**Course Introduction**

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*The secret to getting ahead is getting started.*

*~ Mark Twain*

**Overview**

The content in this module will provide students an overview of the course and general competencies for addiction counseling professionals. Recovery to Practice, one of the contributing sources to the curriculum content in this course, will be reviewed from an historical perspective.

The subject matter in this module will afford students an opportunity to explore tips for academic success and the translation of these habits into a professional setting. Characteristics of an effective addiction counselor and the competencies one must demonstrate in the profession will be examined.

**Objectives**

* List 5 tips for academic success;
* List 3 characteristics of a highly functioning clinician;
* Recall the Four Dimensions of Recovery; and
* The Guiding Principles of Recovery.

**Course Description**

This course focuses on familiarizing students with the core competencies necessary for effective interventions within addiction treatment settings and prepares students to apply these skills in counseling practice.

**Course Objectives**

Upon successful completion of the course, students mastering content will:

1. Be familiar with Texas LCDC rules;
2. Be able to discuss ethical standards governing addiction counseling in Texas, including the scope of practice for LCDC;
3. Identify accepted principles for development and maintenance of SUD treatment plans in Texas and comprehend the importance of complete and accurate charting;
4. Have demonstrated competence through developing one lesson appropriate to facilitate in SUD treatment;
5. Recognize fundamental concepts of SUD treatment in Texas, including diagnosis, levels of care, and Medication Assisted Treatment/Recovery;
6. Describe stigma and demonstrate ability to locate legislative representatives;
7. Be aware of and demonstrate knowledge of current clinical language;
8. Recall the 4 domains of SUD treatment, as defined by IC&RC;
9. Be familiar with Texas and National professional addiction associations and reputable sources for resources; and
10. Recall the history of addiction and recovery, adequately define “recovery”, and explain at least 4 pathways to recovery; and
11. Apply understanding of cultural influences on recovery.

**LCDC**

Addiction counselor credential in Texas is the LCDC. Though the addiction profession no longer uses the term “chemical dependency”, the LCDC stands for Licensed Chemical Dependency Counselor. The state has not changed the name of the credential to reflect current terminology as of this date.

This course is one of six required by the state of Texas for attaining the LCDC.

The curriculum content in this course impart information related to the following addiction counselor competencies:

* The definition of recovery
* The history of addiction & recovery
* Stigma and bias related to addiction
* Levels of care in treatment
* State requirements for treatment facilities
* State requirements of LCDC’s and LCDC-Interns
* Documentation expectations
* Daily operations in treatment
* Recovery & the community
* Various pathways to recovery
* Diverse populations in recovery
* Culturally based influences on recovery
* Professional ethics
* Medication Assisted Treatment and Recovery
* Trauma & recovery
* Recovery planning
* Addiction, recovery, and treatment terminology

**Education**

Education is a fundamental component of counselor development. During initial education, focus on building knowledge is essential. Not only will students seeking licensure be required to retain information necessary to pass state or national testing, but also develop the habits and characteristics crucial to integrity in the workplace.

**Academic Success**

Each person seeking higher education likely begins with the goal of success in mind. In order to achieve the desired goals, successful students engage in proactive academic behaviors. Academic habits can translate into the workplace.

**Tips for Academic Success**

| **Attend** | Successful students attend class. A great deal of information can be exchanged during in-class interactions. Instructors are unable to get to know students who are not in attendance. On time and consistent attendance sends a message to the instructor and classmates of the importance placed on education and responsibility.  |
| --- | --- |
| **Awareness** | Individuals pursuing and in the counseling profession cannot afford to be unaware of his or her own behaviors, reactions, emotions, and past. It is imperative to the health of the professional and the treatment of the clients being served that helping professionals tend to his or her own mental and emotional health.  |
| **Community** | Many resources are provided by academic institutions, including: free or discounted counseling; student organizations with a variety of interests; student governments; social activities; and study groups. Developing a community enhances the quality of life of a student and can shift into a professional network after entering the workforce.  |
| **Communicate**  | Communication is a crucial part of day-to-day life. Effective communication is key to academic and professional excellence. Practice effective communication in the classroom, on the telephone, and via email. When emailing the course instructor there are simple – yet highly valuable actions that will establish your knowledge, professionalism, and life skills. * Put the course number in the subject line
* Address the instructor professionally
* Conclude with students full name
 |
| **Complete** | Successful and accurate completion of assignments will likely result in attaining a higher grade. GPA (Grade Point Average) can be important for advanced education and future employment. Demonstrating timely completion of assigned tasks may lead to an instructor being more willing to write a student letter of recommendation for advanced education or future employment.  |
| **Compute** | Review the course content to discover the technical requirements for the course. If the instructor requires assignments on Word documents and PowerPoint slides, obtain that software. Students enrolled in academic institutions are often eligible for free or low-cost software packages. Not doing this task will likely result in failing the course or failing to make the grade hoped for. Students near campus should locate computer labs, learning centers, and libraries that provide use of a computer. Those not near a campus benefit from locating a local library, school, family member, or friend who provide the use of computers. Computers can malfunction. Backup resources are necessary. Reliable internet connection is also a needed piece of academic involvement today.  |
| **Goals** | Review the goals and objectives provided by the course instructor for modules or assignments. These can give direction to studying, writing, reading, or participating. Consider personal goals for each semester – academic and personal.  |
| **Major** | Choosing a major may not be a simple task. Oftentimes, students do not know how to match the correct major to their career goals. In order to select the major that will be of the most benefit to your future, take a few steps. * Consider what kind of work you want to do.
* If you plan to work in the helping profession, contemplate the type of client you want to serve; in what setting you wish to be employed; and the focus or specialization you desire to practice. Answering these questions can narrow your concentration to the major most fitting.
* Meet with others who are already doing the work you hope to do. Consider asking someone in the profession to be a mentor. Interview one or more people to discover his or her educational background. Ask for tips from people who have already walked the path.
* Meet with professors in the department(s) and concentration(s) you are considering. Often, instructors teaching the courses can provide more insight into what the course offers than general academic advising.
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| **Organization** | Being a student requires organization. Each person has his or her own organizational style and should determine which works best. Organization is requisite for students and professionals.  |
| **Participate** | Interacting with classmates, instructors, speakers, and others in the classroom is valuable. Even participate in the often dreaded group projects. Participation is an opportunity to get to know others who may be colleagues, referral sources, or even employers later. Group projects are an excellent occasion to practice teamwork and team meetings that will be a daily element in the counseling workplace. Remaining anonymous will not serve a student or potential counselor well. Also avoid over-participate in a way that disallows others to also engage. Participation is a chance to begin working on being more open-minded. Engagement that does not involve proving a point or fighting to be right is helpful practice. There is little room for right fighting in the helping profession.  |
| **Professionalism** | Students pursuing education as preparation to enter the counseling profession benefit from viewing themselves professional in development. Students have many opportunities to practice professionalism in the classroom.  |
| **Read** | Read the course syllabi. Your instructor goes through great effort to highlight all information relevant to successful completion of his or her course. Failing to read this material before asking the instructor will not exhibit effective academic intention.Become familiar with the course expectations; assignments; due dates; policies; and other important course information at the onset of the course to ensure success.Read assignment instructions thoroughly. Reading assignment instructions is a simple way to avoid point loss.  |
| **Reward** | Pat yourself on the back from time to time. Set up a reward system to acknowledge your progress. Every so often people need to be reminded of his or her progress when on an endeavor as great as attaining a degree.  |
| **Study** | Information reviewed has a higher likelihood of being retained. Recalling the information for tests while pursuing an education will assist in obtaining a degree. Locate or create a space to use for studying. This can aid in structure needed to adhere to a certain study time or day. Ask family members or friends who might share this space to provide you quiet or private time a certain number of hours or on specific days each week. Many students enjoy lamp lighting while studying rather than fluorescent. Comfortable seating will allow a student to remain in a study space longer than uncomfortable. The ambiance usually matters when studying. Some students prefer quiet. Some enjoy white noise in the background. Some even thrive with music meant to enhance study. Attempt to minimize distractions during your study time. In order to avoid being a distraction, ensure things needed to study are near.  |
| **Take Notes** | Repetition strengthens knowledge. Note taking helps students remember classroom discussions. Even a student with the best memory can gain from taking notes.  |
| **Wellness** | Education can be difficult to balance with other areas of life; however, mental, emotional, and physical health are impacted by high levels of stress. Wellness is important as a student and a professional. Balancing mental, emotional, and physical health is important. Taking time out of responsibilities and obligations to enjoy free time is crucial. |
| **Write** | Original writing and APA (American Psychological Association) referencing unoriginal work is critical as a student and as a professional.Written work is often the only way a student demonstrates course mastery.  |

**Online Learning**

The first online course can be a bit difficult. The content may not be as overwhelming as learning the ropes. Do not give up. Use the institutional resources available. Contact tech support. Watch tutorials. Even YouTube has video instructions on most learning platforms used by academic institutions. Contact the course TA or instructor. The following online courses will not be as challenging once you learn the system used.

Do not assume an online course is easier than an on campus version. The same amount of work and investment is required of both.

Log into the course frequently. Look for updates, announcements, graded work, and work due.

Use “netiquette”, online manners, in the same way as on campus classroom. Do not assume an online environment in academia is akin to social media. Students are expected to be tolerant, respectful, and polite online just as expected in person.

**Addiction Counselors**

Addiction counselors are not all the same. Time and experience in the profession does not automatically equal greater ability. Counselors range from novice to expert. Create a trajectory to become an expert. Some of the skills important to effective counselors will be reviewed.

**Basic Counseling Skills**

LCDC-Interns can further advance by continuing to use basic counselor communication skills with colleagues and clients.

Effective communication includes:

* Open-ended questions;
* Encouraging client to speak through body language, such as head nods;
* Appropriate eye contact;
* Leaning toward are away from the speaker;
* Awareness of non-verbal body language;
* Summarizing; and
* Paraphrasing.

Listening is part of communication. Counselors need to engage in active listening. Active listening requires the counselor to be present and remain present in the moment with the client. It is vital to understand and reinforce the understanding of the information being shared by the client.

Active listening is also key to recalling the interactions with clients in order to accurately document each.

**Boundaries**

The counselor – client relationship is professional and requires clear boundaries to maintain.

Boundaries in counseling protect both parties and promote ethical decision making and behavior.

Clinicians with healthy boundaries make decisions he or she would not be ashamed of for a colleague or licensing board to know.

Healthy boundaries prevent a counselor from harming a client through dual relationships or other exploitation.

Healthy boundaries should be maintained for the duration of a clinicians career.

**Competency**

Counselor competency occurs in the development of skills that demonstrate knowledge and an ability to apply the knowledge.

Ongoing professional development is also a part of being a competent clinician. One does not get to the end of a professional development journey. A competent clinician desires to continually progress.

KSA’s, in other professions, often represent the terms: Knowledge, Skills, and Abilities. In the addiction counseling profession the A represents the term Attitudes. The distinction between the reason attitude is addressed as part of the addiction counselor competencies is important to note. The TAP 21 explains the importance:

Counselor’s attitudes toward clients and the treatment process are important because they shape the therapuetic relationship that is at the core of treatment for substance use disorders. Negative counselor attitudes need to be considered within the framework of stigma and its consequences for the counselor, the client, and the field (SAMHSA, 2012).

Addiction counselor competencies found in the [TAP 21](https://store.samhsa.gov/shin/content/SMA12-4171/SMA12-4171.pdf) include:

* Understanding addiction;
* Knowledge of treatment;
* Ability to apply knowledge to clinical practice; and
* Professional readiness (SAMHSA, 2012).

The TAP 21 outlines addiction counselor competencies as an ability to perform duties that include:

* Clinical evaluation;
* Treatment Planning;
* Referral;
* Service Coordination;
* Counseling;
* Client, family, and community education;
* Documentation; and
* Professional and ethical responsibilities (SAMHSA, 2012).

**KSA’s**

The term “KSA” is one frequently heard in the addiction counseling profession. The letters stand for Knowledge, Skills, and Attitudes.

***Knowledge*** initially begins during academic study. Knowledge is an understanding of theories and concepts.

***Skills*** often begin during practicum and accelerate during internship. Skills are the practical application of concepts and theories.

Highly-regarded clinicians continue polishing his or her skills throughout the career.

***Attitudes*** refers to the way one feels about something.

The specific KSA’s addiction counselors are required can be found in the TAP 21 resource book from SAMHSA that recommended reading in this course.

Interns are required to learn the KSA’s. It is advantageous to learn the meaning of the KSA’s and look for where and how they are used in counseling to further strengthen knowledge and application.

**Policies & Procedures**

Upon hire at a treatment center, all employees are required to review and sign the agency (P&P) Policies and Procedures. The employee signature is a testament to knowing and understanding the P&P.

Highly competent clinicians will not only sign the P&P, but read and understand its contents. An agency will hold an employee accountable for knowing the P&P; therefore, it stands to reason one should.

**Rapport Building**

Building rapport is akin to relationship building. To build rapport, the counselor needs to create a safe space where a client can become vulnerable and remain honest.

To build rapport it is critical a counselor not judge a client; actively listen; treat the client with dignity and respect; and use minimum self-disclosure.

**Scope of Practice**

An LCDC can only diagnose Substance Use Disorders. An LCDC is bound to work with clients and the clients family members on issues related to addiction.

An LCDC, without other credentials, cannot address or make mental health diagnoses. It is imperative to stay within the bounds of the license or risk doing harm or losing the license.

**Supervision**

LCDC-Interns are required weekly supervision during the entirety of the internship.

Supervision is crucial to professional development. The QCC (Qualified Credentialed Counselor) supervising the LCDC-Intern will provide assignments; feedback; observation; and direction verbally and in writing.

LCDC-Interns who appear most fruitful welcome feedback and guidance from the QCC, and other LCDC’s, without defensiveness.

A person who has not been a counselor is not expected to know how to be a counselor without supervision and practice.

Once fully licensed the LCDC no longer requires supervision. Many of the most skilled LCDC’s continue to seek and receive supervision in order to continue improving the quality of his or her skills.

LCDC-Interns can gain new skills and ideas through observing seasoned counselors facilitate sessions. Highly skilled counselors continue observations after obtaining licensure.

Also, be observed. During internship an LCDC-Intern is often observed by a supervisor and other qualified counselors. Following such observations it is critical the LCDC-Intern be open to hearing feedback about the areas of strength and weakness.

The best way to improve clinical skills is to practice and improve. Allowing others to observe will provide an LCDC-Intern a subjective view.

**Theories**

Students studying addiction counseling will learn counseling theories used in addiction counseling during his or her academic career. The majority of students will study and learn theories, rather than skills.

Continue to study the theories applicable to addiction counseling and begin applying the theories to your practice in order to develop skills.

**Beyond Minimum Requirements**

LCDC-Interns and those fully licensed must meet minimum performance requirements. Those excelling beyond the minimum requirements are highly effective and often chosen for promotion and other opportunities.

**Traits of Highly Effective Helping Professionals**

Authenticity

Confidence

Empathy

Goals

Kindness

Self-Awareness

Strengths

Weaknesses

*View Handout 1 Traits of Highly Effective Helping Professionals for detailed information*

**Recovery to Practice**

This curriculum, in part, was created as a result of the Recovery to Practice initiative at The University of North Texas. In May 2009, [The Substance Abuse and Mental Health Services Administration](https://www.samhsa.gov) (SAMHSA) launched a national ***Recovery to Practice*** (RTP) initiative in an effort to promote recovery from mental illness and/or addiction. In 2010, SAMHSA brought together stakeholders from a variety of areas (including, professionals, people in recovery, advocates, and allies) to begin addressing this initiative. Six professional organizations received awards to develop curricula within his or her area of expertise:

* Addiction
* Peer Specialists
* Psychiatric Nursing
* Psychiatry
* Psychology
* Social Work

[NAADAC](https://www.naadac.org), The Association for Addiction Professionals was given one of the six awards to develop a [national training curriculum](https://www.naadac.org/recovery-to-practice-initiative) for Recovery to Practice. NAADAC intended the RTP curriculum to become part of a national certification and educate addiction professionals. The curriculum can still be accessed, at no cost:

Within the RTP curriculum, NAADAC included:

* Recovery to Practice webinar series
* Recovery to Practice Certificate program
* Recover-Oriented definitions
* Recovery Resources
* Results of the environmental scan

# NAADAC’s [situational analysis](https://www.naadac.org/assets/2416/situational_analysis_final.pdf)

# **Texas**

In 2014, the [Hogg Foundation](http://hogg.utexas.edu) took on the role of assessing how professionals and organizations in Texas were implementing the RTP principles. Hogg funded six programs to explore the manner in which RTP was being executed among various professionals. The areas of expertise included:

* Psychiatrists
* Psychologists
* Social workers
* Nurses
* Addiction counselors
* Recovery Peer Support Specialists

**The University of North Texas**

The [Department of Rehabilitation & Health Services](http://rhs.hps.unt.edu/unt-rehabilitation-and-health-services-university-north-texas) at The University of North Texas (UNT) was awarded a grant focused on the addiction counseling and recovery communities throughout Texas.

# **Creating and Disseminating RTP**

During the first phase, the UNT RTP team, along with consultation from Cynthia Moreno Tuohy, NAADAC Executive Director, created and disseminated an environmental scan.

90% of respondents to the environmental scan in Texas indicated having utilized recovery-oriented practices in his or her professional addiction counseling practice. While the majority indicated they were knowledgeable and utilized recovery-oriented practices, over 34% reported having received no training in the area. It appeared RTP training had a natural place in Texas.

UNT RTP formed a team and an advisory board made up of professionals, people in recovery, and allies throughout the state. RTP training was offered at many conferences and needs in the state continued being assessed.

Within the second year, the RTP team developed a Train the Trainer training. This training drew participants from all the regions of Texas. Those trained are now called “Recovery Champions”. Recovery Champions can now provide RTP in the region of the state they live

Another major goal has been reached, as UNT RTP has crafted this robust Recovery to Practice curriculum to be made available to people in recovery, professionals, educators, and allies. Throughout the curriculum, we have woven the work from SAMHA’s initiative on RTP.

**Recovery to Practice Team**

Dr. Linda Holloway, Principal Investigator

Carrie Breedlove, Program Coordinator

Paula Heller Garland, Subject Matter Expert and author of curriculum

**Four Dimensions of Recovery**

During SAMHSA’s development of Recovery to Practice (RTP), four dimensions that support life in recovery were identified:

**Health**: overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way;

**Home**: a stable and safe place to live;

**Purpose**: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and

**Community**: relationships and social networks that provide support, friendship, love and hope (SAMHSA, 2010).



**SAMHSA’s Guiding Principles of Recovery**

**Recovery emerges from hope**: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.

**Recovery is person-drive**n: Self-determination and self-direction are the foundations for recovery as individuals define his or her own life goals and design unique path(s).

**Recovery occurs via many pathways**: Individuals are unique with distinct needs, strengths, preferences, goals, culture and backgrounds, including trauma experiences that affect and determine the pathway(s) to recovery. Abstinence is the safest approach for those with substance use disorders.

**Recovery is holistic**: Recovery encompasses an individual’s whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.

**Recovery is supported by peers and allies**: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.

**Recovery is supported through relationship and social networks**: An important factor in the recovery process is the presence and involvement of people who believe in the person’s ability to recover; who offer hope, support and encouragement; and who also suggest strategies and resources for change.

**Recovery is culturally based and influenced**: Culture and cultural background in all of its diverse representations, including values, traditions, and beliefs, are keys in determining a person’s journey and unique pathway to recovery.

**Recovery is supported by addressing trauma**: Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment and collaboration.

**Recovery involves individual, family and community strengths and responsibility**: Individuals, families and communities have strengths and resources that serve as a foundation for recovery.

**Recovery is based on respect**: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting client rights and eliminating discrimination – are crucial in achieving recovery.

*View Handout 2 SAMHSA’s Guiding Principles of Recovery*

**Recovery to Practice Resources**

Recovery to Practice is intended for anyone with an interest to access. RTP has a [page](https://www.facebook.com/RecoverytoPractice/) and a [Community of Practice](https://www.facebook.com/groups/RecoverytoPractice/) on Facebook. The page contains current events, topics of interest, and videos. The Community of Practice is private and requires one to answer several questions to join.

The Recovery to Practice [website](https://rhs.hps.unt.edu/recovery-practice) has basic information about the project, including contact information for many of the people involved.

**Academics**

The University of North Texas provides many degrees of interest to individuals with goals to work in helping professions.

In the [Department](https://rhs.hps.unt.edu) of Rehabilitation & Health Services at The University of North Texas’s College of Health and Public Service, the following academic options are available:

**Undergraduate Majors:**

BS in [Rehabilitation Studies](https://rhs.hps.unt.edu/unt-undergraduate-program-rehabilitation-studies-department-disability-and-addiction-rehabilitation)

BS in [Public Health](https://rhs.hps.unt.edu/bachelors-public-health)

**Undergraduate Minors:**

[Addiction Studies](https://rhs.hps.unt.edu/minor-rehabilitation-studies)

[Applied Gerontology](https://rhs.hps.unt.edu/minor-applied-gerontology)

[Rehabilitation Studies](https://rhs.hps.unt.edu/minor-rehabilitation-studies)

**Advanced Programs:**

MS in [Rehabilitation Counseling](https://rhs.hps.unt.edu/rehabcounseling)

MS in [Health Services Administration](https://rhs.hps.unt.edu/hlsa)

PhD in [Health Services Research](https://rhs.hps.unt.edu/doctoral-program-application-procedure)

**Schedule**

| **Module** | **Topic** | **Assignment(s) Due** |
| --- | --- | --- |
|   |   |   |
| 1 | Introduction | Discussion Board 1 |
| 2 | Defining Recovery  | Discussion Board 2Quiz 1 |
| 3 | History of Addiction & Recovery  | Legislative AssignmentDiscussion Board 3Quiz 2 |
| 4 | Stigma | Discussion Board 4Quiz 3 |
| 5 | What Happens in Treatment?  | Discussion Board 5Quiz 4 |
| 6 | Recovery & The Community | Discussion Board 6Quiz 5 |
| 7 | Many Pathways to Recovery  | Discussion Board 7Recovery Support Paper |
| 8 | Diverse Populations in Recovery  | Discussion Board 8Quiz 6 |
| 9 | Culturally Based Influences on Recovery  | Discussion Board 9Cultural Event Report  |
| 10 | Professional Ethics | Discussion Board 10Quiz 7 |
| 11 | Medication Assisted Treatment & Recovery | Discussion Board 11Quiz 8 |
| 12 | Trauma & Recovery | Discussion Board 12Quiz 9 |
| 13 | Recovery Planning | Discussion Board 13Recovery Plan Slides |
| 14 | Reflection  | Discussion Board 14Final Quiz |

**Also Included**

Each module includes reference list, slides, assignments, discussions, and quizzes.

The curriculum includes a glossary, full reference list, overview and organization.

**Recommended Material**

Fletcher, A. M. (2013). *Inside rehab: The surprising truth about addiction treatment: And how to get help that works*. NY, NY: Viking.

ISBN 978-0-670-02522-0

*Tap 21: Addiction counseling competencies*. (2012). Washington, DC. SAMHSA.

Available at no charge through [SAMHSA’s website](https://store.samhsa.gov/product/TAP-21-Addiction-Counseling-Competencies/SMA15-4171).

Zuckerman, E. L. (2010). *Clinicians Thesaurus. 7th Ed*. New York, NY: Guilford Press.

ISBN-13: 978-1606238745

ISBN-10: 9781606238745

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Del Vecchio, P. (2012, March 23). SAMHSA's Working Definition of Recovery Updated. Retrieved August 01, 2018, from http://blog.samhsa.gov/2012/03/23/samhsas-working-definition-of-recovery-updated

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