

**Reflective Recovery from Addictions
Non-Degree Studies program**

Request for accrediting, establishing and starting a
program

University of Pécs
Faculty of Humanities

2012.

Educational requirement and intended learning outcomes

I. Name of the Non-Degree Studies Program:

Reflective Recovery from Addictions

II. The name of the establishing institute:

University of Pécs Faculty of Humanities

III. Educational requirement and intended learning outcomes of the non-degree studies program:

1. Name of the non-degree studies program:

Reflective Recovery Studies on Addictions

2. Name of a non-degree studies as appears on certificate:

Certificate in Reflective Recovery Studies &
Recovery Specialist Diploma

3. Field of the non-degree studies:

Social science

4. Entry requirements:

Candidates applying for admission to non-degree studies should possess degree qualification in either social science or humanities or health science.

5. Length of the study:

One year (2 semesters)

6. Credit requirements in order to receive certificate:

60 credits

7. Competencies, generic and specific knowledge, aptitude, abilities and skills with regard to the job outlook and the nature of the work in concrete settings.

Competencies to be achieved:

- Experiential learning and reflection (ability to examine knowledge and the support for it in the context of experience).
- Critical thinking (utilization of intellectual skills that effectively identify, analyze, and evaluate arguments and truth claims; discover and overcome personal prejudices and biases; formulate and present convincing reasons on support conclusion and make reasonable intelligent decision about what to believe and what to do).

- Mindfulness: (knowledge of how to learn access and use relevant new information; critique and evaluate information sources; integrate and transfer new information across situations; systematically solve problems and make informed decisions)
- Proactivity (anticipate and adjust to change; ability to look for patterns and trends from diverse perspectives; use self-development and self-promotion to capitalise on opportunities)
- Develop the habits of lifelong learning, including health-learning (empower ourselves to overcome passive dependence; capacity for learned resourcefulness; affirmation of life in relationship with oursel, nature, community and creaticity).

Generic knowledge:

- Alcohol and drug information
- Information on new recovery model, elements an phases of recovery
- Understanding of the values of recovery paradigm (person orientation, person involvement, self-determination, choice and growth potencial)
- Information on reflective thinking and practice
- Prevention, health promotion, health learning
- Mutual help and self-help
- Elements of reflective care working
- Professional ethics
- Reflective diary

Skills and the knowledge of certified enabling them to:

- Triage (screen, reflective listening, affirm the client)
- Orientate (describe to the client the general nature of the given recovery program)
- Assess (identify and evaluate an individual's strengths, weaknesses, problems and needs for the development of the recovery plan)
- Recovery planning (identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; decide of recovery methods and resources to be used)
- Reflective counseling (utilization of special skills to assist indiviuals, families or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making)
- Reflective recovery care management (bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals)
- Reflective crisis intervention (respond to an alcohol or other drug user's needs during acute emotional or physical distress)

- Reflective client education (provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources in terms of stereotypes, assumptions and cultural knowledge)
- Referral (identification of the client's needs that cannot be met by the recovery specialist or agency assisting the client to use the support systems and community resources available)
- Report and record keeping (charting the results of the assessment and recovery plan; writing reports, progress notes, discharge summaries and other client-related data)
- Recovery consultation (relating with recovery specialists in regard to client recovery services to assure comprehensive quality care for the client)
- Reflective professional growth (identify one's own needs for professional development, understanding and maximizing one's strengths, and pursuing further growth through supervision and training)

Aptitude and abilities required to practice the profession (standards of the practice):

In-depth knowledge of the principles of reflective recovery oriented system of care whose central pillars incorporate:

- Providing all drug and alcohol users with hope of recovery and the skills as well as support to help them plan for this journey.
- Creating a sense of dynamism that does not accept that clients get stuck' or that some clients are too chaotic to move forward.
- Generating reflective communities of recovery where peers are active participants in recovery journeys and who can act as icons of recovery for those starting recovery.

Recovery journeys, while the role of the professional diminishes over time.

- Ensuring that all clients in recovery - maintained or abstinent - have clear goals of participation in their local communities and families and through doing so challenge stereotypes and stigma.
- Acknowledging that recovery is seen as a complex and multi-faceted process requiring partnership that are flexible and fluid and that include not only those in recovery but also their families.
- Providing a variety of routes to recovery to enable clients to own their journeys and have real choices about whether treatment is needed and if so what that treatment means.

Nature of the work in concrete settings; job outlook:

Reflective recovery specialists working in diverse community settings designed to provide a variety of counseling, rehabilitation, and support services. Their duties vary greatly, depending on the setting in which they work and the population they serve. Although the specific setting may have an implied scope of practice, reflective recovery specialists frequently are challenged with children, adolescents, adults, or families that have multiple

issues, such as mental health disorders and addiction, disability and employment needs, school problems or career counseling needs, and trauma. Reflective recovery specialists must recognize these issues in order to provide their clients with appropriate counseling and support.

8. Fields of knowledge relevant to the studies and their respective credits:

Introductory courses, essential parts of program (fundamentals)

Introduction into the concept of reflection 3 credits (Reflective thinking and practice)

Basics of reflective addictionology 6 credits (New Recovery model, Health Promotion and Health Learning)

Basics of reflective consultation 3 credits (Consultation on keeping reflective diary I)

In all: 12 credits

Advanced level subjects

Methods of intervention in reflective addictionology 6 credits (Planning and implementing, Preparation for Reflective group work)

The process of ongoing recovery 12 credits (The detoxification and the early recovery process, Ongoing recovery I. Empathy and mentalization, Ongoing recovery II. Empowerment and recovery capital, Ongoing recovery III. Dialogue and parrhesia)

Family and community aspects of reflective recovery 6 credits (Family and network intervention of addiction, Mutual Help and Self-help programmes)

Ethical and value-based integration 6 credits (Professional ethics, Elements of Reflective care working)

Advanced consultation 8 credits (Consultation on keeping reflective diary II, Consultation on keeping reflective diary III, Consultation on keeping reflective diary)

In all: 38 credits

9. Credit of the diploma work:

10 credits

APPLICATION SHEET

1. Name and address of the applicant:
University of Pécs
2. Target:
Accreditation of a Non-Degree Studies Program
3. Name of the study:
Reflective Recovery Studies on Addictions
4. Name of the certification:
Certificate in Reflective Recovery Studies &
Recovery Specialist Diploma
5. Form of study:
Correspondence courses; students are required to pay tuition fees
6. Educational requirement and intended learning outcomes (Ministerial decree):
7. Responsible professional officer of the program:
Dr. Kelemen, Gábor
Instructors: Dr. Kelemen, Gábor
Dr. B Erdős, Márta
Dr. Csürke, József
Dr. Szöllősi, Gábor
Dr. Baráth, Árpád
Madácsy, József
Molnár, Dániel
Mándi, Nikoletta

RATIONALE FOR ESTABLISHING THE PROGRAM

I. Program rationale

Addiction problems are widespread in our society. Addiction is not just a symptom for the addicts but an organizing principle of their world. To be an addict is to live most aspects of one's existence toward the possibility of having another portion of their drug of choice. The problem is not simple using drugs but the way as they have attempted to approach life. Addiction is both a defined disease and a lifestyle, a mode of acting in the world of which the misuse of a substance is only one component.

There is a recent substantial reflective shift in drugs strategies all over the world. The new trends appear in Hungarian drug strategy as well. In contrast to the previous focus on problematic drug users which was defined as heroin and cocaine (crack) users, new strategies (especially in the UK) focus on recovery in general and on recovery capital in particular. This approach challenges the hegemony and vested interests of a narrow science and limiting clinical model (while medical interventions remain crucial). Recovery reaches beyond just treatment or criminal justice responses, it extends into housing, employment, education: all the building blocks of recovery capital to help people achieve their route out of dependency.

On the other hand criminal justice system is an important place for engaging people quickly into recovery. About 30% of treatment referrals in developed countries come through a criminal-justice route. The research shows that there is not actually a difference in outcomes between someone who is self-referred and somebody who is referred in through a criminal justice system.

Addiction recovery appears a movement for social change and personal growth.

Recovery from alcohol and drug problems now are seen within the framework of an 'addiction career'; it is likely that clients will require different services (and different therapeutic models) at different points in their recovery journeys.

A recovery agenda shifts the focus from individual pathology to long-term recovery and growth embedded within the individual, their family and community structures. It focuses on safeguarding and promoting the interests of children, young people and families affected by substance misuse; on reducing the level of alcohol and drug-related harm at a community level. The aim is to support and protect recovery journeys by building recovery communities who will support individuals to sustain their sobriety and to act as advocates of recovery in their own communities, in which peer-based recovery support promotes active participation in the local community and challenges stigma or stereotypes, so helping users to seek help and to strengthen their capabilities of recovery within their own families and communities. This is a substantial reflective shift.

The reflective shift includes developing appropriate services and support for individuals with alcohol and drug-related problems. New strategy requires a culture change so that the required recovery journey is a process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society. The strategical shift adopts an integration of human and social natural science perspectives on addiction to treatment and policy making.

Within recovery model, the role of recovery specialist is paramount. Their evidence-based neuroscientific holistic approach to delivering recovery oriented services makes effective the dramatic shift from harm reduction to the the new recovery model making abstinence and recovery the main priority. Recovery specialists are to support the clinical needs of the clients via delivery of structured psychosocial interventions and also act as care coordinators who works with the client supporting them in planning, establishing, reviewing and implementing their recovery journey. Recovery specialists are critical to helping problem drug and alcohol users become socially embedded, self-aware, citizens as it generates reflexivity that may in itself lead to more prosocial behaviour, better awareness of the conditions in which their actions are taken, and result in a greater ability to shape them.

Research shows that many of the assets available to problem drug and alcohol users – in the form of social networks, information communication technologies (such as mobile phones and online social networking), personal skills and attributes – are often overlooked. Social networks in particular can be a crucial resource as they spread the ‘contagious’ values and behaviours of well-being and hope that are integral to recovery. The recovery mapping tools applied by recovery specialists enables these assets to be more easily identified and mobilised.

Benefit of earning this certificate:

Certification of recovery specialist, endowed with their reflective abilities, can open doors to the workforce and may help a carrier promotion within the workplace. Recovery specialists can serve as advisors, counsellors to their clients.

Since recovery movement has been more and more strongly associated with the mental health discourse, with which the drug field has much in common, and with health care field as well, reflective recovery specialists might be initiators of changes of the field of mental health and health care. Reflective recovery appears a cutting edge issue of the health care system including mental health. Recovery approach seems important in the case clients with multiple disadvantages including poverty, homelessness, illiteracy, lack of skills and unemployment. The values, attitude, competency and skills of reflective recovery specialists enables them the overcome the general lack of trust between service users and providers. Their role in activating recovery capital (personal, social and community) is principal. As promoters of social entrepreneurship and social innovations they have a good chance to find jobs in the different sectors of health care and social service.

Several international trends in reflective recovery shaping Hungarian professional landscape:

It has been a critical observation of former drug strategies that too many people were on substitute prescription, what should be the first step on the recovery journey. Leading researchers and scholars involved in developing of national and international drug strategies now agree that all those on a substitute prescription should engage in recovery activity. The vision of recovery-oriented drug treatment has been becoming a reality. The new focus of active keyworking is on strengthening clients’ social networks, involving families where appropriate, facilitating access to mutual aid and establish opportunities to accrue recovery capital via work

experience placements of employment, training opportunities, volunteer work etc. The overall goal is to build a new sober life.

These tendencies have appeared in the new Hungarian drug strategy. There is a growing need for recovery specialists on one hand, but there is no training addressing these needs in Hungary for the time being.

Antecedents of the non-degree studies in previous university education and research programs

The present non-degree program plan is a result and fruit of constant research-based innovation of several previous teaching programs, particularly the clinical specification of our social work master program and the complex module on addictions of the social work bachelor program.

Antecedents in education:

There are several ongoing courses within the social work curricula on addictions which has been implementing an adaptive transformation towards the new reflective recovery model.

These courses are: addictionology; mutual-help groups of persons suffering from addiction; prevention and treatment of addiction.

II. Description of the study

1. Overall Goals and Objectives

To provide recovery specialists with competence, knowledge, skills, attitude and values on reflective recovery; enhance the effectiveness of their work with addict clients including clients with multiple disadvantages.

By the end of this training participants will be able to do the following:

- Professionally triage, orientate, assess their clients;
- Put into practice recovery planning, reflective counselling, reflective recovery care management and crises intervention;
- Implement reflective client education, referral and report or record keeping;
- Execute recovery consultation;
- They have been becoming reflective learners able to critically evaluate their learning, identify areas of their learning that require further development so that they make themselves more independent, self-caring learners.

2. Name of a non-degree study as appears on certificate:

Certificate in Reflective Recovery Studies & Recovery Specialist Diploma

3. Entry requirements:

Candidates applying for admission to non-degree studies should possess degree qualification in either social science or humanities or health science.

4. Length of the study:

One year (2 semesters)

5. Main fields of the study

5.1. Introductory courses

Reflective thinking and practice

New Recovery model

Health Promotion and Health Learning

Consultation on keeping reflective diary I

5.2. Advanced courses:

Planning and implementing

Preparation for Reflective group work

The detoxification and the early recovery process

Consultation on keeping reflective diary II

Ongoing recovery I. Empathy and mentalization

Ongoing recovery II. Empowerment and recovery capital

Family and network intervention of addiction

Consultation on keeping reflective diary III

Mutual Help and Self-help programmes

Ongoing recovery III. Dialogue and parrhesia

Professional ethics

Elements of Reflective care working

Consultation on keeping reflective diary IV

6. Monitoring of study progress

6.1. Monitoring consists of four components: practical examination, verbal or written test, preparation of the diploma work, completion of a diploma work and a final board examination.

6.2. Diploma

A summary of reflective diaries. 6000 characters (minimum).
10 credits.

7. Exemption from the study:

As regulated in the Study and Examination Regulations of University of Pécs
Faculty of Humanities.

Schedule of courses

Course	Theo/ Pract.	1. sem.	2. sem.	Credit	Fulf.	responsible instructor
Introductory courses:						
Reflective thinking and practice	10 hrs T	1/1		3	C	Csürke, József PhD
New Recovery model	10 hrs T	1/1		3	C	Prof. Kelemen, Gábor
Health Promotion and Health Learning	10 hrs T	1/1		3	C	B. Erdős, Márta PhD habil
Consultation on keeping reflective diary I	10 hrs P	1/1		3	P	Prof. Baráth, Árpád
Advanced courses:						
Planning and implementing	10 hrs T	1/2		3	C	Prof. Kelemen, Gábor
Preparation for Reflective group work	10 hrs T	1/2		3	C	Csürke, József PhD
The detoxification and the early recovery process	10 hrs T	1/2		3	C	Prof. Kelemen, Gábor
Consultation on keeping reflective diary II	10 hrs P	1/2		3	P	Szöllősi, Gábor PhD
Ongoing recovery I. Empathy and mentalization	10 hrs T		2/1	3	C	Prof. Kelemen, Gábor
Ongoing recovery II. Empowerment and recovery capital	10 hrs T		2/1	3	C	B. Erdős, Márta PhD habil
Family and network intervention of addiction	10 hrs T		2/1	3	C	Mándi, Nikoletta
Consultation on keeping reflective diary III	10 hrs P		2/1	3	P	Molnár, Dániel
Mutual Help and Self-help programmes	10 hrs T		2/2	3	C	Madácsy, József
Ongoing recovery III. Dialogue and parrhesia	10 hrs T		2/2	3	C	B. Erdős, Márta PhD habil
Professional ethics	10 hrs T		2/2	3	C	Madácsy, József
Elements of Reflective care working	10 hrs T		2/2	3	C	Prof. Kelemen, Gábor
Consultation on keeping reflective diary IV	10 hrs P		2/2	2	P	Molnár, Dániel
Diploma work:						
Diploma work (reflectives thesis)	10 hrs P			10	DW	Prof. Kelemen, Gábor

Course Descriptions

Reflective thinking and practice	<u>Credit:</u> 3	<u>Lecture</u>
<u>Number of semesters:</u> 1/1	Classroom hours: 10	Grading: term paper
<u>Course description:</u> This course focuses on the relationship between reflective thinking and democratic practice in society generally and in helping professions particularly. Reflective thinking is reflection on reflection itself. True democracy is the regime of reflective thinking. In democracy the very notion of truth and reality are questioned. Democratic societies themselves call into question their institutions. Democracy is a reflective regime because it is a deliberate regime. It implies the liberation of collective activity and passion for public affairs. Students will learn about the practice and models of reflective thinking in a structured setting and thereby to develop the appreciative capacities that, among other things, will enable them to take maximum advantage of the reflection is an active process of witnessing one's own experience in order to take a closer look at it, sometimes to direct attention to it briefly, but often to explore it in greater depth. KEY TOPICS: Introduction to reflective thinking. Reflectivity as a collective, scientific, intellectual practice Methodological reflectivity Interpretative reflectivity Meta-theoretical reflectivity Ethnomethodological reflectivity Epistemological reflectivity <u>Course Objectives:</u> Upon completion of this course the student will be able to: Explain why a need for reflective practice has emerged Identify various types of reflective practice and their roles in democratic society with respect to the helping professions Discuss and apply the regimen of reflective practice Required reading list: Schön, D.A. (1983). <i>The reflective practitioner. How Professionals think in action</i> . New York: Basic Books. Erdos, M., Kelemen, G., Csurke, J., Borst, J. (eds.) (2011). <i>Reflective recovery: Health learning in Twelve Step communities</i> . Budapest: Oriod.		

Gibbs G. (1988): *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford Further Education Unit, Oxford Polytechnic.

<http://www.learningandteaching.info/learning/reflecti.htm>

Reflection and Reflective Practice

<http://www.learningandteaching.info/learning/reflecti.htm>

Polanyi, M. (1967). *The tacit dimension*. London: Routledge

Optional:

Atherton J S (2011) *Learning and Teaching; Reflection and Reflective Practice* [On-line: UK] retrieved 7 January 2012 from

Principal instructor: Csürke, József

Instructor: Csürke, József

New Recovery Model	credit: 3	Lecture
Number of semesters: 1/1	Classroom hours: 10	Grading: term paper
<p><u>Course description:</u> This course explores the recovery model, its origins in the consumer movement, and its connection with sobriety. Mental health systems all over the world are undergoing a quiet but persistent transformation. Ex-patients and other advocates are working with mental health providers and government agencies to incorporate spirituality into mental health care. While the significance of recovery in substance abuse treatment has been acknowledged for many years due to widespread acceptance of 12-step programs, this is a new development in the treatment of serious mental disorders such as bipolar disorder and schizophrenia. This dimension of the new respect for the importance of recovery will be addressed in addition to addiction including the cases of dual diagnosis.</p> <p>KEY TOPICS: introduction to the new recovery model 12-step programmes reflective shift in recovery the role of recovery and remission in mental health sobriety and spirituality dual diagnosis care of the self</p> <p><u>Course Objectives:</u> Upon completion of this course the student will be able to: Describe the main characteristics of the new recovery model Explain the difference between the traditional and the new recovery model Discuss the relationship mental health and new recovery programs. Identify necessary resources for the design of effective recovery programs.</p>		
<p><u>Required reading list:</u> White, W. L. (2005): Recovery: Its history and renaissance as an organizing construct concerning alcohol and other drug problems. <i>Alcoholism Treatment Quarterly</i>, 23(1), 3-15. Srang, J. (2010): Recovery Oriented Drug Treatment: An Interim Report... http://www.nta.nhs.uk/uploads/rodt_an_interim_report_july_2011.pdf Larsen, E (1984): <i>Stage II Recovery: Life Beyond Addiction</i>. HarperOne, San Francisco</p> <p><u>Optional:</u> Denzin, N. (1987): <i>The Alcoholic Self</i>. Sage, Newbury Park.</p>		
<p>Principal instructor: Prof. Kelemen, Gábor PhD Instructor: Prof. Kelemen Gábor, PhD</p>		

Health promotion and health learning	credit: 3	Lecture
Number of semesters: 1/1	Classroom hours: 10	Grading: term paper

Course description:

This course introduces the student to the health promotion and health learning. Roles and responsibilities of health educators/promoters in a variety of occupational settings are described.

Health promotion is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social wellbeing, an individual or group needs to be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing. Health promotion paradigm provides people with promising health techniques. It is not the truth or whats but the hows that are at the focus of health promotion activities. However, new purification rituals concerning diet and fitness, as well as people's enthusiasm over alternative medications, reveal the deficiencies of this model.

Health learning a systemic approach in professional prevention and rehabilitation programmes, focuses on the person's activity, experiences and social relations in a community. Health learning is community-based vicarious learning. In the process of learning one acquires the health traditions of one's own group. As with social learning, it is governed by witnessing other community members' more or less adaptive and successful social conduct.

KEY TOPICS:

- Health promotion
- Health learning
- Health as resource
- Healthy lifestyles
- Prevention and rehabilitation with regard to health learning

Course Objectives:

- Upon completion of this course the student will be able to:
- Define the term of health promotion and health learning
- Explain the difference between health promotion and health learning
- Identify and describe the main areas of health learning

Required reading list:

- Antonovsky, A. (1979) *Health, Stress and Coping*. San Francisco: Jossey-Bass.
- Naidoo, J., Wills, J. (2009). *Foundations for Health Promotion* (Public Health and Health Promotion) London: Bailliere Tindall.
- The Bangkok Charter for Health Promotion in a Globalized World (2005).
http://www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf

Optional:

Kelemen Gábor, B Erdős Márta, Csürke József, Brettner Zsuzsanna, Molnár Dániel
(2012): Dialogues for Sobriety: Health Learning in the Context of Addictions – A
Hungarian Model.

Practice Practice: Social Work in Action, 24, 21-39.

Principal instructor: B. Erdős, Márta

Instructor: B. Erdős, Márta

Consultation on keeping reflective diary I	credit: 1	<u>Practicum seminar</u>
<u>Number of semesters:</u>	Classroom hours: 10	Grading: reflective term paper

Course description:

This course is a kind of reflective supervision. Some techniques are described and practiced within this course. Reflection is the examination of personal thoughts and actions. For professionals this means focusing on how they interact with their colleagues and with the environment to obtain a clearer picture of their own behaviour. It is a process by which professionals can better understand themselves in order to be able to build on existing strengths and take appropriate future action. The consultation on reflective diary helps the professional to develop his or her basic reflective skills, such as reflective listening and reframing. The course assists in evaluating the emotional states and in dealing with difficult issues. There are two fundamental forms of reflection: reflection-on-action and reflection-in-action.

Reflection-on-action involves carefully re-running in your mind events that have occurred in the past. The aim is to value your strengths and to develop different, more effective ways of acting in the future.

Reflection-in-action is the hallmark of the experienced professional. Being a participant observer in situations that offer learning opportunities; attending to what we see and feel in our current situation, focusing on your responses and making connections with previous experiences; being 'in the experience' and, at the same time, adopting a 'witness' stance as if you were outside it. Reflection-in-action is something that can be developed with practice.

KEY TOPICS:

Techniques of reflective diary
 Basic reflective skills
 Reflective supervision
 Reflection-in-action
 Reflection-on-action
 Participant observer

Course Objectives:

Upon completion of this course the student will be able to:
 engage in reflective thinking
 engage in reflection enable them to extract diverse perspectives on various issues and to interpret, reveal and form personal meaning
 cooperative and participative reflective methods

Required reading list:

Amado, G., Ambrose, A. (2001): *The Transitional Approach to Change*. Karnac, London.

Oliver, C. (2005): *Reflexive Inquiry*. Karnac, London.

Alvesson, M., Skoldberg, K. (2000): *Reflexive Methodology*. Sage. London.

Optional:

Szokolczai, Á. (2000): *Reflexive Historical Sociology*. Routledge, London.

Principal instructor: Prof. Baráth, Árpád

Instructor: Prof. Baráth, Árpád

Planning and Implementing	credit: 3	Lecture
Number of semesters:	Classroom hours: 10	Grading: term paper
<p><u>Course description:</u></p> <p>This course is an overview of the competencies necessary for being a reflective recovery specialist, and also of the concepts and skills required for carrying out effective assessment, collaboration, consultation and professionalism. Students will gain an understanding of new recovery programs in a variety of different setting through a combination of text readings, online searching and self-study. Students will gain an understanding of reflective recovery competencies and certain core concepts in the fields of new recovery programs. The purpose to increase students awareness of the knowledge and skills necessary for performing the duties of a recovery specialist. It is also designed to enhance their understanding of the content of reflective practice on recovery.</p> <p>KEY TOPICS:</p> <p>Professionally triage, orientate, assess clients Put into practice recovery planning, reflective counselling and care management Implement reflective client education, referral and report or record keeping Execute recovery consultation Critically evaluate learning, identify areas of learning that require further development</p> <p><u>Course objectives:</u></p> <p>Upon completion of this course the student will be able to: Define the key elements of planning and implementing Describe core concepts of recovery programs Identify typical settings for recovery programs. Explain the basic structure of recovery planning and implementation Demonstrate how to carry out effective triage and assessment.</p>		
<p><u>Required reading list:</u></p> <p>Department of the Navy (1998): <i>Counselor Workbook: Alcohol and Drug Abuse Program</i>. ETP. Washington.</p> <p>Lessa, N., Scanlon, W., Weiner, I. (2006): <i>Wiley Concise Guides to Mental Health: Substance Use Disorders</i>. Wiley, San Francisco.</p> <p>Lefever, R. (1988): <i>How to Combat Alcoholism and Addiction</i>. Promis, London.</p> <p>Optional:</p> <p>UN (2003): <i>Drug Abuse Treatment Toolkit: A practical planning and Implementation Guide</i>. United Nations, Vienna.</p>		
<p>Principal instructor: Kelemen, Gábor Instructor: Kelemen, Gábor</p>		

Preparation for Reflective group work	<u>credit:</u> 3	<u>Lecture</u>
<u>Number of semesters:</u>	Classroom hours: 10	Grading: term paper

Course description:

The aim of the course is for the students to gain knowledge about reflective group work within the recovery treatment.

KEY TOPICS:

Therapeutic factors in group treatment
 Use of group reflection as a corrective emotional experience
 Planning reflective group work for recovering addict persons and their families
 Treatment agreement, boundary setting
 Use of the “here-and-now”.
 Creating an atmosphere for change in the group
 Client selection, reflective supervision on group work
 Guiding group process to achieve problem resolution
 Dealing with “difficult” clients.
 Advanced techniques (process oriented group treatment, Gestalt treatment, psychodrama, transactional analysis)

Course objectives:

Upon completion of this course the student will be able to:
 Define the terms of reflective group work
 Explain why reflective group work is an emerging approach of recovery movement
 Understand commonly utilized reflective terms that include treatment, supervision, advanced techniques etc...
 Explain why a need for reflective group work has emerged
 Describe various types of reflective group work and their development.

Required reading list:

Paleg, K., Jongsma, A. E. (2005) *The Group Therapy Treatment Planner*. Wiley, San Francisco.

Sobell, L. C., Sobell, M. B. (2011): *Group Therapy for Substance Use Disorders: A Motivational Cognitive-Behavioral Approach*. Guilford Press, New York.

Friedman, S. (1995): *Reflecting Team in Action: Collaborative Practice in Family Therapy*. Guilford Press, New York.

Optional:

Donigian, J., Hulse-Kilacky, D. (1998): *Critical Incidents in Groups*. Brooks Cole, St. Paul.

Principal instructor: Csürke, József

Instructor: Csürke, József

The detoxification and the early recovery process	<u>credit:</u> 3	<u>Lecture</u>
<u>Number of semesters:</u>	Classroom hours: 10	Grading: term paper
<p><u>Course description:</u></p> <p>This course provides a base of advanced assessment, intervention and technical drug information. The aim is to become aware of the principles of detoxification and early recovery, to obtain sufficient background in the topic to consult relative texts and research articles for answers to the course questions and future need.</p> <p>KEY TOPICS:</p> <p>Organized delivery systems of detoxification and early recovery Programs resources The needs of specialized populations Reflective safeguarding of vulnerable adults and children Teaching new behaviours and skills in early recovery.</p> <p><u>Course objectives:</u></p> <p>Upon completion of this course the student will be able to: Describe common settings for detoxification and early recovery List and explain the needs of special populations Discuss the importance and practice of safeguarding concerning child and adults Explain how the framework for early-recovery is used during the detoxification Discuss the basic principles of detoxification and early recovery Identify and describe the main areas of early recovery.</p> <p>Required reading list:</p> <p>Kelemen Gábor, B Erdős Márta, Csürke József, Brettner Zsuzsanna, Molnár Dániel (2012): Dialogues for Sobriety: Health Learning in the Context of Addictions – A Hungarian Model. <i>Practice Practice: Social Work in Action</i>, 24, 21-39.</p> <p>McNeece, A., Dinitto D. (1994): Chemical Dependence – A Systems Approach. Allyn and Bacon, Boston.</p> <p>Springer, D., McNeece, A., Arnold, E. (2003): Substance Abuse Treatment for Criminal Offenders. American Psychological Association, Washington.</p> <p>Optional:</p> <p>Miller, M., Gorski, T., Miller D. (1982): Learning to Live Again: A Guide for Recovery from Alcoholism. Independent Press, Independence, Missouri.</p>		
<p>Principal instructor: Kelemen, Gábor Instructor: Kelemen, Gábor</p>		

Consultation on keeping reflective diary II	credit: 3	<u>Practicum seminar</u>
<u>Number of semesters:</u>	Classroom hours: 10	Grading: reflective term paper
<p><u>Course description:</u></p> <p>The goal of this course to gain deepen knowledge and skills concerning critical analysis of different interpersonal situations with regard to unsettling feelings and uncomfortable thoughts about the events as well as develop a new perspective on the situations.</p> <p>KEY TOPICS:</p> <p>Describing experience significant to the learner Identifying personal issues arising from the experience Focusing on personal attributions Recognising one's own values and beliefs Empathising with others in the experience; Linking current experience with previous experiences Creating new options for future behaviour.</p> <p><u>Course objectives:</u></p> <p>Upon completion of this course the student will be able to:</p> <p>Explain the importance of experience for the learner Discuss the relationship between attributions and experience Identify necessary resources for the design of useful reflective diary Demonstrate how to process and analyse data of reflectice diary Use reflective practice to enhance human flourishing in terms of recovery.</p> <p>Required reading list:</p> <p>Amado, G., Ambrose, A. (2001): <i>The Transitional Approach to Change</i>. Karnac, London. Oliver, C. (2005): <i>Reflexive Inquiry</i>. Karnac, London. Alvesson, M., Skildberg, K. (2000): <i>Reflexive Methodology</i>. Sage. London.</p> <p>Optional:</p> <p>Mills, W. (2000): <i>The Sociological Imagination</i>. Oxford University Press, New York.</p>		
<p>Principal instructor: Szöllösi, Gábor Instructor: Szöllösi, Gábor</p>		

Ongoing recovery I. Empathy and mentalization	<u>credit:</u> 3	<u>Lecture</u>
<u>Number of semesters:</u>	Classroom hours: 10	Grading: term paper

Course description:

Human beings fall along a spectrum in their capacity for empathy and mentalization. At one extreme are those who commit cruelty, and the other, those individuals who devote their lives to caring for others. It has been an interdisciplinary investigative effort, involving researchers from the field of neuroscience, psychology, literary theory, anthropology and recovery studies for understanding the minds and actions of other persons. This course provides a comprehensive understanding of empathy and mentalization with reference to mirror neurons and the theory of mind concerning both their role in in motivation pro-social and moral actions and providing means for understanding the minds and actions of other persons. It will be exploring the theory of empathy and mentalization and the existing evidence that helped influence its applications in reflective recovery. Specific technical considerations for unconditional openness, non-verbal communication, vicarious experiencing of the feelings, thoughts, or attitudes of another will be discussed and illustrated.

KEY TOPICS:

Empathy
Mentalizations
Mirror neurons
Theory of mind
Pro-social actions
Unconditional openness
Non-verbal communication

Course objectives:

Upon completion of this course the student will be able to:
Define the differences between empathy and mentalization
Undersand that to cultivate empathy and mentalization is not to follow a manual but to meet the other in oneself, through a deeper awareness of one's own humanity
Explain why empathy and mentalization are important to the recovery
Use techniques for listening better to challenging clients
Using case studies, students will identify what actions contribute to an increase of empathy and mentalization and what actions detract from them.
Develop an action plan to improve their empathy and mentalization skills.

Required reading list:

Trout, J. D. (2010). *Why Empathy Matters: The Science and Psychology of Better Judgment* London: Penguin 2010.

Decety, J., Ickes, W. (eds.) (2011). *The Social Neuroscience of Empathy* Boston: MIT Press.

Fonagy, P., Gergely, G., Jurist, E., Target, M. (2005). *Affect Regulation, Mentalization, and the Development of Self* . New York: Other Press.

Optional:

Cohen, S. B. (2011): *Zero Degree of Empathy: A New Theory of Human Cruelty*. London: Alan Lane

Principal instructor: Kelemen, Gábor

Instructor: Kelemen, Gábor

Ongoing recovery II. Empowerment and recovery capital	<u>credit:</u> 3	<u>Lecture</u>
<u>Number of semesters:</u>	Classroom hours: 10	Grading: term paper

Course description:

This course will introduce students to the topic of recovery capital in view of empowerment. Recovery is a lived experience of improved life quality and a sense of empowerment. Recovery-oriented approach focuses on empowerment, on hope for a life that has value, freedom to live independently and with dignity, on trust, self-care, choice, social network, identity, aspiration, resilience and living skills including management of addictive behaviour. Its message is that a meaningful life is possible with the chronic illness. Recovery is a joint endeavour of the responsible individual and the society.

This course explores components of recovery capital and provides the tools for developing them. Recovery capital includes social (commitment and obligations to the groups to which we belong), physical (assets which may increase recovery options), human (personal resources such as skills, aspirations, health) and cultural (values, attitudes) capital.

Empowerment based recovery has its roots in 12-step fellowship and harm-reduction approach. However, the new recovery movement requires a paradigm shift in theory and in service delivery. Its message is that in the case of chronic illness treatment technologies cannot be applied independently of the context of the person. Meanings, interpersonal effects and personal preferences are enormously important on one hand, and the integration of the services is to meet the individuals's needs given one's recovery stage, path and resources is indispensable.

KEY TOPICS:

Components of recovery capital

The process of empowerment (macro- and micro-factors)

Roots of the empowerment based recovery approach

Recovery as a paradigm shift

Course objectives:

By the conclusion of this course, students are expected to be able to:

Demonstrate awareness of the empowerment and recovery capital and its relevance to the treatment of addictions

Critically analyze the usefulness of the concept of recovery capital

Describe and examine various components of recovery capital with reference to empowerment and coordinated multisystem approach

Assess and analyze the relationship between the traditional treatment of addiction and the empowerment practices of the new recovery paradigm.

Required reading list:

Laudet, A. B., White, W. (2010): What are your priorities right now? Identifying service needs across recovery stages to inform service development. *Journal of Substance Abuse Treatment*, 38, 51-59.

Pease, B. (2002): Rethinking Empowerment: A Postmodern Reappraisal for Emancipatory Practice. *British Journal of Social Work*, 32, 135-147.

B. Erdős Márta, Kelemen Gábor, Csürke József, Joan Borst (eds.) (2011): *Reflective Recovery: Health Learning in Twelve Step Communities*. Budapest: Oriold.

Optional:

Rissel, C. (1994): Empowerment: the holy grail of health promotion? *Health Promotion International*. 9, 39-47.

Shih, M. (2004): Positive Stigma: Examining Resilience and Empowerment in Overcoming Stigma. *The ANNALS of the American Academy of Political and Social Science*. 591, 175-185.

Principal instructor: B. Erdős, Márta

Instructor: B. Erdős, Márta

Family and network intervention of addiction	<u>credit: 3</u>	<u>Lecture</u>
<u>Number of semesters:</u>	Classroom hours: 10	Grading: term paper

Course description:

This course will provide the opportunity for critical inquiry into theories and principles related to the delivery of family and network intervention of addiction.

Families and networks play an important role in prevention and recovery. Understanding family and network context on addictions is critical for those who work with families and for those who work with addictions. This course covers major theories of addictive families, recent research on family and network processes related to addiction and recovery; major approaches to the prevention and treatment of addiction with a special emphasis on systemic strength-based treatment interventions designed to assist the recovery process.

KEY TOPICS:

Basic concepts of addict family functioning

- Role of family dynamics in each aspect of dependency, from initial abuse to sustained recovery
- significance of family identity for addiction treatment
- Role of the family routines in addict substance use, and the implications of such routines for family and network treatment.
- Role of the cycles in substance use, and its implication for the family and the social network
- Promoting healthy change in addict family and network systems.
- Role of psychosocial education in promoting healthy change in addict family and network systems.

Levels of treatment:

- Primary recovery – needs to be free from the distraction of work, school and social problems in order to focus on recovery. Working on family issues and rebuilding family relationships.
- Intermediate recovery – the clients begin to honestly confront the consequences of past behaviour and begin to experience structured recovery programme. The client returns to either work or school and begins to develop healthy relationships with the world.
- Advanced recovery – non-chemical coping and problem solving. Leisure time without the reliance on drugs.

Course objectives:

Upon completion of this course the student will be able to:

Understand the basic concepts of addict family functioning

Explain why a need for systemic strength-based approach has emerged

Identify significant family and network treatment agencies and discuss their roles in

interventions in view of reflective recovery

Describe and explain the principles related to the delivery of family and network intervention of addiction.

Delineate the basic tenets of network- and family-based substance abuse treatment.

Required reading list:

Stanton, M.D., Todd, T.C. (eds.) (1982). *The Family therapy of Drug Abuse and Addiction*. New York: Guilford Press.

Steinglass, P., Bennett, L.A., Wolin, S.J., Reiss, D. (1987). *The Alcoholic Family*. New York: Basic Books.

Whitaker, C., Bumberry, W. (1988): *Dancing with the Family: A Symbolic-Experiential Approach*. Brunner/Mazel, New York.

Optional:

Bernal, G., Rodriguez, C., Diamond, G. (1990): Contextual Therapy: Brief Treatment of an Addict Spouse. *Family Process*, 29, 59-71.

Principal instructor: Mándi, Nikoletta

Instructor: Mándi, Nikoletta

Consultation on keeping reflective diary III	<u>credit: 3</u>	<u>Practicum seminar</u>
<u>Number of semesters:</u>	Classroom hours: 10	Grading: reflective term paper
<p><u>Course description:</u></p> <p>This course connects to the previous curricular subjects dealing with reflective diary i.e the reflective diary course focusing on reflection-on-action and reflection-in-action as well as the diary course centers on the issue of personal attributions, values, beliefs and previous experiences.</p> <p>The course is designed to promote further reflection, enabling students to examine past and reframing future actions, facilitating engagement in a cycle of reflection and action in order to become a lifelong reflective learner in a long run.</p> <p>Reflecting is both an individually-mediated and a socially-mediated process consisting of three closely related stages of recollecting the experience, attending to feelings and re-evaluating the experience to the end that integrate new knowledge into the learner's conceptual framework. These stages will be reviewed.</p> <p>This course also reviews four different types of written reflection found in learning journals as follows: non-reflective descriptive writing, descriptive reflection based on personal judgements, dialogic reflection which is a kind of discourse with oneself, and critical reflection, which involves giving reasons for decisions or events which take account of the broader historical, social and/or political contexts.</p> <p>KEY TOPICS:</p> <p>Cycle of reflection Lifelong reflective learner Stages of reflection Types of written reflection Reflecting is both an individually-mediated and a socially-mediated process</p> <p><u>Course objectives:</u></p> <p>Upon completion of this course the student will be able to: Discriminate descriptive, dialogic and critical reflection and take diverse perspectives on various issues Determine their stance in the proves of reflective thinking development Engage in solving nonroutine problems empying reflective approach</p>		

Required reading list:

Bound, D., Keogh, R., Walker, D. (1985): *Reflection: Turning Experience into Learning*. Kogan Page, London.

Schön, D. (1987): *Educating the Reflective Practitioner: Toward a New Design for Teaching and Learning in the Profession*. Jossey-Bass, San Francisco.

Hatton, N., & Smith, D. (1995): Facilitating reflection: Issues and research. *Forum of Education*, 50(1), 49-65.

Lin, X., Hmelo, C., Kinzer, C.K., & Secules, T.J. (1999): Designing technology to support reflection. *Educational Technology Research and Development*, 47(3), 43-62.

Optional:

Moon, J. (1999): *Reflection in Learning and Professional Development*. Kogan Page, London.

Principal instructor: Molnár, Dániel

Instructor: Molnár, Dániel

Mutual Help and Self-help programmes	<u>credit:</u> 3	<u>Lecture</u>
<u>Number of semesters:</u> 2	Classroom hours: 10	Grading: term paper
<p><u>Course description:</u></p> <p>During the course recovering addicts are invited to talk about their stories, so the students can get an inside view of the world of people suffering from addiction. These experiences and the literature of the topic will be elaborated as well.</p> <p>KEY TOPICS:</p> <p>stories and narratives of recovering addicts the importance of role model in recovery. reflective accounts of recovery</p> <p>Course objectives:</p> <p>History, principles and functioning of mutual help and self-help groups Researches performed on the topic Conversations with addicted people recovering in mutual help/self help groups Reflective elaboration of the experience of the encounters with people in recovery</p> <p>Required reading list: Alcoholics Anonymous. (1955). <i>The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism</i>. New York: Alcoholics Anonymous World Service. Erdos, M., Kelemen, G., Csurke, J., Borst, J. (eds.) (2011). <i>Reflective recovery: Health learning in Twelve Step communities</i>. Budapest: Oriod. Kelemen, G., B. Erdős, M. (2004). <i>Craving for sobriety. A unique therapeutic community in Hungary</i>. Pécs: Faculty of Humanities University of Pécs.</p>		
<p>Optional:</p> <p>Arminen, Ilkka (1998): <i>Therapeutic Interaction: A Study of Mutual Help in the Meetings of Alcoholics Anonymous</i>. Helsinki: The Finnish Foundation for Alcohol Studies.</p> <p>Humphreys, Keith (2004): <i>Circles of Recovery. Self-Help Organizations for Addictions</i>. Cambridge: Cambridge University Press.</p>		
<p>Principal instructor: Madácsy, József Instructor: Madácsy, József</p>		

Ongoing recovery III. Dialogue and parrhesia	<u>credit:</u> 3	<u>Lecture</u>
<u>Number of semesters:</u>	Classroom hours: 10	Grading: term paper

Course description:

This course gives an opportunity to deepen students' understanding and experience of dialogue and to learn about the parrhesia. The course will emphasize the practice of dialogue in conjunction with the parrhesia focusing on the dialogical method of David Bohm traced back to Bakhtin's ideas of the transformative and liberating power of dialogue. In a dialogic setting, previous core meanings are questioned and the participants are ready to change their concepts and the related attitudes. Authenticity is a core factor of dialogue – this requirement may be related to Foucault's concept on parrhesia or the well-known professional requirement of congruence in person-centered therapies. Bohm and his associates have simply termed this factor honesty and transparency. By the latter he meant that the participant should be willing to share an idea even if it is a bit controversial – similarly to what is happening in a therapeutic context.

The course enables students to focus on liberatory discourse facilitation transformative dialogue and parrhesia.

KEY TOPICS:

Bakhtinian dialogue

Dialogue as a parrhesiastic technique

Bohmian dialogic method

Authenticity, honesty and transparency as core factors of dialogue

liberatory discourse

personal dialogical style in reflective recovery

Course objectives:

Students will read original and recent work in these areas, and will be encouraged to collect, analyze and process their own data.

Upon completion of this course the student will understand how the dialogue as a major parrhesiastic technique may play a central role in the practice of recovery. They will be able to apply various types of dialogical techniques and develop their own personal dialogical style in reflective recovery.

Required reading list:

Bakhtin, M. M. (1981) *The Dialogic Imagination*. In Michael Holquist (ed.) *The Dialogic Imagination: Four Essays by M. M. Bakhtin*. Austin: University of Texas Press. Translated by Caryl Emerson and Michael Holquist. 259-300.

“*Dialogue: Something Old; Something New*” by Glenna Gerard and Linda Ellinor:

<http://www.thedialoguegrouponline.com/whatsdialogue.html>

Anderson, T. (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. Family Process 26 (415-428)

Optional:

David Bohm, Donald Factor and Peter Garrett (1991) http://www.david-bohm.net/dialogue/dialogue_proposal.html

Articles form: <http://www.david-bohm.net/dialogue/>

Principal instructor: B. Erdős, Márta

Instructor: B. Erdős, Márta

Professional ethics	<u>credit: 3</u>	<u>Lecture</u>
<u>Number of semesters: 2</u>	Classroom hours: 10	Grading: term paper
<p><u>Course description:</u></p> <p>The aim of the course is to examine the connections among philosophical ethics, professional ethics and concrete ethical dilemmas emerging in the course of the professional practice. Following an introductory lecture setting up the theoretical frames, practical issues will be discussed in the form of collective analyses of some characteristic cases. In the discussion the students' self-reflections, expressions of emotions and explications of values connected with the emerging issues are included as well.</p> <p>KEY TOPICS:</p> <p>connection between philosophical and professional ethics advocacy showing courage if the doing the right thing risks negative repercussions, while it may also demonstrate fidelity and truth telling reflection on professionals' ethical responsibilities go beyond direct helping service to individual patients</p> <p>Course objectives:</p> <p>Some relevant approaches of philosophical ethics Fundamental values in the helper professions Dilemmas in social work ethics and bioethics The Code of Social Work Ethics Case analyses</p>		

Required reading list:

Devettere, R.J. *Practical Decision Making in Health Care Ethics* 2nd Edition. Washington, D.C.: Georgetown University Press, 2002.

Miller, F.G., Fletcher, J.C., Humber, J.M., (2003) *The nature and prospects of Bioethics: Interdisciplinary perspectives*. Totowa, New Jersey.

Noddings, N. Starting at Home: Caring and Social Policy. Berkeley: University of California Press, 2002.

The Code of Social Work Ethics

Optional:

Kovacs, J. (1999): *Fundamentals of Modern Medical Ethics. An Introduction to Bioethics*. Budapest: Medicina Publisher.

Loewenberg, F. – Dolgoff, R. (1996): *Values and ethics in the practice of social work*. In: Hegyesi G. – Talyigás K. (eds.): *Theory and Practice of Social Work, Vol. 1*. Budapest: Semmelweis Publisher.

Loewenberg, F. – Dolgoff, R. (1996): *Ethical choices in the helper Professions*. In: Hegyesi G. – Talyigás K. (eds.): *Theory and Practice of Social Work, Vol. 1*. Budapest: Semmelweis Publisher.

MacIntyre, A (1993) *After virtue: A study in moral theory*. Univ. of Notre Dame. Notre Dame, IN. MacIntyre, A (1993) *After virtue: A study in moral theory*. Univ. of Notre Dame. Notre Dame, IN.

Friedman, M.S. (1989). *Martin Buber and Ivan Boszormenyi-Nagy: The role of dialogue in contextual therapy*. *Psychotherapy*, 26 (3): 402-9.

Principal instructor: Madácsy, József

Instructor: Madácsy József

Elements of Reflective care working	<u>credit:</u> 3	<u>Lecture</u>
<u>Number of semesters:</u>	Classroom hours: 10	Grading: term paper

Course description:

The purpose of this course is to shine a reflective mirror back on recovery care working. This course will be a systematic consideration of fundamental concepts and practice of recovery in a developmental perspective. Throughout the course the students will synthesize the knowledge and skills they have acquired over the programme.

The major topics covered will include evaluating care, collaborating with the clients in various care community settings, appropriate recovery interventions to assist the individual in promoting, maintaining, or regaining optimal physiological, psychological, social and spiritual health status in connection to their learned resourcefulness.

Giving a salutogenetic framework for reflective recovery the course provides a value base; a mean by which one can assess his or her own desires, attitudes and conduct. Salutogenesis can be a material-semiotic tool in the realization of our double embodiment. Recovery culture shapes patients and professionals and these actors shape the recovery culture. Dual embodiment is a central dynamics of reflective recovery: the body of the reflecting person must create the body of the reflection reifying in a story.

KEY TOPICS:

Developmental perspective
Dual embodiment
Learned resourcefulness
Salutogenesis
Material-semiotic tool

Course objectives:

Upon completion of this course the student will be able to:
Utilize the dual embodiment perspective to assist clients
Incorporate principles of learned resourcefulness and salutogenesis to theirs own learning
Demonstrate the benefit of developmental perspective in recovery care working
Explain how the material-semiotic framework and tool is used by recovery professionals and volunteers.
Promote the recovery literacy.

Required reading list:

Jason, L. A. et al. (2006): *Creating Communities for Addiction Recovery*. Haworth Press, Binghampton.

Weinreich, P., Saunderson, W. (2003): *Analysing Identity*. Routledge, New York.

Bolton, G. E. J. (2005): *Reflective Practice. Writing and Professional Development*. Sage. London.

Zauszniewski, J. A., Martin, M. H. (1999): Developmental Task Achievement and Learned Resourcefulness in Healthy Older Adults. *Archives of Psychological Nursing, XIII*, 41-47.

Antonovsky, A. (1979): *Health, Stress and Coping*. San Francisco, Jossey-Bass.

Worthman, C. A. (1999): Emotions: You can feel the difference. In: *Biocultural approach to emotions*. Ed. Hinton, A. L. Cambridge University Press. 41-74.

Optional:

Brown, J. (2006): *A Leader's Guide to Reflective Practice*. Trafford Publishing, Oxford.

Principal instructor: Kelemen, Gábor

Instructor: Kelemen, Gábor

Consultation on keeping reflective diary IV	<u>credit: 2</u>	<u>Practicum seminar</u>
<u>Number of semesters:</u>	Classroom hours: 10	Grading: reflective term paper
<p><u>Course description:</u></p> <p>This course gives an opportunity for the students keeping reflective diaries on a regular basis to test their study skills and to improve their reflective competencies. We will be encouraging students to take responsibility for gathering feedback about themselves keep asking each other - when and where appropriate - how they saw their shared productions. We will ask them to name types of their reflection, name the stages of reflective process, identify the role of learning in the reflective process, write down notes on each stage and formulate a change strategy. They will also asked to reflect on the whole programme regarding to their personal objectives, their struggles or challenges, their development and results as it has appeared in their reflective diaries.</p> <p>KEY TOPICS:</p> <p>to be skillful in recognition of unsettling feelings and uncomfortable thoughts about an event or events to deepen critical analysis of the situation (association, integration, validation) to cultivate a habit of seeking for a new perspective on the situation to acquire capacity to uncover assumptions about themselves, other people, and the situations.</p> <p><u>Course objectives:</u></p> <p>Upon completion of this course the student will be able to: Describe - what have happened to the over the process of reflective diary writing Identify their feelings Evaluate their reflective experiences Analyse the process Conclude what else could they have done Review their further action plan</p>		

Required reading list:

Bound, D., Keogh, R., Walker, D. (1985): *Reflection: Turning Experience into Learning*. Kogan Page, London.

Seale, J.K., Cann, A.J. (2000): Reflection on-line or off-line: The role of learning technologies in encouraging students to reflect. *Computers and Education*, 34, 309-320.

von Wright, J. (1992). Reflections on reflection. *Learning and Instruction*, 2, 59-68.

Woodward, H. (1998): Reflective journals and portfolios: Learning through assessment. *Assessment and Evaluation in Higher Education*, 23(4), 415-426.

Optional:

Moon, J. (1999): *Reflection in Learning and Professional Development*. Kogan Page, London.

Principal instructor: Molnár, Dániel

Instructor: Molnár, Dániel

Diploma work (reflectives thesis)	<u>credit: 10</u>	<u>Practicum seminar</u>
<u>Number of semesters:</u>	<u>Classroom hours:</u>	<u>Grading:</u> diploma work
<p><u>course description:</u></p> <p>This is the final piece of work that students are expected to submit at the end of their program of study. The dissertation will take a form of a summary of their reflective diaries, which the students have been used, devised, carried out and written up over their studies.</p> <p>KEY TOPICS:</p> <p>not applicable</p> <p>Course objectives:</p> <p>Diploma is a substantial piece of work, carrying the proportionate endeavour, and students need to bring all their study skills to the fore. Students utilize their reflective diary portfolio for reviewing their development regarding their strengths and areas of opportunity for future growth.</p>		
<p>Required reading list: not applicable</p> <p>Optional: not applicable</p>		
<p>Principal instructor: Kelemen, Gábor Instructor: Kelemen, Gábor</p>		

Instructor Data:

<i>Name</i>	<i>Dr. Kelemen, Gábor</i>
<i>Date of Birth</i>	<i>26 August, 1954</i>
<i>Education (diploma)</i>	<i>medical doctor, diploma in supervision</i>
<i>Specialties</i>	<i>psychiatry, addictionology, psychotherapy,</i>
<i>Workplace:, as appears in employment particulars:</i>	<i>University of Pecs</i>
<i>Scientific degree (indicate the field of science) PhD/ CSc or DLA, DSc: int he case of PhD title of the dissertation!</i>	<i>PhD (1999) medicine (neuroscience) Social Construction of Addictions</i>
<i>Teaching history (list of courses, length of teaching, teaching in foreign language in foreign institutions):</i>	<i>Addictions Family and couple counselling Evaluational research Health learning Systemic approach of supervision Personality and developmental psychology for social workers Rehabilitation Social work: an introduction Preparation for fieldwork Self care with regard to work of Michel Foucault Seminar on Diploma Work Dialogue in the client-helper interaction The role of Reintegration Rituals in Sobriety 2008 – University of Chester (UK): Recovery model</i>
<i>Membership/ art, academic: MTA, Doctor of Science (DSc): „dr. habil” title, other titles Széchenyi professorial fellowship</i>	<i>Dr. habil (2005) psychology Széchenyi professorial fellowship 2003-2006</i>
<i>Overview of professional practice and results:</i>	<i>172 publications, 166 independent references to my publications in scientific journals.</i>
<i>List of the most important</i>	<i>Kelemen Gábor, B Erdős Márta, Csürke József, Brettner Zsuzsanna, Molnár Dániel (2012): Dialogues for Sobriety: Health Learning in the</i>

<p><i>publications over the last 5 years in regard to the taught courses);</i></p>	<p>Context of Addictions – A Hungarian Model. <i>Practice: Social Work in Action, 24, 21-39.</i></p> <p>B. Erdős Márta, Kelemen Gábor, Csürke József, Joan Borst (eds.) (2011): <i>Reflective Recovery: Health Learning in Twelve Step Communities.</i> Budapest: Oriold.</p> <p>Kelemen Gábor, B. Erdős Márta (2010): Health learning as identity learning in the therapeutic community. <i>Addictologia Hungarica 9:(3) 216-225.</i></p> <p>Michael Seltzer, Kelemen Gábor (2009): Theoretical Reflections on Rites of Passage in a Hungarian Therapeutic Community. <i>Journal of Groups in Addiction and Recovery, 4, 178-201.</i></p> <p>Kelemen Gábor, B. Erdős Márta, Madácsy József (2007): Voices of sobriety: Exploring the process of recovery through patient testimonials. <i>Addiction Research & Theory, 15, 127-140.</i></p>
<p><i>List of the most important publications in regard to the sum of the lifework</i></p>	<p>Kelemen, Gábor (1999): Marriage enhancement as a selective prevention program for couples with „Adult Children of Substance Abusers” In: <i>Project Proposal to Reduce Substance Abuse in Ten Developing Countries. A Publication of the 1998-99 H. H. Humphrey Fellows in Substance Abuse.</i> Research Monograph. Johns Hopkins University. Baltimore. 115-129.</p> <p>Kelemen, Gábor, B. Erdős Márta (2003): The role of reintegration rituals in sobriety: A comparative study on recovery and relapse. <i>Dynamic Psychiatry, 36, 89-113.</i></p> <p>Osváth Péter, Kelemen Gábor, B. Erdős, Márta, Fekete Sándor (2003): The main factors of repetition – review of some results of Pécs Centre WHO/EURO Multicentre Study on Suicidal Behavior. <i>Crisis, 24, 151-154.</i></p> <p>Kelemen Gábor, B. Erdős Márta (2004): <i>Craving for sobriety. A unique therapeutic community in Hungary,</i> Faculty of Humanities University of Pécs & The Leo Amici 2002 Foundation. Pécs, 132 pp.</p> <p>Kelemen Gábor, B Erdős Márta (2004): A Cultural Approach to 12-Steps Fellowship Programs in Hungary. <i>International Journal of Self Help and Self Care, 2. 187-203.</i></p>
<p><i>Involvement in professional bodies, international relations:</i></p>	<p><i>Co-Editor: Addictologia Hungarica</i> <i>Membership: Royal College of Psychiatrists</i></p>