



# ADLER UNIVERSITY

Chicago Campus  
Department of Psychology  
PsyD Program  
Course Syllabus

<b>Course Title:</b>	Bio-Psycho-Social-Spiritual Aspects of Addiction
<b>Course Number, Section &amp; Room:</b>	712 A Room 16-116
<b>Credit Hours:</b>	3 Credit Hours
<b>Course Section Schedule:</b>	Spring 2025, Wednesday 9:15 – 12:00 PM
<b>Prerequisites:</b>	Diagnosis and treatment of addictive disorders - 709
<b>Co-requisites:</b>	None
<b>Instructor Name:</b>	Michael B. Madson, Ph.D.
<b>Office Hours:</b>	Thursday– noon – 1:00 pm and by appointment
<b>Contact Information:</b>	<a href="mailto:mmadson@adler.edu">mmadson@adler.edu</a>

### Course Description:

Major theories of etiology, social dynamics, and psychology of alcohol and other drug disorders are presented within the context of human development. Clinical research is reviewed which enhances a further understanding of the basic physiological, psychological, social and spiritual aspects. Impact on the individual, family, community, and organizations/systems is presented. Considerations for how these disorders apply to special populations such as people of color, GLBT persons, ethnic-multicultural populations, the economically disadvantaged, the oppressed, veterans, children & adolescents, women, and HIV-positive clients are discussed.

### PsyD Program Competencies

- 1.2.a Demonstrate an understanding of theoretical foundations of clinical interventions.
- 1.3.a Understand and apply the ethical principles in the *APA Ethical Principles of Psychologists and Code of Conduct*, and the ethical decision-making model based on these principles.
- 1.3.b Comply with state and federal laws and regulations pertaining to the practice of professional psychology.

### Course Learning Objectives:

Upon completion of this course, the student should be able to do the following:

- Discuss the etiology of addictive disorders using different models across the lifespan.
- Describe differences in etiology and treatment across diverse (defined broadly) populations.
- Articulate the social impact of systems, such as the military and health status on the development and maintenance of substance use disorders.
- Appreciate role of systemic forces such as poverty, oppression and racism in the development and maintenance of substance disorders and health disparities.

- Advance familiarity with evidence-based treatments to address specific populations and groups.
  - a. Apply the bio-psycho-social-spiritual theories and models for the treatment of addictive disorders.
  - b. Identify the psychological models and personality factors associated with substance misuse.
  - c. Explain the impact of addiction and its treatment with specific populations.
  - d. Appreciate how addiction impacts the family and significant others including intervention and treatment.

## TEXTBOOKS AND MATERIALS FOUND IN CANVAS

### REQUIRED TEXTBOOK (S)

DiClemente, C.C. (2018). *Addiction and Change* (2<sup>nd</sup> ed.). New York: Guilford Press.

### REQUIRED READINGS

Freed C. R. (2012). Historical perspectives on addiction. In Shaffer, H. J. (Ed.) *APA Addiction Syndrome Handbook* (pp. 27- 47). Washington, D.C. American Psychological Association.

Haeny, A. M., McCuistian, Ruglass, L. M., & Burlew, A. K. (2025). Health equity considerations for drug and alcohol research and treatment. In Franken, I. H. A., Wiers, R., & Witkiewitz, K (Eds.) *The Sage Handbook of Addiction Psychology*. SAGE Publications

Jackson, D. S., Nguemeni Tiako, M. X., & Jordan, A. (2022). Disparities in addiction treatment: Learning from the past to forge an equitable future. *Medical Clinics in North America*, 106, 29-41.

Kelly, J. F., Saitz, R., & Wakeman, S. (2016). Language, substance use disorders, and policy: The need to reach consensus on an “addiction-ary.” *Alcoholism Treatment Quarterly*, 34(1), 116–123. <https://doi-org.lynx.lib.usm.edu/10.1080/07347324.2016.1113103>

Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy*, 21(3), 202–207. <https://doi-org.lynx.lib.usm.edu/10.1016/j.drugpo.2009.10.010>

National Institute on Drug Abuse: Drugs, Brains and Behavior: Available at: <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>

Shatterproof. (2024). State Advocacy Toolkit. Available at: <https://www.shatterproof.org/sites/default/files/2023-03/shatterproof-advocacy-toolkit-v012319-NEW.pdf>

From Miller, P. M. (2013). *Principles of Addiction: Comprehensive Addictive Behaviors and Disorders*. Elsevier Publishing (available through Adler Library)

Hunter-Reel, D. (2013). Interpersonal Factors and Addictive Disorders (pp. 293 – 301).

Kassel, J. D., Veilleux, J. C., Heinz, A. J., Braun, A. R., & Conrad, M. (2013). Emotions and addictive processes (pp. 213-221).

Neighbors, C., Lindgren, K. P., Rodrigues, L., Tidwell, J., & Zvorsky, I. (2013). Cognitive factors in addictive processes (pp 259-268).

Reynolds, E. K., Collado Rodriguez, A., MacPherson, L., & Lejuez, C. (2013). Impulsivity, disinhibition and risk taking in addiction (pp. 203 - 212).

Skewes, M. C. & Gonzalez V. M. (2013). The biopsychosocial model of addiction. (pp. 61-70).

**VALUABLE WEBSITES**

American Board of Professional Psychology Addiction Psych: <https://abpp.org/application-information/learn-about-specialty-boards/addiction-psychology/>  
National Institute on Alcohol Abuse and Alcoholism: <https://www.niaaa.nih.gov/>  
National Institute on Drug Abuse: <https://nida.nih.gov/>  
Recovery Research Institute Addictionary: <https://www.recoveryanswers.org/addiction-ary/>  
SMART Recovery: <https://smartrecovery.org/>  
Shatterproof: <https://www.shatterproof.org/>  
Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov/>

**Instructional Methods:**

Class sessions will include lectures, group discussion, guest lecturers, video presentations and research presentations.

**Delivery Method:**

On-the ground/on campus

**Attendance**

Students are responsible for maintaining regular and punctual attendance for each class session. Students who expect to miss or arrive late for class should notify the instructor in advance. Students who miss more than two unexcused class sessions, or an accumulation of 5 hours of class time due to late arrival or tardiness may receive a grade of “F” (Fail) and may be required to repeat the course. Students whose absence or tardiness affects the quality of their work or the work of the class may be given a lower grade at the discretion of the faculty instructor.

**Grading and Evaluation:**

Course Points	Letter Grade
95-100	A
90-94	A-
85-89	B+
80-84	B
77-79	B-
70-76	C
60-69	D
< 60	F

1. To pass successfully each PsyD course students are required to meet the minimal level of achievement, which is a grade of B. In courses or seminars where letter grades are not used, the minimal level of achievement to pass is a grade of “Credit” (CR).
2. Students who receive a grade of C or below in a required course must retake the course and pass it with a grade of at least B. If the course is an elective, the student has the option to retake the course and achieve a grade of at least B or elect a different elective and pass it with a grade of at

least B. Students who receive a grade of No Credit (NC) are required to retake the course or seminar.

3. None of the courses with a grade of B- or below, or NC will meet the requirements for the completion of the PsyD degree.

4. Students can appeal their grade by following the Grade Appeal Policy.

5. Students who receive a grade of B- or below, or NC are referred to the Student Development Committee.

It is expected that as graduate students all students will actively participate in class. As this is a general expectation of graduate school, no credit will be given for class participation. However, at the discretion of the instructor, up to **10 points from the total** can be deducted if a student does not actively participate in class and does not contribute to class discussion with original comments (the student's own opinions and thoughts).

**Student performance will be evaluated based upon the following criteria.**

**Assignment point value**

TTM Group Presentation	30
Biopsychosocial-spiritual application presentation	50
Addiction simulation exercise	10
Engagement in weekly discussions	10
Total:	100 points

**Assignments:**

**Group Presentation & Discussion Facilitation– TTM model of addiction development:** You will be randomly assigned (see Canvas groups) to a pair or small group who will be responsible for presenting a particular stage(es) of the transtheoretical model approach to addiction development. The purpose of this assignment is to help you demonstrate understanding of the basic concepts of how the transtheoretical model helps us understand the development of addiction. These presentations should be based on DiClemente. Presentations should be 40-45 minutes each. Your group should plan to present some information on the stage(es) and plan discussion questions or activities to facilitate class engagement/discussion. **See pages 11-12 for requirements and grading rubric.**

**Group 1: Precontemplation & Contemplation**

**Group 2: Preparation**

**Group 3: Action**

**Application of the Biopsychosocial – spiritual model to specific populations:** You will identify a specific population and prepare a 30-minute presentation. Your presentation should apply the biopsychosocial-spiritual aspects of addiction (mainly substance use) related to the population/issue. Your presentation should highlight the unique biopsychosocial aspects of addiction within this population that a psychologist needs to know to effectively treat addiction. Your presentation should conclude with identifying two research questions that you think should be studied further to advance knowledge of treating this population based on your research to prepare for the presentation. Your presentation should be evidence based, and you should have at least 10 citations (APA format). You will need to provide 2-3 populations for my consideration/approval. **See pages 13-15 for instructions and grading rubric.**

**Weekly Class discussions and activities:** In addition to brief lecture each week the class will engage in small group or full class discussion on the topic for the week. These discussions will focus on the application of a particular aspect of the biopsychosocial-spiritual model. The focus of these discussions will be to help you apply the information to the practice of clinical psychology as well as help you prepare for your application of the biopsychosocial-spiritual to specific populations presentations. To effectively participate in these discussions, it will require you to be prepared for class by reading and critically thinking about the assigned materials prior to class. Class discussions will revolve around these main points:

1. What are important assessment considerations?
2. How might we assess this (gather information) as a psychologist?
3. How might this aspect of the model help inform treatment planning and selection of interventions?
4. How might this aspect of the model inform work with specific populations?
5. What critical thinking/research questions might advance our understanding of the model with specific populations?

**Addiction Simulation Exercise:** This is an active learning exercise aimed at simulating the biopsychosocial dynamics of addiction (though nowhere near reality of addiction). More details will be provided through an orientation session. This activity will require you to: a) review the orientation session, b) engage in the activity for 48 consecutive hours (one of the main goals is to see how and if you can adhere to the exercise for this time duration and still maintain your regular activities), and c) write a 3-5 page paper that discusses your reactions to the exercise (e.g., what were your thoughts entering the exercise, what was easy/difficult and what you learned about substance use disorders/addiction. See me ASAP if you may have a personal circumstance that may interfere with this activity! **See pages 16-19 for instructions and grading rubric.**

#### **COURSE POLICIES**

Use of Laptops & Cell Phones

**Cell phone use, texting and use of the computer for non-class activities will result in point reductions.**

It is my goal to promote and maintain a comfortable, collaborative, and respectful learning environment. In this course, all students are expected to:

- Communicate respectfully and professionally with all students & Dr. M.

- Review materials (e.g., syllabus) before asking questions that may have already been answered.
- Prepare for class each week and be ready to use what you've learned to contribute to an active learning environment.
- Submit all assignments on time.
- Ask questions and actively participate in class.

As I have high expectations for all my students, it is only fair you should have high expectations for me! In this course, I commit to:

- Communicating respectfully and professionally with all students.
- Putting my best effort into explaining topics and answering questions.
- Providing thoughtful, timely feedback on your assignments.
- Responding to all email messages within 48 business hours (not including weekends or university holidays ☺).

#### **INSTITUTIONAL AND DEPARTMENT/ PROGRAM POLICIES:**

PsyD Program Policies can be found in the PsyD Program Policies Handbook  
<https://connect.adler.edu/academiclife/academics/clinicalpsyc/Pages/default.aspx>

Program information can be found in the PsyD Program Student Handbook  
<https://connect.adler.edu/academiclife/academics/clinicalpsyc/Pages/default.aspx>

University Policies can be found in the Catalog & Student Handbook  
<http://www.adler.edu/page/campuses/chicago/student-services/catalog-handbook>

#### **ACADEMIC HONESTY**

Adler University seeks to establish a climate of honesty and integrity. Any work submitted by a student must represent original work produced by that student. Any source used by a student *must* be documented through required scholarly references and citations, and the extent to which any sources have been used must be apparent to the reader. The University further considers resubmission of work done partially or entirely by another, as well as resubmission of work done by a student in a previous course or for a different professor, to be academic dishonesty. It is the student's responsibility to seek clarification from the course instructor about how much help may be received in completing an assignment, examination, or project and what sources may be used. Students found guilty of academic dishonesty or plagiarism shall be subject to disciplinary action, up to and including dismissal from the school.

Student Handbook: <http://www.adler.edu/page/campuses/chicago/student-services/catalog-handbook>

#### **STUDENTS WITH DISABILITIES (ADA Compliance)**

It is the policy of Adler University to offer reasonable accommodations to students with qualified disabilities, in accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 and the B.C. Human Rights Code. **If a student with a disability wishes to receive accommodations in order to participate in the courses, programs, or activities offered by the University, the student may request accommodations by contacting**

[disabilityoffice@adler.edu](mailto:disabilityoffice@adler.edu) or Student Affairs [studentaffairs@adler.edu](mailto:studentaffairs@adler.edu). The use of these services is voluntary and confidential. Students must request accommodation prior to the implementation of needed accommodation. Accommodations cannot be applied retroactively.

Catalog & Student Handbook: <http://www.adler.edu/page/campuses/chicago/student-services/catalog-handbook>

**SEXUAL HARASSMENT AND SEXUAL VIOLENCE POLICY:  
Disclosure and Mandated Reporting**

The Adler University Sexual Harassment and Sexual Violence Policy is available at [[adler.edu/title9](http://adler.edu/title9)]. **This policy addresses how information about sexual violence/sexual misconduct that is shared with any Adler University faculty and staff must be reported to the Title IX Coordinator, Ms. Julie Proscia ([jproscia@adler.edu](mailto:jproscia@adler.edu)).**

**RELIGIOUS HOLIDAYS POLICY**

**Purpose**

Adler University values its diverse community and wishes to formalize its practices on accommodation for religious observances by students.

These guidelines do not include similar flexibility for secular, moral or ethical beliefs or political convictions.

These Guidelines outline a process for addressing religious observances that conflict with the scheduling of a student’s academic or course-specific requirements. It is intended to assist in responding to students’ religious observances while ensuring that the integrity of the course or program of study is not compromised. The term “reasonable/suitable accommodation” or “flexibility” used in these Guidelines will depend on the facts and the circumstances present in each individual case.

**Religious Obligations Conflicts with Class Attendance, Assignments, or Scheduled Exams**

Students who experience a conflict between a religious obligation and scheduled assignments, tests, mid-term examinations, final examinations, or requirements to attend classes should be accommodated. Students requiring academic accommodation are directed to contact the instructor in charge of the course within the first week of classes to identify conflicts and make alternative arrangements. (In the absence of a simple and dignified way to determine the validity of individual claims, the claim of religious conflict should be accepted at face value.) When a request for accommodation cannot be resolved between the student and the faculty member, the Program Director is identified as a mediator.

Faculty members are encouraged to include precise instructions regarding their own policies for these circumstances in their syllabus and call attention to the requirement for early, timely arrangements. If an exam is scheduled on a religious holiday, the faculty member is encouraged to provide a suitable option for the affected students. Other reasonable and appropriate adjustments to the course meeting and assignment schedule may be made by the course instructor. Classes missed to observe a religious holiday should be counted as an excused absence. The specific accommodations employed may vary from course to course depending upon factors such as the



size of the class, nature of the course content, and mode of instruction. All faculty in all courses are expected to create a class-specific accommodation policy which strives to maintain a climate of essential fairness to all members of the class. It is also expected that faculty work with students to be flexible on an individual basis.

In the event that students are somewhat tardy in informing faculty of their religious observance obligations, faculty may accommodate them where practical. Faculty are encouraged to announce the specifics of class policies to students and include it as part of the course syllabus so that they can notify you of any conflicts as soon as possible. If accommodations cannot be resolved between a student and a faculty member, the chief academic officer of that campus shall make a decision.

## Course Calendar

<b>Date</b>	<b>Topic/ Activity</b>	<b>Reading/Class Prep</b>	<b>Assignment/Activity</b>
Week 1 1/8	Introductions, course overview & success in this course; addiction stigma	Kelly et al., (2016); Kelly et al., 2021; Kelly & Westerhoff (2010) Review Addictionary webpage	
Week 2 1/15	Historical perspectives on addiction	Freed (2012)	<b>Class Discussion on historical Models</b>
Week 3 1/22	Addiction & change – transtheoretical model	DiClemente Ch 1 - 3	<b>Identify 2-3 specific populations/topics for biopsychosocial presentation.</b>
Week 4 1/29	TTM Perspective on addiction development	DiClemente Ch 4-6	<b>Small group presentations</b>
Week 5 2/5	The Biopsychosocial – spiritual model	Griffiths 2005; Skewes & Gonzalez (2013)	
Week 6 2/12	Biological aspects of addiction: assessment & treatment	NIDA Website	
Week 7 2/19	Psychological aspects of addiction: assessment & treatment	Reynolds et al., (2013); Kassel et al., (2013)	
Week 8 2/26	Social-cognitive aspects of addiction: assessment and treatment	Blume (2013); Hunter Reel (2013); Neighbors et al., (2013)	
Week 9 3/5	Spirituality and addiction	Johnson & Kristeller (2013)	
Week 10 3/12	Health Disparities & Addiction Advocacy	Haeny et al., (2025) ; Jackson et al (2022), Shatterproof website & Advocacy Toolkit	
Week 11 3/19	Psychologist panel on application of biopsychosocial-spiritual model		
Week 12 3/26	Application of biopsychosocial- spiritual model to specific populations		<b>Class presentations</b>
Week 13 4/2	Application of biopsychosocial- spiritual model to specific populations		<b>Class presentations</b>
Week 14 4/9	Application of biopsychosocial- spiritual model to specific populations		<b>Class presentations</b>
Week 15 4/16	Addiction careers and credentialing	Review the ABPP Addiction Psychologist website; the SAMHSA Career ladder website and the Illinois CADC website	

# **TTM Model of Addiction Presentation/Class Facilitation Guidelines & Rubric**

## **General Guidelines**

1. Employ various methods in presenting/facilitating discussion (remember to make this presentation/discussion as interesting as possible). Be creative, but realistic. The use of charts, tables, figures, PowerPoint, etc. to capture information in a succinct manner is encouraged. You are also encouraged to develop discussion questions to facilitate discussion among the class.
2. Create a handout for your audience.
3. Each presentation should be 40 minutes in length. Each group member should contribute to the group's presentation and be prepared to address questions about the entire presentation as opposed to one section. This will require that each group member understands the entire presentation and promote true collaboration.
4. Include a reference section that is consistent with the American Psychological Association Guidelines.

## **Presentation Guidelines** (adapt these so they are relevant to your presentation topic)

1. Review of the stage(es) of change – **15 points**
  - a. Highlight the defining characteristics of the stage(s) of change in relation to engagement of the behavior.
    - i. What are the important features/markers related to this stage to be aware of.
    - ii. What does use (addiction) look like behaviorally at this stage(s)
  - b. Discuss the contextual factors at each stage in relation to initiation and/or maintenance of use.
    - i. What may be the risk/protective factors in relation to
      1. Individual
      2. Parental/family
      3. Peers/friends
      4. Contextual/environmental
2. Prevention & Intervention Strategies – **10 points**
  - a. Based on the stage, outline important factors to assess in relation to preventing/intervening the development of addiction.
  - b. Review methods of preventing advancement from this stage(s).
  - c. Discuss relevant methods for intervention
3. Presentation/facilitation Style – **5 points**
  - a. To what extent is the presentation organized?
  - b. Was the presentation interactive?
    - i. To what extent did the group facilitate discussion among the class?
  - c. Were all group members prepared?
  - d. Behaved professionally during presentation.

TTM Presentation/Facilitation Grading Rubric			
Criteria	Exemplary	Accomplished	Developing
Review of stage(s) in initiation of addiction	15 pts Provided a thorough and comprehensive description. Covers the required information. This information is presented concisely.	7.5 pts Information was unclear. Important elements were missing. Not presented concisely.	0 pts Limited information was presented and superficial fashion. Missed key information.
Prevention & intervention strategies	10 pts Provided a thorough and comprehensive description. Covers the required information.	5 pts Information was unclear. Important elements were missing.	0 pts Limited information was presented and superficial fashion. Missed key information.
Presentation style	5 pts Well organized and presented in logical sequence. Information was presented concisely and was easy to understand. All group members were prepared. Facilitated good discussion among class. Met time requirements. All members behaved professionally. Avoids Stigmatizing language	2.5 pts Hard to follow and sequence seemed disjointed. Hard to follow and understand at times. Some group members did not seem prepared. Some unprofessional behavior. Slightly above or below time requirements.	0 pts Could not follow presentation and there appeared to me no logical sequence. One group member provided most of the presentation. Unprofessional behavior throughout. Significantly above or below time requirements. Uses stigmatizing language.

# Biopsychosocial-Spiritual Presentation Guidelines & Rubric

## General Guidelines

1. Employ various methods in presenting/facilitating discussion (remember to make this presentation/discussion as interesting as possible). Be creative, but realistic. The use of charts, tables, figures, PowerPoint, etc. to capture information in a succinct manner is encouraged. You are also encouraged to develop discussion questions to facilitate discussion among the class.
2. Create a handout for your audience.
3. Each presentation should be 30 minutes in length. Each group member should contribute to the group's presentation and be prepared to address questions about the entire presentation as opposed to one section. This will require that each group member understands the entire presentation and promote true collaboration.
4. Include a reference section that is consistent with the American Psychological Association Guidelines.

## Presentation Guidelines (adapt these so they are relevant to your presentation topic)

1. Background on addiction (substance use) with this population – **20 points**
  - What factors led to your selection of this group?
  - Identify any specific substances with higher prevalence rates.
  - Discuss & explain any disparities in relation to SUD access/engagement to treatment.
  - How has substance use contributed to marginalization?
2. Clinical Application of the Biopsychosocial-spiritual Model with this population – **20 points**
  - Identify and discuss unique application of the model.
  - What are the important biopsychosocial-spiritual assessment foci?
    - Are there any suggested assessment tools?
  - What are the unique factors/treatment targets?
    - How might treatment be modified to better address these unique factors to increase access and reduce disparities.
3. Research to improve addiction treatment with this group – **5 Points**
  - Identified sound research questions focused on reducing disparities, increasing access, and improving treatment.
  - Questions evolved logically (e.g., made sense) from the information provided in the presentation.
4. Presentation Style – **5 points**
  - To what extent is the presentation organized?
  - Was the presentation interactive?
  - Were all presenter prepared?
  - Behaved professionally during presentation.

### **Examples of Specific Populations (not a complete list)**

Adolescents  
African Americans  
Asian Americans (e.g., East, South,  
Southeastern/western, etc)  
Criminal Justice/Legal System (e.g. law  
enforcement, courts, prisons)  
College Students  
Elderly  
Latinx  
LGBTQIA+

Medically compromised clients (specify a  
specific medical issue).  
Military Personnel & Veterans  
Native American/First Nation People  
Immigrants/Refugees  
Persons in the Creative Professions (artists,  
performers, writers etc.)  
Rural Individuals  
Religion/Spirituality  
Unhoused  
Women (including pregnancy)

**Biopsychosocial-Spiritual Presentation Grading Rubric**

<b>Criteria</b>	<b>Exemplary</b>	<b>Accomplished</b>	<b>Developing</b>
Background on substance use in population	20 pts Provided a thorough and comprehensive description. Covers the required information. This information is presented concisely.	10 pts Information was unclear. Important elements were missing. Not presented concisely.	0 pts Limited information was presented and superficial fashion. Missed key information.
Clinical application of the model	20 pts Provided a thorough and comprehensive description. Covers the required information.	10 pts Information was unclear. Important elements were missing.	0 pts Limited information was presented and superficial fashion. Missed key information.
Research Questions	5 pts Provided a thorough and comprehensive description. Covers the required information.	2.5 pts Information was unclear. Important elements were missing.	0 pts Limited information was presented and superficial fashion. Missed key information.
Presentation style	5 pts Well organized and presented in logical sequence. The information was presented concisely and was easy to understand. Was prepared. Met time requirements. Presented professionally. Avoided stigmatizing language.	2.5 pts Hard to follow and the sequence seemed disjointed. Did not seem prepared. Slightly above or below time requirements. Limited professionalism in presentation.	0 pts Could not follow presentation and there appeared to me no logical sequence. Unprepared. Unprofessional presentation style. Significantly above or below time requirements. Uses stigmatizing language.

## Addiction Simulation Exercise: Ice Cube Addiction (Handout)

### Rationale

The purpose of this exercise is to experience, firsthand, though nowhere near to the same extent as an actual addiction, some of the biopsychosocial spiritual experiences of a person who has a substance related addiction. Participation in this exercise is voluntary. You may choose to end your participation at any time during the exercise, though you will achieve the full benefit of the exercise if you choose to follow through to the end.

### Protocol

You are to engage in this exercise for 48 consecutive hours sometime between now and the next class. The more strictly you adhere to the guidelines, the more effective the exercise will be for you.

1. **Addiction focus.** Your substance of choice is ice cubes. You used to be able to experience the desired effect simply on water, but your addiction has progressed way beyond this. You now need specially processed water-i.e. cubes. This is analogous to development of tolerance to a substance!
2. **Craving.** Cravings are common in addiction. For you your thirst is your craving in your substance (ice cubs). Every time you take a drink of *any* liquid, you must have an ice cube in the liquid. Yes, this will be difficult and will require much planning and thought. *Anticipate!* This applies to all drinking situations including coffee, milk in cereal, water from drinking fountains, cans or bottles of beverages, and even late-night drinks of water after you have awakened from a deep sleep. Make sure your ice trays are full before going to bed.
3. **Legality.** Ice cubes are socially unacceptable and illegal. Do not let folks who are not addicted to ice cubes see you or catch you using ice cubes. This applies to friends and family. The only people with whom it's acceptable to be open about your use of ice cubes are others who are participating in this exercise. This will take some creative thinking at home, in restaurants, classes, practicum, and other public places.
4. **Obsession.** To simulate the obsession aspect of addiction you are to keep an hourly log during waking hours only. Please obtain a notebook in which you can answer the following questions hourly:
  1. Are you thirsty now?
  2. Where is your next ice cube coming from?
  3. What is your plan to satisfy your cravings? Think ahead.



5. *Physical markers of addiction.* You will be given a hospital patient identification bracelet to wear. Wear the bracelet at all times during the exercise. This bracelet is analogous to physical markers, so it is socially unacceptable to wear the bracelet. Try your best to keep others from seeing the bracelet, because they might ask what it is about and this would put you in a difficult situation trying to explain it. Remember, you are trying to hide your addiction from non-participants. The bracelet will also serve as a reminder that you are participating in the exercise. It will be easy to forget for a few hours so you will have to be diligent in your participation. Remember, those with addictions cannot turn off their cravings at will.
6. *Class discussion.* At the end of the semester, we will discuss your experiences throughout the exercise and what was learned about the biopsychosocial-spiritual aspects of addiction and perspectives of those struggling with addiction.

# **Addiction Simulation Exercise Paper Guidelines**

## **General guidelines**

- 3-5 Pages. Double-spaced, 1-inch margins.
- Does not have to be APA style, but please be sure to read and correct errors (points will be deducted for writing, spelling and copyediting errors).
- DO NOT use generative AI for this activity as the goal is for you to reflect on your experience and learning.

## **Specific guidelines**

1. Provide a brief summary of the experience.
  - a. When did you choose to engage in the exercise?
  - b. What led you to choose that period of time?
2. Discuss what you learned about the biopsychosocial-spiritual aspects of substance use/addiction.
  - a. How did the exercise “bring to life” class material?
    - i. Be sure to address each aspect of the model within the context of the exercise!
  - b. Discuss any aspects that model that were emphasized during the exercise and how so (provide specific examples).
3. Discuss reactions to the exercise.
  - a. What were your thoughts/expectations entering the exercise.
    - i. How did they differ or change throughout or after the exercise?
  - b. What aspects of the exercise did you find easy/difficult.
  - c. How did this exercise shape your thinking about individuals experiencing an addiction?
4. Writing
  - a. Be sure to proofread to check for spelling, copyediting errors, grammar and flow.
  - b. Use your own writing in your own voice versus generative AI.

### Addiction Simulation Exercise Review Grading Rubric

Criteria	Exemplary	Accomplished	Developing
<b>Summary of the exercise</b> Provide a descriptive but concise summary – NOT a play by play	<b>2 pts</b> Provided a thorough and comprehensive summary of the video. This information is presented concisely.	<b>1 pts</b> Information was unclear. Not presented concisely.	<b>0 pts</b> Limited information was presented and superficial fashion. Too much play by play. Uses stigmatizing language.
<b>Biopsychosocial-spiritual aspects</b>	<b>1.5 pts</b> Clearly identified and discussed each aspect of the model during the experience. Presented concisely	<b>.75 pts</b> Ambiguous discussion and/or did not cover all aspects of the model.	<b>0 pts</b> Could not tell what was learned.
<b>Discussed reaction</b>	<b>1 pts</b> Review demonstrated reflection on the experience and application of learning to future work.	<b>.5 pts</b> Unclear how student reflected on experience or learning took place.	<b>0 pts</b> No discussion reflection on experience.
<b>Quality of writing</b> -proofread -appropriate language -written well	<b>.5 pts</b> Well written; No mistakes.	<b>.25 pts</b> Some grammar and spelling mistakes.	<b>0 pts</b> Several mistakes, no logical flow, hard to read and comprehend.