A. Description of Course Content

Surveys major treatment alternatives, showing addictive behavior patterns such as alcohol/drug abuse or eating disorders. Student conducts field research of programs, practices interventions, and studies inpatient and outpatient treatment methods with emphasis on relapse prevention. Corequisite: SOCW 6325.

B. Student Learning Outcomes

EPAS core competencies and related advanced practice behaviors addressed in this course:

Educational Policy 2.1.1—Identify as a professional social worker and conduct oneself accordingly.

Social workers serve as representatives of the profession, its mission, and its core values. They know the profession’s history. Social workers commit themselves to the profession’s enhancement and to their own professional conduct and growth. Social workers

- advocate for client access to the services of social work;
- practice personal reflection and self-correction to assure continual professional development;
- attend to professional roles and boundaries;
- demonstrate professional demeanor in behavior, appearance, and communication;
- engage in career-long learning;
- use supervision and consultation.

Recovery-oriented social workers understand how SAMHSA’s definition of mental health recovery and the 10
key components connect with social work ethics, history, and practice. Practitioners should be aware of their own lived experiences of psychiatric diagnoses, trauma, and/or substance abuse; cognizant of the effects of these experiences on their own lives; and mindful of how those dynamics may influence their work and their relationships. Recovery-oriented social workers

- identify as recovery-oriented social workers and behave accordingly;
- engage in self-care methods and seek support to develop awareness, insight, and resiliency to more effectively manage the effects of trauma and retraumatization in their lives.

Educational Policy 2.1.2—Apply social work ethical principles to guide professional practice.

Social workers have an obligation to conduct themselves ethically and to engage in ethical decision making. Social workers are knowledgeable about the value base of the profession, its ethical standards, and relevant law. Social workers

- recognize and manage personal values in a way that allows professional values to guide practice;
- make ethical decisions by applying standards of the National Association of Social Workers (NASW) Code of Ethics and, as applicable, of the International Federation of Social Workers/International Association of Schools of Social Work Ethics in Social Work, Statement of Principles;
- tolerate ambiguity in resolving ethical conflicts;
- apply strategies of ethical reasoning to arrive at principled decisions.

Recovery-oriented mental health practitioners acknowledge that the individual’s right to self-determination and the professional’s ethical duty to act in the best interest of the client may conflict at times (e.g., mandatory hospitalization policy, individual is deemed an imminent danger to himself or herself or others).

Recovery-oriented social workers

- prioritize the client’s voice and right to self-determination;
- advocate for the use of nonviolent interventions and reduction and/or elimination of approaches such as seclusion and restraint (i.e., physical and/or chemical);
- use advance directives and proactive wellness and crisis planning as necessary to help clients navigate potential ethical dilemmas and to support client autonomy and choice;
- apply thoughtful strategies of ethical reasoning to resolve dilemmas between individual self-determination and the ethical mandate to protect the client and others under the law;
- articulate how recovery-oriented practice is supported by the NASW Code of Ethics (1999) and is essential for ethical practice with clients.

Educational Policy 2.1.3 - Apply critical thinking to inform and communicate professional judgments

Social workers are knowledgeable about the principles of logic, scientific inquiry, and reasoned discernment. They use critical thinking, augmented by creativity and curiosity. Critical thinking also requires the synthesis and communication of relevant information. Social workers

- distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom;
- analyze models of assessment, prevention, intervention, and evaluation;
- demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues.

Recovery-oriented mental health providers use an individualized and person-centered lens through which they determine whether their practice is supportive of their clients and consistent with recovery principles. Recovery-oriented social workers recognize that their clients’ families and significant others are critical sources of knowledge and information that must be incorporated throughout the relationship, albeit with the clients’ consent. They understand the limitations of a medical or deficits-based model of illness that centers on
the practitioner making decisions for a “passive” client and the practitioner identifying what is wrong and fixing it, and seek out and use the recovery-oriented empirical literature to guide their work.

Recovery-oriented social workers

- use a recovery-oriented framework (as outlined on pp. 1-3), engage in professional curiosity, and offer their expertise to support the client’s choices and preferences;
- analyze the medical/deficits model of assessment and intervention and critically evaluate the usefulness of the Diagnostic and Statistical Manual of Mental Disorders (DSM) with clients.

Educational Policy 2.1.4—Engage diversity and difference in practice.

Social workers understand how diversity characterizes and shapes the human experience and is critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation. Social workers appreciate that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers

- recognize the extent to which a culture’s structures and values may oppress, marginalize, alienate, or create or enhance privilege and power;
- gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups;
- recognize and communicate their understanding of the importance of difference in shaping life experiences;
- view themselves as learners and engage those with whom they work as informants.

Recovery-oriented social workers appreciate the complexities of identity and the myriad ways in which psychiatric conditions intersect with other factors of diversity. They understand historical and global differences in the definition of mental illness or psychiatric disability and the implications for practice. They are attuned to the role language plays in reinforcing the oppression and stigmatization of persons with lived experience of psychiatric diagnoses, as well as the effects of internalized oppression and shame on their clients. Recovery-oriented social workers are aware of the bias introduced by race/ethnicity, gender, religion, age, and other factors on diagnosing individuals and providing services to them, including the potential for institutional bias in diagnosis and issues of access faced by groups that are historically marginalized.

Recovery-oriented social workers

- attend to the potential for institutional bias in diagnosis by critically examining evidence of differences in diagnoses between and within groups (including race/ethnicity, gender, etc.);
- practice cultural humility through the engagement of individuals with lived experience of psychiatric diagnoses as teachers and respecting their knowledge and perspectives;
- assist clients to “integrate meaningful cultural and spiritual practices into their recovery or wellness activities” (Advocates for Human Potential [AHP], 2011, p. 16);
- explore meanings for individuals of past experience of labeling, stigma, and shame associated with mental health history.

Educational Policy 2.1.5—Advance human rights and social and economic justice.

Each person, regardless of position in society, has basic human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education. Social workers recognize the global interconnections of oppression and are knowledgeable about theories of justice and strategies to promote human and civil rights. Social work incorporates social justice practices in organizations, institutions, and society to ensure that these basic human rights are distributed equitably and without prejudice. Social workers

- understand the forms and mechanisms of oppression and discrimination;
- advocate for human rights and social and economic justice;
- engage in practices that advance social and economic justice.
Recovery-oriented social workers advocate for human rights and social and economic justice for individuals with psychiatric diagnoses. They acknowledge that these individuals are “agents of change in their lives” (AHP, 2011, p. 13) as well as agents of social change in their communities. They recognize that individuals with lived experience of psychiatric conditions have often faced significant and overt oppression, stigma, and shame associated with mental health history. This oppression includes stigma/discrimination, poverty, fear, spirit-breaking professional practices, and structural entrapment by the mental health system. They are aware that individuals internalize oppression, and that internalized oppression presents a significant barrier to their recovery process. They understand that seclusion and restraint are not treatment but a treatment failure. Recovery-oriented social workers

- advocate within the profession and across the behavioral health system for recovery-oriented philosophy, progress, and practices;
- “help individuals understand and act on their legal, civil, and human rights” (AHP, 2011, p. 29), specifically those rights involving advance directives, informed consent and refusal for any particular mental health treatment, involuntary treatment, restraint and seclusion, and equal access to resources;
- advocate for an improvement in individuals’ daily living conditions and address the inequitable distribution of power, money, and resources that results in disadvantage and injustice for their clients;
- promote reduction and/or elimination of the use of physical and chemical restraints;
- confront oppression and injustices and engage in efforts to minimize and overcome stigma and discrimination toward individuals with psychiatric conditions;
- help professionals and others involved with individuals with lived experience of psychiatric diagnoses to replace demeaning, dehumanizing, and shame provoking language with recovery-oriented, strength-based, hope-building language and actions.

**Educational Policy 2.1.6 - Engage in research-informed practice and practice-informed research.**

Social workers use practice experience to inform research, employ evidence-based interventions, evaluate their own practice, and use research findings to improve practice, policy, and social service delivery. Social workers comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge. Social workers

- use practice experience to inform scientific inquiry;
- use research evidence to inform practice.

Recovery-oriented social workers can differentiate among evidence-based practices, promising practices, and those with little evidence to support positive treatment outcomes for individuals with psychiatric diagnoses. Recovery-oriented social workers

- critically examine the evidence for newly identified “evidence-based” practices and services for clients, particularly with regard to the inclusion of clients’ voices in intervention development and evaluation;
- stay informed about emerging and promising approaches to recovery-oriented practice, especially in regard to how it can be applied and/or customized to the individual, family, groups, organization, and communities;
- use quantitative, qualitative, participatory action research, and first person accounts to show that people can and do recover from psychiatric conditions;
- promote the inclusion of service users and their viewpoints at multiple levels of the research process including evaluating the relevance of outcomes when compared to their lived experience of psychiatric diagnoses.

**Educational Policy 2.1.7—Apply knowledge of human behavior and the social environment.**

Social workers are knowledgeable about human behavior across the life course; the range of social systems in which people live; and the ways social systems promote or deter people in maintaining or achieving health and well-being. Social workers apply theories and knowledge from the liberal arts to understand biological, social, cultural, psychological, and spiritual development. Social workers

- use conceptual frameworks to guide the processes of assessment, intervention, and evaluation;
- critique and apply knowledge to understand person and environment.
Recovery-oriented mental health practitioners embrace a strengths-based and holistic perspective of the individual and believe that hope can have a profound influence on an individual’s behavior. They understand that the behaviors of persons with psychiatric diagnoses are a function of many factors (environmental, social, biological, etc.) of which illness is only one aspect. They consider the various environments inhabited by the client, the contributions of individual talents and environmental strengths to their quality of life, and take this all into account when helping the client achieve personal goals. They acknowledge that natural community resources in the social environment are critical to building a life and supporting recovery. They understand that the persistent labeling and oppression of individuals with psychiatric diagnoses can have a negative effect on the individuals’ behavior, self-esteem, physical health, and environmental circumstances (e.g., poverty, unemployment/underemployment, isolation, etc.). Recovery-oriented social workers

- critically analyze the various ways of understanding the multiple factors influencing an individual’s behavior;
- interpret the individual’s lived experience of psychiatric conditions, ability to overcome, and resiliency as a remarkable series of triumphs rather than failures;
- determine along with the client whether his or her environments are entrapping or enabling a better quality of life, then work alongside him or her to improve existing environments and to access more desirable surroundings.

**Educational Policy 2.1.8—Engage in policy practice to advance social and economic well-being and to deliver effective social work services.**

Social work practitioners understand that policy affects service delivery, and they actively engage in policy practice. Social workers know the history and current structures of social policies and services, the role of policy in service delivery, and the role of practice in policy development. Social workers

- analyze, formulate, and advocate for policies that advance social well-being;
- collaborate with colleagues and clients for effective policy action.

Recovery-oriented mental health practitioners adopt a recovery lens through which they determine whether their policy practice is consonant with the needs of individuals with psychiatric conditions while also encouraging their clients to advocate for themselves. They are knowledgeable about the effects of public policy at all levels and policy-determined barriers to or opportunities for recovery. They understand the interwoven connections between policy and the social determinants of health (e.g., policies that discriminate or keep people impoverished).

Recovery-oriented social workers support policies and incentives for caring for individuals with psychiatric diagnoses in the community rather than through the overflowing criminal justice system. Recovery-oriented social workers

- analyze, formulate, and promote structures and policies that contribute to the economic and social inclusion and well-being of individuals with psychiatric conditions and increase access to the services they need;
- work to eliminate barriers to full community participation, including barriers to employment, civic engagement, education, and housing;
- create multiple mechanisms for incorporating the voices and choices of persons with lived experience of psychiatric conditions (e.g., advisory boards, state planning boards, civic organizations, self-help groups, policy development and reform, policy forums) in community systems;
- critically examine public policy and service structures and influence recovery-informed policies at the local, state, and national levels (such as facilitating diversion from the criminal justice system, promoting wellness in inpatient settings, etc.);
- advocate for the integration of services to clients (e.g., co-occurring psychiatric conditions and substance abuse, co-occurring physical and behavioral health conditions) and ensure disparate services are working in accord with one another, with all efforts aiming toward the same set of client-determined goals.

**Educational Policy 2.1.9—Respond to contexts that shape practice.**

Social workers are informed, resourceful, and proactive in responding to evolving organizational, community,
and societal contexts at all levels of practice. Social workers recognize that the context of practice is dynamic and use knowledge and skill to respond proactively. Social workers

- continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services;
- provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services.

Recovery-oriented social workers respond to the changing context of services for individuals with psychiatric diagnoses and seek to shape services that are sustainable and responsive to changing contexts.

Recovery-oriented social workers
- practice with consideration for evolving contextual changes on macro and micro levels, innovations in science and technology, and nonlinear pathways to provide up-to-date services for persons with lived experience of psychiatric diagnoses;
- work proactively with other mental health providers and service users to ensure continuity of services critical to maintaining the service user’s health and well-being.

Educational Policy 2.1.10 (a - d) — Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.

Professional practice involves the dynamic and interactive processes of engagement, assessment intervention, and evaluation at multiple levels. Social workers have the knowledge and skills to practice with individuals, families, groups, organizations, and communities. Practice knowledge includes identifying, analyzing, and implementing evidence-based interventions designed to achieve client goals; using research and technological advances; evaluating program outcomes and practice effectiveness; developing, analyzing, advocating, and providing leadership for policies and services; and promoting social and economic justice.

Recovery-oriented social workers are guided by the 10 components of recovery practice in their engagement, assessment, intervention, and evaluation activities. Above all, recovery-oriented practitioners hold hope for the individual’s recovery. They understand the interrelated connections among different aspects of wellness and mental health. Recovery-oriented social workers know how to work effectively in an integrated health/mental health setting with peer practitioners/specialists and representatives from other professional disciplines. Coordination continues throughout the process (from engagement through evaluation and/or the client moving on from services).

Educational Policy 2.1.10 (a) - Engagement

Social workers

- substantively and affectively prepare for action with individuals, families, groups, organizations, and communities;
- use empathy and other interpersonal skills;
- develop a mutually agreed-on focus of work and desired outcomes.

Recovery-oriented mental health practitioners recognize that individuals are much more than their diagnoses. Recovery-oriented mental health practitioners understand that each individual has a unique pathway to recovery, which should be recognized through shared decision-making and treatment-planning; these plans should remain flexible throughout the client’s nonlinear journey of recovery. They view their clients as individuals with unique histories, talents, resources, hopes, and dreams who are capable of self-determination and choice. Recovery-oriented social workers learn from how individuals with mental health diagnoses have coped and support them to share their stories. They recognize that in some settings the value of the experience that peer specialists bring has far greater authenticity and resonates with service users in a way that is difficult for professional staff to replicate. Recovery-oriented social workers

- treat the voices of their clients with primacy, dignity, and value;
- construct a safe, trusting, and hope-building relationship with individuals and their families and significant others as appropriate by minimizing power differentials in relationships through respectful communication.
(e.g., avoiding jargon), transparency, partnership, and shared decision-making;
- assume the stance of learner instead of expert and help individuals with lived experience of psychiatric conditions to tell their stories, including their abilities to survive, overcome, and thrive;
- use a conversational approach while mining interactions for hidden or overt clues about the individual’s interests, strengths, and so forth;
- increase the individual’s ownership of the strengths assessment process;
- self-disclose to a level or degree that is comfortable for them, to engage with and meet the needs of the individual client;
- work with peer specialists within their professional settings to improve their ability to connect with people and the quality of treatment available to service users.

Educational Policy 2.1.10 (b) - Assessment

Social workers

- collect, organize, and interpret client data;
- assess client strengths and limitations;
- develop mutually agreed-on intervention goals and objectives;
- select appropriate intervention strategies.

Recovery-oriented social workers assess client strengths and limitations from a holistic perspective that considers context, culture, and community norms alongside a clinical comprehension of psychiatric diagnoses. They have a critical understanding of the epidemiology of psychiatric diagnoses, the biopsychosocial causes of psychiatric conditions, and the role of culture in defining psychiatric diagnoses and responses to them. Recovery-oriented social workers are aware of the established disparities in mental health diagnoses that have significant effects on service users’ courses of treatment and treatment outcomes. They are knowledgeable about the differences between strengths assessment and problem assessment. They recognize the importance of attending to trauma in assessment and take steps to mitigate or eliminate any retraumatization during the assessment process. Recovery-oriented social workers

- obtain an accurate description of the individual’s talents, skills, abilities and aptitude, and resources (including social relations, present condition, and his or her hopes for the future);
- search for multiple possible explanations of a person’s behavior by assessing the biological, psychological, environmental, and social bases of the behavior;
- assess for trauma, co-occurring disorders, suicide risk, and physical health in planning recovery activities and treatment;
- empower the individual to define meaningful personal goals and select his or her own pathways to goal attainment;
- critically use diagnostic systems, including the DSM, as one way to understand psychiatric conditions and to inform their understanding and treatment of clients;
- co-create an understanding about the client’s current situation as part of the assessment so that the client can choose how he or she wishes to define his or her life condition;
- work to ensure appropriate diagnosis and advocate for service users in this area.

Educational Policy 2.1.10 (c) - Intervention

Social workers

- initiate actions to achieve organizational goals;
- implement prevention interventions that enhance client capacities;
- help clients resolve problems;
- negotiate, mediate, and advocate for clients;
- facilitate transitions and endings.

Recovery-oriented social workers advocate for organizational change and transformation to a recovery-based
system. They promote individual recovery by advocating on behalf of their clients to access resources and services that support their recovery pathways. They understand that education and support for the family and significant others can be key elements to supporting the individual’s own recovery process. They recognize that peers “encourage and engage each other in recovery, often providing a vital sense of belonging, supportive relationships, valued roles, and community” (AHP, 2011 p. 25). They are knowledgeable about the importance of trauma-informed principles for “mitigating[s] the negative consequences of trauma...and minimization of coercive practices in the process of recovery” (AHP, 2011, p. 27). They understand reputable evidence-based practices for recovery and for whom they are applicable. Recovery-oriented social workers

- practice or refer clients to family psychoeducation, supported employment, wellness self-management, integrated treatment for co-occurring disorders, peer support, supported education, and other well-established evidence-based approaches;
- encourage and assist the client to identify and expand on social support networks within the community, tap into existing resources, and create supports around himself or herself (such as using peer support options);
- ensure that the client, with input from his or her family and significant others as appropriate, is the central decision-maker;
- assist the individual in his or her quest for meaningful employment, education, housing, or any other goal he or she might have;
- empower the client to assume leadership of his or her own well-being through self-directed care, shared decision-making, and self-advocacy skills development;
- communicate to assist the individual in decision-making about a range of possible treatments, services, and options, sharing potential positive and negative effects of these options with the individual;
- help individuals to identify nonpharmacological options for treatment, including a broad range of social and individual wellness activities (i.e., personal medicine as defined by Deegan, 2005);
- ensure plans are in place for psychiatric advance directives, wellness recovery action plans (WRAP), and other preventative steps (to include identifying early warning signs of symptoms, coping strategies, and personal medicine);
- develop and implement recovery plans and goals with clients that cross multiple life domains (e.g., emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual dimensions), use natural community resources, and promote community integration;
- help clients negotiate unique challenges or barriers to gain access to resources and attain their goals by building relationships with resource holders and through the use of a variety of advocacy strategies;
- know about current guidelines for use of medications to treat psychiatric conditions and co-occurring disorders.

2.1.10 (d) – Evaluation

Social workers critically analyze, monitor, and evaluate interventions. Recovery-oriented social workers evaluate the effects of services and interventions for their consistency with the 10 components of recovery and individual goal achievement. Recovery-oriented social workers

- monitor attainment of client established goals and outcomes;
- help clients access and interpret data to inform their decision-making regarding services and supports;
- involve clients in service and program evaluation and quality improvement.

Upon successful completion of this course, the student will be able to:

1. Demonstrate an understanding of the incidence of alcohol and substance abuse and its impact on individuals, families and communities. EPAS 2.1.6, 2.1.7
2. Cite physiological and psychological effects of drugs and alcohol. EPAS 2.1.6, 2.1.7
3. Review and discuss research related to the biological, social, and psychological dynamics of drug use and abuse. EPAS 2.1.6, 2.1.7, 2.1.9
4. Relate various factors such as culture, age, gender, sexual orientation, socioeconomic status, and ethnicity to alcohol and drug use. EPAS 2.1.4, 2.1.6, 2.1.7, 2.1.9
5. Use empirically based tools and techniques for recovery-oriented assessment of alcohol and substance use. EPAS 2.1.6, 2.1.7, 2.1.10(b)

6. Use empirically based models for prevention and recovery-oriented intervention services related to alcohol and substance abuse. EPAS 2.1.6, 2.1.7, 2.1.10(a-c)

7. Locate, review, and evaluate recovery-oriented alcohol and substance abuse treatment and prevention programs and community self-help resources available to individuals and families. EPAS 2.1.3, 2.1.6, 2.1.7, 2.1.10(a-d)

8. Apply laws, policies, and social work values and ethics related to drug use and abuse prevention and intervention. EPAS 2.1.1, 2.1.2, 2.1.5, 2.1.8

C. Required Textbooks and Other Course Materials


Clinical Evidence and Best Practice e-databases: The developing evidentiary base on mental health interventions contained in the Central Library e-databases Clinical Evidence and Best Practice will serve as another set of required "texts" in this course.

D. Additional Recommended Textbooks and Other Course Materials

http://store.samhsa.gov/shin/content/SMA13-4212/SMA13-4212.pdf

E. Descriptions of Major Assignments and Examinations

There are 3 major assignments for this course, which are described below. This is an interactive class, so attendance is imperative. In addition to the 3 major assignments, there will be a final exam with 5% of the total grade. Attendance will be taken weekly. Participation, professionalism and quizzes will be averaged into a participation grade. However, Missing more than 2 classes will result in a decrease of one letter grade for the final grade. Missing 5 or more will result in a decrease in 2 letter grades. See “Attendance Policy” for more information.

1. Case Study (Objectives 1-7) 100 Points - 50% of grade

You will choose a “client” - this can be a client you work with through your internship, a fictional character, or a deceased public figure - with a substance use problem. Throughout the semester, that you will screen, diagnose, develop a treatment plan and develop an intervention. You will use Motivational Interviewing techniques in your intervention. You should NOT choose a family member or close friend. If you choose an actual client, you need to de-identify the client in your submissions.

You have a choice to work in groups of 2 or 3 if you want - but you will have one submission and everyone will earn the same grade. Details for each part of this assignment will be posted on Blackboard.

Due Dates throughout the Semester:

* Submit a “client” for approval (5 points) – DUE Sunday Jan 29th
* Complete a brief screen and assessment for your “client” for Substance Use Disorders (20 points) - DUE Saturday, Feb 11th
* Complete a bio-psychosocial history, including assessment of etiology of Substance Use Disorder and DSM diagnosis (20 points) - DUE Feb 25th
* Demonstrate a Mock Motivational Interviewing session to discuss findings in assessment (25 points) In-Class assignment on March 23rd and 30th
* Develop Treatment Plan (20 points)- DUE April 15th
* Discharge Planning / Aftercare (10 points) - DUE April 29th

-
2. **Attend and Report on two 12-Steps meetings** (Objectives 1,2,7,8) **100 Points - 20% of grade**

Students will visit two (2) 12-Step meetings. At least one needs to be AA or NA. Others can be groups such as Al-Anon, Gamblers Anonymous or Celebrate Recovery. Students must either make sure it is an open meeting OR be qualified and interested in participating. The same meeting can be attended more than once. Students should look for lists of meetings - one resource is [http://fortworthaa.org/?page_id=311](http://fortworthaa.org/?page_id=311) If you are already involved in a 12-Step program, you need to visit a different type of 12-Step group. After attending the meetings, students need to write and submit a Reaction Paper via Blackboard. The paper should detail the meetings attended and personal experience, including opinions and reactions. This paper should be written in first person. Include cover page with APA format. The paper must conclude with an honest analysis of the group. Sub-heading with major topics are encouraged. Students will give a brief oral presentation of the experience. You will only receive half credit if only one meeting attended.

Your grade will be calculated on:

1. Details of type, date, time, location of meeting- 20 Points
2. Instructions Followed, Grammar, Spelling - 15 Points
3. Personal Experience / Reaction - 25 Points
4. Analysis of group to include whether you would refer a client there and why or why not- 25 Points
5. Oral presentation (points deducted if absent on scheduled date) - 15 Points

**Due: - Thursdays, March 8th at beginning of class with oral presentations in class**

3. **Book Report** (Objectives 1-3) **100 Points - 20% of grade**

Students will select a book related to addictions and how it impacts the individual and family. This should be a biography or auto-biography or a fictional book written about someone with an addiction. Must be at least 225 pages. Once a book or topic is selected, the student must receive approval from the instructor that the book is appropriate for this assignment. **Students must submit the title, author, year published, brief description and number of pages via Blackboard for approval by Feb 11th.**

Typically, book reviews are 3-4 pages in length, but content is graded, not length. The book review must follow APA format and use Times New Roman, 12-point font. You will give a brief (3-5 minute) oral review of your report in class. The use of sub-headings of major points is encouraged.

Grade for reports will be calculated on:

1. Compliance with APA format, spelling and grammar (Title Page, running head, page numbers, and reference page should have APA reference of book)-15 Points

**Format of review**

1. Title and author(s)- 5 Points
2. Summary of story line, showing the impact of the addiction. Include specific examples of the impact of addiction on the main character and, if applicable, others - 55 Points
3. Impact on you as the reader, including lessons learned for Social Work practice - 15 Points
4. Oral presentation in class - 10 Points

**Due: Thursday, May 4th at beginning of class with oral presentations in class**

**There will be class discussion over readings. There will also be quizzes - most unannounced. There will be a final examination covering major concepts learned**

F. **Grading**
All papers must be grammatically correct using APA style. Papers with many grammatical errors and misspellings will not receive a satisfactory grade.

Students are to respond completely to these assignments. Make sure you read details of assignments carefully. Clarity, organization, substance, and APA format will be assessed. Case Study sections and submission of book subject assignments must be turned in on the scheduled Saturday by midnight via Blackboard. The 12-Step Meeting and Book Report also have an oral presentation so are due before class begins on the day of the oral presentation. Late papers will be assessed a 5% deduction for each calendar day or part of a day that the paper is late for up to 7 days. No papers are accepted after that time.

Attendance, Participation, Professionalism– 5%

Reaction Paper on 12-Step Meeting – 20%

Case Study – 50%

Book Review – 20%

Final Examination – 5%

Final Grade:

A = 90-100
B = 80-89
C = 70-79
D = 60-69

Students are expected to keep track of their performance throughout the semester and seek guidance from available sources (including the instructor) if their performance drops below satisfactory levels.

G. Make-Up Exams

Since the only major examination for this class is a final, the student will need to apply for an Incomplete for the class. There is no make-up for missed quizzes given in class or attendance as part of the participation grade.

H. Attendance

At The University of Texas at Arlington, taking attendance is not required but attendance is a critical indicator in student success. Each faculty member is free to develop his or her own methods of evaluating students' academic performance, which includes establishing course-specific policies on attendance. However, while UT Arlington does not require instructors to take attendance in their courses, the U.S. Department of Education
requires that the University have a mechanism in place to mark when Federal Student Aid recipients “begin attendance in a course.” UT Arlington instructors will report when students begin attendance in a course as part of the final grading process. Specifically, when assigning a student a grade of F, faculty report the last date a student attended their class based on evidence such as a test, participation in a class project or presentation, or an engagement online via Blackboard. This date is reported to the Department of Education for federal financial aid recipients. As the instructor of this section,

Attendance is key for success in this course. Most content is learned through lectures, demonstrations, role plays and class discussions. There is no make-up or substitution for class attendance.

Attendance, participation and professionalism are essential. Since it is impossible to participate in class discussion if you are not present, attendance will be taken during each class. Arriving late and departing early is disruptive to the class. Regular attendance for the entire class is expected. Being late, leaving class early, side conversations, using computer during class for something besides taking notes or otherwise not participating will result in a point reduction for that class period.

The instructor will not provide make-up work or information for missed classes. There is not an evaluation of "excused" versus "unexcused." There will be a zero for that day’s participation, including any quizzes for the day. Power Point presentations (if used that day) will be posted on Blackboard. You need to ask a classmate about any other information given in class.

Your grade in participation will be a response to the following: punctuality; respecting and encouraging the opinions of your peers, even if they do not represent your own; demonstrating the ability to read carefully and think critically; demonstrating the ability to speak up when you have a point to make, a question to pose, or an alternative perspective to present; being prepared to give and accept feedback; being prepared to work with your colleagues, and quizzes. Please become familiar with the NASW Code of Ethics, it establishes the foundation for respect of each other and the evolving perspectives we possess and might share throughout the semester.

Class attendance, including online classes is averaged for the participation grade. Additionally, missing more than 2 classes will result in a decrease of one letter grade for the final grade. Missing 5 or more will result in a decrease in 2 letter grades.

I. Course Schedule

As the instructor for this course, I reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course. Should problems arise with course delivery, alternate but equivalent assignments may be given so long as the overall learning objectives, general time frame and grading structure for the course are sustained. There are no online sessions scheduled – but I reserve the right to make any of these sessions online – be sure to check your mymav email and Blackboard for announcements.

<table>
<thead>
<tr>
<th>Date</th>
<th>Agenda and Due Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>• Introduction to course, syllabus and expectations</td>
</tr>
<tr>
<td>Jan19</td>
<td>• Instructions on Blackboard</td>
</tr>
<tr>
<td></td>
<td>• Introduction to Addiction – what every social worker should know</td>
</tr>
<tr>
<td></td>
<td>Before next week, read and critically analyze: TIP 35:</td>
</tr>
<tr>
<td></td>
<td>Forward, Executive Summary and Chapters 1 &amp; 2</td>
</tr>
</tbody>
</table>
| Week 2                | Jan 26     | • DVD about addiction  
• Etiology of Addiction  
• Possible quiz on assigned reading  
 **Before next week, read and critically analyze:**  
TIP 35: Chapter 3 and Appendix B  
**DUE BY Saturday, Jan 28th:** proposal for your “client” for the Case Study |
|----------------------|------------|---------------------------------------------------------------------|
| Week 3               | Feb 2      | • Possible quiz on assigned reading  
• SBIRT  
• Screening Tools  
 **Before next week, read and critically analyze:**  
DSM 5 Diagnosis for Substance Related and Addictive Disorders |
| Week 4               | Feb 9      | • Possible quiz on assigned reading  
• DSM 5 diagnosis  
• SBIRT and Motivational Interviewing  
• Motivational Interviewing Example  
 **Before next week, read and critically analyze:**  
Chemical Dependency: Chapters 1-3  
**DUE by Saturday, Feb 11th:**  
1. Submit Screening and Scores/Results of Case Study  
2. Book for approval |
| Week 5               | Feb 16     | • Possible quiz on assigned reading  
• Psychosocial assessments to include substance use history and trauma  
• NASW and working in addictions  
• Motivational Interviewing Example  
 **Before next week, read and critically analyze:**  
TIP 35: Chapter 4  
Chemical Dependency: Chapter 4 |
| Week 6               | Feb 23     | • Possible quiz on assigned reading  
• Motivational Interviewing and Trauma Informed Care  
• Motivational Interviewing Role Plays  
 **Before next week, read and critically analyze:**  
TIP 35: Chapters 5 & 6  
**DUE BY Saturday, Feb 25th:** Bio-psychosocial assessment for your Case Study |
| Week 7               | March 2    | • Possible quiz on assigned reading  
• Motivational Interviewing Role Plays  
 **Before next week, read and critically analyze:**  
Chemical Dependency: Chapter 5  
**DUE at next class:** 12-Step Report |
| Week 8               | March 9    | • **DUE: Reaction paper on visit to two 12-Step Meetings due by beginning of class - submitted on Blackboard**  
• Students will give 5-minute oral presentations on 12-Step experience  
• Possible quiz on assigned reading  
• Motivational Interviewing Role Plays  
 **Before next week, read and critically analyze:**  
Chemical Dependency: Chapter 6 |
<p>|                      |            | Spring Break |</p>
<table>
<thead>
<tr>
<th>Week 9</th>
<th>March 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Possible quiz on assigned reading</td>
<td></td>
</tr>
<tr>
<td>• Treatment</td>
<td></td>
</tr>
<tr>
<td>• Motivational Interviewing Role Plays</td>
<td></td>
</tr>
<tr>
<td><strong>Before next week, read and critically analyze:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DUE: IN-Class - Mock Motivational Interviewing session to discuss findings in assessment with peer playing Case Study (25 points)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 10</th>
<th>March 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Possible quiz on assigned reading</td>
<td></td>
</tr>
<tr>
<td>• Treatment Planning</td>
<td></td>
</tr>
<tr>
<td>• Before next week, read and critically analyze readings as posted on Blackboard</td>
<td></td>
</tr>
<tr>
<td><strong>Before next week, read and critically analyze:</strong></td>
<td></td>
</tr>
<tr>
<td>TIP 35: Chapter 9</td>
<td></td>
</tr>
<tr>
<td><strong>DUE: IN-Class - Mock Motivational Interviewing session to discuss findings in assessment with peer playing Case Study (25 points)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 11</th>
<th>April 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Possible quiz on assigned reading</td>
<td></td>
</tr>
<tr>
<td>• Evidenced-based practice</td>
<td></td>
</tr>
<tr>
<td>• Integration of TIPS in Treatment</td>
<td></td>
</tr>
<tr>
<td>• Treatment Plans</td>
<td></td>
</tr>
<tr>
<td><strong>Before next week, read and critically analyze:</strong></td>
<td></td>
</tr>
<tr>
<td>Readings or Videos as posted on Blackboard</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 12</th>
<th>April 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Guest Lecture on Addiction and Treatment</strong></td>
<td></td>
</tr>
<tr>
<td>• Before next week, read and critically analyze readings as posted on Blackboard</td>
<td></td>
</tr>
<tr>
<td><strong>Before next week, read and critically analyze:</strong></td>
<td></td>
</tr>
<tr>
<td>TIP 35: Chapter 7</td>
<td></td>
</tr>
<tr>
<td><strong>DUE BY Saturday, April 15th: develop a Treatment Plan with your Case Study</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 13</th>
<th>April 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Video on Recovery</td>
<td></td>
</tr>
<tr>
<td>• Relapse Triggers and Aftercare</td>
<td></td>
</tr>
<tr>
<td>• ROSC</td>
<td></td>
</tr>
<tr>
<td><strong>Before next week, read and critically analyze:</strong></td>
<td></td>
</tr>
<tr>
<td>TIP 35: Chapter 8</td>
<td></td>
</tr>
<tr>
<td>Chemical Dependency: Chapter 10</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 14</th>
<th>April 27</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Addiction and the Family</td>
<td></td>
</tr>
<tr>
<td>• Addictions Other Than Drugs or Alcohol</td>
<td></td>
</tr>
<tr>
<td><strong>DUE BY Saturday, April 29th: Discharge Planning / Aftercare with your Case Study;</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Book reports due by beginning of next class.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 15</th>
<th>May 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Book Reports Due by beginning of class</strong></td>
<td></td>
</tr>
<tr>
<td>• Oral presentation of book report</td>
<td></td>
</tr>
<tr>
<td>• Review for Final</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Finals Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>May 8-11 - Final</strong></td>
</tr>
</tbody>
</table>

As the instructor for this course, I reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course.

**J. Expectations for Out-of-Class Study**

Beyond the time required to attend each class meeting, students enrolled in this course should expect to spend at least an additional three hours (for each hour of class or lecture per week) of their own time in course-related activities, including reading required materials, completing assignments, preparing for assignments and exams, and reviewing online content, etc.
K. Grade Grievances


L. Student Support Services

UT Arlington provides a variety of resources and programs designed to help students develop academic skills, deal with personal situations, and better understand concepts and information related to their courses. Resources include tutoring, major-based learning centers, developmental education, advising and mentoring, personal counseling, and federally funded programs. For individualized referrals, students may visit the reception desk at University College (Ransom Hall), call the Maverick Resource Hotline at 817-272-6107, send a message to resources@uta.edu, or view the information at http://www.uta.edu/universitycollege/resources/index.php.

The IDEAS Center (2nd Floor of Central Library) offers free tutoring to all students with a focus on transfer students, sophomores, veterans and others undergoing a transition to UT Arlington. To schedule an appointment with a peer tutor or mentor email IDEAS@uta.edu or call (817) 272-6593.

The UT Arlington School of Social Work community is committed to and cares about all of our students. If you or someone you know feels overwhelmed, hopeless, depressed, and/or is thinking about dying by suicide or harming oneself or someone else, supportive services are available. For immediate, 24-hour help call MAVS Talk at 817-272-TALK (817-272-8255). For campus resources, contact Counseling and Psychological Services (817-272-3671 or visit http://www.uta.edu/caps/index.php) or UT Arlington Psychiatric Services (817-272-2771 or visit https://www.uta.edu/caps/services/psychiatric.php) for more information or to schedule an appointment. You can be seen by a counselor on a walk-in basis every day, Monday through Friday, from 8:00 AM to 5:00 PM in Ransom Hall, Suite 303. Getting help is a smart and courageous thing to do - for yourself and for those who care about you.

M. Librarian to Contact

The Social Sciences/Social Work Resource Librarian is John Dillard. His office is in the campus Central Library. He may also be contacted via E-mail: dillard@uta.edu or by Cell phone: (817) 675-8962, below are some commonly used resources needed by students in online or technology supported courses: http://www.uta.edu/library/services/distance.php

The following is a list, with links, of commonly used library resources:
Library Home Page...................... http://www.uta.edu/library
Subject Guides.......................... http://libguides.uta.edu
Subject Librarians....................... http://www.uta.edu/library/help/subject-librarians.php
Course Reserves........................ http://pulse.uta.edu/vwebv/enterCourseReserve.do
Connecting from Off-Campus....... http://libguides.uta.edu/offcampus
Ask a Librarian......................... http://ask.uta.edu

N. Emergency Exit Procedures

Should we experience an emergency event that requires us to vacate the building, students should exit the room and move toward the nearest exits, which are the stairwells located at either end of the adjacent hallway. When exiting the building during an emergency, one should never take an elevator but should use the stairwells. Faculty members and instructional staff will assist students in selecting the safest route for evacuation and will make arrangements to assist individuals with disabilities.

O. Drop Policy

Students may drop or swap (adding and dropping a class concurrently) classes through self-service in MyMav
from the beginning of the registration period through the late registration period. After the late registration period, students must see their academic advisor to drop a class or withdraw. Undeclared students must see an advisor in the University Advising Center. Drops can continue through a point two-thirds of the way through the term or session. It is the student’s responsibility to officially withdraw if they do not plan to attend after registering. **Students will not be automatically dropped for non-attendance.** Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. For more information, contact the Office of Financial Aid and Scholarships (http://wweb.uta.edu/aoa/fao/).

**P. Disability Accommodations**

UT Arlington is on record as being committed to both the spirit and letter of all federal equal opportunity legislation, including *The Americans with Disabilities Act (ADA), The Americans with Disabilities Amendments Act (ADAAA)*, and *Section 504 of the Rehabilitation Act*. All instructors at UT Arlington are required by law to provide “reasonable accommodations” to students with disabilities, so as not to discriminate on the basis of disability. Students are responsible for providing the instructor with official notification in the form of a **letter certified** by the Office for Students with Disabilities (OSD). Only those students who have officially documented a need for an accommodation will have their request honored. Students experiencing a range of conditions (Physical, Learning, Chronic Health, Mental Health, and Sensory) that may cause diminished academic performance or other barriers to learning may seek services and/or accommodations by contacting:

**The Office for Students with Disabilities, (OSD) [www.uta.edu/disability](http://www.uta.edu/disability)** or calling 817-272-3364.

Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at [www.uta.edu/disability](http://www.uta.edu/disability).

**Counseling and Psychological Services, (CAPS) [www.uta.edu/caps/](http://www.uta.edu/caps/) or calling 817-272-3671** is also available to all students to help increase their understanding of personal issues, address mental and behavioral health problems and make positive changes in their lives.

**Q. Non-Discrimination Policy**

*The University of Texas at Arlington does not discriminate on the basis of race, color, national origin, religion, age, gender, sexual orientation, disabilities, genetic information, and/or veteran status in its educational programs or activities it operates. For more information, visit [uta.edu/eos](http://uta.edu/eos).*

**R. Title IX Policy**

The University of Texas at Arlington (“University”) is committed to maintaining a learning and working environment that is free from discrimination based on sex in accordance with Title IX of the Higher Education Amendments of 1972 (Title IX), which prohibits discrimination on the basis of sex in educational programs or activities; Title VII of the Civil Rights Act of 1964 (Title VII), which prohibits sex discrimination in employment; and the Campus Sexual Violence Elimination Act (SaVE Act). Sexual misconduct is a form of sex discrimination and will not be tolerated. **For information regarding Title IX, visit [www.uta.edu/titleix](http://www.uta.edu/titleix)** or contact Ms. Jean Hood, Vice President and Title IX Coordinator at (817) 272-7091 or jmhood@uta.edu.

**S. Academic Integrity**

Students enrolled all UT Arlington courses are expected to adhere to the UT Arlington Honor Code:

*I pledge, on my honor, to uphold UT Arlington’s tradition of academic integrity, a tradition that values hard work and honest effort in the pursuit of academic excellence.*

*I promise that I will submit only work that I personally create or contribute to group collaborations, and I will appropriately reference any work from other sources. I will follow the highest standards of integrity and uphold the spirit of the Honor Code.*
UT Arlington faculty members may employ the Honor Code in their courses by having students acknowledge the honor code as part of an examination or requiring students to incorporate the honor code into any work submitted. Per UT System Regents' Rule 50101, §2.2, suspected violations of university's standards for academic integrity (including the Honor Code) will be referred to the Office of Student Conduct. Violators will be disciplined in accordance with University policy, which may result in the student’s suspension or expulsion from the University. Additional information is available at https://www.uta.edu/conduct/.

T. Electronic Communication

UT Arlington has adopted MavMail as its official means to communicate with students about important deadlines and events, as well as to transact university-related business regarding financial aid, tuition, grades, graduation, etc. All students are assigned a MavMail account and are responsible for checking the inbox regularly. There is no additional charge to students for using this account, which remains active even after graduation. Information about activating and using MavMail is available at http://www.uta.edu/oit/cs/email/mavmail.php.

U. Campus Carry

Effective August 1, 2016, the Campus Carry law (Senate Bill 11) allows those licensed individuals to carry a concealed handgun in buildings on public university campuses, except in locations the University establishes as prohibited. Under the new law, openly carrying handguns is not allowed on college campuses. For more information, visit http://www.uta.edu/news/info/campus-carry/.

V. Student Feedback Survey

At the end of each term, students enrolled in face-to-face and online classes categorized as “lecture,” “seminar,” or “laboratory” are directed to complete an online Student Feedback Survey (SFS). Instructions on how to access the SFS for this course will be sent directly to each student through MavMail approximately 10 days before the end of the term. Each student’s feedback via the SFS database is aggregated with that of other students enrolled in the course. Students’ anonymity will be protected to the extent that the law allows. UT Arlington’s effort to solicit, gather, tabulate, and publish student feedback is required by state law and aggregate results are posted online. Data from SFS is also used for faculty and program evaluations. For more information, visit http://www.uta.edu/sfs.

W. Final Review Week

For semester-long courses, a period of five class days prior to the first day of final examinations in the long sessions shall be designated as Final Review Week. The purpose of this week is to allow students sufficient time to prepare for final examinations. During this week, there shall be no scheduled activities such as required field trips or performances; and no instructor shall assign any themes, research problems or exercises of similar scope that have a completion date during or following this week unless specified in the class syllabus. During Final Review Week, an instructor shall not give any examinations constituting 10% or more of the final grade, except makeup tests and laboratory examinations. In addition, no instructor shall give any portion of the final examination during Final Review Week. During this week, classes are held as scheduled. In addition, instructors are not required to limit content to topics that have been previously covered; they may introduce new concepts as appropriate.