

**RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
SCHOOL OF SOCIAL WORK
COURSE OUTLINE**

19:910:522: Clinical Social Work: Addictive Behaviors I

Semester:

Instructor:

Office hours:

Telephone:

Email:

I. Catalog Course Description

Building upon the content learned in previous ACT courses, this practice-based course focuses on focuses on the assessment and diagnosis of common addictive disorders as well as addiction counseling skills with individuals. Students will learn how to develop a therapeutic alliance, starting with the initial interview, conduct a comprehensive biopsychosocial assessment, and develop systematic diagnostic summaries that include differential diagnosis and attention to co-occurring disorders. Students will learn how to evaluate a variety of assessment instruments, and to assess the impact of age, race, gender, social class, culture, ethnicity, spirituality, religion, sexual orientation, national origin, and physical and mental ability on recovery from addictive disorders. Students will learn strengths-based, evidence-based interventions including Motivational Interviewing and Cognitive Behavioral approaches. This course is open to all students who have completed the course prerequisites. It is a required course for those in the Addictions Counselor Training (ACT) Certificate Program.

II. Course Overview

This course focuses on the assessment and diagnosis of those presenting for treatment for substance use disorders and/or co-occurring mental health disorders as well as individual counseling skills, particularly Motivational Interviewing and Cognitive Behavioral Therapy, a clinician may employ with these populations.

III. Place of Course in Program

This course is open to students who have successfully completed Understanding Addictive Behaviors. This course also meets the Advanced Practice Distribution Requirement for the Clinical Social Work concentration. 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.

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

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

1. Create a therapeutic alliance, and practice using a variety of theory-based skills.
2. Conduct ongoing, comprehensive biopsychosocial assessments, using appropriate interviewing techniques, and collecting all relevant data.
3. Construct a comprehensive diagnostic summary that includes differential diagnoses based on the most recent DSM criteria.
4. Effectively select appropriate screening tools to assess addictive disorders.
5. Thoroughly assess cognitive triggers, attitudes, erroneous beliefs and other factors necessary to formulate an effective treatment plan.
6. Capably assess co-occurring disorders, including gambling, as well as psychiatric conditions such as mood, anxiety, and personality disorders, and medical conditions such as HIV/AIDS and other infectious diseases.
7. Recognize the importance of individual difference while considering the influence of culture on assessment and diagnosis.
8. Evaluate the relationship of motivation for and against change to initiating and maintaining change.
9. Begin to integrate their understanding of the above objectives into effective treatment planning.
10. Understand theory-based counseling approaches and strengths-based interventions used in addictions practice, including their use with diverse populations.
11. Conduct session-by-session culturally sensitive therapy that incorporates treatment for etiological vulnerability factors, cognitive restructuring, problem solving and stress coping, and relapse prevention strategies.
12. Competently manage professional ethics and client-related issues that are part of addictions practice.

Students enrolled in this course will fulfill six content area (domain) requirements necessary for licensure as an LCADC, totaling 54 hours. These are: C101 Initial Interviewing (6 hours), C103 Differential Diagnosis (6 hours), C104 Diagnostic Summaries (12 hours), C201 Introduction to Counseling (6 hours), C202 Introduction to Techniques and Approaches (6 hours), C204 Addiction Focused Counseling (18 hours). For a complete outline of these content areas, see the end of the syllabus.

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 Texts and Readings

Beck, J.S. (2011). *Cognitive behavior therapy: basics and beyond* (2nd Edition). Guilford: NY

Connors, G.J., DiClemente, C.C., Velasquez, M.M. & Donovan, D.M. (2015). *Substance abuse treatment and the stages of change* (2nd Edition). Guilford: NY

Miller, W.R., Forehimes, A.A., & Zweben, A. (2019). *Treating addiction: a guide for professionals* (2nd Edition). Guilford: NY

Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change*. London: The Guilford Press.

[Other readings as indicated]

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 group experiences. This course will be conducted as a seminar, with full participation expected.
2. **ACT** Certificate Program requirements include **mandatory** attendance at **all** in-person course meetings. Students missing an entire day of instruction, or in excess of 10% of total in-person instructional time, will need to speak with the instructor about their ability to complete course successfully. 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 incidents 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 papers will be:

- Thoughtful, thought-provoking, and **concise** (longer is not necessarily better!)
 - 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
 - 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. Papers that are late because you had technical trouble submitting them at the last minute are counted as late!

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 worldviews. 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 an assignment. Therefore, students may submit assignments late. However, assignments will receive

a 10% deduction for each day late. Discussion board posts and other “real-time” assignments 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

Assignment Value

- Mutual Support Meeting Reports 15%
- Psychosocial History: Students will complete one Psychiatric Assessment (psychosocial history), based on either: (a) a client the student is working with in practicum or; (b) a client in an episode of the television show, “Intervention,” which is available online and at <https://www.aetv.com/shows>. The assessment should follow the format provided in the readings and should be 6 to 8 pages long. 40% of grade.
- Motivational Interviewing dialogue: Students will write a dialogue between counselor and client, displaying the use of Motivational Interviewing techniques. The dialogue should be two (2) to three (3) pages. Total: 15% of grade.
- Cognitive Formulation: Students will submit a cognitive formulation, detailing the issues they would address in 8 sessions of therapy, including automatic thoughts, core beliefs, situational triggers, and related feelings. The submission should be two (2) to three (3) pages. Total: 15% of grade
- Treatment Plan: Students will submit a treatment plan, consisting of in-session and homework assignments for the client to complete across treatment sessions. The assignments should be two (2) to three (3) pages. Total: 15% of grade.

See the assignments at end of syllabus for a more detailed discussion of grading.

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 p. 848-932-6104 ; **Natalie Borisovets** is at Newark, Dana Library natalieb@rutgers.edu 973-353-5909; **Katie Anderson** is at Camden, Robeson Library: 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

All students are expected to adhere to the citation style of the Publication Manual of the American Psychological Association, 7th edition (2020). It can be purchased at [APA Manual 9th Edition](#). The Purdue OWL website also provide assistance with APA style <https://owl.english.purdue.edu/owl/resource/560/01/>

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). 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.

Module 1: Course Introduction			
Dates	Activity	Points	Due Date
	Required Readings: • Course Syllabus		Day 3
	Assignment: Discussion Board		

Module 2: Context for Addiction Treatment

Dates	Activity	Points	Due Date
	Required Readings: <ul style="list-style-type: none"> • Miller, W.R., Forehimes, A.A., & Zweben, A. (2019). Treating addiction: a guide for professionals (2nd Edition). Guilford: NY <ul style="list-style-type: none"> ○ Chapter 1: Why Treat Addiction? ○ Chapter 2: What is Addiction? ○ Chapter 4: Engaging ○ Chapter 5: Screening, Evaluation and Diagnosis ○ Chapter 6: Withdrawal Management and Health Care Needs ○ Chapter 7: Individualizing Treatment 		Day 3

Module 3: Stages of Change			
Dates	Activity	Points	Due Date
	Required Readings: <ul style="list-style-type: none"> • Connors, G.J., DiClemente, C.C., Velasquez, M.M. & Donovan, D.M. (2015). Substance abuse treatment and the stages of change (2nd Edition). Guilford: NY <ul style="list-style-type: none"> ○ Chapter 1: Background and Overview ○ Chapter 2: The Stages of Change 		Day 3

Module 4: Screening and Assessment			
Dates	Activity	Points	Due Date
	Required Readings: <ul style="list-style-type: none"> • Connors, G.J., DiClemente, C.C., Velasquez, M.M. & Donovan, D.M. (2015). Substance abuse treatment and the stages of change (2nd Edition). Guilford: NY <ul style="list-style-type: none"> ○ Chapter 3: Assessment • Screening tools (on Canvas) 		Day 3
	Assignment: Psychosocial History Due	40	Day 7

Module 5: Screening and Assessment			
Dates	Activity	Points	Due Date
	Required Readings: <ul style="list-style-type: none"> • Mee-Lee, D., Shulman, G. D., Fishman, M., Gastfriend, D. R., Miller, M. M., & Provence, S. M. (2013). <i>The ASAM criteria: Treatment for addictive, substance-related, and co-occurring conditions</i>. Chevy Chase, MD: American Society of Addiction Medicine. <ul style="list-style-type: none"> ○ Chapter 3: Intake and Assessment ○ Chapter 5: Service Planning and Placement • Psychiatric Assessment handout (on Canvas) 		Day 3
	Assignment: Mutual Support Meeting Documentation 1-5 Due	5	Day 7

Module 6: Treatment Planning

Dates	Activity	Points	Due Date
	Required Readings: <ul style="list-style-type: none"> • Miller, W.R., Forehimes, A.A., & Zweben, A. (2019). Treating addiction: a guide for professionals (2nd Edition). Guilford: NY <ul style="list-style-type: none"> ○ Chapter 9: Brief Interventions ○ Chapter 11: Behavioral Coping Skills ○ Chapter 12: Mindfulness ○ Chapter 13: Contingency Management • Connors, G.J., DiClemente, C.C., Velasquez, M.M. & Donovan, D.M. (2015). Substance abuse treatment and the stages of change (2nd Edition). Guilford: NY <ul style="list-style-type: none"> ○ Chapter 4: Treatment Planning ○ Chapter 5: Individual Treatment 		Day 3

Module 7: Motivational Interviewing			
Dates	Activity	Points	Due Date
	Required Readings: <ul style="list-style-type: none"> • Miller, W. R., & Rollnick, S. (2013). Motivational interviewing: Helping people change. London: The Guilford Press. <ul style="list-style-type: none"> ○ Part 1: What is Motivational Interviewing ○ Part 2: Engaging – the Relationship Foundation 		Day 3

Module 8: Motivational Interviewing			
Dates	Activity	Points	Due Date
	Required Readings: <ul style="list-style-type: none"> • Miller, W. R., & Rollnick, S. (2013). Motivational interviewing: Helping people change. London: The Guilford Press. <ul style="list-style-type: none"> ○ Part 3: Focusing: The Strategic Direction ○ Part 4: Evoking: Preparation for Change ○ Part 5: Planning: The Bridge to Change 		Day 3
	Assignment: Motivational Interviewing Dialogue Due	15	Day 7

Module 9: Counseling & Counseling Techniques			
Dates	Activity	Points	Due Date
	Required Readings: <ul style="list-style-type: none"> • Beck, J.S. (2011). Cognitive behavior therapy: basics and beyond (2nd Edition). Guilford: NY. <ul style="list-style-type: none"> ○ Chapter 1: Introduction to CBT ○ Chapter 2: Overview of Treatment ○ Chapter 3: Cognitive Conceptualization ○ Chapter 4: The Evaluation Session 		Day 3

Module 10: Counseling & Counseling Techniques			
Dates	Activity	Points	Due Date
	Required Readings: <ul style="list-style-type: none"> • Beck, J.S. (2011). Cognitive behavior therapy: basics and beyond (2nd Edition). Guilford: NY. 		Day 3

	<ul style="list-style-type: none"> ○ Chapter 5: Structure of the First Therapy Session ○ Chapter 6: Behavioral Activation ○ Chapter 9: Identifying Automatic Thoughts ○ Chapter 10: Identifying Emotions 		
	Assignment: Mutual Support Meeting Documentation 6-10 Due	5	Day 7

Module 11: Counseling & Counseling Techniques			
Dates	Activity	Points	Due Date
	Required Readings: <ul style="list-style-type: none"> ● Beck, J.S. (2011). Cognitive behavior therapy: basics and beyond (2nd Edition). Guilford: NY. <ul style="list-style-type: none"> ○ Chapter 11: Evaluating Automatic Thoughts ○ Chapter 12: Responding to Automatic Thoughts ○ Chapter 13: Identifying and Modifying Intermediate Beliefs ○ Chapter 14: Identifying and Modifying Core Beliefs 		Day 3

Module 12: Counseling and Counseling Techniques			
Dates	Activity	Points	Due Date
	Required Readings: <ul style="list-style-type: none"> ● Connors, G.J., DiClemente, C.C., Velasquez, M.M. & Donovan, D.M. (2015). Substance abuse treatment and the stages of change (2nd Edition). Guilford: NY <ul style="list-style-type: none"> ○ Chapter 8: Populations with Special Needs ● Miller, W.R., Forehimes, A.A., & Zweben, A. (2019). Treating addiction: a guide for professionals (2nd Edition). Guilford: NY <ul style="list-style-type: none"> ○ Chapters 14: Community Reinforcement Approach ○ Chapter 20: Treating Co-Occurring Conditions 		Day 3
	Assignment: Cognitive Formulation Due	15	Day 7

Module 13: Behavioral Change Maintenance			
Dates	Activity	Points	Due Date
	Required Readings: <ul style="list-style-type: none"> ● Connors, G.J., DiClemente, C.C., Velasquez, M.M. & Donovan, D.M. (2015). Substance abuse treatment and the stages of change (2nd Edition). Guilford: NY <ul style="list-style-type: none"> ○ Chapter 9: Relapse ● Miller, W.R., Forehimes, A.A., & Zweben, A. (2019). Treating addiction: a guide for professionals (2nd Edition). Guilford: NY <ul style="list-style-type: none"> ○ Chapter 16: Strengthening Relationships ○ Chapter 17: Mutual Help Groups ○ Chapter 18: Medications in Treatment ○ Chapter 19: “Stuff” that Comes Up ○ Chapter 21: Facilitating Maintenance 		Day 3

Module 14: Professional Issues			
Dates	Activity	Points	Due Date
	Required Readings: <ul style="list-style-type: none"> • Miller, W.R., Forehimes, A.A., & Zweben, A. (2019). Treating addiction: a guide for professionals (2nd Edition). Guilford: NY <ul style="list-style-type: none"> ○ Chapter 23: Addressing the Spiritual Side ○ Chapter 24: Professional Ethics ○ Chapter 25: Implementing Evidence-based Practice 		Day 3
	Assignment: Treatment Plan Due	15	Day 7

Module 15: Course Wrap-Up			
Dates	Activity	Points	Due Date
	Questions & Wrap-up		
	Assignment: Mutual Support Meeting Documentation 11-15	5	Day 7

XVII. Course Assignments

Each assignment in this course is designed to build on prior assignments to teach students how to perform comprehensive assessments, conduct motivational interviews, and plan short-term cognitive behavioral treatments for individual clients. At the end of the semester, students will have a completed a comprehensive client record that will consist of these successive assignments and will demonstrate mastery of a number of skills that are highly valued in the job market as meeting best practice standards for social workers.

Psychosocial Assessment/Psych. History

40% of final grade

You will select ONE client who will serve as the focus for ALL assignments. For the first assignment, please follow the format to complete a detailed psychosocial assessment that is derived from a full psychiatric history. Each agency has its own protocol for note-taking but, by using this comprehensive approach, students will be assured they are familiar with any wording psychiatrists and others may use in assessing clients.

For your client, you may either select a person you have worked with in a field or other setting (however, be mindful of changing details to protect confidentiality) or a client presented on the A&E show “Intervention.” Prior episodes appear both on You Tube and on the A&E website. Full episodes are also here: <http://www.aetv.com/intervention/>.

Your paper will include the content outlined in Kaplan & Sadock's Elements of the Initial Psychiatric Interview, which is available in your course shell. You are to download the paper template from Canvas and write directly into this document. Do not remove or substitute section headings. If your client is a child, for example, simply put “Not applicable” in sections that pertain to adult development but retain the section headings. You may review the Sample Student Paper uploaded to Canvas as a guide.

As you will see from the paper example, papers are 6-8 pages, single-spaced, 1” margins, 12-point type. The best way to prepare to write the paper is to read through all the sections of the material you will need for the psychiatric history then download the template to allow you to take notes. If you are using a client presented on “Intervention,” as you watch the episode, note particulars about the client’s family history, drug-taking behavior,

developmental history etc that you note in the episode. You will then have to fill in details with your imagination. When you write the paper, you will be writing as if this client presents to you at a treatment center. This assessment would be what you will complete for the agency when you first assess the client.

Motivational Interview Dialogue

15% of final grade

This is a two-page, single-spaced dialogue between you and your client. The Miller & Rollnick book has many dialogue examples that can serve as a model for this assignment. The goal is to write your dialogue to include as many examples as possible of the motivational interviewing techniques outlined in your readings.

Cognitive Formulation

15% of final grade

This is your cognitive assessment of the client. In this assessment you describe at least three (3) core beliefs held by the client, gives examples of those beliefs and how they are triggered by specific situational stressors, accompanying feelings and automatic thoughts, and behavior patterns that result. These should be fully described in paragraph form with a separate heading for each core belief.

Mutual Support Meeting Reports

15% of final grade

For licensing, you are required to attend 30 mutual support meetings - 5 AA, 5 NA, 5 Al-Anon, and 15 in any mutual support group related to addiction recovery. For the ACT program, we have slightly different requirements to broaden your education, but you will have fulfilled the LCADC meeting requirement by the completion of your coursework. Altogether, you must attend and submit reports for:

- Five AA meetings
- Five NA meetings
- Five Al-Anon meetings
- Two Gamblers Anonymous Meetings

You also must attend a variety of other meetings, as follows:

- Two other behavioral addiction meetings – e.g., Overeaters Anonymous, Sexaholics Anonymous
- Two alternatives to 12 Steps – e.g., SMART Recovery, Women for Sobriety

This leaves nine meetings of your choice, for 30 meetings in total.

As a part of this course, you will complete 15 meetings. You will complete the remaining 15 meetings as part of Clinical Social Work: Addictive Behaviors II. It is recommended that you wait until you are taking Clinical Social Work: Addictive Behaviors II to attend the Al-Anon meetings, so you may consider them in the context of the instruction and readings related to family counseling and the impact of SUDs on the family system.

We ask that you attend no individual meeting more than twice. For example, you may attend the Tuesday, 6:00 PM AA meeting at St. Paul's Church only two times, but you may also attend the 8:00 PM meeting on Friday at the same location two times. These meeting requirements can be met in any combination as long as each requirement is met.

You are encouraged to attend different types of meetings, such as discussion, speaker, Big Book, or step meetings. It is important that you attend the majority of these meetings on your own rather than with someone else from the ACT program. If you are not recovering, you must attend only **OPEN** meetings. When it comes times to identify yourself, we recommend that you simply say, “Hi, my name is ____.” We caution against identifying as a student or observer and ask that you carefully consider the consequences for group members in recovery if you present yourself in this way. **DO NOT** identify as an alcoholic or addict if you are not.

You are to write a brief report using the forms provided on the **Canvas** website, and at the end of this syllabus, for each of your meeting experiences. After completing each form, scan it and submit in the appropriate Canvas assignment. Please label your files as follows: Last name, First name, meeting # – i.e., Smith, Steve, meeting 17. By the end of this class, you should have submitted 15 forms altogether. You then will submit the additional 15 in Clinical Social Work: Addictive Behaviors II, beginning with meeting #16. We will check to confirm that each of you has completed all 30 forms before you guess we receive your ACT certificate.

Please attend meetings throughout the semester. Do not delay so that you need to attend the bulk of the meetings in the last few days before the due date. We hope to compile all the reports into a Mutual Support Group Resource Guide that will be available online to all graduates of the ACT program.

LCADC Content Areas/Domains Covered in this Course

C101 Initial Interviewing (6 hours)

1. Create a therapeutic alliance with the client by incorporating the following three categories of skills:
a. Listening b. Processing c. Providing feedback
2. Demonstrate through role-playing the following eight skills: a. Attending b. Paraphrasing c. Reflection of feeling d. Summarizing e. Probing f. Interpreting g. Providing information and feedback (as per Motivational Interviewing) h. Appropriate use of self-disclosure.
3. 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.
4. Competency 28: Determine the client’s readiness for treatment and change as well as the needs of others involved in the current situation.

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.

C104 Diagnostic Summaries (12 hours)

1. Describe the logic, purpose and function of the DSM diagnostic system
2. Describe the organizational scheme of the DSM and diagnostic categories
3. List diagnostic criteria for substance abuse and Substance Use Disorder
4. List frequently encountered differential diagnoses, including substance-induced syndromes, hypomania and personality disorder symptoms.
5. Understand that only licensed (not certified) counselors can diagnose.
6. Describe clinical presentations of co-occurring diagnoses most frequently encountered in substance abuse treatment settings, including anxiety disorders, mood disorders and personality disorders.
7. Describe the ways in which substance use disorder and mental health diagnoses can interact to influence clients' clinical presentations.
8. Use SAMHSA's Four Quadrant Framework to conceptualize clients according to substance use disorder and mental health symptom severity.

9. Competency 4: Recognize the potential for substance use disorders to mimic a variety of medical and mental health conditions and the potential for medical and mental health conditions to coexist with addiction and substance abuse.

10. Competency 26: Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental disorders.

C201 Introduction to Counseling (6 hours)

1. Define counseling/ therapy as per the IC&RC.
2. Identify key concepts of, and noted figures associated with the following counseling approaches: a. Cognitive Behavior Therapy, Rational Emotive Therapy, Motivational Enhancement Therapy, Family Therapy, Client Centered Therapy, Solution Focused Therapy and Psychodynamic Therapy,
3. Explain the rationale for choosing and changing counseling approaches during the course of counseling.
4. Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process.
5. Identify appropriate use of boundaries.
6. Positive reinforcement (e.g., identifying client strengths, instilling hope, identifying client potential)
7. Understanding Transference and Countertransference
8. Competency 5: Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.
9. Competency 75: Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy

C202 Introduction to Techniques/Approaches (6 hours)

1. Identify, demonstrate, and explain the purpose of the following counseling skills: a. Attending, Paraphrasing, Reflection of Feeling, Summarizing, Probing, Counselor b. Self-Disclosure, Interpreting and providing information and feedback as per MET.
2. Integrate self-help group participation as an adjunct to the counseling process.
3. Identify six stages of counseling and employ the skills found in each stage.
4. Provide information to the client regarding the structure, expectations, and purpose of the counseling process.
5. Counseling and therapeutic process specific to substance use
6. Stages of treatment

7. Methods and techniques for enhancing client engagement
8. Identify Recovery-oriented behavior and Recovery Oriented Systems of Care.
9. Feedback procedures (e.g., reflection, reframing, interpretation, clarification)
10. Competency 10: Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and Use Disorder.
11. Competency 11: Tailor helping strategies and treatment modalities to the client's stage of Use Disorder, change, or recovery

C204 Addiction Focused Counseling (18 hours)

1. Identify three modalities of A & D treatment a. Pre-Treatment (i.e. Detox/Medical Stabilization b. Rehabilitation (Residential, IOP and OP) c. Maintenance (On going Care)
2. Identify five goals of individual alcohol/drug counseling : a. stop AOD use, b. relapse prevention, c. changing reinforcement contingencies, d. managing painful feelings appropriately and e. improving interpersonal functioning.
3. Differentiate between early, middle, and late stage recovery and provide examples of treatment issues in each stage.
4. Explain why termination of counseling is a process, rather than an event, and give examples of rationale(s) for termination and how the process of termination should be approached.
5. Participants will be able to identify various self-help groups and explain how they can enhance recovery for the individual and significant others.
6. As per CBT, explain how a client's cognitions represent a synthesis of internal and external stimuli.
7. Identify the role of cognitions in the client's view of self, view of the world, and view of the past and the future.
8. Demonstrate how alterations in client cognitions affect the client's affective state and patterns of behavior.
9. Apply CBT theory and techniques to the treatment of substance use disorders as per MI & MET: List Prochaska and DiClemente's stages of change and characteristics associated with each.
10. Assess client's readiness to change using a client-centered interviewing style and at least one validated questionnaire.
11. Describe ways in which counselor's interactional style can affect clients' levels of a. motivation, b. resistance and c. willingness to provide assessment information.
12. Use open-ended questions and a non-confrontational style to elicit the client's perspective on the presenting problem(s).

13. Discuss the spirit of Motivational Enhancement Therapy (MET), and the importance of client-centered principles in substance abuse treatment
14. List the five micro skills of MET, and their application in substance use treatment 19
15. Competency 76: Facilitate the client's engagement in the treatment and recovery process.
Competency 77: Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.
16. Competency 78: Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.
17. Competency 79: Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.
18. Competency 80: Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.
19. Competency 83: Facilitate the development of basic and life skills associated with recovery.
20. Competency 84: Adapt counseling strategies to the individual characteristics of the client, including but not limited to disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
21. Competency 85: Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals.
22. Competency 87: Facilitate the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.

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>No posts = 0 points!</p>					

Mutual-Support Meeting Report

Meeting name:

Location (include county):

Day and time held:

Type of meeting:

Demographics:

Topic and theme of the meeting:

What do you hear from the speaker or speakers that fit within the process of the transtheoretical model of change (e.g., stages of readiness, markers of change, decisional balance, personality characteristics, mental health issues, self-efficacy, cognitive experiential phase and behavioral process of change):

What demographic group of people or specific type of person or personality do you think would benefit most from attending this meeting? Why?

Who do you feel would benefit *least* from attending this meeting? Why?

Did the meeting touch on spiritual components of the program? In what ways? (Please provide specific examples).