Instructor’s Manual with Test Bank
to accompany

Substance Abuse Counseling: Theory and Practice
Fifth Edition

Patricia Stevens
Adjunct Faculty, Practitioner, and Consultant, Boulder, CO

Robert L. Smith
Professor & Department Chair, Counseling & Educational Psychology
Texas A&M University, Corpus Christi, TX

Prepared by
Susan Rose
University of the Cumberlands

PEARSON

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To the Instructor

Welcome to the fourth edition of the instructor’s manual accompanying the text Substance Abuse Counseling Theory and Practice (5th ed.) by Drs. Patricia Stevens and Robert Smith.

Purposes

- Designed to bridge students’ knowledge base of substance abuse issues with practical application.
- Utilization for reference purposes
- Serve as a supplementary source for other graduate and undergraduate courses.
- Structure of manual allows for flexibility in that the instructors may present the material in the order of their preference.

Format

- **Objectives.** The objectives attempt to cover the key points in each chapter that the students are required to know, recognize, and be able to apply when working with substance abuse issues.

- **Key Terms and Definitions.** Each chapter contains several key terms. The definitions are provided in this manual.

- **Activities.** Each chapter has suggested activities that allow students to link concepts with application. The hope was to establish activities that would be challenging and allow for creativity. Furthermore, some of these activities could be used as essay questions.

- **Essay Questions/ Discussion Starters.** Each chapter has suggested essay questions/ discussion starters that allow the students engage in thoughtful conversation about introduced concepts. Sample responses are listed after each question.

- **Multiple Choice.** Each chapter has a series of multiple choice questions.

- **Key Web Sites.** The internet is an easy way to access information even though determining the reliability and validity of the material often pose challenges. Popular substance abuse sites are provided in addition to other sites that were examined. At the time of press, all links were accessible. If these links do not work, please contact the authors.

Due to the frequent changes in the substance abuse field, the authors recommend that external reference materials are used to expound upon aspects presented in the text in addition to keeping abreast on current drug use information and treatment alternatives. It is important to note that the text attempts to present all major theoretical perspectives on substance abuse etiology and counseling substance abusers in a balanced manner.

The authors hope that the enclosed material is useful as you teach students about substance abuse. Please do not hesitate to contact us with any questions, comments, or concerns regarding this manual. We welcome feedback that will enable us to organized future editions. Our information is as follows:

- Susan Rose, Ph.D., susan.rose@ucumberlands.edu
- Patricia Stevens, Ph.D., patricia.stevens@usu.edu
- Robert Smith, Ph.D., Robert.Smith@tamucc.edu

Happy Teaching!
Sample Syllabus

Instructor: 
Office Hours: 
E-mail: 
Phone: 


Prerequisites:

Course Description:

Course Rationale/Purpose of this Course: The purpose of this course is to provide students with an understanding of drug and alcohol counseling. The course is designed to examine theories and techniques of drug and alcohol counseling, sources of help and information in the field, methods of drug and alcohol counseling, assessment and program planning. Both theory and the practical application of drug and alcohol counseling will be explored through lectures, class discussions, readings, writings and projects. Ethical and legal issues, contemporary trends and application of drug and alcohol counseling models to a variety of populations in school and community settings will be explored.

Course Objectives

- Demonstrate knowledge of Federal and State regulations regarding confidentiality as it relates to chemical dependency
- Demonstrate knowledge of the various treatment modalities including self-help groups, psychotherapies (Cognitive, Reality Therapy, REBT), both inpatient and outpatient treatment programs and their implications for treatment and, specifically, prevention.
- Evaluate screening of psychological, social and physiological signs and symptoms of alcohol and other drug use and abuse.
- Identify special issues affecting minority populations in the prevention, identification and treatment of chemical dependency.
- Display a fundamental understanding of the functional, biological, developmental, and environmental factors surrounding addiction and substance abuse and of the connection between trauma and addiction.
- List the characteristic symptoms of intoxication and withdrawal from: alcohol, opiates, cannabis, amphetamines, cocaine, hallucinogens, and the major and minor tranquilizers.
- Identify special issues in adolescent treatment of chemical dependency.
- Describe the addictive process as it affects family structure and the roles characteristically assumed by family members in the presence of addiction.
- Apply counseling techniques to assist the student, client, and/or family in examining the student’s behavior, attitudes, and/or feelings if appropriate in the treatment planning and referral in accordance with diversity issues.
- Demonstrate knowledge of special issues and circumstances in alcohol and drug counseling such as crisis intervention, specific cultural issues, professional ethics and health-related issues such as AIDS, STDs, and chronic conditions associated with alcoholism and other drug abuse.
- Display skill and knowledge in alcohol and drug abuse treatment through group processes.

Learning Tasks /Program Outcomes:

1) Class Participation: “Learning is not a spectator sport!” D. Blocher

Participating during class and engaging in readings and assignments outside of class are critical to successful learning. In order to engage in active participation, it is imperative that students come to class prepared. This includes having completed the readings, developed thoughtful questions and/or topics of discussion, and possessing an open and receptive attitude toward discussing and listening during class. Students are expected to engage in intelligent discussion of the assigned topic in all areas (Discussion Board Activities, Chats, Forums, Shared Papers, etc.) to help process course material or to demonstrate understanding of the material.
2) Introduction with 3 personal learning goals and 1 change goal
At the beginning of the class, write a paper letting your classmates and the instructor know something about yourself. This paper should include 3 personal learning goals for the class and one thing you will give up or add on to your current behaviors (for example, give up sugar or add exercise) of the duration of the class. The goal can be quite small; make it something you really think you can do, because you will be reporting back to the class on it.

The purpose of this exercise is to be reminded of how difficult change can be. Make the goals very specific and measurable and time-limited: “I will give up sugar and sugar products for the next eight weeks”; or “I will drink only 1 soda per day instead of my usual 5 for the next eight weeks”; or “I will walk a mile every day for the first four weeks and two miles every day for the second four weeks.” The purpose is to help us remember how challenging breaking an addiction or habit can be.

3) Closing Comments/Reflection on goals
This is an opportunity for you to reflect on how well you achieved your three personal learning goals for this class and your personal change goal. You will write a brief written reflection, which you will turn in as well as report verbally to the class in the final session. Both Introduction and Closing will be based on the following rubric:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>A</td>
<td>Active and meaningful completion of the activity and/or demonstrates complete understanding of the task/lesson/activity.</td>
</tr>
<tr>
<td>B</td>
<td>Significant completion of the activity and/or demonstrates significant understanding of the task/lesson/activity.</td>
</tr>
<tr>
<td>C</td>
<td>Partial completion of the activity and/or demonstrates partial understanding of the task/lesson/activity.</td>
</tr>
<tr>
<td>D</td>
<td>Limited completion of the activity and/or demonstrates minimal understanding of the task/lesson/activity.</td>
</tr>
<tr>
<td>F</td>
<td>No completion and/or no attempt to understand the task/lesson/activity.</td>
</tr>
</tbody>
</table>

4) Field Observations
To help you understand Drug and Alcohol as related to school counseling, you will complete at least five hours of observation time with a school counselor. For completion of your field observations, you will complete a signed time-sheet documenting your hours as well as a brief written summary of what you observed and how it benefit you (What you learned).

5) Exams
Brief exams will follow each chapter to help you keep up with the information as well as process course material and check your understanding of drug and alcohol counseling. These will correspond to the course topics we are on. They should be turned in by 8:00 p.m. the day following the class in which they are assigned.

6) Project
Students may choose any combination of the activities below for a maximum of 120 points.

- Interview (60 points): Students can interview a professional in the field of chemical dependency. The purpose of the interview is to gain information about the methods used for drug and alcohol counseling within their agency. Students will summarize their experience with the professional in a written paper that will be shared with the class via the Discussion Forum.

- Book Review (60 points): Students can read and review a book on the supplemental reading list for up to 60 points. Students will write a written review as well as share the information with the class via the Discussion Forum.

- Journal Reviews (30 points each): Students can read and review professional journal article(s) covering any substance abuse information for up to 30 points per article review. Discuss the topics, trends, and population samples. Rate the helpfulness of the articles (Would you use this particular journal?). Students will write a written review as well as share the information with the class via the Discussion Forum.
• Annotated Bibliography (30 points): Choose any topic related to addictions. Go to the library and choose seven books on that topic. (You do not need to check them out; you can gather the information you need in one sitting.) Using those seven books, create an annotated bibliography in APA format and alphabetical order. An annotated bibliography lists the author, date, title, publisher, then briefly describes the book.

• Attend Meetings (30 points each): Students can attend and report on AA, NA, or Alanon meetings for up to 30 points per meeting. Students will write a written report as well as share the information with the class via the Discussion Forum.

• Twelve Step Program Analysis (60 points): Analyze each of the 12 steps of AA and give a written report on your interpretation of the steps and how the steps might be used in your own life. Students will write a written report as well as share the information with the class via the Discussion Forum.

• Comprehensive Prevention Program (60 points): List the features of comprehensive prevention programming, and use them to devise a substance abuse prevention program for use in elementary, middle, or high schools in your district. Who would facilitate the program? Would family members be included? What educational activities would be used?

Course Guidelines:
• Attendance: Study after study has linked successful academic performance with good class participation. Those who assume positions of responsibility (that is, who become leaders) must “show up” in order to be effective. Therefore, students are expected to actively participate in class discussions by sharing ideas and experiences and by responding to questions from the instructor.

• Assignments: Assignments not submitted by the required date will result in a 20% loss of grade for that assignment.

• Work Policy: Students are responsible for obtaining assignments for each class and keeping track of any changes throughout the course. If the student is unsure about any assignment or assistance is needed, the instructor should be the first contact.

Plan of Evaluation:
To receive full credit, work must be submitted by the assigned date. There is a reduction of 10% of the total credit for each day it is late. There are no make-up exams without prior consent of the instructor. Graded work will receive a numeric score reflecting the quality of performance. Relative weights assigned to graded work are as follows:

<table>
<thead>
<tr>
<th>Course Requirement Summary</th>
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<tbody>
<tr>
<td>1) Participation (10 pts. x 7 chat sessions)</td>
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<tr>
<td>2) Introductory Paper and Presentation</td>
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<td>3) Projects</td>
</tr>
<tr>
<td>4) Closing Comments</td>
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<tr>
<td>5) Field Observations</td>
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<tr>
<td>6) Exams (15 pts. each x 7 exams)</td>
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<tr>
<td>Total</td>
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Grading Scale
Graded work will receive a numeric score reflecting the quality of performance as given above in evaluation methods. Your overall course grade will be determined according to the following scale:

<table>
<thead>
<tr>
<th>Grading</th>
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<tr>
<td>A = 391 – 420 (93% - 100%)</td>
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<tr>
<td>B = 361 - 390 (86% - 92%)</td>
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<tr>
<td>C = 319 – 360 (76% - 85%)</td>
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<td>F &lt; 318 (Below 75%)</td>
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</table>

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Writing Expectations: Learning outcomes for candidates’ writing competencies include clarity of thought, discernment in planning and organization, and integration of evidence and criteria.

- Written assignments must be typed, double-spaced, with one-inch margins and 11 or 12-point font.
- The instructor expects that students will have knowledge of appropriate forms of documentation and use it where appropriate. Use the APA format and style of notation to credit all sources that are not your own.
- There is a craft to writing. Spelling, grammar, punctuation and diction (word usage) are all tools of that craft. Writing at the collegiate level will show careful attention to these elements of craft. Work that does not exhibit care with respect to these elements will be considered as inadequate for college writing and graded accordingly.

Bibliography:
Counseling - general information, issues and skills:

Assessment:

Family Issues:

Addiction and Recovery:


*Intervention:*


**Tentative Course Calendar:**

<table>
<thead>
<tr>
<th>Class Schedule</th>
<th>Lecture Topic</th>
<th>Readings/Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>Course Orientation/ Overview</td>
<td>Syllabus</td>
</tr>
<tr>
<td>Week 2</td>
<td>Introduction to Substance Abuse Counseling</td>
<td>Chapter 1</td>
</tr>
<tr>
<td>Week 3</td>
<td>Students present Introductions and Goals</td>
<td>Introductory Assignment due</td>
</tr>
<tr>
<td>Week 4</td>
<td>Ethical and Legal Issues in Substance Abuse Counseling</td>
<td>Chapter 2</td>
</tr>
<tr>
<td>Week 5</td>
<td>Major Substances of Abuse and the Body</td>
<td>Chapter 3</td>
</tr>
<tr>
<td>Week 6</td>
<td>Theories of Substance Abuse Etiology</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>Week 7</td>
<td>Assessment and Diagnosis</td>
<td>Chapter 5</td>
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<tr>
<td>Week 8</td>
<td>Treatment Setting and Treatment Planning</td>
<td>Chapter 6</td>
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<tr>
<td>Week 9</td>
<td>Individual Treatment</td>
<td>Chapter 7</td>
</tr>
<tr>
<td>Week 10</td>
<td>Group Treatment</td>
<td>Chapter 8</td>
</tr>
<tr>
<td>Week 11</td>
<td>Family Treatment</td>
<td>Chapter 9</td>
</tr>
<tr>
<td>Week 12</td>
<td>Retaining Sobriety</td>
<td>Chapter 10</td>
</tr>
<tr>
<td>Week 13</td>
<td>Working with Selected Populations: Treatment Issues and Characteristics</td>
<td>Chapter 11</td>
</tr>
<tr>
<td>Week 14</td>
<td>Working with Diverse Cultures: Exploring Sociocultural Influences and Realities</td>
<td>Chapter 12</td>
</tr>
<tr>
<td>Week 15</td>
<td>Prevention</td>
<td>Chapter 13</td>
</tr>
<tr>
<td>Week 16</td>
<td>Students present Closing Comments/Reflections</td>
<td>Closing Comments/Reflections due</td>
</tr>
<tr>
<td>Suggested Movies with Substance Abuse Themes</td>
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<tr>
<td>Barfly</td>
<td>Gia</td>
<td>Requiem for a Dream</td>
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<tr>
<td>Basketball Diaries</td>
<td>High Art</td>
<td>Rush</td>
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<tr>
<td>Blow</td>
<td>Kids</td>
<td>Spun</td>
</tr>
<tr>
<td>The Boost</td>
<td>Leaving Las Vegas</td>
<td>Studio 54</td>
</tr>
<tr>
<td>Broken Vessels</td>
<td>Less than Zero</td>
<td>Thirteen</td>
</tr>
<tr>
<td>Cat on a Hot Tin Roof</td>
<td>Life as a House</td>
<td>Traffic</td>
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<tr>
<td>Clean and Sober</td>
<td>Narc</td>
<td>Trainspotting</td>
</tr>
<tr>
<td>Days of Wine and Roses</td>
<td>Nowhere</td>
<td>28 Days</td>
</tr>
<tr>
<td>The Doors</td>
<td>Party Monster</td>
<td>21 Grams</td>
</tr>
<tr>
<td>Drugstore Cowboy</td>
<td>Pay It Forward</td>
<td>When a Man Loves a Woman</td>
</tr>
<tr>
<td>Easy Rider</td>
<td>Permanent Midnight</td>
<td>Who’s Afraid of Virginia</td>
</tr>
<tr>
<td>Fear and Loathing in Las Vegas</td>
<td>Pulp Fiction</td>
<td>Woolfe</td>
</tr>
</tbody>
</table>


List of Substance Abuse Journals*

Addiction Professional. Providence, RI: Manisses Communication Group.
Addictive Disorders and Their Treatments. Baltimore, MD: Lippincott Williams & Wilkins.
Advances in Alcohol and Substance Abuse. New York: Haworth.
Alcohol. New York: Pergamon Press.
Contemporary Drug Problems. NY: Federal Legal Publications. [refereed]
Journal of Alcohol and Drug Education. Lansing, MI: American Alcohol & Drug Information Foundation. [refereed]
Journal of Drug Issues. Tallahassee, FL: School of Criminology and Criminal Justice.


Substance Abuse. New York: Plenum.

Substance Use and Misuse. New York: Dekker.

* This is not a comprehensive list.
Chapter 1: Introduction to Substance Abuse Counseling

Objectives

- To provide a historical perspective of the prevalence of drug use and abuse including the impact on current substance abuse issues, ensuing ramifications, and treatments.
- Describe the history, use, impact, and current statistical trends of commonly used drugs such as alcohol, marijuana, and tobacco.
- Identify patterns and societal costs of substance use and abuse.
- Present an organized and logical progression of substance abuse and counseling information and definitions.
- Emphasize the importance of comprehensive training in substance abuse intervention and prevention, which will help address issues such as “process addiction.”
- What are salient issues for substance abuse counselors to consider?
- Why is a continuum model important for substance abuse assessment and interventions?
- What are the multiple factors affecting the choice of treatment setting and results?

Key Terms and Definitions

**Biopsychosocial model:** Holistic model incorporating all aspects of the individual’s life and the interactive factors of physical, emotional, familial, and societal influences on a person’s growth and development.

**Continuum of behavior:** View in assessment and diagnosis in recognizing a range in usage patterns to provide more effective and individualized treatment, contrasted to a generalized treatment plan.

**Disease concept:** View of addiction as a progressive, terminal disease over which the individual has no control as long as the use is continued.

**Drug of choice:** The specific drug a person would use if given the choice among options used through the years, which is important as the number of polydrug users increases.

**Drug misuse:** Using a substance in a manner that causes detrimental effects in some area of the person’s life.

**Drug use:** Intake of a chemical substance, but does not distinguish whether the drug is used therapeutically, legally, or illegally.

**Drug user or substance abuser:** Person who intentionally takes legal or illegal drugs to alter his or her functioning or state of consciousness.

**Enkephalins and endorphins:** Neurotransmitters in the brain which are naturally produced pain-killing chemical which have a strong molecular resemblance to alcohol and opiates.

**Social learning systems model:** View of substance abuse as a learned coping behavior that is regulated and maintained by interacting systems, including the family and society.

**Substance or chemical:** Terms refer to use of alcohol, nicotine, caffeine, prescription drugs, and illegal drugs.

**Substance abuse:** Continued use of a psychoactive drug despite the occurrence of major detrimental effects associated with its use, such as, social, vocational, health, scholastic, or economic difficulties.

**Tolerance:** A higher dosage of is needed to produce the same level of effect over time.

**Withdrawal:** A specific set of symptoms that occur when use of the drug is discontinued or withdrawn from the central nervous system.
**Key Websites**


American Counseling Association home page, [http://www.counseling.org/](http://www.counseling.org/)

Community Anti-Drug Coalitions of America (CADCA), [http://www.cadca.org](http://www.cadca.org)


HHS, SAMHSA Center for Mental Health Services (CMHS), [http://mentalhealth.samhsa.gov/cmhs/](http://mentalhealth.samhsa.gov/cmhs/)

History of Drug Use in the United States, [http://www.a1b2c3.com/drugs/gen003.htm](http://www.a1b2c3.com/drugs/gen003.htm)

Iowa Substance Abuse Information Center (ISAIC On-line), [http://www.drugfreeinfo.org/](http://www.drugfreeinfo.org/)


National Association of Alcoholism and Drug Abuse Counselors (NAADAC), [http://www.naadac.org](http://www.naadac.org)


National Clearinghouse for Alcohol and Drug Information (NCADI), [http://www.health.org](http://www.health.org)


National Household Survey of Drug Use and Health, [http://www.samhsa.gov/oas/nhsda.htm#NHSDAINfo](http://www.samhsa.gov/oas/nhsda.htm#NHSDAINfo)


Partnership for Drug-Free America, [http://www.drugfreeamerica.org](http://www.drugfreeamerica.org)

SAMHSA’s National Mental Health Information Center,
[http://www.mentalhealth.samhsa.gov/topics/explore/substanceabuse/](http://www.mentalhealth.samhsa.gov/topics/explore/substanceabuse/)


Sober Houses, [http://www.sober.com](http://www.sober.com)


U.S. Department of Justice (DOJ) & Drug Enforcement Administration (DEA), [http://www.dea.gov](http://www.dea.gov)


World Health Organization, [http://www.who.org](http://www.who.org)
Activities

1. Drugs are often in the news - drug abuse, drug dealing and more. As a class, over a period of several days, search the newspaper for stories that involve drugs.
   - Separate the stories you find into categories under the headings, "Local", "National", and "International".
   - Which type of story is most common in your newspaper?
   - Why do you think that is the case?

2. Look on the internet for recent statistics on local trends in substance use or abuse for your community.
   - How do these patterns compare to the national statistics presented in this chapter?

3. Interview someone about the effect that alcohol and/or drugs have had on his or her family.
   - What are the “costs” (i.e. financial, physical, and psychological) that he or she perceives alcohol and/or drugs have had on his or her family?

4. Think of a client who might be moving along the continuum from use to abuse.
   - How might you explain this progression to that individual?

5. Compare 2 to 3 substance abuse journals (that are both refereed and non-refereed).
   - Discuss the topics, trends, and population samples.
   - What differentiates the journals from each other?
   - Rate the helpfulness of the articles (Would you use these particular types of journals?).
   - What differences, if any, are there between refereed vs. non-refereed journals?

6. Group discussion: There has been a longstanding debate about the pros and cons of legalizing marijuana. Defend your stance on this topic.

7. Group discussion: Identify historical/cultural influences on the ways in which substances have traditionally been used in your community or within your family, e.g. in celebrating religious or national holidays.
   - Would modifying or removing substance use strongly affect community or family traditions?

Essay Questions/ Discussion Starters

1. Discuss the relationship between social structures, culture, and the use of substances throughout history.
   Answer
   - Use as medicinal substance
   - Use in religious rituals
   - Use in celebratory situations
   - Use instead of water

2. Explain the differences between substance use, misuse, abuse and dependence.
   Answer
   - Use DSM diagnosis to provide differences in categories

3. Either from your own experiences, from observing others, or from readings, analyze the factors influencing the use of different drugs—tobacco, alcohol, marijuana, cocaine, etc.
   Answer
   - Include social, cultural, familial, genetic and legal aspects of use. Include psychological mindset of individual.

4. Critique or defend the concept of “we live and always will live in a society of drug use and abuse.” Discuss factors related to this statement and costs involved.
   Answer
   - Include aspects of historical overview of the use of drugs throughout history.
   - Include psychological need as well as medicinal use.
Multiple Choice Questions

1. Throughout history, drugs have been used for ____________ purposes.
   (a) Medicinal
   (b) Religious
   (c) Social
   (d) All of these

2. Substance abuse ________________.
   (a) Is so prevalent that it is viewed outside of the context of other problems presented by clients
   (b) Is considered no longer a “major” problem among adolescents
   (c) Is intertwined with the majority of other problems that clients present in therapy
   (d) Is affecting a smaller percent of the population today when excluding the misuse of tobacco

3. According to a 2009 SAMHSA survey, the following is true about U.S. tobacco use:
   (a) Almost 30% (27.7%) of Americans aged 12 or older were current users of a tobacco product
   (b) Almost 50% (46.6%) of Americans aged 12 or older were current users of a tobacco product
   (c) Almost 75% (74.4%) of Americans aged 12 or older were current users of a tobacco product
   (d) Almost 90% (88.8%) of Americans aged 12 or older were current users of a tobacco product

4. Alcohol use is:
   (a) Highly correlated with suicide attempts
   (b) A major factor in acts of domestic violence
   (c) Frequently mentioned in traffic accidents as a mitigating factor
   (d) All of the above

5. Which of the following is not true for marijuana or cannabis?
   (a) Historically, hemp was farmed for use as paper, clothing, and rope.
   (b) It was used for patients with depression.
   (c) It has not been recognized by the DEA as having medicinal use
   (d) It has not been legalized for common usage in most states of the U.S.

6. The most commonly used drug among Americans aged 12 or older is:
   (a) Inhalants
   (b) Hallucinogens
   (c) Marijuana
   (d) Prescription-type drugs used nonmedically

7. Costs associated with ATOD use, abuse and dependency:
   (a) Is estimated to be anywhere from $180 billion to approximately $484 billion
   (b) Includes a cost estimate of $64 billion in 2000 for health care and productivity losses
   (c) Represented 8% of the total national health expenditures in 1996
   (d) Have been estimated to be on the decline due to treatment efficacy and educational programs

8. When referring to a “substance” or “chemical”, the authors include:
   (a) All illegal drugs
   (b) Prescription drugs and illegal drugs
   (c) Alcohol, prescription drugs, and illegal drugs
   (d) Alcohol, nicotine, caffeine, prescription drugs, and illegal drugs
9. Historically speaking:
   (a) Opioids, amphetamines, and hallucinogens are the drugs that have been around and abused for the longest period of time
   (b) Drug use including that of alcohol, marijuana, and tobacco has been around for centuries
   (c) Caffeine is an American phenomenon and recently examined as a potential drug
   (d) Alcohol and marijuana are relatively new drugs used by Western civilization

10. The definition of a drug relates to:
    (a) Its legality
    (b) Prescription vs. street use
    (c) The degree of its “instrumentality”
    (d) Its ability to significantly alter structure, function, or perception

11. The diagnostic categories of “abuse” and “dependence” are separated by the following:
    (a) Tolerance and withdrawal
    (b) Length of time used and context of use
    (c) Length of time used and particular drug identified
    (d) Withdrawal and recidivism

12. The particular nature of withdrawal is contingent on ____________.
    (a) The class or type of drug being taken
    (b) The length of time taken and the amount of the chemical taken
    (c) The health of the individual
    (d) All of the above

13. Misuse, abuse, and addiction is a ________ behavior.
    (a) Consistent
    (b) Genetic
    (c) Continuum of
    (d) Fixation of

14. A continuum model implies ____________.
    (a) That some users may progress but that other users may fixate at a particular position
    (b) Progression of drug use
    (c) A level of drug use
    (d) None of the above

15. According to the U.S. Department of Transportation, an average of one alcohol-impaired driving fatality occurred every ____________ in 2009.
    (a) 48 seconds
    (b) 48 minutes
    (c) 48 hours
    (d) 48 days

16. Friedrich Sert Turner found the active ingredient of opium by dissolving it in acid and then neutralizing it with ammonia. The result was ____________.
    (a) Alkaloids
    (b) Principium Somniferum
    (c) Morphine
    (d) All of the above

17. Soldiers disease was an addiction to ____________.
    (a) Alcohol
    (b) Heroine
    (c) Morphine
    (d) Oxycodone
18. The Harrison Narcotics Act ____________.
   (a) Was aimed to curb drug abuse
   (b) Required doctors and pharmacists and others who prescribed narcotics to register and pay a tax
   (c) Created a significant change in the use and availability of opioids
   (d) All of the above.

19. Marijuana has been legalized in _____ states in the United States.
   (a) 6
   (b) 16
   (c) 26
   (d) 36

20. The American Indian Religious Act in 19788 and its amendment in 1994 provided natives with the right to ________________.
   (a) Use peyote (a cactus) in religious services
   (b) Use a piece pipe in religious services
   (c) Dance the traditional American Indian dances in religious services.
   (d) Hold religious services especially for American Indians

21. Evidence-based practices for treatment have been _____________.
   (a) Subjected to randomized clinical trials and other experimental designs
   (b) Found to be more effective than “treatment as usual”
   (c) Both a and b
   (d) None of the above

22. The use of motivational interviewing is an example of ________________.
   (a) Collaborative and Positive Treatment Skills
   (b) “Treatment as usual”
   (c) Confrontation as treatment
   (d) All of the above

23. In the 1930’s, what replaced the now-illegal cocaine?
   (a) Heroin
   (b) Marijuana
   (c) Synthetic Amphetamines
   (d) Opioids

24. After 1910, public health officials began to campaign _________________.
   (a) Against chewing tobacco
   (b) For smoking tobacco
   (c) Against drinking alcohol
   (d) For drinking alcohol
Chapter 2: Ethical and Legal Issues in Substance Abuse Counseling

Objectives

- Highlight the complexity of ethical and legal issues facing substance abuse professionals.
- Highlight the varied credentialing and licensing requirements for substance abuse counselors.
- Identify the federal and state laws pertaining to counselors in general and specific to substance abuse counselors.
- Illustrate the conflicts between and amongst federal laws, state laws, and ethical codes.
- Emphasize the importance of competently serving diverse populations.
- Emphasize the increased risk of dual relationships of recovered substance abuse counselors.
- Provide ethical decision-making models and suggestions.

Key Terms and Definitions

Autonomy: The therapist’s responsibility to support client independence and freedom of choice.

Beneficence: The therapist’s responsibility to do what is in the best interest of the client.

Confidentiality: Confidentiality is considered the core value of mental health professionals and is intended to reduce stigma, foster trust, protect privacy, and allow clients to control access of information they have shared.

Consent: The client’s permission to release confidential information.

Duty to Protect: The therapist’s responsibility to protect or lessen the threat by either contacting authorities or the targeted person, but not necessarily both.

Duty to Warn: The therapist’s legal duty to warn a person who may become a victim of a violent act by a client.

Informed Consent: The legal and ethical requirement of therapists to inform the client of the potential risks and benefits of counseling.

Fidelity: The therapist’s responsibility to remain loyal to the client.

Justice: The therapist’s responsibility to act fairly, avoid bias and stereotypes.

Nonmaleficence: The therapist’s responsibility to do no harm.

Key Websites

American Counseling Association, http://www.counseling.org
Association for Assessment in Counseling (AAC), http://aac.ncat.edu/
American Mental Health Counselors Association (AMHCA), http://www.amhca.org/
American Rehabilitation Counseling Association, http://www.nchrtm.okstate.edu/arca/
American School Counselor Association (ASCA), http://www.schoolcounselor.org/
Association for Spiritual, Ethical & Religious Values in Counseling, http://www.counseling.org/site/PageServer?pageName=aservic
Council on Accrediting Counseling and Related Educational Programs (CACREP), http://www.counseling.org/cacrep/default.htm
Counselors for Social Justice (CSJ), http://www.counselorsforsocialjustice.org/

International Association of Marriage and Family Counselors, http://www.iamfc.com/

NAADAC, the Association for Addiction Professionals, http://www.nadaac.org


National Center on Elder Abuse, http://www.elderabusecenter.org/

Substance Abuse and Mental Health Administration Services, http://www.samhsa.org

**Activities**

1. Research the prevalence of drug and alcohol abuse/dependence and family violence, including child abuse/neglect and domestic abuse.

2. Interview a substance abuse counselor and ask about ethical dilemmas he or she faced.

3. Interview a school counselor and ask about ethical dilemmas he or she faced.

4. Research national, state, and local organizations in your profession (or future profession) and review the ethical codes.

5. Research your current state laws regarding any of the following:
   - Mandatory reporting of child abuse/neglect
   - Mandatory reporting of elder abuse
   - Mandatory reporting of domestic abuse
   - Mandatory duty to warn a potential victim of violence
   - Minor’s ability to consent to drug and alcohol abuse treatment
   - Parental access to minor records and confidential information
   - Certification requirements of substance abuse counselors

**Essay Questions / Discussion Starters**

1. Describe the diverse avenues for entering the profession of substance abuse counseling.
   - *Answer may contain, but is not limited to, any of the following Counseling, Psychology, Nursing, or recovering user.*

2. Define confidentiality and privileged communication and describe common ethical limits to confidentiality. *Answer may address:*
   - *Client’s right to keep their information private. Common limits to confidentiality may include imminent danger to self or others, valid court orders, or if the therapist is seeking supervision. Note: if therapist is sharing confidential information under supervision, it is their duty to keep personal identifying information protected.*

3. Explain the purpose of CFR 42, Part 2, the information that is protected and the information that may be disclosed without client consent. *Answer:*
   - *Counselors providing substance abuse screening or treatment services are legally bound to additional confidential restrictions under the federal law known as Code of Federal Regulations (CFR) 42, Part 2; CFR 42 strictly protects the confidentiality of “records of the identity, diagnosis, prognosis, or treatment of any patient” which are maintained by a program that provides screening or treatment of drug or alcohol abuse and receives funds (directly or indirectly) from the federal government (CFR 42, Part 2). The purpose of CFR 42 was to encourage substance abusers to seek treatment without fear of*
discrimination, legal ramifications, or fear of losing one’s job. The information shared in this section is only a summary of the federal regulation; substance abuse counselors need to review and follow the entire law.

- **Answer:** According to CFR 42, Part 2, confidential client and former client information can only be disclosed in a few instances: (1) to medical professionals in the event of an emergency; (2) to qualified individuals for the purpose of conducting research, audits, and program evaluations, however such personnel may not directly or indirectly identify any individual patient; (3) with an appropriate court order indicating the extent of the necessary disclosure; and (4) with client consent. However, the federal confidential regulations do not apply in following circumstances: (1) to members or veterans of the armed forces under the care of military facilities; (2) communications within a program; (3) to qualified service organizations (such as blood work laboratories conducting drug testing); (4) crimes on program premises or against program personnel; and (5) reports of suspected child abuse and neglect. Clearly the law does not permit the disclosure of information in the event of preventing imminent danger to a third party, preventing the transmission of communicable diseases, or the reporting of elder abuse or domestic violence.

4. Explain the typical laws that pertain to the confidentiality of minors, both in and out of school settings.

   - **Answer:**
     - Typical limits to confidentiality reflect the same limits imposed on adult clients, including: consulting with other professionals; preventing imminent danger to the client or others; court orders; and preventing a third-party from contracting a communicable disease from the student/client. In the event that the counselor must disclose confidential information, it is recommended that the counselor inform the student before disclosing the information; and remind the student of the limits of confidentiality that were outlined at the onset of the relationship. They should also describe the purpose for disclosing and the type of information that will be shared.
     - In regards to the school counselor’s obligation to the parent, the ethical code states that although the counselor’s primary obligation is to the student, the counselor “…balances that obligation with an understanding of the legal and inherent rights of parents/guardians to be the guiding voice in their children’s lives” (A.2.g). The ethical code also indicates that it is the counselor’s responsibility to inform parents of the counselor’s role and the confidential nature of a counseling relationship that is afforded to the student. However, ASCA’s Code of Ethics states that counselors may need to collaborate with parents in order to serve the best interest of the student, particularly though the sharing of accurate, comprehensive, and relevant information that is appropriate and consistent with the ethical responsibilities that the counselor has to the student. Students should also be informed that the school counselor will contact the parent(s) in the event that the student indicates a clear and imminent danger to oneself or others. Imminent danger refers to a serious threat but is often the counselor’s values and beliefs influence the perception of danger (Glossoff & Pate, 2002). Finally, although school counselors are ethically bound to keep student information confidential, possibly from parents, school counselors must adhere to Family Educational Rights and Privacy Act (FERPA)/Buckley Amendment, Individuals with Disabilities Education Act (IDEA), and Protection of Pupil Rights Amendment (PPRA), which are all summarized in the textbook.
     - According to the federal regulation CFR 42, Part 2, counselors must maintain confidentiality of the client, with few exceptions. In fact the counselor may not be able to share information with the parents of a minor. The entire CFR 42, Part 2 law applies to any person, regardless of age; the law protects any information about a minor who has received any substance abuse related services or referrals from a program that receives any federal funding, this would include public schools. Information may be shared with parents if the minor provides written consent (Schwartz & Smith, 2003). The written consent must have all of the elements that CFR 42 requires, including the minor’s signature. The minor may verbally revoke this consent at any time. The exception is if the counselor believes that the minor lacks the capacity to disclose or if there is a substantial threat to life or well-being of the minor.
**Multiple Choice Questions**

1. Which of the following does not contribute to the complexity of ethical and legal issues in substance abuse counseling?
   (a) Ethical Codes
   (b) Personal Recovery
   (c) Agency/Worksite Regulations
   (d) Federal Laws

2. Which of the following is not one of Kitchener’s moral principles?
   (a) Fidelity
   (b) Autonomy
   (c) Justice
   (d) Genuineness

3. Who is not bound by confidentiality?
   (a) The client
   (b) The substance abuse counselor
   (c) The supervisor
   (d) The insurance company

4. Which of the following does not allow for the reporting of child abuse?
   (a) HIPAA
   (b) CFR 42, Part 2
   (c) ACA Code of Ethics
   (d) None of the above

5. Which law does not allow for a breach of confidentiality to warn a third party in imminent danger?
   (a) HIPAA
   (b) CFR 42, Part 2
   (c) State Law
   (d) None of the above

6. When faced with conflicting laws or ethical codes the substance abuse counselor should always defer to:
   (a) Federal laws
   (b) State laws
   (c) Ethical codes
   (d) The most restrictive regulation or code

7. According to CFR 42, Part 2, confidential information may be disclosed with client consent:
   (a) For a third party payment
   (b) To medical professionals in an emergency situation
   (c) To family members in an emergency situation
   (d) None of the above

8. According to CFR 42, Part 2, disclosure of confidential information requires written consent with several elements; which of the following is not one of the required elements?
   (a) The name of the person or program permitted to make the disclosure
   (b) The name of the person or program receiving the disclosed information
   (c) The purpose of the disclosure
   (d) A statement indicating that the client may revoke consent at any time but only if he or she states that in writing
9. According to HIPAA, client consent is not required for disclosure of confidential information for all the following except:
(a) To the client's employer
(b) For the opportunity to agree or object
(c) For treatment, payment, and health care operations
(d) For public interest and benefit activities

10. Which of the following regulations restricts parental access of their children’s confidential information without the minor’s consent?
(a) FERPA
(b) IDEA
(c) CFR 42, Part 2
(d) PPRA

11. Culturally competent counselors do not:
(a) Have an awareness of his or her own cultural values and biases
(b) Have an awareness of client’s worldview
(c) Utilize culturally appropriate intervention strategies
(d) Accept expensive gifts because it’s polite

12. Problems may arise if a substance abuse counselor and former client attend the same AA meeting for all the following reasons except:
(a) The former client will benefit more than the substance abuse counselor
(b) It risks the substance abuse counselor anonymity
(c) It risks the former client’s confidentiality
(d) The substance abuse counselor may need censor what they share in the meeting

13. Which of the following is not a characteristic of an ethical dilemma?
(a) A choice between two courses of action must be made
(b) There are significant consequences for not selecting either of the options
(c) Each decision is supported by ethical principles
(d) One of the decisions is supported by state regulations

14. The ACA endorsed *A Practitioner’s Guide to Ethical Decision Making*. Which of the following is not one of the steps?
(a) Determine the nature and dimensions of the dilemma
(b) Generate potential course of action
(c) Consider potential consequences for all options and choose a course of action
(d) Consult with a friend before making a decision

15. Regarding professional conduct, substance abuse counselors need to be aware of requirements delineated in:
(a) Federal and state laws
(b) Local laws and regulations
(c) Codes of ethics
(d) All of these

16. Which of the following groups do not have specific licensure/certification for substance abuse counseling?
(a) National Board of Certified Counselors
(b) National Association of Alcoholism and Drug Abuse Counselors
(c) US Department of Transportation
(d) None of these
17. The legal and ethical requirement to inform clients of the potential risks and benefits of counseling is:
   (a) Informed consent
   (b) Duty to warn
   (c) Privileged information
   (d) Duty to protect

18. In recognizing diversity, counselors need to work to meet the needs of clients, while also seeing that values are __________ clients, which can result when the counselor does not understand the world view of the client.
   (a) Clearly explained to
   (b) Fluid for some
   (c) Unchanging in
   (d) Not imposed on

19. *Lipari V. Sears, Roebuck & Co.* was a federal case that further extended the duty of counselors to __________.
   (a) Warn victims
   (b) Protect unknown victims
   (c) Protect identifiable victims
   (d) All of the above

20. The purpose of HIPAA is __________.
   (a) To protect individually identifiable health information
   (b) To increase the flow of information between health care providers, health plans, or third party on behalf of the party
   (c) To encourage substance abusers to seek treatment without fear of discrimination, legal ramifications, or fear of losing one’s job.
   (d) Both a and b

21. HIPPA does not apply to __________.
   (a) Health information contained in health care provider records or in health plan records
   (b) Health information contained in health care clearinghouses.
   (c) Health information contained in employer records or in educational records
   (d) None of the above

22. Personal counseling notes are considered a school record __________.
   (a) The moment they are created
   (b) The moment anyone other than the counselor knows of their existence
   (c) The moment they are placed in the “permanent” school record file
   (d) None of the above