

Instructor's Manual

for

A Contemporary Approach to

Substance Use Disorders

and

Addiction Counseling

Third Edition

Ford Brooks *and* Bill McHenry

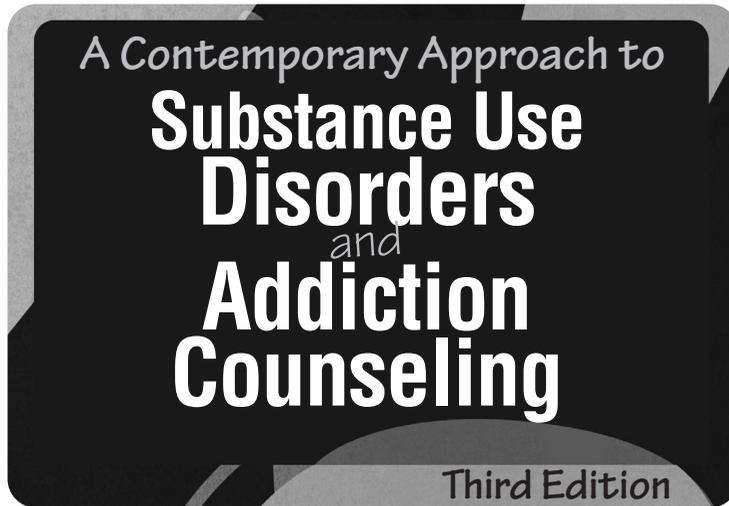


American Counseling Association

2461 Eisenhower Avenue, Suite 300 • Alexandria, VA 22314
counseling.org

Instructor's Manual

for



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Note to Instructors

For this third edition of *A Contemporary Approach to Substance Use Disorders and Addiction Counseling*, we've added this instructor's manual consisting of a test bank with questions and two sample substance use counseling course syllabi for course construction. An answer key to the test questions appears on page 41. Summary PowerPoints from each chapter are also included on the flash drive.

It is our hope that these tools along with the text itself will provide the needed information and structure for a successful course in substance use counseling. For many institutions, this may be the only course regarding substance use disorders that students may be exposed to, so we want this manual to add to instructor preparation.



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Chapter 1

Substance Use Counseling: An Introduction

For each item, select the *one best answer* from among the alternatives.

1. According to the authors, which two attributes are the core values manifested by effective counselors?
 - a. Genuine compassion and deep understanding
 - b. Critical cynicism and sarcasm
 - c. Optimism and humor
 - d. Strong sense of self and awareness
2. Which of the following theorists suggested that certain counselor characteristics were necessary in the therapeutic relationship for clients to feel supported and begin the change process?
 - a. Sigmund Freud
 - b. Alfred Adler
 - c. Urie Bronfenbrenner
 - d. Carl Rogers
3. How might a counselor combat the feelings and biases of working with the perplexing substance use disorder population according to the text?
 - a. Embrace closed-mindedness
 - b. Helping attitude and compassionate heart
 - c. Self-care
 - d. Attend a closed Narcotics Anonymous meeting
4. If counselors do not develop a well-thought-out helping attitude, clients may be labeled as which of the following?
 - a. Reliant
 - b. Relatable
 - c. Resistant
 - d. Revered

5. The beginner's mind approach of counseling is best described as which of the following?
 - a. Views each client interaction as new and interesting
 - b. Encompasses exploration of the basis of personal biases
 - c. Exploring reasons as to why the client has relapsed
 - d. Investigate the significance of beginning stages of life



Chapter 2

Diversity Issues in Substance Use Treatment

For each item, select the *one best answer* from among the alternatives.

1. Multicultural counseling is best described as which of the following?
 - a. Any counseling relationship in which the participants represent differing ethnic or minority groups
 - b. The sense of commonality transmitted over generations by family and reinforced by the surrounding community
 - c. The ability to function effectively in the context of ethnocultural differences
 - d. Commonalties around which people have developed various norms

2. The addiction treatment field has learned over time that one treatment approach does not work with all clients, particularly in which of the following areas?
 - a. Relapse prevention
 - b. Developmental issues
 - c. Spirituality
 - d. Ecological aspects of life

3. Historically, addiction treatment providers used traditional approaches to substance use that were created by and for which of the following?
 - a. African American males
 - b. Freudian enthusiasts
 - c. The LGBTQ+ community
 - d. European American males

4. Research suggests that minority clients discontinue treatment or counseling after how many sessions?
 - a. 3
 - b. 7
 - c. 1
 - d. 5

5. In substance use counseling, which of the following is critical to consider in creating a safe and supportive setting for client growth?
 - a. Family history
 - b. Cultural diversity
 - c. Drug of choice
 - d. Treatment history

6. Which of the following developed and promotes a set of multicultural competencies for counselors to achieve in order to most effectively help culturally diverse clients?
 - a. National Board for Certified Counselors
 - b. Association for Multicultural Counseling and Development
 - c. Chi Sigma Iota
 - d. American Mental Health Counselors Association

7. Which of the following terms refers to the commonalities around which people have developed values, norms, family lifestyles, social roles, and behaviors in response to historical, political, economic, and social realities?
 - a. Culture
 - b. Ethnicity
 - c. Ethnoculture
 - d. Individualism

8. Which of the following terms refers to the sense of commonality transmitted over generations by the family and reinforced by the surrounding community?
 - a. Ethnoculture
 - b. Individualism
 - c. Ethnicity
 - d. Culture

9. _____, also known as cultural empathy, is important in understanding where a counselor is in regard to multicultural substance use counseling.
 - a. Culturally destructive
 - b. Cultural blindness
 - c. Cultural competence
 - d. Cultural proficiency

10. All of the following are examples of unique factors found with women in treatment EXCEPT _____.
- a. women differ physiologically from men, thus needing to consume less amounts of alcohol to feel the same effects
 - b. women with an alcohol addiction often have coexisting diagnoses such as anxiety disorders
 - c. women often relapse more quickly and more often than men
 - d. female drinking is more associated with higher achievement in education and those of higher income



Chapter 3

Types of Drugs and Their Effects

For each item, select the *one best answer* from among the alternatives.

1. People typically ingest drugs with the intention of becoming addicted.
This statement is _____.
 - a. subjective
 - b. true
 - c. false
 - d. none of the above

2. In general, people start using drugs _____.
 - a. to seek pleasure
 - b. out of curiosity
 - c. to avoid painful emotions and/or spiritual emptiness
 - d. all of the above

3. It is necessary for counselors to have knowledge of _____.
 - a. drugs and drug classification
 - b. withdrawal symptoms
 - c. personal experience of drug use
 - d. both A and B

4. In addition to knowledge of drug use and effects, it is important for counselors to understand clinical expectations, outcomes, and treatments. To help clients, counselors do all of the following EXCEPT _____.
 - a. prepare for potential withdrawal symptoms and provide treatment planning
 - b. strategize and manage cravings for drugs
 - c. enable the client's drinking as a coping mechanism
 - d. understand cross-tolerance, cross-addiction, and the risks of combining drugs

5. Having a basic knowledge of drug interactions, physical symptoms (e.g., craving, withdrawal), and slang terminology helps counselors _____.
 - a. demonstrate credibility and interest while building rapport with clients
 - b. prove their comprehensive knowledge of all drugs and drug categories
 - c. both A and B
 - d. none of the above

6. While drugs impact many bodily functions, they most significantly affect the _____.
 - a. lungs
 - b. brain
 - c. stomach
 - d. heart

7. Which of the following is not a neurotransmitter?
 - a. Serotonin
 - b. Peptides
 - c. Gabapentin
 - d. Catecholamines (dopamine, norepinephrine, epinephrine)

8. Brain chemistry changes with continued drug use. An individual's response to drugs can be impacted by their _____.
 - a. nutrition
 - b. body's reaction to disease
 - c. race
 - d. all of the above

9. True or false? A person's method of drug administration and/or dose can significantly affect their overall experience.
 - a. True
 - b. False

10. The U.S. Food and Drug Administration categorizes drugs based on medical use and levels of abuse, which include the following classifications:
 - a. Schedules I, II, and III
 - b. Schedules I, II, III, IV, and V
 - c. Schedules I and II
 - d. Schedules I and V

11. Which is NOT a category of drugs?
 - a. Inhalants
 - b. Club drugs
 - c. Gamma hydroxybutyrate (GHB)
 - d. Over-the-counter medications

12. Which drug category consists of alcohol, barbiturates, nonbarbiturates, and tranquilizers?
 - a. Stimulants
 - b. Hallucinogens
 - c. Steroids
 - d. Sedatives-hypnotics

13. Each of the following is classified as a stimulant EXCEPT _____.
 - a. amphetamine
 - b. methamphetamine
 - c. alcohol
 - d. cocaine

14. Marijuana and hashish fall under which drug category?
 - a. Sedatives-hypnotics
 - b. Cannabinoids
 - c. Club drugs
 - d. Stimulants

15. The category opiates-narcotics includes which of the following drugs?
 - a. Demerol, codeine, methadone, opium, and morphine
 - b. Vicodin, OxyContin, Percodan, and Percocet
 - c. Talwin, heroin, LAAM, and Dilaudid
 - d. All of the above

16. Which of the following is an example of medication-assisted treatment (MAT)?
 - a. Suboxone and buprenorphine
 - b. Methadone maintenance
 - c. None of the above
 - d. Both A and B

17. Lysergic acid diethylamide, mescaline, and psilocybin are examples of _____.
- club drugs
 - hallucinogens
 - steroids
 - inhalants
18. Psychotropic medications are _____.
- prescribed by psychiatrists to treat clients with mental health disorders
 - not physically addictive
 - used to stabilize both mood and behavior
 - all of the above
19. The most important thing for counselors to note is what clients may experience once they discontinue drug use. A client experiencing alcohol withdrawal requires _____.
- medical monitoring and treatment to reduce the risk of seizures, delirium tremens, or other medical complications
 - tapered alcohol use through MAT
 - both A and B
 - none of the above
20. Which of the following drugs can have potentially severe withdrawal symptoms?
- GHB
 - Inhalants
 - Phencyclidine
 - None of the above



Chapter 4

Assessment, Diagnosis, and Interview Techniques

For each item, select the *one best answer* from among the alternatives.

1. What is the order of the three main aspects (steps) for a counselor as a facilitative gatekeeper?
 - a. Assessment, information gathering, referral
 - b. Information gathering, assessment, referral
 - c. Assessment, referral, tracking
 - d. Information gathering, referral, tracking

2. When referring, counselors should do all of the following EXCEPT _____.
 - a. not exceed their level of competence
 - b. ignore programs that treat co-occurring disorders
 - c. be knowledgeable about the funding options/resources for the client
 - d. know how to set up administration and transport for the client

3. A term frequently used in managed care, a _____ is used to protect the confidentiality of a client and their personal health information.
 - a. release of information
 - b. request of information
 - c. receipt of information
 - d. requirement of information

4. All of the following are classifications of substance use disorders in the *DSM-5-TR* EXCEPT _____.
 - a. cannabis
 - b. tobacco-related
 - c. gambling
 - d. caffeine

5. All of the following are criteria exploring impaired control for substance use disorders in the *DSM-5*. Which was most recently added to this version that was not included in the fourth edition of the *DSM*?
 - a. Substance is taken in larger amounts or over a longer period than intended
 - b. A persistent desire or unsuccessful efforts to cut down use
 - c. Disproportionate time is spent obtaining, using, or recovering from substance; daily activities revolve around substances
 - d. Craving—an intense desire or urge for the drug; more likely in the environment where using previously occurred

6. The following are measures of criteria explored in depth in the *DSM-5-TR* EXCEPT _____.
 - a. social impairment
 - b. risky use
 - c. spiritual emptiness
 - d. pharmacological (tolerance, withdrawal)

7. It can be difficult to differentiate a “normal” adolescent from one who is abusing substances. Which of the following is FALSE?
 - a. Acting-out behavior and defensiveness can be normal aspects of adolescent development
 - b. Adolescents cannot be diagnosed with a substance use disorder
 - c. It is a time of developing autonomy, testing limits, and finding one’s identity in the world
 - d. The changes observed by one individual may not be enough for observational and information-gathering purposes

8. There are a number of instruments available to use with clients to make a diagnosis of alcohol or drug abuse and/or dependency and to determine those who are at high risk of developing an addiction. The acronym CAGE represents a brief screening instrument using the following questions:
 - C—Have you ever felt a need to _____ down on your drinking?
 - A—Have you ever felt _____ by someone criticizing your drinking?
 - G—Have you ever felt _____ about your drinking?
 - E—Have you ever had an _____ or drank in the morning to steady your nerves?

Select the option with the correct words that make up the acronym.

 - a. Cut, annoyed, guilty, eye-opener
 - b. Cut, angry, great, ecstasy pill
 - c. Cut, annoyed, great, eye-opener
 - d. Cut, angry, guilty, ecstasy pill

9. What does it mean to have a “co-occurring disorder” for a client with an addiction?
 - a. Have a substance use disorder with two different drug dependencies
 - b. Have a substance use disorder and a psychiatric disorder
 - c. Have a substance use disorder and a nonpsychiatric illness
 - d. None of the above
10. The following psychological issues are often associated with substance use disorders. Which is NOT classified as a disorder in the *DSM-5-TR*?
 - a. Schizophrenia
 - b. Depressive and anxiety disorders
 - c. Self-harm, suicidal ideation, and suicide
 - d. Bipolar disorder
11. During assessments, it is important to consider which of the following?
 - a. Military service and legal involvement
 - b. Education and occupation information
 - c. Medical history and social/familial relationships
 - d. All of the above
12. Motivational interviewing (MI) helps address client resistance. A key concept in MI with clients with substance use issues is for the counselor to _____.
 - a. believe that the client is trustworthy
 - b. argue for the client to change their behaviors
 - c. state that they know what the client needs better than they do
 - d. challenge the client to grow through criticism, shame, and blame
13. Client motivation plays a crucial role in the therapeutic process, and clients can enter treatment by _____.
 - a. self-referral
 - b. court mandate
 - c. counselor referral
 - d. all of the above
14. Which of the following can be omitted in assessing clients with substance use issues?
 - a. Mental status examination
 - b. Suicide assessment
 - c. Overdose and trauma history
 - d. None of the above



Chapter 5

Continuum of Nonuse to Addiction: A Biopsychosocial Understanding

For each item, select the *one best answer* from among the alternatives.

1. Addiction is a multifaceted issue. Which of the following are elements of a holistic model of the cause and continuum of addiction?
 - a. Genetics, culture, social, and spiritual
 - b. Choice, single causality, medical model, and moral problem
 - c. Both A and B
 - d. None of the above
2. The microsystem, mesosystem, exosystem, and macrosystem are the components of ecological systems theory (ecological model) developed by _____.
 - a. Erik Erikson
 - b. Bill Wilson and Dr. Bob Smith
 - c. Urie Bronfenbrenner
 - d. Alfred Adler
3. Denial, rationalization, minimization, blaming, intellectualization, justification, and explaining are common in clients with substance use issues. These psychological aspects pose a challenge to the counseling relationship and are considered _____.
 - a. cognitive distortions
 - b. cyclical
 - c. part of a defense system
 - d. all of the above

4. Which of the following theories (through an addiction lens) suggests that individuals learn about the expectancies of alcohol and drugs through observation?
 - a. Psychodynamic
 - b. Motivational interviewing
 - c. Social learning
 - d. Psychosocial development (Erikson)

5. The spiritual approach to understanding addiction sprang from the fellowship of AA in 1935, by cofounders Bill Wilson and Dr. Bob Smith. This group's acronym stands for _____.
 - a. Any Alcoholic
 - b. Alcoholics Anonymous
 - c. Anonymous Attendance
 - d. Anonymous Assembly

6. For clients with alcohol or drug addiction, the stages of change are useful in determining motivation and treatment preparation. Select the correct sequence of the stages.
 - a. Preparation, contemplation, precontemplation, action, maintenance
 - b. Precontemplation, contemplation, preparation, action, maintenance
 - c. Maintenance, precontemplation, maintenance, precontemplation
 - d. Preparation, action, precontemplation, contemplation, maintenance

7. "I know I received a DUI [driving under the influence], but I was caught for speeding. I wasn't drunk and I don't have a problem." This statement is an example of which stage of change?
 - a. Contemplation
 - b. Maintenance
 - c. Precontemplation
 - d. Preparation

8. True or false? If left medically untreated, addiction can be fatal.
 - a. True
 - b. False

9. Which of the following is an appropriate resource for a comprehensive prevention program for addiction?
 - a. Prevention education
 - b. Community-based processes
 - c. Environmental approaches to prevention
 - d. All of the above

10. Early intervention groups are considered _____.
 - a. treatment groups
 - b. abstinence groups
 - c. psychoeducational
 - d. None of the above



Chapter 6

Treatment and Treatment Settings

For each item, select the *one best answer* from among the alternatives.

1. Which of the following is NOT a function or goal of treatment?
 - a. Structure
 - b. Feedback
 - c. Counseling
 - d. Housing

2. The levels of care (continuum of care) was created by the _____.
 - a. American Counseling Association
 - b. Council for Accreditation of Counseling and Related Educational Programs
 - c. American Society of Addiction Medicine
 - d. U.S. Food and Drug Administration

3. Dimensions of severity include _____.
 - a. relapse, continued use, or continued problem potential
 - b. readiness to change
 - c. emotional, behavioral, or cognitive conditions and complications
 - d. all of the above

4. There are four levels of care for substance use treatment. Which of the following is the highest level of care?
 - a. Medically managed inpatient treatment
 - b. Intensive outpatient treatment and partial hospitalization program (PHP)
 - c. Outpatient treatment
 - d. Medically monitored inpatient (residential) treatment

5. Which of the following clients is appropriate for a PHP?
 - a. Client states that they have a drinking problem
 - b. Client states that they drink eight to 10 drinks per day, is unable to retain employment, and has ongoing legal issues involving child custody
 - c. Client has been drinking alcoholically for 20 years and wants to get sober but is in danger of liver failure and requires intensive medical care
 - d. Client is an adolescent who consistently drinks with their friends on weekends, has a part-time job, and is an average student

6. True or false? Those seeking detoxification through a medically monitored facility must be sober when they are admitted.
 - a. True
 - b. False

7. Detoxification provides structure for patients as they are monitored (e.g., blood pressure, pulse, respiration) by medical staff while their bodies expel the chemicals through various means including their _____.
 - a. urine
 - b. sweat
 - c. breath
 - d. all of the above

8. All of the following are examples of physiological symptoms that may be experienced during detox EXCEPT _____.
 - a. fever and muscle cramps
 - b. elevated mood
 - c. respiratory issues
 - d. seizures and delirium tremens

9. Clients may enter a recovery house for housing needs following treatment for _____.
 - a. the need for continuing structure
 - b. housing
 - c. both A and B
 - d. none of the above

10. Therapeutic communities were created primarily for _____ to provide information on addiction as an illness, coping strategies, specific issues of employment related to legal status, dealing with cravings, reengaging in society without the use of substances, and developing a support group and therapeutic and support resources in the community.
- a. immigrants
 - b. adolescents
 - c. individuals in prison
 - d. individuals with schizophrenia



Chapter 7

Developmental Approaches in Treating Addiction

For each item, select the *one best answer* from among the alternatives.

1. _____'s stage development theory provides an outline of normal healthy development.
 - a. Freud
 - b. Erikson
 - c. Piaget
 - d. Kohlberg
2. All of the following are stages of Erikson's theory of psychosocial development EXCEPT _____.
 - a. trust versus mistrust
 - b. autonomy versus shame and doubt
 - c. initiative versus guilt and industry versus inferiority
 - d. preconventional period
3. Piaget's first stage of cognitive development is which of the following?
 - a. Sensorimotor period
 - b. Concrete operational period
 - c. Preoperational period
 - d. Formal operations
4. The sensorimotor period typically ranges between birth and _____.
 - a. 3–5 years
 - b. 1–2 years
 - c. 6–9 months
 - d. throughout the life span

5. Which of the following best describes the drinking stage in Brown's developmental model of recovery?
 - a. Clients spend energy trying to control their consumption of alcohol, which is when the alcohol axis focuses on control
 - b. Clients start to incorporate the exploration of spiritual beliefs
 - c. Clients start to identify themselves as persons in recovery
 - d. The stage that indicates a significant change

6. Which of the following lists the correct order of stages found in Brown's developmental model of recovery?
 - a. Transition stage, early recovery stage, drinking stage, and ongoing recovery stage
 - b. Early recovery stage, transition stage, ongoing recovery stage, and drinking stage
 - c. Early recovery stage, ongoing recovery stage, drinking stage, and transition stage
 - d. Drinking stage, transition stage, early recovery stage, and ongoing recovery stage

7. In addition to Brown, _____ formulated a developmental model of recovery.
 - a. Adler
 - b. Piaget
 - c. Erikson
 - d. Gorski

8. The first two stages in Gorski's developmental model of recovery are _____.
 - a. early recovery stage and late recovery stage
 - b. postacute withdrawal and early recovery stage
 - c. transition stage and stabilization stage
 - d. stabilization stage and early recovery stage

9. Which of the following best describes Gorski's stage of postacute withdrawal?
 - a. Withdrawal that occurs long after the initial physical withdrawal symptoms
 - b. Period during which signs of possible relapse are identified
 - c. Clients in this stage have been sober and feel better
 - d. The client recognizes how they were affected by addiction

10. Gorski's lifelong stage, which has no end, is known as _____.
 - a. the late recovery stage
 - b. postacute withdrawal
 - c. self-actualization
 - d. the maintenance stage

11. True or false? The following is the correct order of the stages in Gorski's developmental model of recovery: transition, stabilization, postacute withdrawal, early recovery, middle recovery, late recovery, and maintenance.
 - a. True
 - b. False



Chapter 8

Family and Addiction

For each item, select the *one best answer* from among the alternatives.

1. The theoretical approach that examines the interrelationships and communication patterns within the family is known as _____.
 - a. the general systems approach
 - b. Bepko's stage theory
 - c. the family life cycle
 - d. coalcoholism
2. The first stage in Bepko's stage theory is _____.
 - a. clarification and legacy
 - b. commitment and stability
 - c. resentment and relapse
 - d. establishing boundaries and identity
3. Establishing boundaries and identity is best described as _____.
 - a. working with families to unbalance family systems that occur when the person with an alcohol or drug addiction stops using
 - b. the expected stages in the family life cycle that provide counselors an understanding of how addiction could affect each stage of family development
 - c. rebalancing the system to support the goal of abstinence
 - d. adjustment to sobriety while the family is restabilizing, regrouping, and authoring new roles in the system

4. Enabling is best described as _____.
 - a. a treatment method whereby counselors are actively confronting the family members
 - b. the behavior by family members to take responsibility for the consequences of the person with the substance use disorder
 - c. a therapeutic approach to support the family
 - d. both B and C

5. All of the following are family roles in families affected by addiction EXCEPT _____.
 - a. the hero
 - b. the scapegoat
 - c. the lost child
 - d. the instigator

6. The family role of the hero is best described as _____.
 - a. an individual who tends to feel isolated and unimportant
 - b. an individual who brings levity to the home and provides a distraction
 - c. an individual who is typically the oldest child or an only child
 - d. an individual who tends to appear defiant and angry

7. The family role of the lost child is best described as _____.
 - a. an individual who brings levity to the home and provides a distraction
 - b. an individual who tends to feel isolated and unimportant
 - c. an individual who is typically the oldest child or an only child
 - d. an individual who tends to appear defiant and angry

8. The purpose of Al-Anon is best described as _____.
 - a. support open to family members or friends of individuals with an alcohol addiction
 - b. support open to family members or friends of individuals with a drug addiction
 - c. support open only for individuals who use opioids
 - d. support for individuals with an alcohol addiction

9. The family role of scapegoat is best described as _____.
 - a. an individual who brings levity to the home and provides distraction
 - b. an individual who tends to feel isolated and unimportant
 - c. an individual who is typically the oldest child or an only child
 - d. an individual who tends to appear defiant and angry

10. The purpose of Alateen is best described as _____.
 - a. support open to family members or friends of individuals with an alcohol addiction
 - b. support open to family members or friends of individuals with a drug addiction
 - c. support open only to individuals who use opioids
 - d. support for teenagers living with a parent with an alcohol addiction



Chapter 9

Grief and Loss in Addiction

For each item, select the *one best answer* from among the alternatives.

1. True or false? Loss of worldview should NOT be recognized as an issue of grief and loss in substance use treatment.
 - a. True
 - b. False
2. Grief and loss are connected yet distinct concepts. Loss _____.
 - a. identifies the overall affective response to the loss
 - b. is the idea that something has been removed
 - c. occurs only when someone has died
 - d. both A and B
3. True or false? Sobriety and subsequently abstinence (removal from a drug) can be experienced as grief and loss.
 - a. True
 - b. False
4. Many counselors recognize the typical (major) losses in life (e.g., death, loss of a job, divorce). An expanded definition includes loss of any and all aspects of _____.
 - a. behavior, attitude, understanding, and worldview
 - b. sense of self that is recognized by the client (consciously or unconsciously)
 - c. their substance(s) of choice
 - d. all of the above

5. Which of the following is NOT one of Kübler-Ross's five stages of grief?
 - a. Working through the pain
 - b. Depression
 - c. Bartering
 - d. Anger

6. True or false? Kübler-Ross's stages of grief progress only in a linear fashion.
 - a. True
 - b. False

7. An example of "working through the pain of loss" is _____.
 - a. joining a boxing gym to release intense emotions
 - b. receiving a massage to attend to somatic symptoms
 - c. listening to a song that reminds you of the loss and experiencing catharsis
 - d. all of the above

8. True or false? The theories of Kübler-Ross and Worden should be applied to clients of all cultures in the same manner.
 - a. True
 - b. False

9. Which of the following is true?
 - a. Loss is associated with feelings, whereas grief is a cognitive-oriented structure
 - b. Grief is associated with feelings, whereas loss is a cognitive-oriented structure
 - c. Grief and loss have the same definitions
 - d. None of the above

10. Which of the following is important to consider through a multicultural lens? Culture may _____.
 - a. guide the individual through the path of recognition of the loss
 - b. help to establish a new sense of self and the world
 - c. assist in recognizing and honoring the loss
 - d. all of the above



Chapter 10

Group Counseling and Addiction

For each item, select the *one best answer* from among the alternatives.

1. Once considered a lesser form of therapy, which method of counseling is now preferred for addiction treatment?
 - a. Individual
 - b. Family
 - c. Group
 - d. Couples
2. The following are benefits of group work EXCEPT _____.
 - a. lower levels of defensiveness and manipulation
 - b. no need for individual counseling
 - c. decreased sense of loneliness and isolation
 - d. feedback and interaction with peers
3. Group members might be more honest in group than in an individual session because _____.
 - a. groups are able to see through the manipulation, defenses, and deception
 - b. other group members can often spot similar things they have said or done
 - c. a group provides a substantially more powerful mechanism to deliver feedback than an individual counselor given the multiple interactive processes
 - d. all of the above

4. Group therapy includes the exploration of _____.
 - a. intrapersonal issues
 - b. interpersonal issues
 - c. both A and B
 - d. none of the above

5. What is the difference between group therapy and a support group?
 - a. Members do not feel supported in group therapy
 - b. There is a counselor to facilitate in group therapy but not in support groups
 - c. There is a counselor to facilitate in support groups but not in group therapy
 - d. Both A and C

6. Which of the following are examples of support groups?
 - a. Alcoholics Anonymous and Narcotics Anonymous
 - b. Counselor-led group therapy
 - c. Adult Children of Alcoholics
 - d. Both A and C

7. Regarding differences between inpatient and outpatient groups, which of the following does NOT apply to inpatient groups?
 - a. Members will have more medical/psychiatric concerns and withdrawal issues
 - b. Members will return home after session and will need to function in society
 - c. Because they meet more frequently, there is a powerful process of continuity that can make processes very intense
 - d. Members are monitored and will remain in the facility

8. In an ideal world, prescreening for group members is done to _____.
 - a. identify client needs, expectations, and commitment
 - b. challenge myths and misconceptions about group
 - c. build a group that will be able to function healthily and generate productivity for all
 - d. all of the above

9. Whose role in a group setting is it to create an environment of trust and safety?
 - a. The clinical director
 - b. The member with the most time sober
 - c. The facilitator
 - d. None of the above

10. The group facilitator does all of the following EXCEPT _____.
 - a. contribute to the energy of the group
 - b. ignore client defenses and denial
 - c. observe patterns and dynamics
 - d. promote healthy processes and growth

11. The goal of the facilitator is to bring the members into the here and now. Which of the following is TRUE about the difference between the concepts of content and process?
 - a. Content is what an individual is overtly stating
 - b. Process is the underlying meaning, emotions, and experience behind what they are overtly stating (i.e., it is the “story behind the story”)
 - c. Neither A nor B is true
 - d. Both A and B are true

12. The general process of group development follows which sequence?
 - a. Storming, forming, norming, performing, adjourning
 - b. Storming, norming, performing, forming, adjourning
 - c. Forming, storming, norming, performing, adjourning
 - d. Forming, storming, performing, norming, adjourning

13. Which of the following is the definition of the storming stage?
 - a. Developing trust, safety, expectations, and so on
 - b. As honesty develops, conflict typically emerges
 - c. Determining acceptable, normal group behavior
 - d. The group begins to get into the depths of therapy work

14. Loss and abandonment are significant issues in the recovery process. Therefore, appropriately closing each session is important. Suggestions for closing each group session include discussing _____.
 - a. personal awareness and new insights from the group experience
 - b. what will be focused on in recovery this week
 - c. a significant issue from the group that could be explored in next week’s group
 - d. all of the above



Chapter 11

Relapse Prevention and Recovery

For each item, select the *one best answer* from among the alternatives.

1. Which of the following is TRUE of relapse prevention?
 - a. It focuses primarily on helping clients identify how they moved from a recovery process to a relapse process
 - b. It is an active and ongoing process that requires diligent monitoring of thoughts, emotions, life stages, and experiences
 - c. Both A and B are true
 - d. Neither A nor B is true

2. What does it mean when a client relapses?
 - a. They lack the willpower not to use
 - b. They can learn a great deal from relapses if they are willing
 - c. All is lost for their recovery
 - d. They must immediately return to inpatient treatment

3. True or false? Trauma experienced at a young age affects mental development and can create vulnerability for developing a substance use disorder.
 - a. True
 - b. False

4. Which of the following is NOT true about trauma in recovery?
 - a. The addiction should be treated separately from the trauma
 - b. Trauma frequently co-occurs with addiction
 - c. Clients with trauma often use alcohol or drugs to cope when there is no other sufficient option for relief
 - d. Counselors need to be aware of dissociative patterns and help clients work through their trauma, emotions, and thoughts so that they may be able to live in the present

5. Research demonstrates that trauma often causes a dissociative response. Dissociation _____.
 - a. is a normal human defense mechanism used to survive distress
 - b. allows the individual to compartmentalize experiences by detaching themselves from physical or emotional pain
 - c. may cause the person to experience things as a bystander to an event rather than feeling like they are in their own body
 - d. all of the above

6. Which of the following is a core feeling for many individuals with an alcohol or drug addiction that often surfaces in early recovery once the client is no longer experiencing the numbing effects of their substance(s)?
 - a. Contentment
 - b. Shame
 - c. Happiness
 - d. Acceptance

7. Compulsive and addictive behaviors can take the place of an individual's substance once they are in recovery and/or may have been present simultaneously. Compulsive and addictive behaviors include _____.
 - a. food (including sugar)
 - b. codependent relationships
 - c. sexual behavior
 - d. all of the above

8. True or false? Gorski's CENAPS model of relapse prevention illustrates an individual's regression toward relapse on a multistage continuum.
 - a. True
 - b. False

9. True or false? Making decisions in recovery is crucial, especially in the early stages. Clients can find themselves in "stuck points" and may find it helpful to follow a model for decision-making.
 - a. True
 - b. False

10. Counselors can assist clients in the recovery process by discussing their plans for _____.
 - a. daily structure and preparation
 - b. coping skills
 - c. being their sponsor
 - d. both A and B



Chapter 12

Spirituality and Support Groups in Recovery

For each item, select the *one best answer* from among the alternatives.

1. True or false? Spirituality and religion have identical meanings.
 - a. True
 - b. False
2. Which of the following is NOT a step in the 12 steps of Alcoholics Anonymous (AA)?
 - a. Were entirely ready to have God remove all these defects of character
 - b. We appeal to God to bless all those whom we have wronged so as to make up for our wrongdoings
 - c. Came to believe that a Power greater than ourselves could restore us to sanity
 - d. Made direct amends to such people wherever possible, except when to do so would injure them or others
3. Which of the following is a definition of compliance?
 - a. Occurs when clients accept reality subconsciously
 - b. Occurs when clients accept reality consciously but not subconsciously
 - c. Typically results in later use or relapse
 - d. Both B and C
4. Which of the following is a definition of surrender?
 - a. Occurs when clients accept reality subconsciously
 - b. Occurs when clients accept reality consciously but not subconsciously
 - c. Is a significant step in the recovery process
 - d. Both A and C

5. Which of the following is TRUE regarding the difference between an open and a closed meeting?
 - a. Closed meetings are offered only to those individuals who are attending because they have a desire to stop drinking or using
 - b. Open meetings are open to those interested in finding out more about AA or Narcotics Anonymous
 - c. Both A and B are true
 - d. Neither A nor B is true

6. What is the meaning of 90 in 90 for a client?
 - a. 90 minutes of meditation for 90 days
 - b. 90 meetings in 90 days
 - c. 90 days sober
 - d. 90 minutes of counseling for 90 days

7. What are the requirements of a sponsor in a 12-step program?
 - a. An individual in recovery who has been sober for an extended period of time and works the 12 steps
 - b. Give support, challenge thinking, and provide whatever is appropriate and necessary at the time
 - c. Generally have sponsors of their own and maintain regular contact with them as well
 - d. All of the above

8. True or false? It is important for counselors to be aware of national and community resources to make supportive referrals for their client's spiritual needs.
 - a. True
 - b. False

9. Which of the following is not listed as a support group that may be used for someone who does not connect well with AA philosophy?
 - a. SMART Recovery
 - b. Women for Sobriety
 - c. Secular Organizations for Sobriety
 - d. Alcoholic Atheists in Recovery

10. True or false? The authors have found a substantial overlap across the individual's sense of spirituality and their recovery efforts and process.
 - a. True
 - b. False



Chapter 13

Addictions Training, Certification, and Ethics

For each item, select the *one best answer* from among the alternatives.

- Standards for an addiction counseling specialty were approved by the CACREP board of directors in _____.
 - 2013
 - 2009
 - 2001
 - 2004
- CACREP stands for which of the following?
 - Council for Accreditation of Counseling and Related Educational Programs
 - Campus for Accreditation of Counseling and Rehabilitation Educational Programs
 - Council for Accreditation of Counseling and Rehabilitation Educational Programs
 - Council for Accountability of Counseling and Related Educational Programs
- All of the following are experiential suggestions for counselors who want to better understand the process that their clients go through EXCEPT _____.
 - discontinue a substance or behavior for 4 to 5 weeks
 - attend support meetings
 - construct a family tree
 - have a dual relationship with a client

4. Transpersonal counseling is a combination of psychoanalytic, behavioral, and _____ psychologies with transpersonal experiences.
 - a. humanistic
 - b. spiritual
 - c. transcendence of self
 - d. recovery

5. NAADAC, the Association for Addiction Professionals (NAADAC) formed as a national organization representing counselors around the country in the substance use counseling field in _____.
 - a. 1972
 - b. 1981
 - c. 1988
 - d. 1993

6. Which of the following is NOT associated with the 2021 NAADAC ethics code?
 - a. The counseling relationship
 - b. Confidentiality and privileged communication
 - c. Supervision and consultation
 - d. Resiliency

7. The purpose of an informed consent form is to _____.
 - a. irritate the client
 - b. instill hesitation
 - c. identify necessary information concerning counselors and the counseling process
 - d. cause doubt

8. The five principles found within ethical decision-making are _____.
 - a. autonomy, beneficence, fidelity, justice, and nonmaleficence
 - b. authority, beneficence, fidelity, justice, and nonmaleficence
 - c. autonomy, believable, fidelity, justice, and nonmaleficence
 - d. authority, belittling, fidelity, justice, and nonmaleficence

9. According to a report by CNA and Healthcare Providers Service Organization, the most common ethical violation from 2013 to 2017 was _____.
 - a. sexual/romantic interactions/relationships with current clients, client's partners, or family members
 - b. multiple relationships with client despite potential for client harm
 - c. improper sexual/romantic interaction or relationship with current supervisees
 - d. failure to practice within boundaries of competency

10. _____ and _____ are crucial for a counselor to keep well.
 - a. Self-care, supervision
 - b. Counseling, time off
 - c. Life outside of work, leisure activities
 - d. All of the above



Chapter 14

The Importance of Counselor Self-Care

For each item, select the *one best answer* from among the alternatives.

1. True or false? It is important for counselors to develop proactive, effective coping strategies to help them handle the stress of their work.
 - a. True
 - b. False
2. True or false? Individuals with an addiction tend to present with severe/significant issues relating to life and death, career issues, and family issues.
 - a. True
 - b. False
3. Benefits of counselors becoming involved in personal counseling include _____.
 - a. knowledge of what the counseling relationship is like as a client
 - b. increased awareness of their own defenses, conflicts, and unfinished business
 - c. partially fulfilling their ethical obligation to care for themselves and heal
 - d. all of the above
4. Methods of self-care include _____.
 - a. walks in nature
 - b. video games
 - c. painting with watercolor
 - d. all of the above

5. Select the best possible answer that indicates a counselor experiencing burnout.
- a. The counselor schedules a nap in the middle of the day in order to remain alert and engaged with their clients.
 - b. The counselor experiences personal difficulties at home and sees only a few clients per day but enjoys their time at work and states that they learn much from their clients.
 - c. The counselor's partner has recently died. They are devastated and are deeply struggling inside but remain committed to being attentive and focused on each client's needs and story despite their own pain.
 - d. The counselor has worked 55 hours per week for 2 years straight without more than 1 week off. They still enjoy counseling but lately have found themselves struggling to listen and have compassion for their clients.

Answer Key



Chapter 1

1. a
2. d
3. b
4. c
5. a

Chapter 2

1. a
2. a
3. d
4. c
5. b
6. b
7. a
8. c
9. c
10. c

Chapter 3

1. b
2. d
3. d
4. c
5. a
6. b
7. c
8. d
9. a
10. b
11. c

12. d
13. c
14. b
15. d
16. a
17. b
18. d
19. a
20. a

Chapter 4

1. b
2. b
3. a
4. c
5. d
6. c
7. b
8. a
9. b
10. c
11. d
12. a
13. d
14. d

Chapter 5

1. a
2. c
3. d
4. c

5. b
6. b
7. c
8. a
9. d
10. c

Chapter 6

1. d
2. c
3. d
4. a
5. b
6. b
7. d
8. b
9. c
10. c

Chapter 7

1. b
2. d
3. a
4. b
5. a
6. d
7. d
8. c
9. a
10. d
11. a

Chapter 8

1. a
2. d
3. a
4. b
5. d
6. c
7. b
8. a
9. d
10. d

Chapter 9

1. b
2. b
3. a
4. d
5. a
6. b
7. d
8. b
9. b
10. d

Chapter 10

1. c
2. b
3. d
4. c
5. b
6. d
7. b
8. d
9. c
10. b
11. d
12. c
13. b
14. d

Chapter 11

1. c
2. b
3. a
4. a
5. d
6. b
7. d
8. a
9. a
10. d

Chapter 12

1. b
2. b
3. d
4. d
5. c
6. b
7. d
8. a
9. d
10. a

Chapter 13

1. b
2. a
3. d
4. a
5. a
6. b
7. c
8. a
9. a
10. a

Chapter 14

1. a
2. a
3. d
4. d
5. d



Sample Syllabus A

Drug and Alcohol Counseling (CNS 510)

Course Description and Purpose

This course prepares students with the knowledge of alcohol and drug use disorders and the impact on families, work, and surrounding communities. Students explore and discuss the disease model of addiction as well as other models from a bio-psycho-social-spiritual perspective. This multidisciplinary approach helps to arrest and intervene/treat substance use disorders. Attention is given to the principles of intervention and prevention methods, and addiction, recovery, and relapse are explored from a developmental perspective. Discussion and lecture also focus on how to work effectively with clients who have co-occurring disorders. Overall, this course is designed to prepare students as facilitators/practitioners who can utilize these concepts and skills in a variety of counseling/student affairs settings.

Course Requirements

1. Attendance at all sessions. Unless there is an extenuating circumstance (severe illness, accident), you need to be in class.
2. Meaningful class participation will be considered in the final grade.
3. All papers/assignments are **due uploaded to D2L under "assignments" as scheduled** by the syllabus. They are to be in most recent edition of APA style and of the student's own work.
4. Read all required texts.
5. To personally identify a substance (e.g., smoking, chocolate, alcohol, soda) that you would be willing to discontinue during the course and discuss in small groups and in class.
6. Attend two open 12-step recovery meetings (in person) of AA/NA and Al-Anon/ACOA. **One** of the meetings is to be AA/NA, and the **second** meeting an Al-Anon/ACOA meeting.

Course Objectives

Knowledge of:

- Physiological and pharmacological problems associated with the use and abuse/addiction of alcohol and drugs.
- Criteria for the diagnosis of substance use disorder.
- Psychological and emotional factors of alcohol and drug dependence.
- Relapse prevention and models of recovery.

Understanding of:

- Dynamics of family dysfunction associated with addiction.
- Intervention models, strategies, and processes.
- The continuum of care with the addicted person.
- Philosophy, suggested steps, and traditions of AA and other relevant self-help support groups.
- Working with diverse and co-occurring populations.
- Developmental model of recovery.
- Understanding the professional role of the counselor in working with addiction (boundaries, dual relationships, and ethics).
- Personal insight into own relationship with alcohol/drugs, addictive processes, and behavior.

Required Readings

Brooks, F., & McHenry, B. (2024). *A contemporary approach to substance use disorders and addiction counseling* (3rd ed.). American Counseling Association.

Kurtz, E., & Ketcham, K. (1992). *The spirituality of imperfection: Storytelling and the search for meaning*. Bantam Books.

Assignments

Participation (10 points)

It is expected that students come to each class prepared to discuss assigned readings, experiences in abstinence, and questions/thoughts about the assignments and questions posed in the class. Full points are awarded for regular and thoughtful discussion in class.

D2L Assignments (30 points)

Respond to D2L discussion postings when assigned. Make sure you respond within the time, otherwise you will not receive credit.

Recovery Meeting Reaction Paper (25 points)

Students are to attend **two open 12-step meetings face-to-face** and submit a five-page personal reaction paper reflecting on their experience (not including the cover page). Describe in the paper your internal process as you prepared to experience each meeting, what you experienced at the meetings, and what you felt when leaving the meetings. *One of the meetings must be an Alcoholics Anonymous or Narcotics Anonymous meeting. The second meeting must be an Al-Anon or ACOA meeting.* Both need to be open meetings.

Also include in the paper the similarities and differences you experienced between the AA/NA meetings and the Al-Anon/ACOA meetings. Include in your paper the following:

- What do you understand more clearly about 12-step meetings?
- If you had to describe what the essence of the meetings was about, what would be the description?
- Would you feel comfortable referring a client to AA/NA/Al-Anon in general? Why or why not?
- What were you surprised by, and what were you not surprised by?

Step Presentations (30 points)

Students are assigned a team, which will present three of the 12 steps in Alcoholics Anonymous. The group will explain the steps in a clear and understandable manner and how they relate to the other nine steps. Each group is encouraged to be as creative as possible (PowerPoints, sharing videos, skits, game, etc). Make sure each group member participates in the presentation. **Send me a copy of your PowerPoint presentation, which will also include five references supporting your presentation.** The presentations are evaluated on knowledge of the material presented, creativity, and overall presentation method; **please involve your audience.** The presentation should be 30 to 45 minutes long. Following each presentation, we will discuss the steps further.

Personal Assessment of Alcohol/Drug Use AND Personal Assessment of How the Alcohol/Drug Use of Others Has Impacted You (15 points)

In a six-page paper, students are to evaluate their own alcohol/drug use, either past or present. If the student has never used alcohol or drugs, describe what the experience has been like to be abstinent in an alcohol/drug-abundant society. **ALSO** in your paper describe the impact that others' alcohol and drug use may have had/have on you. This paper is confidential and will not be shared with anyone other than the instructor. You can share as much or as little as you feel comfortable in the paper.

Summary Application Paper (15 points)

Students are to submit a five-page paper discussing the following:

1. Discuss in detail how you will utilize the material presented in class and readings in your career as a counselor.
2. Identify four specific areas you found most intriguing and how you will incorporate them into your counseling practice.
3. What are you more aware of now within yourself as a result of attempting abstinence? How will this experience help you with clients? In what ways specifically?

Examination (35 points)

Students are to successfully complete a final examination at the end of the semester covering all class material as well as readings. The exam will consist of multiple-choice and/or short essay responses. This is an open book/note exam.

Evaluation

1. Participation	10 points
2. D2L—videos/responses/assignment	30 points
3. Recovery meeting reaction paper	25 points
4. Step presentations	30 points
5. Personal assessment paper	15 points
6. Summary application paper	15 points
7. Final examination	35 points (Sect. III, A-5, 6)
Total Points	160 points

Grade Breakdown

A	96–100
A–	92–95.9
B+	89–91.9
B	85–88.9
B–	81–84.9
C	70–80.9
F	Below 70

Note: In accordance with Department Policy, a violation in ethics will result in a grade of F. All papers must be of the student's own original work and cannot be used from previous classes.

Class Schedule

Tuesday, January 17

Welcome
Brief review of syllabus and abstinence
12-step assignment/groups
Breakout/introductions/abstinence discussion
Terminology—drug and alcohol counseling
Video—Bill Moyers on addiction
Role of the gatekeeper/counseling professional
Read Brooks/McHenry Chapters 1–4 and Kurtz/Ketcham Chapters 1–3

Tuesday, January 24

Abstinence check-in
Video—Father Martin's Chalk Talk
Counseling attitude
Models of addiction—disease model
Diagnosis of substance use disorders/co-occurring disorders
Spirituality discussion
Read Brooks/McHenry Chapters 5–7 and Kurtz/Ketcham Chapters 4–6

Tuesday, January 31

Motivational interviewing/resistance
Drug classifications
Multicultural/diversity and addiction
Assessment/relapse calendar
Treatment settings—placement criteria
Role playing with client scenarios

Personal drug and alcohol assessment paper due

Read Brooks/McHenry Chapters 8–10 and Kurtz/Ketcham Chapters 7–8

Tuesday, February 7

Developmental approaches
Motivational interviewing
Role playing
Certification/associations
Employee assistance programs
Student assistance programs—adolescence and substance use

Read Brooks/McHenry Chapters 11–13

and Kurtz/Ketcham Chapters 9–10

Tuesday, February 14

Father Martin family video
Family and addiction—sculpting

Steps 1–3 group presentation

Read Brooks/McHenry Chapter 14 and Kurtz/Ketcham Chapters 11–13

Tuesday, February 21

Codependency/family issues
Group counseling with addicted populations
Early intervention groups
Group session in class

Steps 4–6 group presentation

Ethics/confidentiality

Finish reading Kurt/Ketcham Chapters 14–16

Tuesday, February 28

Asynchronous assignments on D2L—no in-person class this week

Moyers video on the family—D2L

Family treatment program project—description on D2L

Tuesday, March 7

Spring break—no class

Tuesday, March 14

Discuss family project

Group work

Steps 7–9 group presentation

Recovery meeting reaction paper due

Family project paper/D2L responses due

Tuesday, March 21
Group experience

Tuesday, March 28
Relapse prevention

Tuesday, April 4
Relapse prevention

Tuesday, April 11
Spirituality in addiction recovery/self-help groups
CACREP and addiction
Older adults and substance use
Process addictions and medical issues
Issue of loss in drug/alcohol counseling
Steps 10–12 presentation

Tuesday, April 18
Speaker

Tuesday, April 25
Wrap-up/closure—abstinence discussion and graduation
Summary application paper due

Tuesday, May 2
Final exam due—upload to assignments



Sample Syllabus B

Addictions Counseling (CNSL 6360)

Professor: Dr. Bill McHenry
Phone: 903-824-4208
Email: wmchenry@stedwards.edu
Office Hours: By appointment

Text Required

Brooks, F., & McHenry, B. (2024). *A contemporary approach to substance use disorders and addiction counseling* (3rd ed.). American Counseling Association.

Course Description

This course focuses on the problematic nature of addiction to alcohol, drugs, sex, food, relationships, shopping, technology, and gambling. Theoretical and applied information is provided on causative factors (both environmental and genetic), assessment, and treatment strategies of addictions. Students will learn about the neurobiological bases for addiction and addiction treatment. A wide variety of settings and populations will be addressed as well as the impact on individuals, families, and communities.

Course Competencies

1. To be able to outline the historical development of substance abuse counseling.
2. To be able to distinguish variables related to working with addiction populations across cultures.
3. To be aware of the types of drugs and their possible impact on people's lives.

4. To identify, generate responses, and/or demonstrate appropriate behaviors that are consistent with the current trends in diagnosing, treating, and assessing issues of addiction and substance abuse.
5. To identify, explain, and/or describe characteristics and behaviors related to the biopsychosocial continuum of nonuse to addiction.
6. To identify, explain, demonstrate, and compare/contrast treatment approaches, including differentiating between treatment settings specializing in substance abuse/addiction treatment.
7. To distinguish between the outcome and process goals of counseling and consultation via explanation, description, or the identification of descriptive statements.
8. To articulate their developing model of substance abuse counseling.

Course Objectives

CACREP Standards are written to ensure that students develop a professional counselor identity and master the knowledge and skills to practice effectively. At the completion of this course, students should be able to satisfy the following competencies outlined in the 2024 CACREP Standards:

- 3.C.5: theories and neurobiological etiology of addictions
- 3.G.12: procedures to identify substance use, addictions, and co-occurring conditions
- 5.A.1: neurological, behavioral, psychological, physical, and social effects of psychoactive substances and addictive disorders on the user and significant others

Class Attendance

Attendance at all scheduled meetings is required. Please let the instructor know in advance, personally or by email, if you know you will not attend class. Attendance will be taken at the beginning of each class meeting.

A grade of I (incomplete) may be given only in exceptional cases in which extenuating circumstances that occur in the last 10 days of the semester interfere with the completion of final coursework and must be requested by the student for consideration. A grade of incompleteness is given at the sole discretion of the instructor and with approval of the dean or program director.

Work must be completed and the grade received in the office of the registrar by October 1 for all summer term courses, March 1 for fall semester courses, and July 1 for spring semester courses or a grade of F will be entered on the transcript. If a student is certified to graduate and receives an incomplete, the course must be graded by the deadline for graduation credits, which is earlier than the above dates.

Academic Dishonesty and Plagiarism

Plagiarism is a form of academic dishonesty. As defined in the most recent edition of the *St. Edward's University Student Handbook 2014–2015* (p. 24), plagiarism includes turning in as your own work any drafts, papers, or homework that incorporates any ideas or actual writing done by others (or from the internet) without acknowledging the source you used. A grade of zero may be given for any project that is plagiarized. Depending upon the nature and extent of the dishonesty,

this could mean automatic failure of the course; see the *SEU Student Handbook* for further details. It is the student's responsibility to know what constitutes academic dishonesty and plagiarism and to avoid committing these offenses in student work. Please refer to the APA manual (7th ed.).

APA Guidelines

All papers in this class require students to conform to APA guidelines.

Accommodations for Disabilities

If you have a medical, psychiatric, or learning disability and require accommodations in this class, please let the instructor know as soon as possible or as soon as you are eligible. Documentation will be provided to the Student Disability Services office located in Moody Hall 155, Academic Planning and Support.

St. Edward's upholds the standards for compliance set forth in the Americans With Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973. Students needing special services for requirements assigned in (your course number) should let the professor know of such needs. Students requesting 504 accommodations should receive this letter from the disabilities counselor, which is signed by both the student and the disabilities counselor. Students need to present this letter at the beginning of the semester. ***Only students who have received a 504 letter legally qualify for accommodations.*** If the student does not present the 504 letter, the instructor is not in any way required to make accommodations.

Method of Evaluation

- 1. Addiction Paper:** In this paper, you will research, explore, and then tell the story of a famous person who struggled with addiction, substance abuse, etc. Included will be a brief summary of the impact of the drug use, the connection to issues from the individual's past, and the treatment methods utilized. More information will be provided in class regarding the parameters of this project. (100 points)
- 2. Case Study:** In this project, you will apply the basic and advanced concepts from this class with the *DSM-5* information regarding the assessment and diagnosis of a case involving substance abuse and other mental health issues. The case will be provided in class. (100 points)
- 3. Test:** There will be one final exam covering the chapters and theories reviewed during the semester. (200 points)

Grading Scale

A = 400 to 360

B = 359 to 319

C = 318 to 278

D = 277 to 237

F = 236 to 196

Class Schedule

Friday, January 12

Introduction to course, syllabus, expectations. Overview of major concepts involved in substance abuse/addiction. Discussion of assignments.

Friday, January 19

Introduction to the topic of substance use; counseling substance-using clients and multiculturalism

Read Brooks/McHenry Chapters 1–2

Friday, January 26

Drugs and their effects

Read Brooks/McHenry Chapter 3

Friday, February 2

Assessment, diagnosis, and interviewing techniques

Read Brooks/McHenry Chapter 4

Friday, February 9

Case Study

Friday, February 16

The continuum of nonuse to addiction and treatment and treatment settings

Read Brooks/McHenry Chapters 5–6

Friday, February 23

Case Study

Friday, March 1

Developmental issues and approaches in treating addiction

Read Brooks/McHenry Chapter 7

Friday, March 8

Family issues and addiction

Read Brooks/McHenry Chapter 8

Friday, March 15

Spring break

Friday, March 22

Grief and loss and its relationship to use and addiction

Read Brooks/McHenry Chapter 9 and complete addictions paper

Friday, March 29

Case Study

Friday, April 5

Easter break

Friday, April 12

Group counseling and addiction and relapse recovery and addiction

Read Brooks/McHenry Chapters 10–11 and complete case study

Friday, April 19

Final exam