WURZWEILER SCHOOL OF SOCIAL WORK
YESHIVA UNIVERSITY

Practice with Addictions III
SWK 6891 **Dr. Timothy Conley**
2023

Course Description

Social Work 6891 is the third of three courses in Addiction offered at Wurzweiler School of Social Work. SWK 6691 and SWK 6891 are required pre-requisites. This is a 3 credit course and complies with NYSED credit hour rules: CR 50.1 (o) and 52.2(c)(4). The course is offered in three formats, all using the same syllabus: live in the classroom, live online, and asynchronously online.

Like the previous two Addiction courses, 6891 is designed to increase student knowledge and skills for addressing of addictive phenomena and its relation to social work practice issues. Ethics and student values are explored throughout, and cognitive and affective processing of macro, meso and micro level practice concerns are covered.

There are 7 modules covering two weeks each starting with *Crisis Management* and ending with *Case Studies in Co-Occurring Disorders*. The course assumes participants have completed Social Work 6691, Practice with Addictions I, and Social Work 6791, Practice with Addictions II and are currently working or involved with field placement in a setting which includes (preferably primarily) substance using clients. This course will provide new learning and students will take this and what they already know to a deeper level by comparing/contrasting existing knowledge with the professor, occasional visiting experts, and your student colleagues.

Each module includes a structured discussion (often a critique of a case study with application of concepts and criteria) and a quiz. There will be a final exam and all quiz/exam material is designed to prepare students to test for both social work and addiction counselor licensure.

Attention will be given to biological, psychological and social factors in the etiology of individual addiction and implications for families. Addiction exists in diverse cultural contexts thus the importance of language and clinical presentation is addressed throughout with direct professorial feedback through discussions. The consequences of addictions will be studied at the individual, family, community and societal levels. There will be some policy covered as well. This course will draw on current research in the field of addictions and will emphasize critical thinking and analysis of the current controversies in the field.

I. COURSE COMPETENCIES

The following Council on Social Work Education Competencies are measured with students' outcome data:

Competency #1: Demonstrate Ethical and Professional Behavior

Social workers working with substance use understand the complexity of the spectrum of substance use disorders (SUD) and options for recovery. Social workers understand and adhere to professional

social work values, ethical standards, relevant laws and regulations pertaining to confidentiality and privacy in relation to substance use. Social workers recognize the need to differentiate personal and professional values as they relate to substance use and misuse and understand how their personal experiences and affective reactions may influence their professional judgement and furthermore, they acknowledge their ethical duty to engage in self-reflection, self-regulation, and self-care. Social workers recognize the importance of ongoing professional development activities such as, but not limited to consultation, continuing education, current research and the ethical use of technological advances as they pertain to substance use and misuse. Social workers utilize best practice standard and engage in the interprofessional team to guide substance use related service based in best practice standards. Students completing this course will:

- *Make ethical decisions by applying the standards of the NASW Code of Ethics, and other applicable ethical codes of conduct*
- *Demonstrate and role model professional communication in practice situations, including using person-first, non-stigmatizing language and treat clients with SUD equitably without applying personal bias, stigma, or discrimination.*
- *Use self-reflection and self-regulation to manage personal values and biases relative to their own substance use and misuse.*
- *Use the most current, evidence-based and culturally informed knowledge to inform SUD practice, research, and policy development and implementation.*
- *Recognize one's limitations in skills, knowledge, and abilities and work in cooperation with interdisciplinary SUD providers in the trajectory of care.*

Competency #2: Engage Diversity and Difference in Practice

Social Workers working with substance use provide a continuum of services extending from prevention to tertiary care, informed by the values of cultural humility, respect for all cultures, ethnicities, and differences; with the understanding that those we serve are the foremost experts of their own lives and experiences supporting their self-determination. This is enhanced through using the prism of intersectionality and multicultural humility in a collaborative effort that harmoniously blends evidence-based practices. When working with individuals engaged in all levels of substance use a trauma-focused lens that appreciates historical trauma, combined with a strengths perspective provides a spectrum of intersections of diversity, multiple life challenges and internalized oppression. Social Workers must be able to understand and apply their knowledge of the importance that historically biased descriptive terms have been utilized in the diagnosis and treatment of individuals with substance use disorders. This practice has created many barriers; internal in the form of unconditional positive regard and self-efficacy and external in the form of engaging in recovery services and community support. Social Worker's substance use literacy requires continuous focus on utilizing people first language in order to identify those in recovery as human beings first and their diagnoses or challenges as simply one aspect of their diverse lives. Social Workers must be cognizant of their internal biases in regard to recovery and those who are challenged by it at the micro, mezzo and macro levels. This awareness will be an ongoing practice guide for the continuum of substance use services offered and delivered as well as in education, policy, and research. Students completing this course will:

- *Demonstrate an awareness of how social identity, privilege, and marginalized status can be impacted by the systems they are part of at the individual, family and community levels.*

- *Articulate how an individual's social location; inclusive of their cultural customs and world views inform their experiences with substance use.*
- *Practice cultural humility when supporting clients with substance use challenges which includes a lifelong process of openness, effort, self-awareness and exploring/learning from similarities and differences.*
- *Utilize a strengths-based perspective that facilitates understanding of substance use and its impact in the diverse situations for individuals, families and communities driven by their unique stories.*
- *Consult with supervisors, mentors, and colleagues to enrich self-awareness and self-reflection while practicing multicultural reflexivity to balance the dynamics of power and privilege inherent in the social work position.*

Competency #6: Engage with Individuals, Families, Groups, Organizations, and Communities
Social workers understand that engagement 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 value the importance of human relationships. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Students completing this course will:

- *Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and*
- *Use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.*

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. Students completing this course will:

- *Collect and organize data, and apply critical thinking to interpret information from clients and constituencies;*
- *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;*
- *Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and*

- *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 Students completing this course will:

- *Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies;*
- *Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies;*
- *Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;*
- *Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and*
- *Facilitate effective transitions and endings that advance mutually agreed-on goals.*

II. LEARNING OBJECTIVES

Upon completion of the course, students will understand and demonstrate the following:

- Crisis Management: Both life-threatening and non-life-threatening crisis situations and impact on recovery; crisis situations/incidents that need an immediate response and how to triage; methods to respond to client and/or family in crisis; emergency procedures associated with overdose and acute withdrawal symptoms; utilizing crisis situations to facilitate the recovery process.

- Resiliency, Self-Care and Employee Assistance Programs (EAP) for Counselors: Students will understand compassion fatigue, burnout, vicarious traumatization and other job-related stresses to include the impact of clients' high risk behaviors despite treatment interventions; how to identify, prevent, and recover from these effects through knowledge concerning why compassion fatigue and other job stresses occur and who is at risk; importance of professional development; connection between a trauma history and compassion fatigue; recognition of symptoms; and prevention and recovery strategies, including the role of clinical supervision. Knowledge of Counselor Wellness programs, including how to develop agency resources to offer counselor assistance, especially Substance Use Disorder intervention services and referrals (e.g. Employee Assistance Programs (EAP); and peer support.

- Patient, Family and Community Education and Prevention: Presentation utilizing cultural and age appropriate training techniques that address how to provide relevant information about substance use disorders and related problems to patients, families, & communities to encourage wellness and increase understanding of addiction; presentation and training techniques that address and support substance use disorder prevention, treatment, and the recovery process.

- Compulsive Gambling and Sexual Compulsivity: Assessment and Treatment Issues: Knowledge of the connection of the theories and models of Substance Use Disorder and Gambling prevention to current best practices, including OASAS' Risk & Protection framework, SAMHSA's Strategic Prevention Framework, model programs, and environmental strategies. Assessment, Evaluation, diagnostic and treatment considerations for process addictions.

  Relapse Prevention: Assessing a client's risk factors for recurrence of symptoms/relapse and need for recovery supports; assisting the client in pre-empting the recurrence of symptoms/relapse process; collaboratively developing a relapse prevention plan; understanding harm reduction models and normalizing relapse as diagnostic; The dynamics of recurrence of symptoms/relapse.

- Clinical management of Relapse: Residual effects of substance use as it affects recurrence of symptoms/relapse; recognizing client manifestations of recurrence of symptoms/relapse; Educating the client in understanding their individual recurrence of symptoms/relapse signs and symptoms; Assisting the client in intervening in the recurrence of symptoms/relapse process.
  Recovery and recurrence of symptoms/relapse process to include prevention planning.

- Case Studies in Co-Occurring Disorders: Critical evaluation and deconstruction of complex cases involving multiple diagnoses including neurocognitive issues; developmental issues; personality disorders; multiple addictions (eg. Alcohol and compulsive gambling); mood and psychosis.

The educational goals of this course align with the Credentialed Alcoholism and Substance Abuse Counselor (CASAC) 350 standardized education and training curriculum for New York State. This same material also meets standards for International Certification & Reciprocity Consortium. Equally important, each module addresses Council on Social Work Education (CSWE) Educational Policy and Accreditation Standards (EPAS) as delineated below.

IV. COURSE EXPECTATIONS AND GRADING

Students are expected to attend ALL classes and to be on time. Class participation is important and there is an expectation that student will complete the required reading. Students are expected to be prepared for critical discussion, NOT REVIEW, of the content.

Grade are based on attendance, class participation, participation in discussions in Canvas and written assignments. Each assignment will be weighted as follows:

Assignment	Grade %	Due Date
Discussions	40%	Ongoing
Quizzes/Tests	40%	Ongoing
Clinical Case Role Play	20%	

Rubric for Participation, Attendance and Comportment

Class Participation	Contributes to class discussions by raising thoughtful questions, analyzing relevant issues, building on others' ideas, synthesizing across readings and discussions, expanding the class' perspective, and appropriately challenging assumptions and perspectives **8 points**	Attends class regularly and *sometimes contributes* to the discussion in the aforementioned ways. **6 points**	Attends class regularly but *rarely contributes* to the discussion in the aforementioned ways. **4 points**	Attends class regularly but *never contributes* to the discussion in the aforementioned ways. **2 points**
Attendance	Always arrives on time and stays for entire class; regularly attends class; all absences are excused; always takes responsibility for work missed; no deadlines missed. **7 points**	Minimal lateness; almost never misses a class; no unexcused absences. No deadlines missed. **5 points**	Late to class semi-frequently; misses deadlines. **3 points**	Late to class frequently misses deadlines **1 point**
Comportment	Demonstrates excellence in communication, interpersonal skill, respect for the ideas of others and the learning environment, engages in reflective thinking, exemplifies empathy, honesty and integrity, shows respect for diversity, demonstrates ethical conduct, and conducts oneself with a professional demeanor. **5 points**	Occasionally exhibits excellence in comportment; is almost always respectful towards peers, and the learning environment **4 points**	Recurring concerning comportment issues behaves in ways that are not always respectful of peers, and the learning environment **2 points**	Consistent comportment concerns; is often disrespectful to peers and the learning environment **0 points**

Required Reading:

The text that will be referenced throughout the course and found in several readings is:

Miller et al. (2018). Electronic Book. **The ASAM Principles of Addiction Medicine** (6th ed). Philadelphia, PA: Wolters Kluwer.

It can be rented as an E-textbook or Hardcover on Amazon:

ASAM-Principles-Addiction-Medicine-ebook - one option

Other required reading for this course is freely available through Canvas, the course Learning Management System (LMS). This is the case whether the course is offered live in the classroom, live online, or asynchronously fully online. Every student is provided a login and password, initial orientation to this intuitive system, and all material is accessed with clicks on links. For those who prefer to work with hard copies you may download and print. Copywritten articles and book chapters (mostly in PDF format) are legally accessible as all materials are either covered by the University's

library subscription services, or are freely available as 'public domain', for example government websites or the occasional YouTube. Your computer must have a PDF reader and also be able to manage documents in Microsoft Word. You will also need a video media player on your computer for lectures.

Additional optional reading and audio/video will be posted by the professor from time to time. Also, anonymized case material (assessments) from current and recent clinical treatment will be posted. All assigned reading material will be discussed in class or in online forums; fully online discussion are not real time discussions but take place within a brief window of time (72+ hours). As it becomes relevant to discussion and learning the professor will recommend (not require) additional citations and references for consideration. Always feel free to ask for and/or contribute more. Instructions on how to access and navigate your individual Canvas course shells will be e-mailed by the Wurzweiler School before the start date of the course.

For Canvas LOGIN assistance, call the HELP DESK: 800-829-7418
For 24 + 7 + 365 Canvas assistance on general CALL: +1-844-747-4611
https://www.yu.edu/its/academic-computing/student-computing/eLearning/canvas

V. COURSE REQUIREMENTS

Grading rubrics are attached to each assignment and will keep the grading standards objective; the professor retains the privilege of discretion for the final numerical grade for all assignments. Late work will be downgraded at least 10 points out of 100 for each full day late. Any late discussions will have reduced feedback.

You are responsible for completing 7 substantial Discussion Boards, 7 quizzes based on the assigned readings, and 1 critical reflection paper. Each is explained below. Also, see the table below in this syllabus for all deadlines. Watch for "Announcements" from the professor in Canvas (they come to your e-mail) for any date changes.

1) Discussions: **40% of grade.** There are 7 of these per semester with various due dates – pay close attention.

The Discussion Board in Canvas is our classroom.

When you open the discussion board, picture yourself walking into the classroom filled with students. When you speak (write) everyone can hear (see) it; the same for the professor. For this course you should plan on spending at least 3 hours per week 'in class', writing discussions.

Before you come to class you will have completed the reading or audio/video assigned for the Module, so you are ready to participate in the classroom discussion. This will also take 3+ hours and varies from student to student.

> According to worldwidelearn.com: "Asynchronous communication is the relay of information with a time lag. Discussion forums and email are two examples of how

> asynchronous communication is employed in online learning. It is very helpful to communicate in this way, because students have plenty of time to formulate thoughts. By communicating [this way] students are able to respond in detail to a question or topic that they might have answered incompletely in a real-time conversation. This time lag in communication helps students internalize information by giving them time to *research certain ideas* (emphasis added) and extra time for contemplation." You get to think more before you 'speak.'

The professor poses a series of provocative questions and dilemmas to start, often relying on case vignettes and case studies; students formulate written posts to an open discussion board, and are keenly aware that not only the professor, but all members of the class (peers) will be carefully reading and scrutinizing everything they write, and this dynamic tends to elicit high-quality postings and optimal learning.

Students post an original contribution to the discussion within 72 hours of it opening and 3 briefer responses to others within the next 72 hours. Late posts lose grade points. The professor replies to each initial post by students and occasionally to reply posts. This is in writing and occasionally a student post may even elicit a brief video response lecture from the professor. As you decide who and what to respond to you will skim what others have contributed, sometimes reading their entire post, then select where to respond.

Grades are determined when posts are complete. In order to *lead* the discussion (and earn the top grade) students *must* post early and/or generate most responses from others.

A grading rubric will be applied to your discussion posts each class and includes the following criteria:

- Ideas, Arguments, & Analysis
- Connection to Course Materials
- Contribution to Learning Community
- Writing Quality

2) Quizzes/Tests: 40% of grade – Quizzes are open book and you may use the materials assigned to study. They are time limited though, and you won' have much time to look things up. They run between 10 and 30 questions. Quizzes and tests may never be taken outside of the time frame specified; there is usually a 48 hour window in which they are open and you have 1-2 hours to complete once started.

The tests are designed specifically to prepare you for testing to become a Credentialed Alcohol and Drug Abuse Counselor (CASAC) in NY and other states; they are also designed to prepare you to test and become a Licensed Clinical Social Worker (LCSW).

Schedule of Discussions and Quizzes

Here are the course schedule and assignments with deadlines in a table format. The deadline for Discussion Board is for your initial post; you have the rest of the week for replies to others. Watch 'Announcements' for possible deadline changes:

Assignment	Due Date □11:59 p.m. on□
Module 1, Class Discussion Board 1	**ALL DATES IN CANVAS LMS**
Module 1, Quiz 1	
Module 2, Class Discussion Board 2	
Module 2, Quiz 2	
Module 3, Class Discussion Board 3	
Module 3, Quiz 3	
Module 4, Class Discussion Board 4	
Module 4, Quiz 4	
Module 5, Class Discussion Board 5	
Module 5, Quiz 5	
Module 6, Class Discussion Board 6	
Module 6, Quiz 6	
Module 7, Class Discussion Board 7	
Final Assignment Due	

3) Clinical Role Play Assignment

This course uses the clinical training software called Eleos. In this assignment, you will conduct an online clinical interview (Eleos is like Zoom and records). Eleos will create an account for you as a clinician. You will schedule your client – this will be another student from the class assuming the role of a client.

You will be assigned in pairs to conduct the role play. Each student will have an opportunity to develop and play the client as well as to be the social work clinician. As clinician, please reach out to your role-playing partner by email and set up a time to conduct your role play and schedule a session via the Eleos account.

You will interview each other on different days – do not conduct the interview, switch roles and go right into the next one as it will impair the desired clinical dynamic and diminish the learning experience. Each clinician must start their session from their Eleos account. You may flip a coin to determine who goes first.

This assignment different substantially from the assignment in SWK6791, Addictions II in that you are not administering the instruments, but interpreting and discussing instruments the client has already completed.

Further details on this assignment are posted in the Canvas Course Shell.

VI. EVALUATION

Students are provided opportunity to evaluate master courses. An evaluation form pertaining to the course and instructor will be conducted on-line. Evaluation is ongoing and students are encouraged to

VII. OFFICE OF DISABILITIES SERVICES (ODS) collaborates with students, faculty and staff to provide reasonable accommodations and services to students with disabilities. The purpose of reasonable academic accommodations is to assure that there is equal access to and the opportunity to benefit from your education at Wurzweiler. It is the student's responsibility to identify himself/herself to the Office of Disabilities Services (ODS) and to provide documentation of a disability. http://www.yu.edu/Student-Life/Resources-and-Services/Disability-Services/

VIII. E-RESERVES

No materials are on E-reserves for this course.

IX. PLAGIARISM

All written work submitted by students is to be their own. Ideas and concepts that are the work of others must be cited with proper attribution. The use of the written works of others that is submitted as one's own constitutes ***plagiarism*** and is a violation of academic standards. The School will not condone ***plagiarism*** in any form and will impose sanctions to acts of ***plagiarism***. A student who presents someone else's work as his or her own work is stealing from the authors or persons who did the original thinking and writing. ***Plagiarism*** occurs when a student directly copies another's work without citation; when a student paraphrases major aspects of another's work without citation; and when a student combines the work of different authors into a new statement without reference to those authors. It is also ***plagiarism*** to use the ideas and/or work of another student and present them as your own. It is **NOT** ***plagiarism*** to formulate your own presentation of an idea or concept as a reaction to someone else's work; however, the work to which you are reacting should be discussed and appropriately cited. If it is determined that a student has plagiarized any part of any assignment in a course, the student automatically **FAIL** the course. The student also will be placed on Academic Probation and will be referred to the Associate Dean for any additional disciplinary action which may include expulsion. A student may not submit the same paper or an assignment from another class for credit. If students or faculty are concerned that written work is indeed plagiarized, they can use the following "plagiarism checker" websites, easily accessible, and generally free on Google:
www.grammarly.com/plagiarism_checker www.dustball.com/cs/plagiarism.checker www.plagtracker.com
www.plagium.com/
www.plagscan.com/seesources/
www.duplichecker.com/
As a Wurzweiler student, maintaining good standing in the program is dependent on developing and maintaining high standards of ethical and professional behavior. Students are required to adhere to the Code of Ethics promulgated by the National Association of Social Workers (NASW).

X. HIPAA

In line with HIPAA regulations concerning protected health information, it is important that you understand that any case information you present in class or coursework will need to be de-identified. What this means is that any information that would allow another to identify the person must be changed or eliminated. This includes obvious identifiers such as names and birth dates but may also contain other information that is so unique to the person that it will allow for identification, including diagnosis, race/ethnicity or gender. If diagnosis, race/ethnicity or gender is directly related to the case presentation, it can be included if it will not allow for identification.

XI. FERPA & OTHER UNIVERSITY POLICIES

Wurzweiler's policies and procedures are in compliance with FERPA regulations. Information about FERPA regulations can be found **here**.
Drug-Free University Policy can be found **here**.

Policy Statement on Non-Discrimination, Anti-Harassment, and Complaint procedures can be found **here**. The University's Computer Guidelines can be found **here**.

XII. COURSE SCHEDULE

Required Reading and Schedule of Activities

All deadlines are in Canvas under the "assignments" tab. The deadline for Discussion Board is for your initial post; you have the rest of the week for replies to others. Watch 'Announcements' for possible deadline changes.

MODULES

Module 0: Getting started

Complete this module in the Canvas Learning Management System (LMS) prior to starting Module 1. This pre-course module welcomes you; tells you how to succeed in this course; how to access technology support; provides some online learning resources and discusses net-etiquette.

There is a link to an ungraded discussion board where you will add some background information to share with all. Very importantly: there is a link to a quiz which provides the definition of plagiarism; you must answer one question indicating if you read and understand this (yes) or not (no). Students not clearly understanding plagiarism cannot participate; students plagiarizing will be failed and referred to the dean for additional consequence.

Module 1: Crisis Management in SUD Counseling

Overview: Individuals suffering from addictive disorders often face both life-threatening and non-life-threatening crisis situations which impact recovery. Crisis situations/incidents need an immediate response and we will look at how to triage, focusing specifically on methods for responding to a client and/or family in crisis. Also covered are emergency procedures associated with overdose and acute withdrawal symptoms; utilizing crisis situations to facilitate the recovery process.
Anticipated Outcomes: Your knowledge, understanding and practical ability as a professional social worker with substance use disordered clients undergoing crisis will be enhanced by this module. Your principles and standards of behavior along with judgment of what is important will be challenged and developed. Crisis stresses therapeutic boundaries and managing this pressure will be enhanced.
Required Readings: All resources here may be linked to this through the Canvas LMS. Please read this material in the order it is presented in the Canvas LMS.

Week 1

- Link: Webinar. Counselor Toolbox Episode 212: Principles of Crisis Intervention (59 minutes)
    - Define crisis; identify the 6 basic threats and how they relate to crisis; discuss characteristics of crisis; examine cultural influences in behaviors; explore the SAFERR model; identify 10 principles of crisis intervention
- SAMHSA Crisis Counseling and Assistance Training Program (CCP)

- SAMHSA Suicide Assessment Five-step Evaluation and Triage (SAFE-T)
- Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK424859/
    - Pay particularly close attention to the material on emergency room responses and overdose episode patient management.
- Video lecture: Clinical crisis assessment in the real world: Dr. Tim Conley

Week 2

- Schmidt, C. S., Schulte, B., Seo, H. N., Kuhn, S., A, O. D., Kriston, L., Reimer, J. (2016). Meta-analysis on the effectiveness of alcohol screening with brief interventions for patients in emergency care settings. Addiction, 111(5), 783-794.
- Tripodi, S.J., Springer, D.W., Corcoran, K. (2017) Determinants of Substance Abuse among Incarcerated Adolescents: Implications for Brief Treatment and Crisis Intervention. Portland State University PDXScholar
    - https://pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=1010&context=socwork_fac
- Agerwala, S. M., & McCance-Katz, E. F. (2012). Integrating screening, brief intervention, and referral to treatment (SBIRT) into clinical practice settings: A brief review. Journal of Psychoactive Drugs, 44(4), 307-317.
- Hankin, A., Haley, L., Baugher, A., Colbert, K., & Houry, D. (2015). Kiosk versus in-person screening for alcohol and drug use in the emergency department: patient preferences and disclosure. *Western Journal of Emergency Medicine, 16*(2), 220-228.
- 240. Mello, M. J., Longabaugh, R., Baird, J., Nirenberg, T., & Woolard, R. (2008). DIAL: A telephone brief intervention for high-risk alcohol use with injured emergency department patients. *Annals of Emergency Medicine, 51*(6), 755-764.

Explore Further: See Canvas Course

Module 2: Resiliency, Self-Care and Employee Assistance Programs (EAP) for Counselors

Overview: In this Modules we will be looking at compassion fatigue, burnout, vicarious traumatization and other job-related stresses to include the impact on the social worker of clients' high risk behaviors (despite treatment interventions) You will see how to identify, prevent, and recover from these effects through knowledge concerning why compassion fatigue and other job stresses occur and who is at risk. The importance of professional development is stressed. There is a connection between having a trauma history yourself and later compassion fatigue. We will cover prevention and recovery strategies, including the role of clinical supervision. You'll be introduced to counselor wellness programs, including how to develop agency resources to offer counselor assistance, especially Substance Use Disorder intervention services and referrals to Employee Assistance Programs (EAP). Finally, we look at the mitigating factor of peer support.

Anticipated Outcomes: Following these modules students will be able to negotiate the stress laden practice world of addictions cases while maintaining adequate self-care. An individualized self-care plan is developed by each student.

- **Values**: Students will think critically about the importance of self-preservation for client well-being, learning that to care for one's self first is critical for being able to care for their clients.
- **Knowledge**: Identification of known effective mechanisms for preventing and when needed coping/responding to symptoms of burnout in self and peers. Students will give examples of common pitfalls and frequently used adaptive responses.
- **Skills and Abilities**: Students will be able to develop a self-care plan designed to explore how to relate to clients and organizations who operate more from ideology than science. Will also gain the ability to work with the facts they have in mind, accepting that all knowledge is not always readily available.

Activities/Assignments: For these modules you are to complete the assigned readings and engage in the classroom discussion. There will be two quizzes and two discussion boards.

Required Readings: All resource here may be linked to this through the Canvas LMS. Please read this material in the order it is presented in the Canvas LMS.

Week Three

- Conley, T.B., Stoeckel, E. (2008). Song-poetry as an expression of responding to and coping with addiction counselor stress. Journal of Poetry Therapy, 21(4) p. 237-245
    - Three songs on Mp4 files from the LP *When Angels Play with Sin* by Tim Conley: "Addiction", "Relapse", "Early Sobriety"
- Monroe-Whitley, C.E. (2010): Social Work Clinical Supervision in the Addictions: Importance of Understanding Professional Cultures. *Journal of Social Work Practice in the Addictions*, 10:4, 343-362
- O'Halloran, T.M. and Linton, J.M. (2000) Stress on the Job: Self-Care Resources for Counselors. *Journal of Mental Health Counseling* 22(4) 354-364.
- White, William (2004). Transformational Change. Journal of Clinical Psychology 60, p. 461-470.
- Alim, T. N. (n.d.). Resilience to Meet the Challenge of Addiction: Psychobiology and Clinical Considerations. *Alcohol Reseach: Current Reviews*
- Astin, J.A. (1997). Stress reduction through mindfulness meditation: Effects on psychological symptomatology, sense of control, and spiritual experiences. Psychotherapy and Psychosomatics, 66(2):97–106, 1997.

Week Four

- Pearhnan, T. (1992). When a patient commits suicide [Letter to the editor]. American Journal of Psychiatry, 149, 282-283.
- Pilsecker, C. (1987). A patient dies: A social worker reviews his work. Social Work in Health Care, 13(2), 35-45.
- Strom-Gottfried, K., Mowbray N.D. (2006). Who heals the helper? Facilitating the social workers grief. *Families in Society: The Journal of Contemporary Social Services.* 87(1). 9-15.
- Levy Merrick, E.S., Volpe-Vartanian, J., Horgan, C.M., McCann, B. (2007). Revisiting Employee Assistance Programs and Substance Use Problems in the Workplace: Key Issues

and a Research Agenda. *Psychiatric Services* 58(10) 1262-1264. doi:10.1176/appi.ps.58.10.1262

- Monroe-Whitley, C.E., (2010). Social Work Clinical Supervision in the Addictions: Importance of Understanding Professional Cultures, *Journal of Social Work Practice in the Addictions*, 10:4, 343-362
- Fadardi, J.S., Azad, H., Nemati, A. (2010). The relationship between resilience, motivational structure, and substance use. Procedia Social and Behavioral Sciences 5 (2010) 1956–1960.
    - Pay close attention to the scales; these are useful for self-assessment.

Optional Reading: Gree, D.S., Yaffe, J., Kopak, A.M. (2018) Relapse among Recovering Addiction Professionals: Prevalence and Predictors. *Journal of Social Work Practice in the Addiction* 19(4).

Fadardi, J.S., Azad, H., Nemati, A. (2010). The relationship between resilience, motivational structure, and substance use. *Procedia Social and Behavioral* Sciences(5) 1956-1960.

Discussion Questions and Ideas: Respond to each discussion question/topic with a meaningful and thoughtful response. Your initial post should have 250-500 words, and it is due by the due date listed.

Explore Further:

- Rondina, E. (2018) Self-Care Revolution: 5 Pillars to Prevent Burnout and Build Sustainable Resilience for Helping Professionals. Upland Press.

Module 3: Patient, Family and Community Education and Prevention

Overview: In this module we will be looking at the utilizing cultural and age appropriate training techniques that address how to provide relevant information about substance use disorders and related problems to patients, families and communities to encourage wellness and increase understanding of addiction. In the field of addictions it is important that students develop presentation and training techniques to adequately address and support substance use disorder prevention, treatment, and the recovery process.

Anticipated Outcomes: Following these modules students will be able to present relevant information about substance use disorders and related problems to patients, families and communities to encourage wellness and increase understanding of addiction.

- **Values**: Students will think critically about the role that families and peers play in the life of SUD afflicted individuals; will also come to appreciate changing beliefs about use and recovery at the meso and macro level.
- **Knowledge**: Methods and techniques for engaging individuals, families and communities in the prevention, treatment and recovery process. Most effective methods of presentation.
- **Skills and Abilities**: Students will be able to develop a presentation using methods designed to engage families and/or communities in a process of dispelling myths and learning truth about evidence based practices for responding to SUDs.

Activities/Assignments: For this modules you are to participate in the discussion board, complete the assigned readings and engage in the classroom discussion.

Required Readings: All resource here may be linked to this through the Canvas LMS. Please read this material in the order it is presented in the Canvas LMS.

Week Five

- Benningfield, M. M., Riggs, P., & Stephan, S. H. (2015). The role of schools in substance use prevention and intervention. *Child and Adolescent Psychiatric Clinics of North America*, 24(2), 291-303.
- Wheeler, E., Davidson, P. J., Jones, T. S., & Irwin, K. S. (2012). Community-based opioid overdose prevention programs providing naloxone—United States, 2010. *MMWR, 61*(6), 101-105.
- Gottheil, E., Sterling, R. C., & Weinstein, S. P. (1997). Outreach engagement efforts: Are they worth the effort? *The American Journal of Drug and Alcohol Abuse*, 23(1), 61-66.
- Medina-Mora, M.E. (2005). Prevention of substance abuse: a brief overview. Forum: Prevention of Substance Abuse Worldwide. *World Psychiatry*, 4(1) 25-30
- Online video Training: Learning Thursdays: *What is the OASAS Prevention Framework and Why is it so Important?* https://www.youtube.com/watch?v=iIoxwKXHXcU&feature=youtu.be
- National Council for Behavioral Health Mental Health First Aid: Substance Use, Misuse, and Addiction Prevention.
    - This reading is loaded. Pay particular attention to *"Defining the Seven Strategies for Community Change."*

Week Six

- Substance Abuse and Mental Health Services Administration, Focus on Prevention. HHS Publication No. (SMA) 10–4120. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Revised 2017.
- SAMHSA: Counselor's Family Education Manual: Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders.
    - You will be responsible for securing specific material from this publication for use with the class this week.
- SAMHSA: Substance Abuse and Family Therapy
    - https://www.ncbi.nlm.nih.gov/books/NBK64269/

PowerPoint/Video Lecture: See Canvas

- Online video Training: Learning Thursdays: *What is the OASAS Prevention Framework and Why is it so Important?* https://www.youtube.com/watch?v=iIoxwKXHXcU&feature=youtu.be

Discussion Questions and Ideas: Respond to each discussion question/topic with a meaningful and thoughtful response. Your initial post should have 250-500 words, and it is due by the due date listed.

Module 4: Compulsive Gambling and Sexual Compulsivity: Assessment and Treatment Issues:

Overview: this module brings students fully into the world of what has traditionally been called behavioral addictions, or process addictions. Here we find that the brain is not being influenced by a chemical introduced from outside, but rather is falling victim to endogenous chemicals, neurotransmitter substances generated within the brain itself. We will see that gambling has earned its place in the Diagnostic and Statistical Manual, whereas sexual compulsivity remains controversial.

Anticipated Outcomes:

- **Values:** Students compare and contrast substance dependence and compulsive sexuality concepts, ideas and criteria and are able to negotiate their own beliefs about instinct as addiction.
- **Knowledge**: memorize and be able to identify the diagnostic criteria for compulsive gambling. Delineate similarities and differences between the DSM-5 diagnostic criteria for substance use disorder and compulsive gambling.
- **Skills and Abilities**: Apply diagnostic criteria for compulsive gambling to a clinical interview with a recovering compulsive gambler. Argue both for and against sexual compulsivity being added to the DSM as an "official" diagnosis.

Activities/Assignments: For this module you are to complete the assigned readings. Students will be quizzed on reading material. Students will also engage in the discussion board with your professor and each other. Pay close attention to the discussion points.

Required Readings: All resource here may be linked to this through the Canvas LMS. Please read this material in the order it is presented in the Canvas LMS.

Week 7

- Miller et al. (2018). Electronic Book. The ASAM Principles of Addiction Medicine (6th ed). Philadelphia, PA: Wolters Kluwer.
    - Section 5, Special Issues in Addiction
        - Chapter 45: Gambling Disorder: Clinical Characteristics and Treatment
- Myths and Facts About Problem Gambling
- DSM-5 Diagnostic Criteria: Gambling Disorder
- Potenza, M. (2013). Neurobiology of gambling behaviors. *Current Opinions in Neurobiology*, 23(4), 660-667.
- Blaszczynski, A., & Nower, L. (2006). Research and measurement issues in gambling studies: Etiological models. Chapter 13 in *Research and Measurement Issues in Gambling Studies*, 323-339. Elsevier publishing.
- Gentile et.al, (2017). Internet gaming disorder in children in adolescence. *Pediatrics*, 140(2), 82-85.
- Audio Interview by Dr. Tim Conley with “Gary,” a compulsive gambler SUD Alcohol in remission.

Week 8

- Miller et al. (2018). Electronic Book. The ASAM Principles of Addiction Medicine (6th ed). Philadelphia, PA: Wolters Kluwer Section 5 Special Issues, Chapter 46: "Problematic Sexual Behaviors and "Sexual Addiction"
- Bancroft, J., & Vukadinovic, Z. (2004). Sexual addiction, sexual compulsivity, sexual impulsivity, or what? Toward a theoretical model. *Journal of Sex Research*, 41(3), 225-234.
- Barrilleaux, J.C. (2016). Sexual addiction: Definitions and interventions. *Journal of Social Work Practice in the Addictions*, 16(4), 421-438.
- Levine, M.P., Troiden, R.R. (1988). The myth of sexual compulsivity. *The Journal of Sex Research*, 25(3), 347-363.
- Woody, J.D. (2011). Sexual addiction/hypersexuality and the DSM: Update and practice guidance for social workers. *Journal of Social Work Practice in the Addictions,* 11(4), 301-332.

Clinical Documents for Discussion: See Canvas for case studies

Discussion Questions and Ideas: Respond to each discussion question/topic with a meaningful and thoughtful response. Your initial post should have 250-500 words, and it is due by the due date listed.

*Explore Further**:*** See additional resources, readings, and links in Canvas LMS

Module 5 and Module 6: Relapse Prevention; Clinical management of Relapse

Overview: Once a client's SUD is in remission the focus can become prevention of return to symptomatic use. The dynamics of recurrence of symptoms/relapse are predictable and understandable – relapse does not 'come out of nowhere.' In this module we learn about the residual effects of substance use as it affects recurrence of symptoms/relapse; learn to assess a client's risk factors for recurrence of symptoms/relapse and their need for recovery supports. We look at how to collaboratively develop a relapse prevention plan; focus is on assisting the client in pre-empting the recurrence of symptoms/relapse process. For when clients do relapse we learn how best to frame relapse as a learning experience which can strengthen continued efforts at recovery.

Anticipated Outcomes:

- **Values:** Students will have explored their ideas and feelings concerning treatment success/failure with clients and their own role in the process of client relapse. Will develop a value base that includes prevention related practice and not just treatment.
- **Knowledge**: Students will describe effective relapse prevention strategies at all levels of practice; identify common risk factors for client relapse; will know salient elements of a relapse prevention planning; will Identify roles of treatment team members in preventing and addressing client relapse; will recognize client manifestations of recurrence of symptoms/relapse.
- **Skills and Abilities**: Apply strategies to determine level of risk for relapse; will write relapse prevention plans to assist clients in preventing recurrence of symptoms/relapse process; will assist the client in intervening in the recurrence of symptoms/relapse process.

Educating the client in understanding their individual recurrence of symptoms/relapse signs and symptoms

Required Readings: All resource here may be linked to this through the Canvas LMS. Please read this material in the order it is presented in the Canvas LMS.

Week 9

- Scott, C.K., Foss, M.A., Dennis, M.L. (2005) Pathways in The Relapse Treatment Recovery Cycle Over 3 Years. *Journal of substance abuse treatment* (28) S63-S72.
- Rahill, G.J., Lopez, E.P., Vandebiest, P. and Rice, C. (2009) What is Relapse? A Contemporary Exploration of Treatment of Alcoholism*, Journal of Social Work Practice in the Addictions*, 9:3, 245-262,
  DOI: 10.1080/15332560902841816
- Zywiak, W.H. et al., (2006). Relapse Onset Factors n Project Match: The Relapse Questionnaire. *Journal of substance abuse treatment* 31 p. 341-345.
- Anderson, Erik (2017). Relapse Prevention. Dawn Farm Community of Programs Education series. (1:14 running time).
  - https://www.youtube.com/watch?v=tx-2xqU2To8

Week 10

- Melemis, S.M. (2015) Relapse prevention and the five rules of recovery. *Yale Journal of Biology and Medicine* 88 (2015), Pp.325-332.
- Olsson, K. L., Cooper, R. L., Nugent, W.R. & Reid, R. C. (2016.) Addressing negative affect in substance use relapse prevention. *Journal of Human Behavior in the Social Environment, 26*, 2-14.
- Sutter, M., Stik, W., Franz, M. (2011). Depressive symptoms as a predictor of alcohol relapse after residential treatment programs for alcohol use disorder. *Journal of substance abuse treatment I41* p. 225-232
- Hazeldon Foundation (n.d.) Living in Balance. Relapse Prevention Basics.
- Relapse Prevention plan 1 (clinical document)
- Relapse Prevention plan 2 (clinical document)
- Relapse Prevention Cheat Sheet (clinical document)
- Case study by Dr. Tim Conley: Roland Henning – "*I am the fiddlers elbow*"

Activities/Assignments: For this module you are to complete the assigned readings and engage in the discussion board with your professor and the other students. Pay close attention to the discussion points. There will be a multiple answer quiz for this module.

Discussion Questions and Ideas: Respond to each discussion question/topic with a meaningful and thoughtful response. Your initial post should have 250-500 words, and it is due by the due date listed.

Explore Further: See Canvas

Week 11

- Amaro, H. (2014). Implementing mindfulness-based relapse prevention in diverse populations: Challenges and future directions. *Substance Use and Misuse, 49*, 612-616.
- Penberthy, J. K., Konig, A., Gioia, C. J., Rodríguez, V. M., Starr, J. A., Meese, W., …Natanya, E. (2015). Mindfulness based relapse prevention: History, mechanisms of action, and effects. *Mindfulness, 6,* 151-158.
- Grant, S., Colaiaco, B., Motala, A., Shanman, R., Booth, M., Sorbero, M., & Hempel, S. (2017). Mindfulness-based relapse prevention for substance use disorders: A systematic review and meta-analysis. *Journal of addiction medicine*, *11*, 386–396.
- Hendershot, C.S., Witkiewitz, K., George, W.H., & Marlatt, G.A. (2011). Relapse prevention for addictive behaviors. *Substance Abuse Treatment, Prevention, and Policy, 6*(17). doi:10.1186/1747-597X-6-17
- Witkiewitz, K., & Marlatt, G.A. (2004). Relapse prevention for alcohol and drug problems: That was Zen, this is Tao. *American Psychologist, 59*(4), 224-235.

Week 12

- Csiernick, R.C., Troller, J., (2002). Evaluating the Effectiveness of a Relapse Prevention Group, *Journal of Social Work Practice in the Addictions*, 2:2, 29-37, DOI: 10.1300/J160v02n02_04
- Ramos, D.E. et al., (2012). Variation in Substance Use Relapse Episodes Among Adolescents: A Longitudinal Investigation. *Journal of substance abuse treatment* 43 p. 44- 52.
- Farley, M., et al., (2004). Trauma History and Relapse Probability Among Patients Seeking Substance Abuse Treatment. *Journal of substance abuse treatment* (27) p.161-167.
- Nunes, E., et al., (2018). Relapse to opioid use disorder after inpatient treatment: Protective effect of injection naltrexone. *Journal of substance abuse treatment* (85) p.49-55.

Optional Reading:

- In Social Work podcast—Episode 85. Dr. Stella Resko. Risk Factors for Early Treatment Dropout Among Women with Co-Occurring Substance Use Disorders and PTSD. Retrieved from https://www.insocialwork.org/
    - https://www.insocialwor.asp?ep=85k.org/episode
        - In this episode, Dr. Stella Resko discusses her research examining the role of substance use, PTSD, and environmental barriers in contributing to early treatment dropout.

YouTube Videos: See Canvas

Activities/Assignments: For this module you are to complete the assigned readings, watch the videos and engage in the classroom discussion. There will be a Quiz for part of the module.

Discussion Questions and Ideas: Respond to each discussion question/topic with a meaningful and thoughtful response. Your initial post should have 250-500 words, and it is due by the due date listed.

*Explore Further**:***

- Matto. H.C., (2015). Biobehavioral Response Redirection: Innovations to Activate Personalized Recovery Cues and Decrease Relapse Risk, *Journal of Social Work Practice in the Addictions,* 15:4, 450-453, DOI: 10.1080/1533256X.2015.1091250

Module 7: Case Studies in Co-Occurring Disorders

Overview: For this final module we will apply a case study method for integrating what has been learned throughout the 3 courses series. In addition to a case study presented by the professor which exemplifies much of what has been learned, students will follow guidelines to share parts of case studies they have generated themselves. There will be critical evaluation and deconstruction of complex cases involving multiple diagnoses including neurocognitive issues; developmental issues; personality disorders; multiple addictions (eg. Alcohol and compulsive gambling); mood and psychosis.

Anticipated Outcomes: Students will advance their own development as practitioners working with complex cases with multiple-diagnoses. Students ability to apply the values, knowledge and skill acquired in all three courses on addictions will be applied to these cases.

- **Values:** This module will challenge students to see how all disorders must be treated simultaneously (mental illness and all SUD's) and to advance the values of integrated treatment planning and client care.
- **Knowledge**: Students will identify effective methods of constructing and deconstructing case material for sharing with colleagues for review. Also, students will recognize common elements of integrated treatment plans.
- **Skills and Abilities**: Skill to actually present a case for peer review and critique; ability to accept constructive feedback on practice.

Activities/Assignments: For this module you are to complete the assigned readings, watch the videos and engage in the classroom discussion. There will be a Quiz for part of the module.

Required Readings: All resources here may be linked to this through the Canvas LMS. Please read this material in the order it is presented in the Canvas LMS.

Week 13

- Miller et al. (2018). Electronic Book. The ASAM Principles of Addiction Medicine (6th ed). Philadelphia, PA: Wolters Kluwer: Section 11, Chap 92**:** Substance Induced Mental Disorders Choose one of the following chapters and use it to inform your case study for this module:
- Chapt 93: Co-ocurring Mood and Substane Use disorders
- Chapt 94: Co-ocurring Substance Use and Anxiety Disorders

- Chapt 95: Co-ocurring Addiction and Psychotic Disorders
- Chapt 96-Co-ocurring Substance Use Disorder and ADHD
- Chapt 97-Co-ocurring Personality Disorders and Addiction
- Chapt 98: Post Dramatic Stress Disorder and Substance Use Disorder and Comorbidity
- Chapt 99: Co-ocurring SUD and Eating Disorders
-

Week 14

- Stobb. S. Substance Use and Mental Disorders: One, the Other of Both? Dawn Farm Community of Programs Education series. (1:28 running time).
    - https://www.youtube.com/watch?v=Qxxut-las1M
- For the final class we will meet in a live online session using the Zoom conferencing application. Instructions including date and time will be collaboratively discussed and announced to class

Final Assignment Case Study Rubric
5= Advanced Competence and 1= Pre-Competence

	Advanced Competence	High Competence	Competence	Emerging Competence	Pre-Competence
Competency 1: Ethical & Professional Behavior **CAP, V**	Effectively manages personal biases, uniformly uses a strengths-based perspective, and person-first, non-stigmatizing language.	Manages personal biases, identifies multiple strengths and protective factors, and uses person-first, non-stigmatizing language.	Manages personal biases, identifies some strengths and protective factors, uses person-first and pre-dominantly non-stigmatizing language.	Limited application of strengths perspective, evidence of attempt to address personal biases, and uses some stigmatizing language.	Does not identify any strengths or protective factors. Personal bias evident. Uses stigmatizing language or projects information not present in case scenario.
Competency 2: Engage Diversity and Difference - Assessment	Comprehensively considers developmental, cultural, and demographic factors in assessment process and clearly connects to relevant considerations for substance use intervention.	Good consideration of developmental, cultural, and demographic factors in the assessment process. At least one of the factors are connected to	Sufficient consideration and explication of developmental, cultural, and demographic factors in the assessment process.	Limited developmental, cultural, or demographic factors are considered, but not connected to the assessment or treatment planning process adequately.	Does not consider development al, cultural, or demographic factors in assessment or recommends assessments that are not

K, CAP, S		treatment planning.			appropriate for the client.
Competency 2: Engage Diversity and Difference - Intervention **K, CAP, S**	Comprehensively applies knowledge of cultural, developmental, and demographic factors to selection and delivery of intervention, and support of recovery.	Substantial application of knowledge of cultural, developmental, and demographic factors. Connects at least two of these to selection and delivery of intervention	Identifies most significant cultural, developmental, and demographic factors and relates at least two of these to selection or delivery of intervention.	Limited identification of relevant cultural, developmental, and demographic factors and no connection to selection and delivery of intervention.	Does not consider developmental, cultural, or demographic factors in selection or application of intervention.
Competency 3: Human Rights **K, CAP**	Comprehensive identification of cultural, environmental and economic factors that promote or inhibit substance use and recovery and explication of connection to these processes.	Above average identification of many cultural, environmental, and economic factors that promote or inhibit substance use and recovery. Connection of principle factors to substance use and recovery.	Satisfactory identification of principle cultural, environmental, and economic factors. Connects at least two factors identified to substance use or to recovery.	Limited identification of cultural, environmental, and economic factors. Factors are not clearly connected to substance use and recovery.	Does not identify cultural, environmental, or economic factors that promote or inhibit substance use and recovery.
Competency 4: Research-Informed Practice-Assessment **K, CAP, S**	Selects an appropriate standardized instrument that matches well individual and presenting problem. Critically reflects on psychometric properties, and strengths and weaknesses of assessment for the individual. Additional factors explored during assessment process	Selects an appropriate standardized instrument that matches individual and presenting problem. Rationale is presented for selection that includes strengths and weaknesses of the assessment for the individual. Some	Selects an appropriate standardized instrument that matches individual and presenting problem. Some evidence-supported rationale is presented for selection. At least one additional factor for exploration during assessment is selected and	Selects an intervention that is not best fit for either individual, or presenting problem, or is not standardized. Rationale for selection is presented does not make use of research base. Additional factors explored during assessment are not empirically	Rationale for selection of assessment is not addressed. Assessment selected is not standardized or inappropriate for case scenario.

	are empirically linked to intervention.	additional factors explored during assessment are empirically linked to intervention.	empirically linked to intervention.	connected to intervention.	
Competency 4: Research-Informed Practice-Intervention **K, CAP, S**	Skillful application of peer-reviewed literature to identify and apply evidence-supported intervention. Intervention is evidence-supported, with clear summary of theory and research base. Critical reflection on strength of evidence and applicability for case scenario.	Substantial application of the peer-reviewed literature to select an evidence-supported intervention. Theory of intervention is addressed. Explication of suitability for case scenario (individual and presenting problem) is present.	Satisfactory summary of theory of intervention and research that supports efficacy of intervention and its application to presenting problem of case scenario.	Limited explication of theory. Some peer-reviewed citations are included, but do not appear to be thoughtfully gathered or applied.	Theory of intervention and/or research base is missing
Competency 6: Engage **K, CAP, S**	Comprehensively identifies potential barriers to engagement and provides potential responses. Demonstrates knowledgeable application of principles of motivational interviewing (MI) to engage client and enhance motivation.	Identifies multiple potential barriers and offers more than one tool for responding. Demonstrates good application of principles of MI to significant features of case scenario.	Demonstrates awareness of some potential barriers to engagement and offers at least one response. Demonstrates knowledge of MI principles and evidences some application to case scenario.	Demonstrates awareness of one potential barrier that may be present, but does not offer any responses. MI is addressed, but principles are not applied to case scenario.	Does not identify potential barriers to engagement or pathologizes barriers present and does not present responses. Application of MI principles is missing or not explicated.
Competency 7: Assess	Identifies standardized assessments that are best fit for substance	Identifies standardized assessment that is best fit for	Standardized assessment selected is good fit for substance and	Assessment selected is not the best fit for the substance	Assessment selected is not appropriate

K, CAP, S	and individual characteristics. Clear application of DSM criteria to symptoms and grouping of symptomology (i. e. Big 5). Identifies clinically significant additional informati on that may be needed and how it may be used in treatment planning.	substance and individual characteristics. Clear application of DSM criteria to symptoms and some grouping of symptoms. Identifies at least one clinically significant additional area for assessment and provides rationale for assessment.	individual characteristics. DSM criteria are applied, with some identification of types of symptoms.	and individual characteristics. DSM criteria are addressed minimally without grouping of symptoms. Limited additional information that may be needed is identified but clinical significance is not explicated. Clear connection of assessment data to be collected to intervention planning is not made.	for substance or individual characteristic s; and/or student confuses screening and assessment functions. DSM criteria are missing a nd problem severity is not addressed or not supported by case informat ion. No connection is made between assessment and intervention planning.
Competen cy 8: Intervene **K, CAP, S**	Intervention is culturally and developmentally appropriate, matched to problem severity, drug of choice, and individual's risk and protective factors. ASAM criteria are clearly linked to appropriate level of care recommendation.	Intervention is culturally and developmentally appropriate, matched to problem severity and drug of choice. All critical risk factors are addressed along with at least one modifiable protective factor. ASAM criteria are linked to appropriate level of care recommendation.	Intervention is culturally and developmentally appropriate and is satisfactorily matched to problem severity and drug of choice. Most individual risk factors are addressed. Level of care recommendation is on target.	Intervention is not matched to at least one of the following: culture/ developmental stage of individual, problem severity, or drug of choice. There is limited consideration of individual risk and protective factors. ASAM criteria are minimally addressed.	Intervention is not matched to individual, problem severity, or drug of choice in critical ways. ASAM criteria are not addressed and/or level of care recommendat ion is not appropriate.

Competency 9: Evaluate **K, CAP, S**	Treatment goals address critical risk and protective factors, are aligned with the intervention selected, recovery-focused, and measurable. Uses a combination of subjective and objective indicators to assess treatment progress.	Treatment goals address all critical factors and at least one protective factor. Goals are aligned with the intervention, and are concrete and measurable with at least two indicators identified.	Treatment goals are clearly stated and satisfactorily address all critical risk factors of case presentation. At least one form of measurement is clearly described, along with indicators.	Treatment goals are identified but may not address at least one critical risk factor of case presentation. Measurement is minimally addressed, but greater specificity is needed.	Treatment goals are not clearly identified or do not address critical concerns of case presentation. Measurement is absent or inadequately matched to treatment goals.