

EDP S384C Addiction Counseling, Unique 74361
EDP S352N Addiction Counseling, Unique 74005

Instructor	Mike C. Parent, PhD TX LP 37009
Classroom	Online via zoom. Zoom room addresses will be posted on the announcement board each class day.
Class days	July 14-August 13. Classes will be held live on Zoom from 1:00pm to 3:30pm, and posted in their entirety on canvas.
Student hours	Student hours must be requested via email and will be held over zoom.

Course Description

The purpose of this course is to provide intermediate knowledge in substance use and addictive disorders, and the treatment thereof. Specific attention will be given to (a) knowledge transfer of information related to specific substances and addictions, (b) physiological processes of addiction, (c) effective treatment of addiction, (d) contemporary issues in the area of substance use and addiction, and (e) issues related to intersectional diversity as it pertains to addictive disorders.

Course components

Tests. There are weekly tests on material covered for the week. Tests may refer back to prior material. Tests will vary in length; they will be weighted to account for equal points regardless of length. Tests will include multiple choice and definition items.

Undergraduates: In my classes, I usually allow re-tests to allow students to make up lost points. The online nature of this class, oddly, makes this harder. So, the retests will take the following form.

After completing a test, you will receive test results. Within exactly one week of receiving test results, you may undertake the re-test. The re-test will be worth HALF of the points you DID NOT GET on the original test. So, for example, if you got 80% on the test, your re-test can get you up to 10% (half of 100 minus 80).

To complete the re-test, you will download a Word document that alternative questions for all items. You will delete all items EXCEPT items you did not get points for in multiple choice, and any items in definitions that you attempted but did not get complete marks for. You will complete these items only, and submit the word document.

Graduate students: There are no re-tests for graduate students.

Discussion board posts. Each week, there will be a set of topics that students may choose from to make one discussion board post. Discussion board posts are reviews of research articles. Note that you may **NOT** use anything other than a scholarly article for the basis of the post, unless specifically stated in the discussion prompt (for example, a prompt might ask you to find a web

site that gives wrong information about substances). There is a slide show on using google scholar and the UT libraries web site to find such articles, if you are not familiar with doing so.

Undergraduate students: Requirements for the posting will be listed for each discussion post. Generally you will use an article to answer a specific question.

Graduate students: Requirements for the posting will be listed for each discussion post. You will use an article to answer a specific question.

Presentation. Undergraduates only are required to complete 1 presentation. You will work in pairs for this assignment. You can pair up by Thurs of the first class week with someone you would like to pair with, and after that I will randomly assign the pairs.

I'm aware that people are wary of group work. Grading is structured so that although people work in pairs, grading is done independently. Thus, one person cannot do nothing and rely on the other partner, and no one has to feel as though they must do double the work for a partner who is not pulling their weight. There IS, however, a bonus (50 pts) for the best presentation.

Presentations take two forms. The first is a debate on an issue; the group takes both sides (e.g., one person represents one side and the other represents another side). These must be recorded, and any format can be used (e.g., you can, but do not have to, just do a powerpoint and narrative it; you don't really need slides, etc.). The second format is more simply a presentation on a topic. In neither case are these presentations supposed to be exhaustive; see the grading rubric.

This is NOT meant to serve as an exhaustive review of a topic. Instead, pick 4 "take-home" points (e.g., in a debate, two on each side; in a single topic, four key points) and focus on those.

Paper. Graduate students only will complete a 10-page (double spaced, 1-inch margins, TNR 12 font, not including references) paper on a topic related to substance use treatment.

Formatting for assignments

This course is presented in an abbreviated format. APA style may be new to some undergraduate students, and asking you to learn that style on top of the content of the class is not conducive to focusing on the content of the course. Thus, there is not an APA style requirements for the discussion board posts. The requirements for formatting are:

1. You can copy/paste the reference entry from google scholar or UT libraries. Again, format will not count for points so if there are errors (journal name is not capitalized, paper title is capitalized, ending page number is missing, papers are not in alphabetical order, etc.), the student will not be penalized.
2. The reference entry, though, should be all you copy/paste. Plagiarism detection will still be run, and intentional misrepresentation of writing as your own will be an academic integrity violation. Simply put, put things in your own words. This is not a stats class and stats is not a prerequisite, so you will not have to describe statistical methods used in the papers. Most discussion board posts should be completable in a paragraph or two, so there is no reason to copy/paste anything from the paper itself.

3. Graduate students should still reference research in their papers. However, you will not have point deductions for minor APA style deviations (e.g., use whatever header levels you want, no penalties if an ampersand is used outside of parentheses, no reason to have a running head, etc.).

Grading Breakdown:

Undergrads

Tests	5 tests	100 points each	500
Discussion posts	5 posts	50 points each	250
Presentation	1 presentation	100 points	100

Graduate students

Tests	5 tests	100 points each	500
Discussion posts	5 posts	50 points each	250
Paper	1 paper	250 points	250

Textbook

There is no required text for this class.

Undergraduate students are expected to review all lecture material. Graduate students are expected to review lecture material and read all primary source material listed in Readings.

Graduate student tests will include material from the readings, undergraduate tests will include material covered in lecture only (not the readings).

Course Alignment to CACREP Standards

1. FOUNDATIONS

5.A.1.a. History and development of addiction counseling

Covered in Week 4.

5.A.1.b. Theories and models of addiction related to substance use as well as behavioral and process addictions

Covered in Week 1.

5.A.1.c. Principles and philosophies of addiction-related self-help.

Covered in Week 4.

5.A.1.d. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.

Covered in Week 4.

5.A.1.e. Neurological, behavioral, psychological, physical, and social effects of psychoactive substances and addictive disorders on the user and significant others

Covered by substance in individual lectures.

5.A.1.f. Psychological tests and assessments specific to addiction counseling.

Covered in Week 4.

2. CONTEXTUAL DIMENSIONS

5.A.2.a. Roles and settings of addiction counselors

Covered in Week 4.

5.A.2.b. Potential for addictive and substance use disorders to mimic and/or co-occur with a variety of medical and psychological disorders

Covered in Week 4 and in individual substance lectures.

5.A.2.c. Factors that increase the likelihood for a person, community, or group to be at risk for or resilient to psychoactive substance use disorders.

Covered in Week 5.

5.A.2.d. Regulatory processes and substance abuse policy relative to service delivery opportunities in addiction counseling.

Covered in Week 1.

5.A.2.e. Importance of vocation, family, social networks, and community systems in the addiction treatment and recovery process

Covered in Week 4.

5.A.2.f. Role of wellness and spirituality in the addiction recovery process

Covered in Week 4.

5.A.2.g. Culturally and developmentally relevant education programs that raise awareness and support addiction and substance abuse prevention and the recovery process

Covered in Week 4.

5.A.2.h. Classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation.

Covered in Week 3.

5.A.2.i. Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD)

Covered in Week 4.

5.A.2.j. Cultural factors relevant to addiction and addictive behavior.

Covered in Week 1 and individual substance lectures.

5.A.2.k. Professional organizations, preparation standards, and credentials relevant to the practice of addiction counseling.

Covered in Week 4.

5.A.2.l. Legal and ethical considerations specific to addiction counseling.

Covered in Week 4.

5.A.2.m. Record keeping, third party reimbursement, and other practice and management considerations in addiction counseling

Covered in Week 4.

3. PRACTICE

5.A.3.a. Screening, assessment, and testing for addiction, including diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments

Covered in Week 4.

5.A.3.b. Assessment of biopsychosocial and spiritual history relevant to addiction

Covered in Week 4.

5.A.3.c. Assessment for symptoms of psychoactive substance toxicity, intoxication, and withdrawal.

Covered in Week 4 and individual substance lectures.

5.A.3.d. Techniques and interventions related to substance abuse and other addictions

Covered in Week 4.

5.A.3.e. Strategies for reducing the persisting negative effects of substance use, abuse, dependence, and addictive disorders.

Covered in Week 4.

5.A.3.f. Strategies for helping clients identify the effects of addiction on life problems and the effects of continued harmful use or abuse, and the benefits of a life without addiction.

Covered in Week 1.

5.A.3.g. Evaluating and identifying individualized strategies and treatment modalities relative to clients' stage of dependence, change, or recovery.

Covered in Week 4.

5.A.3.h. Strategies for interfacing with the legal system and working with court referred clients

Covered in Week 4.

CLINICAL MENTAL HEALTH COUNSELING

Students who are preparing to specialize as clinical mental health counselors will demonstrate the knowledge and skills necessary to address a wide variety of circumstances within the context of clinical mental health counseling. Counselor education programs with a specialty area in clinical mental health counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS

5.C.1.d: Neurobiological medical foundation and etiology of addiction and co-occurring disorders.

Covered in Week 1.

2. Contextual Dimension

5.C.2.e: Potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders

Covered in Week 1.

Potential topics for class presentations (undergrads) or papers (graduate students)

Debates:

1. AA is pretty much necessary for alcohol addiction and has the best results vs AA is not effective for most people and other things (e.g., SMART) work as well or better.
2. Complete abstinence is a necessary goal for nearly all alcohol/drug treatment seekers vs Moderation in alcohol use is a completely acceptable goal for most alcohol/drug treatment seekers.
3. Legalization of medical marijuana is important to public health vs most medical marijuana seekers are drug seeking.
4. Lowering the drinking age will reduce drinking problems vs lowering the drinking age will increase drinking problems.

Single-shots:

1. Minority stress is associated with substance use, yet African American adolescents reliably report lower alcohol use rates than White adolescents – Why?
2. What are the intersections between alcohol use and sexual consent, especially those relevant to a college population, and what are effective means of teaching about consent?
3. Intersections of race and legal penalties for substance possession.
4. Is methadone treatment effective? Why is it not used more?
5. Does mandatory drug testing prevent relapse?
6. Review of the gateway hypothesis.
7. Review the impact of alcohol consumption on driving ability.

Additional topics are possible only with approval from me (Dr. Parent). I do strongly encourage you to think of topics that are personally interesting to you. Especially for undergrads, you can do a presentation on something that you find personally interesting. E.g., if you are into gaming, there is a huge literature on professional gaming and use of stimulants; if you are interested in athletics, there is lots on performance enhancing drugs; if you are going into a field like Law, there is a long literature on how to deal with an impaired professional. I'm more than happy to talk about your interests with you and help you find a topic.

Topics pertaining *only* to history (e.g., history of the Opium wars) are not allowed, though.

Class schedule

Week 1

July 14

Syllabus review.
Survey of neurobiology of addiction.
Review of models of addiction.

Readings: Heather, N. (2017). Q: Is addiction a brain disease or a moral failing? A: Neither. *Neuroethics*, 10(1), 115-124.

Koskela, M., Bäck, S., Võikar, V., Richie, C. T., Domanskyi, A., Harvey, B. K., & Airavaara, M. (2017). Update of neurotrophic factors in neurobiology of addiction and future directions. *Neurobiology of Disease*, 97, 189-200.

July 15

Alcohol, Tobacco

Readings: Grant, B. F., Goldstein, R. B., Saha, T. D., Chou, S. P., Jung, J., Zhang, H., ... & Hasin, D. S. (2015). Epidemiology of DSM-5 alcohol use disorder: results from the National Epidemiologic Survey on Alcohol and Related Conditions III. *JAMA psychiatry*, 72(8), 757-766.

Hiscock, R., Bauld, L., Amos, A., Fidler, J. A., & Munafò, M. (2012). Socioeconomic status and smoking: a review. *Annals of the New York Academy of Sciences*, 1248(1), 107-123.

July 16

Caffeine, Marijuana

Readings: Meredith, S. E., Juliano, L. M., Hughes, J. R., & Griffiths, R. R. (2013). Caffeine use disorder: a comprehensive review and research agenda. *Journal of caffeine research*, 3(3), 114-130.

Addicott, M. A. (2014). Caffeine use disorder: a review of the evidence and future implications. *Current addiction reports*, 1(3), 186-192.

Hasin, D. S., Sarvet, A. L., Cerdá, M., Keyes, K. M., Stohl, M., Galea, S., & Wall, M. M. (2017). US adult illicit cannabis use, cannabis use disorder, and medical marijuana laws: 1991-1992 to 2012-2013. *JAMA psychiatry*, 74(6), 579-588.

Cerdá, M., Mauro, C., Hamilton, A., Levy, N. S., Santaella-Tenorio, J., Hasin, D., ... & Martins, S. S. (2020). Association between recreational marijuana legalization in the United States and changes in marijuana use and cannabis use disorder from 2008 to 2016. *JAMA psychiatry*, 77(2), 165-171.

Week 2

July 21

Heroin, Cocaine

Readings: Compton, W. M., Jones, C. M., & Baldwin, G. T. (2016). Relationship between nonmedical prescription-opioid use and heroin use. *New England Journal of Medicine*, 374(2), 154-163.

Spronk, D. B., van Wel, J. H., Ramaekers, J. G., & Verkes, R. J. (2013). Characterizing the cognitive effects of cocaine: a comprehensive review. *Neuroscience & Biobehavioral Reviews*, 37(8), 1838-1859.

July 22 Ketamine, GHB, Ecstasy

Readings: Li, J. H., Vicknasingam, B., Cheung, Y. W., Zhou, W., Nurhidayat, A. W., Des Jarlais, D. C., & Schottenfeld, R. (2011). To use or not to use: an update on licit and illicit ketamine use. *Substance abuse and rehabilitation*, 2, 11.

George, J., Kinner, S. A., Bruno, R., Degenhardt, L., & Dunn, M. (2010). Contextualising psychological distress among regular ecstasy users: The importance of sociodemographic factors and patterns of drug use. *Drug and alcohol review*, 29(3), 243-249.

July 23 Inhalants, methamphetamine

Readings: Howard, M. O., Bowen, S. E., Garland, E. L., Perron, B. E., & Vaughn, M. G. (2011). Inhalant use and inhalant use disorders in the United States. *Addiction science & clinical practice*, 6(1), 18.

Marshall, B. D., & Werb, D. (2010). Health outcomes associated with methamphetamine use among young people: a systematic review. *Addiction*, 105(6), 991-1002.

Cheng, W. S., Garfein, R. S., Semple, S. J., Strathdee, S. A., Zians, J. K., & Patterson, T. L. (2010). Binge use and sex and drug use behaviors among HIV (-), heterosexual methamphetamine users in San Diego. *Substance use & misuse*, 45(1-2), 116-133.

Week 3

July 28 Hallucinogens, Body modifying drugs

Readings: Spring, M. G., Ostrow, R. D., & Hallock, R. M. (2016). A profile of those who use hallucinogenic mushrooms. In *Neuropathology of drug addictions and substance misuse* (pp. 794-800). Academic Press.

Kanayama, G., Hudson, J. I., & Pope Jr, H. G. (2010). Illicit anabolic-androgenic steroid use. *Hormones and behavior*, 58(1), 111-121.

Vanberg, P., & Atar, D. (2010). Androgenic anabolic steroid abuse and the cardiovascular system. In *Doping in Sports: Biochemical Principles, Effects and Analysis* (pp. 411-457). Springer, Berlin, Heidelberg.

Hall, M., Grogan, S., & Gough, B. (2015). 'It is safe to use if you are healthy': A discursive analysis of men's online accounts of ephedrine use. *Psychology & health*, 30(7), 770-782.

July 29 Designer drugs, Prescription abuse

Readings: Centers for Disease Control and Prevention (CDC). (2012). CDC grand rounds: prescription drug overdoses-a US epidemic. *MMWR. Morbidity and mortality weekly report*, 61(1), 10.

July 30 Other substances

Readings: Review this page:
<https://www.drugabuse.gov/drugs-abuse/emerging-trends-alerts>

Week 4

Aug 4 Behavioral (Process) addictions. Gambling, video games.

Readings: Murch, W. S., & Clark, L. (2016). Games in the brain: neural substrates of gambling addiction. *The Neuroscientist*, 22(5), 534-545.

Van Rooij, A. J., Schoenmakers, T. M., Vermulst, A. A., Van Den Eijnden, R. J., & Van De Mheen, D. (2011). Online video game addiction: identification of addicted adolescent gamers. *addiction*, 106(1), 205-212.

D Griffiths, M., J Kuss, D., & L King, D. (2012). Video game addiction: Past, present and future. *Current Psychiatry Reviews*, 8(4), 308-318.

Reay, B., Attwood, N., & Gooder, C. (2013). Inventing sex: The short history of sex addiction. *Sexuality & Culture*, 17(1), 1-19.

Aug 5 Treatment

Readings Geppert, C. M., & Bogenschutz, M. P. (2009). Ethics in substance use disorder treatment. *Psychiatric Clinics*, 32(2), 283-297.

Kleinig, J. (2008). The ethics of harm reduction. *Substance use & misuse*, 43(1), 1-16.

Duff, C. (2004). Drug use as a 'practice of the self': Is there any place for an 'ethics of moderation' in contemporary drug policy?. *International Journal of Drug Policy*, 15(5-6), 385-393.

Van Boekel, L. C., Brouwers, E. P., Van Weeghel, J., & Garretsen, H. F. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review. *Drug and alcohol dependence*, 131(1-2), 23-35.

Aug 6 Treatment

Readings: Fiorentine, R. (1999). After drug treatment: Are 12-step programs effective in maintaining abstinence?. *The American Journal of Drug and Alcohol Abuse*, 25(1), 93-116.

Kelly, J. F., Stout, R. L., & Slaymaker, V. (2013). Emerging adults' treatment outcomes in relation to 12-step mutual-help attendance and active involvement. *Drug and Alcohol Dependence*, 129(1-2), 151-157.

Glasner-Edwards, S., & Rawson, R. (2010). Evidence-based practices in addiction treatment: Review and recommendations for public policy. *Health policy*, 97(2-3), 93-104.

Week 5

Aug 11 Treatment

Readings: Polcin, D. L., Korch, R. A., Bond, J., & Galloway, G. (2010). Sober living houses for alcohol and drug dependence: 18-month outcomes. *Journal of Substance Abuse Treatment*, 38(4), 356-365.

Hendershot, C. S., Witkiewitz, K., George, W. H., & Marlatt, G. A. (2011). Relapse prevention for addictive behaviors. *Substance abuse treatment, prevention, and policy*, 6(1), 17.

Pattij, T., & De Vries, T. J. (2013). The role of impulsivity in relapse vulnerability. *Current opinion in neurobiology*, 23(4), 700-705.

Aug 12 Prevention

Readings: Singh, R. D., Jimerson, S. R., Renshaw, T., Saeki, E., Hart, S. R., Earhart, J., & Stewart, K. (2011). A summary and synthesis of contemporary empirical evidence regarding the effects of the Drug Abuse Resistance Education Program (DARE). *Contemporary School Psychology: Formerly "The California School Psychologist"*, 15(1), 93-102.

Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. *Child and Adolescent Psychiatric Clinics*, 19(3), 505-526.

Aug 13 Review; no new material.