I. Course Description- Three semester hours. This course covers process addictions as well as advanced strategies in treating process and substance abuse addictions. Assessment, interview strategies, multicultural issues, and treatment strategies will be addressed.

II. Course Rationale
This course will provide the student with a basic framework for understanding process addictions and advanced issues in substance abuse. Both theory and practice will be emphasized. The course is applicable for all students who may work with various types of addiction and in substance abuse 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 decision-making skills.
C. The counselor promotes the worth, dignity, individuality and potential of all members of a learner centered community.
D. The counselor practices active listening

IV. ExCET 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. This course is designed to provide the student with an understanding of the following CACREP requirements across several practice domains.
   1. Discuss history and philosophy of counseling interventions and research into addictions counseling. (CACREP II. K. 1. a.)
   2. Describe the roles assumed by other helping professionals in the field of addictions treatment and counseling. (CACREP II. K. 1. b.)
   3. Use current media and technology (i.e. internet, computer database, etc) to obtain the latest research available and consult with other professionals in a
confidential manner about clients and case studies. (CACREP II. K. 1. c. h.)

4. Describe the credentialing of professionals whose primary thrust is to work with drug, alcohol, and behaviorally addicted clients. (CACREP II. K. 1. e.)

5. Advocate on behalf of persons having problems with drugs and addictive behaviors based on the knowledge of the field. (CACREP II. K. 1. f. g.) & (CACREP II. K. 2. d.)

6. Discuss ethnic, environmental, and socioeconomic factors affecting types of substances used, receptivity to treatment, and attitudes toward intervention. (CACREP II. K. 2. a. b.)

7. Describe various treatment modalities such as support groups, therapy groups, inpatient and outpatient treatment as they relate to diverse populations. (CACREP II. K. 2. c.)

8. Demonstrate knowledge of drug and addiction susceptibility in various age groups and how the family is involved with both the substance use and treatment. (CACREP II. K. 3. a, c.)

9. Interview clients to obtain information from clients regarding possible substance abuse without triggering the denial reaction from clients; disseminate information about goals and intervention strategies to help psycho-educate the client; evaluate client outcomes. (CACREP II. K. 5. b.)

10. Cite current research supporting the various counseling interventions, with special emphasis on behavioral theory, cognitive theory, REBT, and neurofeedback. (CACREP II. K. 5. c.)

11. Explain the need to work with personnel in agencies, institutions, businesses, employee assistance programs, and managed health care organizations to serve individuals struggling with process addictions. (CACREP II. K. 5. c, d.)

12. Discuss the family dynamics in families with one or more members who are substance abusive or dependent, and describe the usual roles adopted by members of such dysfunctional families, and cite research showing the efficacy of various forms of treatment. (CACREP II. K. 5. c, d.)

13. Describe the efficacy of group intervention through 12-step programs and other group approaches. (CACREP II. K. 6. e.)

14. Describe assessment and appraisal as it pertains to diagnosis and treatment of substance-related conditions or disorders. (CACREP II. K. 7. g, h.)

15. Describe the efforts of researchers to determine the scope and seriousness of addictions and substance use, the difficulties encountered, and the paucity and contradictory nature of some findings. (CACREP II. K. 8. a.)

16. Cite current research supporting and/or refuting the disease concept of addiction. (CACREP II. K. 8. b.)

17. Use the internet, CD-ROM resources, and e-mail to assist in gathering data and research findings; using judgment to determine which are probably valid and reliable studies and which may not be. (CACREP II. K. 8. c.)

18. Demonstrate knowledge of the stages of recovery and various modalities of treatment including 12-step programs. (CACREP II. K. 5. c. & CACREP II. K. 6. e.)

19. Demonstrate knowledge of other conditions and resources, including Al-Anon Family Groups; Alateen; Adult Children of Alcoholics; Codependency;
20. Demonstrate knowledge of other conditions and resources, including Al-Anon Family Groups; Alateen; Adult Children of Alcoholics; Codependency; Codependents Anonymous, Families Anonymous, and other recovery programs. (CACREP II. K. 5. c.)

21. Discuss pharmacology, toxicology, addiction, health ramifications, family ramifications (family as a diseased unit, family system response to recovery of a family member, roles in a dysfunctional family, roles in a functional family), child/spouse battering/abuse, accidents, adolescent diagnosis, treatment and recovery; use of drugs to treat psychological conditions (psychopharmacology); legal issues, multi-cultural issues, suicide, ritual and cult abuse, ethical issues, TAADAC Ethical Standards. (CACREP II.K.3.c.)

22. Discuss the intersection of drug and addiction problems with all forms of counseling-- agency counseling, group counseling, individual counseling, family counseling, career counseling, marriage counseling, school counseling, college and university counseling, and student services. (No CACREP standard)

B. In addition this course is designed to introduce the student to the proposed 2010 CACREP requirements for Addictions Counseling at Appendix B.

C. Learning Outcomes include the following:
   i) Students will demonstrate clinical interview methods including motivational interviewing and the CLISD-PA Model (Juhnke, 2002).
   ii) Students will successfully apply diagnostic criteria and treatment strategies for process addictions and substance abuse case studies.
   iii) Students will understand the role of pharmacotherapy in treating addictions.
   iv) Students will learn professional issues that impact the treatment of addictions.
   v) Students will understand the various models of treating process addictions and substance abuse.
   vi) Students will learn issues related to co-occurring disorders related to process addictions and substance abuse.
   vii) Students will demonstrate knowledge of treatment planning and interventions that are used to treat process addictions and substance abuse.
   viii) Students will demonstrate knowledge of treatment planning and interventions that are used to teach relapse prevention and maintaining sustained recovery.
   ix) Students will become familiar with various treatment settings for addressing process addictions and substance abuse through instructional methods.
   x) Students will become familiar with evidence-based practices in treating substance abuse and process addictions through instructional methods.

VI. Course Topics
   A. Addiction
   B. Addiction Treatment
   C. Treatment Process
D. Client Diversity  
E. Treatment Collaboration for Coexisting Medical, Psychological, and Social Problems  
F. Substance Abuse Counseling  

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  
Attendance/Participation See attendance policy  
Midterm 30 points  
Process Addiction Paper & Presentation 60 points  
Project 60 points  
Final 30 points  

162 - 180 POINTS - "A"  
144 – 161 POINTS - “B”  
126 - 143 POINTS - “C”  
108 – 124 POINTS - “D”  
107 & BELOW - "F"  

Process Addiction Paper & Presentation  
In an APA style paper (see above description) you will write a 6 page paper on a process addiction of your choice. In your paper, you will need to cite the DSM-IV-TR and a minimum of five peer-reviewed journal articles. Websites do not count. In your paper address the following:  

1. Describe the process addiction. Include information on associated features, prevalence, course, and DSM criteria.  

2. Explain how you will assess for this process addiction. Discuss interview strategies and any formal instruments you might use. Make sure you describe the instruments and indicate any reliability and validity information.  

3. Identify a treatment strategy in working with this addiction. Include a description of the strategy. Cite research that provides evidence that this strategy is effective (make sure you describe the study you are citing). Explain how you would utilize this strategy in your counseling practice.  

Project: Case Study  
You will be paired with a class member who will assume the role of an individual with a process addiction.
1. Conduct a clinical interview using one of the models discussed in class (e.g. CLISD-PA).
2. In the introduction of your project, identify the model and assessment you used.
3. Create an integrative summary (see Appendix A).
4. Create a treatment plan with the following information:
   a. Presenting problems
   b. Treatment goals
   c. Measurable objectives for each goal
   d. Method of evaluating treatment effectiveness (how will you know what you are doing is working?)

IX. Tentative Course Schedule & Policies

<table>
<thead>
<tr>
<th>Date</th>
<th>Reading</th>
<th>Assignment/Presentation</th>
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<tr>
<td>1/23/12</td>
<td>Course Orientation</td>
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<td>1/30/12</td>
<td>C&amp;S ch. 1</td>
<td>History, Theories and Models of Process Addictions</td>
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<td>Juhnke ch. 1</td>
<td>Term Project Assignments</td>
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<td>Physiology and Process addictions</td>
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<td>Juhnke Ch. 2</td>
<td>DSM-IV-TR Addiction disorders</td>
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<td>Professional Issues-Class Discussion</td>
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<td>2/20/12</td>
<td>C&amp;S ch. 4 &amp; 5</td>
<td>Assessment and diagnosis of addictions</td>
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<td>Clinical interviews &amp; motivational interviewing</td>
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<td>Process addiction paper due</td>
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<td>Relapses, Relapse Prevention &amp; Sustained Recovery Maintenance</td>
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<td>C&amp;S 14-15</td>
<td>Addiction in families/Prevention</td>
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<td></td>
<td>Presentations Case Study, Journals and Peer Evaluations due</td>
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<tr>
<td>5/7/12</td>
<td>Final Exam</td>
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Attendance

In the past, successful students have found it useful to be on time and prepared for each class.
This is accomplished by:
A. Attending each class
B. Having all assigned readings completed
C. Participation in class discussions.

Students are responsible for all information disseminated in class (even if the student is absent). You are adults and have adult lives and responsibilities. If an emergency arises, take care of yourself and your family. You cannot learn if you are distracted by emergencies. Only family emergencies are considered excused absences. I encourage you to strike a balance between your education and family life. You are responsible for obtaining missed material from fellow classmates.

My attendance policy:
1. Upon your third absence, you will have a 10% deduction in your grade.
2. For each subsequent absence an additional 10% is deducted.

Late Work
All late assignments receive a letter grade deduction. No late assignment will be accepted one week after due date. Any assignments not turned in by the last day of class will not be graded

X. Required Textbooks

Recommended

In addition, a number of supplementary articles may be discussed during the course. These will be used to supplement the texts and to exemplify how certain examined statistical methods are used in psychological research. Each of these supplementary readings will be made available by the instructor.

XI. Bibliography


**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 Rule13.02.99.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](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**

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

**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
Addictions Assessment Example (Balkin, R. S., 2010)

Substance Abuse Assessment

Current use:

Substance abuse history:

<table>
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<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>
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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?
Appendix B—2009 CACREP Standards for ADDICTION COUNSELING

Students preparing to work as addiction counselors will demonstrate the professional knowledge and skills/practices necessary to work in a wide range of addiction counseling, treatment and prevention programs as well as within a mental health counseling context. In addition to the common core curricular experiences outlined in Section II.G, programs must provide evidence that student learning has occurred in the following domains:

FOUNDATIONS

A. Knowledge

1. Understands the history, philosophy and trends in addiction counseling.

2. Understands ethical and legal considerations specifically related to the practice of addiction counseling.

3. Knows the roles, functions and settings of addiction counselors as well as the relationship between addiction counselors and other mental health professionals.

4. Knows professional organizations, competencies, preparation standards and state credentials that are relevant to the practice of addiction counseling.

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

6. Knows the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others.

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.

9. Understands the operation of an emergency management system within addiction agencies and the community.

B. Skills and Practice

1. Demonstrates the ability to apply and adhere to ethical and legal standards in addiction counseling.

2. Applies knowledge of substance abuse policy, financing, and regulatory processes to improve service delivery opportunities in addictions counseling.
3. Demonstrates an understanding of the psychological impact of disasters on individuals with addictions.

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.

3. Recognizes the importance of family, social networks, and community systems in the treatment and recovery process.

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

5. Knows a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.

6. Understands the principles and philosophies of addiction-related self-help programs.

7. Understands professional issues relevant to the practice of addiction counseling including recognition, reimbursement and right to practice.

8. Understands the potential impact on and principles of intervention for individuals with addictions during times of crises, emergencies and/or disasters.

D. Skills/Practices

1. Uses principles and practices of diagnosis, treatment, and referral of addiction and other mental and emotional disorders to initiate, maintain and terminate counseling.

2. Individualizes helping strategies and treatment modalities to the client’s stage of dependence, change, or recovery.

3. Provides appropriate counseling strategies when working with clients with an addiction and co-occurring disorders.

4. Provides counseling and education about chemical and process addictions to families and others who are affected by clients with addictions.

5. Provides referral to self-help and other support groups when appropriate.
6. Provides culturally relevant formal and informal education programs that raise awareness and support addiction and substance abuse prevention and the recovery process.

7. Maintains ongoing familiarity with recognized best practices of record-keeping related to addiction counseling.

8. Demonstrates the ability to recognize one’s own limitations as an addiction counselor and to seek supervision or refer clients when appropriate.

DIVERSITY AND ADVOCACY

E. Knowledge

1. Understands how living in a multicultural society impacts clients with addictions.

2. Understands literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with addictions.

3. Knows public policies on local, state, and national levels that impact the quality and accessibility of addiction services.

4. Understands effective strategies supporting client advocacy and influencing public policy and government relations on local, state, and national levels to enhance equity, increase funding and promote programs that affect the practice of addiction counseling.

F. Skills and Practices

1. Gathers information regarding indigenous and/or community helping resources to make appropriate referrals for clients with addictions.

2. Advocates for policies, programs and services that are equitable and responsive to unique needs of clients with addictions.

3. Demonstrates the ability to modify counseling systems, theories, techniques and interventions to make them culturally appropriate for diverse populations of addiction clients.

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.

4. Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications.

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 disorders.

4. Assists clients in identifying the effects of addiction on life problems and the effects of continued harmful use or abuse.

5. Applies assessment of clients’ stages of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

6. Assesses for the presence and extent of co-occurring process addictions.

RESEARCH AND EVALUATION

I. Knowledge

1. Understands how to critically evaluate research relevant to the practice of addiction counseling.

2. Knows models of program evaluation for addiction counseling treatment and prevention programs.

3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in addiction counseling.

J. Skills and Practice
1. Applies relevant research findings to inform the practice of addiction counseling.

2. Develops measurable outcomes for addiction counseling programs, interventions and treatments.

3. Demonstrate the ability to analyze and use data to increase the effectiveness of addiction counseling programs.

**DIAGNOSIS**

**K. Knowledge**

1. Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual.

2. Knows the impact of co-occurring substance use disorders on medical and psychological disorders.

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 biases of commonly used diagnostic tools as related to clients with addictions in multicultural populations.

**L. Skills and Practices**

1. Demonstrates appropriate use of diagnostic tools, including the current edition of the Diagnostic and Statistical Manual, to describe the symptoms and clinical presentation of clients with addictions and mental and/or emotional impairments.

2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by clients and communicate the differential diagnosis to clients’ managed care and insurance companies or other 3rd party payers.