Meeting Location: Payne Building 105
Credit Hours: 3.0
Instructor’s Office: Sony 4042
Schedule a Meeting: http://www.doodle.com/andyfinch
Office Hours: By Appointment
Office Phone: 615-322-8684
Mobile/Text/VM: 615-830-8426
E-Mail: andrew.j.finch@vanderbilt.edu
Twitter: @vandyfinch

COURSE DESCRIPTION
This course will introduce students to the basic knowledge and skills needed to identify and successfully refer clients with substance-related and addictive disorders to appropriate rehabilitative services and to identify effective early intervention or preventative educational programs. The course is an entry-level graduate course that provides counselors and other human service workers with an overview of the addictive process. Co-occurring disorders, such as process addictions and mental illnesses will also be addressed. Students will develop conceptual knowledge and self-awareness concerning the etiology of addiction, assessment strategies, and diagnosis and treatment planning. The course will also address major approaches to addiction counseling. This will be accomplished through assigned readings, seminar discussions, videotapes, lectures, site visits, guest speakers, and student assignments.

TEXTBOOKS AND READINGS
There is one required and one recommended text for the course:


Supplemental readings will be posted on Brightspace.

Dozens of textbooks have been written on the topic of substance abuse and addiction. The Fisher and Harrison text has been chosen because it covers a broad array of material at a depth sufficient for this course. The book has also been revised multiple times, most recently (this edition) in 2018.

COURSE OBJECTIVES
Standards of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) are adhered to in this class as well as all HDC courses. CACREP standards are coded below and are assessed via Program presentation (P); attendance at mutual aid meetings (M), experiential exercise (E), and class participation (CP).
Knowledge and Skill Outcomes. At the conclusion of the course, the student will be able to:

1. Understand theories and etiology of addictions and addictive behaviors, including biological, neurological, and physiological factors that affect human development, functioning, and behavior (2.F.3.d., 2.F.3.e., 5.C.1.d.- P, E, CP)
2. Understand the potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders (5.C.2.e.- P, E, CP)
3. Identify and understand the classifications and effects of various drugs of abuse, including psychotropic medications (5.G.2.h., 5.C.2.h.- P, M, E, CP)
4. Understand the systemic, family, and environmental factors that put students at-risk for substance use and addiction and employ a systems approach to conceptualizing student substance use (2.F.3.f., 2.F.5.b., 5.G.2.i., 5.G.2.g- P, M, CP)
5. Understand the roles of school counselors as advocates, consultants, and systems changes agents for students with substance use and co-occurring disorders (2.F.1.b, 2.F.2.h, 5.G.2.a., 5.G.2.b., 5.G.2.k., 5.C.3.e.- P, CP)
6. Understand strategies for interfacing with the legal system, including juvenile drug treatment courts, regarding court-involved youth (5.C.3.c.- P, M, CP)
8. Understand theories and models of multicultural counseling, cultural identity development, historical trauma, and social justice and advocacy as they pertain to substance use and addiction (2.F.2.a., 2.F.2.b., 2.F.2.c., 2.F.2.d., 2.F.2.e., 2.F.2.f., 2.F.5.a., 5.C.2.f., 5.C.2.j.- P, M, CP)
9. Understand the role of heritage, attitudes, beliefs, and spirituality in substance use recovery (2.F.2.d, 2.F.2.g.- P, M, E, CP)
12. Understand the labor market, preparation standards, and credentials in the field of youth substance use prevention, intervention, and recovery (2.F.1.h., 5.G.2.l., 5.C.2.k.- P, CP)
13. Understand current legislation and government policy issues relevant to substance use prevention, intervention, and recovery (5.G.2.m., 5.C.2.i.- P, CP)
14. Practice self-care and identify professional development opportunities (2.F.1.l.- E, CP)

Curriculum Standards Addressed.

<table>
<thead>
<tr>
<th>CACREP School Counseling Standards</th>
<th>How Measured in HDC 6340</th>
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<tr>
<td>5.G.2.a. School counselor roles as leaders, advocates, and systems change agents in P-12 schools</td>
<td>Program presentation and class participation</td>
</tr>
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<td>5.G.2.b. School counselor roles in consultation with families, P-12 and postsecondary school personnel, and community agencies</td>
<td>Program presentation and class participation</td>
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<td>5.G.2.g. Characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders</td>
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<td>5.G.2.h. Common medications that affect learning, behavior, and mood in children and adolescents</td>
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<tr>
<td>5.G.2.i. Signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs</td>
<td>Program presentation; Attendance at mutual aid meetings; Experiential exercise; and class participation</td>
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<td>5.G.2.k. Community resources and referral sources</td>
<td>Program presentation; Attendance at mutual aid meetings; and class participation</td>
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<tr>
<td>5.G.2.l.</td>
<td>Professional organizations, preparation standards, and credentials relevant to the practice of school counseling</td>
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<tr>
<td>5.G.2.m.</td>
<td>Legislation and government policy relevant to school counseling</td>
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<td>5.G.2.n.</td>
<td>Legal and ethical considerations specific to school counseling</td>
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<tr>
<td>5.G.3.c.</td>
<td>Core curriculum design, lesson plan development, classroom management strategies, and differentiated instructional strategies</td>
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<td>5.G.3.d.</td>
<td>Interventions to promote academic development</td>
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<td>5.G.3.f.</td>
<td>Techniques of personal/social counseling in school settings</td>
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<tr>
<td>5.G.3.m.</td>
<td>Strategies for implementing and coordinating peer intervention programs</td>
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</table>

### Other CACREP Core & Specialty Standards

| 2.F.1.b. | The multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation | Program presentation; Attendance at mutual aid meetings; Experiential exercise; and Class participation |
| 2.F.1.h. | Current labor market information relevant to opportunities for practice within the counseling profession | Program presentation; Class participation |
| 2.F.1.i. | Ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling | Attendance at mutual aid meetings and class participation |
| 2.F.1.l. | Self-care strategies appropriate to the counselor role | |

### SOCIAL AND CULTURAL DIVERSITY

<p>| 2.F.2.a. | Multicultural and pluralistic characteristics within and among diverse groups nationally and internationally | Program presentation; Attendance at mutual aid meetings; and class participation |
| 2.F.2.b. | Theories and models of multicultural counseling, cultural identity development, and social justice and advocacy | Class participation |
| 2.F.2.c. | Multicultural counseling competencies | Program presentation; Attendance at mutual aid meetings; Experiential exercise; and Class participation |
| 2.F.2.d. | The impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual’s views of others | Program presentation; Attendance at mutual aid meetings; Experiential exercise; and Class participation |
| 2.F.2.e. | The effects of power and privilege for counselors and clients | Program presentation; Attendance at mutual aid meetings; Experiential exercise; and Class participation |
| 2.F.2.f. | Help-seeking behaviors of diverse clients | Program presentation; Attendance at mutual aid meetings; and class participation |
| 2.F.2.g. | The impact of spiritual beliefs on clients’ and counselors’ worldviews | Program presentation; Attendance at mutual aid meetings; Experiential exercise; and Class participation |</p>
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<thead>
<tr>
<th>2.F.2.h.</th>
<th>Strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination</th>
<th>Program presentation; Attendance at mutual aid meetings, and class participation</th>
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<td><strong>HUMAN GROWTH AND DEVELOPMENT</strong></td>
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<td>Theories and etiology of addictions and addictive behaviors</td>
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<tr>
<td>2.F.3.e.</td>
<td>Biological, neurological, and physiological factors that affect human development, functioning, and behavior</td>
<td>Program presentation; Experiential exercise; and class participation</td>
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<tr>
<td>2.F.3.f.</td>
<td>Systemic and environmental factors that affect human development, functioning, and behavior</td>
<td>Program presentation; Attendance at mutual aid meetings; Experiential exercise; and Class participation</td>
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<tr>
<td><strong>COUNSELING AND HELPING RELATIONSHIPS</strong></td>
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<td>2.F.5.a.</td>
<td>Theories and models of counseling</td>
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<tr>
<td>2.F.5.b.</td>
<td>A systems approach to conceptualizing clients</td>
<td>Program presentation; Attendance at mutual aid meetings; and Class participation</td>
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<tr>
<td>2.F.5.g.</td>
<td>Essential interviewing, counseling, and case conceptualization skills</td>
<td>Class participation</td>
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<tr>
<td>2.F.5.j.</td>
<td>Evidence-based counseling strategies and techniques for prevention and intervention</td>
<td>Program presentation; Attendance at mutual aid meetings; and Class participation</td>
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<tr>
<td><strong>ASSESSMENT AND TESTING</strong></td>
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<tr>
<td>2.F.7.e.</td>
<td>Use of assessments for diagnostic and intervention planning purposes</td>
<td>Class participation</td>
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<tr>
<td><strong>RESEARCH AND PROGRAM EVALUATION</strong></td>
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<tr>
<td>2.F.8.b.</td>
<td>Identification of evidence-based counseling practices</td>
<td>Program presentation; Attendance at mutual aid meetings; and Class participation</td>
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<tr>
<td><strong>CLINICAL MENTAL HEALTH COUNSELING</strong></td>
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<tr>
<td>5.C.1.d.</td>
<td>Neurobiological and medical foundation and etiology of addiction and co-occurring disorders</td>
<td>Class participation</td>
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<tr>
<td>5.C.1.e.</td>
<td>Psychological tests and assessments specific to clinical mental health counseling</td>
<td>Class participation</td>
</tr>
<tr>
<td>5.C.2.c.</td>
<td>Mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks</td>
<td>Attendance at mutual aid meetings and Class participation</td>
</tr>
<tr>
<td>5.C.2.d.</td>
<td>Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the <em>Diagnostic and Statistical Manual of Mental Disorders (DSM)</em> and the <em>International Classification of Diseases (ICD)</em></td>
<td>Class participation</td>
</tr>
<tr>
<td>5.C.2.e.</td>
<td>Potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders</td>
<td>Class participation</td>
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<tr>
<td>5.C.2.f.</td>
<td>Impact of crisis and trauma on individuals with mental health diagnoses</td>
<td>Class participation</td>
</tr>
<tr>
<td>5.C.2.g.</td>
<td>Impact of biological and neurological mechanisms on mental health</td>
<td>Class participation</td>
</tr>
<tr>
<td>5.C.2.h.</td>
<td>Classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation</td>
<td>Class participation</td>
</tr>
</tbody>
</table>
5.C.2.i. Legislation and government policy relevant to clinical mental health counseling  | Class participation

5.C.2.j. Cultural factors relevant to clinical mental health counseling  | Attendance at mutual aid meetings and Class participation

5.C.2.k. Professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling  | Class participation

5.C.2.l. Legal and ethical considerations specific to clinical mental health counseling  | Class participation

5.C.3.b. Techniques and interventions for prevention and treatment of a broad range of mental health issues  | Program presentation; Attendance at mutual aid meetings; and Class participation

5.C.3.c. Strategies for interfacing with the legal system regarding court-referred clients  | Attendance at mutual aid meetings and Class participation

5.C.3.e. Strategies to advocate for persons with mental health issues  | Program presentation; Attendance at mutual aid meetings; and Class participation

**METHOD OF INSTRUCTION**

This course is built upon CACREP standards and has both applied and foundational/theoretical content. Thus, the classes have a lecture component as a base with practical, applied elements included. An emphasis is placed on elements of both a seminar and a workshop depending on the topic at hand. Didactic presentations are complemented by films, group activities, guest lecturers, and site visits. It is expected that students actively participate in all activities and discussions. In addition, practical application of knowledge, case studies, guest lectures, and consideration of specific populations and ethics are woven through the material.

**ATTENDANCE, PARTICIPATION, & DISCLOSURE POLICIES**

**Peabody Honor Code.** The Peabody Honor Council Constitution is designed to clarify the compact of academic integrity expected of all students in graduate and professional programs in Peabody College. Should disagreements between students, faculty, and/or other personnel arise within the context of the Honor Code, they will be reviewed, advised, and heard through the Peabody Honor Council. By registering for a course, all students pursuing graduate and professional studies at Peabody College acknowledge the authority of the Peabody College Honor Council. All Peabody College students must be familiar with the Peabody Honor Code and elements of the Peabody Honor Council Constitution.

**Attendance and Participation.** Students are expected to be holistically present and on time to each meeting. Participation will be evaluated by monitoring physical attendance and oral participation in class discussions. Please contact the instructor if you must miss a class. Misrepresenting the reason you are missing class (such as presenting artificial doctor’s notes or falsely claiming a family emergency) is considered an Honor Code violation as an “action designed to deceive faculty, staff, or other students.” Arrangements should be made with the instructor ahead of time about how you intend to access missed material/activities.

**Computer, Smartphone, and Tablet Use.** Learning science has shown the importance of being present in the learning environment not only physically and academically, but also interpersonally and intra-personally. Studies have also shown that students retain information better from hand Computer screens can be a barrier to fully engaging in the construction of knowledge. During class, therefore, laptops and tablets will only be allowed for taking notes and accessing material relevant to class. Please refrain from using computer, tablets, smartphones, etc., for surfing the web, texting, email, etc.

**Equity, Diversity, and Inclusion.** As we all grow and develop as people and professionals, we constantly strive to improve ourselves in numerous areas of our lives. We value the diversity of our learning community and consider peoples’ varied identities and differences as strengths and resources upon which to build community and facilitate human development. HDC students and faculty welcome your informal and formal suggestions for improvement of our classroom, program and university climate and culture, as well as course materials and content.
**Student Access.** Vanderbilt University is committed to providing reasonable accommodations for all persons with disabilities that may affect your ability to complete course assignments or otherwise satisfy course requirements. If you may require accommodations, please contact Student Access Services (615) 322–4705 (V/TDD) to discuss and determine any accommodations. If you have a disability for which you may request accommodation in Vanderbilt University classes and have not contacted them, please do so as soon as possible. You are also encouraged to see your instructor(s) privately in regards to this matter, ideally no later than the second class meeting of the semester, so that we can ensure that your needs are met appropriately and in a timely manner. I am very happy to work with you to honor any accommodations for which you have been officially approved. However, for me to do so, you will need to share with me our official notification of the accommodations you have received through Student Access Services.

**Emotionally Sensitive Topics.** At times this semester, we may be discussing topics that could be disturbing to some students. If you feel the need to excuse yourself during any of these discussions, either for a short time or for the rest of the live session, you may do so without academic penalty (please do keep up with any academic material you miss and touch base with me afterward so that I can make sure you’re okay). If you wish to discuss your personal reactions to this material, either with the class or with me, I would welcome such a conversation as an appropriate part of your professional development. Learning to manage personal reactions to potentially disturbing material that our clients discuss is an important part of preparing to be a counselor.

**Confidentiality.** The nature of this course will provide the opportunity to process personal and sensitive matters. Please remember that any personal information revealed during class time is confidential and should be confined to the class. Students are also asked that personal sharing be sensitive to classmates and guests. Sharing personal experience is encouraged, but stories should be intended to elaborate on or illustrate material for purpose of class discussion. Please avoid sharing “war stories” simply for shock value because memories may trigger issues for other students in the room.

**Mandatory Reporter Obligations.** All University faculty and administrators are mandatory reporters. What this means is that I am required to report allegations of sexual misconduct and intimate partner violence to the Title IX Coordinator. This includes events that have occurred anytime, including prior to your enrollment at Vanderbilt, and reported in any fashion, in person or in assigned coursework (e.g., papers, presentations, etc.). In addition, it is suggested all faculty should report any allegations of discrimination and harassment as well. I am very willing to discuss with you such incidents should you so desire, but I can only do so in the context of us both understanding my disclosure obligations. If you want to talk with someone in confidence, officials in the Student Health Center, the University Counseling Center, and officials in the Office of the Chaplain and Religious Life (when acting as clergy) can all maintain confidentiality. In addition, officials in the Project Safe Center (Crisis Hotline: 615-322-7233) have limited confidentiality, in that they have to report the incidents they are told of, but can do so without providing identifying information about the victim(s).

**Scheduling Appointments.** To schedule a meeting, please use my Doodle scheduling calendar and select at least a couple of meeting time options: [https://doodle.com/andyfinch](https://doodle.com/andyfinch)

**COURSE CALENDAR**

**Weekend One – Overview of Substance-Related & Addictive Disorders and Problem Identification**

**READINGS**
- Chapter 1 – Role of Mental Health Professional in Prevention & Treatment
- Chapter 2 – Classification of Drugs
- Chapter 3 – Models of Addiction
- Chapter 16 – Prevention
- *Drugs, Brains, & Behavior: The Science of Addiction (NIDA Publication, 2018)*

**Weekend Two – Continuum of Care & Evidence-Based Practice**

**READINGS**
Weekend Three - Ethics, Families, Diversity, & Spirituality

READINGS
- Chapter 4 – Culturally & Ethnically Diverse Populations
- Chapter 5 – Confidentiality and Ethical Issues
- Chapter 12 – Children & Families
- Chapter 13 – Adult Children & Codependency
- Chapter 15 – Gambling & Other Behavioral Addictions

STUDENT PERFORMANCE EVALUATION CRITERIA AND PROCEDURES
An assignment sheet has been created for each project, and a grading sheet has been designed based for the components of the assignment. Late papers will lose five points for the first day late, and one point for each additional day. Papers over one week late will not be accepted unless special arrangements are made with the instructor. The Vanderbilt Honor Code applies to all assignments. Class requirements and their weight in terms of your course grade are as follows:

1) Online Quizzes – 15% of final grade
2) Site Visit Presentation – 25% of final grade
3) Attendance at 12-Step Meetings – 30% of final grade
4) Experiential Exercise – 30% of final grade

GRADING SCALE

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>A</td>
<td>94-100</td>
</tr>
<tr>
<td>A-</td>
<td>90-93</td>
</tr>
<tr>
<td>B+</td>
<td>87-89</td>
</tr>
<tr>
<td>B</td>
<td>84-86</td>
</tr>
<tr>
<td>B-</td>
<td>80-83</td>
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<tr>
<td>C+</td>
<td>77-79</td>
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<tr>
<td>C</td>
<td>74-76</td>
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<tr>
<td>C-</td>
<td>70-73</td>
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<tr>
<td>D+</td>
<td>67-69</td>
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<tr>
<td>D</td>
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<td>D-</td>
<td>60-63</td>
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<tr>
<td>F</td>
<td>BELOW 60</td>
</tr>
</tbody>
</table>

Quizzes – 15% of final grade
An online quiz will be posted on Brightspace after class meets. Students will need to complete the quiz before the next class meeting. The quizzes will be open note and open book, but will have a time limit, so you are encouraged to finish the readings before starting the quiz.

Site Visit Presentation – 25% of final grade
Groups of two or three students will choose a local treatment facility and visit that facility. Students will present their organization with a PowerPoint/Prezi to the class during the second or third weekend of the class. A list of possible facilities is provided at the end of this syllabus, though students may select a different facility if approved by the instructor. Students must email the instructor their group members and their selected organization by Friday, September 27. Students must email the instructor a copy of their slides prior to their class presentation.
Attendance at Mutual Aid/Support Group Meetings – 30% of final grade
As part of your class experience, you are required to attend three different “Open” and “Live” mutual aid/support group meetings. Note: All meetings are "closed meetings" (exclusively for those that are addicted) unless “O” (open) is indicated next to the meeting location found in the directory. Only attend Open meetings unless you meet the necessary criteria. Email the reflection paper before the last day of class to receive credit for this assignment.

Experiential Exercise – 30% of final grade
You must complete one of the following options and submit the completed assignment by November 15 to receive credit for the assignment.

OPTION A - Abstinence Exercise and Paper
This exercise is designed to help you experience some of the feelings/thoughts that individuals with substance use disorders experience when they quit their drug or behavior of choice. This exercise requires that you give up a substance (e.g., nicotine, sugar, caffeine, or alcohol) or a behavior (e.g., social media use, eating sweets, playing video/computer games, watching television, texting) for a period of 30 days. For those of you who have difficulty identifying a substance or behavior, please contact me so we can discuss what might be a challenge for you to give up for this time period.

OPTION B – Interview and Paper
Interview a person in recovery from a substance-related or other addictive disorder and create a written report with (a) the key details of their story, (b) linkages to salient material from class, and (c) personal reflection how their story impacted your understanding of addiction and recovery.

Local Treatment Facilities for Site Visits

Bradford Health Services
Services: Outpatient for men and women.
http://www.bradfordhealth.com/

Buffalo Valley – Hohenwald
Services: Residential treatment for men and women.
http://www.buffalovalley.org/

Centerstone
Services: Outpatient for men and women, including those with co-occurring mental conditions.
https://centerstone.org/

Cumberland Heights
Services: Detox, outpatient and inpatient -- two weeks, 30 days or longer -- for men and women.
http://www.cumberlandheights.org/

Discovery Place
Services: 30-day residential program
http://www.discoveryplace.info/

Integrative Life Center
Services: Residential treatment and intensive outpatient program for men and women.
https://www.integrativelifecenter.com/

JourneyPure At The River

1 Service descriptions source: http://www.nashvillerecovers.org/treatment-detox.php
Services: Detox, residential treatment, and intensive outpatient program for men and women.
https://journeypureriver.com/

**Meharry Medical College – Lloyd C. Elam Mental Health Center Services**
Services: Detox and 14-28 day residential treatment for men and women. Outpatient, adolescent programs available as are services for those with co-occurring mental conditions.
http://www.mm.edu/patientcare/school-of-medicine/locations/elamcenter.html

**The Ranch**
Services: Detox and residential programs for men and women.
https://www.recoveryranch.com/

**Renewal House**
Services: Residential recovery program for addicted women and their children
http://www.renewalhouse.org/

**Rolling Hills**
Services: Detox, outpatient and residential treatment for men and women, adolescents, those with co-occurring medical conditions.
http://www.rollinghillshospital.org/

**Safe Harbor of Nashville**
Services: A six-month, faith-based residential program for men that provides meals and transportation. Participants are required to find work (job searching help available) and pay back costs of the program.
http://safeharbornashville.org/

**Samaritan Recovery Community**
Services: Outpatient and residential treatment for men and women.
http://samctr.org/

**Vanderbilt Addictions Program**
Services: Inpatient detox, intensive outpatient program, aftercare.
http://www.vanderbilthealth.com/psychiatrichospital/26602

**Youth Overcoming Drug Abuse (YODA)**
Services: Intensive outpatient program for adolescents and young adults with substance use and co-occurring disorders.

**Mutual Aid/Support Groups**
- Adult Children of Alcoholics/Dysfunctional Families: http://www.adultchildren.org/
- Al-Anon: http://www.al-anon.alateen.org/english.html
- Alcoholics Anonymous: http://www.aa.org
- Celebrate Recovery: http://www.celebraterecovery.com
- Codependents Anonymous: http://www.coda.org
- Emotions Anonymous http://allone.com/12/ea/
- Gamblers Anonymous: http://www.gamblersanonymous.org
- Nar-Anon: http://nar-anon.org
- Overeaters Anonymous: http://www.oa.org
- Rational Recovery: http://www.rational.org
• Sex Addicts Anonymous: http://www.sexaa.org
• Sexaholics Anonymous: http://www.sa.org
• SMART Recovery: http://www.smartrecovery.org