

University Of Tennessee College Of Social Work

**Social Work 540 –General Topics in Social Work:
Substance Abuse Policy and Practice
Spring, 2003: Tuesdays 1:00-3:50**

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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* 2002).

Code of Conduct

It is the student's responsibility to have read the College of Social Work Ethical and Professional Conduct code that is in the CSW MSSW Handbook.
www.csw.utk.edu

Disability

If you need course adaptations or accommodations because of a documented disability or if you have emergency information to share, please contact the Office of Disability Services at 191 Hoskins Library at 865-974-6087. This will ensure that you are properly registered for services.

Course Description

This course is intended to prepare students to practice in the field of substance abuse. The course will present an ecological perspective and an integrative biopsychosocial model for the understanding of substance abuse policy and practice. Course content includes an overview of the history of substance abuse policy, a review of models of addiction, a review of current issues in substance abuse policy, a multidimensional model of the addiction process, the physiological affects of commonly abused substances, assessment and diagnosis of substance abuse disorders, an examination of treatment effectiveness, and specific clinical skills and treatment strategies for individual adult clients, adolescents, and families.

Course Rationale

Substance abuse is epidemic at this time in our culture. Social workers, regardless of practice setting, encounter the individuals and systems impacted by substance abuse. 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 multicausal nature of the phenomenon. This course is

designed to provide students with the knowledge, skills, and sensitivity to practice in the area of substance abuse.

Course Objectives

By the end of the course, students will have acquired the following knowledge and skills:

1. Understanding of the sociopolitical-history of substance abuse in the United States;
2. Understanding of the physiological aspects of substance abuse, including overdose, craving, tolerance, withdrawal, and other adverse effects on health in relation to the treatment process;
3. Understanding of the etiology and epidemiology of substance abuse;
4. Understanding of the theories/models of substance abuse and its treatment;
5. Becoming skillful in clinical assessment and diagnosis of substance abuse;
6. Understanding of treatment effectiveness for substance abuse;
7. Becoming skillful in ethical use of specific clinical skills and treatment strategies for individuals, groups, and families
8. Understanding of the special treatment needs of at-risk populations;
9. Understanding of the processes of recovery, relapse, and relapse prevention;
10. Understanding of the role and application of prevention models in substance abuse treatment;
11. To recognize policies and practices relevant to cultural diversity, gender differences and discrimination.

Methods to Attain Objectives

The primary learning format will be lectures, classroom exercises, and activities, which involve **all students as active learners**. Class lectures and exercises are based on the understanding that readings assigned for that topic have been completed prior to class.

Assigned Text

McNeece, C. A. & DiNitto, D. M. (1994). Chemical dependency: A systems approach. Englewood Cliffs, NJ: Prentice-Hall.

COURSE OUTLINE-TENTATIVE
(All guest speakers' times are tentative)

- 1-14** **INTRODUCTIONS & REVIEW OF SYLLABUS**
Addiction counseling competencies: The knowledge, skills, and attitudes of professional practice.
<http://www.treatment.org/taps/tap21/TAP21Toc.html>
MODELS FOR CONCEPTUALIZING SUBSTANCE ABUSE
McNeece & DiNitto Text Chapters 1-3:
 Definitions and Epidemiology of Alcoholism and Drug Addiction
 The Etiology of Addiction
 Becoming Addicted
Miller & Kurtz, 1991
Models of alcoholism used in treatment: Contrasting AA and other perspectives with which it is often confused
- 1-21** **HARM REDUCTION APPROACH TO POLICY AND PRACTICE**
Des Jarlais, 1995;
 Harm reduction: a framework for incorporating science into drug policy
Drucker, 1995;
 Harm reduction: a public health strategy
MacMaster, 2001;
 Harm Reduction: Moving beyond an abstinence-only orientation for social workers working in substance abuse.
McCafferty, 2000
 Decriminalizing drugs is wrong: Why wreck more lives with drug abuse?
Guest Speaker-Joyce Perkins, Project Director, Methadone Outreach Recruitment Retention & Enhancement; and Davidson County Harm Reduction Program
- 1-28** **ISSUES OF CULTURAL COMPETENCY-RACE/ETHNICITY & GENDER IN SCREENING, ASSESSMENT AND DIAGNOSIS**
McNeece & DiNitto Text Chapters 5, 11 and 15
 Gender and Drugs: Fact, Fiction and Unanswered Questions
 Ethnicity, Culture and Substance Abuse
 Screening, Diagnosis, Assessment and Referral
NIAAA list of Screening Instruments
<http://silk.nih.gov/silk/niaaa1/publication/instable.htm>
Burston, Jones and Roberson-Saunders, 1995
 Drug Use and African Americans: Myths and Reality
Discussion of Movie: 28 Days
Guest Speaker—Brian Bride, University of Tennessee
- 2-4** **APPROACHES WITH ADOLESCENTS AND CHILDREN**
McNeece & DiNitto Text Chapter 9;

Treating Chemically Dependent Adolescents and Children
CSAT materials

Screening and assessing adolescents for substance use disorders.

<http://www.health.org/govpubs/BKD306/index.htm>

Treatment of adolescents with substance use disorders

<http://www.health.org/govpubs/BKD307/index.htm>

Guest Speaker-Judy Ide, Principal, Community High School

2-11 **STAGES OF CHANGE/MOTIVATIONAL ENHANCEMENT THERAPY**

Prochaska, DiClemente & Norcross, 1992;

In search of how people change

Miller & Rollnick, 1992

Motivational interviewing: Preparing people to change addictive behavior.

Miller, 1999

Enhancing motivation for change in substance abuse treatment

2-18 **THE IMPACT OF HIV/AIDS AND HEPATITIS-C ON SUBSTANCE ABUSE POLICY AND PRACTICE**

Day, 2001

Health emergency 2001: The spread of drug-related AIDS and hepatitis C among African Americans and Latinos

<http://www.dogwoodcenter.org/2001/HE2001.html>

The Dogwood Center Website

www.dogwoodcenter.org

Guest Speaker-Ron Crowder, Executive Director, Street Works

2-25 **THE SELF-HELP MOVEMENT & THE 12-STEP APPROACH**

McNeece & DiNitto Text Pages 151-156;

Self Help Groups, Section in Chapter Treatment—System of Care

NA & AA texts;

Holleran and MacMaster, 2001

Cultural Competent Practice with 12-Step Groups

MIDTERM PAPER IS DUE

3-4 **CO-OCCURRING MENTAL HEALTH DISORDERS**

McNeece & DiNitto Text Chapter 13;

Compounding the Problem: Substance abuse and other disabilities

Singer, Kennedy & Kola, 1998;

A conceptual model for co-occurring mental and substance-related disorders

Ries, 1994

Assessment and treatment of patients with coexisting mental illness and alcohol and other drug abuse.

<http://www.health.org/govpubs/bkd134/>

Guest Speaker—Michael Cartwright, Exec Director, Foundations

3-11

CURRENT POLICY TRENDS

McNeece & DiNitto Text; Chapter 16;

Chemical Dependency Current Issues and Future Prospects

[The Hay Group Report](#)

<http://www.asam.org/ppol/managedcare.htm>

ONDCP National Drug Control Strategy

<http://www.whitehousedrugpolicy.gov/publications/policy/ndcs01/index.html>

3-18

SPRING BREAK

3-25

FAMILY SYSTEMS APPROACH

McNeece & DiNitto Text Chapter 10

Family Systems and Chemical Dependency

4-1

CBT & RELAPSE PREVENTION

Carrol, 1998;

A cognitive-behavioral approach: Treating cocaine addiction.

<http://www.nida.nih.gov/TXManuals/CBT/CBT1.html>

McNeece & DiNitto Text Chapter 7,

Preventing Alcohol and Drug Problems

Dimeff & Marlatt, 1995;

Relapse prevention.

4-8

SUBSTANCE ABUSE AND OTHER DISABILITIES

Guest Speaker—Laura Cording, Deaf and Hard of Hearing Program Alcohol and Drug Council of Middle Tennessee

4-15

FORMAL STUDENT PRESENTATIONS

4-23

HOT TOPIC DISCUSSION

COURSE WRAP-UP & COURSE EVALUATIONS

FINAL PAPERS DUE

READING LIST

Alcoholics Anonymous. (1976). Alcoholics anonymous, AA World Service: New York, NY.

Carrol, K. (1998). A cognitive-behavioral approach: Treating cocaine addiction. Washington, DC: National Institute on Drug Abuse

CSAT (1999) Screening and assessing adolescents for substance use disorders. Treatment Improvement Protocol Series 31. Washington, DC: DHHS.

CSAT (1998) Addiction counseling competencies: The knowledge, skills, and attitudes of professional practice. Treatment Assistance Publication, 21. Washington, DC: DHHS.

CSAT (1999) Treatment of adolescents with substance use disorders. Treatment Improvement Protocol Series 32. Washington, DC: DHHS.

Des Jarlais, D. (1995). Harm reduction: a framework for incorporating science into drug policy. American journal of public health, 85, 10-12.

Dimeff, L. & Marlatt, A. (1995). Relapse prevention. In R. Hester & W. Miller, (Eds.), Handbook of alcoholism treatment approaches, (pp. 176-194). Boston, MA: Allyn and Bacon.

Drucker, E. (1995). Harm reduction: a public health strategy. Current issues in public health, 1, 64-70.

Hurt, R.D., Offord, K.P., Croghan, I.T. (1996). Mortality following inpatient addictions treatment. Journal of the american medical association, 275, 1097-1103.

MacMaster, S.A. (In Press). Harm Reduction: Moving beyond an abstinence-only orientation for social workers working in substance abuse. Social Work

Holleran, L., & MacMaster, S.A. (Under Review). Cultural Competent Practice with 12-Step Groups. Social Work.

McNeece, C. A. & DiNitto, D. M. (1994). Chemical dependency: A systems approach. Englewood Cliffs, NJ: Prentice-Hall.

Miller, W., & Rollnick, S. (1991). Motivational interviewing: Preparing people to change addictive behavior. New York: Guilford Press.

Miller, W.R. & Kurtz, E. (1994). Models of alcoholism used in treatment: Contrasting AA and other perspectives with which it is often confused. Journal of studies on alcohol, 55, 159-166.

Narcotics Anonymous. (1988). Narcotics anonymous. Van Nuys, CA: NA World Service Office.

Philleo, J., & Brisbane, F. (1995). Cultural competence for social workers: A guide for alcohol and drug abuse professionals working with ethnic and racial communities. Washington, D.C.: DHHS.

Prochaska, J.O., DiClemente, C.C. & Norcross, J.C. (1992). In search of how people change. American psychologist, 47, 1102-1114.

Ries, R. (1994). Assessment and treatment of patients with coexisting mental illness and alcohol and other drug abuse. Washington, D.C.: DHHS.

Singer, M., Kennedy, M. & Kola, L. (1998). A conceptual model for co-occurring mental and substance-related disorders. Alcoholism treatment quarterly, 16, 75-89.

McCafferty, B. (2000). Decriminalizing drugs is wrong: Why wreck more lives with drug abuse? Reprint of an Editorial appearing in the Cincinnati Enquirer, August 6, 1998. Washington, DC: Office of National Drug Control Policy.

Day, D. (2001). Health emergency 2001: The spread of drug-related AIDS and hepatitis C among African Americans and Latinos. 28 pages. Report from the Dogwood Center

Burston, B., Jones, D., & Roberson-Saunders, P. (1995). Drug Use and African Americans: Myths and Reality. Journal of Alcohol and Drug Education, 40, 19-39.

ASSIGNMENTS & GRADING

Assignments

Assignment 1	Midterm Paper (45%)
Assignment 2	Presentation of Final Proposal (10%)
Assignment 3	Final Proposal (45%)

Assignments are described more fully on the next page

The Grading Scale

A (93-100) Outstanding/Superior

Exceptional performance; consistently exceeds all expectations

B+ (88-92) Very Good

Student consistently meets, and occasionally exceeds, normal expectations for the course.

B (80-87) Good

Student consistently meets normal expectations for the course.

C+ (77-79) Average

There is unevenness in grasping course content. Student is inconsistent in meeting normal expectations for the course.

C (70-76) Poor

There is lack of understanding of course content. Student does not meet course expectations.

F (69-Below) Very Poor

There is a lack of attendance or incomplete assignments. Course expectations are not met.

Attendance, Deadlines & Originality of Work

Every student is expected to attend every class. If you are unable to attend class, please let me know in advance. An e-mail message or a message on my voice mail is sufficient. As a member of the class, it is your responsibility to honor deadlines. If you cannot meet a deadline, please contact me and we can discuss an alternative plan. If you miss a deadline and don't notify me in advance, you will be penalized by one grade level.

All work must be referenced in APA format. The University of Tennessee is proud of its students' commitment to academic integrity and their pledge to abide by the Honor Statement found in [Hilltopics](#). I expect the assignments and paper that you submit to be your own intellectual work. The penalty for plagiarism in this course will be a failing grade. If you are unsure of how to reference an idea or a published work, please consult the APA stylebook or schedule time with me and we can discuss it. I am available to talk with you about your ideas, the concepts we cover in class and your projects.

Assignment 1

In the first assignment you will be asked to visit two self-help groups. After attending both meetings you are asked to write a brief paper (10 pages) based on your experiences and the pertinent literature. The paper should be divided into two sections. The first section will describe your personal experiences at the meetings; the second section will provide an analysis of twelve-step recovery groups based not only on your experiences, but also on the related self-help and professional literature. A suggested outline will be provided to you. This assignment represents 45% of your grade.

Assignment 2

You are asked in this assignment to develop a grant proposal that addresses a plan for a new and/or improved treatment program in a specific area of chemical dependency. You are free to choose the area and the type of intervention(s). Detailed guidelines will be provided on a separate instruction sheet later in the semester. You may work individually, however it is strongly recommended due to the amount of work in this assignment that you work in a group with two or three other students. This assignment represents 45% of your grade and is due the last day of class.

Assignment 3

Your group will also be asked to make a formal presentation of the grant proposal to the class. We will discuss the expectations of the presentations in more detail in class. It is expected that all presentations will be made using PowerPoint software. A short orientation to PowerPoint will be held during the semester, if necessary. This assignment represents 10% of your grade.