

Social Work 617

Substance Related and Behavioral Addictive Disorders and Recovery

3 Units

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Day/Time: Thursdays, 4-5:15pm PST (convert to your time zone)

Office Hours: Wednesday, 2pm PST via ZOOM, must make appt, or schedule w/ Dr Kratz as needed

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

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

Objective #	Objectives
1	The student will be able to identify the context and stages of substance and behavioral misuse and dependence, including the professional's roles in mitigating crises.
2	The student will be able to critically understand the foundations of 12-step fellowship communities and be able to compare and contrast with historical and present-day approaches to addiction intervention.
3	The student will be able to demonstrate knowledge of effective intervention options for individuals who have been diagnosed with occurring disorders in a diverse world.
4	The student will be able to demonstrate personal and professional sensitivity in understanding the cultural context of persons from diverse communities dealing with substance related disorders.

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:

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

* 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>Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities</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"> 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. 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. 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. 4. Teach the theoretical foundation needed for constructing a comprehensive and concise biopsychosocial assessment, including a mental status exam. 	<p>7a. 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>7b. 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, & 4.</p> <p>Class Participation</p>

Competency	Objectives	Behaviors	Dimensions	Content
<p>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</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>8a. 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>8b. 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
Assignment 1: Written Assignment: Reaction Paper to Self-help Meeting (or alternative option)	Week 5	20%
Assignment 2: In-Class Exercise	Week 7 & 8	10%
Assignment 3: Group Project with At-risk Populations	Presentation delivery in class Week 14/15	25%
Assignment 4: Long-term Recovery Interview and Paper (or Dissertation Proposal assignment- alternative option)	Finals week	35%
Class Participation	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% or 20 points

- 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 (or a version of the heading) AS LISTED BELOW.**

1) Meeting Description

Briefly describe the meeting, including location, time of day, and composition of the group (including sociocultural aspects such as gender, class, race, etc.). (~.5 pages)

2) Meeting Stories

Describe a story that was told at the meeting. Organize the story with all the headings of the Jellinek 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. Compare academic references and class content to your experience. (~1.5 pages)

3) Principles of Fellowship

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? Compare academic references and class content to your experience. (~2 pages)

4) Personal Experience Reflection

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. (~1 page)

5 pages total
5 references (can include textbook and web resources)

20 points total

Assignment 2: In-class Role Play Activity (e.g. SBIRT training) – 10 points or 10%

Students will participate in an in-class activity/training. This activity will be interwoven into class and up to the individual instructors' discretion.

Due: In class, Session 7 & 8 – Must be present in class to participate.

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

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 20 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.

- Describe the chosen group that is at risk for addiction. On a timeline, describe the major US historical points of this group?
 - 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 that could increase recovery: stability, confidence, and adaptive coping mechanisms?
- Identify evidence-based intervention models. If there are none, state that and assert your opinion as to why.
- Identify special treatment considerations with this special population.
What treatments are ineffective or most effective?

Due: presented in class during Unit 14 and /or Unit 15

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

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 outline to format your paper. 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 6 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.

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.

- 1) Interview a person who has 5 or more years of recovery without relapse.
 - a. The interview can be done over the phone, FaceTime, Skype, Zoom or any other platform.
 - b. If you are having trouble identifying a person to interview, here are some options.
 - i. www.AA.org
 - ii. Youtube.com https://www.youtube.com/results?search_query=12+step+speake
 - iii. Portrait of Addiction video – 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

2) Please use the following questions to structure your interview. Your interview should be summarized in 2 pages. Please do not submit a transcript. A few direct quotes are acceptable.

- a. What was life like before the addiction began?
- b. What was life like during the addiction?
- c. What happened that brought you into recovery?
- d. What is life like in recovery?

3) While you are conducting this interview, **listen** for the following:

- a. What role does SURRENDER have in their recovery?
- b. In what ways has the person become CONNECTED to others and a Higher Power?
- c. How did this person's IDENTITY change and what supported the changes?

4) Answer the following questions. Please use academic information (at least 5 academic references are required) to support your answers.

- a. SURRENDER in Step 1 of the 12 steps is the first step in recovery. "We admitted we were powerless over alcohol, substances, and/or behaviors and our lives became unmanageable." Taking this first step helps a person see reality as it is rather than thru illusion or denial.

QUESTION 1 - In what way(s) has this person surrendered and what meaning does it have for them?

- b. CONNECTION is now seen as a remedy of addiction. Addiction is a condition of isolation. Being in recovery gives people the opportunity to connect with others, themselves, and a higher power.

QUESTION 2 – Elaborate on how this person become connected and to people, communities and Higher Power?

- c. IDENTITY: How a person sees themselves and identifies themselves, changes when a person enters recovery. The first change is being an alcoholic/addict who chooses not to drink/use rather than continuing the past behaviors of using and drinking.

QUESTION 3 - In what other ways has this person's identity changed? What are the things, people, places, choices, that supported these changes?

Your outline should follow this format. (The paper should be 6 pages with a minimum of 5 academic references.)

- I. Title page (see template)
- II. Summary of Interview (2 pages)
- III. (1.33 pages) QUESTION 1 - In what way(s) has this person surrendered and what meaning does it have for them?
- IV. (1.33 pages) QUESTION 2 – Elaborate on how this person become connected and to people, communities and Higher Power?
- V. (1.33) QUESTION 3 - In what other ways has this person's identity changed? What are the things, people, places, choices, that supported these changes?
- VI. Reference Page

Due: Finals week

Participation – 10% or 10 points

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

Kinney, J. (2020). *Loosening the grip: A handbook for alcohol information* (12th ed.). Outskirts Press.

Additional Readings on ARES

Search under SOWK 617 and **Professor Schott** to add this course on ARES and access all “required” readings. “Recommended” readings are not on ARES and are not required to read for this course.

<https://libraries.usc.edu/locations-and-services/course-reserves>

Download a free copy of *LGBTQI Workbook for CBT*, just log into the USC library and follow this link:

Schott, E. (2021). *LGBTQI workbook for CBT*. Routledge.
<https://doi-org.libproxy1.usc.edu/10.4324/9781003089285>

Guidebook for APA Style Formatting

American Psychological Association. (2020). *Publication manual of the American Psychological Association, 7th Edition*.

DSM-5

Just a reminder that the *DSM-V* is available online through the library's subscription using this link:

<https://libproxy.usc.edu/login?url=http://www.psychiatryonline.org/>

You'll be asked to log in using your USC ID and password.

ICD-11

<http://www.who.int/classifications/icd/en/>

Course Overview

Week	Unit Learning Objectives	Topics	Assignments	Coordinates with Course Learning Objectives
1	<ul style="list-style-type: none"> • Familiarize with instructor and classmates. • Identify course learning goals, topics, resources, assignment instructions and due dates. 	<ul style="list-style-type: none"> • Introduction <ul style="list-style-type: none"> ○ Faculty/classmate introductions ○ Introduction to course • Format, syllabus, assignments, objectives and overview of course material 		
2	<ul style="list-style-type: none"> • Understand social perspectives handle individuals in the process of substance use, abuse, and misuse. • Apply primary prevention, secondary interventions, and tertiary care principles to the process of substance use, abuse, and misuse. 	<ul style="list-style-type: none"> • Historical, ethical, legal/political, sociological, epidemiological perspectives on substance use and abuse, and misuse. <ul style="list-style-type: none"> ○ History of Addiction Intervention ○ Primary, Secondary, Tertiary Interventions 		3,5,6,7
3	<ul style="list-style-type: none"> • Understand the phases of addiction • Understand the various explanatory causes of addiction 	<ul style="list-style-type: none"> • Understanding the process of addiction; Jelinek Chart <ul style="list-style-type: none"> ○ Definitions ○ DSM 5 ○ Etiological Theories • Nature: Neurobiology • Nurture <ul style="list-style-type: none"> ○ Learned ○ Self-medication ○ Psychic: <ul style="list-style-type: none"> ▪ Early Attachment Loss/Trauma ▪ Adult Trauma • Physical Pain 		2,3,6,7,8

4	<ul style="list-style-type: none"> Identify common drug street names, pleasurable effects, risks including heavy use over time and overdose, and long-term use. Name the four categories of drugs that one is at high risk if stopped or slowed down significantly. 	<ul style="list-style-type: none"> Understanding how commonly used psychoactive drugs work on the body. <ul style="list-style-type: none"> Epidemiology: Prevalence, incidence, risk factors Street names, pleasurable effects, paraphernalia, risk of overuse and long-term use 		2,3,6,7,8
5	<ul style="list-style-type: none"> Identify common drug street names, pleasurable effects, risks including heavy use over time and overdose, and long-term use. 	<ul style="list-style-type: none"> Understanding how commonly used psychoactive drugs work on the body. <ul style="list-style-type: none"> Epidemiology: Prevalence, incidence, risk factors Street names, pleasurable effects, paraphernalia, risk of overuse and long-term use 	Assignment 1 – Reaction Paper	2,3,6,7,8
6	<ul style="list-style-type: none"> Name the level of care, treatment goals, length of stay, and cost. 	<ul style="list-style-type: none"> Levels of Care <ul style="list-style-type: none"> Screening (Screening, Brief Intervention, and Referral to Treatment: SBIRT) <ul style="list-style-type: none"> Social Work role in identification Assessment <ul style="list-style-type: none"> Best Practices for Identification Detox Intensive Outpatient Program Residential Treatment Sober Living Relapse Prevention / Maintenance Ongoing Outpatient Treatment 		1,2,3,7,8
7	<ul style="list-style-type: none"> Apply evidence-based informed intervention methods to individuals who are in the process of substance use, abuse, and misuse. 	<ul style="list-style-type: none"> Evidence-based / Evidence Informed Intervention Methods <ul style="list-style-type: none"> Motivational Interviewing Seeking Safety Illness Management and Recovery Harm Reduction Narrative Therapy 12-step Communities Pharmacology 		1,2,3,4,6,7,8

8	<ul style="list-style-type: none"> Recognize group roles, identify several interventions, evaluate potential consequences of delivering consequences privately and in person. 	<ul style="list-style-type: none"> Recovery Intervention in Group Settings Intervention skills with more challenging roles and group dynamics. 	Assignment 2 – Group Role Interventions	1,2,3,6,7,8
9	<ul style="list-style-type: none"> Apply evidence-based and informed interventions to individuals who live with mental illness and addiction. 	<ul style="list-style-type: none"> Assessment and Evidence-based Intervention with People with Co-occurring Disorders 		1,2,3,6,7,8
10	<ul style="list-style-type: none"> Understand phases of early, transitions, and ongoing recovery. Evaluate legal and ethical concerns regarding addiction in the workplace. Create burnout prevention and intervention plans. 	<ul style="list-style-type: none"> Evidence-based Intervention for Early, Transition, Ongoing Recovery and Relapse Prevention Addiction in the Workplace Burnout Prevention and Intervention 		1,2,3,6,7,8
11	<ul style="list-style-type: none"> Evaluate the efficacy of recovery treatment. Identify strengths and barriers to treatment efficacy. 	<ul style="list-style-type: none"> Evaluation of Treatment <ul style="list-style-type: none"> Barriers to treatment Culture/ lifestyle of use How does coerced treatment compare to voluntary treatment? 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 Communicate and disseminate evaluation results appropriate to the intended audience Work collaboratively with evaluators / researchers to assess intervention efficacy and effectiveness. 		1,2,3,4,6,8,9
12	<ul style="list-style-type: none"> Identify family needs, clinical goals and interventions at each phase when a member is in the process of substance misuse and recovery. 	<ul style="list-style-type: none"> Recovery with Families 		1,2,3,6,7,8,9

13	<ul style="list-style-type: none"> Identify populations that are at-risk for addiction and their unique characteristics. Evaluate how stigma and shame have contributed to addiction vulnerability and how strengthening cultural values can facilitate resilience in individuals, families, and communities. Apply evidence-based interventions to at-risk populations. 	<ul style="list-style-type: none"> Evidence-based Intervention with at-risk populations The impact of stigma and shame 	Assignment 3 – At-risk population presentations	1,2,3,4,5,6,7,8,9
14	<ul style="list-style-type: none"> Identify populations that are at-risk for addiction and their unique characteristics. Evaluate how stigma and shame have contributed to addiction vulnerability and how strengthening cultural values can facilitate resilience in individuals, families, and communities. Apply evidence-based interventions to at-risk populations 	<ul style="list-style-type: none"> Evidence-based interventions with at-risk populations, continued 	Assignment 3 – At-risk population presentations	1,2,3,6,7,8,9
15	<ul style="list-style-type: none"> Summarize course content. Facilitate closure. 	<ul style="list-style-type: none"> Wrap-up Student Evaluations 	Assignment 4 – Long-term recovery interview and paper.	1,2,3,6,7,8,9

Course Schedule—Detailed Description

Unit 1: Introduction

Topics

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

Required Readings

Kinney, J. (2020). *Loosening the grip: A handbook for alcohol information* (12th ed.). Outskirts Press.
Chapter 1

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

Required Readings

Kinney, J. (2020). *Loosening the grip: A handbook for alcohol information* (12th ed.). Outskirts Press.
Chapters 2 & 13

Videos

The House I Live In

https://tubitv.com/movies/372320/the_house_i_live_in

Unit 3: Understanding the Process of Addiction

Topics

- Understanding the Process of Addiction: Jelinek 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

Required Readings

Kinney, J. (2020). *Loosening the grip: A handbook for alcohol information* (12th ed.). Outskirts Press.
Chapters 4, 5 & 7

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

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

Required Readings

Kinney, J. (2020). *Loosening the grip: A handbook for alcohol information* (12th ed.). Outskirts Press.
Chapter 3 & 6

Psych Drugs. Smart Phone App (free)

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

Videos

Do No Harm

On Kanopy (You will need to be logged in to the USC Library for access.)
<https://usclib.kanopy.com/video/do-no-harm-opioid-epidemic>

Understanding the Opioid Epidemic

https://www.amazon.com/gp/video/detail/B07HSQXC6J/ref=pd_cbs_318_5

Additional Readings on Opiate Epidemic

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., Bebarata, 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>

Levy, S. (2019). Youth and the Opioid Epidemic. *Pediatrics*, 143(2).
<https://pediatrics.aappublications.org/content/pediatrics/143/2/e20182752.full.pdf>

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

Unit 5: Levels of Care

Topics

- Levels of Care
 - Screening (Screening, Brief Intervention, and Referral to Treatment)
 - 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

Required Reading

Kinney, J. (2020). *Loosening the grip: A handbook for alcohol information* (12th ed.). Outskirts Press.
Chapter 9

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)

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

https://ihhs.appstate.edu/sites/ihhs.appstate.edu/files/a.3_sbirt_on_the_app_store.pdf

<https://ireta.org/resources/sbirt-toolkit/#for-practitioners>

Unit 6: Evidence-based / Evidence Informed Intervention Methods

Topics

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

Required Readings

Davis, J. P., Berry, D., Dumas, T. M., Ritter, E., Smith, D. C., Menard, C., & Roberts, B. W. (2018). Substance use outcomes for mindfulness-based relapse prevention are partially mediated by reductions in stress: Results from a randomized trial. *Journal of Substance Abuse Treatment, 91*, 37-48.

Kinney, J. (2020). *Loosening the grip: A handbook for alcohol information* (12th ed.). Outskirts Press. Chapter 10

SAMHSA. (2019). *Enhancing motivation for change in substance use disorder treatment*
PDF at: https://store.samhsa.gov/sites/default/files/d7/priv/tip35_final_508_compliant_-_02252020_0.pdf

Schott, E. (2021). *LGBTQI workbook for CBT*. Routledge.
-CBT 101 (p. 4-7, 26-38, 40-49)
DL free copy when logged into USC library at:
<https://doi-org.libproxy1.usc.edu/10.4324/9781003089285>

Additional Resources

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

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

Harm Reduction Coalition at:
https://twitter.com/HarmReduction?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor

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>

Unit 7: 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

Required Readings

Substance Abuse and Mental Health Services Administration. (2021). Group therapy in substance use treatment. *Advisory*. PDF at: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep20-02-01-020.pdf

Unit 8: 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

Required Readings

Kinney, J. (2020). *Loosening the grip: A handbook for alcohol information* (12th ed.). Outskirts Press. Chapter 12

Levenson, J. S., Craig, S. L., & Austin, A. (2021). Trauma-informed and affirmative mental health practices with LGBTQ+ clients. *Psychological Services*.

**Unit 9: -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

Required Readings

Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Prevention and treatment of HIV among people living with substance use and/or mental disorders*. Publication No. PEP20-06-03-001. National Mental Health and Substance Use Policy Laboratory. SAMHSA. PDF at:

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-03-001%20PDF%20508c.pdf

Unit 10: 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

Required Readings

Kinney, J. (2020). *Loosening the grip: A handbook for alcohol information* (12th ed.). Outskirts Press. Chapter 14

United Nations Office on Drugs and Crime, Treatment: International Network of Drug Dependence Treatment and Rehabilitation Resource Centers. (2008). *Good practice document*.

-Read one chapter of interest

PDF at: https://www.unodc.org/docs/treatment/CBTS_AB_24_01_09_accepted.pdf

Unit 11: Recovery with Families

Topics

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

Required Readings

Coffman, E., & Swank, J. (2021). Attachment styles and the family systems of individuals affected by substance abuse. *The Family Journal*, 29(1), 102-108.

DiGuseppi, G. T., Davis, J. P., Leightley, D., & Rice, E. (2020). Predictors of adolescents' first episode of homelessness following substance use treatment. *Journal of Adolescent Health*, 66(4), 408-415.

Kinney, J. (2020). *Loosening the grip: A handbook for alcohol information* (12th ed.). Outskirts Press. Chapter 8

Child Welfare Training Toolkit

<https://ncsacw.samhsa.gov/training/toolkit/default.aspx>

Unit 12: 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

Required Readings

Kinney, J. (2020). *Loosening the grip: A handbook for alcohol information* (12th ed.). Outskirts Press. Chapter 11

SAMHSA. Behavioral Health Services for American Indians and Alaska Natives. PDF at: https://store.samhsa.gov/sites/default/files/d7/priv/tip_61_aian_full_document_020419_0.pdf

Unit 13: Evidence-based Intervention with Special Populations

Topics

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

Required Readings

Education Development Center, (2018). Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations. SAMHSA.

Venner, K. L., Feldstein, S. W., & Tafoya, N. (2006). Native American motivational interviewing: Weaving Native American and western practices, a manual for counselors in Native American communities.

Schott, E. (2021). *LGBTQI workbook for CBT*. Routledge.

-LGBTQI Affirmative Therapy (AT) & Trauma-Informed Care (TIC): Handouts and Worksheets (p. 62-71, 88-103)
DL free copy when logged into USC library at:
<https://doi-org.libproxy1.usc.edu/10.4324/9781003089285>

Unit #14: Presentations

Topics

- Presentations
- No readings

Unit #15: Presentations

Topics

- Presentations
- No readings

STUDY DAYS / NO CLASSES

Appendix D: Suzanne Dworak-Peck School of Social Work Diversity, Equity, and Inclusion Statement

At the USC Suzanne Dworak-Peck School of Social Work, we aspire to promote diversity, equity and inclusion in our courses and professional practice. We value the diverse backgrounds and perspectives that our students bring into the classroom as strengths and resources that enrich the academic and learning experience. We offer and value inclusive learning in the classroom and beyond. We integrate readings, materials and activities that are respectful of diversity in all forms, including race, ethnicity, culture, gender identity and expression, sexual orientation, age, ability and disability, socioeconomic status, religion, and political perspectives. Collectively, we aspire to co-create a brave space with students and instructors to critically examine individual and collective sources of bias, prejudice, discrimination, and systematic oppression that affect the ability of people and communities to thrive. In this way, we fulfill our professional responsibility to practice the [NASW Code of Ethics](#), abide by the [CSWE Educational Policy and Accreditation Standards](#), and address the [American Academy of Social Work and Social Welfare, Grand Challenges for Social Work](#).

Appendix E: University Policies and Guidelines

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 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 Policies and Procedures](#) for additional information on attendance policies.

Statement on 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. Recording a university class without the express permission of the instructor and an announcement to the class, as well as distributing or using recordings of university lectures or classes without the express permission of the instructor, for purposes other than individual or group study, also constitute violations of the USC Student Conduct Code. Please familiarize yourself with the discussion of plagiarism, unauthorized recording of university classes, and other forms of academic dishonesty and misconduct in SCampus, Part B, Section 11, "Behavior Violating University Standards," as well as information in SCampus and in the university policies on scientific misconduct.

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."

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 affected.

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.

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.

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.

Complaints

Please direct any concerns about the course with the instructor first. If you are unable to discuss your concerns with the instructor, please contact the faculty course lead. Any concerns unresolved with the course instructor or faculty course lead may be directed to the student's advisor and/or the Chair of your program.

Appendix F: Support Systems and Additional Resources

Counseling and Mental Health

<https://studenthealth.usc.edu/counseling/>

Phone number (213) 740-9355

On call 24/7

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

National Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org/>

Phone number 1 (800) 273-8255

On call 24/7

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)

<https://studenthealth.usc.edu/sexual-assault/>

Phone Number (213) 740-9355(WELL), press “0” after hours

On call 24/7

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

USC Office of Equity, Equal Opportunity, and Title IX

<https://eeotix.usc.edu/>

Phone number (213) 740-5086

Title IX Office (213) 821-8298

Information about how to get help or help someone affected by harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants.

Reporting Incidents of Bias or Harassment

https://usc-advocate.symplcity.com/care_report/index.php/pid422659?

Phone number (213) 740-5086 or (213) 821-8298

Avenue to report incidents of bias, hate crimes, and microaggressions to the Office of Equity, Equal Opportunity, and Title IX for appropriate investigation, supportive measures, and response.

The Office of Disability Services and Programs

<https://dsp.usc.edu/>

Phone number (213) 740-0776

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

USC Campus Support and Intervention

<https://campussupport.usc.edu/>

Phone number (213) 821-4710

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

Diversity at USC

<https://diversity.usc.edu/>

Phone number (213) 740-2101

Information on events, programs and training, the Provost’s Diversity and Inclusion Council, Diversity Liaisons for each academic school, chronology, participation, and various resources for students.

USC Emergency

<https://dps.usc.edu/>

UPC phone number (213) 740-4321

HSC phone number (323) 442-1000

On call 24/7

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

<https://dps.usc.edu/>

UPC phone number (213) 740-6000

HSC phone number (323) 442-120

On call 24/7

Non-emergency assistance or information.

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.

Emergency Preparedness and Response Resources

USC Earthquake Procedures:

<https://fsep.usc.edu/usc-emergency-procedures/emergency-procedures-for/during-an-earthquake/>

USC Emergency Procedures Video:

<https://usc.edu/emergencyvideos>

Campus Building Emergency Information Fact Sheets:

<https://fsep.usc.edu/emergency-planning/building-emergency-fact-sheets/>

USC ShakeOut Drill: (morning of October 21, 2021)

<https://fsep.usc.edu/shakeout/>

Personal Preparedness Resources, such as preparing your home, etc.

<https://fsep.usc.edu/personal-preparedness/>
