



CONTINUING EDUCATION (CE) COURSE MATERIAL
Course No. CE1504 – Therapeutic Approaches in Treatment

COURSE OBJECTIVE

To review and investigate the various methods utilized in the field of chemical dependency and co-dependency counseling. Reality Therapy, Behavior Modification, Rational-Emotive Therapy, Transactional Analysis, Re-Decision Therapy, Rogerian Client-Centered Therapy, etc., will be studied and reviewed.

COURSE MATERIAL

Three Basic Theoretical schools/family lines: DYNAMIC, BEHAVIORAL and EXISTENTIAL

DYNAMIC

BEHAVIOR IS DUE TO THE INTERPLAY OF PSYCHOLOGICAL FORCES:

Basic Needs, Wishes, Impulses (ID)

Capacity for Thinking, Feeling and Acting to express/gratify ID (EGO)

Sense of Propriety regarding the expression of ID (Superego)

Opportunity for Self-Expression or Gratification that exist (Reality)

TX: Get client to understand WHY he is ANXIOUS, and find out HOW he is coping ineffectively.

Allows the client to reflect rationally on unresolved conflicts, and creates better coping behavior. (from Freud, Jung, Adler, Redecision Therapy)

BEHAVIORAL

BEHAVIOR IS LEARNED AND SYMPTOMATIC:

Pathology results when maladaptive ways of coping with experience create bad habits. The BEHAVIOR is a symptom ... remove the symptom and effect the cure.

TX: Expose the client to new learning that will modify response patterns.

(from James, Ellis, TA, Behavior Modification, Rational Emotive Therapy, Conditioned Reflex Training, Redecision Therapy, etc.)

EXISTENTIAL

YOU ARE WHAT YOU CHOOSE TO BE; PEOPLE ARE INHERENTLY ACTIVE, AND SELF-AFFIRMING WITH ENORMOUS CAPACITY FOR POSITIVE GROWTH AND PROGRESS:

Rid oneself of pathology and exercise free-will with the goal of pursuing self-fulfillment.

TX: Guide client to health thru pursuit of self-fulfillment

Allows client to take responsibility for own actions, behavior, treatment and healing process (from May, Perls, Maslow, Rogers, Reality Therapy, Person-Centered Therapy, Redecision Therapy, Gestalt).



PSYCHOANALYSIS

Sigmund Freud: (1856-1939)

Human Nature seen from the vantage point of conflict: the mind is the expression of conflicting forces. Some are conscious, others, the more important ones, are subconscious. Humans are evolved animals with social drives. We strive for pleasure and the avoidance of pain.

Psychoanalysis permits the patient to: “know thyself”, to make rational choices instead of responding automatically, thereby enabling a person to control his fate and happiness and actualize his own potential.

Effective with some neurosis, but seldom with mental illness and rare with chemical dependency problems.

THEORY

Major function of the EGO is to protect the mind from the internal dangers of conflict. Mental health or illness depends on how well the EGO does it.

“We never get over our childhood”

Unsuccessful resolution of psychic conflicts results in neurotic illness, inhibitions, perversions, and self-defeating behavior.

Free Association freed up the secrets of the past, making the contents of the unconscious conscious.

Psychoanalytic Situation

Therapist sits behind patient, listening quietly and objectively while client speaks whatever is on his mind. Fixed format, fees, hours, and appointments. No other outside influence.

Involves a commitment to change through critical self-examination. Four times/week, 45 minutes each, for several years. Transference a key to this approach, and the analysis of it is its cornerstone, allowing patient to distinguish between fantasy and reality, past from present, and makes real the fantasies of childhood. The resolution of transference is the termination phase of treatment.

ADLERIAN PSYCHOTHERAPY

Alfred Adler (1870-1937)

Views person holistically as a creative, responsible, becoming individual, moving toward goals. One’s life style can be self-defeating due to inferiority feelings... discouraged, rather than sick) ... task is to encourage, activate social interest, and develop a new life style thru relationships, analysis and action.

Childhood need to find a place of significance in the family.

Behavior is a function of person and environment. When a person is in conflict, unable to move, the crisis is created because of the inability to move to a solution.

The unconscious is an adjective, not a noun..it is that which is not known.



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Life style is neither right nor wrong. The convictions we have are merely the spectacles through which we view ourselves in relationship to how we view life.

Not pushed by causes, heredity or environment, but move toward self-selected goals that will give a place in the world and preserve self-esteem.

Life is a dynamic striving:

“The life of a human soul is not being, but becoming”.

The non-determinist believes a person chooses the goals they want to pursue, useful or useless. The greatest value is “Gemeinschaftsgefühl” or social interest; if this is realized = mental health; if not, feelings of inferiority for self because life is hostile and person is inferior; neurosis is present (“yes-but, if only” responses)

Success is a function of the therapist’s expertness, not orientation.

THE QUESTION: If I had a magic wand that would eliminate your problem immediately, what would be different in your life?” ...”I wouldn’t have this pain”=organic; “I’d write a book” = psychogenic.

Three tasks: Society, work, and sex.

Having a social interest; we are all interdependent; must learn to relate to OTHER sex, not opposite sex.

Also spiritual: relate to the infinite and Self: relate to the I and the me.

Living demands courage, provides challenges. Courage is not an ability; it refers to the WILLINGNESS to engage in risk-taking behavior when we don’t know the consequences. We are all capable of courage, but need the willingness.

The question is whether we have the courage to live despite the knowledge of our imperfection.

Life has no Intrinsic meaning
We GIVE meaning to life, each in our own way

The meaning we give to life will determine our behavior. Optimists will take chances and not see failing as being a failure. The pessimist will refuse to be engaged with life, refuse to try, sabotage attempts and live up to their view of themselves.

Adler broke with Freud in 1911 over distinct differences, mainly about the growth model of personality rather than the sickness model.

Psychology of USE rather than POSSESSION: “HOW DOES PERSON USE HEREDITY AND ENVIRONMENT? not How does heredity shape the individual?”

When there exists a discrepancy between:



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a) the SELF and the IDEAL-SELF (that which I SHOULD be or am OBLIGED to be), inferiority results.

b) SELF-CONCEPT and ethical considerations (SHOULD speak the truth--I Lie) creates guilt and inferiority.

To Live is to feel inferior (humble); but to act as if one IS INFERIOR is to become "sick"- "pathological" (medicine) or discouraged (Adler)

LIFE TASKS: LOVE -OCCUPATION -SOCIETY

These TASKS demand solution, but it's possible to postpone by compensating in other areas. (BILL W=SEX, SOCIETY AND SECURITY)

A healthy person develops social interest and commits to TASKS of LIFE without evasion, excuse or side shows.

Proceeds with confidence + optimism = has a sense of belonging/contributing, attains the courage to be imperfect, and a "SERENE" knowledge of being accepted by others, although imperfect.

Theory: FAITH that therapist is both willing and able to help; HOPE that is instilled and encouraged to move in the direction of growth; a feeling of LOVE that therapist truly CARES.

GROUP THERAPY: is a re-experiencing of the family constellation; a cooperative educational event; a changing of faulty social values; a learning of basic mistakes; making decisions to continue the old ways or move in another direction.

GOALS:

- 1) Establish good relationship between therapist and patient (equals)
- 2) Uncover patient dynamics, life style, and goals;
- 3) Allow Interpretation and insight;
- 4) Re-orientation

Adler disliked labels: tells what a person HAS, not how he moves thru life.

Objective: To help patient help self.

ANALYTICAL PSYCHOTHERAPY

(Carl G. Jung 1875-1961)

Goal: To create a dialectical, symbolic relationship between conscious and unconscious.

The PSYCHE is a self-regulating system of purpose that leads to a life of purpose and fuller awareness.

Primary effort of LIFE: to become more conscious, to gain more awareness.

The UNCONSCIOUS RULES our life- sometimes destructive, sometimes creatively.



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BASIC INSTINCTS:

Sex, Hunger, Thirst, Aggression and INDIVIDUATION (the force that pushes us to achieve our own true self, our meaning in life, our WHOLENESS.)

Had a strong emphasis on dreams and their meanings... considered backbone of analysis...unlocked the "COLLECTIVE UNCONSCIOUS" (that level of primordial imagery in the unconscious that is common to all humanity).

Theory of Personality:

EGO: the sum total of a person's thoughts, feelings, ideas, memories, and perceptions.

PERSONAL UNCONSCIOUS: all that is repressed during development.

THE PERSONA: the flexible MASK that allows us to adapt to different tasks.

THE SHADOW: our "other side" -- all that we would like NOT TO BE. What we see and don't like in others is usually a mirror of our shadow. Usually negative, but can be accepted and become a source of creativity and growth.

THE ANIMA-AMIMUS: (the Yin and Yang) the feminine and masculine in each ... the nature/nurture, creative, earthy unconscious; the driving energy, discipline, enthusiasm, spiritual part ...NOT OPPOSITE, but COMPLEMENTARY

We experience both, but cannot control either.
They serve as guides to the "other side".

SELF: the god within us ... our inherent need to experience WHOLENESS, CENTEREDNESS, and MEANING.

The GREAT MAN of the Naskapi Indian, an inner companion carried in the heart which is immortal and toward whom an attitude of TOTAL HONESTY is required.

Life's purpose is a develop a deep communication with the SELF (The Great Man) -step 11

We will come to know THE SELF at the end of our tether- when we realize that EGO adaptation is not enough- when we have to surrender to a higher authority

At Birth: the EGO and the SELF are one. The 1st half of life is spent separating them via EGO reliance; then the process reverses when the EGO attitude is discovered inadequate and insufficient. The striving for realizing the SELF begins.

This process is called INDIVIDUATION: separating oneself from the collective and the EGO and finding one's own way.

PSYCHOPATHOLOGY is not a disease, but unconscious messages that something is awry, demanding that a task be fulfilled. Our infirmities provide us with the way to meaning and wholeness.



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THEORY OF PSYCHOTHERAPY:

Jung had none. He thought it was a process of knowing SELF, a reconstruction of the personality, an EDUCATION.

The most vital aspect of the process is our encounter with one's "Inner Religion" - one's sense of the divine within one's self.

Satisfying the inherent URGE toward WHOLENESS- being what one was meant to become.

(Note: In October 1995, the National Institutes of Health reported that meditation and other relaxation techniques are often times better treatment for a variety of illnesses than is medication. They call this approach New Age or Alternative Therapy medicine. Dr. Julius Richmond of the Harvard Medical School reported that current medical treatment (drugs and surgery) is not near as effective for some illnesses as is the Alternative Medicine approach.)

PERSON-CENTERED THERAPY

(Carl Rogers 1902-1987)

Began as "Client-Centered" therapy; an approach to helping persons in conflict.

Basic Theory: "If - then " If the therapist is congruent, genuine, empathetic and has "positive regard" for the client, then the client will experience growthful change.

"Releasing of an already existing capacity in a potentially competent individual" (Ten Traits)

Individuals have, within themselves, vast resources for self-understanding and for altering their self-concepts, behavior and attitudes toward others.

Characteristics of Person-Centered Therapy approach:

1. Therapist's attitudes = therapeutic effectiveness;
2. Therapist being present and accessible and in the moment with client;
3. Focus on the client's world;
4. Change in client's manner to live fully in the now;
5. Concern with the PROCESS of change, rather than structure of personality;
6. Teachability of therapist;
7. Same principles of therapy apply to all: psychotic, neurotic, and normal;
8. Psycho-therapy is but one part of health;
9. Experience, not theory;
10. Concern with philosophical issues.

RATIONAL EMOTIVE THERAPY

(Albert Ellis, 1920-)

Highly cognitive, active-directed, homework-assigning, discipline-oriented therapy.

Personal warmth not necessary; acceptance and positive regard, but in didactic, demanding manner.



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Role-playing to induce the client to examine and change those basic value that keep them disturbed.

Teaches client rational and appropriate behavior and how to dispute irrational ideas and behaviors (Cognitive behavior).

Preferences are not needs.

People have a tendency to ignore reality, misuse reason, and invent demons that sabotage health and happiness. In the refusal to accept REALITY, they continue to MUSTurbate their own and others deification or devilifactor, winding up emotionally disturbed.

RET is designed to enable people to observe, understand and attack their irrational, grandiose, perfectionist SHOULD, OUGHTS, MUSTS, AND WANTS. Surrender the magic, the absolutes and damnation; change what can be, and accept (gracefully put up with) what cannot be changed.

A method of personality change to resist conforming too much and enhance one's own humanness, enjoying the here and now.

It seeks to minimize the client's self-defeating ideas and replace them with more realistic ways of viewing him/her self and life.

Similar to COGNITIVE THERAPY (Aaron Beck)

Collaborative empiricism that allows client to work with therapist in exploring dysfunctional interpretations of reality, based on patient's development of disorder.

Basic beliefs are explored and tested for accuracy and reality.

BEHAVIORAL THERAPY

Ivan Pavlov (1849 - 1936)

B.F. Skinner (1904 - 1990)

Applied: reinforcement, punishment, extinction, and stimulus control.

Stimulus-Response: Systematic desensitization and flooding to extinguish anxiety that maintains phobic disorders.

Social Learning: the client is the agent of change, recognizing that external stimuli and the cognitive process is in their control.

Cognitive Behavior Mod: It is not the experience, but the interpretation of that experience which produces psychological disturbance.

Abnormal behavior is not an illness, it is a problem of living; it is acquired; it can be unlearned in parts; it is scientific.

Most effective with phobic and obsessive disorders, sexual dysfunction and childhood disorders.



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The focus is on specific, overt behavior with a specific treatment plan and specific goals and objectives.

Conditioning is the key element, with resultant consequences for the behavior.

(Skinner trained pigeons to play table tennis, and developed the “Skinner Box” that has been used by pharmaceutical researchers to observe how drugs modify animal behavior. The idea of reward or reinforcement is central to the learning process.)

“Don’t take the first drink or fix !”

“Don’t hang around slippery places !” are behavioral challenges.

GESTALT THERAPY

(Laura & Fritz Perls 1893-1970)

(Ger: figure, form, structure, pattern: what the whole is, not how it came to be, or what it’s made up of)

Awareness is primary focus - getting to the HERE and NOW.

I and THOU = not concerned with transference ...

I AM ME, AND YOU ARE YOU. (Not I-It)

Emphasis on WHAT’S HAPPENIN’, what’s going on right now (process), not what could or should be going on (content).

Client is encouraged to be responsible for what he is doing, not why he might be doing it.

Cognitive rationale for behavior is rejected as unimportant. Causes are out.

Goal: To become aware of what a person is doing, how they are doing it, how they can change to accept and value themselves. Awareness and insight of the REAL self.

Method: To have client stand aside from themselves and their feelings, and observe the difference between what is felt NOW and what is thought to be the PROPER or EXPECTED feeling.

To see the contrast between the subjective feelings and the objective observation.

Existential Phenomenology = the focus on a person’s existence, relationships with others, the joys, tears, rewards of life as really experienced.

Problem: Avoidance of how and what the world really is; self-deception is the basis of inauthenticity and lack of choices; living that is not based on the truth of oneself in the world, leads to feelings of guilt, dread, anxiety and low self-esteem.

Gestalt Therapy: Provides method of being authentic and meaningfully responsible for oneself. By becoming aware, one can choose and organize one’s own existence meaningfully.



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Provides dialogue rather than manipulation toward some therapeutic preestablished goal of the therapist; the client must be in charge of their own growth and support. (I won't TAKE you to the meeting, but I'll tell you where one is, if what YOU want is to get and be sober)

Therapist shares own feelings, etc. (self-disclosure) rather than theory, to aid client's learning about trust and use of immediate experience to raise awareness of self.

Emphasizes difference between TALKING about what happened and EXPERIENCING what is now...

NO SHOULD or OUGHTS

TRANSACTIONAL ANALYSIS:

(Eric Berne 1910-1970 & Tom Harris)

“GAMES PEOPLE PLAY” “ I'M OKAY, YOU'RE OKAY” “ GAMES ALCOHOLICS PLAY”
(Claude Steiner)

A theory of personality using techniques to meet needs and goals of client.

Rather than ID, EGO and SUPEREGO of Freud, utilize the observable, active ego states of PARENT, CHILD and ADULT.

Basic Innate Need of all humans: Recognition (*Strokes*)

Will fulfill through:

Designing a plan (*life script*), based on one's belief about self, reinforced by social interactions (*games*) with others, creating a psychological energy force that remains FIXED until one decides to change behavior.

TA Therapist's role is to facilitate change and growth in client.

EGO STATES: Child, Adult and Parent

CHILD: the creative, intuitive, emotional, rebellious, conforming

ADULT: the realistic, logical, factual, unemotional self

PARENT: The judgmental, critical, opinionated, nurturing, protective self that has values, morals and beliefs from the family of origin.

The FREE CHILD [FP] (natural);
the ADAPTIVE CHILD [AC] (compliant or rebellious);
the CRITICAL PARENT [CP];
the NURTURING PARENT [NP]; and
the ADULT make up the Ego States of each of us.

TRANSACTIONS: Those social actions that take place when two or more persons are interacting.



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There is a STIMULUS and a RESPONSE, with 2 levels of communication and 5 or more ego states in action:

Overt and Covert=
 Social and Psychological.

“What time is it?” “9:15!”

Adult-adult, or Parent-Child, depending on GAME being played.

WE WILL GET STROKES - one way or another: Good and Positive, or Bad and Negative .. one better than NONE.

Patterns of giving and receiving strokes are learned and unique to each family system.

PHYSICAL STROKES: holding, touching, cuddling, striking, hitting, etc.

VERBAL STROKES: words, phrases, body language.

If not POSITIVE, NEGATIVE are sought.

The child will form opinion about self, either Okay or not Okay, based on games and strokes, and reinforced by continuing messages that will determine

Life Script:

Hero or Villain; Victim or Persecutor

The amount of ENERGY in each will determine how much or how little effort is put into what role, and how effectively it enhances survival and the receipt of STROKES .

Positive and Negative for each:

Too much CP =	DICTATORIAL
Just right CP =	ASSERTIVE
Too much NP =	SMOTHERING
Just right NP =	EMPATHETIC, GROWTH
Too much FC =	IRRESPONSIBLE, OUT OF CONTROL
Just right FC=	SPONTANEOUS, CURIOUS, FUN
Too much AC=	GUILTY, DEPRESSED
Just right AC=	COMPROMISING, CONFORMING, COMPLIANT

People have the ability to review their negative childhood decisions, and thereby change their minds, personalities and life styles. Most, however, deny their own power and defend their lack of responsibility.

Client analyses and relives those decisive moments in their lives with the emotions that went with childhood decisions.



REALITY THERAPY

(Wm. Glasser)

For persons with emotional or behavioral problems requiring a “success identity”.

How to behave so as not to harm yourself?

Theory

Individuals are responsible for their own behavior.

Past events are no excuse for irresponsibility ... no matter how cruel or unusual the circumstances that led to the behavior

Focus is on the PRESENT, the NOW...
to see oneself accurately,
to face REALITY,
fulfill own needs without harming others.

Rejects theories of mental illness: most forms of mental “disturbances” are based on irresponsibility to self and society. Until acceptance of this FACT, no treatment possible.

The 3 R's of Reality Therapy:

- ❑ Reality - all patients have a common characteristic: they all deny (by their behavior) the reality of the world around them. Reality Therapy leads patients toward reality, and teaches them to deal with the aspects of their real world.
- ❑ Responsibility - the ability to fulfill one's needs and to do so in a way that does not deprive others of the ability to fulfill their needs. Reality Therapy teaches the client that only he/she is responsible for his/her own behavior.
- ❑ Right - or wrong - By the development of a therapeutic relationship, Reality Therapy guides the client toward a sense of right vs. wrong behavior.

Dr. Glasser has said "People do not act irresponsibly because they are 'ill'- they are 'ill' because they act irresponsibly."

Basic Needs

Unique identity, separate and distinct from others.

Two basic human psychological needs are: 1) the need to love and to be loved and 2) the need to feel that we are worthwhile to ourselves and to others. Helping clients fulfill these two needs is the basis of Reality Therapy.

Therapist

applies effort,
sensitivity,
common sense to GUIDE client to examine plans and behavior;
confronts irresponsibility,
leads to commitment,
accepts no excuses;
does not entertain transference:

“ I am NOT your father. I am me; but what is similar that you see?”



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Therapist becomes emotionally involved with each client - essential to Reality Therapy.

- Asks What (what are you doing?);
- not Why (all the whys in the world will not stop an alcoholic from drinking).

SUGGESTED ADDITIONAL READING

- RJ Corsini and D Wedding, *Current Psychotherapies* (1995), FE Peacock.
- W Glasser, *Reality Therapy* (1975), Harper & Row.
- D Wedding and RJ Corsini, *Case Studies in Psychotherapies* (2000), FE Peacock.

ACKNOWLEDGEMENTS

The information contained within this Course Material has been drawn from many sources, including the references cited herein, the Breining Institute *Chemical Dependency and other Addictive Disorders* "Workbook Series," the professional, academic and teaching experiences of Bernard G. Breining, Dr.AD, and research input from Breining Institute graduate students, including Elizabeth Surber Mize, MA.



CONTINUING EDUCATION (CE) EXAMINATION QUESTIONS
Course No. CE1504 – Therapeutic Approaches in Treatment

You are encouraged to refer to the Course Material when answering these questions. Choose the best answer based upon the information contained within the Course Material. Answers which are not consistent with the information provided within the Course Material will be marked incorrect. A score of 70% correct answers is required to receive Continuing Education credit. GOOD LUCK!

QUESTIONS

1. The basic theoretical schools of therapy do not include which of the following:
 - a. Dynamic.
 - b. Existential.
 - c. Symptomatic.
 - d. Behavioral.

2. Psychoanalysis involves all of the following except:
 - a. Human nature viewed from the vantage point of conflict.
 - b. A commitment to change through critical self-examination.
 - c. The resolution of transference is the termination phase of treatment.
 - d. Frequently effective with chemical dependency problems.

3. Which is not true of Adlerian psychotherapy approach:
 - a. Views person holistically as a creative, responsible individual.
 - b. Behavior is a function of person and environment.
 - c. Life style is either right or wrong.
 - d. Living demands courage and provides challenges.

4. The section on analytical psychotherapy examines all of the following except:
 - a. Id.
 - b. Ego.
 - c. Self.
 - d. The psyche.

5. Characteristics of person-centered therapy includes all of the following except:
 - a. Therapist being present and accessible and in the moment with client.
 - b. Focus on the client's world.
 - c. Psycho-therapy is the sole focus for continued health.
 - d. Concern with the process of change.

6. Rational emotive therapy can be summarized as including all of the following characteristics except:
 - a. Highly cognitive.
 - b. Personal warmth necessary.
 - c. Teaches client rational and appropriate behavior.
 - d. Designed to enable client to observe, understand and attack problems.



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7. Behavioral therapy includes all but which of the following:
 - a. Systematic desensitization and flooding to extinguish anxiety that maintains phobic disorders.
 - b. The client as the agent of change.
 - c. The experience itself produces psychological disturbance.
 - d. Abnormal behavior is not an illness, rather it is a problem of living.

8. Gestalt therapy includes all of the following except:
 - a. Emphasis on what could or should be happening.
 - b. Client is encouraged to be responsible for what he or she is doing, not why he or she is doing it.
 - c. Provides dialogue rather than manipulation toward some therapeutic preestablished goal of the therapist.
 - d. Encourages therapist use of self-disclosure.

9. Transactional Analysis examines all of the following except:
 - a. Id, Ego and Superego.
 - b. Ego states.
 - c. Transactions (social actions).
 - d. Life script.

10. The “Three R’s” of Reality Therapy include all but which of the following:
 - a. Reality.
 - b. Recidivism.
 - c. Responsibility.
 - d. Right (vs. wrong) behavior.

This is a ten-question examination. Answer Questions 1 through 10 for full CE credit in this course. Questions 11 through 21 have been omitted.



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SECTION 3.
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Answers (circle correct answer):

- | | | |
|------------|-------------|-------------|
| 1. A B C D | 8. A B C D | 15. A B C D |
| 2. A B C D | 9. A B C D | 16. A B C D |
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