

**RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY**  
**SCHOOL OF SOCIAL WORK**  
**COURSE OUTLINE**  
**19:910:510 Gambling Counseling and Other Special Topics**

**Semester:**  
**Instructor:**

**Office hours:**  
**Telephone:**  
**Email:**

**I. Catalog Course Description**

The purpose of this course is to provide the 30-hours of educational training required for certification as a compulsive gambling counselor (CCGC) in New Jersey and as a nationally-certified counselor through International Certification Board of the National Council on Problem Gambling in Washington D.C. (ICGC-I). The course provides an overview of the etiology and treatment of problem gambling and gambling disorder across the lifespan as well as instruction on identifying and treating problem gamblers and their families, including those with comorbid conditions and special populations. In addition to the gambling training, the course will feature instruction on a rotating special topic, requested by ACT students. Students will receive concentrated education on differential diagnosis and biopsychosocial assessment in this course.

**II. Course Overview**

The course will promote competency in gambling counseling by:

1. Providing rigorous training on the skills and knowledge needed to effectively screen and treat problem gambling and gambling disorder with and without psychiatric comorbidity.
2. Meeting the national and statewide standard for specialized training in treating individuals and groups of individuals with gambling problems.
3. Ensuring students meet the standards of eligibility and competency established by the International Certification Board and the State of New Jersey and receive the education needed to pass the national exam.
4. Encouraging continued professional growth in gambling counseling for the purpose of improving the quality of care to addicted persons and their families.
5. Establishing, measuring, and monitoring skills and knowledge of practitioners in this area and their ability to tailor treatment to specific etiological subgroups of gamblers, including those with comorbid addictive disorders.

**III. Place of Course in Program**

This course is open to ACT certificate students who have successfully completed Clinical Social Work: Addictive Behaviors I. It will be offered in a hybrid format; class content will be delivered in face-to-face/synchronous class sessions and online.

**IV. Program-Level Learning Goals and the Council of Social Work Education's Social Work Competencies**

The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). CSWE's accreditation standards can be reviewed at [www.cswe.org](http://www.cswe.org).

In keeping with CSWE standards, the Rutgers School of Social Work has integrated the CSWE competencies within its curriculum. *These competences serve as program-level Learning Goals for the MSW Program and include the following. Upon completion of their MSW education*

*students will be able to: demonstrate ethical and professional behavior; engage in diversity and difference in practice; advance human rights and social, economic and environmental justice; engage in practice informed research and research informed practice; engage with individuals, families, groups organizations and communities; intervene with individual, families, groups organizations and communities; and evaluate practice with individuals, families, groups, organizations and communities.*

This course will assist students in developing the following competencies:

**Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities** Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making. Social workers: (1) collect and organize data, and apply critical thinking to interpret information from clients and constituencies; (2) apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies; (3) develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and (4) select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.

**Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities** Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers are knowledgeable about evidence-informed interventions to achieve the goals of clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to effectively intervene with clients and constituencies. Social workers understand methods of identifying, analyzing and implementing evidence-informed interventions to achieve client and constituency goals. Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: (1) critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies; (2) apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies; (3) use inter-professional collaboration as appropriate to achieve beneficial practice outcomes; (4) negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and (5) facilitate effective transitions and endings that advance mutually agreed-on goals.

## **V. Course Learning Goals**

Course-level learning goals primarily relate to etiology, screening, treatment, special populations and comorbid mental health and addictive disorders

Upon completion of this course, students will be able to:

1. Demonstrate knowledge of problem gambling and gambling disorder, including the prevalence of gambling problems among adults, youth and special treatment populations;
2. Understand the nature and course of the disorder along with the etiological underpinnings from a bio-psycho-socio-spiritual perspective;

3. Conduct client evaluations including screening, intake, and assessment under diagnostic and other criteria;
4. Develop effective strategies for a) engaging clients and or concerned others and b) treatment planning to address gambling disorder as well as financial issues of budgeting, restitution and money protection.
5. Learn evidence-based treatment approaches and best practices to addressing gambling disorder, including establishing effective therapeutic relationships (including addressing transference and counter-transference reactions); motivational interviewing; cognitive behavioral, behavioral, and psychodynamic approaches; the role of 12-step groups; and mindfulness-based interventions.
6. Assess the potential for alternative solutions: harm reduction, natural recovery, recovery-oriented systems of care;
7. Address family/concerned other issues in the counseling of gambling disorder with evidence- based models such as Community Reinforcement and Family Therapy, Behavioral Couples Counseling, Mindfulness Based/Self-Compassion strategies;
8. Address and treat problem gambling and gambling disorder in individuals who experience comorbid addictions (i.e. substance misuse) and mental health issues, such as trauma, chronic illness, depression and suicidality;
9. Understand legal and ethical issues that govern practice with this population;
10. Individualize treatment for special populations, including adolescents, older adults, women, cultural minorities, and military veterans.

Students enrolled in this course will fulfill three content area (domain) requirements necessary for licensure as an LCADC. These are: C102 Biopsychosocial Assessment (6 hours), C103 Differential Diagnosis (6 hours), C107 Gambling Disorder. For a complete outline of these content areas, see the end of the syllabus. Students also will complete all 30 required hours of gambling specific training and education to become an International Certified Gambling Counselor (ICGC-I).

## **VI. School of Social Work Mission Statement and School Wide Learning Goals**

The mission of the School of Social Work is to develop and disseminate knowledge through social work research, education, and training that promotes social and economic justice and strengths individual, family, and community well-being, in this diverse and increasingly global environment of New Jersey and beyond.

School Wide Learning Goals: Upon graduation all students will be able to:

1. Demonstrate Ethical and Professional Behavior;
2. Engage Diversity and Difference in Practice; and
3. Engage, Assess, and Intervene with Individuals, Families, Groups, Organizations, and Communities

## **VII. Required Readings**

**[Readings will be updated on a yearly basis to reflect changes in research and practice]**

## **VIII. Course Attendance and Participation Policies**

1. Students must read all assigned material **before class** and be fully prepared for discussion of the material as well as its application to their own experiences. The course will adopt a seminar format, which depends on full participation from all members.
2. **ACT** Certificate Program requirements include **mandatory** attendance at **all** in-person course meetings. Students missing more than 10% of in-person instruction time will be required to withdraw from and retake

the course. Licensing requirements are such that students missing more than 10% of any instructional time will be considered at risk for course failure and/or difficulty in successfully completing the ACT program.

### **Zoom (Conferencing Platform) Policy**

If your class section requires class meetings that take place on a web-conferencing platform like Zoom, then attendance will be treated as if you were in an actual face-to-face classroom. Students are expected to join the class on time, with their cameras on throughout the class. You are expected to be available and attentive with your microphone muted unless you are speaking. Most importantly, you should make arrangements to attend class in a quiet space, free from distractions. Please do not join from work, your car, your home or other space if there are co-workers, pets, household members or others in the background. Please be respectful of the instructor and your peers online just as you would be in a physical classroom. For non-ACT students, failure to adhere to this policy will result in a deduction of class participation points. For ACT students where attendance is mandatory, failure to adhere to this policy will count as a missed class.

3. Students will be expected to share examples from their professional and/or fieldwork experience as well as from their current experience within the class groups. This requires respectful reflection and integration of the NASW Code of Ethics with particular regard to cultural competence and respect for the dignity and worth of all. For social workers, confidentiality is a major ethical responsibility. Each student must maintain confidentiality concerning any personal or case material discussed in class. No information revealed in class is to be discussed with anyone outside the class environment.
4. Professional social workers must have excellent writing skills. Proper grammar, syntax, spelling, and appropriate referencing are expected for all assignments.

Your reflection papers will be:

- Thoughtful, thought-provoking, and adherent to the prescribed format.
  - Responsive to the directions of the assignment.
  - Grammatically correct, error-free, in APA style; see link for APA style information <http://apastyle.apa.org/> or <http://owl.english.purdue.edu/owl/resource/560/01/>
  - Signed under the following written pledge: ***On my honor, I have neither received nor given any unauthorized assistance on this examination (assignment).*** You may ask another person to review your paper, making comments on editorial issues such as spelling and grammar, but no other person may contribute ideas or content.
  - On time on the due date. Students are given a week to submit assignments and no late assignments will accepted for any reason.
  - Your own work. Please review these websites for information about what is acceptable and what constitutes plagiarism: <http://www.indiana.edu/~wts/pamphlets/plagiarism.pdf> and <http://owl.english.purdue.edu/owl/resource/589/01/> and <http://www.library.ualberta.ca/guides/plagiarism/> Please talk with your instructor if you have any additional questions.
5. When submitting materials, be sure to confirm that the paper was properly loaded onto the course website. If you are having problems, email the Canvas Helpdesk for assistance. Do not wait until a few minutes before the due date/time to submit your work because if it is not in by the time the window closes on the due date, it will not be accepted. Please note: No assignments are accepted through email or any other means except the assignment submission dropbox.

### **IX. Diversity Statement**

The RU SSW supports an inclusive learning environment where diversity, individual differences and identities (including race, gender, class, sexuality, religion, ability, etc.) are respected and recognized as a source of strength. Students and faculty are expected to respect differences and contribute to a learning environment that allows for a diversity of thought and world views. Please feel free to speak with me if you experience any concerns in this area.

## **X. Assignments and Grading**

To receive full credit, assignments are due in the drop-box on the due date. In rare instances, due to unanticipated and extenuating student circumstances, students may need additional time to complete papers. Therefore, students may submit papers late. However, papers will receive a 10% deduction for each day late. Discussion board posts and quizzes are not eligible for any extensions.

*SSW MSW Grading Scale:* Below is the grading scale for the MSW program

A	92-100
B+	87-91
B	82-86
C+	77-81
C	70-76
F	0-69

\*Scores to be rounded up at .5

- **Lecture-related Quizzes** (40% of grade): To meet required education hours for this course and for your gambling certificate, students are required to view pre-recorded lectures on topics that are covered on the national gambling exam. Following each video is a timed quiz (20 minutes permitted) that must be completed for credit for that module. Once you begin the quiz, you must complete it in the allotted timeframe.
- **Discussion Board Posts** (30% of grade) You will participate in regular discussions on issues relevant to the readings. You are expected to post at least once to each topic, beginning with an initial post that is due on Day 3, and a response to (at least) one of your colleague's post by Day 7. All postings and responses should be done by the indicated due days and times; you must post both the initial post and response to get full credit. These posts should demonstrate knowledge of the reading material and insights from your experiences in social work, if applicable. Posts will be graded at the end of the module so no late posts will be counted.
- **Reflection Papers** (30% of grade): You will be asked to do a total of four reflection papers focused on gambling and trauma. Those papers should be three (3) to four (4) pages long, double-spaced, in 12-point type. It is important to address each of the questions in the prompt and to cite specific information from the readings and examples from your field or other clinical experiences. Papers receiving full credit will evidence depth of thought and critical analysis, specifically apply material from the readings, and provide both case examples and innovative ideas on how to apply the learning.

## **XI. Academic Resources**

### **Library Research Assistance**

**Meredith Parker** is the social work the social work librarian on the New Brunswick Campus [Meredith.parker@rutgers.edu](mailto:Meredith.parker@rutgers.edu) p. 848-932-6104 ; **Natalie Borisovets** is at Newark, Dana Library [natalieb@rutgers.edu](mailto:natalieb@rutgers.edu) 973-353-5909; **Katie Anderson** is at Camden, Robeson Library: [Katie.anderson@rutgers.edu](mailto:Katie.anderson@rutgers.edu) 856-225-2830. They are all available to meet with students.

### **Writing Assistance**

Success in graduate school and within the larger profession of social work depends on strong writing skills. Several resources are available to help students strengthen their professional and academic writing skills. Writing assistance is available to all MSW students as described below.

### **New Brunswick Campus**

All MSW SSW students (New Brunswick, Camden, Newark, Intensive Weekend, online and blended) are eligible to access writing assistance at the New Brunswick Learning Center.

Online tutoring may also be available.

<https://rlc.rutgers.edu/student-services/writing-tutoring>

### **Newark Campus**

The Newark writing center is available for MSW students on the Newark campus by appointment.

<http://www.ncas.rutgers.edu/writingcenter>

### **Additional Online Resources**

#### *APA Style*

Purdue OWL <https://owl.english.purdue.edu/owl/resource/560/01/>

APA Style Guide <http://www.apastyle.org/learn/faqs/index.aspx>

Purdue OWL Mechanics, grammar, organization

<https://owl.english.purdue.edu/owl/section/1/>

#### *Email Etiquette for Students*

<https://owl.english.purdue.edu/owl/resource/694/01/>

## **XII. Course Evaluation**

Rutgers University issues a survey that evaluates both the course and instructor. This survey is completed by students toward the end of the semester, and all answers are confidential and anonymous. The instructor may also choose to conduct a mid-point evaluation.

## **XIII. Academic Integrity**

As per Rutgers University Academic Integrity Policy, “Students are responsible for understanding the principles of academic integrity and abiding by them in all aspects of their work at the University. Students are also encouraged to help educate fellow students about academic integrity and to bring all alleged violations of academic integrity they encounter to the attention of the appropriate authorities.” All SSW students are expected to review and familiarize themselves with the [RU Academic Integrity Policy](#) in its’ entirety.

As per Rutgers University Academic Integrity Policy, “The principles of academic integrity require that a student: make sure that all work submitted in a course, academic research, or other activity is the student’s own and created without the aid of impermissible technologies, materials, or collaborations; properly acknowledge and cite all use of the ideas, results, images, or words of others; properly acknowledge all contributors to a given piece of work; obtain all data or results by ethical means and report them accurately without suppressing any results inconsistent with the student’s interpretation or conclusions; treat all other students ethically,

respecting their integrity and right to pursue their educational goals without interference. This principle requires that a student neither facilitate academic dishonesty by others nor obstruct their academic progress; uphold the ethical standards and professional code of conduct in the field for which the student is preparing.”

Students should review all types of Academic Integrity Violations per the RU Academic Integrity Policy. Below are some of the more common violations, as articulated in Rutgers University Academic Integrity Policy:

“Plagiarism: Plagiarism is the use of another person’s words, ideas, images, or results, no matter the form or media, without giving that person appropriate credit. To avoid plagiarism, a student must identify every direct quotation using quotation marks or appropriate indentation and cite both direct quotation and paraphrasing properly according to the accepted format for the particular discipline or as required by the instructor in a course. Some common examples of plagiarism are: Copying word for word (i.e. quoting directly) from an oral, printed, or electronic source without proper attribution; Paraphrasing without proper attribution, i.e., presenting in one’s own words another person’s written words or ideas as if they were one’s own, regardless of the nature of the assignment; Incorporating into one’s work graphs, drawings, photographs, diagrams, tables, spreadsheets, computer programs, or other non-textual material from other sources, regardless of format, without proper attribution.”

“Cheating: Cheating is the use or possession of inappropriate or prohibited materials, information, sources, or aids in any academic exercise. Cheating also includes submitting papers, research results or reports, analyses, and other textual or visual material and media as one’s own work when others prepared them. Some common examples are: Prohibited collaboration: receiving research, programming, data collection, or analytical assistance from others or working with another student on an assignment where such help is not permitted; Copying another student’s work or answers on a quiz or examination; Using or having access to books, notes, calculators, cell phones, technology, or other prohibited devices or materials during a quiz or examination; Submitting the same work or major portions thereof to satisfy the requirements of more than one course without permission from the instructors involved; Preprogramming a calculator or other device to contain answers, formulas, or other unauthorized information for use during a quiz or examination.; Acquiring a copy of an examination from an unauthorized source before the examination; Having a substitute take an examination in one’s place; Submitting a purchased or downloaded term paper or other materials to satisfy a course requirement; Submitting as one’s own work a term paper or other assignment prepared, in whole or in part, by someone else.”

Any faculty member or academic administrator who becomes aware of a possible academic integrity violation must initiate a formal complaint with the Office of Student Conduct and the SSW’s Academic Integrity Facilitator (Laura Curran at [lacurran@ssw.rutgers.edu](mailto:lacurran@ssw.rutgers.edu)). The AIF deciding the case (the “adjudicator”) shall notify the accused student of the allegation in writing or by electronic communication within fifteen working days of the time the faculty member becomes aware of the alleged violation.

Once the student has been notified of the allegation, the student may not drop the course or withdraw from the school until the adjudication process is complete. A TZ or incomplete grade shall be assigned until the case is resolved. For more information, see [RU Academic Integrity Policy](#) and [Procedures for Adjudicating Academic Integrity Violations](#)

To promote a strong culture of academic integrity, Rutgers has adopted the following honor pledge to be written and signed on examinations and major course assignments submitted for grading: **On my honor, I have neither received nor given any unauthorized assistance on this examination/assignment.**

#### **XIV. Disability Accommodation**

Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student with a disability must contact the appropriate disability services office at the campus where you are officially enrolled, participate in an intake interview, and provide documentation: <https://ods.rutgers.edu/students/documentation-guidelines>.

If the documentation supports your request for reasonable accommodations, your campus' disability services office will provide you with a Letter of Accommodations. Please share this letter with your instructors and discuss the accommodations with them as early in your courses as possible. To begin this process, please complete the Registration form on the ODS web site at: <https://ods.rutgers.edu/students/registration-form>.

**XV. Other Resources**

Our school is committed to fostering a safe, productive learning environment. Title IX and our school policy prohibit discrimination on the basis of sex, which regards sexual misconduct — including harassment, domestic and dating violence, sexual assault, and stalking. We understand that sexual violence can undermine students' academic success and we encourage students who have experienced some form of sexual misconduct to talk to someone about their experience, so they can get the support they need.

Confidential support and academic advocacy are available through the Rutgers Office on Violence Prevention and Victim Assistance, 732.932.1181, <http://vpva.rutgers.edu>. Services are free and confidential and available 24 hrs/day, 7 days a week.

**Active Shooter Resources:** Over the years, there has been an increase in the number of active shootings on campus. It is important that you know what to do in cases there is an active shooter on campus. Please go to this site to retrieve information that will reduce your personal risk in case of an active shooting on campus- <http://rupd.rutgers.edu/shooter.php>.

**XVI. Course Outline**

A variety of methods are used including lectures, discussions, exercise, assignments, readings, and videos.

<b>Module 1: Gambling Terminology and Scope of Legalized Gambling</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<p><b>Topics Covered:</b>            Gambling Terminology</p> <ul style="list-style-type: none"> <li>• Evolution of the DSM, ICD criteria</li> <li>• Spectrum of disorder</li> <li>• Types of gamblers</li> </ul> <p>Scope of Legalized Gambling</p> <ul style="list-style-type: none"> <li>• Prevalence of Gambling Problems among adults, youth, special treatment populations</li> </ul>		
	<p><b>Required Readings:</b></p> <ul style="list-style-type: none"> <li>• Calado, F., &amp; Griffiths, M. D. (2016). Problem gambling worldwide: An update and systematic review of empirical research (2000–2015). <i>Journal of Behavioral Addictions</i>, 5(4), 592-613. [Prevalence]</li> <li>• Delfabbro, P., King, D. L., &amp; Derevensky, J. L. (2016). Adolescent gambling and problem gambling: prevalence, current issues, and concerns. <i>Current Addiction Reports</i>, 3(3), 268-274. [Adolescents]</li> <li>• Derevensky, J.L. &amp; Gilbeau, L (2019). Preventing adolescent gambling problems. In A. Heinz, N. Romanczuk-Seiferth &amp; M. N. Potenza, <i>Gambling Disorder</i> (pp. 271-295). Switzerland: Springer. [Adolescents]</li> </ul>		Day 3



	<ul style="list-style-type: none"> <li>Nower, L., &amp; Caler, K. (2016). <i>Addictions: Gambling</i>. Encyclopedia of Social Work. [SW overview]</li> <li>Nower, L., Volberg, R.A. &amp; Caler, K.R. (2017). <i>The prevalence of online and land-based gambling in New Jersey</i>. Report to the New Jersey Division of Gaming Enforcement. New Brunswick, NJ: Authors. [NJ Prevalence]</li> <li>Rosenthal, R. J. (2019). Inclusion of pathological gambling in DSM-III, its classification as a disorder of impulse control, and the role of Robert Custer. <i>International Gambling Studies</i>, 19, 1-20. [Origins of diagnosis]</li> </ul>		
	<p><b>Assignment:</b></p> <ul style="list-style-type: none"> <li>Discussion Board</li> </ul>	10	<p>Initial Post: Day 3 (recommended)</p> <p>Response: Day 7</p>
	<p><b>Lecture Videos and Quizzes:</b></p> <ul style="list-style-type: none"> <li>Scope and Prevalence</li> </ul>	10	Day 7

<b>Module 2: Harms of Gambling and Problem Gambling: A Public Health Model</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<p><b>Topics Covered:</b></p> <p>Harms of Gambling and Problem Gambling: A Public Health Model</p> <ul style="list-style-type: none"> <li>Individuals</li> <li>Families</li> <li>Children</li> <li>Health</li> <li>Mental Health/Substance Use</li> <li>Courts</li> <li>Financial Institutions</li> </ul>		
	<p><b>Required Readings:</b></p> <ul style="list-style-type: none"> <li>Barnes, G. M., Welte, J. W., Tidwell, M. C. O., &amp; Hoffman, J. H. (2013). Effects of neighborhood disadvantage on problem gambling and alcohol abuse. <i>Journal of Behavioral Addictions</i>, 2(2), 82-89.[SES]</li> <li>Goodwin, B.C., Browne, M., Rockloff, M. &amp; Rose, J. (2017) A typical problem gambler affects six others. <i>International Gambling Studies</i>, 17(2), 276-289. [International, social costs]</li> </ul>		Day 3

	<ul style="list-style-type: none"> <li>Nower, L &amp; Caler, K.R. (2018). Widening the net: A syndemic approach to responsible gambling. <i>Sucht</i>, 64 (5-6), 1-7. [Systems]</li> </ul>		
	<b>Assignment:</b> <ul style="list-style-type: none"> <li>Discussion Board</li> </ul>	10	Initial Post: Day 3 (recommended)  Response: Day 7
	<b>Lecture Videos and Quizzes:</b> <ul style="list-style-type: none"> <li>The Public Health Model</li> </ul>	10	Day 7

<b>Module 3: Harm Reduction</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<b>Topics Covered:</b> Harm Reduction		
	<b>Required Readings:</b> <ul style="list-style-type: none"> <li>Angus, D. J., Anjoul, F., Shannon, K., &amp; Blaszczynski, A. (2019). Gambling related harms–community and clinical comparisons. <i>Addiction Research &amp; Theory</i>, 1-10. [Harm reduction]</li> <li>Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., &amp; Rockloff, M. (2015). Understanding gambling related harm: A proposed definition, conceptual framework, and taxonomy of harms. <i>BMC Public Health</i>, 16(1), 80. [Harm reduction framework]</li> </ul>		Day 3
	<b>Assignment:</b> <ul style="list-style-type: none"> <li>Discussion Board</li> </ul>	10	Initial Post: Day 3 (recommended)  Response: Day 7
	<b>Lecture Videos and Quizzes:</b> <ul style="list-style-type: none"> <li>Harm Reduction</li> </ul>	10	Day 7

<b>Module 4: Biology and Pharmacology</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<b>Topics Covered:</b> <ul style="list-style-type: none"> <li>Genetics</li> <li>Neurobiology</li> </ul>		

	<ul style="list-style-type: none"> <li>Pharmacology</li> </ul>		
	<p><b>Required Readings:</b></p> <ul style="list-style-type: none"> <li>Balodis, I. (2019). <i>Gambling and Brain Workbook</i>. Gambling Research Ontario: Toronto. [Brain on Gambling]</li> <li>Davis, C. N., Slutske, W. S., Martin, N. G., Agrawal, A., &amp; Lynskey, M. T. (2019). Genetic and environmental influences on gambling disorder liability: a replication and combined analysis of two twin studies. <i>Psychological Medicine</i>, 49(10), 1705-1712. [Genetic]</li> <li>Grant, J. E. (2016). Neurobiology of disordered gambling. <i>Current Addiction Reports</i>, 3(4), 445-449. [Neurobiology]</li> <li>Leeman, R. F., &amp; Potenza, M. N. (2013). A targeted review of the neurobiology and genetics of behavioural addictions: an emerging area of research. <i>The Canadian Journal of Psychiatry</i>, 58(5), 260-273. [Genetics, neurobiology]</li> </ul>		Day 3
	<p><b>Lecture Videos and Quizzes:</b></p> <ul style="list-style-type: none"> <li>Biology and Pharmacology</li> </ul>	10	Day 7

<b>Module 5: Etiology and Pathways</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<p><b>Topics Covered:</b></p> <p>Etiology of Problem Gambling:</p> <ul style="list-style-type: none"> <li>Pathways Model</li> </ul>		
	<p><b>Required Readings:</b></p> <ul style="list-style-type: none"> <li>Blaszczynski, A., &amp; Nower, L. (2002). A pathways model of problem and pathological gambling. <i>Addiction</i>, 97, 487– 499. [Pathways]</li> <li>Dowling, N. A., Merkouris, S. S., Greenwood, C. J., Oldenhof, E., Toumbourou, J. W., &amp; Youssef, G. J. (2017). Early risk and protective factors for problem gambling: A systematic review and meta-analysis of longitudinal studies. <i>Clinical Psychology Review</i>, 51, 109-124. [Youth risk and protective factors]</li> <li>Nower, L., Blaszczynski, A., &amp; Anthony, W. L. (2021). Clarifying gambling subtypes: the revised pathways model of problem gambling. <i>Addiction</i>. [Revised Pathways Model]</li> <li>Poole, J. C., Kim, H. S., Dobson, K. S., &amp; Hodgins, D. C. (2017). Adverse childhood experiences and disordered gambling: Assessing the mediating role of emotion dysregulation. <i>Journal of Gambling Studies</i>, 33(4), 1187-1200. [Trauma/child neglect, ACEs]</li> </ul>		Day 3

	<ul style="list-style-type: none"> <li>Roberts, A., Landon, J., Sharman, S., Hakes, J., Suomi, A., &amp; Cowlshaw, S. (2018). Gambling and physical intimate partner violence: Results from the national epidemiologic survey on alcohol and related conditions (NESARC). <i>The American Journal on Addictions</i>, 27(1), 7-14. [Intimate partner violence]</li> </ul>		
	<b>Assignment:</b> <ul style="list-style-type: none"> <li>Reflection Paper</li> </ul>	10	Day 7
	<b>Lecture Videos and Quizzes:</b> <ul style="list-style-type: none"> <li>The Pathways Model</li> </ul>	10	Day 7

Module 6: Co-Occurring Disorders (Comorbidity)			
Dates	Activity	Points	Due Date
	<b>Topics Covered:</b> <ul style="list-style-type: none"> <li>Relationship to Substance Use and Mental Health Disorders</li> <li>Integration of problem gambling into substance use disorder and mental health treatment. Impact of gambling on recovery from substance use and mental health disorders.</li> <li>Impact of substance use and mental health disorders on problem gambling treatment and recovery.</li> <li>Relationship between Gambling Disorder and Suicide</li> </ul>		
	<b>Required Readings:</b> <ul style="list-style-type: none"> <li>Dowling, N. A., Cowlshaw, S., Jackson, A. C., Merkouris, S. S., Francis, K. L., &amp; Christensen, D. R. (2015). The prevalence of comorbid personality disorders in treatment-seeking problem gamblers: A systematic review and meta-analysis. <i>Journal of Personality Disorders</i>, 29(6), 735-754. [Personality disorders]</li> <li>Echeburúa, E., Amor, P. J., &amp; Gómez, M. (2018). Current psychological therapeutic approaches for gambling disorder with psychiatric comorbidities: A narrative review. <i>Salud Mental</i>, 40(6), 299-305. [Therapy, comorbidity]</li> <li>Giovanni, M., Fabiola, S., Federica, F., Mariangela, C., Nicola, P., Ilaria, T., ... &amp; Maurizio, P. (2017). Gambling disorder and suicide: an overview of the associated co-morbidity and clinical characteristics. <i>International Journal of High Risk Behaviors and Addiction</i>, 6(3), . [Suicide].</li> <li>Grant, J. E., &amp; Chamberlain, S. R. (2019). Gambling and substance use: Comorbidity and treatment</li> </ul>		Day 3

	<p>implications. <i>Progress in Neuro-Psychopharmacology and Biological Psychiatry</i>, 109, 852. [Substance use]</p> <ul style="list-style-type: none"> <li>• Yakovenko, I., &amp; Hodgins, D. C. (2018). A scoping review of co-morbidity in individuals with disordered gambling. <i>International Gambling Studies</i>, 18(1), 143-172.</li> </ul>		
	<p><b>Assignment:</b></p> <ul style="list-style-type: none"> <li>• Discussion Board</li> </ul>	10	<p>Initial Post: Day 3 (recommended)</p> <p>Response: Day 7</p>
	<p><b>Lecture Videos and Quizzes:</b></p> <ul style="list-style-type: none"> <li>• Co-Occurring Disorders</li> </ul>	10	Day 7

<b>Module 7: Client Evaluation-Screening, Intake, and Assessment</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<p><b>Topics Covered:</b></p> <p>Client Evaluations</p> <ul style="list-style-type: none"> <li>• Screening</li> <li>• Intake</li> <li>• Assessment</li> </ul> <p>Diagnostic criteria</p>		
	<p><b>Required Readings:</b></p> <ul style="list-style-type: none"> <li>• DSM-5 criteria for Gambling Disorder.</li> <li>• PGSI: Ferris, J. A., &amp; Wynne, H. J. (2001). <i>The Canadian Problem Gambling Index</i> (pp. 1-59). Ottawa, ON: Canadian Centre on Substance Abuse.</li> <li>• [BBGS] Gebauer, L., LaBrie, R., &amp; Shaffer, H. J. (2010). Optimizing DSM-IV-TR classification accuracy: A brief biosocial screen for detecting current gambling disorders among gamblers in the general household population. <i>The Canadian Journal of Psychiatry</i>, 55(2), 82-90.</li> <li>• GpQ: Nower, L., &amp; Blaszczynski, A. (2017). Development and validation of the Gambling Pathways Questionnaire (GPQ). <i>Psychology of Addictive Behaviors</i>, 31(1), 95-109.</li> <li>• IGS: Littman-Sharp, N., Turner, N. E., &amp; Toneatto, T. (2009). <i>Inventory of Gambling Situations (IGS)</i>. Toronto: Center for Addiction and Mental Health.</li> <li>• Gambling Motives Questionnaire: Stewart, S. H., &amp; Zack, M. (2008). Development and psychometric evaluation of</li> </ul>		Day 3

	<p>a three-dimensional Gambling Motives Questionnaire. <i>Addiction</i>, 103(7), 1110-1117.</p> <ul style="list-style-type: none"> <li>• Rutgers Gambling Screener (includes modified BBGS and PGSI)</li> <li>• GPQ Final Instrument Only Revised</li> </ul>		
	<p><b>Lecture Videos and Quizzes:</b></p> <ul style="list-style-type: none"> <li>• Screening</li> <li>• Assessment</li> </ul>	10 10	Day 7 Day 7

<b>Module 8: Engagement and Motivational Interviewing</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<p><b>Topics Covered:</b></p> <ul style="list-style-type: none"> <li>• Client Engagement</li> <li>• Motivational Interviewing</li> </ul>		
	<p><b>Required Readings:</b></p> <ul style="list-style-type: none"> <li>• Hodgins, D. C., Currie, S. R., Currie, G., &amp; Fick, G. H. (2009). Randomized trial of brief motivational treatments for pathological gamblers: More is not necessarily better. <i>Journal of Consulting and Clinical Psychology</i>, 77(5), 950-960. [MI]</li> </ul>		Day 3
	<p><b>Lecture Videos and Quizzes:</b></p> <ul style="list-style-type: none"> <li>• Engaging Clients</li> <li>• Motivational Interviewing</li> </ul>	10 10	Day 7 Day 7

<b>Module 9: Treatment Approaches (CBT, Mindfulness, Behavioral Interventions)</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<p><b>Topics Covered:</b> Development of therapeutic relationship and treatment approaches in individual and group formats. Skills:</p> <ul style="list-style-type: none"> <li>• Therapeutic relationship including transference and countertransference</li> <li>• Cognitive-behavioral and behavioral approaches to irrational thinking and gambling behavior</li> <li>• Psychodynamic approaches</li> <li>• 12 step approaches</li> <li>• Mindfulness Based Interventions</li> <li>• Cultural beliefs and attitudes</li> <li>• Family interventions</li> <li>• Community Reinforcement and Family Therapy Approach</li> <li>• Behavioral Couples Counseling Model</li> </ul>		
	<p><b>Required Readings:</b></p>		

	<ul style="list-style-type: none"> <li>• Stanmyre, J. F., Mills, D. J., Anthony, W. L., &amp; Nower, L. (2022). Mindfulness Profiles Among Gamblers: Exploring Differences in Gambling Behaviors, Motivations, Cognitions, and Mental Health. <i>Mindfulness</i>, 13(2), 339-350. [Mindfulness]</li> <li>• Molander, O., Lindner, P., Ramnerö, J. et al. (2020) Internet-based cognitive behavior therapy for problem gambling in routine care: protocol for a non-randomized pilot and feasibility trial. <i>Pilot Feasibility Studies</i>, 6, 106. [CBT]</li> </ul>		Day 3
	<b>Assignment:</b> <ul style="list-style-type: none"> <li>• Reflection Paper</li> </ul>	10	Day 7
	<b>Lecture Videos and Quizzes:</b> <ul style="list-style-type: none"> <li>• Treatment Approaches</li> <li>• CBT and Irrational Thinking</li> <li>• Mindfulness</li> <li>• Behavioral Approaches</li> </ul>	10 10 10 10	Day 7 Day 7 Day 7 Day 7

<b>Module 10: Treatment Planning</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<b>Topics Covered:</b> <ul style="list-style-type: none"> <li>• Treatment Planning</li> </ul>		
	<b>Required Readings:</b> <ul style="list-style-type: none"> <li>• Rugle, L. (2013). Case Conceptualization with Clients Presenting with Disordered Gambling.</li> </ul>		Day 3
	<b>Assignment:</b> <ul style="list-style-type: none"> <li>• Reflection Paper</li> </ul>	10	Day 7
	<b>Lecture Videos and Quizzes:</b> <ul style="list-style-type: none"> <li>• Treatment Planning</li> </ul>	10	Day 7

<b>Module 11: Recovery Oriented Systems of Care (ROSC)</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<b>Topics Covered:</b> <ul style="list-style-type: none"> <li>• Recovery Oriented Systems of Care (ROSC)</li> <li>• Peer counseling and recovery support systems</li> </ul>		
	<b>Required Readings:</b> <ul style="list-style-type: none"> <li>• None</li> </ul>		
	<b>Lecture Videos and Quizzes:</b> <ul style="list-style-type: none"> <li>• Recovery Oriented Systems of Care (ROSC)</li> </ul>	10	Day 7

<b>Module 12: Finances</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<b>Topics Covered:</b>		

	<b>Financial Management Issues:</b> <ul style="list-style-type: none"> <li>• Restitution</li> <li>• Budget preparation</li> <li>• Pressure relief group</li> <li>• Legal issues</li> <li>• Multi-cultural counseling</li> </ul>		
	<b>Required Readings:</b> <ul style="list-style-type: none"> <li>• Nower, L. &amp; Blaszczynski, A. (2013). Legal and Financial Issues and Disordered Gambling. In D.C. Richard, A. Blaszczynski, &amp; L. Nower (Eds.). (2013). <i>The Wiley-Blackwell Handbook of disordered Gambling</i>. London: John Wiley &amp; Sons.</li> </ul>		Day 3
	<b>Lecture Videos and Quizzes:</b> <ul style="list-style-type: none"> <li>• Finances</li> </ul>	10	Day 7

<b>Module 13: Families</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<b>Topics Covered:</b> <ul style="list-style-type: none"> <li>• Families</li> </ul>		
	<b>Required Readings:</b> <ul style="list-style-type: none"> <li>• Dowling, N. A., Francis, K. L., Dixon, R., Merkouris, S. S., Thomas, S. A., Frydenberg, E., &amp; Jackson, A. C. (2021). "It runs in your blood": Reflections from treatment seeking gamblers on their family history of gambling. <i>Journal of Gambling Studies</i>, 37(2), 689-710. [Intergenerational transmission]</li> <li>• Dowling, N. A., Jackson, A. C., Suomi, A., Lavis, T., Thomas, S. A., Patford, J., Harvey, P., Battersby, M., Koziol-McLain, J., Abbot, M., &amp; Bellringer, M. E. (2014). Problem gambling and family violence: Prevalence and patterns in treatment-seekers. <i>Addictive Behaviors</i>, 39(12), 1713-1717. [Intergenerational transmission in treatment seekers]</li> </ul>		Day 3
	<b>Assignment:</b> <ul style="list-style-type: none"> <li>• Discussion Board</li> </ul>	10	Initial Post: Day 3 (recommended)  Response: Day 7
	<b>Lecture Videos and Quizzes:</b> <ul style="list-style-type: none"> <li>• Families</li> </ul>	10	Day 7

<b>Module 14: Cultural Competence and Special Populations</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>



	<p><b>Topics Covered:</b> Cultural Competence and Special Populations:</p> <ul style="list-style-type: none"> <li>• Female gamblers</li> <li>• Cultural and ethnic minorities</li> <li>• Intimate partner violence</li> <li>• Military</li> </ul>		
	<p><b>Required Readings:</b></p> <ul style="list-style-type: none"> <li>• Levy, L. and Tracy, J.K. (2018). Gambling Disorder in Veterans: A Review of the Literature and Implications for Future Research. <i>Journal of Gambling Studies</i>, 34, 1205–1239. [Veterans]</li> <li>• McCarthy, S., Thomas, S. L., Bellringer, M. E., &amp; Cassidy, R. (2019). Women and gambling-related harm: a narrative literature review and implications for research, policy, and practice. <i>Harm Reduction Journal</i>, 16(1), 18 [Women]</li> <li>• Oei, T. P. S., Raylu, N., &amp; Loo, J. M. Y. (2019). Roles of Culture in Gambling and Gambling Disorder. In A. Heinz, N. Romanczuk-Seiferth &amp; M. N. Potenza, <i>Gambling Disorder</i> (pp. 271-295). Switzerland: Springer. [Cultural minorities]</li> <li>• Roberts, A., Landon, J., Sharman, S., Hakes, J., Suomi, A., &amp; Cowlshaw, S. (2018). Gambling and physical intimate partner violence: Results from the national epidemiologic survey on alcohol and related conditions (NESARC). <i>The American Journal on Addictions</i>, 27(1), 7-14. [Intimate partner violence].</li> </ul>		Day 3
	<p><b>Assignment:</b></p> <ul style="list-style-type: none"> <li>• Discussion Board</li> </ul>	10	Initial Post: Day 3 (recommended)  Response: Day 7
	<p><b>Lecture Videos and Quizzes:</b></p> <ul style="list-style-type: none"> <li>• Cultural Competence and Special Populations</li> </ul>	10	Day 7

Module 15: Ethics and Supervision			
Dates	Activity	Points	Due Date
	<p><b>Topics Covered:</b> Ethics</p> <ul style="list-style-type: none"> <li>• Non-discrimination</li> <li>• Counselor responsibility</li> <li>• Competence</li> <li>• Legal standards</li> <li>• Media statements</li> <li>• Publication credit</li> <li>• Client welfare</li> <li>• Confidentiality</li> <li>• Client responsibility</li> </ul>		

	<ul style="list-style-type: none"> <li>• Interprofessional relationships</li> <li>• Remuneration</li> <li>• Societal advocacy</li> </ul> Supervision <ul style="list-style-type: none"> <li>• Administrative</li> <li>• Clinical</li> <li>• Gambling-specific consultation</li> </ul>		
	<b>Required readings:</b> <ul style="list-style-type: none"> <li>• Chóliz, M. (2018). Ethical gambling: A necessary new point of view of gambling in public health policies. <i>Frontiers in Public Health</i>, 6, 12.</li> </ul>		Day 3
	<b>Lecture Videos and Quizzes:</b> <ul style="list-style-type: none"> <li>• Ethics</li> </ul>	10	Day 7

<b>Module 16: Understanding Trauma</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<b>Topics Covered:</b> <ul style="list-style-type: none"> <li>• Definition of trauma</li> <li>• Prevalence of trauma</li> <li>• Types of trauma</li> <li>• Impact of trauma</li> <li>• Social-Ecological Model of trauma <ul style="list-style-type: none"> <li>○ Individual and Social factors to consider</li> <li>○ Objective and subjective characteristics of trauma</li> </ul> </li> </ul>		
	<b>Required Readings:</b> <ul style="list-style-type: none"> <li>• Substance Abuse and Mental Health Services Administration. (2014). <i>Trauma-Informed Care in Behavioral Health Services</i>. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. SMA 14-4816. Rockville, MD: Substance Abuse and Mental Health Services Administration. <ul style="list-style-type: none"> <li>○ Chapters 1-3</li> </ul> </li> <li>• Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. <i>American Journal of Preventive Medicine</i>, 14, 245-258.</li> </ul>		Day 3
	<b>Lecture:</b>  Scope and Prevalence of Trauma		Day 3
	<b>Assignment:</b> <ul style="list-style-type: none"> <li>• Discussion Board</li> </ul>	10	Initial Post: Day 3 (recommended)

			Response: Day 7
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<b>Module 17: Screening and Assessment for Trauma</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<p><b>Topics Covered:</b></p> <ul style="list-style-type: none"> <li>• Comorbidity between trauma and alcohol use</li> <li>• Comorbidity between trauma and illicit drug use</li> <li>• Comorbidity between trauma and gambling disorders</li> <li>• Screening and Assessment for trauma               <ul style="list-style-type: none"> <li>○ Creating an effective environment for screening and assessment</li> <li>○ Barriers and challenges for screening and assessment</li> <li>○ Cultural factors to consider in screening and assessment</li> <li>○ Validated tools for screening and assessment</li> </ul> </li> </ul>		
	<p><b>Required Readings:</b></p> <ul style="list-style-type: none"> <li>• Substance Abuse and Mental Health Services Administration. (2014). <i>Trauma-Informed Care in Behavioral Health Services</i>. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. SMA 14-4816. Rockville, MD: Substance Abuse and Mental Health Services Administration.               <ul style="list-style-type: none"> <li>○ Chapter 4</li> </ul> </li> <li>• Dube, S.R., Miller, J.W., Brown, D.W., Giles, W.H., Felitti, V.J., Dong, M., Anda, R.F. (2006). Adverse childhood experiences and the association with ever using alcohol and initiating alcohol use during adolescence. <i>Journal of Adolescent Health, 38</i>, 444.e1-444.e10</li> <li>• Dube, S.R., Felitti V.J., Dong, M., Chapman D.P., Giles, W.H., Anda, R.F. (2003). Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: The Adverse Childhood Experiences Study. <i>Pediatrics, 111</i> (3), 564-572</li> <li>• Hodgins, D. C., Schopflocher, D. P., el-Guebaly, N., Casey, D. M., Smith, G. J., Williams, R. J., &amp; Wood, R. T. (2010). The association between childhood maltreatment and gambling problems in a community sample of adult men and women. <i>Psychology of Addictive Behaviors, 24</i>(3), 548.</li> <li>• Imperatori, C., Innamorati, M., Bersani, F. S., Imbimbo, F., Pompili, M., Contardi, A., &amp; Farina, B. (2017). The association among childhood trauma, pathological dissociation and gambling severity in casino</li> </ul>		Day 3

	gamblers. <i>Clinical psychology &amp; psychotherapy</i> , 24(1), 203-211.		
	<b>Lecture:</b> Screening and Assessment for Trauma		Day 3

<b>Module 18: Trauma-Informed Care</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<b>Topics Covered:</b> <ul style="list-style-type: none"> <li>• Importance of trauma-informed care</li> <li>• Trauma specific treatment models</li> <li>• Integrated Models</li> <li>• Seeking Safety treatment model</li> </ul>		
	<b>Required Readings:</b> <ul style="list-style-type: none"> <li>• Substance Abuse and Mental Health Services Administration. (2014). <i>Trauma-Informed Care in Behavioral Health Services</i>. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. SMA 14-4816. Rockville, MD: Substance Abuse and Mental Health Services Administration.</li> <li>• Najavits, L.M. (2002). <i>Seeking Safety</i>. New York: The Guilford Press <ul style="list-style-type: none"> <li>○ Chapters 1 and 2</li> </ul> </li> </ul>		Day 3
	<b>Lecture:</b> Trauma-Informed Care		Day 3
	<b>Assignment:</b> <ul style="list-style-type: none"> <li>• Reflection Paper</li> </ul>	10	Day 7

<b>Module 19: Summary and Wrap-Up</b>			
<b>Dates</b>	<b>Activity</b>	<b>Points</b>	<b>Due Date</b>
	<b>Topics Covered:</b> <ul style="list-style-type: none"> <li>• Review and application</li> <li>• Applying knowledge to specific populations, particularly those with racial/ethnic diversity.</li> <li>• Post-training Survey</li> </ul>		
	<b>Assignment:</b> Post-Training Survey		Day 7

## **C102 Biopsychosocial Assessment (6 hours)**

1. Gather relevant information from the client in order to obtain current status and history, using interviewing techniques
2. Gather and evaluate information from sources other than the client, utilizing client-consented interviews and/or written reports, to validate his/her reports and provide a more complete history.
3. Observe and document psychological, social, and physiological signs and symptoms of alcohol and other drug abuse, including Tobacco Use Disorder, in the client to make an accurate diagnosis and formulate a treatment plan.
4. Determine the client's appropriateness and eligibility for admission or referral to a range of programs by assessing the match between the client's needs and program target populations and services.
5. Request from the client appropriately signed releases when soliciting from or providing information to outside sources to protect client confidentiality.
6. Recognize signs and symptoms that indicate a need to refer the client for additional professional assessment services when such assessment services are outside the areas of the counselor's expertise.
7. Recognize and become familiar with the pharmacology of drugs of abuse, including tobacco.
8. Describe approaching and assessing Tobacco Use Disorder. a. Identify various pharmacological interventions for Tobacco Use Disorder, and the pros and cons of each. b. Describe the evidence supporting pharmacological interventions for Tobacco Use Disorder. c. Explain the relationship between tobacco Use Disorder and other mental and addictive disorders.
9. Competency 3: Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the person using and significant others.
10. Competency 25: Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and/or economic constraints
11. Competency 28: Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.
12. Competency 32: Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow through.

## **C103 Differential Diagnosis (6 hours)**

1. Develop a written diagnostic summary based on the results of separate assessments, including gambling, by other professionals.
2. Document ongoing treatment needs identified by regular assessments performed throughout the continuum of care and negotiate adjustments to the treatment plans to assure new treatment needs are addressed.
3. Formulate mutually agreed upon goals, objectives, and treatment methods based upon assessment findings of the client's strengths, weaknesses, needs, and problems for the purpose of directing a course of treatment.
4. Define the terms reliability, validity, and sample population.

5. Develop a familiarity with the recognized assessment instruments currently used with SUD's, other addictive disorders and mental health disorders. The following will be included: a. DSM Diagnostic and Statistical Manual b. MAST Michigan Alcoholism and Addiction Screening Test c. AUDIT Alcohol Use Disorder Identification Test) d. LOCI Locus of Control Inventory e. SASSI Substance SOGS South Oaks Gambling Screen f. MMPI Minnesota Multiphasic Personality Inventory g. ASAM Dimensions h. FTND Fagerstrom Test for Tobacco Use Disorder i. BDI Beck Depression Inventory j. MHSF-3 Mental Health Screening Form k. SSI-SA Simple Screening Instrument for Substance Abuse l. DAST Drug Abuse Screening Test m. abuse Subtle Screening Inventory n. MAYSI Massachusetts Youth Screening Inventory o. ASI Addiction Screening Index

6. Select, administer, score, and interpret to clients the results of alcohol, tobacco, and other drug assessment instruments in order to provide accurate, standardized measures clients' problems.

7. Explain the purpose, rationale, and methods associated with the assessment process to the client to assure understanding and compliance.

8. Assess client's immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.

9. Administer appropriate evidence-based screening and assessment instruments specific to clients to determine their strengths and needs.

10. Competency 34: Analyze and interpret the data to determine treatment recommendations.

### **C107 Gambling Disorder**

1. Develop understanding of the nature of Gambling Disorder.

2. Identification and assessment of disordered gamblers.

3. Recognize types of gamblers and stages of a gambling problem.

4. Identify vulnerable population and at-risk personality characteristics

5. Design gambling treatment plans and course of recovery, including aftercare

## **ACT Certificate Program**

### **Threaded Discussion – Philosophy & Grading Rubric: General Guidelines for Participating in the Threaded Discussions**

**(Adopted from Rutgers University Online Learning Resources)**

Threaded discussions are the way we participate in the online portion of the class, so it is important that you post thoughtful messages that move the conversation forward in some way. "Yeah, I agree," and "Me, too" are not acceptable postings and will not earn any points. After the due date for each discussion, you will be graded on your overall participation in that discussion thread.

Your posts should show that you have read the material in the text, articles, and/or materials viewed in other forms such as pod-casts or websites. You should NOT repeat what you just read or viewed; you should engage with the material using your critical thinking skills, analyzing and interpreting it, and taking the information a step further. Your posts should be grammatically clear so that everyone will understand your point. It is not a formal writing forum, but it is not Facebook either.

Students' individual grades will be provided in Canvas and/or the gradebook. Students will not receive grades for all posts but should expect to receive a grade with each threaded discussion.

#### **ACT Online Protocol**

The following protocol is designed to create an online learning environment that respects individual difference and our academic environment while creating space for vibrant, productive dialogue.

Students will actively participate and complete all assigned work according to the course timeline and instructions. Active participation is demonstrated through multiple postings in a given week. Initial postings are completed early in the week and follow up posts are timely.

Posts should demonstrate the ability to relate concepts to professional and, where appropriate, personal experiences.

Students will conduct themselves in a manner that facilitates learning in the online environment. Discussion with varying views is encouraged – lack of respect for fellow students is not. Deliberately hostile, insulting, inflammatory, obscene, threatening, harassing or otherwise offensive messages, postings, pictures, or other forms of communication are unprofessional and will result in loss of credit for assignment.

Students will use standard English, as this is an academic exercise, not texting or Facebook. Students should record thoughts in a concise, coherent, and accurate way. Students are encouraged to adopt a format that is consistent with expectations of academic assignments and/or recording of case notes.

Students may not discuss private issues about the course via the threaded discussions. Questions and concerns about the course content, assignments, due dates, etc. should be posted in the appropriate e-College forum. For private course issues such as grades, contact the instructor directly and privately.

Students are responsible for their own learning. If a participant is unable to login, receive emails, access lessons and/or complete assignments, contact the Canvas helpdesk.

Students may not engage in plagiarism. Submitting all or part of another's work as one's own in an academic exercise, including unauthorized collaboration with other participants, is not allowed. Quotes with appropriate references and original interpretations are acceptable and encouraged.

**Threaded Discussion Grading Rubric**

Score of 10	9	8	7	6	5	4	3	2	1
<p>Student responds to each discussion thread question/presentation/report with an original response. When applicable, student responds to every question posed about own presentation or report, as well as to multiple classmates' comments during the designated period. Responses are distributed across discussion period. All online protocols are followed.</p> <p>-----</p> <p>Student demonstrates excellence in grasping key concepts, critiques work of others, stimulates discussion, provides sample citations for support of opinions, and readily offers new interpretations of discussion material</p>	<p>Student responds to each discussion thread question/presentation/report with an original response. When applicable, student responds to every question posed about own presentation or report, as well as to some classmates' comments during the designated period. Posts are distributed throughout the discussion period. Most online protocols are followed.</p> <p>-----</p> <p>Student shows evidence of understanding major concepts, occasionally offers divergent viewpoint or challenge, shows some academic/theoretical backing in support for opinions.</p>	<p>Student responds to some discussion thread questions/presentations /reports with an original response. When applicable, student responds to most questions posed about own presentation or report, as well as to some classmates' comments during the designated period. Posts are distributed one or two times during the discussion period. Some online protocols are followed.</p> <p>-----</p> <p>Students provides evidence of understanding most but not all major concepts, infrequently will offer a divergent viewpoint or challenge, shows limited academic/theoretical backing in support for opinions.</p>	<p>Student responds to a few, but not all discussion thread questions/presentations /reports with an original response. When applicable, student responds to some questions posed about own presentation or report, as well as to a few classmates' comments during the designated period. Posts are distributed one or two times during the discussion period. Few online protocols are followed.</p> <p>-----</p> <p>Student has shallow grasp of the material, rarely takes a stand on issues, and offers inadequate levels of academic/theoretical backing in support for opinions.</p>	<p>Student responds to one or two discussion thread questions/presentations /reports with an original response. When applicable, student responds to very few questions posed about own presentation or report, as well as to a few classmates' comments. Student posts one time in a designated discussion period. Very few online protocols are followed OR posts create a negative learning environment.</p> <p>-----</p> <p>Student shows very limited or no significant understanding of material, and offers no support for opinions.</p> <p><b>No posts = 0 points!</b></p>					