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

Course No. and Section: CNEP 5313.001
Class meeting time: Tuesday 4:20—6:50, Location OCNR 132
Semester: Spring 2016
Instructor: Frederick Capps, Ph.D., LPC-S, NCC, ICAADC, QSAP
Office and office hours: By appointment (see below)
Office telephone: 361-857-6653 (Dr. Capps’ Business Office)
Email: dr.fred@cappsand.com

I. Course Description
CNEP 5313. Theories and Techniques in Substance Abuse Counseling. Three semester hours. This course covers theories and techniques in substance use disorders as well as advanced strategies in treating substance use disorders. 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 substance abuse counseling. Prerequisites: CNEP 5312

II. Course Rationale
This course will provide the student with a basic framework for understanding substance use disorders and advanced strategies in treating substance use disorders. 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.

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.

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; 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; personal philosophy changes as result of class experience; 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; 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; 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; 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; 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; personal philosophy changes as result of class experience; 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-V diagnostic criteria for Substance Use Disorders.
   C. Identifying Assessment Tools and Interventions
   D. Client Diversity
   E. Treatment Collaboration for Coexisting Medical, Psychological, and Social Problems
   F. Substance Use Disorders 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:

- A= 90 – 100 points
- B= 80 - 89 points
- C= 70 - 79 points
- D= 60-69 points

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 without previous notice. Scores on each oral/written topic quiz, as well as unexcused absences and tardy arrivals, will be calculated into points given for participation. 15 points.

Licensure Summary
Write a 2-3 page summary of your addictions counseling licensure/certifications and specialized training that you already have attained or that you plan to attain. Use websites for Texas LCDC licensure and TCBAP certifications available for LPCs as well as textbooks and Codes of Ethics for ACA and NAADAC. 20 points.

Journal: Change of Philosophy
Starting with case conceptualization and treatment planning, students will journal reactions to the learning process in this class through participation in a number of learning experiences. The instructor will point out opportunities as they present themselves through course assignments. 20 points.

Project: Case Study, Treatment Plan and Presentation.
This project will be completed in two stages. The case study and mock interview are the first stage and will be done in pairs. You will be a “client” for your partner for the interview and vice versa. As such, you may work with your partner to develop the case and the interview. Each member of the partnership will conduct the “staffing.” The second stage is the completed integrative summary and treatment plan which will serve as the final examination.

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 20 minutes, then (2) give an “agency staffing” presentation of at least 10 minutes.

Students will conduct a clinical interview as a class demonstration using one of the models discussed in class. 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). After the demonstration interview, students will conduct a “professional” presentation/discussion of the hypothetical case, (i.e., a mock agency staffing). Fellow student “colleagues” will ask questions in a multidisciplinary team format. 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. (When making a
differential diagnosis, remember to compare other mental health diagnoses that can mimic some symptoms of addictions. 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.) 25 points for Part I.

**Integrative Summary and Treatment Plan (Final Exam).**

Each student will create an integrative summary (see Appendix A) that includes a thorough Substance Use Disorder History (Appendix B); create an evidence-based treatment plan with the following information: Presenting problems; Substance Use History; Treatment goals; Measurable objectives for each goal; and Method of evaluating treatment effectiveness. In the presentation, case study, and treatment plan, be certain to include: a Description of the symptoms and dynamics reported, including and DSM V 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. 20 points for Part II.

IX. Tentative Course Schedule & Policies

**CNEP 5313.001**

<table>
<thead>
<tr>
<th>Class session-Spring 2015</th>
<th>Topic</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 26</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.</td>
</tr>
<tr>
<td>Feb 2</td>
<td>Texas LCDC and national SAMSHA competencies. Requirements/competencies for LCDC licensure and TCBAP certifications. Diagnosis, assessment, and treatment settings.</td>
<td>Capuzzi: Ch 5, 6 Handout on LCDC Licensure and TCBAP Certification SAMSHA: Addiction Counseling Competencies, pp. 176-187</td>
</tr>
<tr>
<td>Feb 9</td>
<td>Clinical interviewing and assessment. DSM-5 diagnoses. Signs and symptoms of chemical dependence</td>
<td>Juhnke: Ch 1, 2 SAMSHA (cont’d) Handouts</td>
</tr>
<tr>
<td>Feb 16</td>
<td>Continuation from previous week</td>
<td></td>
</tr>
<tr>
<td>Feb 23</td>
<td>Clinical interviewing and assessment skills. Individual and family systems interviews. Treatment planning.</td>
<td>Juhnke: Ch 3, 4 SAMSHA (cont’d)</td>
</tr>
<tr>
<td>Mar 1</td>
<td>Standardized assessment. DSM diagnosis and treatment planning (cont’d). Personality assessment.</td>
<td>Juhnke: Ch 5, 6 SAMSHA (cont’d)</td>
</tr>
<tr>
<td>Mar 8</td>
<td>Perspectives on etiology. Motivational Interviewing, clinical interviews, and treatment.</td>
<td>Capuzzi: Ch 1, 7 SAMSHA (cont’d)</td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
<td>Source</td>
</tr>
<tr>
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<td>----------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Mar 22</td>
<td>Professional issues in addictions. Evidence-based psychotherapeutic interventions.</td>
<td>Capuzzi: Ch 4, 8 SAMSHA (cont’d)</td>
</tr>
<tr>
<td>Mar 29</td>
<td>Pharmacotherapy. Biopsychosocial effects of addictions.</td>
<td>Capuzzi: Ch 11, 2, 3 SAMSHA (cont’d) Case study (mock interview and staffing) presentation.</td>
</tr>
<tr>
<td>Apr 5</td>
<td>Co-occurring disorders, diagnosis, treatment.</td>
<td>Capuzzi: Ch 9 SAMSHA (cont’d) Case study (mock interview and staffing) presentation.</td>
</tr>
<tr>
<td>Apr 12</td>
<td>Group therapy and 12-step work.</td>
<td>Capuzzi: Ch 10, 12 SAMSHA (cont’d) Case study (mock interview and staffing) presentation.</td>
</tr>
<tr>
<td>Apr 19</td>
<td>Addictions work with families. Prevention programs for children.</td>
<td>Capuzzi: Ch 14, 16 SAMSHA (cont’d) Case study (mock interview and staffing) presentation.</td>
</tr>
<tr>
<td>Apr 26</td>
<td>Multiculturalism and diverse groups in addictions work. Gender factors in treatment.</td>
<td>Capuzzi: Ch 13 SAMSHA (cont’d) Case study (mock interview and staffing) presentation.</td>
</tr>
<tr>
<td>May 3</td>
<td>TBD</td>
<td>Capuzzi: Ch 15, 17, 18, 19 Journals due. Comprehensive examination distributed.</td>
</tr>
<tr>
<td>May 10</td>
<td>Final Exam</td>
<td>Exams turned in by 4:30PM</td>
</tr>
</tbody>
</table>

**Communication and office hours:**

*Instructor: Frederick Capps, Ph.D., LPC-S, NCC, ICAADC, QSAP*

For all calls or messages, please state your name and identify yourself as a student. Also, please reference the course number (CNEP 5313).

**Phone:** (361) 857-6653. Please call during business hours, M-F from 9:00 AM to 4:00 PM. Please send an email for communication outside of office hours, and on weekends/holidays.

**Email:** dr.fred@cappsand.com

**Class Policies**

**Attendance**
In the past, successful students have found it useful to be on time and prepared for each class. This is accomplished by:
- Attending each class
- Having all assigned readings completed
- 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. 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:**
Upon your third absence, you will have a 10% deduction in your grade.
For each subsequent absence an additional 10% is deducted.

**Weekly Challenge Question**
At each class meeting prior to the final exam, I will ask one question that students may be able to answer correctly for one (1) point to be added to their grade. There is no penalty for incorrect responses. The purpose of this exercise is to enhance general knowledge of addiction counseling and to promote lively discussion among students.

**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.

**Accommodations**
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.

**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.*

**Group Work**
If a problem arises 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.* Students will be required to complete a confidential evaluation of fellow group members at conclusion of the group project (if group work is assigned).

**X. Textbook(s)**

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


*Handout from this source is posted on Blackboard:* Texas Department of State Health Services (2011). Licensed Chemical Dependency Counselor Program. Austin, TX: Author. [http://www.dshs.state.tx.us/lcdc/](http://www.dshs.state.tx.us/lcdc/)

**Recommended**


**XI. Bibliography**

*Please refer to the reference lists and resources posted by the instructor.*

*The knowledge bases that support course content and procedures include:*


**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](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: Client (Ct) is a 16-year-old Caucasian female referred to counseling by ________ county juvenile court. Ct has a history of oppositional behavior, running away, and substance abuse. Ct 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.

Substance Use History: (See Appendix B—no example is provided. Matrix is blank for students’ use.)

Relevant History: Ct has a history of sexual abuse from her biological father between the ages of 59. Her parents divorced when she was 4 years old, and she went to live with her father. Ct 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. Ct moved in with her mother at age 9. Her mother has a history of drug dependency. Ct’s mother currently denies regular drug use but continues to drink.

Mental Status Exam:

Appearance, Attitude, and Activity: Ct is a white 16 year-old female with no physical abnormalities and is slightly over-weight. She is dressed appropriately and does not appear to exhibit any maladaptive features related to self-care. Ct has scars on her left arm from a past history of cutting, but did not identify any current tendencies for self-mutilation. Ct’s last occurrence was over 6 months ago by self-report. Ct 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: Ct describes feeling depressed often. She does not exhibit any sleep disturbance, but indicated she generally feel unhappy. Ct did not appear tearful, but she does get irritated easily with her mother and identified frequent inattention in school. Ct 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. Ct 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: Ct is oriented x4 (person, place, time and situation).

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

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

Family Issues: Ct has had no contact with her father since he was prosecuted for sexual abuse. Ct’s father served time in prison. His whereabouts are unknown. Ct has ongoing conflict with her mother. Ct’s mother appears to want Ct to suffer severe consequences for her behavior and is looking for relief from parenting responsibilities. Ct’s mother has verbalized, “I want her in detention,” despite the fact that Ct’s offenses do not warrant such consequences. Both Ct and her mother are open to placement for Ct outside of the home. Ct’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:** Ct admits to associating with a negative peer group. She has recently started attending church, but finds it difficult to be accepted from peers in youth group. Ct tends to be a follower and engages in self-destructive behavior, such as getting high, due to peer pressure. She is not involved in any other extracurricular activities.

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

**Spiritual Concerns:** Ct’s mother has not been supportive of her participation in church and has frequently grounded Ct to prevent her attending. Ct manifests genuine interest in church involvement and wants association with a more positive peer group, but struggles with her lack of acceptance from peers in youth group.

**Summary:** Ct 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. Ct faces significant conflict with her mother, and lacks parental (physical, emotional and social) support. Without placement, Ct is at risk for regressing to previous high-risk behavior patterns.
Appendix B—Addictions Matrix

Substance Use Disorder Assessment

Substance abuse history: (When did you first start drinking alcohol? When did you first start using marijuana? When...coca... What other drugs have you tried?)

<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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</thead>
<tbody>
<tr>
<td>Alcohol</td>
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<tr>
<td>Cannabis</td>
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<tr>
<td>Cocaine</td>
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<tr>
<td>Other Stimulants</td>
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<tr>
<td>Opiates</td>
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<tr>
<td>Inhalants</td>
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<tr>
<td>Hallucinogens/Dissociatives</td>
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</tbody>
</table>

Age of first intoxication: (How old were you when you first got drunk or “wasted?”)

Have you had problems at home or in your relationship due to drinking or using?

Have you ever tried to quit or cut down? Why?

Have you ever been in trouble at work or with the law? Was it related to drinking/drugging?
<table>
<thead>
<tr>
<th>Model/Theory (5 points):</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<tbody>
<tr>
<td>Identified model and assessment used for the client; addressed any multicultural considerations/limitations related to the models or assessments employed; Addresses risk factors for communities</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<table>
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<tr>
<th>Multi-faceted assessment (5 points):</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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</thead>
<tbody>
<tr>
<td>Clinical interview, substance abuse assessment, MSE, addresses symptoms, recommends additional assessments (e.g., diagnostic, personality)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<table>
<thead>
<tr>
<th>Integrative summary (10 points; weight x2):</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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</thead>
<tbody>
<tr>
<td>Each component of integrative summary is addressed (See Appendix)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<thead>
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<th>Treatment Plan (5 points):</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<tbody>
<tr>
<td>Identifies education, intervention, and relapse prevention strategies; addresses credentials for treatment</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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</table>

<table>
<thead>
<tr>
<th>Style (5 points):</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<tbody>
<tr>
<td>Paper is free from grammatical errors, includes appropriate references and citations</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Presentation (5 points):</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates interview skills; defends each component</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

5  Student addressed all standards. Paper is clearly written and conforms to APA style. Citations provided to support assertions. Clearly communicates an understanding of the material. Well-integrated paper.

4  Students addressed all standards. Minimal issues with APA style. Well-cited paper. Communicates understanding of the material.

2 - 3  Not all standards clearly addressed. Issues with APA style. Assertions are not supported. Assertions are unclear.

1  Poor construction. Lack of adherence to APA style. Standards not addressed.