which is an acronym of a study titled Matching Alcoholism Treatments to Client Heterogeneity (MATCH). The Project MATCH Research Group (1997) conducted an eight-year, multisite trial that was the largest and most statistically powerful clinical trial of psychotherapies ever undertaken. There is some discussion of findings from CATOR, which is an acronym describing the Chemical Abuse/Addiction Treatment Outcome Registry (CATOR), currently known as Comprehensive Assessment and Treatment Outcome Research. CATOR is the largest independent evaluation service for substance dependence in the U.S. Since 1980, CATOR has collected data on more than 50,000 adults and 10,000 adolescents who completed treatment.


Note: The website hyperlink is embedded in Doverspike (2020) document titled Citing DSM-5 and ICD in APA Style, which is listed under Student Resources.


http://drwilliamdoverspike.com/

https://ecams.richmont.edu/

https://ecams.richmont.edu/

https://ecams.richmont.edu/

Doverspike, W. F. (2021, September 05). *How to understand the seven deadly sins*.  
http://drwilliamdoverspike.com/files/how_to_understand_the_seven_deadly_sins.pdf

Doverspike, W. F. (2021, November 16). *How to measure the three dimensions of life*.  

Doverspike, W. F. (2021, November 23). *How to measure the three dimensions of recovery*.  


This article includes the legal and legislative updates for 2022 and therefore it replaces the original Doverspike (2018) article, which is documented above with the full URL for archival and retrieval purposes.


This article includes a discussion of OCGA § 30-5-3 mandated reporting requirements related to elders (i.e., individuals 65 years of age or older who is not a resident) and disabled adults.

http://drwilliamdoverspike.com/

Doverspike, W. F. (2023, June 06). *How to navigate by spiritual principles*.  

Doverspike, W. F. (2023, June 10). *How to find a better meeting*.  
http://drwilliamdoverspike.com/files/how_to_find_a_better_meeting.pdf


*Keywords*: Adverse Childhood Experiences, ACEs Study, Child abuse, Trauma, The principal author, Shanta R. Dube, PhD, MPH, is Associate Professor in the Division of Epidemiology and Biostatistics, School of Public Health, Georgia State University (GSU). She is also affiliated with the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Division of Adult and Community Health, Atlanta, Georgia. In this article, the Adverse Childhood Experiences (ACE) score was found to have a strong graded relationship to the risk of drug initiation from early adolescence into adulthood and to problems with drug use, drug addiction, and parenteral drug use. [Parenteral administration refers to non-oral means of administration, and it is generally interpreted as relating to injecting directly into the body, bypassing the skin and mucous membranes.] According to the authors, because ACEs seem to account for one half to two thirds of serious problems with drug use, progress in meeting the national goals for reducing drug use will necessitate serious attention to these types of common, stressful, and disturbing childhood experiences by pediatric practice.


Social theorist Gregg Easterbrook uses the term *abundance denial* to describe the tendency of people to construct elaborate rationales for considering themselves deprived even when surrounded by abundance.


This book was subsequently published in 1990 by Hazelden. The copyright is © 1990 Hazelden Foundation.


This book was previously published in 1990 by the Johnson Institute. The 1998 publication has original title, new cover, and a new publication date (1998), although it is not listed as a second edition.


Noah Eisenkraft and Hillary Anger Elfenbein describe their research on the importance of affective presence, particularly positive affective presence, as one of the primary determinants of what makes people feel comfortable around another person.


According to this article, Alice B. was 72 years old when she wrote the book known as *One Day at a Time in Al-Anon*. She spoke with many pioneers who shared their experience, strength, and hope to provide the fundamental principles for this work. After
receiving Conference approval in 1966, One Day at a Time in Al-Anon was first published in September 1968. Popularly known as the ODAT, this publication became Al-Anon’s first daily reader and its fourth book. The authorship attribution to Alice B. is further attested to by Al-Anon co-founder Lois W., who wrote this inscription in the 1972 edition of ODAT: “To Alice, the transcriber (for I know a Power greater than ourselves is the author) of this book. With all gratitude and love, Lois.”

Keywords: Childhood trauma, Child abuse
Research on childhood family environments of mental health professionals suggests that therapists are often raised in dysfunctional families and experience significant psychological distress in adult life. This study examined the prevalence of childhood trauma, family dysfunction, and current psychological distress among female mental health professionals (N=340) and compared it with the prevalence among women working in other professions (N=2,623). Psychotherapists reported higher rates of physical abuse, sexual molestation, parental alcoholism, psychiatric hospitalization of a parent, death of a family member, and greater family dysfunction in their families of origin than did other professionals. As adults, psychotherapists experienced less anxiety, depression, dissociation, sleep disturbance, and impairment in interpersonal relationships than did women in professions other than mental health.


Emory University School of Medicine. (2020, April 20). Wellness guides [Website].
https://med.emory.edu/departments/psychiatry/covid/wellness_guides.html
Keywords: COVID-19, Coronavirus
These wellness guides are offered with the aim of helping people cope with the COVID-19 pandemic. Their contents reflect the consensus ideas and recommendations of Emory’s interprofessional group of mental health professionals.


Keywords: Alcohol use disorder
Compared to men, women face more gaps in employment, economic challenges, and
more parental responsibilities.


K. Anders Ericsson disputes Malcolm Gladwell’s misuse of the idea that 10,000 repetitions of a skill can create mastery of that skill.


The miracle question has its origins as a modification of a hypnotherapeutic technique used by psychiatrist, Milton Erickson (1954). In his discussion of five case studies, Erickson asks clients, who he has inducted to a hypnotic state, to imagine (or “hallucinate” as he terms it) vivid future scenes where the client is over his or her problem and able function normally.


Abstract: Early conduct problems have been linked to early marijuana use in adolescence. The present study examines this association in a sample of 1,076 college students that was divided into three groups: (1) early marijuana users (began marijuana use prior to age 15; N = 126), (2) late marijuana users (began marijuana use at or after age 15; N = 607), and (3) nonusers (never used marijuana; N = 343). A conduct problem inventory used in previous studies was adapted for use in the present study. Early conduct problems were associated with early marijuana use but not with late marijuana use, holding constant other risk factors. Results suggest that early conduct problems are a risk factor for early marijuana use even among academically achieving college-bound students.


Abstract: Energy psychology, as most widely practiced, integrates the manual stimulation of acupuncture points with imaginal exposure, cognitive restructuring, and other evidence-based psychotherapeutic procedures. Efficacy for energy psychology protocols has been established in more than 120 clinical trials, with meta-analyses showing strong effect sizes for PTSD, anxiety, and depression. The approach has been applied in the wake of natural and human made disasters in more than 30 countries. Four tiers of energy psychology interventions following the establishment of safety, trust, and rapport are described, including (1) immediate relief/stabilization, (2) reducing limbic arousal to trauma-based triggers, (3) overcoming complex psychological difficulties, and (4) promoting optimal functioning. The first tier is most pertinent in psychological first aid immediately following a disaster, with the subsequent tiers progressively being introduced over time with complex stress reactions and chronic disorders. Advantages of adding the stimulation of acupuncture points to a conventional exposure approach are identified, and challenges around cultural sensitivities and unintended effects are discussed. After establishing a framework for introducing energy psychology in disaster relief efforts, reports from a sampling of settings are presented, based on interviews with this paper’s author. These include accounts of relief work with survivors of mass shootings, genocide, ethnic warfare, earthquakes, hurricanes, tornadoes, floods, wildfires, and the COVID-19 pandemic. Hundreds of other reports from the field show a pattern of strong outcomes following the use of energy psychology in the days or weeks after a disaster and in the subsequent treatment of trauma based psychological problems. Many of these accounts corroborate one another in terms of rapid relief and long-term benefits. Finally, examples of more efficient delivery methods utilizing large groups, lay counselors, digital technology, and cultivating community resilience are presented.


*Keywords*: Adverse Childhood Experiences, ACEs Study, Child abuse, Trauma,

Abstract available: https://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract

This article reports the results from the first major study to explore the relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood. A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO, with 9,508 (70.5%)
responding to the questionnaire. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0–7) and risk factors for the leading causes of death in adult life. The Adverse Childhood Experiences (ACE) Study reported that among 17,421 patients, childhood trauma correlated to serious adult medical conditions. “Contrary to conventional belief,” Director Vincent Felitti MD states, “time does not heal all wounds, since humans convert traumatic emotional experiences in childhood into organic disease later in life.”

Sergi Ferré, M.D., Ph.D. discusses psychostimulant properties of caffeine, the most commonly consumed psychotropic drug in the world.


Key words: No Surprise Act

NPR reporter Adrian Florido speaks with Kaiser Health News reporter Julie Appleby about the No Surprises Act, which went into effect on January 1, 2022. Unexpected medical bills from out-of-network providers have been an all-too-common reality for many Americans. Often they come after a visit to a hospital emergency room. But a new federal law that went into effect yesterday is meant to protect patients from these kinds of unwanted surprises. The legislation, approved by Congress more than a year ago, is called the No Surprises Act. Appleby provides some background that resulted in this consumer protection legislation: “Some studies before this law passed showed that 1 in 5 emergency room visits and about 1 in 10 elective surgeries resulted in one of these surprise out-of-network bills” (TC 00:44-00:54). It is ironic that some of the greatest sources of surprise billing—ground ambulances—are not even covered under this legislation. As Appleby explains, “The legislation doesn't include ground, ambulances, for example. And some studies have found that at least half of all ground ambulance rides may result in a surprise bill” (TC 02:20-02:28). With respect to addictive disease treatment centers and mental health professionals, “The law also does not apply to nonemergency services provided in other facilities, things like addiction treatment centers and nonemergency mental health counseling” (TC 02:40-02:50). See also cross-reference to Florido and Appleby (2022).


Key words: No Surprise Act
NPR reporter Adrian Florido speaks with Kaiser Health News reporter Julie Appleby about the No Surprises Act, which went into effect on January 1, 2022. Unexpected medical bills from out-of-network providers have been an all-too-common reality for many Americans. Often they come after a visit to a hospital emergency room. But a new federal law that went into effect yesterday is meant to protect patients from these kinds of unwanted surprises. The legislation, approved by Congress more than a year ago, is called the No Surprises Act. Appleby provides some background that resulted in this consumer protection legislation: “Some studies before this law passed showed that 1 in 5 emergency room visits and about 1 in 10 elective surgeries resulted in one of these surprise out-of-network bills” (TC 00:44-00:54). It is ironic that some of the greatest sources of surprise billing—ground ambulances—are not even covered under this legislation. As Appleby explains, “The legislation doesn't include ground, ambulances, for example. And some studies have found that at least half of all ground ambulance rides may result in a surprise bill” (TC 02:20-02:28). With respect to addictive disease treatment centers and mental health professionals, “The law also does not apply to nonemergency services provided in other facilities, things like addiction treatment centers and nonemergency mental health counseling” (TC 02:40-02:50). See also cross-reference to Florido (2022).


Forster, M., Gower, A. L., Borowsky, I. W., & McMorris, B. J. (2017, May). Associations between adverse childhood experiences, student-teacher relationships, and non-medical use of prescription medications among adolescents. Addictive Behaviors, 68, 30–34. Keywords: Adverse Childhood Experiences, ACEs Study, Child abuse, Trauma,
The authors studies Nonmedical Use of Prescription Medication (NMUPM) with respect to the direct effects of ACE and positive student-teacher relationships on NUMPD and whether positive student-teacher relationships moderate this association. Data were from the 2013 Minnesota Student Survey (MSS), an in-school survey administered every three years to students throughout Minnesota. The analytic sample (N=104,332) was comprised of students in the 8th, 9th, and 11th grades. Approximately 3% of students acknowledged past year NMUPM, the majority of whom reported at least one ACE. The most frequently used prescription drug was Ritalin/ADHD medications (1.71%) followed by opiate-based painkillers (1.67%), tranquilizers (0.92%), and stimulants (0.75%). Students who reported any use tended to use more than one medication. For every additional ACE, there was a 56%, 51%, 47%, and 52% increase in the odds of past year stimulant use, ADHD medication, pain reliever, and tranquilizer use, respectively. The estimated rate of the number of prescription drugs used increased by 62% for every
additional ACE. Positive student-teacher relationships buffered the association between ACE and NMUPD, especially at higher levels of ACEs.


Based on data from opensecrets.org, Jake Franekfield provides an industry by industry breakdown of lobbying efforts, combining all political contributions and lobbying spending from 1998-2018, to show how much each industry and its related corporations spend in lobbying: (1) Pharmaceuticals/Health Products ($3,937,356,877), (2) Insurance ($2,704,636,807), (3) Electric Utilities ($2,353,570,360) (4) Electronics Manufacturing and Equipment ($2,230,043,875), (5) Business Associations ($2,217,425,929), (6) Oil and Gas ($2,096,923,653), (7) Miscellaneous Manufacturing and Distributing ($1,687,618,725), (8) Education ($1,633,122,450), and (9) Hospitals/Nursing Homes ($1,604,969,566).


Table 7.1 shows Safety Ratio and Dependence Potential of Psychoactive Drugs.


*Keywords*: COVID-19, Coronavirus

Connie Galietti, J.D, C. Vaile Wright, Ph.D., Shirley Ann Higuchi, J.D., and Lynn Bufka, Ph.D. discuss several factors for psychologists to consider before opening their offices: Determine whether an in-person visit is necessary, review the physical and mental health risks, establish new rules for patients attending in-person sessions, take steps to reduce the spread of COVID-19 in your office, implement policies that protect employees.


*Keywords*: COVID-19, Coronavirus

This article is an update of the May 1, 2020 article.

Connie Galietti, J.D, C. Vaile Wright, PhD, Shirley Ann Higuchi, JD, and Lynn Bufka, PhD discuss several factors for psychologists to consider before opening their offices.


*Keywords*: COVID-19, Coronavirus

This article is an update of the Macrch 11, 2021 article.

Connie Galietti, J.D, C. Vaile Wright, PhD, Shirley Ann Higuchi, JD, and Lynn Bufka, PhD discuss several factors for psychologists to consider before opening their offices. These recommendations are contained verbatim under the section heading titled “Establish new rules for patients attending in-person sessions: “As vaccines become more widely available, it may be tempting to require patients to be vaccinated before seeing them in person. This is a legally untested area and states have differing approaches to mandatory vaccinations. Until the issue is settled, it may be better practice to take vaccination status into consideration with other health risk factors as you assess the situation. Vaccines are not 100% effective and may lead to a false sense of security. Patients may also have valid reasons for not being vaccinated (e.g. difficulty accessing
vaccination, they have medical issues prohibiting them from being vaccinated, etc.). Because vaccination status does not negate your responsibility to take other precautions (for example, masks, distancing, and sanitizing common surfaces), you should instead treat this as one of the many screening factors you use when deciding how to proceed. If you decide not to see unvaccinated patients, be sure that you are not being discriminatory and that you are able to provide treatment via telehealth or refer those patients to other providers.”


While statements from the AA General Service Office (GSO) on the topic of Conference approved literature have been scarce, the GSO issued a statement in a 1978 Box 459 Newsletter: “It [Conference Approved] does not mean the Conference disapproves of any other publications. Many local A.A. central offices publish their own meeting lists. A.A. as a whole does not oppose these, any more than A.A. disapproves of the Bible or books on health or any other publications from any source that A.A.’s find helpful. What any A.A. member reads is no business of G.S.O., or of the Conference, naturally. But when you see the emblem shown at the top of this article, you can be sure the material has been through often tediously slow, sometimes tortuous screenings and revisions by the necessary committees and the Conference. (GSOAA, 1978, p. 6)

This issue contains a section titled “Stories being reviewed for a possible fourth edition of A.A.’s Big Book.” Bill W. listed some Basic Editorial Approaches that went into the revision of the Big Book and that continue to stand up today:
“1. The desire to reproduce realistic stories should not be overemphasized to the extent of producing an unrealistic book . . . . There should be no shrinking from the job of editing ruthlessly if such editing will preserve the story, without the realism.
2. Profanity, even when mild, rarely contributes as much as it detracts. It should be avoided.
3. All minor geographic references should be avoided.
4. The stories should be organized coherently, either in terms of chronology or of the specific points the individual is trying to make.
5. ‘Selling’ or oilier ‘gimmicks’—editorial and otherwise—should be avoided. The story section is not a popular magazine. The appearance and approach should be straightforward, without frills.
6. Humor should stem from the character of the storyteller and of the situations he describes, not be the result of gags.
7. The end results of editing should be that the stories will be suitable for reading aloud—at closed meetings, etc.—without embarrassment.” (General Service Office of Alcoholics Anonymous, 1997, p. 2).


*Keywords*: coddling, trigger warnings, activation notification, microaggressions

Jeannie Suk Gersen, Professor at Harvard Law School, opens her article with this scenario: “Imagine a medical student who is training to be a surgeon but who fears that he’ll become distressed if he sees or handles blood. What should his instructors do? Criminal-law teachers face a similar question with law students who are afraid to study rape law” (Gersen, 2014, para. 1). Professors Gersen’s observations are that students seem more anxious about classroom discussion, and about approaching the law of sexual violence in particular, than they had been in her previous eight years as a law professor. Some students have suggested that rape law should not be taught because of its potential to cause distress. Gersen recalls a colleague who was once asked by a student not to use the word “violate” in class (i.e., as in “Does this conduct violate the law?”) because the word violate was triggering. Gersen recounts teachers of criminal law at multiple institutions who have disclosed that “they do not include rape law in their courses, arguing that it’s not worth the risk of complaints of discomfort by students” Gersen, para. 5). In observing students, Gersen observes, “They are also more inclined to insist that
teachers protect them from causing or experiencing discomfort—and teachers, in turn, are more willing to oblige, because it would be considered injurious for them not to acknowledge a student’s trauma or potential trauma” (para. 9). See also *Unlearning Liberty* (Lukianoff, 2014) and *The Coddling of the American Mind* (Lukianoff & Haidt, 2018).


Psychiatrist Roberta M. Gilbert, M.D. provides a useful observation of Bowen system theory. Although Dr. Gilbert does not specifically address Al-Anon Family Groups in this book, her observation may help explain one of the reasons why may help improve the family situation: “If any family member can change his or her emotional functioning, provided he or she is present and accounted for within the family, the whole family will improve its functioning in response to that change. In the process, the clinical symptom or relationship problem present in the family will generally lessen. Such a viewpoint provides both solid rational for *not trying to change others* and guidelines for *being part of the family without being part of the family problem*” (Gilbert, 1992, viii-ix).


*Keywords*: 1013, 2013, DBHDD, involuntary commitment, involuntary transport

This form is a fillable and downloadable Form 1013.


*Keywords*: 1013, 2013, DBHDD, involuntary commitment, involuntary transport

A downloadable flowchart illustrates an involuntary care decision tree applicable to Georgia’s emergency receiving, evaluating, and treatment facilities. The one-page map contains flow chart for Form 1013, Probate Court Order, and a Peace Officer.

*Keywords*: 1013, 2013, DBHDD, involuntary commitment, involuntary transport

This form is a fillable and downloadable Form 1013.

Keywords: 1013, 2013, DBHDD, involuntary commitment, involuntary transport
This four page resource provides formal DBHDD answers to 12 questions based on interpretations of OCGA § 37-4-41 (mental health) and 37-7-41 (alcohol, drug dependence, or drug abuse). Other questions may be sent to PolicyQuestions@dbhdd.gov

COV-19 Health Advisories and updates are available at https://dph.georgia.gov/novelcoronavirus

Georgia Department of Public Health (DPH) Commissioner Kathleen Toomey, M.D.M.P.H. and state officials have confirmed Georgia’s first cases of Coronavirus Disease 2019 (COVID-19) involving two residents of Fulton County who live in the same household. The following statement was listed in the fifth bullet point of the summary and highlighted in boldface at the bottom of the COVID Health Advisory website (but not boldfaced in the summary itself): “Healthcare providers who suspect COVID-19 infection in a patient should report them immediately to DPH by calling 1-866-PUB-HLTH (1-866-782-4584) and ask for a Medical Epidemiologist” (2020, p. 1).


Abstract: Substance abuse continues to be prevalent on college campuses. This study explored the relationships between social interest, social bonding, and hazardous drinking and marijuana use among college students. Results indicate that the social bonding elements of religious commitment, respect for authority, and acceptance of conventional beliefs, along with social interest, significantly differ between groups of students engaged in hazardous drinking and marijuana use.
Throughout his book, Malcolm Gladwell repeatedly mentions the “10,000-Hour Rule,” claiming that the key to achieving world-class expertise in any skill is, to a large extent, a matter of practicing the correct way, for a total of around 10,000 hours. Elsewhere, the first author of the original study (see Ericsson, 2012), on which Malcolm’s book was based, has disputed Gladwell’s use of this idea. Hambrick et al. (2014) provide further evidence that the “10,000-Hour Rule” may not always be applicable.


Book was copyrighted in 2013, and first published by Simon & Schuster in July 2014.
Gabrielle Glaser, who opens her book by stating that she is a journalist and not an alcoholic, describes personal experiences and observations of her friends and others in a “survey [that] was decidedly unscientific, but wide ranging” (p. 4). The author describes the increased prevalence of alcohol use, abuse, and dependence among women. Although her book replies mostly on the common criticisms of Alcoholics Anonymous, the book is basically devoid of solutions other than the most popular evidence-based models of treatment. Not surprisingly, the author’s Conclusion of the book offers no new approach: “But maybe, just maybe, we can learn a thing or two from where we’ve been and create a new approach to help women deal with a problem whose consequences in broken families, broken hearts, and broken futures, are all too real (p. 184).


Developmental psychologist Alison Gopnik, D.Phil. describes a psychological analog to the “hygiene hypothesis,” which was proposed to explain the dramatic recent increase in allergies: “Thanks to hygiene, antibiotics and too little outdoor play, children don’t get exposed to microbes as they once did. This may lead them to develop immune systems that overreact to substances that aren’t actually threatening—causing allergies. In the same way, by shielding children from every possible risk, we may lead them to react with exaggerated fear to situations that aren’t risky at all and isolate them from the adult skills that they will one day have to master” (Gopnik, 2016, para. 9-10). Dr. Gopnik is also known for her contributions to theory of mind research.


Alcohol Research & Health is NIAAA’s quarterly, peer-reviewed scientific journal, which was formerly Alcohol Health & Research World.


According to Graham (2011, p. i), this book contains the admission record for the first 888 patients admitted to the Central State Hospital in Milledgeville, Georgia. The hospital, the state’s first mental institute, was authorized in 1837 and opened to patients at the end of 1842. At its founding, the hospital was called the Georgia Lunatic Asylum. It began on a 40-acre campus, located south of Milledgeville near Midway, which has eventually expanded to 1,750.00 The hospital’s name was changed to the Georgia State Sanitarium in 1898, then to the Milledgeville State Hospital in 1929, and finally to Central State Hospital in 1967. The first patient was admitted December 15, 1842 and died of “maniacal exhaustion” on June 18, 1843 (Graham, 2011, p. 1). See also Cranford (1981).


This paper contains an HCR-20 V2 risk factor literature review.

This paper contains an HCR-20 V3 risk factor literature review and rationale.


Jonathan Haidt, Ph.D. (social psychologist at the New York University Stern School of Business) challenges conventional thinking about morality, politics, and religion in a way that speaks to conservatives and liberals alike in this New York Times bestselling “landmark contribution to humanity’s understanding of itself” (The New York Times Book Review). Drawing on his 25 five years of research on moral psychology, Haidt shows how moral judgments arise not from reason but from gut feelings. He shows why liberals, conservatives, and libertarians have such different intuitions about right and wrong, and he shows why each side is actually right about many of its central concerns. See also the essay “The trouble with teaching rape law” (Gersen, 2014), Unlearning Liberty (Lukianoff, 2014), and The Coddling of the American Mind (Lukianoff & Haidt, 2018).


Keywords: Coddling, Trigger warnings, Activation notification, Microaggressions, Safetyism

Jonathan Haidt, Ph.D. (social psychologist at the New York University Stern School of Business) discusses how the generation now coming of age has been taught three Great Untruths: their feelings are always right; they should avoid pain and discomfort; and they should look for faults in others and not themselves.


A recent study found that e-cigarettes are nearly twice as effective as conventional nicotine replacement products (e.g., patches or gum) for quitting smoking. The study was conducted in Britain and funded by the National Institute for Health Research and Cancer Research UK. For one year, researchers followed 886 smokers who had been randomly assigned to use either e-cigarettes or traditional nicotine replacement therapies. Both groups also participated in at least four weekly counseling sessions, an element regarded as critical for success. The primary outcome was sustained abstinence for 1 year, which was validated biochemically at the final visit. Participants who were lost to follow-up or did not provide biochemical validation were considered to not be abstinent. The 1-year abstinence rate was 18.0% in the e-cigarette group, compared with 9.9% in the nicotine-replacement group. Article is available at this link.

https://doi.org/10.1016/j.intell.2013.04.001

Addressing Malcolm Gladwell’s catchy principle that 10,000 hours of “deliberate practice” are needed to master a skill, these authors provide evidence that the “10,000-Hour Rule” may not always be applicable.


This article is one of many that have come from the Comprehensive Assessment and Treatment Outcome Research (CATOR) group, which is the largest, multisite, independent evaluation service for substance use treatment effectiveness in the U.S.


In his editorial, Harvey summarizes current literature on the effect of cannabis on cognition. There is a solid body of studies that report a significant irreversible decline in cognitive functioning in adolescents who regularly use cannabis.


https://doi.org/10.1080/1047840X.2016.1082418
Professor Nick Haslam, Ph.D., at the Melbourne School of Psychological Sciences, University of Melbourne, describes how concepts in clinical and social psychology have undergone semantic shifts over the years. Concepts that refer to the negative aspects of human behavior and experience have expanded meanings so that they now encompass a much broader range of phenomena than they did originally. In examining concepts of abuse, addiction, bullying, trauma, mental disorder, and prejudice, Dr. Haslam describes “horizontal” and “vertical” forms of this expansion: Concepts extend outward to capture qualitatively new phenomena (horizontal expansion) and downward to capture quantitatively less extreme phenomena (vertical expansion). In either case, the concept’s boundary has stretched and its meaning has been expanded. Of the many explanations that have been suggested for this pattern of “concept creep,” Haslam offers his own opinion: “I contend that the expansion primarily reflects “an ever-increasing sensitivity to harm, reflecting a liberal moral agenda. Its implications are ambivalent, however. Although conceptual change is inevitable and often well motivated, concept creep runs the risk of pathologizing everyday experience and encouraging a sense of virtuous but impotent victimhood” (Haslam, 2016, p. 1).


Haynes, J-D, Sakai, K., Rees, G., Gilbert, S., Frith, C., & Passingham, R. E. (2007, February). Reading hidden intentions in the human brain. *Current Biology, 17*(4), 323–328. In 2007 this research group was able to predict volitional decisions up to 7 seconds before they became conscious, thus improving the time bound of 0.5 seconds found in the 1980s by Benjamin Libet.

Hazelden Foundation. (1954/1975). *Twenty-Four hours a day*. New York, NY: HarperCollins Publishers. This book is a Hazelden Meditation with a Copyright © 1975 by the Hazelden Foundation in Center City, Minnesota. The first HarperCollins paperback edition was published in 1992. Since 1954, *Twenty-Four Hours a Day* has become a stable force in the recovery of many alcoholics throughout the world. With over nine million copies in print (the original text has been revised), this “little black book” offers daily thoughts, meditations, and prayers for living a clean and sober life. It is considered a spiritual resource with practical applications to fit daily lives. “For yesterday is but a dream, and tomorrow is only a vision” is part of the Sanskrit proverb quoted at the beginning of the book which has
become one of the basic building blocks for a life of sobriety. In addition to a thought, meditation and prayer for each day of the year, this handy, pocket-sized volume also contains the Serenity Prayer and the 12 Steps and 12 Traditions of Alcoholics Anonymous. It is a simple, yet effective way to help us relate the Twelve Steps to everyday life and helps us find the power not to take that first drink each day.

Hazelden Publishing. (2010). *The book that started it all: The original working manuscript of Alcoholics Anonymous*. Center City, MN: Author. © 2010 by Hazelden Foundation. This large book contains color plates of the multilith printing of the working manuscript of *Alcoholics Anonymous*. Published in mid-February 1939, this working manuscript had a red cover (as did the first printing of Alcoholics Anonymous) and its 8½ x 11-inch size clearly shows why it was called the Big Book. The original 12-Steps, along with marginalia and edits (some accepted and some rejected) are contained on the first two pages of Chapter Five (How it Works), as shown on Manuscript pages 30–31, which correspond to pages 58–59 of Hazelden (2010). When the Big Book was first published in April 1929, there were only two AA meetings in existence—a Tuesday night meeting in Brooklyn, New York, and a Wednesday night meeting in Akron, Ohio (Hazelden, 2010, p. 3). Page 13 of Hazelden (2010) explains how a New Jersey psychiatrist referred to only as “Dr. Howard” was one of the most significant editors of the multilith copy. Dr. Howard insisted that the book be descriptive rather than directive, and he called for the removal of “you musts” and “you shoulds.”


Kevin P. Hill, addiction psychiatrist at the Division of Addiction Psychiatry, Beth Israel Deaconess Medical Center in Boston and faculty member of the Department of Psychiatry at Harvard Medical School states that the non-psychiatric medical benefits of cannabis are very thinly evidenced despite outsized claims to the contrary.


Analyzing survey data from 2,002 U.S. adults who reported resolving a drug or alcohol problem, Hoffman, Vilsaint, and Kelly found that among those who achieved medium-term recovery (between one and five years), people who had resolved an opioid problem were four times more likely than those who had resolved an alcohol problem to have used pharmacotherapy (e.g., methadone, buprenorphine or naltrexone), two and a half times more likely to have used formal addiction treatment, and about two times more likely to have used recovery support services and support groups such as Narcotics Anonymous and other 12-step programs.


Abstract: Drawing on insights from attachment theory, this study examined whether three types of attachment to God—secure, avoidant, and anxious—were associated with health-risk behaviors, over and above the effects of religious attendance, peer support, and demographic covariates, in a sample of 328 undergraduate college students. Contrary to prior theory, secure attachment to God is not inversely associated with recent alcohol or marijuana use, or substance use prior to last sexual intercourse. Instead, avoidant and anxious attachment to God are associated with higher levels of drinking; anxious attachment to God is associated with marijuana use; and avoidant attachment to God is associated with substance use prior to last sexual intercourse. These patterns are gender-specific; problematic attachment to God is linked with negative outcomes solely among men.


Abstract: The authors examined the socio-demographics and psycho-behavioral characteristics of undergraduate US college students who abstain from alcohol.

Participants: The respondents were 5,210 undergraduates from 32 colleges and universities. Methods: A survey was mailed to 300 randomly selected students per institution (spring 2000 or 2001). The response rate was 56.2%. Results: Overall, 20.5% of the students abstained. Predictors of abstention included the student's own negative attitude toward alcohol use; perception of friends' alcohol attitudes; male gender; being under age 21; abstaining in high school; non-Greek member or pledge; nonathlete; nonsmoker; non-marijuana user; participant in a religious group; working either 0 or 10+ hours per week for salary; having a mother who abstains; and having a close friend who abstains. Conclusion: Additional research on abstainers is warranted. Campus-based prevention programs should be grounded in a better understanding of how motives not to drink are developed and sustained in high school and college.


In 1979, the National Institute on Drug Abuse (NIDA) sponsored the Treatment Outcome Prospective Study (TOPS), which continued through 1987 to evaluate the overall effectiveness of treatment and to identify certain factors as important determinants of drug abuse treatment success, such as length of time in treatment. In 1992, NIDA began data collection for the Drug Abuse Treatment Outcome Study (the successor to TOPS) to assess the effectiveness of treatment in reducing drug abuse and to identify predictors of drug abuse treatment success.


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Hans Huebner, M.D. is a psychiatrist and researcher who identifies anorexia nervosa and bulimia as addictions to endorphins, hormones that are secreted by the body in response to self-starvation and purging and that, because of their reinforcing power, also perpetuate these behaviors. Following his line of thought, which is supported by both research and clinical experience, Huebner provides a rational and complete explanation for these enigmatic conditions. Huebner's treatment model involves learning about the addictive process, cognitive-behavioral strategies for withdrawing from endorphins stimulated by self-starvation or binge/purging, and psychotherapy for the underlying depression and anxiety. Huebner described the role of endorphin reward in other addictive behaviors, from obsessive exercise to religious fanaticism and cult involvement, which can be treated with similar methods.


Increasing AA attendance leads to short- and long-term decreases in alcohol consumption that cannot be attributed to self-selection.


It is said to be “irresponsible” to encourage patients addicted to opiates to switch to cannabis for their problems with pain.


*Keywords*: American Society of Addiction Medicine (ASAM)

The American Society of Addiction Medicine (ASAM) system is built around criteria dimensions that are used to place patients in one of four levels of care originally presented in this Institute of Medicine (1990) report that described transitions in the
alcoholism treatment field. The four levels of care are as follows: Level I (Outpatient treatment), Level II (Intensive outpatient and partial hospitalization treatment, Level III (Medically monitored inpatient residential treatment), and Level IV (Medically managed in-patient treatment).


Nazanin Izadi, HBSc, Anees Bahji, MD, FRCPC, Nitin Chopra, MD, Sara Ling, RN, PhD, Helena B. Hansen, MD, PhD, and Tony P. George, MD, FRCPC provide a discussion of how understanding the opioid crisis in Canada can inform harm reduction strategies in the United States.


Jackson et al. analyzed data obtained from 13,626 adults (≥20 years) who had participated in the National Health and Nutrition Examination Survey between 2007-08 and 2013-14. Daily chocolate consumption was derived from two 24-hour dietary recalls. Depressive symptoms were assessed using the Patient Health Questionnaire (PHQ-9), with scores above 10 indicating the presence of clinically relevant symptoms. Adults with diabetes were excluded and models controlled for relevant sociodemographic, lifestyle, health-related, and dietary covariates. Three consumer groups were identified (i.e., no chocolate, non-dark chocolate, dark chocolate). Overall, 11.1% of the population reported any chocolate consumption, with 1.4% reporting dark chocolate consumption. Analyses stratified by the amount of chocolate consumption showed participants reporting chocolate consumption in the highest quartile (104 to 454 grams per day) had 57% lower odds of depressive symptoms than those who reported no chocolate consumption after adjusting for dark chocolate consumption.

Progressive relaxation was developed by Edmund Jacobson, M.D. and presented first in 1908 at Harvard University as a detailed procedure for reducing muscular tension.


James, W. (1842-1910) was an American philosopher and psychologist, and the first educator to offer a psychology course in the United States. James is considered to be a leading thinker of the late nineteenth century, one of the most influential philosophers of the United States, and the “Father of American psychology.” This book comprises his edited Gifford Lectures on natural theology, which were delivered at the University of Edinburgh, Scotland between 1901 and 1902. It is the only book cited in the Big Book of Alcoholics Anonymous (AA).


Decision making was conceptualized by Irving L. Janis and Leon Mann (1977) as a decisional “balance sheet” of comparative potential gains and losses. Two components of decisional balance, the pros and the cons, have become core constructs in the Transtheoretical Model.


Young teens who watch a lot of movies with characters drinking alcohol become more susceptible to peer pressure and are more likely to drink at a younger age. Tim Janssen and associates analyzed longitudinal survey data from more than 1,000 sixth-, seventh- and eighth grade students who answered questions about their attitudes about alcohol use four times over three years. The students reported which movies they had seen, which the researchers rated for alcohol content. Students who were exposed to more alcohol use in movies at the start of the study were more likely, over time, to believe that their peers were using alcohol and to say they would drink alcohol offered by a friend. Janssen et al. concluded that these attitude changes predicted a lower age at which participants began drinking alcohol.


Jiang, M. (2020, April 22). The reason Zoom calls drain your energy. BBC. https://www.bbc.com/worklife/article/20200421-why-zoom-video-chats-are-so-exhausting?fbclid=IwAR0dgtikzO7wzL8pjCzLLASCTsSkRIdKMJd1SYTxQs5oaRyH3T0tsP0NPcI

Keywords: Zoom fatigue

Manyu Jiang offers some ideas on why video chat is more difficult and more draining than to face-to-face communication.


https://aabeyondbelief.org/2015/10/21/the-lsd-experiments/

https://pubs.niaaa.nih.gov/publications/ProjectMatch/match03.pdf

KHN Morning Briefing. (2021, March 16). *OxyContin settlement grows to $4.28B.*  
https://khn.org/morning-breakout/oxycontin-settlement-grows-to-4-28b/  
*Keywords:* Opioid epidemic  
Kaiser Health News (KHN) Morning Briefing provides summaries of health policy coverage from major news organizations.


https://www.nytimes.com/


Father Thomas Keating, OCSO, makes a useful observation: “Many AA people are sponsors helping others in their effort of recovery. God is present in service. God is present in human love. God is present in conjugal relationships. God is present in the flowers, in the sunsets, and in the fields. God is present in all of nature without calling it God. Being open to the Higher Power actually opens us to the fact that all creation is penetrated by a presence that transcends our sensible faculties and introduces us to a world both of mystery and experience” (2009, p. 3).


*Alcoholism, a Merry-Go-Round Named Denial* has been one of Al-Anon’s most popular pamphlets. It is based on a presentation given by Reverend Joseph L. Kellerman at the Second Annual Workshop of the Connecticut Al-Anon Groups in Milford, Connecticut on October 5, 1968. Kellerman was the former Director of the Charlotte, North Carolina, Council on Alcoholism. In his presentation, Kellerman described the family disease of alcoholism using a metaphor of a dramatic three-act play that includes four main characters: the alcoholic, the enabler, the victim, and the provoker. His message was received with such enthusiasm that he granted permission to Al-Anon Family Group Headquarters to print and distribute it in the pamphlet format. Currently, all Al-Anon Conference Approved Literature is developed from the experience, strength, and hope of Al-Anon members. However, this pamphlet originated from a time when few professionals recognized the problems involved in living with alcoholism. Feeling that it met an identified need within the Al-Anon fellowship, the 1969 World Service Conference approved its distribution. See also Al-Anon Family Group Headquarters (1969, 1987, 2003) *Alcoholism: A merry-Go-Round Named Denial*.


Abstract: Emerging adulthood is a life stage in which the frequency of religious behaviours often wanes while the risk of mental illness, substance abuse, and risky sexual behaviour increases. The current study explores the role that religious behaviours might play in mitigating these risks among college-attending emerging adults. Survey data were collected on religious service attendance, prayer and meditation, substance use, sexual activity, and life satisfaction. Results revealed a significant effect for religious service attendance on substance use and sexual behaviour and for the frequency of
prayer/meditation on life satisfaction, marijuana use, and sexual intercourse. Group comparisons revealed that emerging adults who participated in religious activities reported lower rates of substance use, less sexual behaviour, and greater satisfaction with life. Limitations and suggestions for future research are discussed.


Alexis Kleinman’s article was updated on December 06, 2017.


**Keywords**: Gaming disorder


Helge Kragh is professor of history of science at the University of Aarhus, Denmark (helge.kragh@ivs.au.dk). Most of his work is in the history of post-1850 physical sciences, including chemistry, astronomy, and cosmology. From 2008 to 2010 he is serving as president for the European Society of History of Science.


*Keywords*: Gaming disorder


Psychiatric Times staff writer Leah Kuntz provides a summary of the Biden administration’s seven priorities: (1) Expanding access to evidence-based treatment, (2) advancing racial equity in our approach to drug policy, (3) enhancing evidence-based harm reduction efforts, (4) supporting evidence-based prevention efforts to reduce youth substance use, (5) reducing the supply of illicit substances, (6) advancing recovery-ready workplaces and expanding the addiction workforce, and (7) expanding access to recovery support services.


The authors outline an Antidepressant Food Scale that lists 12 antidepressant nutrients linked to the prevention and treatment of depression: Folate, iron, long-chain omega-3 fatty acids (EPA and DHA), magnesium, potassium, selenium, thiamine, vitamin A, vitamin B6, vitamin B12, vitamin C, and zinc. On the Antidepressant Food Score (AFS), the highest scoring foods were bivalves such as oysters and mussels, various seafoods, and organ meats for animal foods. The highest scoring plant foods were leafy greens, lettuces, peppers, and cruciferous vegetables.


Pastor Barney Lee of West Seneca, New York has a website that contains a page with 75 biblical references to alcohol, comprising a total of 162 verses. According to Pastor Lee, this number of verses is more scripture than will be found on the subject of lying, adultery, swearing, Sabbath-breaking, pride, cheating, stealing, hypocrisy, or even blasphemy.


This network meta-analysis included 66 randomized controlled trials that tested 18 categories of medications in 5,890 patients who had an alcohol use disorder and either major depression or depressive symptoms.


Ellie Lisitsa is a former staff writer at the Gottman Institute and editor for the Gottman Relationship Blog.


*Keywords*: Military, Virtual Reality (VR), Posttraumatic Stress Disorder (PTSD), Military Sexual Trauma

Researchers at the Emory University School of Medicine conducted an initial feasibility study that examined the use of virtual reality exposure therapy (VRE) in the treatment of military sexual trauma-related posttraumatic stress disorder (MST-related PTSD), with newly developed content tailored to MST. Participants included 15 veterans (26% male) with MST-related PTSD. Assessment of PTSD, depression, and psychophysiological indicators of distress occurred at pre-treatment, post-treatment, and 3-month follow-up. Treatment included 6-12 VRE sessions. There were significant reductions in pre- to post-treatment PTSD and depressive symptoms, which were maintained at follow-up. There also was a significant pre- to post-treatment reduction in heart rate response to a trauma cue. The percentage of participants meeting PTSD criteria continued to decline from post-treatment (53%) to follow-up (33%). Findings indicate VRE can be safely delivered and is a promising treatment for MST-related PTSD. As a parenthetical comment, it might be pointed out that the title of the article contains one of the most unusual combinations of punctuation in a scholar journal.


*Keywords*: Coddling, trigger warnings, activation notification, microaggressions, safetyism

Drawing on a decade of experience battling for freedom of speech on campus, First Amendment lawyer Greg Lukianoff reveals how higher education fails to teach students to become critical thinkers: by stifling open debate, our campuses are supercharging ideological divisions, promoting groupthink, and encouraging an unscholarly certainty about complex issues. See also *The Coddling of the American Mind* (Lukianoff & Haidt, 2018).


*Keywords*: Coddling, trigger warnings, activation notification, microaggressions, safetyism

According to the authors, this article was originally submitted with the title, *Arguing Towards Misery: How Campuses Teach Cognitive Distortions*. The magazine’s editor, Don Peck, liked the article, helped Lukianoff and Haidt strengthen their argument and
gave the article it more succinct and provocative title when it was published on August 11, 2015: “The Codding of the American Mind” (Lukianoff & Haidt, 2018, p. 10). Greg Lukianoff (attorney, president, and CEO of the Foundation for Individual Rights in Education) and Jonathan Haidt, Ph.D. (social psychologist at the New York University Stern School of Business) discuss how the generation now coming of age has been taught three Great Untruths: their feelings are always right; they should avoid pain and discomfort; and they should look for faults in others and not themselves. The authors also provide a critique on the popular academic term microaggression. Lukianoff and Haidt say that uncovering allegedly racist, sexist, classist, or otherwise discriminatory microaggressions doesn’t incidentally teach students to focus on small or accidental slights. Instead, the authors maintain, its purpose is to get students to focus on perceived slights and then relabel the people who have made such remarks as aggressors. In academic environments in which microaggressions can be perceived in just about anything, Lukianoff and Haidt cite examples of how even joking about microaggressions can be seen as a form of aggression. According to Lukianoff and Haidt, this type of environment “presumes an extraordinary fragility of the collegiate psyche” (2015, para. 5). The ultimate goal it seems, according to the authors, “is to turn campuses into ‘safe spaces’ where young adults are shielded from words and ideas that make some uncomfortable. And more than the last, this movement seeks to punish anyone who interferes with that aim, even accidentally” (para. 5). The term vindictive protectiveness is used by the authors to describe the impulse to punish anyone—professors or other students—who interfere with this goal. See also “The trouble with teaching rape law” (Gersen, 2014), Unlearning Liberty (Lukianoff, 2014), and The Codding of the American Mind (Lukianoff & Haidt, 2018).


Richard Malott, Ph.D. defines a discriminative stimulus as “a stimulus in the presence of which a particular response will be reinforced” (2007, p. 202), whereas the stimulus delta is defined as “a stimulus in the presence of which a particular response will not be reinforced” (2007, p. 202).


The original version of My Daily Personal Inventory was published in Volume 3, Issue 1, Page 10 of the June 1946 *AA Grapevine*, which is available at this link: https://silkworth.net/wp-content/uploads/2020/07/Grapevine-Vol3-No1-Jun-1946.pdf
Original by Mark W., Jackson, Mississippi via the *AA Grapevine*, Volume 3, Issue 1, June 1946. Downloadable at this link: https://www.allbusinesstemplates.com/template/C7YVT/personal-daily-inventory/


The first edition of this book was published in 1999.


Those remaining active in AA for 90 days are the only ones considered to have “tried AA.”


Addiction counselor and Buddhist teacher and addiction counselor Valerie Mason-John created the practice of Awareness, Gathering, and Expanding (AGE) to help people when they are suffering. Through greater consciousness of our thoughts, feelings, and physical sensations, contemplative practice helps us encounter Divine Reality in our powerlessness. Mason-John (2016, p. 23) recommends taking three minutes for this practice, one minute per stage of breathing: “(1) Bring Awareness to whatever is happening right now. (Assume a gently upright posture.) Become aware of your thoughts: what are you thinking right now? Allow your thoughts to be there, without pushing them away. What are you feeling right now? Let your feelings be there too. Acknowledge them as they are, even if they are difficult. Become aware of sensations in your body, especially any strong physical sensations. As best you can, just allow them to be there and bring an attitude of friendly curiosity toward them.(2) Then, Gather your attention on the breath, becoming aware of the breath coming in and going out of your nostrils and the movement of your chest and belly. Focus on the physical sensation of the breath. (3) Finally, Expand your awareness to include the whole body. As best you can, feel the physical sensations in the whole of your body…. If you notice any areas of tension or tightness, you could direct your attention there. You could imagine directing your breath to these areas, breathing into and exploring the sensations with the breath.”


*Keywords: Morphine-centric equianalgesic charts*


*Keywords: Morphine-centric equianalgesic charts*


*Medicine: The last days of Freud*. (1957, October 14). *Time*. [https://content.time.com/time/subscriber/article/0,33009,862786,00.html](https://content.time.com/time/subscriber/article/0,33009,862786,00.html)


*Keywords: American Society of Addiction Medicine (ASAM)*


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A cohort of 1,027 individuals in Dunedin, New Zealand born in 1972 or 1973 were evaluated every 2 years from birth up to age 38, with 95% retention. Cannabis use was monitored and IQ testing was performed at ages 8, 11, 13, and 38. Individuals with persistent cannabis use that began during the adolescent years lost an average of 8 IQ points. In contrast, individuals who began using as adults had no decline in their IQ score. These data support the likelihood of a neurotoxic effect with the regular use of cannabis in the developing brain, resulting in an enduring decline in cognitive function.


Melemis, S. M. (2014, November 28). *Relapse prevention: Early warning signs and important coping skills* [Video file]. https://www.youtube.com/watch?v=FmjjxdDwO1c

Steven Melemis, M.D., Ph.D. presents a three-stage model of relapse, including relapse prevention strategies.


The authors conducted a clinical analysis of methods that were used by concerned significant others (CSOs) to encourage alcoholics to seek treatment. The results of the study indicated that Al-Anon participation was “mostly ineffective” towards this goal. Instead, the psychologists found Community Reinforcement Approach and Family Training (CRAFT) “significantly more” effective than Al-Anon participation in arresting alcoholism in others. See also Miller, Meyers, and Tonigan (1999).


As stated by the author, “It is the thesis of this book that this blinding self-absorption called Sin—however well it may be disguised by our civilized exteriors—is the same elusive underlying dynamic as that in the life of the traditional chemical addict. Sin is the driving dynamic that leads addicts to fasten upon an additive chemical or behavior that promises to fulfill their self-centered and often grandiose dramas and to blot out the feelings that threaten to overwhelm them. Sin is the universal addiction to self that develops when individuals put themselves in the center of their personal world in a way that leads to abuse of others and self” (Miller, 1987, p. 52).

In his editorial, John J. Miller, M.D. provides a brief literature review and discusses two potentially serious adverse effects from the regular use of cannabis (THC) on the developing brain: “increased incidence and earlier onset of psychosis in individuals already at risk and cognitive impairments that can be irreversible. Ideally, as with alcohol and cigarettes, cannabis should not be used until the brain is fully developed, somewhere between the ages of 21 and 25” (p. 9).


The authors conducted a clinical analysis of methods that were used by concerned significant others (CSOs) to encourage alcoholics to seek treatment. The results of the study indicated that Al-Anon participation was “mostly ineffective” towards this goal. Instead, the psychologists found Community Reinforcement Approach and Family Training (CRAFT) “significantly more” effective than Al-Anon participation in arresting alcoholism in others. See also Meyers, Miller, Smith, and Tonigan (2002).


Keywords: American Society of Addiction Medicine (ASAM)

Leslie C. Morey, Ph.D. discusses the recently (at that time) published patient placement criteria. American Society of Addiction Medicine (ASAM) has developed a set of criteria aimed at helping clinicians select from four levels of care the one most appropriate for each patient. The ASAM criteria are designed around six criteria dimensions reflecting the severity of the patient’s alcohol-related problems. Although they also have been criticized in some respects, the ASAM criteria are the most widely used placement criteria for alcoholism treatment and reimbursement.


Mowrer’s model provides the basis of the contemporary two-factor theory of how obsessive-compulsive cycle is maintained. Neutral stimuli become distress stimuli through their association with pain or fear. Escape and avoidance behaviors are learned in order to reduce distress (via negative reinforcement). Dollard and Miller (1950) used Mowrer’s model to explain how, in obsessive compulsive disorder, the escape and avoidance takes the form of rituals and compulsions.


Nancy O. (n.d.). Biographies of the authors of the stories in the Big Book. https://westbalto.lassociates.com/HISTORY_PAGE/Authors.htm#The_stories_are_listed_alphabetically

This resource contains short biographies of the various authors of the stories in the back of the Big Book known as *Alcoholics Anonymous*.


Coding Note: The 2021 ICD-10-CM codes are to be used from October 1, 2020 through September 30, 2021.


Coding Note: The 2022 ICD-10-CM codes are to be used from October 1, 2021 through September 30, 2022.


NIAAA defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dL. This typically occurs after 4 drinks for women and 5 drinks for men—in about 2 hours. The Substance Abuse and Mental Health Services Administration (SAMHSA), which conducts the annual National Survey on Drug Use and Health (NSDUH), defines binge drinking as 5 or more alcoholic drinks for
males or 4 or more alcoholic drinks for females on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past month. SAMHSA defines heavy alcohol use as binge drinking on 5 or more days in the past month. Binge drinking and heavy alcohol use can increase an individual’s risk of alcohol use disorder. According to NIAAA, certain people should avoid alcohol completely, including those who: (1) Plan to drive or operate machinery, or participate in activities that require skill, coordination, and alertness, (2) Take certain over-the-counter or prescription medications, (3) Have certain medical conditions, (4) Are recovering from alcohol use disorder or are unable to control the amount that they drink, (5) Are younger than age 21, and (6) Are pregnant or trying to become pregnant.


The *Project MATCH* manuals (Volumes 1–3), which focus on three forms of behavioral therapy, have been used in clinical practice as a teaching tool in therapist training and as behavioral platforms in clinical trials. The manuals are used in diverse settings, from public and private practices and academic research to pharmaceutical industry trials. Volumes 4–8 focus on assessment instruments and compliance to treatment regimens and research protocols and examine the results and analysis of the causal chains involved in addiction.


According to NIDA (2019, p. 1), “Kratom is a tropical tree (Mitragyna speciosa) native to Southeast Asia, with leaves that contain compounds that can have psychotropic (mind-altering) effects. Kratom is not currently an illegal substance and has been easy to order on the internet. It is sometimes sold as a green powder in packets labeled “not for human consumption. It is also sometimes sold as an extract or gum (NIDA, 2019). Kratom can cause effects similar to both opioids and stimulants. Two compounds in kratom leaves, mitragynine and 7-α-hydroxymitragynine, interact with opioid receptors in the brain, producing sedation, pleasure, and decreased pain, especially when users consume large amounts of the plant. Mitragynine also interacts with other receptor systems in the brain to produce stimulant effects. When kratom is taken in small amounts, users report increased energy, sociability, and alertness instead of sedation. However, kratom can also cause uncomfortable and sometimes dangerous side effects.


From back cover of the book:
“Poseidon and the PC documents the adventures of Lt. Paul W. Neidhardt, USNR on two PCs through 115 of his letters written to his wife during World War II.

Long before “PC” became equated with a “personal computer” or “politically correct”, the two letters were associated with “Patrol Craft.” These World War II ships [with a crew of 60 enlisted men and 5 officers] had the mission of performing convoy escort duty and antisubmarine warfare [although some served in very hazardous landing invasions such as D-Day]. The PCs were meant to relieve the larger, far more valuable ships from the often monotonous duties of sailing at the speed of the slowest ship in a convoy. The 174 foot long PCs were so small that they were considered safe duty as more worthy targets were always available.
In high seas, PCs floated as light as a cork and as rough as riding a bull. A PC could entirely disappear from view in the trough of a large wave. The seasickness that resulted from the pitching and rolling of the PC was truly gut wrenching. If you didn't get sick on a PC, you were seaworthy on any other Navy ship in the fleet.

Had the war not ended when it did, Poseidon's typhoons might have substantially prolonged the war in the Pacific. A great typhoon suck, beached, or damaged more than two hundred American ships in Okinawa after the war had ended that were to be used for the invasion of Japan. Paul was the executive officer on one of the many PCs destroyed by this great storm on October 9, 1945. When Poseidon showed his power, Paul knew his PC and needed all the help and good fortune there was to be found if they were to survive the fury of what Americans came to call Typhoon Louise.


Gary W. Neidhardt is a retired software executive and American history enthusiast who has been interested in the history of recovery from alcohol and drugs for many years. He literally stumbled upon *Habits That Handicap* by Towns, which was Towns only work that remains in print. The book mainly gathered dust in Neidhardt’s library until a friend had his picture taken in front of the building that used to be Towns Hospital in New York City. Eventually, that picture peaked Neidhardt’s curiosity, which has led to this book and his ongoing research into the history of this fascinating personality. Many years as a software executive provided Neidhardt with enough expertise to patiently research numerous medical magazines and dozens of books regarding Towns’ published writings. Three dozen magazine articles and a large collection of advertisements of Towns Hospital have been incorporated into Neidhardt’s treatise.

Book Review: “For those interested in the origins of AA founder Bill Wilson’s 1934 white light experience at Towns Hospital in New York, Neidhardt shares an encyclopedic knowledge not only of the history that led up to this experience but also of the life of the man who laid the psychopharmacological foundation of Wilson’s final detoxification. Charles B. Towns devoted most of his adult life to pre-AA treatment of alcoholism and, later, to advocating for the prohibition of narcotic drugs that had fueled an addiction epidemic. It is ironic that in the year 2015, which represents the 100th anniversary of U.S. federal law that implemented the control of narcotic drugs, the life of Charles B. Towns is a largely unknown name in a country that contains only 5% of the world’s population yet consumes 80% of world’s supply of pain medication. Neidhardt’s biography of Charles B. Towns reflects meticulous attention to details while describing the larger perspective of pre-AA attempts at addictive disease recovery and the political forces that became associated with this almost forgotten movement.”

William F. Doverspike, Ph.D.

Book Reviewer

How did it happen that one of the most devoted and loyal individuals in the formative years of Alcoholics Anonymous (AA) became an almost completely forgotten figure? Although probably best known for the role she played as the National Secretary of the new organization that was forming its own identity, Bobbie B. essentially functioned as AA’s unofficial director of communications in much of its early years. During her tenure at the AA headquarters, she was the central nexus whose letters shaped autonomous groups across the country to become more unified by a common set of principles. Bobbie’s tireless replies to voluminous correspondence contributed immeasurably to the shaping of the Traditions, which took written form during her tenure. Notwithstanding the abundance of biographies that have been written about the founding fathers of AA, this story has never been fully told by anyone—until now. Had her letters throughout the fellowship ever been published, she would have arguably been one of AA’s most prolific authors. In the pages that follow, historian Gary Neidhardt reveals the story of this pioneering woman whose guidance letters—at least in the thousands—would have filled more pages than the Big Book itself.

The history of any institution is filled with captivating characters, entertaining drama, and unsolved mysteries. The biographer’s task of separating fact from fiction is not an easy one. Yet Neidhardt painstakingly explores uncharted territory with a balance of courage and scholarly rigor. In many instances, this biography uses Bobbie’s own words to tell her story. Compellingly writing with a combination of curiosity and compassion, Neidhardt provides an enlightening examination of roughly a thousand letters that have never been published. The result of this effort is a meticulously researched and densely packed account of the woman who was AA’s most steadfast correspondent: her early life, her relationships, her countless letters, and her ideals that helped shape the evolving organization into what has become an enduring American institution that has reached across the entire globe.

Many mysteries continue to shroud the life—and untimely death—of the enigmatic Bobbie B., but The Untold Story of A.A. ‘s Fantastic Communicator provides a complete and engaging account of a fascinating chapter in the history of AA. Reading this book is like walking a trail with a guide who is a literary archeologist. Neidhardt has unearthed a wealth of archival materials, documents, and photographs that until now have been hidden away for almost seventy years. Like all great journeys, this one begins with the first steps.

William F. Doverspike
Atlanta Counseling Center

https://www.thefix.com/content/aa-vs-na


Charles P. O’Brien M.D., Ph.D. (University of Pennsylvania), Nora Volkow M.D. (Director of the National Institute on Drug Abuse; NIDA), and Ting-Kai Li, M.D. (School of Medicine, Indiana University Purdue University Indianapolis; IUPUI) have stated that the American Psychiatric Association committee responsible for revising the DSM-III in the 1980s favored the term “dependence” over “addiction” by a single vote.
“The adaptations associated with drug withdrawal are distinct from the adaptations that result in addiction, which refers to the loss of control over the intense urges to take the drug even at the expense of adverse consequences.” These authors and other psychiatrists have argued that the DSM conflates addiction and dependence.


*Keywords*: Good meetings, bad meetings, good vs. bad meetings


[This article was published online on 29 May 2018. Errors were subsequently identified in the text of section 5.3 and 7.2. The article was corrected on 30 June 2018.]. Oscar Oviedo-Trespalacios, Md. Mazharul Haque, Mark King, and Simon Washington found that talking on a mobile device increases crash risk by 2.2 times whereas texting increases risk by 6.1 times. The authors used an innovative questionnaire, which included randomized textual and visual scenarios. The questionnaire was administered to collect data from a sample of 447 drivers in South East Queensland-Australia (66% females; n = 296).


Originally priced at 50-cents, this sheet music includes “‘Just for Today,’” which is identified as a prayer by Sybil F. Partridge (Words) set to music by Blanche Ebert Seaver (Music).


Note: This book is not required in Dr. Doverspike’s Addictions classes, but this edition or any of its previous editions will make the required Case Study/Treatment Plan easier to complete.


As a college student with a tennis scholarship, Christie Pettit found herself engaged in compulsively exercising, eating less and less, and spiraling downward in a battle against anorexia. More than five million adolescent girls struggle with eating disorders, and more than 80 percent of American women are unhappy with their bodies. Christie Pettit knows these statistics firsthand because she was one of them. In her revised edition of *Empty*, Christie shares her experience of the spiritual dimension of eating disorders and describes how she turned to the Bible as a source of strength and encouragement to help her overcome anorexia.


For a repeated measures two-way analysis of variance, the participants were divided into three groups: low (≤0.25 g/kg), moderate (>0.25-0.75 g/kg), and high (>0.75 g/kg) intake
of pure alcohol. Moreover, linear models studied the differences in outcomes with respect to the amount of alcohol intake and the participant's background parameters (age, gender, body mass index, physical activity, and baseline sleep heart rate). The results indicate that alcohol intake was dose-dependently associated with increased sympathetic regulation, decreased parasympathetic regulation, and insufficient recovery. In addition to moderate and high alcohol doses, the intraindividual effects of alcohol intake on the autonomic nervous system regulation were observed also with low alcohol intake (all P<.001).


As of announcement by the American Psychological Association on January 18, 2022, the Journal of Abnormal Psychology is now the Journal of Psychopathology and Clinical Science.


Keywords: Childhood trauma, Child abuse

A national survey of 250 female and 250 male clinical and counseling psychologists (return rate was 58%) showed that over two thirds (69.93%) of the women and one third (32.85%) of the men had experienced some form of physical or sexual abuse. Participants gave low ratings to their graduate training programs and internships with regard to addressing abuse issues, although more recent graduates gave higher ratings. Participants rated themselves as being moderately competent to provide services related to victims of abuse, although women perceived themselves to be more competent than men. Practical and theoretical implications are discussed.


Among other topics addressed in their book, Pope and Vasquez (2016) provide a list of 26 logical fallacies that can slide into the background of psychotherapy and blend in with a therapist’s best reasoning. Of particular interests to diagnosticians is the “Nominal
Fallacy” (i.e., the mistake of assuming that because we have given a name to something, therefore we have explained it). For a review of “Common Logical Fallacies in Psychology: 26 Types and Examples,” see this link: https://kspope.com/fallacies/fallacies.php


Abstract: Energy Psychology (EP) comprises a set of innovative and powerful techniques that can be used to enhance treatment progress and outcomes for addiction and co-occurring disorders, particularly posttraumatic stress disorder (PTSD). This article identifies the limitations of the current addiction treatment paradigm and presents a variety of ways in which one dual diagnosis treatment program for women addresses these limitations with the EP approach. Research on EP and its mechanism of action is presented, along with specific examples of how the tools are used at the treatment facility, case studies, client and therapist feedback, treatment guidelines, and outcome data. Data for 123 clients in the program collected over a 3.5-year period include reductions in mental health symptomology during treatment as follows: depression scores from 79% at intake to 16% at last survey, p < .001; anxiety scores from 73% to 8%, p < .001; trauma symptoms from 76% to 30%, p < .001; suicidality from 53% to 11%, p < .001; binge eating from 33% to 11%, p = .01; and compensatory eating disorder behaviors from 41% to 11%, p = .074. The evidence presented indicates that EP can be a very empowering and effective adjunct to treatment for co-occurring disorders, particularly for emotional self-regulation, cognitive restructuring, and trauma processing. The data and clinical results from Avery Lane are consistent with those derived from meta-analyses, clinical trials, and experiences at other treatment centers. This body of literature demonstrates that EP is a powerful, evidence-based approach that sets the standard for effective addiction treatment.


The Premack principle was originally derived from a study of Cebus monkeys by David Premack (1925-2015), Professor of Psychology at the University of Pennsylvania. Premack observed monkeys would perform less desirable activities in order to have an opportunity to perform a more desirable activities. In other words, activities themselves may be positive reinforcers. This principle has been widely used by therapists who practice Applied Behavior Analysis. In behavioral terms, if high-probability behaviors (more desirable behaviors) are made contingent upon lower-probability behaviors (less desirable behaviors), then the lower-probability behaviors are more likely to occur. Operationally defined, more desirable behaviors are simply those behaviors that individuals spend more time doing if permitted, whereas less desirable behaviors are those that individuals spend less time doing when acting freely. The principle is a restatement of the folk wisdom of “Grandma’s rule” (i.e., “Work before play”).


This article is one of many that have come from the Comprehensive Assessment and Treatment Outcome Research (CATOR) group, which is the largest, multisite, independent evaluation service for substance use treatment effectiveness in the U.S. Abstract: “There is little disagreement in the substance use treatment literature regarding the conceptualization of substance dependence as a cyclic, chronic condition consisting of alternating episodes of treatment and subsequent relapse. Likewise, substance use treatment efforts are increasingly being contextualized within a similar disease management framework, much like that of other chronic medical conditions (diabetes, hypertension, etc.). As such, substance use treatment has generally been viewed as a process comprised of two phases. Theoretically, the incorporation of some form of lower intensity continuing care services delivered in the context of outpatient treatment after the primary treatment phase (e.g., residential) appears to be a likely requisite if all stakeholders aspire to successful long-term clinical outcomes. Thus, the overarching objective of any continuing care model should be to sustain treatment gains attained in the primary phase in an effort to ultimately prevent relapse. Given the extant treatment literature clearly supports the contention that treatment is superior to no treatment, and longer lengths of stay is associated with a variety of positive outcomes, the more prudent question appears to be not whether treatment works, but rather what are the specific programmatic elements (e.g., duration, intensity) that comprise an adequate continuing care model. Generally speaking, it appears that the duration of continuing care should extend for a minimum of 3 to 6 months. However, continuing care over a protracted period of up to 12 months appears to be essential if a reasonable expectation of robust recovery is desired. Limitations of prior work and implications for routine clinical practice are also discussed.”


Project MATCH Research Group involved an eight-year, multisite trial that was the largest and most statistically powerful clinical trial of psychotherapies ever undertaken in the U.S. One overall conclusion was that Twelve Step Facilitation Therapy, Cognitive
Behavioral Therapy, and Motivational Enhanced Interviewing produced similar drinking outcomes in which no single treatment approach was effective for all persons with alcohol problems. A promising strategy that emerged from Project MATCH involves assigning patients to alternative treatments based on specific needs and characteristics of patients. The single confirmed match is between patients with low psychiatric severity and 12-step facilitation therapy. Such patients had more abstinent days than those treated with cognitive-behavioral therapy.


Pryor, K. (1984). *Don’t shoot the dog: The new art of teaching and training*. New York, NY: Simon and Schuster. [A paperback version of this book was also published in 2006.] Karen Pryor, who is one of the early proponents of clicker training and the use of operant principles to train dolphins, provides an insightful and practical discussion of operant techniques and schedules of reinforcement that are used by professional dog trainers as well as by psychologists treating behavioral problems.


Quay, H. C. (1993). The psychobiology of undersocialized aggressive conduct disorder: A theoretical perspective. *Development and Psychopathology, 5*, 165–180. Herbert Quay discusses how an imbalance between the behavioral inhibition system (BIS) and the reward system (RS) may make negative feelings (i.e., fear and anxiety) produced by the BIS less apparent, while making the positive feelings (i.e., euphoria) produced by the RS more prominent in individuals with antisocial personality disorder.

Radhakrishnan, R., Ranganathan, M., & D’Souza, D. C. (2019, May 7). Medical marijuana: What physicians need to know. *Journal of Clinical Psychiatry, 80*(5), pii: 18ac12537. https://doi: 10.4088/JCP.18ac12537. Rajiv Radhakrishnan, MBBS, MD, Department of Psychiatry, Yale University School of Medicine, and colleagues found that schizophrenia or bipolar disorder developed in 47% of patients who became psychotic on cannabis over the next four years. This incidence was the highest incidence of conversion after initial psychosis following use of various
substances; the second highest was with amphetamine (32%). More patients converted to schizophrenia than bipolar disorder.


Rare. (2015, April 2). *The elephant, the rider, and the path: A tale of behavior change* [Video]. YouTube. [https://www.youtube.com/watch?v=X9KP8uiGZTs](https://www.youtube.com/watch?v=X9KP8uiGZTs)

This animated video illustrates the behavior change process using social psychologist Jonathan Haidt’s analogy of an elephant, a rider, and a path. Whereas a commonly held belief is that human behavior is the result of rational decision making based on available information, a closer look into the science of behavior reveals the powerful role our emotions play in our decision making process.


**Keywords:** Liability, malpractice, risk management, suicide

William H. Reid, M.D., PPH and Skip Simpson provide practical tips for helping patients, decreasing the chance of lawsuits, and increasing the likelihood of winning if a practitioner is sued. Reid and Simpson emphasize that suicide is by far the most common factor leading to psychiatric malpractice lawsuits. Recognizing and managing risk, not “predicting suicide,” is the relevant concern. There are specific measures that are effective in reducing risk and keeping the clinician within the standard of care.


Deborah A. Reid, Jacqueline Seitz, Sally Friedman, Anita R. Marton, Christine Khaikin, Gabrielle de la Guéronnière provide an explanation of how federal confidentiality law and regulations protect the privacy of substance use disorder (SUD) patient records by prohibiting unauthorized disclosures of patient records except in limited circumstances. There is also discussion of differences between 42 CFR Part 2 and HIPAA.

Brian Resnick discusses some of the most common etiological factors involved with pain (e.g., catastrophizing, central sensitization, “kinesthetic hallucination”). He discusses some of the most common cognitive behavioral therapy tools that psychologists use in helping people manage pain. Some of these tools include reducing catastrophic thinking, using somatic tracking exercises, pain processing therapy, encouraging physical exercise, and so forth.

Monica Richardson interviews California clinical social worker, Jack Trimpey, LCSW, who was the founder of Rational Recovery. In 1983, his wife Lois asked Jack to choose between his long-standing alcohol addiction and remaining in the Trimpey family. Although his first reaction was anger, Jack grudgingly accepted her terms and they soon decided to create Rational Recovery, an alternative to 12-step recovery.


Using the Brown–Silverman drug pricing model to link marijuana price and weight, the authors were able to infer the distribution of grams of marijuana in a joint and provide a Bayesian posterior distribution for the mean weight of marijuana in a joint. The authors conclude that the average weight of marijuana in a joint is estimated to be 0.32 gram (95% Bayesian posterior interval: 0.30–0.35).


Franciscan priest Richard Rohr observes that we want to attach to something that will never let us down, something all-powerful, all-nurturing, truly liberating. With any
addiction we need more and more of it because each time we experience the emptiness afterward. It’s never enough to fill the God-sized hole inside of us.


According to Franciscan priest Richard Rohr, “Full sobriety is not just to stop drinking, but to become a spiritually awakened person who has found some degree of detachment from your own narcissistic emotional responses (p. 1).


British epidemiologist Geoffrey Rose (1981) was the first person to describe a phenomenon that he termed the *prevention paradox*. Rose observed the seemingly contradictory situation in which the majority of cases of a disease occur in people who are at low or moderate risk of a disease, whereas only a minority of cases of the same disease occur in high risk segments of a population. This statistical phenomenon occurs because the number of people at high risk is small, whereas the number of people at lower risk is large. In the field of substance use disorders, the implication is that greater societal benefit will occur by achieving a small reduction in substance abuse within a far larger group of “at-risk” users with less serious problems than by trying to reduce problems among a smaller number of substance dependent drinkers. The reasoning is statistical. For example, most alcohol problems are found among substance abusers rather than substance dependent people.


*Keywords*: Virtual Reality (VR), Posttraumatic Stress Disorder (PTSD)

Barbara Rothbaum, Ph.D., who at the time of her early research was affiliated with the College of Computing, Georgia Institute of Technology, is sometimes cited as the researcher who first demonstrated the use of virtual reality to treat a psychological condition (fear of heights). She and her colleagues studied the efficacy of computer-generated (virtual reality) graded exposure in the treatment of acrophobia (fear of
In this landmark study, 20 college students with acrophobia were randomly assigned to virtual reality graded exposure treatment (N = 12) or to a waiting-list comparison group (N = 8). Seventeen students completed the study. Sessions were conducted individually over 8 weeks. Outcome was assessed by using measures of anxiety, avoidance, attitudes, and distress associated with exposure to heights before and after treatment. Significant differences between the students who completed the virtual reality treatment (N = 10) and those on the waiting list (N = 7) were found on all measures. The treatment group was described as significantly improved after 8 weeks, but the comparison group was unchanged.


Keywords: Military, Virtual Reality (VR), Posttraumatic Stress Disorder (PTSD), Trauma

The authors examined the effectiveness of virtual reality exposure augmented with D-cycloserine or alprazolam, compared with placebo, in reducing posttraumatic stress disorder (PTSD) due to military trauma. After an introductory session, five sessions of virtual reality exposure were augmented with D-cycloserine (50 mg) or alprazolam (0.25 mg) in a double-blind, placebo-controlled randomized clinical trial for 156 Iraq and Afghanistan war veterans with PTSD. The authors found that PTSD symptoms significantly improved from pre- to posttreatment across all conditions and were maintained at 3, 6, and 12 months. There were no overall differences in symptoms between D-cycloserine and placebo at any time. Alprazolam and placebo differed significantly on the Clinician-Administered PTSD Scale score at posttreatment and PTSD diagnosis at 3 months posttreatment; the alprazolam group showed a higher rate of PTSD (82.8%) than the placebo group (47.8%). Between-session extinction learning was a treatment-specific enhancer of outcome for the D-cycloserine group only. At posttreatment, the D-cycloserine group had the lowest cortisol reactivity and smallest startle response during virtual reality scenes.


David Sack, M.D. explains how, when addicts get clean, their family and friends may sometimes sabotage their recovery.


Keywords: Gaming disorder


Destin Sandlin, a part-time engineer and creator of the educational science website Smarter Every Day, learned how to ride a bike as a child. Many years later, one of his welder friends threw a major wrench in Sandlin’s cycling game by tweaking a bike’s handlebar/front wheel correspondence. Sandlin reported that it took him eight months of daily practice to master his brain’s cognitive bias as to the expected operation of the “backwards bicycle.” His observations him to conclude that knowledge is not the same thing as understanding. He knew how to ride a normal bike, but had no real grasp of the complex algorithm that kept him upright, a simultaneous ballet of balance, downward force, gyroscopic procession, and navigation. After he became accustomed to riding the backwards bicycle, he attempted to ride a regular bicycle and had great difficulty until he re-acquired the old skill much faster than he had taken to learn the backwards bicycle. Interestingly, Sandler’s 6-year-old son, who’d been riding a bike for half his young life, mastered the backwards bike in just two weeks. Children’s brain’s possess much more neuroplasticity than those of adults, whose seniority means habits and biases are that much more ingrained. As an epilogue, it should be mentioned that Sandlin had bribed his son with a trip to Australia to meet an astronaut.


Schaberg, W. H. (2019, November 5). *Writing the Big Book: The creation of AA*. Las Vegas, NV: Central Recovery Press. William Schaberg documents that Chapters 5 and 6 of the Big Book of Alcoholics Anonymous were the last chapters written by Bill Wilson. Therefore, the chapters as written were in this order: 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 5, and 6. In Big Book study groups, someone may ask, “Where does Step 2 begin and end in the Big Book?” The question isn’t easily answered, because the steps did not exist when the first four chapters were written.

Schachter, S., & Singer, J. (1962). Cognitive, social, and physiological determinants of emotional state. *Psychological Review, 69*(5), 379–399. [https://doi.org/10.1037/h0046234](https://doi.org/10.1037/h0046234) Stanley Schachter, Ph.D. and Jerome Singer, Ph.D. conducted one of the landmark studies in psychology. Abstract: It is suggested that emotional states may be considered a function of a state of physiological arousal and of a cognition appropriate to this state of arousal. From this follows these propositions: (a) Given a state of physiological arousal for which an individual has no immediate explanation, he will label this state and describe his feelings in terms of the cognitions available to him… . (b) Given a state of physiological arousal for which an individual has a completely appropriate explanation, no evaluative needs will arise and the individual is unlikely to label his feelings in terms of the alternative cognitions available. (c) Given the same cognitive circumstances, the individual will react emotionally or describe his feelings as emotions only to the extent that he experiences a state of physiological arousal. An experiment is described which, together with the results of other studies, supports these propositions.”

Schedules of Controlled Substances, 21 C.F.R. § 1308, 1312 (1999, July 2) [Volume 64, Number 127](https://www.federalregister.gov/documents/1999/07/02/21-cfr-sections-1308-1312-

Thomas Scheff, Ph.D., Professor Emeritus of Sociology at the University of California Santa Barbara, makes this observation, “In modernity, “shame is the most obstructed and hidden emotion, and therefore the most destructive. Emotions are like breathing—they cause trouble only when obstructed.”


Shankar Vedantam, journalist and science correspondent for NPR, narrates a podcast describing the history of operant conditioning, including brief excerpts from interviews with animal behavioral trainer and clicker trainer, Karen Pryor, and voice-recordings from Harvard Psychology Professor and behaviorist, B. F. Skinner. The podcast also includes an interview with Border collie enthusiast and orthopedic surgeon Martin Levy, M.D. on how he uses operant conditioning with the clicker to teach Frisbee throwing and surgical techniques to incoming surgical residents at a teaching hospital in New York.


Joseph A. (“Joe”) Schwarcz, Ph.D. is the director of McGill University’s Office for Science and Society.


Alcohol Research & Health is NIAAA’s quarterly, peer-reviewed scientific journal, which was formerly Alcohol Health & Research World. In this article, Denise M. Scott, Ph.D., and Robert E. Taylor, M.D., Ph.D. report the effects of alcohol metabolism, which involves two key enzymes—alcohol dehydrogenase (ADH) and aldehyde dehydrogenase (ALDH). There are several types of ADH and ALDH, each of which may exist in several variants (i.e., isoforms) that differ in their ability to break down alcohol and its toxic metabolite acetaldehyde. The isoforms are encoded by different gene variants (i.e., alleles) whose distribution among ethnic groups differs. One variant of ADH is ADH1B,
which is encoded by several alleles. An allele called $ADH1B*3$ is unique to people of African descent and certain Native American tribes. This allele is associated with more rapid breakdown of alcohol, leading to a transient accumulation of acetaldehyde. African Americans carrying this allele are less likely to have a family history of alcoholism and experience a less rewarding subjective response to alcohol. Moreover, children of mothers with this allele are less vulnerable to alcohol-related birth defects. The enzyme ALDH1 also is encoded by several alleles. Two of these alleles that are found in African Americans—$ALDH1A1*2$ and $ALDH1A1*3$—may be associated with a reduced risk of alcoholism.


*Keywords*: Self-care, self care

This popular book provides some inspiring stories of Positive Psychology in action, including how the U.S. Army is now trained in emotional resilience; how innovative schools can educate for fulfillment in life and not just for workplace success; and how corporations can improve performance at the same time as they raise employee well-being. With interactive exercises to help readers explore their own attitudes and aims. Here is an example of a typical positive psychology exercise that has been around for many years: “Every night for the next week, set aside ten minutes before you go to sleep. Write down three things that went well today and why they went well” (Seligman, 2011, p. 33).


On-Demand Publishing, LLC, doing business as CreateSpace, is a self-publishing service owned by Amazon. The company was founded in 2000 in Charleston, South Carolina as BookSurge and was acquired by Amazon in 2005. The headquarters of CreateSpace is Scotts Valley, California. Originally published in the 1920s, *Children of the Second Birth* is filled with stories of men and women who had their lives changed by turning to God.
The book contains stories of people who, under the guidance of Rev. Shoemaker, utilized the Oxford Group principles and found miracles. These men and women came from the depths of desperation and despair to places of happiness and joy. The touching journeys that they went through gave others the hope that they too could have a new life filled with peace and serenity. The book has implications for contemporary people, who can achieve the same results as the people mentioned in this book did a century ago. The editor of this book is Carl “Tuchy” Palmieri, the author of a series of self-help books.


John David Sinclair, Ph.D. is the originator of The Sinclair Method (TSM) of treatment. The Sinclair Method (TSM) is a treatment for alcohol addiction that uses a technique called pharmacological extinction—the use of an opiate blocker, such as naltrexone, to turn habit-forming behaviors into habit erasing behaviors. The effect can result in a person’s craving for alcohol returning to its pre-addiction state. Proponents of TSM claim that TSM is equally effective with or without therapy, so patients can choose whether or not to combine TSM with therapy. Extinction usually occurs within 3-4 months. About one quarter of those on TSM become 100% abstinent. Those who continue to drink will have to take their medication prior to drinking for as long as they continue to drink. The method has been reported to be successful in the “developing world” where traditional rehabilitation facilities are often unavailable.


Shel Silverstein’s children’s book is wonderful allegory that with pictures and a few sentences shares the universal truth true love does not complete us, even though at first it might appear to do that, but instead it lets us grow and become more fully ourselves.


As of announcement by the American Psychological Association on January 18, 2022, the *Journal of Abnormal Psychology* is now the *Journal of Psychopathology and Clinical Science*.

Solomon and Corbit speculated that neurochemical processes may desensitize overstimulated hedonic pathways in the brain, which may prevent persistently high levels of intense positive or negative feelings.

Soucy, D. R. (2009, August 29). *Joe and Charlie Big Book study: Fourth step inventory guide*. Drayton Valley, Alberta, Canada: Upper Room Communications. Available at [https://www.upperroomcomm.com/bbsguide/](https://www.upperroomcomm.com/bbsguide/). Don Soucy has compiled a downloadable 13-page 4th Step Guide that includes a review of Resentments, Our Sex Conduct, Fears, and Harms Other Than Sexual. Page 12 (or, in some versions, page 13) includes a 2-column Daily Inventory of Personality Characteristics of Self-Will and Personality Characteristics of God’s Will ([https://www.upperroomcomm.com/bbsguide/Page%2012.pdf](https://www.upperroomcomm.com/bbsguide/Page%2012.pdf)). In June 2003, Upper Room Communications was granted exclusive rights to record the Red Deer 2003 Big Book Study featuring world renowned AA speakers Joe and Charlie sharing their unique presentation of the first 164 pages of the *Big Book of Alcoholics Anonymous*. Because Joe and Charlie had presented what was called the “Final” Big Book Study four years earlier in 1999, their 2003 presentation was titled “Red Deer Big Book Study Revisited 2003 by Charlie & Joe.” While Joe and Charlie were their usual enlightening and entertaining selves, what was different from the previous four recordings (1992, 1995, 1997, & 1999) was the technology Upper Room Communications had progressed to the ability to record digitally and to produce compact discs copies on the spot. Although extremely simple compared to subsequent technology, Upper Room Communications was able to capture every nuance and subtlety of Joe and Charlie’s AA message with crystal clarity.


 Douglas H. Sprenkle, Sean D. Davis, and Jay L. Lebow discuss four common factors that they say are a foundation for effective couple and family therapy: relational thinking, disrupting patterns, expanding direct treatment, and expanding the alliance.


Psychiatrist Cornel N. Stanciu, M.D., M.R.C.P., provides a brief summary, supported by citations from peer-reviewed publications, of some of the effects of cannabis:

Consumption of cannabis during pregnancy results in cannabinoid placental crossing and accumulation in the fetal brain, and other organs, where it interferes with neurodevelopment and the endocannabinoid system. Use during the postnatal period can also lead to secretion in breast milk for extended periods (up to a week) after last use. From retrospective studies, cannabis ingestion has been associated with anemia in the mothers as well as low birth weights, greater risk of preterm and stillbirths, as well as increased need for neonatal intensive care unit admissions. Although there is no phenotypic syndrome and no overt birth defects, a review of two longitudinal studies indicates the majority of the teratogenicity translates later in life, beyond the infant developmental stage. Children born to mothers who used during pregnancy have higher rates of impulsivity, delinquency, learning and memory impairment, as well as executive function deficits. There is also an increased association with psychosis proneness during middle childhood. Dr. Stanciu points out that in 2018, the American College of Obstetricians and Gynecologists (ACOG) released guidelines advising physicians to screen for cannabis use in pregnant and breastfeeding women and encourage them to quit.


As a source of antisocial behavior, alcohol is implicated in nearly 88% of knife stabbings, 70% of fatal car accidents, 65% of murders, 65% of spouse battering, 60% of burglaries, 55% of violent child abuse, and at least 30% of suicide.


or alcoholism in combination with sleep, sleep initiation and maintenance disorders, or sleep apnea syndromes. The search produced over 440 citations, of which Stein and Friedmann reviewed 107 relevant articles, of which 60 included quantitative measures of both alcohol use and sleep. Behavioral studies suggest that up to 2 to 3 standard drinks before bedtime initially promotes sleep, although these effects diminish in as few as 3 days of continued use.

Los Angeles author Jay Stinnett marked the 100th anniversary of Frank Buchman’s Spiritual Awakening, which directly linked him to the cofounders of AA, by providing a description of Rev. Buchman’s experience: “During a trip to recuperate in Europe, he exhausted the funds his father gave him and existed on the kindness of his family and the generosity of acquaintances. Tired and dejected he went to an Evangelical Conference in Keswick, England, hoping to connect with F. B. Meyer, a famous minister he knew, for spiritual help. Meyer was not in attendance at the conference, which to Buchman seemed like another plan gone awry. It was on July 27, 1908, thirty year-old Frank Buchman, a Pennsylvanian Lutheran Minister, walked into an afternoon service with 17 other people to hear Jessie Penn Lewis preach on the cross of Christ. And then it happened. As Buchman sat in that Chapel, “There was a moment of spiritual peak of what God could do for me. I was made a new man. My hatred was gone…I knew I had to write six letters to those men I hated” (Stinnett, 2008, p. 1). Those six letters, which marked a spiritual transformation in Rev. Buchman, eventually led to the formation of the Oxford Groups and to the birth of Alcoholics Anonymous. The concept of “making amends” was eventually codified into Steps 8 and 9 of Alcoholics Anonymous.


This link is no longer active and has been replaced by SAMHSA’s evidence-based practice resource center, which is available at https://www.samhsa.gov/ebp-resource-center.


The Drug Abuse Warning Network (DAWN) was a public health surveillance system that monitored drug-related hospital emergency department visits in order to report on the impact of drug use, misuse, and abuse in metropolitan areas and across the nation. DAWN was discontinued in 2011, but SAMHSA has subsequently developed other sources of data on drug-related emergency visits.


SAMHSA’s Evidence-Based Practices Resource Center aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.


This link provides hundreds of SAMHSA’s evidence-based resources.


Keywords: Shame, guilt, happiness

Randy Taran is founder of the Happiness Project. The forward in this book was written by His Holiness the Dalai Lama.


*Keywords*: Alcohol use disorder, borderline personality disorder
Juliann Tea, MD, Benjamin Li, MD present a case that spans four years and highlights the importance of behavior shaping and personality trait management to achieve stability.


Also titled *The Fourth and Fifth Steps*, this 20 page document is used at the Atlanta Men’s Workshop, known “A Semi-Annual Booster Shot for Men in Recovery since 1982.” In the words of one participant: “I went to my first Rock at 28 days sober and have never missed one since then...76 in all...so far” (Bill S., Roswell GA). In contrast to the “4 column” method of doing the Fourth Step, page 5 contains a “5 column” method that includes this question, “Which of the above character defects caused me to do what I did, or cause me to want to hold on to the old resentment, even though I may have done nothing to cause it?”


The Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, more commonly known as the Controlled Substances Act, was passed by the 91st United States Congress as Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and signed into law by President Richard Nixon. The federal law became effective on May 1, 1971. The goal of the Controlled Substances Act is to improve the manufacturing, importation and exportation, distribution, and dispensing of controlled substances.

The focus is of the article is on treating patients who are at risk of being perceived as “less than likeable, disruptive, and uncooperative.”


Reprint of article only available at this link:  
https://www.aagrapevine.org/magazine/1948/may/non-alcoholic-wives-form-aa-auxiliary

http://www.psychiatrictimes.com/sites/default/files/legacy/mm/digital/media/psy1118_ezine.pdf  
Thibaut’s article is available at http://www.psychiatrictimes.com/special-reports/gender-differences-addiction-clinical-implications


Christine Timko, Ph.D., Ruth Cronkite, Ph.D., Lee Ann Kaskutas, Ph.D., Alexandre Laudet, Ph.D., Jeffrey Roth, M.D., and Rudolf H. Moos, Ph.D. provide one of the few empirical studies on Al-Anon Family Groups (Al-Anon). Although Al-Anon is the most widely used form of help by people concerned about another person’s drinking, conducting research on 12-step groups is challenging because of anonymity. Abstract: Empirical knowledge is lacking about Al-Anon Family Groups (Al-Anon), the most widely used form of help by people concerned about another’s drinking, partly because conducting research on 12-step groups is challenging. Our purpose was to describe a new method of obtaining survey data from 12-step group attendees and to examine influences on initial Al-Anon attendance and attendees’ recent life contexts and functioning. Al-Anon’s World Service Office sent a mailing to a random sample of groups, which subsequently yielded surveys from newcomers (n = 359) and stable members (n = 264). Reasons for groups’ nonparticipation included having infrequent newcomers and the study being seen as either contrary to the 12 Traditions or too uncomfortable for newcomers. Main concerns prompting initial Al-Anon attendance were problems with
overall quality of life and with the Al-Anon trigger (a significant drinking individual), and being stressed and angry. Goals for Al-Anon attendance were related to the following concerns: better quality of life, fewer trigger-related problems, and less stress. Members reported better functioning in some of these domains (quality of life, relationship with the trigger) but did not differ from newcomers on physical and psychological health.

Newcomers were more likely to have recently drunk alcohol and to have obtained treatment for their own substance misuse problems. This method of collecting data from 12-step group attendees yielded valid data and also was seen by many in Al-Anon as consistent with the Traditions. Both newcomers and members had aimed to improve their overall quality of life and well-being through Al-Anon, and, indeed, members were more satisfied with their quality of life than were newcomers.


Christine Timko, Ph.D. is affiliated with the Center for Innovation to Implementation, VA Health Care System, Menlo Park, California. Timko and colleagues studied social processes of support, goal direction, provision of role models, and involvement in rewarding activities to explain benefits of participating in Al-Anon, a 12-step mutual-help program for people concerned about another person’s drinking. Newcomers to Al-Anon were studied at baseline and 6 months later, at which time they were identified as having either sustained attendance or dropped out. Among both newcomers and established Al-Anon members (“old-timers”), Timko and colleagues used the number of Al-Anon meetings attended [i.e., as opposed to meeting attendance combined with working the steps with a sponsor] during follow-up to indicate the extent of participation. Social processes significantly mediated newcomers’ sustained attendance status versus dropped out and outcomes of Al-Anon in the areas of life context (e.g., better quality of life, better able to handle problems due to the drinker), improved positive symptoms (e.g., higher self-esteem, more hopeful), and decreased negative symptoms (e.g., less abuse, less depressed). Social processes also significantly mediated newcomers’ number of meetings attended and outcomes. However, among old-timers, Al-Anon attendance was not associated with outcomes, so the potential mediating role of social processes could not be examined, but social processes were associated with outcomes. The findings add to the growing body of work identifying mechanisms by which 12-step groups are effective, by showing that bonding, goal direction, access to peers in recovery, and rewarding pursuits help to explain associations between sustained Al-Anon participation among newcomers and improvements on key concerns of Al-Anon attendees. Al-Anon is free of charge and widely available, making it a potentially cost-effective public health resource for help alleviating negative consequences of concern about another’s addiction.

Tippett, P. (2020, April 7). Saving your health, one mask at a time [Post]. LinkedIn. https://www.linkedin.com/pulse/saving-your-health-one-mask-time-peter-tippett-md-
Peter Tippett, M.D., Ph.D. is an Internal Medicine-certified, Emergency Room physician with a Ph.D. in Biochemistry. Dr. Tippett explains how personal protection from a virus like SARS-CoV-2 (the formal name of the virus that causes COVID-19) works, how any given measure individually lowers risk, how various countermeasures work together, and how some simple guidelines can offer protection.


Moderate levels in the 1 to 2 daily drink range to hippocampal atrophy.


Based in part on the Jack Trimpey’s Addictive Voice Recovery Technique® (AVRT), this book is known as “the small book” of Rational Recovery.


*and what that means for the rest of us

Jean Twenge, Ph.D., Professor of Psychology at San Diego State University, describes how the internet generation (iGen) suffers from far higher rates of anxiety, depression, and suicide than did Millennials at the same age. Professor Twenge argues that smartphones are the most likely cause behind the sudden increases in mental health concerns among teens after 2012. For example, teens who spend three
hours a day or more on electronic devices are 35 percent more likely to have a risk factor for suicide, such as making a suicide plan. Since 2007, as teens started spending less time together and became more isolated, they also became less likely to kill one another, and more likely to kill themselves.


The authors discuss advances in neuroscience and addiction research that have help to describe the neurobiological changes that occur when a person transitions from casual or recreational substance use to a substance use disorder or addiction. Understanding both the etiology and consequences of substance use in vulnerable populations, including those whose brains are still maturing, has revealed behavioral and biological characteristics that can increase risks of addiction. The authors emphasize that these findings have implications for law- and policymakers, as the opioid epidemic increases, as more states legalize marijuana, as new products including electronic cigarettes and newly designed abused substances enter the legal and illegal markets, and as “deaths of despair” from alcohol and drug misuse continue.


research-based guide for parents, educators, and community leaders. (2nd ed.).
https://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf


https://www.cdc.gov/features/costsofdrinking/


https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/podat_1.pdf

http://www ptsd.va.gov/


Cocaine or methamphetamine abuse leads to more rapid and severe consequences in adolescents that it does in adults. Average time from first use to addiction is 1.5 years in adolescents compared to 4 years in adults.

Teens who use e-cigarettes or other noncigarette tobacco products are more likely than their peers to start smoking conventional cigarettes within one year. Watkins et al. surveyed more than 10,000 U.S. teens, ages 12 to 17, about their use of e-cigarettes, hookahs, chewing tobacco, and other tobacco products. At the start of the study, none of the teens had ever smoked a conventional cigarette. When the researchers followed up after one year, 4.6 percent of the teens overall had gone on to try a cigarette. Among those who had used e-cigarettes or other tobacco products at the beginning of the study, 18 to 19 percent had tried a conventional cigarette.


Based on more than 20 years of research, William White tells the of America’s personal and institutional responses to alcoholism and other addictions. It is the story of mutual aid
societies: the Washingtonians, the Blue Ribbon Reform Clubs, the Ollapod Club, the United Order of Ex-Boozers, the Jacoby Club, Alcoholics Anonymous, and Women for Sobriety. It is a story of addiction treatment institutions from the inebriate asylums and the Keely Institutes to Hazelden and Parkside. It is a story of evolving treatment interventions that range from water cures and mandatory sterilization to aversion therapies and methadone maintenance.


In this pamphlet, Terence Williams, M.A. encourages people to look at their own drinking habits to decide if they are crossing the very thin line between social drinking and alcoholism.


Wilson, B. (1967). *The Vitamin B-3 therapy: The first communication to AA’s physician*.

Wilson, B. (1968). *The Vitamin B-3 therapy: A second communication to AA’s physicians*.


Bill W. was AA Grapevine’s most prolific contributor, having written more than 150 articles, from his first in June 1944 to his last in December 1970. An enthusiastic advocate, he also served for many years as a consulting editor of *Grapevine*, which started as an eight-page local newsletter and became the principal journal of the Fellowship. In more than 150 articles, written over a span of twenty-six years, Bill Wilson documented the painstaking process of trial and error that resulted in AA’s spiritual principles of recovery, unity, and service, articulating along the way his vision of what the Fellowship could become.


When an alcoholic’s spouse is active in Al-Anon, the alcoholic is active in AA, the alcoholic is more likely to be abstinent, marital happiness is more likely to be increased, and parenting by both is more likely to improve.


The purposes of this study was to examine whether bipolar disorder patients who stop cannabis use during a manic/mixed episode have better clinical and functional outcomes than continued use or never use. The three cannabis use groups were (1) current use (between 12-week and 24-month visits), (2) no current but previous use (during first 12 weeks), and (3) never use. Of 1,922 patients analyzed, 6.9% were current users, 4.6% previous users, and 88.5% never users. Previous users had highest rates of remission (68.1%) and recovery (38.7%), and lowest rates of recurrence (42.1%) and relapse (29.8%). Previous users had similar outcomes to never users, whereas current users had lower recovery, lower remission, higher recurrence, greater work impairment, and were more likely not to be living with partner than never users. The authors concluded that bipolar patients who stop using cannabis during manic/mixed episode have similar clinical and functional outcomes to never users, while continued use is associated with higher risk of recurrence and poorer functioning.
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