I. **Code of Conduct:** It is the student's responsibility to have read the College of Social Work Ethical Academic and Professional Conduct Code that is in the College of Social Work MSSW Handbook (www.csw.utk.edu). Students are also expected to sign and adhere to the Social Work Field Placement Code of Conduct.

II. **The Honor Statement:** An essential feature of The University of Tennessee is a commitment to maintaining an atmosphere of intellectual integrity and academic honesty. As a student of the University, I pledge that I will neither knowingly give nor receive any inappropriate assistance in academic work, thus affirming my own personal commitment to honor and integrity. (*Hilltopics*).

III. **University Civility Statement:** Civility is genuine respect and regard for others: politeness, consideration, tact, good manners, graciousness, cordiality, affability, amiability and courteousness. Civility enhances academic freedom and integrity, and is a prerequisite to the free exchange of ideas and knowledge in the learning community. Our community consists of students, faculty, staff, alumni, and campus visitors. Community members affect each other’s well-being and have a shared interest in creating and sustaining an environment where all community members and their points of view are valued and respected. Affirming the value of each member of the university community, the campus asks that all its members adhere to the principles of civility and community adopted by the campus: [http://civility.utk.edu/](http://civility.utk.edu/)

IV. **Disability:** If you need course adaptations or accommodations because of a documented disability or if you have emergency information to share, please contact The University of Tennessee, Knoxville Student Disability Services office at 100 Dunford Hall (865) 974-6087. This will ensure that you are properly registered for services.

V. **Dimensions of Diversity:** The College of Social Work and the University of Tennessee welcome and honor all people. In accordance with the U.S. National Association of Social Workers (NASW) and the U.S. Council on Social Work Education (CSWE 2015 Educational Policy Statement), “the dimensions of diversity are understood as the intersectionality of multiple factors including” age, class, color, culture,
mental or physical disability and ability, ethnicity, gender, gender expression, gender identity, immigration status, marital status, national origin, political ideology, race, regionality, religion and spirituality, sex, sexual orientation, and tribal sovereign status. The College values intellectual curiosity, pursuit of knowledge, and academic freedom and integrity. “A person’s diverse life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim” (CSWE 2015 Educational Policy Statement). The College of Social Work promotes social justice and social change, and strives to end discrimination, oppression, poverty, and other forms of social injustice.

VI. COURSE DESCRIPTION: This course is a concentration elective course. This course is intended to prepare students for evidence based practice in the treatment of substance abuse and other addictions, including addictive process disorders such as eating disorders, sex addiction, gambling, etc. The course will present an integrative biopsychosocial model for the understanding and treatment of addiction/addictive processes. Emphasis is placed on understanding biopsychosocial influences on the incidence, course and treatment of addiction/addictive processes, and the differential effects on diverse populations at risk. The course focuses on the acquisition of diagnostic skills as they relate to comprehensive social work assessment of adults, adolescents, and children. Assessment and interventions skills are taught for specific types of addiction (e.g. substance abuse, disordered eating, gambling, sex, etc.). Course content includes an overview of the history of substance abuse, a review of models of addiction, a multidimensional model of the addiction process/change process, the physiological effects of commonly abused substances, assessment and diagnosis of addiction/addictive process and related disorders, and specific, evidence-based interventions for adolescent and adult clients. The treatment of substance abuse and addiction in this course is family focused and emphasizes the impact of addiction(s) on family and provision of psychoeducation and support for family members. This three-credit hour elective course examines roles, assessments, and intervention strategies for social workers in addiction and addictive processes in a variety of service settings.

VII. COURSE RATIONALE: Substance abuse and addictive process disorders are an epidemic at this time in our culture. Social workers, regardless of practice setting, encounter the individuals and systems impacted by substance abuse or other addictions. In order to respond to the needs of individuals, families, groups, and communities affected by substance abuse it is essential that social workers understand the multi-causal nature of the phenomenon. This course is designed to provide students with the knowledge, skills, and sensitivity to practice in the area of addiction treatment.

VIII. Course Competencies:
By the completion of this course, the students are expected to be able to demonstrate:

1) Articulate key elements of the sociopolitical-history of substance abuse in the United States. Diversity Conc. #4, CT/EBP Conc. #3, HBSE Conc. #2. (Content: Brief history of substance abuse across time and cultures, Review of policies and sociopolitical factors that sustain and constrain substance abuse, examination of the role of sex, religion, and commerce in alteration of consciousness and related substance use across time).

2) Articulate an understanding of the etiology and epidemiology of substance abuse. HBSE Conc. #1, Diversity Conc. #2, CT/EBP Conc. #1. (Content: Prevalence of use, abuse, and substance dependence, epidemiological sources and resources, substance abuse & addictive process etiological theories and empirical evidence).
3) Articulate knowledge of the basic pharmacology of drugs of abuse. HBSE Conc. #1. (Content: Basic neurophysiology, drug classifications, dosage, dose response curve, drug interactions, drugs of abuse).

4) Articulate knowledge of physiological reactions to drugs of abuse and addictive patterns including substance overdose, craving, tolerance, dynamics of withdrawal, and other adverse effects on health. HBSE Conc. #1. (Content: General physiological and neurological model of addiction, behavioral conditioning).

5) Demonstrate knowledge of models of and resources for evidence-based addiction treatment. CT/EBP Conc. #1, Practice Conc. #1, #2, #3. (Content: NIDA, NIAAA, SAMHSA resources).

6) Demonstrate knowledge and skills in clinical screening, assessment, and diagnosis of substance use, misuse, and abuse. Practice Conc. #1, CT/EBP Conc. #1, Values/Ethics Conc. #1. (Content: Substance abuse screening and assessment instruments, motivational interviewing, brief interventions, diagnostic criteria).

7) Demonstrate advanced skills in the use of motivational interviewing techniques. CT/EBP Conc. #1, #2. (Content: Basic and advanced motivational interviewing skills).

8) Develop evidence-based, substance abuse/addictive process treatment plans. CT/EBP Conc. #1, #2. (Content: NIDA, NIAAA, SAMHSA resources).

9) Describe strategies for adapting evidence-based substance abuse treatment interventions to individuals, families and groups of varying backgrounds such as age, ethnicity, culture, gender, affectional preference, SES, and religious affiliation. Diversity Conc. #1, #2, #3, #4. (Content: Current research literature on between group and within group variations in patterns of substance use and abuse, genetic vulnerabilities and protective factors, Risk and protective factors associated with age, ethnicity, culture, and socioeconomic status).

10) Demonstrate knowledge of treatment planning and delivery for individuals with co-occurring disorders. CT/EBP Conc. 1, Practice Conc. #1, #2, #3. (Content: NIDA, NIAAA, SAMHSA resources for treatment of individuals with cooccurring disorders).

11) Articulate an understanding of the ethical challenges and their resolution in substance abuse treatment including confidentiality, informed consent, the duty to care, and respect for client self-determination. Values and Ethics Conc. #1, #2, #3. (Content: The unique and complex ethical challenges that arise in addictions treatment).

12) Demonstrate an understanding of the processes of recovery, relapse, and relapse prevention. CT/EBP Conc. #1, Practice Conc. #1, #2, #3. (Content: Motivation Enhancement Therapy, NIDA, NIAAA, SAMHSA resources for recovery and relapse prevention, Cognitive-Behavior Therapy).

13) Explicate knowledge of selected evidence based clinical practice theories. CT/EBP Conc. # 1. (Content: cognitive behavioral, psychodynamic and exposure models for treatment of trauma).

14) Utilize the value base of the social work profession and its ethical standards in clinical practice with individuals. Values/Ethics Conc. #1. (Content: NASW Code of ethics, ethical principles, ethical dilemma analysis, ethical dilemma resolution strategies.)

15) Articulate clinical assessment with diverse groups of clients using evidence based assessment measures and methods. Diversity C.3; CT/EBP Conc. #1. (Content: diversity assessment model, quantitative and qualitative assessment methods, case studies, highlighting diversity in assessment.)

16) Describe culturally sensitive work with diverse client systems. Diversity Conc. #3 & #4; Practice Conc. #1. (Content: cultural competency, professional use of self specifically emphasizing the skills of supplemental functioning in persons with trauma, modifying clinical interventions for implementation with diverse groups.)
17) Articulate and implement a plan for using the steps of evidence-based practice for improving clinical practice. CT/EBP Conc. #4; Practice Conc. #3. (Content: evaluation of research articles, apply the process of EBP through role-play and case studies in different trauma populations.)

18) Describe the use of evidence based clinical practice theories in assessment, treatment planning, case conceptualization, and interviewing to resolve unique, ambiguous, value-conflicted, and complex client problems. Practice Conc. #1; Values/Ethics Conc. #1. (Content: application of research findings to clinical practice, assessment, treatment planning, interviewing, case-conceptualization, ethical dilemma analysis.)

19) Critically analyze the role of social justice and healthcare paradigms in clinical practice with at-risk populations. Populations at Risk/SJ Conc. #2. (Content: utilize case studies of at-risk populations for clinical practice role-play; analyze the social justice dimensions of evidence-based clinical practices.)

IX. **TEXTBOOKS**

A. **REQUIRED:**


B. **Recommended:**


*Additional required readings will be assigned and posted to Canvas.*

X. **STUDENT RESPONSIBILITIES**

When working with individuals struggling with addiction(s), practitioners can do more harm than good if they are naïve to the knowledge base. As such, students are expected to come prepared for class. This entails that students not only read the required material, but that they also critically consider the material and develop self-awareness related to their own experience of and response(s) to the concept of addiction. Other student responsibilities include: (1) attendance; (2) active participation; (3) completion of all required readings; (4) preparation for and participation in activities contributing to knowledge; (5) timely completion of assignments; and (6) feedback to the instructor.

XI. **Policies**

Participation is considered a vital part of the learning experience in this class. As such, attendance is *required*, as is the expectation that students will come prepared to discuss and critically analyze the required readings. If you are unable to attend, please leave an email message at stephanieweatherstonelcsw@gmail.com. If you miss more than 3 times, you will have the choice of making up for your absences by completing an extra assignment.
or withdrawing from the class.

Class activities are designed to help you reflect upon important concepts and involve you in class discussions where views are shared and ideas are debated. It is expected that you will respect the ideas and thinking of other students in the class by listening to their explanations and appropriately questioning their thinking and reasoning if you do not understand. It is also expected that you will demonstrate a healthy curiosity about the material at hand. Further, you are expected to work cooperatively with others and fully contribute to the workload of each group in which you may be a member. Class discussions will begin with the assumption that you have read the required material, as I consider this material a jumping off point for further discussions. As such, I will not always mention all required readings during the class. This, however, does not relieve you of the responsibility for knowing this material, as it will put you at a disadvantage for the class work, the assignments, and for your practice.

The use of computers and other electronic equipment is at the discretion of the professor. Students may use electronic equipment ONLY if it is used for purposes related to the class. Students may NOT surf the web other than as related specifically to classroom content; use calendars or other personal files on smart phones, or other similar media; send or receive any type of electronic message; or use any other portable electronic equipment or laptop when not related directly to class. You may be called upon at any time when using electronic equipment to demonstrate the nature of your electronic media use.

*All written work must be typewritten and double-spaced. Assignments are to be presented in a scholarly manner and should be well documented by referencing the supporting literature. Papers are to be free of mechanical flaws, including errors in grammar or spelling. Bibliographic references must conform to American Psychological Association (APA) style, 6th edition. Both presentation and content will be considered in evaluating assignments.*

I am available by email (stephanieweatherstonelcsw@gmail.com). The quickest way to get in touch is by email. I am happy to set up a meeting with you at any time to discuss your work, the class, or issues in this area. Please feel free to utilize me, especially if you are having problems in the class or if you need more guidance on a specific assignment or topic.

XII. Sensitive Nature of Class

Because of the sensitive nature of this class, issues of a personal nature may arise for students during the semester. Students who themselves have abused substances, or had family members who struggled with addiction, may find some of the content especially difficult. Additionally, discussion of addiction frequently includes discussions related to trauma or traumatic experiences. Because the personal affects practice, it is essential that students have methods for addressing issues that arise.

We will address the difficulty of the material in a number of ways. In our first class period, we will talk about how you can take care of yourself while taking this class. Here are some suggestions, both for what you can do this semester and what you can do in the future to take care of yourself.

1) Pair up with another person (or persons) in this class (or outside of this class) with whom you are comfortable sharing sensitive and personal material. Plan a time weekly when you can address issues that arise for you from taking this class. Alternately, you might want to find a group of individuals with whom you can occasionally process material from this class. Remember as well that this material may also be difficult for the person with whom you talk.
2) Keep a journal to allow time to process the material in this class and its effect upon you.
3) Plan time after doing the readings so that you can distance yourself from the material before going to sleep.
4) Make sure that significant others in your life are aware that you are taking this course and that it often deals with very hard material. Let them support you when you need it.
5) Make sure to plan some time each week that allows you to get away from this material. This could be “silly” time, sports time, physical exercise, or any method that allows you a release.
6) If you are in recovery, or a survivor of abuse or other significant trauma, you are probably already aware that this class may bring up personal issues for you. Give special attention to how you will address those issues. If you are not working with a therapist, you might want to consider doing so for a brief period. Otherwise, please consider with whom you can discuss the effect of this class on you. Both now, and as a future clinician, you will need to have resources for working with difficult material. The other unique issue you will face as a clinician is the entanglement of your issues with those of the client (countertransference). Good supervision, self-awareness, and a previous working-through process for your own abuse will be important for working with other survivors, including children or adolescents.
7) Set up a time to meet with me so we can strategize about how to attend to your needs over the semester.

Because part of what we must learn as clinicians working with survivors is how to maintain appropriate boundaries (internal and external) with our clients, class time will be devoted to the development of the professional. This practice is not meant to negate or minimize personal experience, but to stress the importance of having ways of taking care of yourself this semester. If you need help considering how to do so, please set up an appointment with me.

XIII. PLAGIARISM

It is assumed that all of your work is original and that you are aware of appropriate citation rules. If you are not completely familiar with citation rules, please review them at the UT Library web site: http://www.lib.utk.edu/instruction/learnhow/. This web site has other tutorials as well on how to use the library effectively, search strategies, etc., that may be of help. Please be aware that copying material verbatim from the web is considered plagiarism unless it is appropriately cited as verbatim material.

XIV. GRADING

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>A</td>
<td>93 - 100</td>
</tr>
<tr>
<td>B+</td>
<td>88 - 92</td>
</tr>
<tr>
<td>B</td>
<td>83 - 87</td>
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<tr>
<td>C+</td>
<td>78 - 82</td>
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<tr>
<td>C</td>
<td>73 - 77</td>
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<tr>
<td>D+</td>
<td>68 - 72</td>
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<tr>
<td>D</td>
<td>63 - 67</td>
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<tr>
<td>F</td>
<td>62 and below</td>
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A. Assignment Values (format/style & content will have equal bearing on each assignment)
1. Personal Self-Care Plan 20 points
2. Weekly journal response (8 responses at 5 points each) 40 points
3. **Paper on intervention of choice** 80 points
4. **Assessment & Case Conceptualization** 100 points
5. **Participation** 15 points

**B. Assignment Content**

1. **Personal Self-Care Plan** *(Competencies: 4, 11, 12, 14) (Dimensions: Cognitive & Affective Processes, Values, Skill)*
   
a) This plan will be strictly confidential. I will not be discussing your history with you, but I do want to know enough to guide you in creating a sufficient care plan. This is a normal part of clinical supervision and essential to your long-term practice in the field of social work.

b) The expectation is for you to evaluate your own history or experience of addiction or others struggling with addiction, and the potential impact on your practice. If you do not have an identifiable/relatable experience in your personal history, the expectation is for you to evaluate your sensitivity/susceptibility to bias related to addiction. In either case, evaluate for yourself these potential “hot spots” and devise a plan to manage these experiences as you go through this class and further on into your clinical practice.

c) Please format double-spaced with your name and date in a header in the upper right-hand corner and center the title “Personal Safety Plan” at the top of the first page. Please number your pages.

2. **Weekly journal response** *(Competencies: 1-5, 10-14, 16-19) (Dimensions: Cognitive & Affective Processes, Values, Knowledge)*
   
a) Each week (at least 8 of the 11 weeks), you are expected to journal about the content discussed in class and/or the associated readings, and elaborate briefly on your experience of the material. Include thoughts, emotional reactions, and any related insight based on either your personal or professional experience thus far. You may also synthesize the material from this class with another related course or field and process insight(s) gained.

b) These journals should be a minimum of 1 page, and a maximum of 2 pages, double-spaced, with your name, date, and “Journal #___”, & page # formatted in a header in the upper right-hand corner. Please number your pages.

3. **Paper on Intervention of Choice** *(Competencies: 3, 4, 5, 8-11, 13, 14, 16, 17, 18) (Dimensions: Cognitive & Affective Processes, Knowledge, Skill)*
   
a) You will choose an intervention for a specific type of addiction and research it for a comprehensive understanding of its use. In your paper, define the intervention, the specific addiction(s) for which its use is indicated, pros and cons (if applicable), and potential use or concerns related to use with other addictions not currently indicated.
Further, discuss why this method of intervention is appealing to you and how you envision using it in your clinical practice moving forward.

b) Be sure to assess the empirical support for your chosen intervention, noting whether or not this intervention is currently considered as an evidence-based approach or not. If it is not currently established as an evidence-based intervention, elaborate on the barriers to achieving this mark of support (e.g., simply not enough research completed; controversy over methodology, etc.)

c) This paper should be approximately 8-10 pages, inclusive of title page and reference page.

4. **Assessment & Case Conceptualization** ([Competencies: 1-19] (Dimensions: Cognitive & Affective Processes, Values, Skill, Knowledge))

a) You and a partner will be given an opportunity to bring in a case from your field placement or invent a case based on a character from a movie (options to be discussed in class) and to present the case to the rest of the class as if you were presenting to a “treatment team.” You will provide in the narrative section of your paper:
   1. a narrative summary of patient presentation,
   2. a diagnostic statement, with explanations for your conclusions
   3. treatment goals and plan,
   4. thoughts on the theoretical perspective guiding your treatment for the case. This will be discussed in class and others will weigh in on the case and how they might handle the situation.

   (a) You will generate this written & oral assessment narrative by creating a hypothetical interview based on the BPS Assessment template that I will post on Canvas. Your assessment will include diagnostic impressions and a plan for treatment based on a combination of information discussed in class, as well as any additional research that may be required to generate a plan rooted in best-practices.

b) The BPS will be formatted as an appendix and attached after the conclusion of the primary narrative. *

c) The paper will be turned in and will be 50% of the points for this assignment. Your presentation in class will make up the remaining 50% of the points, and should be approximately 15 minutes long to allow time for class/team discussion that follows.

d) The narrative portion of this paper [see “section a)” above] should be a minimum of 8 pages long, inclusive of title and reference pages, and the appendix noted above will be attached following the end of the narrative. The entire paper + appendix is to be turned in the day of your presentation.

* In the BPS Appendix, you may use abbreviations such as hx for history, ct for client, tx for treatment, etc. However, you may NOT use these abbreviations within the narrative portion of the paper.
XV. **Class Schedule** *(lecture topics subject to updates throughout the semester)*:

<table>
<thead>
<tr>
<th>Date</th>
<th>Content</th>
<th>Assignment(s)</th>
</tr>
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<tbody>
<tr>
<td>January 10</td>
<td>Intro to course; Overview; self-care</td>
<td>DiClemente – Chap. 3</td>
</tr>
<tr>
<td>17</td>
<td>Understanding addiction: -History</td>
<td><strong>Personal Safety Plan Due</strong>&lt;br&gt;Mack, et al. – Chap. 2&lt;br&gt;DiClemente – Chap. 1, 2&lt;br&gt;Thombs &amp; Osborn – Chap. 1</td>
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<tr>
<td>24</td>
<td>Neurobiology &amp; Models of Addiction</td>
<td>Mack, et al. – Chap. 1&lt;br&gt;Thombs &amp; Osborn – Chap. 2</td>
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<tr>
<td>31</td>
<td>Mechanisms of growing an addiction</td>
<td>DiClemente – Chap. 4, 5&lt;br&gt;Thombs &amp; Osborn – Chap. 11 (p. 274-288)</td>
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<tr>
<td>February 7</td>
<td>Substances of Abuse&lt;br&gt;  - Alcohol, Opioids, Cannabis, Hallucinogens, Stimulants, Sedatives&lt;br&gt;  - Special populations</td>
<td>Mack, et al. – Chap. 5-13 &amp; Chap. 20, 24</td>
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<tr>
<td>14</td>
<td>Process Addictions (gambling, sex, etc.)</td>
<td>Mack, et al. – Chap. 16&lt;br&gt;Weiss - Chap. 2&lt;br&gt;Thombs &amp; Osborn – Chap. 10</td>
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<tr>
<td>21</td>
<td>Eating Disorders</td>
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<tr>
<td>28</td>
<td>Assessment&lt;br&gt;  Treatment Interventions – Overview</td>
<td>Mack, et al. – Chap. 3&lt;br&gt;Mack, et al. – Chap. 25</td>
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<tr>
<td>March 7</td>
<td>Intervention Paper Due</td>
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<tr>
<td>14</td>
<td>Class cancelled – preparation for Comps</td>
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<tr>
<td>21</td>
<td><em>Spring Break!</em></td>
<td></td>
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<tr>
<td>28</td>
<td>Family Systems Interventions</td>
<td>Mack, et al. – Chap. 29&lt;br&gt;Thombs &amp; Osborn – Chap. 8</td>
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<td>April 4</td>
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<tr>
<td>11</td>
<td>Motivational Interviewing &amp; Cognitive Interventions (CBT, DBT, ACT, Schema)</td>
<td>Mack, et al. – Chap. 27, 30&lt;br&gt;Thombs &amp; Osborn – Chap. 7 &amp; 11</td>
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<tr>
<td>18</td>
<td><strong>Assessment &amp; CC Presentations – Paper Due</strong></td>
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<tr>
<td>25</td>
<td><strong>Assessment &amp; CC Presentations – Paper Due</strong></td>
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<tr>
<td>(*Implications of Co-occurring disorders &amp; Trauma, Guest Lecture, TBD)</td>
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