

## Social Work 617

### Substance Related and Behavioral Addictive Disorders and Recovery

#### 3 Units

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#### I. COURSE PREREQUISITES

This elective course is open to School of Social Work students who have completed their foundation year course requirements and open to all concentration students.

#### II. CATALOGUE DESCRIPTION

Causal exploration of substance related and behavioral addictive disorders. Evidence-based and practice informed treatment models for vulnerable individuals, groups and families.

#### III. COURSE DESCRIPTION

This course uses a social work systemic approach to understanding substance misuse and other addictive behaviors. At present, there are no unifying theories of addiction and there are no unifying theories on treating addictions. Given the absence of overarching theoretical support, this course begins with a historical overview of addiction and the systems used in the past to try to eradicate addiction to illegal substances and the systems of care used to treat addiction and improve the well-being of vulnerable individuals and communities. The course is designed to then provide an overview of the epidemiological perspective, ethical and legal perspective, and sociological perspective. It also contains information on current treatment trends including the recognized levels of care. The course ends with an overview of both the historic and the contemporary policy trends for how our society views addiction, responds to those people affected by addiction, advances social and economic justice, and to eradicate pressing societal problems in complex and culturally diverse environments.

#### IV. COURSE OBJECTIVES

This course objectives are constructed from standards that are set by CSWE, the social work profession and by the University.

Objective #	Objectives
1	Identify the context and stages of substance and behavioral misuse and dependence, including the professional's roles in mitigating micro, mezzo, and macro crises.

Objective #	Objectives
2	Analyze how 12 step fellowship communities' foundations are similar and contrast with historical and present-day approaches to addiction intervention.
3	Demonstrate effective intervention options for individuals who have been diagnosed with co/tri/quad occurring disorders in a diverse world.
4	Apply effective cultural vulnerabilities and EBP interventions to groups who are at risk for addiction.
5.	Interpret and describe contributing factors of addiction and recovery processes, including family contributions and impact. Evaluate the efficacy of recovery interventions that were available, including assembling interventions that were not available.

#### V. COURSE FORMAT / INSTRUCTIONAL METHODS

The format of the course will consist of didactic instruction and experiential exercises. Case vignettes, videos, and role plays will also be used to facilitate the students' learning. These exercises may include the use of videotapes, role-play, or structured small group exercises. Material from the field will be used to illustrate class content and to provide integration between class and field. Confidentiality of material shared in class will be maintained. As class discussion is an integral part of the learning process, students are expected to come to class ready to discuss required reading and its application to theory and practice.

## VI. STUDENT LEARNING OUTCOMES

The following table lists the nine Social Work core competencies as defined by the Council on Social Work Education's 2015 Educational Policy and Accreditation Standards:

<b>Social Work Core Competencies</b>	
1	<b>Demonstrate Ethical and Professional Behavior *</b>
2	<b>Engage in Diversity and Difference in Practice *</b>
3	<b>Advance Human Rights and Social, Economic, and Environmental Justice *</b>
4	<b>Engage in Practice-informed Research and Research-informed Practice *</b>
5	<b>Engage in Policy Practice *</b>
6	<b>Engage with Individuals, Families, Groups, Organizations, and Communities *</b>
7	<b>Assess Individuals, Families, Groups, Organizations, and Communities *</b>
8	<b>Intervene with Individuals, Families, Groups, Organizations, and Communities *</b>
9	<b>Evaluate Practice with Individuals, Families, Groups, Organizations and Communities *</b>

\* Highlighted in this course

The following table shows the competencies highlighted in this course, the related course objectives, student learning outcomes, and dimensions of each competency measured. The final column provides the location of course content related to the competency.

Competency	Objectives	Behaviors	Dimensions	Content
<p><b>Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities</b></p> <p>Social workers in health, behavioral health and integrated care settings understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with and on behalf of, diverse individuals, and groups. Social workers understand theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, and groups. Social workers collect, organize, and interpret client data with a primary focus of assessing client's strengths. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making.</p>	<ol style="list-style-type: none"> <li>1. Provide an understanding of appropriate professional conduct and responsibilities regarding the assessment and diagnosis of mental disorders and the application of ethical guidelines regarding confidentiality, self-determination, and high-risk manifestations of mental illnesses.</li> <li>2. Promote knowledge about the logic and method of diagnostic classification and the criteria necessary for the diagnosis of various mental disorders, the process for ruling out alternative explanations for observed symptoms, and differentiating between disorders with shared symptoms.</li> <li>3. Demonstrate the importance and value of ethno cultural and gender factors in differential diagnostics, providing opportunities for students to consider and increase awareness about the subjective experience of mental illness and clinical conditions. Diversity issues include, but are not limited to, race, ethnicity, cultural values and beliefs, gender, sexual orientation, age, socioeconomic status, and religion/spirituality.</li> <li>4. Teach the theoretical foundation needed for constructing a comprehensive and concise biopsychosocial assessment, including a mental status exam.</li> </ol>	<p><b>7a.</b> Understand theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, and groups.</p> <p><b>7b.</b> Understand how their personal experiences and affective reactions may affect their assessment and decision-making and seek reflection through supervision and consultation.</p>	<p>Knowledge</p> <p>Reflection</p>	<p>Assignments: 1,2,3, &amp; 4.</p> <p>Class Participation</p>

Competency	Objectives	Behaviors	Dimensions	Content
<p><b>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</b></p> <p>Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with and on behalf of diverse individuals, families and groups in health, behavioral health and integrated care settings. Social workers working with adults and older adults identify issues related to losses, changes, and transitions over their life cycle in designing intervention. Social workers understand methods of identifying, analyzing, modifying and implementing evidence-informed interventions to achieve client goals, taking into account influences such as cultural preferences, strengths and desires. Social workers in working with adults and older adults value and readily negotiate, mediate, and advocate for clients. Social workers value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, inter-professional, and inter-organizational collaboration.</p>	<p>Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies.</p> <p>Apply knowledge of human behavior and the social environment, person in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies.</p> <p>Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes</p> <p>Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies.</p> <p>Facilitate effective transitions and endings that advance mutually agreed-on goals.</p>	<p><b>8a.</b> Skillfully choose and implement culturally competent interventions to achieve practice goals and enhance capacities of clients.</p>	<p>Exercise of judgment</p>	<p>Brief Reaction Paper</p> <p>Crisis Intervention Demonstration</p> <p>Application Exercise of Brief Therapy</p> <p>Brief Therapy Demonstration</p>
		<p><b>8b.</b> Are self-reflective in understanding transference and countertransference in client interactions as well as practice self-care in the face of disturbing personal reactions.</p>	<p>Reflection</p>	<p>Class Discussions</p>

## VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
<b>Assignment 1: Written Assignment: Reaction Paper to Self-help Meeting</b>	11:59pm, night before before Session 5	20%
<b>Assignment 2: Recovery Intervention in Group Settings</b>	Session 8	10%
<b>Assignment 3: Group Projects with At-risk Populations</b>	Outline due Session 11; Presentation delivery Session 13 - 14	25%
<b>Assignment 4: Long-term Recovery Interview and Paper</b>	11:59pm, night before Session 15	35%
<b>Class Participation</b>	Ongoing	10%

Each of the major assignments is described below. All student papers are automatically submitted through TurnItIn.com and inadequate or erroneous referencing will result in failure of the paper.

### **Assignment 1: Written Assignment (Reaction Paper - Self Help Meeting) - 20%**

- The student will attend a traditional 12-step meeting or other non-traditional self-help arena. Please do not attend a group that is led by a professional facilitator. One place to locate 12-step meetings is by looking on the Internet. Papers where only a video of a meeting is watched will not be accepted.
- Be sure to attend an OPEN meeting where visitors are welcome. Those who are able to honestly identify as having been in the process of addiction are welcome to go to a CLOSED meeting.
- Try to go alone. If you do find the need to carpool, do not sit in the meeting with your friend. Be aware of how you are feeling, your thoughts, and the dynamics of the group. Please do not take notes or write during the meeting as anonymity is a strong value within self-help meetings and is adhered to by participants.
- Compare at least 5 academic references and class content to your experience and throughout the paper to make academic sense of your observations.

The student will write a 5-page (not counting cover and reference pages - or more if needed) paper that addresses the following issues. PLEASE USE ALL HEADINGS AS LISTED BELOW.

- 1) Briefly describe the meeting, including location, time of day, and composition of the group (including sociocultural aspects such as gender, class, race, etc.)

- 2) Describe a story that was told at the meeting. Organize the story with all the headings of the Jelinek chart, using both the downward spiral and the process of recovery. (Sometimes people are not comprehensive about all the stages. It is up to you to meet this requirement. Sometimes people talk with the person afterwards. Sometimes people make up the missing parts.) Explain the hallmarks of each phase and support your explanation with academic information.
- 3) Describe at least 4 foundational principles of 12-step fellowship communities. How are these principles similar and different to historical and present-day approaches to addiction intervention?
- 4) In a paragraph or three, describe your personal experience of the meeting. What dynamics resonated with you? What dynamics discouraged you? What is your personal opinion about the usefulness of 12 step groups for people with addictions? And give a rationale for your opinion.

**Due: 11:59pm PST the night before Session 5.**

**Assignment 2: Group Roles and Intervention in Recovery Group Settings – 10%**

Students will participate in an in class activity for the purpose of identifying common roles in groups, stages of group development, and identifying challenging group dynamics and effective interventions. This activity will be interwoven into Unit 8.

Assignment Instructions

- Identify a group role
- Describe what this role looks like; give real life example
- Identify one or more effective therapeutic interventions.
- Analyze the timing of your intervention, including in the group or privately.

Here is a document that might be useful in collecting your information.

<http://www.Au.Af.Mil/au/awc/awcgate/sgitc/read4.Htm>

**Due: In class, Session 8 – Must be present in class to participate and receive points.**

**Assignment 3: Group Project – Recovery with At-risk Populations - 25%**

Students will work in a group of no more than three. Students will choose an identifiable group who struggles with addiction and answer the following questions. Presentations should be approximately 15 minutes in length. Power Points should be developed and will be posted to a place of the instructor's direction for the class to view.

- What are the major US historical points?
  - Include cultural issues (How has this group been systematically oppressed?)
  - Include organization or immigration (Identify major historical points of organization or immigration)
  - Include geographical concentrations (Where in the USA are these groups concentrated)
- How do these issues manifest today?
  - Include prevalence of the various substances/behaviors. (Utilize official websites and documents for statistic collection.)
- What are cultural practices (pride) that could increase recovery: stability, confidence, and adaptive coping mechanisms?
- Identify evidence-based intervention models. If there are none, state that.

- Special treatment considerations with this special population
  - What treatments are ineffective or most effective?

**Due: Outline is due in week 11. Will be presented in class during Unit 13 or 14.**

**Assignment 4: Long-term Recovery Interview and Paper - 35%**

The student will identify and interview a person of their choice who has been in addiction recovery for **over 5 years, without relapse**. Then, the student will write a paper addressing the following questions. Use lots of specific detail when asking questions and recording their answers. **Do not submit just a transcript of your interview** as the interview is only a portion of the assignment and submitting a transcript of the interview will result in not adequately meeting passing expectations. Please use the following bullet points as headings. The student will use at least 5 academic references when making assertions and to support and explain what the interviewee said. Please exercise APA style of referencing. The student is encouraged to use first person voice when writing this paper. The expected number of pages for the paper is 10 pages (not counting cover and reference pages), however the student is encouraged to write as much as needed to feel confident that understanding of the course content has been adequately communicated. This paper is due on the day before the last day of class and will be posted to a place of the instructor's direction.

Please use the following headings to organize your paper. Each heading should include 1) a **summary** of the interviewee's response and 2) academic material to explain and support each response.

- How does the student know this person?
- What were the contributing factors that lead you to use alcohol, drugs, or behaviors in excess?
- What were the circumstances that lead you to believe that you were not in control? (Be specific.)
- How did the person stop using (arrest and jail time, treatment, cold-turkey, etc.)
- How did you feel different in the beginning (first 3 weeks) of your recovery?
- Tell about the process of early (first 6 months) recovery. (See your notes for points.)
- What were the relapse triggers? How did you manage relapse risk?
- What people, places, things, and activities did/do you turn to for your stability?
- What was the impact on your family and how was your family involved in your recovery?
- How did you know that your life was taking a turn for the better? (Be specific.)
- How is your life different now?
- What do you most appreciate about your recovery?
- What were the most helpful and least helpful things people did during your recovery?
- Was there a level of intervention/care that would have been helpful?
- What did you learn from this activity? Please include and elaborate on at least 3 items. (More than 3 items can be listed.)

**Due: 11:59pm the night before session 15.**

**Participation – 10%**



## Class Participation (10% of Course Grade)

Student is expected to come to and remain in class for entire sessions. Student is expected to participate in class discussions. Texting, driving, and working on anything other than course material are considered not participating and participations points will be deducted accordingly.

**Due date: Each class session**

### Guidelines for Evaluating Class Participation

**10: Outstanding Contributor:** Contributions in class reflect exceptional preparation and participation is substantial. Ideas offered are always substantive, provides one or more major insights as well as direction for the class. Application to cases held is on target and on topic. Challenges are well substantiated, persuasively presented, and presented with excellent comportment. If this person were not a member of the class, the quality of discussion would be diminished markedly. Exemplary social work behavior in experiential exercises and demonstrating on target behavior in role-plays, small group discussions, and other activities.

**9: Very Good Contributor:** Contributions in class reflect thorough preparation and frequency of participation is high. Ideas offered are usually substantive and provide good insights and sometimes direction for the class. Application to cases held is usually on target and on topic. Challenges are well substantiated, often persuasive, and presented with excellent comportment. If this person were not a member of the class, the quality of discussion would be diminished. Good activity in experiential exercises demonstrating behavior that is usually on target in role-plays, small group discussions, and other activities.

**8: Good Contributor:** Contributions in class reflect solid preparation. Ideas offered are usually substantive and participation is very regular, provides generally useful insights but seldom offer a new direction for the discussion. Sometimes provides application of class material to cases held. Challenges are sometimes presented, fairly well substantiated, and are sometimes persuasive with good comportment. If this person were not a member of the class, the quality of discussion would be diminished somewhat. Behavior in experiential exercises demonstrates good understanding of methods in role-plays, small group discussions, and other activities.

**7: Adequate Contributor:** Contributions in class reflect some preparation. Ideas offered are somewhat substantive, provides some insights but seldom offers a new direction for the discussion. Participation is somewhat regular. Challenges are sometimes presented, and are sometimes persuasive with adequate comportment. If this person were not a member of the class, the quality of discussion would be diminished slightly. Occasionally applies class content to cases. Behavior in experiential exercises is occasionally sporadically on target demonstrating uneven understanding of methods in role-plays, small group discussions, and other activities.

**6: Inadequate:** This person says little in class. Hence, there is not an adequate basis for evaluation. If this person were not a member of the class, the quality of discussion would not be changed. Does not participate actively in exercises but sits almost silently and does not ever present material to the class from exercises. Does not appear to be engaged.

**5: Non-Participant:** Attends class only.

**0: Unsatisfactory Contributor:** Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive; provides few if any insights and never a constructive direction for the class. Integrative comments and effective challenges are absent. Comportment is negative. If this person were not a member of the class, valuable airtime would be saved. Is unable to perform exercises and detracts from the experience.

Class grades will be based on the following:

Class Grades		Final Grade	
3.85 – 4	A	93 – 100	A
3.60 – 3.84	A-	90 – 92	A-
3.25 – 3.59	B+	87 – 89	B+
2.90 – 3.24	B	83 – 86	B
2.60 – 2.87	B-	80 – 82	B-
2.25 – 2.50	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

Within the School of Social Work, grades are determined in each class based on the following standards which have been established by the faculty of the School: (1) Grades of A or A- are reserved for student work which not only demonstrates very good mastery of content but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in her or his approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student. (2) A grade of B+ will be given to work which is judged to be very good. This grade denotes that a student has demonstrated a more-than-competent understanding of the material being tested in the assignment. (3) A grade of B will be given to student work which meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets basic course expectations. (4) A grade of B- will denote that a student's performance was less than adequate on an assignment, reflecting only moderate grasp of content and/or expectations. (5) A grade of C would reflect a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement. (6) Grades between C- and F will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignment.

As a professional school, class attendance and participation is an essential part of your professional training and development at the USC Suzanne Dworak-Peck School of Social Work. You are expected to attend all classes and meaningfully participate. For Ground courses, having more than 2 unexcused absences in class may result in the lowering of your grade by a half grade. Additional absences can result in additional deductions. For VAC courses, meaningful participation requires active engagement in class discussions and maintaining an active screen. Having more than two unexcused absences in class may result in the lowering of your grade by a half grade. Additional absences in the live class can result in additional deductions. Furthermore, unless directed by your course instructor, you are expected to complete all asynchronous content and activities prior to the scheduled live class discussion. Failure to complete two asynchronous units before the live class without prior permission may also lower your final grade by a half grade. Not completing additional units can result in additional deductions.

## VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES

### Required Textbooks

Maté, Gabor. (2010). *In the realm of the hungry ghost: Close encounters with addiction*. North Atlantic Books. (There are no actual assigned chapters for this books. The student should pace reading throughout the semester and be prepared for classroom discussions.)

[http://thezeitgeistmovement.se/files/In\\_the\\_Realm\\_of\\_Hungry\\_Ghosts\\_-\\_Gabor\\_Mate\\_\\_M.D\\_.pdf](http://thezeitgeistmovement.se/files/In_the_Realm_of_Hungry_Ghosts_-_Gabor_Mate__M.D_.pdf)

McNeece, C. A. & DiNitto, D. (2012). *Chemical dependency: A systems approach*. (4th Ed.) Allyn & Bacon.

Psych Drugs. Smart Phone App (free)

### Required Video

Do No Harm – Please rent (\$3.99) or purchase (\$7.99) on iTunes.

### Guidebook for APA Style Formatting

American Psychological Association (2009). *Publication manual of the American Psychological Association, 6th Edition*.

### Optional Reading

Brown, S. & Yalom, I. (1997). *Treating alcoholism*. Jossey-Bass. (Classic).

Hansen, G., Venturelli, P., & Fleckenstein, A. (2008). *Drugs and society*. 10<sup>th</sup> Ed. Jones & Bartlett Publishers.

Khantzian, E. J., & Albanese, M. J. (2008). *Understanding addiction as self-medication*. Lanham, MD: Rowman & Littlefield Publishers, Inc.

Van Wormer, K. and Davis D. R. (2008). *Addiction treatment: A strengths perspective*. 2<sup>nd</sup> Ed. Brooks / Cole: Belmont, CA.

Walant, K. B. (1995). *Creating the capacity for attachment: Treating addictions and the alienated self*. New York: Rowman & Littlefield Publishers, Inc. (classic)

*Journal of Addiction Studies*

*Journal of Social Work Practice in the Addictions*

**Note:** the instructor throughout the course may assign additional required and optional readings.

## Optional Resources

Articles

Podcasts

Videos

Websites such as:

- [aa.org](http://aa.org)
- [bhmr.org](http://bhmr.org)
- [csat.org](http://csat.org)
- <http://www.ihra.net> (International Association for Harm Reduction)
- [projectcork.org](http://projectcork.org)
- [samsha.org](http://samsha.org) (Substance Abuse and Mental Health Services Administration)
- [whitebison.org](http://whitebison.org)

Week	Unit Learning Objectives	Topics	Assignments	Coordinates with Course Learning Objectives
1	<ul style="list-style-type: none"> <li>Familiarize with instructor and classmates.</li> <li>Identify course learning goals, topics, resources, assignment instructions and due dates.</li> </ul>	<ul style="list-style-type: none"> <li>Introduction <ul style="list-style-type: none"> <li>Faculty/classmate introductions</li> <li>Introduction to course</li> </ul> </li> <li>Format, syllabus, assignments, objectives and overview of course material</li> </ul>		
2		<ul style="list-style-type: none"> <li>Historical, ethical, legal/political, sociological, epidemiological perspectives on substance use and abuse, and misuse. <ul style="list-style-type: none"> <li>History of Addiction Intervention</li> <li>Primary, Secondary, Tertiary Interventions</li> </ul> </li> </ul>		
3	<p>The phases of addiction</p> <p>The causes of addiction</p>	<ul style="list-style-type: none"> <li>Understanding the process of addiction; Jelinek Chart <ul style="list-style-type: none"> <li>Definitions</li> <li>DSM 5</li> <li>Etiological Theories</li> </ul> </li> <li>Nature: Neurobiology</li> <li>Nurture <ul style="list-style-type: none"> <li>Learned</li> <li>Self-medication</li> <li>Psychic: <ul style="list-style-type: none"> <li>Early Attachment Loss/Trauma</li> <li>Adult Trauma</li> </ul> </li> </ul> </li> <li>Physical Pain</li> </ul>		
4	<p>Street names, pleasurable effects, risks including heavy use over time and overdose, long term use.</p> <p>Name the four categories of drugs that one is at high risk if stopped or slowed down significantly.</p>	<ul style="list-style-type: none"> <li>Understanding how commonly used psychoactive drugs work on the body. <ul style="list-style-type: none"> <li>Epidemiology: Prevalence, incidence, risk factors</li> <li>Street names, pleasurable effects, paraphernalia, risk of overuse and long-term use</li> </ul> </li> </ul>		

5	Street names, pleasurable effects, risks including heavy use over time and overdose, long term use.	<ul style="list-style-type: none"> <li>• Understanding how commonly used psychoactive drugs work on the body, continued</li> </ul>		
6	Name the level of care, treatment goals, length of stay, cost.	<ul style="list-style-type: none"> <li>• Levels of Care               <ul style="list-style-type: none"> <li>○ Screening (Screening, Brief Intervention, and Referral to Treatment: SBIRT)                   <ul style="list-style-type: none"> <li>○ Social Work role in identification</li> </ul> </li> <li>○ Assessment                   <ul style="list-style-type: none"> <li>○ Best Practices for Identification</li> </ul> </li> <li>○ Detox</li> <li>○ Intensive Outpatient Program</li> <li>○ Residential Treatment</li> <li>○ Sober Living</li> <li>○ Relapse Prevention / Maintenance</li> <li>○ Ongoing Outpatient Treatment</li> </ul> </li> </ul>		
7		<ul style="list-style-type: none"> <li>• Evidence-based / Evidence Informed Intervention Methods               <ul style="list-style-type: none"> <li>○ Motivational Interviewing</li> <li>○ Seeking Safety</li> <li>○ Illness Management and Recovery</li> <li>○ Harm Reduction</li> <li>○ Narrative Therapy</li> <li>○ 12-step Communities</li> <li>○ Pharmacology</li> </ul> </li> </ul>	•	
8	Recognize group roles, name several interventions, distinguish potential consequences of delivering consequences privately and in person	<ul style="list-style-type: none"> <li>• Recovery Intervention in Group Settings</li> <li>• Intervention skills with more challenging roles and group dynamics.</li> </ul>		
9		<ul style="list-style-type: none"> <li>• Assessment and Evidence-based Intervention with People with Co-occurring Disorders</li> </ul>		
10		<ul style="list-style-type: none"> <li>• Evidence-based Intervention for Early, Transition, Ongoing Recovery and Relapse Prevention</li> <li>• Addiction in the Workplace</li> <li>• Burnout Prevention and Intervention</li> </ul>		

11		<ul style="list-style-type: none"> <li>• Evaluation of Treatment               <ul style="list-style-type: none"> <li>○ Barriers to treatment</li> <li>○ Culture/ lifestyle of use</li> <li>○ How does coerced treatment compare to voluntary treatment?</li> <li>○ Apply research skills to evaluating the prevention of substance use and process disorders; identify and use evaluation tools for substance use and process disorders and prevention</li> <li>○ Communicate and disseminate evaluation results appropriate to the intended audience</li> <li>○ Work collaboratively with evaluators / researchers to assess intervention efficacy and effectiveness.</li> </ul> </li> </ul>		
12		<ul style="list-style-type: none"> <li>• Recovery with Families</li> </ul>		
13		<ul style="list-style-type: none"> <li>• Evidence-based Intervention with Special Populations</li> <li>• The impact of stigma and shame</li> </ul>		
14		<ul style="list-style-type: none"> <li>• Evidence-based interventions with Special Populations, continued</li> </ul>		
15		<ul style="list-style-type: none"> <li>• Wrap-up</li> <li>• Student Evaluations</li> </ul>		

1	<ul style="list-style-type: none"> <li>■ Introduction               <ul style="list-style-type: none"> <li>▼ Introductions</li> <li>▼ Introduction to course</li> <li>▼ Format, syllabus, assignments, objectives and overview of course material</li> </ul> </li> </ul>
2	<ul style="list-style-type: none"> <li>■ Historical, ethical, legal/political, sociological, epidemiological perspectives on substance use and abuse, and misuse.               <ul style="list-style-type: none"> <li>▼ History of Addiction Intervention</li> <li>▼ Primary, Secondary, Tertiary Interventions</li> </ul> </li> </ul>
3	<ul style="list-style-type: none"> <li>■ Understanding the process of addiction; Jellinek Chart               <ul style="list-style-type: none"> <li>▼ Definitions</li> <li>▼ DSM 5</li> <li>▼ Etiological Theories                   <ul style="list-style-type: none"> <li>➢ Nature: Neurobiology</li> <li>➢ Nurture                       <ul style="list-style-type: none"> <li>○ Learned</li> <li>○ Self-medication</li> <li>○ Psychic:                           <ul style="list-style-type: none"> <li>▪ Trauma</li> <li>▪ Early Attachment Loss</li> </ul> </li> <li>○ Physical</li> </ul> </li> </ul> </li> </ul> </li> </ul>
4	<ul style="list-style-type: none"> <li>■ Understanding how commonly used psychoactive drugs work on the body.               <ul style="list-style-type: none"> <li>▼ Epidemiology: Prevalence, incidence, risk factors</li> <li>▼ Street names, pleasurable effects, paraphernalia, risk of overuse and long-term use</li> </ul> </li> </ul>
5	<ul style="list-style-type: none"> <li>➢ Understanding how commonly used psychoactive drugs work on the body, continued</li> </ul>
6	<ul style="list-style-type: none"> <li>● Levels of Care               <ul style="list-style-type: none"> <li>○ Screening (Screening, Brief Intervention, and Referral to Treatment: SBIRT)                   <ul style="list-style-type: none"> <li>○ Social Work role in identification</li> </ul> </li> <li>○ Assessment                   <ul style="list-style-type: none"> <li>○ Best Practices for Identification</li> </ul> </li> <li>○ Detox</li> <li>○ Intensive Outpatient Program</li> <li>○ Residential Treatment</li> <li>○ Sober Living</li> <li>○ Relapse Prevention / Maintenance</li> <li>○ Ongoing Outpatient Treatment</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ Continuity of Care (Potential Impact)</li> <li>○ Public Health vs. Private Care</li> <li>○ Third-party payers</li> </ul>
<b>7</b>	<ul style="list-style-type: none"> <li>● Evidence-based / Evidence Informed Intervention Methods <ul style="list-style-type: none"> <li>○ Motivational Interviewing</li> <li>○ Seeking Safety</li> <li>○ Illness Management and Recovery</li> <li>○ Harm Reduction</li> <li>○ Narrative Therapy</li> <li>○ 12-step Communities</li> <li>○ Pharmacology</li> </ul> </li> </ul>
<b>8</b>	<ul style="list-style-type: none"> <li>● Recovery Intervention in Group Settings</li> <li>● Intervention skills with more challenging roles and group dynamics.</li> </ul>
<b>9</b>	<ul style="list-style-type: none"> <li>● Assessment and Evidence-based Intervention with People with Co-occurring Disorders</li> </ul>
<b>10</b>	<ul style="list-style-type: none"> <li>● Evidence-based Intervention for Early, Transition, Ongoing Recovery and Relapse Prevention</li> <li>● Addiction in the Workplace</li> <li>● Burnout Prevention and Intervention</li> </ul>
<b>11</b>	<ul style="list-style-type: none"> <li>● Evaluation of Treatment <ul style="list-style-type: none"> <li>○ Barriers to treatment</li> <li>○ Culture/ lifestyle of use</li> <li>○ How does coerced treatment compare to voluntary treatment?</li> <li>○ Apply research skills to evaluating the prevention of substance use and process disorders; identify and use evaluation tools for substance use and process disorders and prevention</li> <li>○ Communicate and disseminate evaluation results appropriate to the intended audience</li> </ul> </li> <li>● Work collaboratively with evaluators / researchers to assess intervention efficacy and effectiveness.</li> </ul>
<b>12</b>	<ul style="list-style-type: none"> <li>● Recovery with Families</li> </ul>
<b>13</b>	<ul style="list-style-type: none"> <li>● Evidence-based Intervention with Special Populations</li> </ul>

**Course**

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	➤ The impact of stigma and shame
14	<ul style="list-style-type: none"><li>• Evidence-based interventions with Special Populations, continued</li></ul>
15	<ul style="list-style-type: none"><li>• Wrap-up</li><li>• Student Evaluations</li></ul>

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**STUDY DAYS / NO CLASSES**

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**FINAL EXAMINATIONS**

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**Overview**

## Course Schedule—Detailed Description

### Unit 1: Introduction

#### Topics

- Introductions
- Introduction to course
- Format, syllabus, assignments, objective, and overview of course material

This Unit relates to course objectives 1 and 2.

#### Required Readings / Video

Video: Bill Moyers. *Portrait of Addiction* (If link on platform is broken, use link below.)

[https://mvcc-video.mvcc.edu/app/plugin/plugin.aspx?insideIFrame=true&styleSheetUrl=http%3A%2F%2Fmvcc-video.mvcc.edu%2Fapp%2Fplugin%2Fcss%2FensemblePlugin.css&q=www.mvcc.edu&destinationID=no0t7hZkV0eZoP1\\_7oMelw&contentID=1tIPz0HPIU2u95AWokFvhw&orderBy=vide](https://mvcc-video.mvcc.edu/app/plugin/plugin.aspx?insideIFrame=true&styleSheetUrl=http%3A%2F%2Fmvcc-video.mvcc.edu%2Fapp%2Fplugin%2Fcss%2FensemblePlugin.css&q=www.mvcc.edu&destinationID=no0t7hZkV0eZoP1_7oMelw&contentID=1tIPz0HPIU2u95AWokFvhw&orderBy=vide)

### Unit 2: Historical, ethical, legal/political, sociological, perspectives

#### Topics

- Historical, ethical, legal/political, sociological, epidemiological perspectives on substance use and abuse
  - History of addiction intervention
  - Primary, secondary, and tertiary intervention
  - Interdisciplinary approaches

VIDEO: *The House I Live In*

<http://www.netflix.com/watch/70229263?trackId=13752289&tctx=0%2C0%2C587709d75a35ce74f3ec902b42625109f8ea4c87%3A8fdacb2ce7be1dc4b792c8a81f10898cddeb21b8>

This Unit relates to course objectives 4.

#### Required Readings

McNeece, C. A. & DiNitto, D. (2012). *Chemical dependency: A systems approach*. (4th Ed.) Allyn & Bacon. Chapters 7 & 8.

Bostwick J.M. Blurred boundaries: The therapeutics and politics of medical marijuana.  
*Mayo Clinic proceedings* 87(2): 172-186, 2012.

#### Optional Readings

Schaeff, A. W. (1988). *When society becomes an addict*. San Francisco, CA: Harper.  
(Classic.)

Zoja, L. (2000). *Drugs, addiction, and initiation: The modern search for ritual*. New Haven, MA: Sigo Press. (Classic.)

**Unit 3: Understanding the Process of Addiction** **Month Day, Year**

**Topics**

- Understanding the Process of Addiction: Jellinek Chart
  - Definitions
  - DSM 5
  - Etiological Theories
  - Nature
    - Neuropsychology
  - Nurture
    - Learned
    - Self-medication
      - Psychic
        - Trauma
        - Early Attachment Loss
        - Adverse Childhood Experiences (ACE)
      - Physical
- Ethical practice
- Diversity in practice
- Social Work role identification

This Unit relates to course objectives 4 and 5.

**Required Readings/Video**

Hari, Johann. (2015). *Everything You Know About Addiction Is Wrong*.

[https://www.ted.com/talks/johann\\_hari\\_everything\\_you\\_think\\_you\\_know\\_about\\_addiction\\_is\\_wrong?language=en](https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong?language=en)

McNeece, C. A. & DiNitto, D. (2012). *Chemical dependency: A systems approach*. 4th Ed. Allyn & Bacon. Chapters 1, 2, and 3

Stevens, J. (2017). Addiction doc says: "It's not the drugs. It's the ACEs...adverse childhood experiences. Retrieved from: <https://acestoohigh.com/2017/05/02/addiction-doc-says-stop-chasing-the-drug-focus-on-aces-people-can-recover/>

Walant, K. B. (1995). *Creating the capacity for attachment: Treating addictions and the alienated self*. New York: Rowman & Littlefield Publishers, Inc. (classic). Chapters 1, 4 and 6.

**Optional Readings**

Khantzian, E. J., & Albanese, M. J. (2008). *Understanding addiction as self-medication*. Lanham, MD: Rowman & Littlefield Publishers, Inc.

#### Unit 4: Understanding How Commonly used Psychoactive Drugs Work on the Body

##### Topics

- Understanding how commonly used psychoactive drugs work on the body
  - Epidemiology: Prevalence, incidence, risk factors
  - Street names, pleasurable effects, paraphernalia, risk of overuse and long-term use

This Unit relates to course objectives 2, 4, and 5.

##### Required Readings / Videos

CNN, Sanjay Gupta – Weed. [https://www.youtube.com/watch?v=Z3IMfIQ\\_K6U](https://www.youtube.com/watch?v=Z3IMfIQ_K6U)

McNeece, C. A. & DiNitto, D. (2012). *Chemical dependency: A systems approach*. 4th Ed. Allyn & Bacon. Chapter 4

Video: *Clearing the Smoke: The Science of Cannabis* (<http://topdocumentaryfilms.com/>)

\*\*\*Required\*\*\*Video: *Drugs, Inc. – Meth* (<https://www.youtube.com/watch?v=ha0GVVXTA7U>)

Video: (variety of topics and substances) –

<http://www.youtube.com/watch?v=kYiuRyLnZOk&list=PLImletmkNNsIn-P3wkJFx9bnv2HothoFV>

\*\*\*Required\*\*\*Video:

Understanding the Opioid Epidemic

[https://www.amazon.com/gp/video/detail/B07HSQXC6J/ref=pd\\_cbs\\_318\\_5](https://www.amazon.com/gp/video/detail/B07HSQXC6J/ref=pd_cbs_318_5)

\*\*\*Required\*\*\*Video:

Do No Harm – Please rent (\$3.99) or purchase (\$7.99) on iTunes.

Students are encouraged to explore information on the various categories of substances on their own by way of conversations, videos, and websites.

Streetdrugs.org. (n.d.). *Street drugs: A drug information guide*. Retrieved from <http://streetdrugs.org/>

## Optional Readings

### Unit 5: Understanding how commonly used psychoactive drugs work on the body

#### Topics

- Understanding how commonly used psychoactive drugs work on the body, Continued
  - Epidemiology: Prevalence, incidence, risk factors
  - Street names, pleasurable effects, paraphernalia, risk of overuse and long-term use

This Unit relates to course objectives 4, and 5.

#### Required Readings

Please see readings from Unit 4.

#### Readings on Opiate Epidemic:

Carlson, R., Nahhas, R., Martins, S., & Daniulaityte, R. (2016). Predictors of transition to heroin use among initially non-opioid dependent illicit pharmaceutical opioid users: A natural history study. *Drug and Alcohol Dependence*, 160; 127-134. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/26785634>

Ghertner, R. & Groves, L. (2108). *The opioid crisis and economic opportunity: geographic and economic trends*. <https://aspe.hhs.gov/system/files/pdf/259261/ASPEEconomicOpportunityOpioidCrisis.pdf>

Kazanis, W., Pugh, M., Tami, C., Maddry, J., Bebart, V., Finley, E., ... Potter, J. (2018). Opioid Use Patterns Among Active Duty Service Members and Civilians: 2006–2014. *Military Medicine*, 183(3-4), e157–e164. <https://doi.org/10.1093/milmed/usx014>

Keyes, K.M., Cerda, M., Brady, J.E., Havens, J.R., & Galea, S. (2014). Understanding the Rural-Urban differences in nonmedical prescription opioid use and abuse in the united states. *American Journal of Public Health*, 104(2), e52-9.

Levy, S. (2019). Youth and the Opioid Epidemic. *Pediatrics*, Vol 143 (2).

National Institute on Drug Abuse (2019). Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state>

## Unit 6: Levels of Care

### Topics

- Levels of Care
  - Screening (Screening, Brief Intervention, and Referral to Treatment (SBIRT))
  - Assessment
  - Detox
  - Intensive Outpatient Program
  - Residential Treatment
  - Sober Living
  - Relapse Prevention / Maintenance
  - Ongoing Outpatient Treatment
- Continuity of Care (potential impact)
  - Affordable Care Act
  - Public Health vs. Private Care
  - Third-party payers
- Diversity in practice
- Ethical practice
- Engage, assess, intervene, evaluate
- Critical thinking
- Policy practice
- Professional identity
- Interdisciplinary approaches

This Unit relates to course objectives 2, 4, and 5.

### Required Readings

McNeece, C. A. & DiNitto, D. (2012). *Chemical dependency: A systems approach*. 4th Ed. Allyn & Bacon. Chapters 5, 6, 16.

Sanders, J. M. (2011). Feminist perspectives on 12-step recovery: A comparative descriptive analysis of women in alcoholics anonymous and narcotics anonymous. *Alcoholism Treatment Quarterly*, 29(4), 357-378.  
<http://www.amersa.org/journal/Volume%2028,%20Number%203.pdf>

<http://www.samhsa.gov/sbirt>

• **Unit 7: Evidence-based / Evidence Informed Intervention Methods**

**Topics**

- Evidence-based / Evidence Informed Intervention Methods
  - Motivational Interviewing
  - Seeking Safety
  - Illness Management and Recovery
  - Harm Reduction
  - Cognitive Behavioral Therapy
  - Narrative Therapy
  - 12-step communities
- Diversity practice
- Ethical practice
- Critical thinking
- Engage, assess, intervene, evaluate
- Social Work role identity

This Unit relates to course objectives 4, and 5.

**Required Readings**

Khantzian, E. J., & Albanese, M. J. (2008). *Understanding addiction as self-medication*. Lanham, MD: Rowman & Littlefield Publishers, Inc. Chapters 3 & 4.

Najavatis, L. (2001). *Seeking Safety: A treatment manual for PTSD and substance abuse*. The Guilford Press.

Miller, W. & Rollnick, S. (2012). *Motivational interviewing: Helping people change*. 3<sup>rd</sup> edition. The Guilford Press.

Illness Management and Recovery. <http://store.samhsa.gov/product/Illness-Management-and-Recovery-Evidence-Based-Practices-EBP-KIT/SMA09-4463> (all materials are available for free download.)

<http://www.ihra.net> (International Association for Harm Reduction)

[www.harmreduction.org](http://www.harmreduction.org) (Harm Reduction Coalition)

Motivational Interviewing Treatment Manuals

<http://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Abuse-Treatment/SMA13-4212>

<http://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>



## Narrative Therapy

Making empathy books. While this document is meant for working with children, the same principles can be adapted for work with adults.

<http://www.echoparenting.org/wp-content/uploads/2012/07/empathy-book-toolkit.pdf>

[http://www.youtube.com/watch?feature=player\\_embedded&v=ruzGK8ySay0](http://www.youtube.com/watch?feature=player_embedded&v=ruzGK8ySay0)

## Unit 8: Recovery Intervention with Group Settings

### Topics

- Recovery Intervention in Group Settings
  - Clinical skills with challenging roles and group dynamics: Engage, assess, intervene, evaluate
- Ethical practice
- Diversity in practice
- Social Work role identification
- Ethical practice
- Diversity in practice
- Social Work role identification

This Unit relates to course objectives 4 and 5.

### Required Readings

Substance Abuse Treatment: Group Therapy. <https://store.samhsa.gov/system/files/sma15-3991.pdf>

Tatarsky, A. (Ed.). (2007). The healing power of groups and the residential therapeutic community. In *Harm reduction psychotherapy: New treatment for drug & alcohol problems*. New Jersey: Jason Aronson. (Chapter 9, pp. 262-309).

van Wormer, K., & Davis, D. R. (2008). Mutual-help groups: A strengths perspective. In *Addiction treatment: A strengths perspective*. Thomson Belmont, CA: Brooks/Cole. (Chapter 12, pp. 489-520).

Weegmann, M. (2006). Edward Khantzian interview. *Journal of Groups in Addiction and Recovery*, 1(2), 15-32.

**Unit 9: Assessment and Evidence Based Intervention with People with Co-occurring Disorders**

**Topics**

- Assessment and Evidence Based Intervention with People with Co-occurring Disorders
- Ethical practice
- Diversity in practice
- Social Work role identification
- Ethical practice
- Diversity in practice
- Social Work role identification

This Unit relates to course objectives 2, 4, and 5.

**Required Readings**

McNeece, C. A. & DiNitto, D. (2012). *Chemical dependency: A systems approach*. 4th Ed. Allyn & Bacon. Chapter 13

**Unit 10: -Evidence-based Intervention for Early, Transitional, Ongoing Recovery and Relapse Prevention  
-Addiction in the Workplace  
-Burnout Prevention and Intervention**

**Topics**

- Evidence Based Intervention for Early, Transitional, Ongoing Recovery and Relapse Prevention
- Addiction in the Workplace
- Burnout Prevention and Intervention
- Ethical practice
- Diversity in practice
- Social Work role identification
- Ethical practice
- Diversity in practice
- Social Work role identification

This Unit relates to course objectives 4, 5.

**Required Readings**

Witkewitz, K., Marlatt, A., & Waker, D. (2005). Mindfulness based relapse prevention for alcohol and substance use disorders, *Journal of Cognitive Psychotherapy*, 19(3) pp. 1-19

Miller, W., & Rollnick, S. (2002). Motivational Interviewing with couples. In *Motivational interviewing: Preparing People to Change Addictive Behavior*. New York: The Guilford Press. (Chapter 23, pp. 347-361).

Miller, W., & Rollnick, S. (2002). Perils and possibilities of group-based motivational interviewing. In *Motivational Interviewing: Preparing People to Change Addictive Behavior*. New York: The Guilford Press. (Chapter 25, pp. 377-390)

SAMHSA. (n.d.). TIP 41: SAMHSA issues group therapy guide for substance use disorders treatment. Retrieved from [www.samhsa.gov](http://www.samhsa.gov)

## Unit 11: Evaluation of Treatment

### Topics

- Evaluation of Treatment
  - Apply research skills to evaluating the prevention of substance use disorders; identify and use evaluation tools for substance use disorders and prevention;
  - Communicate and disseminate evaluation results appropriate to the intended audience
  - Work collaboratively with evaluators/researchers to assess intervention efficacy and effectiveness in all phases of treatment: beginning, middle, and termination.
- Diversity practice
- Ethical practice
- Critical thinking
- Social Work role identity

This Unit relates to course objectives 2, 4, and 5.

### Required Readings

United Nations Office on Drugs and Crime, International Network of Drug Dependence, Treatment and Rehabilitation Resource Centres. (2008). *Evaluation of Substance Use Treatment Programmes*. Retrieved from [http://www.unodc.org/ddt-training/treatment/VOLUME%20D/Topic%203/1.VoID\\_Prog\\_Eval.pdf](http://www.unodc.org/ddt-training/treatment/VOLUME%20D/Topic%203/1.VoID_Prog_Eval.pdf)

## Unit 12: Recovery with Families

### Topics

- Recovery with Families
- Ethical practice
- Diversity in practice
- Social Work role identification
- Ethical practice
- Diversity in practice
- Social Work role identification

This Unit relates to course objectives 4, 5.

### Required Readings

McNeece, C. A. & DiNitto, D. (2012). *Chemical dependency: A systems approach*. (4th Ed.) Allyn & Bacon. Chapter 10

### Optional Readings

Brown, S., & Yalom, I. (1997). *Treating alcoholism*. Jossey-Bass. (Classic)

## Unit 13: Evidence-based Intervention with Special Populations

### Topics

- Evidence-based Intervention with Special Populations
  - Impact of stigma and shame
- Ethical practice
- Diversity in practice
- Social Work role identification
- Ethical practice
- Diversity in practice
- Social Work role identification
- 

This Unit relates to course objectives 1, 2, and 5.

### Required Readings

McNeece, C. A. & DiNitto, D. (2012). *Chemical dependency: A systems approach*. (4th Ed.) Allyn & Bacon. Chapters 9, 11, 12, 14, and 15

Recovery Management

<http://www.bhrm.org/papers/BHRM%20primer.pdf>

-Variety of readings across populations

### Optional Readings

Blume, A. & Lovato, L. (2010). Empowering the disempowered: harm reduction with  
*Psychology*. 66(2) 189-200.

racial/ethnic minority clients, *Journal of Clinical*

White Bison, Inc. (2006). *The red road to wellbriety: In the Native American way*. White Bison, Inc.

### Unit 14: Evidence-based Intervention with Special Populations

#### Topics

- Evidence-based Intervention with Special Populations, Continued
- Ethical practice
- Diversity in practice
- Social Work role identification
- Ethical practice
- Diversity in practice
- Social Work role identification

This Unit relates to course objectives 4 and 5.

### Required Readings

McNeece, C. A. & DiNitto, D. (2012). *Chemical dependency: A systems approach*. (4th Ed.) Allyn & Bacon. Chapter 16

### Unit 15: Wrap-up; Student Evaluations

#### Topics

- Wrap-up
- Student Evaluations

### STUDY DAYS / NO CLASSES

### FINAL EXAMINATIONS

## University Policies and Guidelines

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### IX. ATTENDANCE POLICY

Students are expected to attend every class and to remain in class for the duration of the unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email ([xxx@usc.edu](mailto:xxx@usc.edu)) of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance.

Please refer to *Scampus* and to the USC School of Social Work Student Handbook for additional information on attendance policies.

### X. ACADEMIC CONDUCT

Plagiarism – presenting someone else's ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in *SCampus* in Part B, Section 11, "Behavior Violating University Standards" <https://policy.usc.edu/scampus-part-b/>. Other forms of academic dishonesty are equally unacceptable. See additional information in *SCampus* and university policies on scientific misconduct, <http://policy.usc.edu/scientific-misconduct>.

### XI. SUPPORT SYSTEMS

*Student Counseling Services (SCS) – (213) 740-7711 – 24/7 on call*

[engemannshc.usc.edu/counseling](http://engemannshc.usc.edu/counseling)

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

*National Suicide Prevention Lifeline – 1 (800) 273-8255*

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

*Relationship and Sexual Violence Prevention Services (RSVP) – (213) 740-4900 – 24/7 on call*

USC Student Health Sexual Assault & Survivor Support: <https://studenthealth.usc.edu/sexual-assault/>

Free and confidential therapy services, workshops, and training for situations related to gender-based harm.

*Sexual Assault Resource Center*

For more information about how to get help or help a survivor, rights, reporting options, and additional resources, visit the website: [sarc.usc.edu](http://sarc.usc.edu)

*Office of Equity and Diversity (OED) / Title IX Compliance – (213) 740-5086*

[equity.usc.edu](http://equity.usc.edu), [titleix.usc.edu](http://titleix.usc.edu)

Information about how to get help or help a survivor of harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants. The university prohibits discrimination or harassment based on the following protected characteristics: race, color, national origin, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, age, physical disability, medical condition, mental disability, marital status, pregnancy, veteran status, genetic information, and any other characteristic which may be specified in applicable laws and governmental regulations.

*Bias Assessment Response and Support – (213) 740-2421*

USC Policy Reporting to Title IX: <https://policy.usc.edu/reporting-to-title-ix-student-misconduct/>

Incidents of bias, hate crimes and micro aggressions need to be reported allowing for appropriate investigation and response.

*The Office of Disability Services and Programs (213) 740-0776*

[dsp.usc.edu](http://dsp.usc.edu)

Support and accommodations for students with disabilities. Services include assistance in providing readers/notetakers/interpreters, special accommodations for test taking needs, and assistance with architectural barriers, assistive technology, and support for individual needs.

*USC Support and Advocacy - (213) 821-4710*

[studentaffairs.usc.edu/ssa](http://studentaffairs.usc.edu/ssa)

Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

*Diversity at USC – (213) 740-2101*

[diversity.usc.edu](http://diversity.usc.edu)

Information on events, programs and training, the Diversity Task Force (including representatives for each school), chronology, participation, and various resources for students.

*USC Emergency - UPC: (213) 740-4321, HSC: (323) 442-1000 – 24/7 on call*

[dps.usc.edu](http://dps.usc.edu), [emergency.usc.edu](http://emergency.usc.edu)

Emergency assistance and avenue to report a crime. Latest updates regarding safety, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible.

*USC Department of Public Safety - UPC: (213) 740-6000, HSC: (323) 442-120 – 24/7 on call*

[dps.usc.edu](http://dps.usc.edu)

Non-emergency assistance or information.

## **XII. ADDITIONAL RESOURCES**

Students enrolled in the Virtual Academic Center can access support services for themselves and their families by contacting Perspectives, Ltd., an independent student assistance program offering crisis services, short-term counseling, and referral 24/7. To access Perspectives, Ltd., call 800-456-6327.

### **XIII. STATEMENT ABOUT INCOMPLETES**

The Grade of Incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. Students must NOT assume that the instructor will agree to the grade of IN. Removal of the grade of IN must be instituted by the student and agreed to be the instructor and reported on the official "Incomplete Completion Form."

### **XIV. POLICY ON LATE OR MAKE-UP WORK**

Papers are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without permission, the grade will be deducted by ½ grade or each day.

### **XV. POLICY ON CHANGES TO THE SYLLABUS AND/OR COURSE REQUIREMENTS**

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

### **XVI. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS (OPTIONAL)**

Approved by the 1996 NASW Delegate Assembly and revised by the 2017 NASW Delegate Assembly <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

#### **Preamble**

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- Service
- Social justice
- Dignity and worth of the person



- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

## **XVII. COMPLAINTS**

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel cannot discuss it with the instructor, contact the chair of the course. If you do not receive a satisfactory response or solution, contact your advisor and/or Associate Dean and MSW Chair Dr. Leslie Wind for further guidance.

## **XVIII. ACADEMIC DISHONESTY SANCTION GUIDELINES**

Some lecture slides, notes, or exercises used in this course may be the property of the textbook publisher or other third parties. All other course material, including but not limited to slides developed by the instructor(s), the syllabus, assignments, course notes, course recordings (whether audio or video) and examinations or quizzes are the property of the University or of the individual instructor who developed them. Students are free to use this material for study and learning, and for discussion with others, including those who may not be in this class, unless the instructor imposes more stringent requirements. Republishing or redistributing this material, including uploading it to web sites or linking to it through services like iTunes, violates the rights of the copyright holder and is prohibited. There are civil and criminal penalties for copyright violation. Publishing or redistributing this material in a way that might give others an unfair advantage in this or future courses may subject you to penalties for academic misconduct.

## **XIV. STATEMENT ON DIVERSITY AND INCLUSION**

The Suzanne Dworak-Peck School of Social Work (SDPSSW) mission statement The mission of the USC Suzanne Dworak-Peck School of Social Work is to promote social justice and well-being at every social level through advanced education, community engagement, interdisciplinary scientific activity, advocacy, and professional leadership. The school advances its mission through its four academic departments: Children, Youth, and Families (CYF), Adult, Mental Health and Wellness (AMHW), Social Change and Innovation (SCI) and Nursing, each of which reflects the school's mission and opportunities for teaching, scholarship, and service.

Full document can be located at [file:///Users/shannondunn/Downloads/Diversity-SDP-Diversity-DEI-Plan\\_Formatted\\_FINAL%20REV\\_2-2018.pdf](file:///Users/shannondunn/Downloads/Diversity-SDP-Diversity-DEI-Plan_Formatted_FINAL%20REV_2-2018.pdf)

## **TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE (OPTIONAL)**

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Come to class.
- ✓ Complete required readings and assignments BEFORE coming to class.
- ✓ BEFORE coming to class, review the materials from the previous Unit AND the current Unit, AND scan the topics to be covered in the next Unit.
- ✓ Come to class prepared to ask any questions you might have.
- ✓ Participate in class discussions.

- ✓ AFTER you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
- ✓ If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Keep up with the assigned readings.

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*Don't procrastinate or postpone working on assignments.*

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