



Master of Science in Counseling (MSC)

Syllabus

MSC 553, Section ASY – Counseling the Addicted Client

Spring Semester 2024

3 Credit Hours

Dates:	Semester 01/08-04/26, 2024, Collaborate Moodle Meetings (CMM) on Thu 01/11, Fri 03/01, Fri 04/19 from 6 pm – 8 pm (MT) ROLE PLAYS in Groups of 3 – WEEK 2, 3, 4, 5, 6, 7 (Mondays 5pm-6pm MT) CLASS ROLE PLAYS during Collaborate Meeting 03/01 in WEEK 8
Settings:	Online/Distance Learning Asynchronous - Moodle Classroom
Instructor:	Dr. Sylvia Lindinger-Sternart, CRC, LCPC (MT) Associate Professor of Counseling
Contact:	Email: <a href="mailto:Sylvia.Lindingersternart@uprovidence.edu">Sylvia.Lindingersternart@uprovidence.edu</a> Phone: 406-791-5353 Fax: 406-791-5990
Office Hours:	Available by appointment via Collaborate Moodle
Website:	<a href="https://www.uprovidence.edu/clinical-mental-health-counseling/">https://www.uprovidence.edu/clinical-mental-health-counseling/</a>

I. Course Description

A. Catalog Description: The Addicted Client, MSC553, is a theoretical and skill development course for counselors to strengthen knowledge, awareness, and skills in the competencies required to effectively counsel the client who struggles with addiction. The goal of this course is to provide counseling students an in-depth look at current methodology and treatment modality for effective counseling the addicted individual. The course provides students with an understanding of holistic addiction treatment, including the physiology of addiction, the counseling dynamics involved, and the significance within our society.

II. Program Student Learning Objectives

SOCIAL AND CULTURAL DIVERSITY

By the end of this program, students will be able to ...

Analyze the impact of social and cultural diversity on served clientele.

HUMAN GROWTH AND DEVELOPMENT

By the end of this program, students will be able to ...

Describe factors that affect human development, functioning, and behavior.

## COUNSELING AND HELPING RELATIONSHIPS

By the end of this program, students will be able to ...

Identify relevant counseling interventions suitable to a specific population.

## ADDICTION COUNSELING FOUNDATIONS

By the end of this program, students will be able to ...

Address a wide range of issues in the context of addiction counseling, treatment, and prevention programs, as well as comorbidity with mental health disorders.

## CLINICAL MENTAL HEALTH COUNSELING FOUNDATIONS

By the end of this program, students will be able to ...

Demonstrate knowledge about neurobiological and medical foundation and etiology of addiction and co-occurring disorders

Describe mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks

Demonstrate knowledge about the classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation

### **III. Behavioral Objectives for Course / Anticipated Student Competencies / (CACREP Standards)**

A. Upon completion of this course, the successful student will be able to:

#### KNOWLEDGE/SKILLS/SCHOLARSHIP

1. Understanding the history and history and development of addiction counseling (S5.A.1.a)
2. Defining ethical, professional, and legal issues in counseling clients with an addiction and identifying advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients (S2.F.1.e)
3. Knowing legal and ethical considerations specific to addiction counseling (S5.A.2.l)
4. Integrating the knowledge about self-care strategies appropriate to the addiction counselor role (S2.F.1.l)
5. Knowing the roles, functions, and settings of addiction counselors, as well as the relationship between addiction counselors and other mental health professionals, and the need for preventative care (S5.A.2.a)
6. Integrating the knowledge about classifications, indications, and contraindications of commonly prescribed psychopharmacological medications on the mental health population and understanding the importance of medical referral and consultation (S5.C.2.h)

7. Analyzing neurological, behavioral, psychological, physical, and social effects of psychoactive substances and addictive disorders on the user and significant others (S5.A.1.e)
8. Considering and understanding the impact of cultural factors relevant to the development substance use problems and addiction (S5.A.2.j)
9. Considering and understanding the impact of cultural factors relevant to help-seeking behavior and treatment (S2.F.2.e) (S2.F.2.f) (S2.F.5.e)
10. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders (S5.C.1.d)
11. Evaluating and identifying models and individualized helping strategies and treatment modalities to each client's stage of dependence, change, or recovery. (S5.A.3.g)
12. Identifying principles and philosophies of addiction-related self-help, including 12-step programs (S5.A.1.c)
13. Demonstrating knowledge of methods for applying principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning (S5.A.1.d)
14. Conducting an intake interview, a mental status examination, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and case management (S5.A.3.a)
15. Analyzing theories and models of addiction related to substance use as well as behavioral and process addictions (S5.A.1.b)
16. Demonstrating knowledge about psychological tests and assessments specific to addiction counseling (S5.A.1.f)
17. Recognizing the potential for addictive disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to coexist with addiction and substance abuse (S5.C.2.e)
18. Screens for symptoms of psychoactive substance toxicity, intoxication, and withdrawal (S5.A.3.c)
19. Evaluating and identifying techniques and interventions related to substance abuse and other addictions (S5.A.3.d)

## CACREP STANDARDS – Section 2 (S2)

### **1. Professional Counseling Orientation and Ethical Practice**

- a. Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients (S2.F.1.e)
- b. Integrating the knowledge about self-care strategies appropriate to the addiction counselor role (S2.F.1.l)

### **2. Social and Cultural Diversity**

- e. The effects of power and privilege for counselors and clients (S2.F.2.e)
- f. The help-seeking behaviors of diverse clients (S2.F.2.f)

### **5. Counseling and Helping Relationships**

- e. The impact of technology on the counseling process (S2.F.5.e)

CACREP Standards Section 3: Professional Practice  
can be reviewed in the MSC Handbook for Practicum and Internship

## CACREP STANDARDS – Section 5: A. Addiction Counseling

### 1. Foundations

- a. History and development of addiction counseling (S5.A.1.a)
- b. Theories and models of addiction related to substance use as well as behavioral and process addictions (S5.A.1.b)
- c. Principles and philosophies of addiction-related self-help (S5.A.1.c)
- d. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning (S5.A.1.d)
- e. neurological, behavioral, psychological, physical, and social effects of psychoactive substances and addictive disorders on the user and significant others (S5.A.1.e)
- f. Psychological tests and assessments specific to addiction counseling (S5.A.1.f)

### 2. Contextual Dimensions

- a. Roles and settings of addiction counselors (S5.A.2.a)
- b. potential for addictive and substance use disorders to mimic and/or co-occur with a variety of medical and psychological disorders (you have added this “co-occurring” (S5.A.2.b) in the rubric join with (S5.C.2.e)
- c. Factors that increase the likelihood for a person, community, or group to be at risk for or resilient to psychoactive substance use disorders (S5.A.2.c)
- f. Role of wellness and spirituality in the addiction recovery process (S5.A.2.f)
- g. culturally and developmentally relevant education programs that raise awareness and support addiction and substance abuse prevention and the recovery process (S5.A.2.g) (join with S5.A.2.j in rubric)
- j. Cultural factors relevant to addiction and addictive behavior (S5.A.2.j)
- l. Legal and ethical considerations specific to addiction counseling (S5.A.2.l)

### 3. Practice

- a. Screening, assessment, and testing for addiction, including diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments (S5.A.3.a)
- c. Assessment for symptoms of psychoactive substance toxicity, intoxication, and withdrawal (S5.A.3.c)
- d. Techniques and interventions related to substance abuse and other addictions (S5.A.3.d)
- g. evaluating and identifying individualized strategies and treatment modalities relative to clients’ stage of dependence, change, or recovery (S5.A.3.g)
- h. strategies for interfacing with the legal system and working with court referred clients. (S5.A.3.h) (join with S5.A.2.l)

CACREP STANDARDS – Section 5: C. Clinical Mental Health Counseling

**1. Foundations**

- d. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders (S5.C.1.d)

**2. Contextual Dimensions**

- e. Potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders (S5.C.2.e)
- h. Classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation (S5.C.2.h)

CACREP STANDARDS – Section 5: D. CLIN. REHABILITATION COUNSELING

**2. Contextual Dimensions**

- g. Potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders

**IV. Prerequisites to the Course and Requirements This Course Fulfills:**

- A. This **course** has the following **prerequisites: MSC 500, MSC 512, and MSC 517**. Students **must earn a B or better** to proceed to the next semester of coursework.

**V. Required and/or Recommended Texts and Course Materials**

**REQUIRED TEXT**

Van Wormer, K., & Davis, D. R. (2016). *Addiction treatment*. Cengage Learning.

UP Online Bookstore -

<https://uprovidence.textbookx.com/institutional/index.php>

**RECOMMENDED TEXTS**

- A. American Psychological Association (2020). *Publication manual of the American Psychological Association*, Seventh Edition, published by the American Psychological Association. ISBN: 978-1-433-83217-8
- B. Capuzzi, D. & Stauffer, M.D. (2012). *Foundations of addictions counseling* (2<sup>nd</sup> ed). Upper Saddle River, NJ: Pearson. ISDN 10: 0137057784
- C. Mee-Lee, D., Shulman, G. D., & Fishman, M. J. (2013). *The ASAM Criteria. Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, 3rd ed, 2013.

## ADDITIONAL RESOURCES

- D. <http://www.samhsa.gov/> The Substance Abuse and Mental Health Services Administration is a federal agency that, among other things, tracks national rates of substance use. It is an excellent source of information. The report put out in 2010 will be especially relevant to this course.
- E. <http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.pdf>
- F. [www.erowid.org](http://www.erowid.org) is a fairly reliable, non-academic, resource for information on various drugs, their history, usage, effects, etc.
- G. <http://www.niaaa.nih.gov> The National Institute on Alcohol Abuse and Alcoholism provides leadership in the national effort to reduce alcohol-related problems by fostering research and disseminating the results.
- H. <http://www.AA.org> Alcoholics Anonymous – as a practicing counselor, Dr. Marty has used this website dozens of times to help clients find meetings. Most of you will need to use this website after graduation to refer clients to meetings.
- I. [www.aa-montana.org](http://www.aa-montana.org) Montana AA – this is how to find local AA meetings for the 12-step meeting assignment or for future Montana clients.
- J. [www.smartrecovery.org](http://www.smartrecovery.org) SMART Recovery's 4-Point Program helps people recover from all types of addictive behaviors, although it is not a 12-step group, like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) rather it is an alternative option of a program that offers SMART Recovery sponsors face-to-face meetings around the world, and daily online meetings.

## VI. Course Requirements

### A. Professional Disposition

Students will be evaluated on their ability to demonstrate and progress in the following professional dispositions in this course and throughout the program:

- **Mindfulness.** Active, open attention on the present; observing one's thoughts and feelings without judgment
- **Engagement.** Involvement and commitment to one's own and other's personal and professional development
- **Reflexivity.** An awareness and exploration of one's own belief systems and values, and their impact on relationships with self and others
- **Curiosity.** Eagerness to know, discover, and generate; interest leading to inquiry
- **Integrity.** Consistent commitment to professional ethics and values of the counseling profession; holding steadfastly true to one's commitments
- **Empathy.** The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings and thoughts of another
- **Professionalism.** Maintaining conduct and qualities that characterize a counseling professional

All students will be expected to model these dispositions during the course.

## B. Assignments:

### 1. Moodle Participation (10%)

Discussions on Moodle will be run with a seminar focus where students engage in active learning and learn from each other. Studies have shown that students with high participation records get better grades and comprehend more about a given subject. Please be sure to read, contemplate, and respond to the postings provided by other students because reading, thinking, and discussing what other students have to say will deepen your learning of the material. Points are mostly based on your presentation of factual material from the textbooks for this course so citing is important (APA style). Please sign into the course every other day (at a minimum) and take advantage of the textbook and readings on Moodle that will support you in understanding and obtaining counseling skills for clients who struggle with addiction. We will have three videoconference meetings via Collaborate Moodle Meeting (CMM) – **01/11, 03/01, 04/19** from 6 pm – 8 pm (MT) that may address the question of the topic on the discussion board during this week.

### 2. Self-help or 12-Step Meeting Paper (20%) - Due 02/04

Each student will attend an established self-help or 12-step meeting and write a 2-page reflective paper about the experience. Options include, but are not limited to AA, Al-Anon, NA, etc. Students can locate meetings through the internet (Smartrecovery.org, AA.org and State AA [Montana for students from Montana, etc.] must be reviewed), advertisements, personal referral, etc. Students should feel free to express both positive and negative reactions to the experience, but please be reminded that the anonymity of all parties (such as meeting participants) must be respected and thus, do **NOT** use real names. You can use the I-form and support your statements with a few citations to strengthen it. Use correct APA style in your writing and submit your paper on Moodle.

*Guidelines for visiting self-help and 12-step meetings: Only attend “open” meetings which can accommodate visitors. “Closed” meetings are limited to individuals in recovery and involved in a particular program. You should ask before you go to a meeting or immediately upon arrival. If the chair asks for introductions, you may want to introduce yourself as a visitor, such as a student wanting to learn about addiction. Do not take notes during the meeting. Remember that the anonymity of all participants should be respected during the meeting and in any evaluative process following the experience.*

### 3. Behavioral Change Paper and Journal (20%) - Due 03/03

As we study motivation and change, through the lens of theoretical change models such as Prochaska’s, it may be a valuable experience for the future clinical mental health counselor to experience something concrete. Therefore, students are asked to give up something that is usually enjoyable to them and write a journal. Change can be very difficult for many individuals, and it is usually a length process with “ups” and “downs.”

Your paper should be submitted on Moodle.

Please follow the instructions below.

- During the first week of class, commit to a behavioral change, selecting an activity that is typically very enjoyable or rewarding. You want to choose an activity that is a frequent “indulgence.”
- By the second week, decide this activity, and submit it by e-mail for approval.
- Please keep this very short and simple ... For example, the student may choose to give up purchasing flavored coffees or to stop eating a favorite food (chocolate chip cookies!). The student may choose to forego weekly shopping trips with friends if that is a consistent part of the schedule.
- Be creative. If you look at your schedule carefully, there are likely several options to choose....
- Then, start a journal, tracking your behaviors, thoughts, and feelings regarding this change. *There is a required minimum of four journal entries per week. Each journal entry must be four sentences.*
- At the end, write a 1- 2 body length APA style paper describing the experience. Use your journal as a basis but you do **NOT** have to submit your journal. References are not required unless you paraphrase, quote, or cite a source. Also, please use **first person** for this paper.

#### **4. Video Review and Reflection Paper (20%) - Due 03/17**

Every student will access the streamline videos posted on Moodle – WEEK 10. Watch the video “**As Step Along the Way: A Family with a Drug Problem**” by Virginia Satir. You may take some notes of the major steps that Virginia Satir uses during this family session. The video shows the complexity of the addiction problem and how the system of a family plays into it. Afterwards write a 3 - 5 body length APA style paper describing the major steps in this family session and your personal reaction. You may relate your experience to your own life or just describe your personal reaction. References are not required unless you paraphrase, quote, or cite a source. You can use **first person** for this paper.

#### **5. Addiction - Academic Paper (30%) - Due 04/13**

Students will complete an 8-12 page body length academic paper concentrating on any addiction (chemical or process addiction) that is of interest to them. The paper should include information on what is happening in the brain, environment, how intermittent use can become addiction, counseling interventions, and multi-cultural considerations.

Each paper must be based upon at least 8 research articles from peer-reviewed journals and professional books in the fields of counseling and/or psychology (this includes the textbook). The paper must be written according to the APA style manual and must have a minimum of 10 pages long (excluding the title page, abstract, reference page(s) and any figures or tables). Your paper should be submitted on Moodle. Please structure your paper according to the rubric below that will serve for grading.



## Addiction Academic Paper (30%) **NEW**

Criteria	1 Emerging	2 Progressing	3 Proficient	4 Exemplary
<b>SOURCES/QUALITY of Information</b>  5%	<b>Used no</b> academic academic peer-reviewed articles/professional books to provide and support accurate information.	<b>Used one/two</b> academic peer-reviewed articles/professional books to provide and support accurate information.	<b>Used three/four</b> academic peer-reviewed articles/professional books to provide and support accurate information.	<b>Used eight or more</b> academic peer-reviewed articles/professional books to provide and support accurate information.
<b>History and development of addiction counseling (S5.A.1.a)</b>  5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of the issues below:</b> -History & development of the specialty area of addiction counseling	<b>Integrated concepts</b> from at least 1 cited source to support this section.  <b>Addressed</b> the issues below partially and not precisely and clearly: -History & development of the specialty area of addiction counseling	<b>Integrated concepts</b> from at least 2 cited sources to support this section.  <b>Addressed all of the issues below</b> but not precisely and clear: -History & development of the specialty area of addiction counseling	<b>Integrated concepts</b> from at least 2 cited sources to support this section. This integration flowed smoothly and showed vast creativity.  <b>Addressed all of the issues below</b> in a precise & clear manner: -History & development of the specialty area of addiction counseling
<b>Theories and models of addiction related to substance use as well as behavioral and process addictions (S5.A.1.b)</b>  5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of the issues below:</b> -Theories of addiction Relat.to substance use -Theories of behavioral and process addictions	<b>Integrated concepts</b> from at least 1 cited source to support this section.  <b>Addressed</b> the issues below partially and not precisely and clearly: -Theories of addiction Relat.to substance use -Theories of behavioral and process addictions	<b>Integrated concepts</b> from at least 2 cited sources to support this section.  <b>Addressed all of the issues below</b> but not precisely and clear: -Theories of addiction Relat.to substance use -Theories of behavioral and process addictions	<b>Integrated concepts</b> from at least 2 cited sources to support this section. This integration flowed smoothly and showed vast creativity.  <b>Addressed all of the issues below</b> in a precise & clear manner: -Theories of addiction Relat.to substance use -Theories of behavioral and process addictions
<b>Principles and philosophies of addiction-related self-help (S5.A.1.c)</b>  5%	<b>Addressed none of the issues below:</b> -Identifying principles and philosophies of addiction-related self-help -Analyzing the 12-step programs	<b>Addressed</b> the issues below partially and not precisely and clearly: -Identifying principles and philosophies of addiction-related self-help -Analyzing the 12-step Programs	<b>Addressed all of the issues below</b> but not precisely and clear: -Identifying principles and philosophies of addiction-related self-help -Analyzing the 12-step programs	<b>Addressed all of the issues below</b> in a precise & clear manner: -Identifying principles and philosophies of addiction-related self-help -Analyzing the 12-step programs
<b>Methods of principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning (S5.A.1.d)</b>  5%	<b>Addressed none of the issues below:</b> -Biopsychosocial history -Biopsychosocial case conceptualization -Treatment planning	<b>Addressed</b> the issues below partially and not precisely and clearly: -Biopsychosocial history -Biopsychosocial case conceptualization -Treatment planning	<b>Addressed all of the issues below</b> but not precisely and clear: -Biopsychosocial history -Biopsychosocial case conceptualization -Treatment planning	<b>Addressed all of the issues below</b> in a precise & clear manner: -Biopsychosocial history -Biopsychosocial case conceptualization -Treatment planning

<p><b>Neurological</b>, behavior., psychological, physical, and social effects of psychoactive substances &amp; addictive disorders on the user &amp; significant others (S5.A.1.e)</p> <p>5%</p>	<p><b>Addressed none of the</b> issues below:</p> <ul style="list-style-type: none"> <li>-Neurological effect</li> <li>-Behavioral effect</li> <li>-Psychological effect</li> <li>-Physical effect</li> <li>-Social effect of psycho-Active substances &amp; Addictive disorders on the user and significant others</li> </ul>	<p><b>Addressed</b> the issues below partially and not precisely and clearly:</p> <ul style="list-style-type: none"> <li>-Neurological effect</li> <li>-Behavioral effect</li> <li>-Psychological effect</li> <li>-Physical effect</li> <li>-Social effect of psycho-Active substances &amp; Addictive disorders on the user and significant others</li> </ul>	<p><b>Addressed all of the</b> issues below but not precisely and clear:</p> <ul style="list-style-type: none"> <li>-Neurological effect</li> <li>-Behavioral effect</li> <li>-Psychological effect</li> <li>-Physical effect</li> <li>-Social effect of psycho-Active substances &amp; Addictive disorders on the user and significant others</li> </ul>	<p><b>Addressed all of the</b> issues below in a precise &amp; clear manner:</p> <ul style="list-style-type: none"> <li>-Neurological effect</li> <li>-Behavioral effect</li> <li>-Psychological effect</li> <li>-Physical effect</li> <li>-Social effect of psycho-Active substances &amp; Addictive disorders on the user and significant others</li> </ul>
<p><b>Psychological tests</b> and assessments specific to <b>addiction</b> counseling (S5.A.1.f)</p> <p>5%</p>	<p><b>Failed to integrate</b> any tools that describe a psychological assessment for addiction.</p> <p><b>Described no</b> significant issues of:</p> <ul style="list-style-type: none"> <li>-Psychol. Assessments for Addiction</li> <li>-Suicide Assessment</li> </ul>	<p><b>Integrated 1</b> tool and cited source to support this section.</p> <p><b>Described some</b> significant issues but not precisely and clear:</p> <ul style="list-style-type: none"> <li>-Psychol. Assessments for Addiction</li> <li>-Suicide Assessment</li> </ul>	<p><b>Integrated 2</b> tools and cited sources to support this section.</p> <p><b>Described all</b> significant issues but <b>not</b> precisely and clear:</p> <ul style="list-style-type: none"> <li>-Psychol. Assessments for Addiction</li> <li>-Suicide Assessment</li> </ul>	<p><b>Integrated 3</b> tools and cited sources to support this section. This integration flowed smoothly and showed vast creativity.</p> <p><b>Described all</b> significant areas precisely and clear of:</p> <ul style="list-style-type: none"> <li>-Psychol. Assessments for Addiction</li> <li>-Suicide Assessment</li> </ul>
<p><b>Roles</b> and settings of <b>addiction</b> counselors (S5.A.2.a)</p> <p>5%</p>	<p><b>Addressed none of the</b> issues below:</p> <ul style="list-style-type: none"> <li>-Roles, functions, settings of addiction counselors</li> <li>-Interdisciplinary teams</li> <li>-Need for preventative care</li> </ul>	<p><b>Addressed</b> the issues below partially and not precisely and clearly:</p> <ul style="list-style-type: none"> <li>-Roles, functions, settings of addiction counselors</li> <li>-Interdisciplinary teams</li> <li>-Need for preventative care</li> </ul>	<p><b>Addressed all of the</b> issues below but not precisely and clear:</p> <ul style="list-style-type: none"> <li>-Roles, functions, settings of addiction counselors</li> <li>-Interdisciplinary teams</li> <li>-Need for preventative care</li> </ul>	<p><b>Addressed all of the</b> issues below in a precise &amp; clear manner:</p> <ul style="list-style-type: none"> <li>-Roles, functions, settings of addiction counselors</li> <li>-Interdisciplinary teams</li> <li>-Need for preventative care</li> </ul>
<p><b>Factors</b> that increase the likelihood for a person, community, or group to be <b>at risk for or resilient to psychoactive substance use disorders</b> (S5.A.2.c)</p> <p>5%</p>	<p><b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.</p> <p><b>Addressed none of the</b> issues below:</p> <ul style="list-style-type: none"> <li>-Risk factors to psychoactive substance use disorders</li> <li>- Resilience factors to psychoactive substance use disorders</li> </ul>	<p><b>Integrated concepts</b> from at least <b>1</b> cited source to support this section.</p> <p><b>Addressed</b> the issues below partially and not precisely and clearly:</p> <ul style="list-style-type: none"> <li>-Risk factors to psychoactive substance use disorders</li> <li>- Resilience factors to psychoactive substance use disorders</li> </ul>	<p><b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section.</p> <p><b>Addressed all of the</b> issues below but not precisely and clear:</p> <ul style="list-style-type: none"> <li>-Risk factors to psychoactive substance use disorders</li> <li>- Resilience factors to psychoactive substance use disorders</li> </ul>	<p><b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section. This integration flowed smoothly and showed vast creativity.</p> <p><b>Addressed all of the</b> issues below in a precise &amp; clear manner:</p> <ul style="list-style-type: none"> <li>-Risk factors to psychoactive substance use disorders</li> <li>- Resilience factors to psychoactive substance use disorders</li> </ul>
<p><b>Role of wellness and spirituality in the addiction recovery process</b> (S5.A.2.f)</p> <p>5%</p>	<p><b>Addressed none of the</b> issues below:</p> <ul style="list-style-type: none"> <li>-Role of wellness in the addiction recovery process</li> <li>-Role of spirituality in the addiction recovery process</li> </ul>	<p><b>Addressed</b> the issues below partially and not precisely and clearly:</p> <ul style="list-style-type: none"> <li>-Role of wellness in the addiction recovery process</li> <li>-Role of spirituality in the addiction recovery process</li> </ul>	<p><b>Addressed all the</b> issues below but not precisely and clear:</p> <ul style="list-style-type: none"> <li>-Role of wellness in the addiction recovery process</li> <li>-Role of spirituality in the addiction recovery process</li> </ul>	<p><b>Addressed all the</b> issues below in a precise &amp; clear manner:</p> <ul style="list-style-type: none"> <li>-Role of wellness in the addiction recovery process</li> <li>-Role of spirituality in the addiction recovery process</li> </ul>

<p><b>Cultural factors</b> relevant to addiction and addictive behavior <b>(S5.A.2.j)</b></p> <p><b>Culturally and developmentally relevant education programs</b> that raise awareness and support addiction and substance abuse prevention and the recovery process <b>(S5.A.2.g)</b></p> <p>5%</p>	<p><b>Addressed none of the</b> issues below: - Individualized and Culturally appropriate treatment modalities to each client's stage of dependence, change, or recovery</p>	<p><b>Integrated concepts</b> from at least <b>1</b> cited source to support this section.</p> <p><b>Addressed</b> the issues below partially and not precisely and clearly: - Individualized and Culturally appropriate treatment modalities to each client's stage of dependence, change, or recovery - Culturally and developmentally relevant education programs</p>	<p><b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section.</p> <p><b>Addressed all of the</b> issues below but not precisely and clear: - Individualized and Culturally appropriate treatment modalities to each client's stage of dependence, change, or recovery - Culturally and developmentally relevant education programs</p>	<p><b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section. This integration flowed smoothly and showed vast creativity.</p> <p><b>Addressed all of the</b> issues below in a precise &amp; clear manner: - Individualized and Culturally appropriate treatment modalities to each client's stage of dependence, change, or recovery - Culturally and developmentally relevant education programs</p>
<p><b>Legal and ethical</b> considerations specific to <b>addiction</b> counseling <b>(S5.A.2.l)</b></p> <p><b>Strategies</b> for interfacing with the legal system and working with court referred clients. <b>(S5.A.3.h)</b></p> <p>5%</p>	<p><b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.</p> <p><b>Addressed none of the</b> issues below: -Ethical issues in counseling clients with addiction and co-occurring disorders -Professional issues -Legal issues -Strategies for interfacing with the legal system and working with court referred clients.</p>	<p><b>Integrated concepts</b> from at least <b>1</b> cited source to support this section.</p> <p><b>Addressed</b> the issues below partially and not precisely and clearly: -Ethical issues in counseling clients with addiction and co-occurring disorders -Professional issues -Legal issues -Strategies for interfacing with the legal system and working with court referred clients.</p>	<p><b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section.</p> <p><b>Addressed all of the</b> issues below but not precisely and clear: -Ethical issues in counseling clients with addiction and co-occurring disorders -Professional issues -Legal issues -Strategies for interfacing with the legal system and working with court referred clients.</p>	<p><b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section. This integration flowed smoothly and showed vast creativity.</p> <p><b>Addressed all of the</b> issues below in a precise &amp; clear manner: -Ethical issues in counseling clients with addiction and co-occurring disorders -Professional issues -Legal issues -Strategies for interfacing with the legal system and working with court referred clients.</p>
<p><b>Screening, assessment, and testing for</b> <b>Addiction</b>, including diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments <b>(S5.A.3.a)</b></p> <p>5%</p>	<p><b>Addressed none of the</b> issues below: -Conducting an intake Interview -Methods for identifying psychoactive substance toxicity, intoxication, &amp; withdrawal symptoms; -Mental Status Examin. -Psychoeducational and personality Assessment</p>	<p><b>Addressed</b> the issues below partially and not precisely and clearly: -Conducting an intake Interview -Methods for identifying psychoactive substance toxicity, intoxication, &amp; withdrawal symptoms; -Mental Status Examin. -Psychoeducational and personality Assessment</p>	<p><b>Addressed all of the</b> issues below but not precisely and clear: -Conducting an intake Interview -Methods for identifying psychoactive substance toxicity, intoxication, &amp; withdrawal symptoms; -Mental Status Examin. -Psychoeducational and personality Assessment</p>	<p><b>Addressed all of the</b> issues below in a precise &amp; clear manner: -Conducting an intake Interview -Methods for identifying psychoactive substance toxicity, intoxication, &amp; withdrawal symptoms; -Mental Status Examin. -Psychoeducational and personality Assessment</p>
<p><b>Techniques and interventions</b> related to substance abuse and other <b>addictions</b> <b>(S5.A.3.d)</b></p> <p>5%</p>	<p><b>Addressed none of the</b> issues below: -Techniques and interventions related to substance use disorder -Techniques and interventions related to other addictions</p>	<p><b>Addressed</b> the issues below partially and not precisely and clearly: -Techniques and interventions related to substance use disorder -Techniques and interventions related to other addictions</p>	<p><b>Addressed all of the</b> issues below but not precisely and clear: -Techniques and interventions related to substance use disorder -Techniques and interventions related to other addictions</p>	<p><b>Addressed all of the</b> issues below in a precise &amp; clear manner: -Techniques and interventions related to substance use disorder -Techniques and interventions related to other addictions</p>

<p><b>Evaluating</b> and identifying individualized <b>strategies &amp; treatment modalities</b> relative to clients' <b>stage</b> of dependence, change, or recovery <b>(S5.A.3.g)</b></p> <p><b>5%</b></p>	<p><b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.</p> <p>-Evaluating &amp; identifying individualized strategies &amp; treatment modalities relative to clients' stage of dependence, change, or recovery</p>	<p><b>Integrated concepts</b> from at least <b>1</b> cited source to support this section.</p> <p>-Evaluating &amp; identifying individualized strategies &amp; treatment modalities relative to clients' stage of dependence, change, or recovery</p>	<p><b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section.</p> <p>-Evaluating &amp; identifying individualized strategies &amp; treatment modalities relative to clients' stage of dependence, change, or recovery</p>	<p><b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section. This integration flowed smoothly and showed vast creativity.</p> <p>-Evaluating &amp; identifying individualized strategies &amp; treatment modalities relative to clients' stage of dependence, change, or recovery</p>
<p><b>Potential</b> for substance use disorders to <b>mimic and/or co-occur</b> with a variety of neurological, medical, and psychological disorders <b>(S5.C.2.e)</b></p> <p><b>(S5.A.2.b)</b></p> <p><b>5%</b></p>	<p><b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.</p> <p>-Potential for addictive disorders to mimic a variety of medical &amp; psychological disorders -Potential f. comorbidity of medical &amp; mental disorders with addictions &amp; subst. use</p>	<p><b>Integrated concepts</b> from at least <b>1</b> cited source to support this section.</p> <p>-Potential for addictive disorders to mimic a variety of medical &amp; psychological disorders -Potential f. comorbidity of medical &amp; mental disorders with addictions &amp; subst. use</p>	<p><b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section.</p> <p>-Potential for addictive disorders to mimic a variety of medical &amp; psychological disorders -Potential f. comorbidity of medical &amp; mental disorders with addictions &amp; subst. use</p>	<p><b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section. This integration flowed smoothly and showed vast creativity.</p> <p>-Potential for addictive disorders to mimic a variety of medical &amp; psychological disorders -Potential f. comorbidity of medical &amp; mental disorders with addictions &amp; subst. use</p>
<p><b>ORGANIZATION and PARAGRAPH CONSTRUCTION</b></p> <p><b>5%</b></p>	<p>The information appears to be disorganized. Paragraphing structure was not clear and sentences were not related within the paragraphs.</p>	<p>Information is organized, but paragraphs are not well constructed. Paragraphs included related information but were typically not constructed well.</p>	<p>Information is organized with well-constructed paragraphs. Most paragraphs include introductory sentence, explanations or details, and concluding sentence.</p>	<p>Information is very organized with well-constructed paragraphs and subheadings. All paragraphs include introductory sentence, explanations or details, &amp; concluding sentence.</p>
<p><b>MECHANICS and Academic LANGUAGE</b></p> <p><b>5%</b></p>	<p><b>Many</b> grammatical, spelling, or punctuation errors. Use of slang and informal language. The paper is shorter than 8 pages (excluding the title page, abstract, reference page(s)).</p>	<p><b>A few</b> grammatical spelling or punctuation errors. Use of informal &amp; subjective language. The paper is either shorter than 8 pg. or longer than 12 pg. (excluding the title page, abstract, reference page(s)).</p>	<p><b>Almost no</b> spelling, grammatical or punctuation errors. Use of formal language. The paper is 8 pages (excluding the title page, abstract, reference page(s)). The paper has an abstract &amp; title page.</p>	<p><b>No</b> grammatical, spelling or punctuation errors. Appropriate use of formal and objective academic language. The paper has 8 pages (excluding the title page, abstract, reference page(s)).</p>
<p><b>APA STYLE – SOURCES CITATION</b></p> <p><b>10%</b></p>	<p>Some sources are not accurately documented in text and reference list.</p>	<p>All sources (information &amp; graphics) are accurately documented, but many are not in the desired APA format.</p>	<p>All sources (information and graphics) are accurately documented, but a few are not in the desired APA format.</p>	<p>All sources (information and graphics) are accurately cited in the desired APA format.</p>

## VII. Grading

### A. Grade Calculation

1. There are 1000 points available for this course:
  - 1) 100 points - **Moodle Participation** (10%)
  - 2) 200 points - **Self-help or 12-Step Meeting Paper** (20%) Due Feb 04
  - 3) 200 points - **Behavioral Change Paper** (20%) Due Mar 03
  - 4) 200 points - **Video Review and Reflection Paper** (20%) Due Mar 17
  - 5) 300 points - **Addiction – Academic Paper** (30%) Due Apr 13
  
2. At the end of the quarter, grades will be assigned as follows:
  - A: 100-90%
  - B: 89-80%
  - C: 79-70%
  - D: 69-60%
  - F: 59-0%

- B. Late or missed work policy:** For each calendar day that your assignment is turned in late, the grade will be dropped by 25%.

## VIII. University Policies and Information (REQUIRED)

<https://www.uprovidence.edu/academics/>

- A. This Link includes access to the following important University Information: Academic Catalog (University Policies and Information) Academic Calendar, Library Services, Registrar’s Office, Student Academic Support Services and more.
- B. Instructor’s additions to the attendance policy

## IX. Academic Misconduct

- A. UP Policy:

“Students should exhibit high standards of academic conduct. All acts of dishonesty in academic work constitute academic misconduct.  
To view the complete University of Providence Academic Misconduct policy please see the **Graduate Catalog** available on the University of Providence <https://www.uprovidence.edu/academics/> (REQUIRED)
- A. The University of Providence strives to maintain an environment of trust, respect, and integrity that facilitates the pursuit of scholarly goals. As such, students are expected to exhibit high standards of academic conduct.

**Cheating:** Use or attempted use of unauthorized material, information, study aid, or electronic data that the student knows or should know is unauthorized in any academic assignment, exercise, paper, or examination. Cheating also

encompasses the provision or acceptance of any unauthorized assistance during an examination or assignment to be completed individually, including but not limited to talking to another student, viewing, or copying another student's examination or assignment, making, or receiving gestures from another student, or engaging another person to complete an assessment or examination in place of the student.

**Plagiarism:** Representation of another's work as one's own. This includes the unauthorized and unacknowledged use of the phrases, sentences, paragraphs, ideas, illustrations, drawings, photographs, or computer programs of another whether by using exact or nearly exact words without quotation marks or by omitting citations or both. (*To see the full wording please visit the Graduate Catalog on the University of Providence Website: Academic Policies and Procedures section*).

### **Initial Procedure regarding Academic Misconduct**

The course instructor meets with the student (either in person or video conferencing) to discuss the incident. The student will be informed of the course instructor's suspicions. The student may respond to the allegations and may bring witnesses, if deemed pertinent by the instructor.

The course instructor is the initial judge of whether a student is guilty of academic misconduct and, if necessary, assigns a sanction. This determination of responsibility shall be based upon the facts of the incident and whether it is more likely than not that the student is responsible for the alleged violation(s).

The student shall be provided written notification of the course instructor's decision and sanction, normally within five business days. The minimum penalty for an act of academic misconduct shall be a grade of "F" (failure) on the paper, assignment, or examination involved. More severe penalties may be enforced by individual instructors, provided that such penalties are identified in the course syllabus. The maximum penalty for plagiarism that may be levied is a grade of "F" (failure) for the course.

Copies of plagiarized work or other written evidence of the academic misconduct will be placed on file with the Coordinator of Student / Faculty Relations. This file is separate from the student's permanent academic file and confidential. First violations of the Code are a part of this confidential record. Second violations are handled on a case-by-case basis and will become part of the student's academic file only in those instances when subsequent offenses are serious enough to warrant inclusion.

Severe or repeated instances of academic misconduct will result in more severe sanctions up to and including expulsion. Appeal Should a student disagree with an instructor's judgment; the student may appeal the instructor's decision by following the "Academic Related Appeals Process". (University of Providence Catalog: "Academic Policies")

### **B. Instructor's additions to the Academic Conduct policy.**

## X. Provision for Special Needs

Accommodation for documented disabilities

(<https://www.uprovidence.edu/academics/student-academic-support/>): If you have a documented disability and would like the professor to make accommodations, visit with Carilyn (Carrie Lynne) Voorhies, M.Ed., who can be reached at 406-791-5915 or by email at [carilyn.voorhies@uprovidence.edu](mailto:carilyn.voorhies@uprovidence.edu).

## XI. Tentative Class Schedule and Outline

See last page of this syllabus.

## XII. Policy on Diversity:

University-level education is about broadening horizons and looking at academic issues from a variety of perspectives. The participants in this class are encouraged to bring their own life experiences and viewpoints to accept on classroom discussions and assignments. Along with the freedom to express one's own view comes the responsibility of race, ethnicity, age, principle, religion, gender, sexual orientation, marital-status, or political ideology. In other words: you must be kind. Intolerance is not acceptable.

## XIII. Student Responsibilities and Tips for How to Do Well

- The “rule of thumb” for graduate courses is 3 or 4 hours of out of class work for each credit hour assigned to the course. For this 3-hour course, you should allocate at least 9 hours per week for reading, participating in the Moodle portion of the course, and writing papers.
- Please be sure to read the assigned chapters **prior** to answering the discussion board questions. Remember, points are earned based on your presentation of factual material.
- Some of the lecture time for this course comes from participating in the discussion boards. Please make sure that you allocate at least 3-4 hours/week to reading the assigned chapters and at least 2-3 hours/week to participating in the discussion boards.
- At a minimum, log into the Moodle component of the course every other day. This is one of the ways that you “come to class”. I encourage you to ask questions and voice your opinions! Treat this class as a live seminar with an online component. Sign in, think deeply, participate, and always be kind in your interactions with others. Remember, written words are much more likely to be misconstrued because of all the non-written cues that are missing. Please be careful and considerate.
- Come to the semester begin meeting each semester. The meeting will provide you the opportunity to know one another personally.
- If you are not doing as well as you would like, please make an appointment to consult with Dr. Lindinger-Sternart about how you can excel in this course.
- Due to the nature of discussions involved in this class, it is important that we respect each other’s opinions and values. You are expected to participate in

online discussions in such a manner as to maximize learning for yourself and your classmates while maintaining a safe environment for open and free expression of ideas by adhering to professional guidelines becoming of a clinical mental health counselor.

### **Academic Support Centers**

This is a great, FREE resource for students.

<https://www.uprovidence.edu/academics/student-academic-support/>

- Trio Support Services
- Mathematics Center
- Writing & Critical Thinking Center
- Disability Services
- Academic Success Center

### **Academic Forms:**

<https://www.uprovidence.edu/academics/registrars-office/academic-forms/>

### **About the Instructor**

I welcome you and if you request a meeting, I will do everything possible to schedule an appropriate time with you to support you. You may email me with any questions or concerns. I encourage you to communicate with me via Collaborate on Moodle as this offers videoconferencing at any scheduled time. I look forward to working with you!



### The grid - Goals & Objectives from the University:

Master degree requirement	Competency objectives CACREP Standards	MSC 553 (Counseling the Addicted Client): Behavioral/course objectives	Assessment / Measurements
<b>Reflective Learning:</b> To apply major theoretical perspectives in their field of study to real-life cases and to reflect on these applications	History and development of addiction counseling ( <b>S5.A.1.a</b> )	1. Understands the history and philosophy of the counseling profession and the specialty area of addiction counseling. (S2.F.1.a)	<b>Readings</b> about addiction children (theories / etiology/ applications) <b>Moodle</b> forum participation <b>Addiction – Academic Paper</b>
	Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients ( <b>S2.F.1.e</b> )  Legal and ethical considerations specific to addiction counseling ( <b>S5.A.2.l</b> )	2. Defining ethical, professional, and legal issues in counseling clients with an addiction and identifying advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients (S2.F.1.e) 3. Knowing legal and ethical considerations specific to addiction counseling (S5.A.2.l)	<b>Addiction – Academic Paper</b>
<b>Reflective Practice:</b> To reflect and act on one's own ideas, analyses, values, and personal and organizational interests in relation to one's field of study	Roles and settings of addiction counselors ( <b>S5.A.2.a</b> )  Classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation ( <b>S5.C.2.h</b> )	5. Knowing the roles, functions, and settings of addiction counselors, as well as the relationship between addiction counselors and other mental health professionals, and the need for preventative care (S5.A.2.a)  6. Integrating the knowledge about the physiological effects of medications on the addiction and mental health population, and understanding the importance of medical referral and consultation (S5.C.2.h)	<b>Addiction – Academic Paper</b>
	Cultural factors relevant to addiction and addictive behavior ( <b>S5.A.2.j</b> ) The effects of power and privilege for counselors and clients ( <b>S2.F.2.e</b> ) The help-seeking behaviors of diverse clients ( <b>S2.F.2.f</b> ) The impact of technology on the counseling process ( <b>S2.F.5.e</b> )	Considering and understanding the impact of cultural factors relevant to the development substance use problems and addiction (S5.A.2.j) Considering and understanding the impact of cultural factors relevant to help-seeking behavior and treatment (S2.F.2.e) (S2.F.2.f) (S2.F.5.e)	<b>Addiction – Academic Paper</b>
	Strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination ( <b>S2.F.2.h</b> )	Strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination ( <b>S2.F.2.h</b> )	<b>Addiction – Academic Paper</b>
<b>Reflective Scholarship:</b> Understand major theoretical perspectives within their field of study	Theories and etiology of addictions and addictive behaviors ( <b>S2.F.3.d</b> )	Evaluating and identifying theories and etiology of addictions and addictive behaviors ( <b>S2.F.3.d</b> )	<b>Addiction – Academic Paper</b>
	Behavioral, psychological, physical, and social effects of psychoactive substances and addictive disorders on the user and significant others ( <b>S5.A.1.e</b> )  Neurobiological and medical foundation and etiology of addiction and co-occurring disorders ( <b>S5.C.1.d</b> )  Principles and philosophies of addiction-related self-help ( <b>S5.A.1.c</b> )	7. Analyzing neurological, behavioral, psychological, physical, and social effects of psychoactive substances and addictive disorders on the user and significant others (S5.A.1.e)  10. Understanding neurobiological and medical foundation and etiology of addiction and co-occurring disorders (S5.C.1.d)  12. Identifying principles and philosophies of addiction-related self-help, including 12-step programs (S5.A.1.c)	<b>Addiction – Academic Paper</b>

	Evidenced-based counseling strategies and techniques for prevention and intervention <b>(S2.F.5.j)</b>	11.Evaluating and identifying models and individualized helping strategies and treatment modalities to each client's stage of dependence, change, or recovery. (S5.A.3.g)	<b>Addiction – Academic Paper</b>
	Theories and models of addiction related to substance use as well as behavioral and process addictions <b>(S5.A.1.b)</b>	Demonstrating knowledge of methods for applying principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning (S5.A.1.d)	<b>Addiction – Academic Paper</b>
	Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning <b>(S5.A.1.d)</b>	Conducting an intake interview, a mental status examination, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and case management (S5.A.3.d)	<b>Addiction – Academic Paper</b>
	Neurobiological and medical foundation and etiology of addiction and co-occurring disorders <b>(S5.C.1.d)</b>  Screening, assessment, and testing for addiction, including diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments <b>(S5.A.3.a)</b>  Psychological tests and assessments specific to addiction counseling <b>(S5.A.1.f)</b>	15.Analyzing theories and models of addiction related to substance use as well as behavioral and process addictions (S5.A.1.b)  16.Demonstrating knowledge about psychological tests and assessments specific to addiction counseling, potential for self-inflicted harm or suicide; (S5.A.1.f)  17.Recognizing the potential for addictive disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to coexist with addiction and substance abuse (S5.C.2.e)	<b>Addiction – Academic Paper</b>
	Potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders <b>(S5.C.2.e)</b>  Classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation <b>(S5.C.2.h)</b>	Potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders <b>(S5.C.2.e)</b>  Classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation <b>(S5.C.2.h)</b>	<b>Addiction – Academic Paper</b>
	Procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide <b>(S2.F.7.c)</b>	9. Screens for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; and co-occurring mental and/or addictive disorders (S2.F.7.c)  18. Screens for symptoms of psychoactive substance toxicity, intoxication, and withdrawal (S5.A.3.c)	<b>Addiction – Academic Paper</b>
	Integrating the knowledge about self-care strategies appropriate to the addiction counselor role <b>(S2.F.1.i)</b>	4. Integrating the knowledge about self-care strategies appropriate to the addiction counselor role (S2.F.1.i)	<b>Addiction – Academic Paper</b>

## TENTATIVE COURSE SCHEDULE

Date	Readings	TOPICS	CACREP Standard
WEEK 1 (Thu-CMM) Jan 08-Jan 14	Chapter 1 Chapter 2	Introduction / The Nature of Addiction Historical Perspectives	(S5.A.1.b) (S5.A.1.a)
<b>Jan 11</b>	<b>Mandatory Thu 01/11</b>	<b>Collaborate Meeting Room, 6pm-8pm (MT)</b> <b>Discussion Role Plays</b>	
WEEK 2 Jan 15-Jan 21	Chapter 3 Chapter 4 Mon 5-6pm MT	Substance Misuse, Dependence, and the Body Substance Misuse with a Co-Occurring Dis. <b>ROLE PLAY 1 – Client with Comorbidity</b>	(S5.A.1.e) (S5.A.3.c) (S5.C.1.d)
WEEK 3 Jan 22 – Jan 28	Chapter 5 Chapter 6 Mon 5-6pm MT	Gambling, Eating Disorders, Shopping, etc. Addiction across the Life Span <b>ROLE PLAY 2 – Client w. Process Addiction</b>	(S5.A.1.b) (S5.A.3.d)
WEEK 4 Jan 29-Feb 04	Chapter 7 Chapter 8 Mon 5-6pm MT	Screening and Assessment Strengths- & Evidence-Based Helping Strategies <b>ROLE PLAY 3 – Strengths-Based Strategies</b>	(S5.A.1.d) (S5.A.1.f) (S5.A.3.a) (S5.A.3.d) (S5.A.2.a)
<b>Feb 04</b>	<b>Due 02/04</b>	<b>Self-help or 12-Step Meeting Paper (20%)</b> <b>Due - Feb 04, 2024, 23:55pm</b>	
WEEK 5 Feb 05-Feb 11	Chapter 9 Chapter 10 Mon 5-6pm MT	Mutual Help Groups & Spiritual/Religious Resources Family Risks and Resiliencies <b>ROLE PLAY 4 – Spirituality / Religion</b>	(S5.A.1.c) (S5.A.1.e)
WEEK 6 Feb 12-Feb 18	Chapter 11 Chapter 12 Mon 5-6pm MT	Ethnicity, Culture, and the Socioeconomic Det. Gender, Sexual, and Sexual Orientation Diff. <b>ROLE PLAY 5 – Client Minority Status</b>	(S5.A.2.j) (S5.A.2.j)
WEEK 7 Feb 19 – Feb 25	Chapter 13 Mon 5-6pm MT	Public Policy <b>ROLE PLAY 6 – Mandatory Client</b>	(S5.A.2.l)
WEEK 8 (Fri-CMM) Feb 26 – Mar 03	Textbook, Articles	Review your Study Material on Moodle <b>ROLE PLAYS (a group of 2 or 3 students) 03/01</b>	(S5.A.3.a) (S5.A.3.c) (S5.A.3.d) (S5.A.3.g)
<b>Mar 01</b>	<b>Mandatory Fri 03/01</b>	<b>Collaborate Meeting Room, 6pm-8pm (MT)</b> <b>Class will ROLE PLAY</b>	
<b>Mar 03</b>	<b>Due 03/03</b>	<b>Behavioral Change Paper (20%)</b> <b>Due – Mar 03, 2024, 23:55pm</b>	
<b>WEEK 9</b> Mar 04 – Mar 10	<b>SPRING BREAK</b>	<b>Have Some Relaxing Days!</b>	
WEEK 10 Mar 11 – Mar 17	<b>Watch Video</b>	Review and Reflect on the Video – V. Satir Feedback on <b>ROLE PLAYS</b>	(S5.A1.b.) (S5.A3.d.)
<b>Mar 17</b>	<b>Due 03/17</b>	<b>Video Review – Reflection Paper (20%)</b> <b>Due - Mar 17, 2024, 23:55pm</b>	
WEEK 11 Mar 18 – Mar 24		Research for your PAPER	(S5.A1.a.) (S5.A1.b.) (S5.A1.c.) (S5.A1.d.)
WEEK 12 Mar 25 – Mar 31		Outline your PAPER	(S5.A1.e.) (S5.A2.a.) (S5.A2.j.) (S5.A2.l.)
WEEK 13 Apr 01 – Apr 07		Write your PAPER	(S5.A3.a.) (S5.A3.g.) (S5.A3.d.) (S5.C2.h.)
WEEK 14 Apr 08 – Apr 14		Finalize your PAPER	(S2.F.1.l.) (S5.C.1.d.) (S5.C2.e.) (S2.F.1.e.)
<b>Apr 13</b>	<b>Due 04/13</b>	<b>Addiction – Academic Paper (30%)</b> <b>Due - Apr 13, 2024, 23:55pm</b>	(S5.A1.a.) - (S5.A1.e.) (S5.A2.a.) (S5.A2.j.) (S5.A2.l.) (S5.A3.a.) (S5.A3.g.) (S5.A3.d.) (S5.C2.h.) (S2.F.1.l.) (S5.C.1.d.) (S5.C2.e.) (S2.F.1.e.) (S2.F.2.f.) (S2.F.2.e.) (S2.F.5.e.)
WEEK 15 (Fri CMM) Apr 15 – Apr 21	<b>Mandatory Friday 04/19</b>	<b>Sharing Content Addiction Paper, 6-8pm</b>	
WEEK 16	04/22-04/26	Finals Week	

