Texas A&M University-Corpus Christi
Theories and Techniques in Substance Abuse Counseling

Course No. and Section: CNEP 5313.001
Class meeting time and location: Tuesdays, 4:20-6:50 PM. Room CS-214.
Semester: Spring 2012, Jan 11-May 1, 2012
Instructor: Margaret Sherrill Luther, Ph.D., LPC, LMFT, NCC, CCDS
Office and office hours: By appointment (see below)
Office telephone: (361) 658-1667
Email: Margaret.Luther@tamucc.edu

I. Course Description
CNEP 5313. Theories and Techniques in Substance Abuse Counseling. Three semester hours. This course covers theories and techniques in substance abuse and chemical dependency as well as advanced strategies in treating substance abuse and chemical dependency/addictions. The student will learn about intervention, assessments, interview and counseling techniques, treatment planning, treatment strategies, relapse prevention, sustained recovery maintenance, multicultural, sexual, and current professional issues related to chemical dependency counseling. Prerequisites: CNEP 5312

II. Course Rationale
This course will provide the student with a basic framework for understanding substance abuse and chemical dependency/addictions and advanced strategies in treating substance abuse and chemical dependency/addictions. Both theory and practice will be emphasized. The course is applicable for all students who may work with various types of substance abuse, chemical dependency and addiction treatment settings.

III. State Adopted Proficiencies
A. The counselor understands addiction counseling theories, models and strategies.
B. The counselor works collaboratively to implement a program that helps clients to learn coping, problem-solving, and decision-making skills.
C. The counselor promotes the dignity, worth, individuality and potential of all members of a learner centered community.
D. The counselor practices active listening

IV. TExES Competencies
A. 005 The counselor designs and implements instructional activities that are developmentally appropriate.
B. 006 The counselor knows a variety of strategies for establishing rapport.
C. 006 The counselor applies a variety of counseling theories when addressing learner’s concerns.
D. 006 The counselor uses principles of counseling to facilitate the growth of learners.
E. 007 The counselor helps learners by helping them set goals.

V. Course Objectives and Outcomes: This course is designed to meet CACREP standards
A. CACREP Standards
FOUNDATIONS
A. Knowledge
4. Knows the professional organizations, competencies, preparation standards, and state credentials relevant to the practice of addiction counseling.

5. Understands a variety of models and theories of addiction related to substance use and other addictions.

7. Recognizes the potential for substance use disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to co-exist with addiction and substance abuse.

8. Understands factors that increase the likelihood for an individual, community, or group to be at risk for, or resilient to, psychoactive substance use disorders.

B. Skills and Practices

2. Applies knowledge of substance abuse policy, financing, and regulatory processes to improve service delivery opportunities in addiction counseling.

COUNSELING INTERVENTION AND PREVENTION
C. Knowledge

1. Knows the principles of addiction intervention, consultation, education, and outreach.

2. Knows the philosophies, practices, policies, and outcomes of models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.

4. Understands the role of spirituality in the addiction recovery process.

ASSESSMENT
G. Knowledge

1. Understands various models and approaches to clinical evaluation for addiction, including screening and assessment for addiction, diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments.

2. Knows specific assessment approaches for determining appropriate level of care for addiction problems.
3. Understands assessment of biopsychosocial and spiritual history and needs as well as family psychiatric, significant medical, and addiction histories.

H. Skills and Practices

1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning with an awareness of cultural bias in the implementation and interpretation of assessment protocols.
2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and case management.
3. Screens for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental and/or addictive disorders.

DIAGNOSIS

K. Knowledge

3. Understands the established diagnostic criteria for substance use disorders and describes treatment modalities and placement criteria within the continuum of care.
4. Understands the relevance and potential cultural biases of commonly used diagnostic tools as related to clients with addictive disorders in multicultural populations.

B. Learning Outcomes include the following:

1. Students will demonstrate clinical interview methods including motivational interviewing and the CLISD-PA Model (Juhnke, 2002) as evidenced research/demonstration of case study and clinical interview; submission of comprehensive assessment and treatment plan; and class discussion participation grade.
2. Students will identify diagnostic criteria and treatment strategies for chemical dependency addictions and substance abuse diagnoses as measured by a successful passing rate of 80% on a comprehensive exam; research/demonstration of case study and clinical interview; submission of comprehensive assessment and treatment plan; logbook of analysis of stages of change; and class discussion participation grade.
3. Students identify the professional organizations, standards, and credentials related to addictions counseling as measured by a successful passing rate of 80% on a comprehensive exam; submission of comprehensive assessment and treatment plan; and class discussion participation grade.
4. Students will understand the role of pharmacotherapy in treating addictions as evidenced by a successful passing rate of 80% on a comprehensive exam; research/demonstration of case study and clinical interview; submission of comprehensive assessment and treatment plan; and class discussion participation grade.
5. Students will be introduced to professional issues that impact the treatment of addictions as evidenced by a successful passing rate of 80% on a comprehensive exam; research/demonstration of case study and clinical interview; submission of comprehensive assessment and treatment plan; logbook of analysis of stages of change; and class discussion participation grade.
6. Students will understand the various models of treating substance abuse and chemical dependency addictions, including the role of spirituality, as evidenced by a successful passing rate of 80% on a comprehensive exam; research/demonstration of case study and clinical interview; submission of comprehensive assessment and treatment plan; logbook of analysis of stages of change; and class discussion participation grade.

7. Students will identify issues related to co-occurring disorders related to substance abuse and chemical dependency addictions as evidenced by a successful passing rate of 80% on a comprehensive exam; research/demonstration of case study and clinical interview; submission of comprehensive assessment and treatment plan; and class discussion participation grade.

8. Students will demonstrate knowledge of treatment planning and intervention related to substance abuse and chemical dependency addictions as measured by research/demonstration of case study and clinical interview; submission of comprehensive assessment and treatment plan; logbook of analysis of stages of change; and class discussion participation grade.

9. Students will demonstrate knowledge of treatment planning and intervention as related to relapse prevention and managing the relapse process and maintaining sustained recovery as evidenced by a successful passing rate of 80% on a comprehensive exam; research/demonstration of case study and clinical interview; submission of comprehensive assessment and treatment plan; logbook of analysis of stages of change; and class discussion participation grade.

10. Students will become familiar with various treatment settings for addressing substance abuse and chemical dependency addictions as measured by a successful passing rate of 80% on a comprehensive exam; and class discussion participation grade.

11. Students will become familiar with evidence-based practices in treating substance abuse and chemical dependency addictions as measured by a successful passing rate of 80% on a comprehensive exam; research/demonstration of case study and clinical interview; submission of comprehensive assessment and treatment plan; and class discussion participation grade.

12. Students identify skills utilized in an intake interview, mental status evaluation, client history, and assessment, as measured by research/demonstration of case study and clinical interview; submission of comprehensive assessment and treatment plan; logbook of analysis of stages of change; and class discussion participation grade.

13. Students explain screening for addiction, aggression, danger to self/other, and co-occurring mental disorders as measured by a successful passing rate of 80% on a comprehensive exam; research/demonstration of case study and clinical interview; submission of comprehensive assessment and treatment plan; logbook of analysis of stages of change; and class discussion participation grade.

14. Students identify potential cultural biases of common diagnostic tools as measured by a successful passing rate of 80% on a comprehensive exam; research/demonstration of case study and clinical interview; submission of comprehensive assessment and treatment plan; logbook of analysis of stages of change; and class discussion participation grade.

15. Students will become familiar with competencies/qualification for Texas LCDC as measured by a successful passing rate of 80% on a comprehensive exam; and class discussion participation grade.

VI. Course Topics
A. Develop knowledge, skills and practice in diagnosis and treatment planning in Substance Abuse, Chemical Dependency and addiction counseling
B. Develop understanding of DSM-IV diagnostic criteria for dependence/addictions.
C. Identifying Assessment Tools and Interventions
D. Client Diversity
E. Treatment Collaboration for Coexisting Medical, Psychological, and Social Problems
F. Substance Abuse and Dependency Documentation Criteria
G. Discharge Planning and Aftercare

VII. Instructional Methods and Techniques
A. Lecture
B. Group Participation—Discussion involving small groups and entire class
C. Multi-Media
D. Guest Speakers
E. Demonstrations and modeling
F. Practical application for experiential based learning

VIII. Evaluation and Grade Assignment
Grading Scale:

<table>
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<tr>
<th>Grade</th>
<th>Points</th>
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<tr>
<td>A</td>
<td>90–100</td>
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<tr>
<td>B</td>
<td>80–89</td>
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<tr>
<td>C</td>
<td>70–79</td>
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<tr>
<td>D</td>
<td>60–69</td>
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**Participation/topic quiz.** You will be responsible for attending each class and being prepared to contribute to class discussion by completing the assigned reading material on the session topic. Students are to be prepared for a written/oral short “topic quiz,” given intermittently during the course. (These short tests will not be announced prior to the class session in which they are given.) Scores on each oral/written topic quiz, as well as unexcused absences and tardy arrivals, will be calculated into points given for participation. Promptness is expected, as is staying for the entire class. (Attendance may be taken at the end of a class session.) Students are to email the instructor prior to a class session for an excused absence. More than 2 absences will lower the student’s grade by 10 points or more. Please see Class Policies for further details. **15 points.**

**Comprehensive Take-Home Exam.** Students will be given a comprehensive exam, based on assigned readings from the textbooks, covering course material/objectives. The exam will cover material from textbooks, lecture, discussion, and presentations. Students must work independently on this examination. Students will also sign the honor pledge, and are reminded that they need to report academic dishonesty. Examinations will not be accepted after the due date—do not even ask. Please see Class Policies for further details. **30 points.**

**As directed by the instructor, students will work individually or form groups to complete following project. If applicable, please submit the “Group Evaluation by Members” form at the end of the semester.** Please read Class Policies re: managing possible problems between group members. Remember to consult the instructor EARLY in the semester if problems arise—don’t wait until it is too late to take action. Learning to effectively work in groups is part of professional skills development. Please see Class Policies for further details regarding group work.

**Project: Case Study, Treatment Plan and Presentation.** Students will be asked to (1) create a case study, providing the instructor with a written integrative summary, treatment plan, and list of references on the day of your presentation, (2) enact a mock clinical interview of at least 10 minutes, then (2) give an “agency staffing” presentation of at least 15 minutes, (which includes including leading the class discussion on the case study.) **35 points.**
Students will create a case study of a hypothetical client diagnosed with an addiction, and in preparing the case study, students will conduct further research on the addiction, assessment, and treatment strategies. (See instructions below on reference list to be submitted.)

Students will conduct a clinical interview as a class demonstration using one of the models discussed in class. If working individually, for your presentation, you will be paired with a class member who will assume the role of the case study client.

In this process, students are required to (a) identify the model and assessment used for that client (such as Motivational Interviewing or Juhnke CLISD-PA Model); (b) create an integrative summary (see Appendix A); and (c) create a treatment plan with the following information: Presenting problems; Treatment goals; Measurable objectives for each goal; and Method of evaluating treatment effectiveness. (How will you know what you are doing is working?)

In the presentation, case study, and treatment plan, be certain to include: a Description of the symptoms and dynamics reported, including and DMS-IV(TR) diagnoses that may be present; Theoretical interpretation of the problems; Description of the systemic factors that may be contributing to the presenting problem; Recommendations for intervention/treatment and service delivery; and Any ethical/legal issues that may be present in the case.

After the demonstration interview, students will conduct a “professional” presentation/discussion of the hypothetical case, as if part of a mock agency staffing. Fellow student “colleagues” will ask questions as if part of a multidisciplinary team. Presenters should be prepared to apply their research, classroom, and textbook material to explain development of their case such as which features promoted deeper inquiry during assessment, considerations when making a diagnosis, why particular interventions were chosen, etc. So, be ready to answer questions from other “staff” about the factors considered during the assessment and treatment plan development of your case study client!

For the list of references, a minimum of five sources (not including textbooks or information for the class posted by the instructor) are required for the project. Please submit a paper copy in correct APA style to the instructor. Only use professional/scholarly resources—see Class Policies.

If using multimedia in the case presentation, such as PowerPoint, because of university equipment variability, please store PowerPoint presentations on two types of electronic media.

**Journal: Change Process**

Starting with case conceptualization and treatment planning, and as a clinician tracks ongoing motivation during the stages-of-change process with clients through the lens of Prochaska’s model and others, it may be a more “theoretical” experience for the practitioner versus something concrete and “lived.” In this activity, students will track and analyze their experiences (thoughts, feelings, behaviors) through the semester surrounding behavior change and log this process in a journal. 20 points.
Change can be very difficult for many individuals, and it is usually a lengthy process with “ups” and “downs.” It may be challenging for a clinician to subjectively relate to client fluctuations in motivation and the common phenomenon of “three steps forward and one back” in progressing toward treatment goals.

During the first week of class, students will commit to a behavioral change, selecting an activity that is typically very enjoyable or rewarding—and often used as an “escape” during times of stress or uncomfortable emotions.

And, you want to choose a “small” activity that is a frequent “indulgence.” This is a simple class exercise—no major “lifestyle changes” are intended. By the second class session, on a sheet of paper, describe this activity, and submit it for approval during “housekeeping” at the start of class. (Keep this very short and simple, please…)

For example, the student may choose to give up purchasing flavored coffees or to stop eating a favorite food (chocolate chip cookies!) for the semester. The student may choose to forego weekly shopping trips with friends if that is a consistent part of the schedule. Be creative….If you look at your schedule carefully, there are likely several options to choose…. Then, start a journal, tracking your behaviors, thoughts, and feelings regarding this change process. Are you successful in working toward your goals? What emotions are you experiencing, and what are your thoughts? How difficult is the behavior change, and are you able to consistently follow through on your goals? If yes, what is helping? If no, what are the obstacles? Are there any effects on your relationships with family and friends? What are the influences of culture and work/school? What is happening to your self-efficacy and self-esteem during this process?

On the last page of the journal, evaluate your semester-long experience using Prochaska’s model (or a comparable theory) and summarize the process you experienced. For your daily entries, there is a required minimum of five journal entries per week and each entry is to be a minimum of 4 sentences. Please submit your journals on the last day of class. (And, as usual, late submissions will not be accepted.)

IX. Tentative Course Schedule & Policies

CNEP 5313.001, Theories and Techniques in Substance Abuse Counseling.

<table>
<thead>
<tr>
<th>Class session-Spring 2012</th>
<th>Topic</th>
<th>Assignment</th>
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<tbody>
<tr>
<td>Tues, Jan 17</td>
<td>Introduction to course. Experiences in addictions and counseling.</td>
<td>NOTE: Please talk to instructor during first class if accommodations are needed, ex: taking exams and assignment deadlines. (Required supplemental material is available on Blackboard)</td>
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<tr>
<td>Tues, Jan 24</td>
<td>Texas LCDC and national</td>
<td>Capuzzi: Ch 5, 6</td>
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<tr>
<td>Date</td>
<td>Topic</td>
<td>Readings</td>
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<tr>
<td>Tues, Feb 7</td>
<td>Clinical interviewing and assessment. DSM-IV-TR diagnosis.</td>
<td>Juhnke: Ch 1, 2</td>
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<td>SAMSHA (cont’d)</td>
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<tr>
<td>Tues, Feb 14</td>
<td>Assessment skills. Individual and family systems interviews.</td>
<td>Juhnke: Ch 3, 4</td>
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<td></td>
<td>Treatment planning.</td>
<td>SAMSHA (cont’d)</td>
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<tr>
<td>Tues, Feb 21</td>
<td>Standardized assessment. DSM-IV-TR diagnosis and treatment planning (cont’d). Personality assessment.</td>
<td>Juhnke: Ch 5, 6</td>
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<td>SAMSHA (cont’d)</td>
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<tr>
<td>Tues, Feb 28</td>
<td>Perspectives on etiology. Motivational Interviewing, clinical interviews, and treatment.</td>
<td>Capuzzi: Ch 1, 7</td>
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<td>SAMSHA (cont’d)</td>
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<tr>
<td>Tues, Mar 20</td>
<td>Professional issues in addictions. Evidence-based psychotherapeutic interventions.</td>
<td>Capuzzi: Ch 4, 8</td>
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<td>SAMSHA (cont’d)</td>
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<tr>
<td>Tues, Mar 27</td>
<td>Pharmacotherapy. Biopsychosocial effects of addictions.</td>
<td>Capuzzi: Ch 11, 2, 3</td>
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<td>SAMSHA (cont’d)</td>
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<td>Case study (mock interview and staffing) presentation.</td>
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<tr>
<td>Tues, Apr 3</td>
<td>Co-occurring disorders, diagnosis, treatment.</td>
<td>Capuzzi: Ch 9</td>
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<td>SAMSHA (cont’d)</td>
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<td>Case study (mock interview and staffing) presentation.</td>
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<td>Comprehensive examination and scantron distributed at this class session.</td>
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<tr>
<td>Tues, Apr 10</td>
<td>Group therapy and 12-step work.</td>
<td>Capuzzi: Ch 10, 12</td>
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<td>SAMSHA (cont’d)</td>
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<td>Case study (mock interview and staffing) presentation.</td>
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<tr>
<td>Tues, Apr 17</td>
<td>Addictions work with families. Prevention programs for children.</td>
<td>Capuzzi: Ch 14, 16</td>
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<td>SAMSHA (cont’d)</td>
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<td></td>
<td>Case study (mock interview and staffing) presentation.</td>
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<tr>
<td>Tues, Apr 24</td>
<td>Maintenance and relapse prevention planning.</td>
<td>Capuzzi: Ch 13</td>
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<td>SAMSHA (cont’d)</td>
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<td></td>
<td>Case study (mock interview and staffing) presentation.</td>
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<td></td>
<td>Comprehensive examination and scantron due at start of class session.</td>
<td>(Late exams will</td>
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Multiculturalism and diverse groups in addictions work. Gender factors in treatment.

Capuzzi: Ch 15, 17, 18, 19 Journals due this class session. (Late submissions will not be accepted—do not ask.) Case study (mock interview and staffing) presentation--only if needed.

Communication and office hours:

Instructor: Margaret Sherrill Luther, Ph.D., LPC, LMFT, NCC, CCDS
For emails or voicemails, please be sure to reference your name, course number/title, and date/time so it is clear which class you are in.

Phone: (361) 658-1667. Please call during business hours, M-Th from 9:00 AM to 5:00 PM, and Fri from 9:00 AM to noon. Please send an email for communication outside of office hours, and on weekends/holidays. Cell phone text messages and computer instant-messaging are not accepted by the instructor.

Email: Margaret.Luther@tamucc.edu or msluthercc@gmail.com.
To receive a response to emails, students must include a correct return email address in the message body or signature. In addition, students need to identify their class by course number and title. Please only use the above email addresses for correspondence. (Do not use the Blackboard system for emails unless specifically asked to do so by the instructor for a particular assignment.)

Students are to refrain from texting and internet use during class sessions. Please refer to class policies for further information.

Meetings by appointment. Please email to schedule an appointment.

Statement of Civility*

Texas A&M-Corpus Christi is a comprehensive urban university located on the South Texas Gulf Coast focusing on the higher education needs of South Texas and the State. Our student body represents the diversity of our State, and will provide its future leaders. Together, the students, faculty and staff from our campus community, reflect a variety of backgrounds and cultures. The quality of life on and about the campus is best served by courteous and dignified interaction between all individuals, regardless of sex, ethnic or religious background, sexual orientation, or disability.

It is the expectation of this University that all members of the campus community will work to develop and maintain a high degree of respect and civility for the wealth of diversity in which we are all fortunate to live and work. To ensure that this expectation is met, the University will take whatever action is necessary to prevent, correct, and discipline behavior which violates the spirit and intent of regulations designed to promote respect and civility, and will take whatever steps are necessary to foster mutual respect among the campus community.


* This policy also applies to interaction with guest speakers and members of our community.

Class Policies

Accommodations

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an
accommodation, please call or visit Disability Services at (361) 825-5816 in Driftwood 101. If you are a returning veteran and are experiencing cognitive and/or physical access issues in the classroom or on campus, please contact the Disability Services office for assistance at (361) 825-5816.

**Students needing special accommodations** should make arrangements at the beginning of the semester—at least one week prior to specified deadlines for examinations or assignments. (Please do not approach the instructor and ask for special accommodations after a deadline has been missed, or if a student is unhappy with a grade, etc.) Students with mobility, communication, learning, and health issues that qualify under the Americans with Disabilities Act need to make arrangements through the appropriate university office and provide the required paperwork to the instructor—prior to the deadline for the assignment or examination.

Students needing accommodations for situations that may not qualify under ADA definitions, such as needing special translation services, are reminded to make arrangements with the instructor at least one week before posted deadlines.

*Attendance*

You will be responsible for attending each class and being prepared to contribute to group and/or class discussion by completing the assigned reading material on the session topic prior to class. Counseling/therapy in various venues requires a high level of personal responsibility within the profession to maintain client welfare. You will be graded on participation, professional/ethical conduct, and preparation for discussion.

Class attendance is mandatory. It is the student’s responsibility to be present if roll is called or to sign an attendance roster when distributed. To receive an “excused absence” for a class session, or to explain need for tardiness/leaving early, notification must be given via email BEFORE the class session—do not just casually notify the instructor verbally. Unexcused absences, and multiple incidents of tardiness/leaving early, will affect points given for participation. *Promptness is expected, as is staying for the entire class.*

However, please be respectful and do **NOT** come to class if you are ill, and please do not bring a sick child to class. If using the protocol described to inform the instructor, illness would be considered an excused absence. Please consider the wellbeing of the group; please do not expose fellow students to a possibly contagious illness.

**If there is tardiness or absence for any reason (excused or unexcused), it is the student’s responsibility to have a thorough understanding of material covered during the missed class time and to obtain handouts, notes, etc., from another student. When absent, students are still responsible for assignment deadlines.**

*Confidentiality*

**Maintaining confidentiality is expected.** Participating in group activities involves some level of self-disclosure. A level of trust and openness is needed as a part of the learning process, and it is important that confidentiality be maintained. Taking photographs and making audio/video recordings during class are not allowed unless there is full disclosure and prior consent given by all parties involved. If you wish to share with others outside the class, discuss only your own reactions or experiences and maintain confidentiality regarding other’s input. *This is an ethical issue.*

*Professional Courtesy*

Please be respectful and **turn off cell phones, pagers, and other electronic media devices during class. Students who talk on the phone, text messages during a class session, or are using any sort of media device, rather than participating in classroom activities, will be asked to leave the class session and will not be given credit for attending that session.** In case of being on-call for work or a family emergency, to maintain professional courtesy, the correct protocol is to inform the instructor before class, put the phone on “silent notification” or “vibrate,” and quietly leave the room to talk or text.
Please be courteous and pick up your trash such as paper, food/drink containers. The instructor should not have to pick up your trash for the room to be left neat and clean for others.

A free exchange of ideas in the classroom is needed to understand different viewpoints and explore a variety of perspectives. Therefore, verbal or physical aggression will not be tolerated. Actions such as cursing or a demeaning verbal attack on any individual or group will result in the student being asked to leave the class session, and the student will not be given credit for attendance or assignments/examinations due that session. Such infractions may also result in other disciplinary or remedial actions. Please refer to the Statement of Civility.

In addition, attire should conform to common community standards as to what would be appropriate for a young child to see. Individuals wearing attire that does not meet these reasonable standards, such as clothing showing obscene words or images, will result in the student being asked to leave the class session, and the student will not be given credit for attendance or assignments/examinations due that session.

Academic Honesty

Any material—a sentence, paragraph, chart, drawing, photograph—that is copied or quoted from any print or electronic source, or resulting from another party’s efforts, must have the associated citation/reference—or this is considered plagiarism and subject to disciplinary action as described in the current university catalog. For example, if a student uses software with a copy/paste function to take another person’s work from the internet and the student claims/intimates that the work is his/her own, this is committing plagiarism. Each student is responsible for completing his or her own assignments for class. If a student asks another individual to complete work that will be misleadingly labeled as the student’s own efforts, this is a form of academic dishonesty.

Unless an assignment is explicitly described as a group project, each student is required to do his or her own work on assignments and take-home examinations. Given the ethics and accepted standard of conduct for our profession, any overture to unfairly collaborate, such as to give or get “help” on an assignment that is intended to be individual work, is academic dishonesty.

In a profession in which fidelity and trustworthiness are essential, if a student has knowledge of an act of academic dishonesty, the student is obligated to report the dishonesty to the instructor.

A grade of “0” or “F” will be given in cases of academic dishonesty, such as described above, or for work that has been previously submitted in another class and is being resubmitted for a current assignment. Students may be required to use specified software to verify that work was not plagiarized. Students will be given instructions regarding registration and instructions on use of the software.

Assignments

**Each student is responsible for having access to a computer to retrieve class information posted electronically, such as through Blackboard, and to verify that the student’s email address that is registered with the university system is a current (and working) email address so the instructor can use the university’s “email class” function to send class notices and required/supplemental material—or each student must get the material from another student in the class. Do not ask the instructor to make individual copies or re-send material to individual students.

Required reading/supplemental material will be noted as such when emailed or posted. Please be reminded that required and supplemental material is intended to expand the students’ knowledge base, promote critical thinking skills, and foster discussion. As such, a wide variety of viewpoints will be presented. The information is provided for general educational purposes, and opinions expressed by these authors cannot be assumed to represent the views of the instructor or university.

Examinations, papers, and assignments with a due date specified in the syllabus, will not be accepted after the due date. Students are given ample notification of course requirements and due dates. Students with an unexcused absence during examinations will not be able to take a make-up exam. (Please do not ask to be an exception to this requirement.) For a student with an excused absence, it is the student’s responsibility to make arrangements with the instructor to take a make-up exam or quiz.
All work, such as papers and reference lists, will be typed in the current APA format. If correct APA style is not used, the overall grade on the assignment will be lowered. Students’ work (papers, typed responses to examinations, and the like) must have all necessary references/citations in correct APA style, current edition, when outside sources are quoted or used for reference. Please do not turn in a copy of the original resource of cited information to the instructor, such as a copy of a journal article, unless specifically instructed to do so. Points may be deducted if students do not write at a collegiate level, using complete sentences, correct grammar/punctuation, and proofreading spelling.

Students are reminded that they are at an educational level at which references should come from professional/scholarly sources. In other words, use peer-reviewed journals, professional texts, and the like. Using popular resources of sometimes questionable merit, such as the several internet “encyclopedias” that are appropriate for students in high school, will result in the loss of points on your grade.

A paper copy of reports, examinations, and assignments (not an electronic copy) is due on or before the specified date, with multiple pages stapled. Work should not be unbound, nor should a paper clip be used. Do not use a plastic report cover or put assignments in any sort of folder. For assignments, when the number of pages is specified, this refers to the body of the work, and not reference lists, title page, etc.

Students’ assignments, such as examinations, papers, and other assignments, will only be kept for two weeks after the last class meeting of the course. After this time, for confidentiality, students’ work will be shredded. If a student wants to retrieve a graded assignment after the last class session, arrangements need to be made at least one week before the due date of the project.

For examinations and all assignments, it is the student’s responsibility to be sure to put their name on their work or test form and to “bubble in” the name on a scantron in order to receive a grade. It is also the student’s responsibility to have a pencil available every class session for unannounced quizzes, write legibly, and complete computer-graded forms so they can be scored accurately. Also, it is the student’s responsibility to submit a scantron that can be electronically graded, that is, no folding, tearing, wrinkling, and the like. If a scantron form is damaged or not properly identified, the test will not be graded and considered “no credit.” If there is talking during an examination or unauthorized use of written material such as notes, texts, etc., the student will be asked to leave and will fail that examination with the grade of zero. In most cases, the student will be asked to not write on the original test so it can be reused.

For PowerPoint presentations, because of university equipment variability, please store PowerPoint presentations on two types of electronic media such as CD and memory stick. If you are giving a presentation that requires equipment such as a PowerPoint projector, computer (and if internet connection is needed) it is the student’s responsibility to notify the instructor by email at least one week prior to your presentation date so that arrangements can be made.

Incomplete grades will be granted only when extraordinary circumstances arise and are the exception to the rule. Be aware that incomplete grades require paperwork from the student as well as from the professor, it is the student’s responsibility to meet with the instructor at least two weeks prior to the deadline for turning in grades if an incomplete is a necessity.

Group Work

When group work is assigned, there are occasional problems with one or more members not being responsible to the others in the group. If there are problems with an individual not attending meetings or not completing assignments by an agreed date, etc., students are reminded to inform the instructor as soon as possible. Do not wait until shortly before the assignment deadline to inform the instructor because then it is too late for remedial action. It is each student’s individual responsibility to notify the instructor in a timely manner if it appears that certain group members are not contributing to a class project. In addition, when group work is assigned, students will also be asked to complete a confidential evaluation form of fellow group members. (For those group members who are not responsible for completing their equitable share of work, those members will lose points on their grade.)
Communication

For emails or voicemails, please be sure to reference your name, course number/title, and class date/time so it is clear which course you are in. To facilitate responding to emails, please also include a correct return email address in the message body or signature. Cell phone text messages and computer instant-messaging are not accepted by the instructor. (Receipt of emails or voicemails may not be verified.)

Please note that the instructor has provided office and personal telephone numbers and email addresses to facilitate communication. As the instructor is preparing to exit the classroom, please do not expect to be able to have an extended conversation after a class session. Such impromptu communications do not provide required confidentiality, and typically, the instructor will need to leave to teach another class. For personal communications, please email, call, or set an appointment to meet with the instructor. Also, please recognize that the instructor will talk about an issue directly relating to counseling or your experience as a student, but is not in a position to offer advice on general personal problems. To avoid dual relationships, the instructor cannot act as a personal counselor for students’ general problems and will recommend working with a mental health professional.

Though courtesy and thoughtful intentions are appreciated, please do not send forwarded jokes, chain letters, solicitations for donations, and similar SPAM-type emails to the instructor. Please only send emails directly relating to university business or the field of counseling.

X. Textbook(s)

The textbook(s) adopted for this course is/are:


Electronic format available for:

Handout from this source is posted on Blackboard:

Recommended


Recommended resources but not required supplementary textbook(s) is/are:

“Everyday terms” description of substance dependence/recovery from a 12-Step perspective:
XI. Bibliography

Please refer to the reference lists and resources posted by the instructor in Blackboard. The knowledge bases that support course content and procedures include:


Black, C. (1981). It will never happen to me. Denver, CO: M.A. C.


**XII. Grade Appeals**

As stated in University Rule 13.02.99.C2, Student Grade Appeals, a student who believes that he or she has not been held to appropriate academic standards as outlined in the class syllabus, equitable evaluation procedures, or appropriate grading, may appeal the final grade given in the course. The burden of proof is upon the student to demonstrate the appropriateness of the appeal. A student with a complaint about a grade is encouraged to first discuss the matter with the instructor. For complete details, including the responsibilities of the parties involved in the process and the number of days allowed for completing the steps in the process, see University Rule 13.02.99.C2, Student Grade Appeals, and University Procedure 13.02.99.C2.01, Student Grade Appeal Procedures. These documents are accessible through the University Rules.
Web site at http://www.tamucc.edu/provost/university_rules/index.html. For assistance and/or guidance in the grade appeal process, students may contact the Office of Student Affairs.

**XIII. Disabilities Accommodations**

*Please also refer to Class Policies regarding students requesting accommodations.*

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please call or visit Disability Services at (361) 825-5816 in Driftwood 101.

If you are a returning veteran and are experiencing cognitive and/or physical access issues in the classroom or on campus, please contact the Disability Services office for assistance at (361) 825-5816.
Appendix A

Integrative Summary (Example)

**Presenting Problem:** A is a 16-year-old Caucasian female referred to counseling by ________ county juvenile court. A has a history of oppositional behavior, running away, and substance abuse. A has tested positive on two occasions for marijuana. She was picked up by the police on two occasions for running away. She currently has charges pending a court date for selling a controlled substance on school grounds.

**Relevant History:** A has a history of sexual abuse from her biological father between the ages of 59. Her parents divorced when A was 4 years old, and she went to live with her father. A has focused on her abuse issues in the past in outpatient counseling and tends to view her current behavior as a result of the abuse she incurred. A moved in with her mother at age 9. Her mother has a history of drug dependency. A’s mother currently denies regular drug use but continues to drink.

**Mental Status Exam:**

*Appearance, Attitude, and Activity:* A is a white 16 year-old female with no physical abnormalities. The client is slightly over-weight. She is dressed appropriately and does not appear to exhibit any maladaptive features related to self-care. The client has scars on her left arm from a past history of cutting, but did not identify any current tendencies for self-mutilation. Client’s last occurrence was over 6 months ago by self-report. The client has a cynical attitude toward counseling because “it has not worked” but appears amiable to the process and responsive. No abnormal activity is noted.

*Mood and Affect:* A describes feeling depressed often. She does not exhibit any sleep disturbance, but indicated she generally feel unhappy. The client did not appear tearful, but she does get irritated easily with her mother and identified frequent inattention in school. The client identified feeling sad at school due to a lack of friends. Depressed mood does not appear abnormal given the circumstances.

*Speech and Language:* Speech and language appear normal. No evidence of pressured speech or poverty of speech. A is appropriately spontaneous in her conversations.

*Thought Process, Content, and Perception:* All appear within normal limits. Thoughts appear appropriately connected. No tangential associations were noted.

*Cognitions:* Client is oriented x4 (person, place, time and situation).

*Insight and Judgment:* A tends to act somewhat impulsively when angry, particularly at school or with her mother. The client demonstrates poor reality testing with respect to acknowledging logical and natural consequences. The client identified an “I don’t care” attitude when confronted, especially at home or school.

**Medical History:** No medical problems have been identified. A is not on any medications currently. A has a history of outpatient counseling since age 9. A’s mother indicated counseling has not been successful.

**Family Issues:** A has had no contact with her father since he was prosecuted for sexual abuse. A’s father served time in prison. His whereabouts are unknown. A has ongoing conflict with her mother. A’s mother appears to want A to suffer severe consequences for her behavior and is looking for relief from parenting responsibilities. A’s mother has verbalized, “I want her in detention,” despite the fact that A’s offenses do not warrant such consequences. Both A and her mother are open to placement for A outside of the home. A’s mother does not want to participate in the counseling process and does not acknowledge how she has been harmful in her relationship with her daughter.

**Social Support:** A admits to associating with a negative peer group. A has recently started attending church, but finds it difficult to be accepted from peers in youth group. A tends to be a follower and
engages in self-destructive behavior, such as getting high, due to peer pressure. A is not involved in any other extracurricular activities.

**Educational/Occupational Issues:** A was retained in 9th grade two years ago. As a 16 year old in 10th grade, she is at-risk of dropping out. A has identified a desire to go to college. A appears to be average to above average intellectual functioning and passes school easily when she applies herself. A admits to failing in school due to pressure from her peers.

**Spiritual Concerns:** A’s mother has not been supportive of her participation in church and has frequently grounded her from attending. A genuinely appears interested in church involvement and the association with a more positive peer group, but struggles with her lack of acceptance from peers in youth group.

**Addictions Assessment (see Appendix B).**

**Summary:** A is a 16 year old Caucasian female of average to above average intellectual functioning with a history of sexual abuse victim, substance abuse, and oppositional behavior. Symptoms of depression are evident including low self-esteem, irritability, saddened mood, and defeated outlook. A faces significant conflict with her mother, and A’s mother could be characterized as non-supportive. Without placement, A is at risk for regressing back to her previous high-risk behavior.
Appendix B—Addictions Assessment Example (Balkin, R. S., 2010)

Substance Abuse Assessment

Current use:

Substance abuse history:

<table>
<thead>
<tr>
<th>Type</th>
<th>Drug Name</th>
<th>Age Started</th>
<th>Duration of Use</th>
<th>Frequency of Use</th>
<th>Amount Used</th>
<th>Route</th>
<th>Last Used</th>
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<tbody>
<tr>
<td>Cannabis</td>
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<td></td>
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<td>Other Stimulants</td>
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<tr>
<td>Hallucinogens/</td>
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<tr>
<td>Narcotics</td>
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<tr>
<td>Depressants</td>
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<tr>
<td>Inhalants</td>
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<tr>
<td>Alcohol</td>
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</tr>
</tbody>
</table>

Age of first drink:

Age of first drug use:

What problems do you have related to your drinking/using?

How have you attempted to reduce your use or quit using drugs/alcohol?
## Presentation Grading Rubric (35 points)

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<th>No credit</th>
<th>Incomplete</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Weight</th>
<th>Total</th>
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<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
<td>X5</td>
</tr>
</tbody>
</table>

### Content
Completeness of literature review; responsiveness to directions; support for assertions

### Structure
Organization; presentation follows a logical flow; evidence of original and critical thinking

### Style
Format; citations; mechanics