

**Addictions Class Resource List**  
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**Bibliography**  
Updated September 1, 2020

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. 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).

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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.

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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.

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Key words: 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.

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of relapse, as well as a higher severity of positive symptoms and a greater decline in overall functioning. Abstinence reduces the relapse risk.

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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].

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Key words: 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.

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

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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.

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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.”

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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).
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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.
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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).

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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](#).

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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.
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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.

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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.

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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.

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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.
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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.

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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).

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Jackson et al. analyzed data obtained from 13,626 adults ( $\geq 20$  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).

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William James (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).

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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 Janseen 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.

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Key words: Zoom fatigue

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

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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.

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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.
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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.

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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.

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National Institute on Drug Abuse (2019, April). What is kratom? *National Institute on drug Abuse*. <https://www.drugabuse.gov/publications/drugfacts/kratom>  
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- $\alpha$ -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.

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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.
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[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;  $n = 296$ ).

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**Note: This book is not required, but this edition or any of its previous editions will make the required Case Study/Treatment Plan easier to complete.**

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Key words: 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.
- Pope, K. S., & Vasquez, M. J. T. (2016). *Ethics in psychotherapy and counseling: A practical guide* (5th ed.). New York, NY: John Wiley & Sons.  
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>
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- 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”).

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Proctor, S. L., & Herschman, P. L. (2014). The continuing care model of substance use treatment: What works, and when is “enough,” “enough?” *Psychiatry Journal*, 2014, 692423. Published online 2014 Mar 27. 10.1155/2014/692423  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4007701/#B35>

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 (1997). Matching alcoholism treatments to client heterogeneity: Project MATCH posttreatment drinking outcomes. *Journal of Studies on Alcohol*, 58(1) 7-29.

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.

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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 by Bantam Books 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.

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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. 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.

Randall, C. L., Roberts, J. S., Del Boca, F. K., Carroll, K. M., Connors, G. J., & Martson, M. E. (1999). Telescoping of landmark events associated with drinking: A general comparison. *Journal of Studies of Alcohol, 60*, 252-260.

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Reid, D. A., Seitz, J., Friedman, S., Marton, A. R., Khaikin, C., & de la Guéronnière, G. (2020, April). Fundamentals of 42 CFR Part 2. *Legal Action Center*. <https://www.lac.org/resource/the-fundamentals-of-42-cfr-part-2>  
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.

Reilly, P. M., Shopshire, M. S., Durazzo, T. C., & Campbell, T. A. (2002). *Anger management for substance abuse and mental health clients: Participant workbook*. HHS Pub. No. (SMA) 12-4210. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. Available at <https://store.samhsa.gov/system/files/sma12-4210.pdf>

Resnick, B. (2018, August 16). 100 million Americans have chronic pain. Very few use one of the best tools to treat it. <https://getpocket.com/explore/item/100-million-americans-have-chronic-pain-very-few-use-one-of-the-best-tools-to-treat-it>  
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.

Richardson, M., & Trimpey, J. (2011). *Jack Trimpey on Rational Recovery. Interview with Jack Trimpey with Monica Richardson* [Audio Podcast]. <https://player.fm/series/safe-recovery/jack-trimpey-on-rational-recovery>

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.

Richmont Graduate University. (2020). *CED 6833: Addictions counseling: An integrative approach to assessment and treatment*. Atlanta, GA: William F. Doverspike. <https://ecams.richmont.edu/>

Ridgeway, G., & Kilmer, B. (2016, August). Bayesian inference for the distribution of grams of marijuana in a joint. *Drug and Alcohol Dependence, 165*, 175-180.

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).

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Robbins, T. W., & Everitt, B. J. (1 May 1996, May 1). Neurobehavioral mechanisms of reward and motivation. *ResearchGate, 6*(2), 228-236. [10.1016/S0959-4388\(96\)80077-8](https://doi.org/10.1016/S0959-4388(96)80077-8)

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103.

Rohr, R. (2011). *Breathing underwater: Spirituality and the twelve steps*. Cincinnati, OH: St. Anthony Messenger Press.

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.

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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).

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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.

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<http://www.recovery.org/>

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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 heights). 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.

Rothbaum, B. O., Price, M., Jovanovic, T., Norrholm, S. D., Gerardi, M., Dunlop, B., Davis, M., Bradley, B., Duncan, E. J., Rizzo, A., Ressler, K. J. (2014, June). A randomized, double-blind evaluation of D-cycloserine or alprazolam combined with virtual reality exposure therapy for posttraumatic stress disorder in Iraq and Afghanistan War veterans. *American Journal of Psychiatry*, 171(6), 640-648. 10.1176/appi.ajp.2014.13121625

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.

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Key words: Gaming disorder

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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.

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Scott, D. M., & Taylor, R. E. (2007). Health-related effects of genetic variations of alcohol-metabolizing enzymes in African Americans. *Alcohol Research and Health*, 30(1), 18-21.

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.

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Key words: 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).

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Shoemaker, S. M. (1927/2009). *Children of the second birth: What we used to be like, what happened, and what we are like now*. Republished by Carl Palmieri (Editor). Charleston, SC: BookSurge Publishing.

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.

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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.

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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.
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Alcohol Research & Health is NIAAA's quarterly, peer-reviewed scientific journal, which was formerly Alcohol Health & Research World.
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Stanciu, C. N. (2020, January 15). An overview of cannabis use in pregnancy. *Psychiatric Times*. [https://www.psychiatristimes.com/substance-use-disorder/overview-cannabis-use-pregnancy?elq\\_mid=10445&elq\\_cid=860775](https://www.psychiatristimes.com/substance-use-disorder/overview-cannabis-use-pregnancy?elq_mid=10445&elq_cid=860775)

Psychiatrist Cornel N. Stanciu, M.D., M.R.O., 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.

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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.

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Strong, B., DeVault, C., & Cohen, T. F. (2010, February 19). *The marriage and family experience: Intimate relationship in a changing society*. Belmont, CA: Cengage Learning. p. 239.

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<https://nrepp.samhsa.gov/AllPrograms.aspx>

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>.

Substance Abuse and Mental Health Administration. (2020). *SAMHSA's National registry of evidence-based programs and practices*. Rockville, MD: Author.

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

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<https://www.samhsa.gov/data/sites/default/files/DAWN2k11ED/DAWN2k11ED/DAWN2k11ED.pdf>

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.

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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.

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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. 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.

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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.

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and functional outcomes to never users, while continued use is associated with higher risk of recurrence and poorer functioning.

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