WURZWEILER SCHOOL OF SOCIAL WORK
YESHIVA UNIVERSITY

Social Work Practice with Addictions II   **2025**
SWK 6791   **All Professors**

Course Description

Social Work 6791 is designed to increase student knowledge and skills for addressing of addictive phenomena and its relation to social work practice issues. Ethics and student values are explored throughout, and cognitive and affective processing of macro, meso and micro level practice concerns are covered.

There are 7 modules covering two weeks each starting with *Twelve Step Programs and Mutual Aids Groups* and ending with *Integrated Care and Smoking Cessation.* The course assumes participants have completed Social Work 6691, Practice with Addictions I, and may be currently working or involved with field placement in a setting which includes (preferably primarily) substance using clients. This course will provide new learning and students will take this and what they already know to a deeper level by comparing/contrasting existing knowledge with the professor, occasional visiting experts, and your student colleagues.

Each module includes a structured discussion (often a critique of a case study with application of concepts and criteria) and a quiz. There will be a final exam and all quiz/exam material is designed to prepare students to test for both social work and addiction counselor licensure.

Attention will be given to biological, psychological and social factors in the etiology of individual addiction and implications for families. Addiction exists in diverse cultural contexts thus the importance of language and clinical presentation is addressed throughout with direct professorial feedback through discussions. The consequences of addictions will be studied at the individual, family, community and societal levels. There will be some policy covered as well. This course will draw on current research in the field of addictions and will emphasize critical thinking and analysis of the current controversies in the field.

I. COURSE COMPETENCIES

The following Council on Social Work Education Competencies (referred to by Competency number 1,2,4,5,6,7,8) are measured with students' outcome data:

Competency #1: Demonstrate Ethical and Professional Behavior
Social workers working with substance use understand the complexity of the spectrum of substance use disorders (SUD) and options for recovery. Social workers understand and adhere to professional social work values, ethical standards, relevant laws and regulations pertaining to confidentiality and privacy in relation to substance use. Social workers recognize the need to differentiate personal and professional values as they relate to substance use and misuse and understand how their personal experiences and affective reactions may influence their professional judgement and furthermore, they acknowledge their ethical duty to engage in self-reflection, self-regulation, and self-care. Social workers recognize the importance of ongoing professional development activities such as, but not limited to consultation, continuing

education, current research and the ethical use of technological advances as they pertain to substance use and misuse. Social workers utilize best practice standard and engage in the interprofessional team to guide substance use related service based in best practice standards. Students completing this course will:

- *Make ethical decisions by applying the standards of the NASW Code of Ethics, and other applicable ethical codes of conduct*
- *Demonstrate and role model professional communication in practice situations, including using person-first, non-stigmatizing language and treat clients with SUD equitably without applying personal bias, stigma, or discrimination.*
- *Use self-reflection and self-regulation to manage personal values and biases relative to their own substance use and misuse.*
- *Use the most current, evidence-based and culturally informed knowledge to inform SUD practice, research, and policy development and implementation.*
- *Recognize one's limitations in skills, knowledge, and abilities and work in cooperation with interdisciplinary SUD providers in the trajectory of care.*

Competency #2: Engage Diversity and Difference in Practice

Social Workers working with substance use provide a continuum of services extending from prevention to tertiary care, informed by the values of cultural humility, respect for all cultures, ethnicities, and differences; with the understanding that those we serve are the foremost experts of their own lives and experiences supporting their self-determination. This is enhanced through using the prism of intersectionality and multicultural humility in a collaborative effort that harmoniously blends evidence-based practices. When working with individuals engaged in all levels of substance use a trauma-focused lens that appreciates historical trauma, combined with a strengths perspective provides a spectrum of intersections of diversity, multiple life challenges and internalized oppression. Social Workers must be able to understand and apply their knowledge of the importance that historically biased descriptive terms have been utilized in the diagnosis and treatment of individuals with substance use disorders. This practice has created many barriers; internal in the form of unconditional positive regard and self-efficacy and external in the form of engaging in recovery services and community support. Social Worker's substance use literacy requires continuous focus on utilizing people first language in order to identify those in recovery as human beings first and their diagnoses or challenges as simply one aspect of their diverse lives. Social Workers must be cognizant of their internal biases in regard to recovery and those who are challenged by it at the micro, mezzo and macro levels. This awareness will be an ongoing practice guide for the continuum of substance use services offered and delivered as well as in education, policy, and research. Students completing this course will:

- *Demonstrate an awareness of how social identity, privilege, and marginalized status can be impacted by the systems they are part of at the individual, family and community levels.*
- *Articulate how an individual's social location; inclusive of their cultural customs and world views inform their experiences with substance use.*
- *Practice cultural humility when supporting clients with substance use challenges which includes a lifelong process of openness, effort, self-awareness and exploring/learning from similarities and differences.*

- *Utilize a strengths-based perspective that facilitates understanding of substance use and its impact in the diverse situations for individuals, families and communities driven by their unique stories.*
- *Consult with supervisors, mentors, and colleagues to enrich self-awareness and self-reflection while practicing multicultural reflexivity to balance the dynamics of power and privilege inherent in the social work position.*

Competency #4: Engage in Practice-informed Research and Research-informed Practice
Social workers understand quantitative and qualitative research methods and their respective roles in advancing a science of social work and in evaluating their practice. Social workers know the principles of logic, scientific inquiry, and culturally informed and ethical approaches to building knowledge. Social workers understand that evidence that informs practice derives from multi-disciplinary sources and multiple ways of knowing. They also understand the processes for translating research findings into effective practice. Students completing this course will:

- *Use practice experience and theory to inform scientific inquiry and research;*
- *Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings; and*
- *Use and translate research evidence to inform and improve practice, policy, and service delivery.*

Competency #6: Engage with Individuals, Families, Groups, Organizations, and Communities
Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers value the importance of human relationships. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Students completing this course will:

- *Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and*
- *Use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.*

Competency #7: Assess Individuals, Families, Groups, Organizations, and Communities
Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the

larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making. Students completing this course will:

- *Collect and organize data, and apply critical thinking to interpret information from clients and constituencies;*
- *Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;*
- *Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and*
- *Select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.*

Competency #8: Intervene with Individuals, Families, Groups, Organizations, and Communities

Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers are knowledgeable about evidence-informed interventions to achieve the goals of clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to effectively intervene with clients and constituencies. Social workers understand methods of identifying, analyzing and implementing evidence-informed interventions to achieve client and constituency goals. Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes Students completing this course will:

- *Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies;*
- *Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies;*
- *Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;*
- *Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and*
- *Facilitate effective transitions and endings that advance mutually agreed-on goals.*

II.   LEARNING OBJECTIVES

Upon completion of the course, students will be able to:

- Examine the impact of their own values and attitudes towards powerlessness and spirituality on working with persons ascribing to the 12-step way of life.
- Resolve the ethical dilemmas (social work as social control, empowerment) associated with court ordered treatment and mandatory drug testing.
- Social, political, economic, and cultural systems - impact on substance use including key policies and regulations pertaining to payor systems Identify the DSM-5 criteria related to

substance use disorders; identify regulatory International Classification of Diseases (ICD) standards; exhibit the skill to understand a thorough assessment, evaluation, and diagnostic summary.

- Distinguish Medicaid from Medicare policy, rules, and regulations concerning reimbursement models, fraud and mandatory reporting Resolve ethical dilemmas associated with the key components of treatment courts, including the most common methods of monitoring and drug testing.
- Describe the key components of integrated treatment and discharge planning for co-occurring SUDs and other mental health disorders system, particularly for minority group individuals.
- Identify FDA-Approved Medications for Smoking Cessation and other methods for treatment of nicotine dependence.

Educational Goals:

Upon completion of the course, students will understand the following:

By the completion of this course students are expected to be able to facilitate referral to 12-step programs; navigate payor systems including Medicaid, Medicare and private insurances; initiate smoking cessation treatment using evidence-based practices; work effectively in the current socio-political climate of SUD treatment.

The educational goals of this course align with the Credentialed Alcoholism and Substance Abuse Counselor (CASAC) 350 standardized education and training curriculum for New York State. This same material also meets standards for International Certification & Reciprocity Consortium. Equally important, each module addresses Council on Social Work Education (CSWE) Educational Policy and Accreditation Standards (EPAS).

IV. COURSE EXPECTATIONS AND GRADING
Students are expected to attend ALL classes and to be on time. Class participation is important and there is an expectation that student will complete the required reading. Students are expected to be prepared for critical discussion, NOT REVIEW, of the content.

Grade are based on attendance, class participation, participation in discussions in Canvas and written assignments. Each assignment will be weighted as follows:

Assignment	Grade %	Due Date
Discussions/ Class participation	40%	Ongoing
Quizzes/Tests	30%	Ongoing
Clinical role play interview	20%	As Assigned
12-Step immersion	10%	First Module

Rubric for Participation, Attendance and Comportment

Class Participation	Contributes to class discussions by raising thoughtful questions, analyzing relevant issues, building on others' ideas, synthesizing across readings and discussions, expanding the	Attends class regularly and *sometimes contributes* to the discussion in the	Attends class regularly but *rarely contributes* to the discussion in the aforementioned ways.	Attends class regularly but *never contributes* to the discussion in the aforementioned ways.

	class' perspective, and appropriately challenging assumptions and perspectives **8 points**	aforementioned ways. **6 points**	**4 points**	**2 points**
Attendance	Always arrives on time and stays for entire class; regularly attends class; all absences are excused; always takes responsibility for work missed; no deadlines missed. **7 points**	Minimal lateness; almost never misses a class; no unexcused absences. No deadlines missed. **5 points**	Late to class semi-frequently; misses deadlines. **3 points**	Late to class frequently misses deadlines **1 point**
Comportment	Demonstrates excellence in communication, interpersonal skill, respect for the ideas of others and the learning environment, engages in reflective thinking, exemplifies empathy, honesty and integrity, shows respect for diversity, demonstrates ethical conduct, and conducts oneself with a professional demeanor. **5 points**	Occasionally exhibits excellence in comportment; is almost always respectful towards peers, and the learning environment **4 points**	Recurring concerning comportment issues behaves in ways that are not always respectful of peers, and the learning environment **2 points**	Consistent comportment concerns; is often disrespectful to peers and the learning environment **0 points**

Required Reading

The text that will be referenced throughout the course and found in several readings is:

Miller et al. (2024). Electronic Book. **The ASAM Principles of Addiction Medicine** (7th ed). Philadelphia, PA: Wolters Kluwer.

It can be rented as an E-textbook or Hardcover on Amazon.

Other required reading for this course is freely available through Canvas, the course Learning Management System (LMS). Every student is provided a login and password, initial orientation to this intuitive system, and all material is accessed with clicks on links. For those who prefer to work with hard copies you may download and print. Copywritten articles and book chapters (mostly in PDF format) are legally accessible as all materials are either covered by the University's library subscription services, or are freely available as 'public domain', for example government websites or the occasional YouTube. Your computer must have a PDF reader and be able to manage documents in Microsoft Word. You will also need a video media player on your computer for lectures.

Additional optional reading and audio/video will be posted by the professor from time to time. Also, anonymized case material (assessments) from current and recent clinical treatment will be posted. All assigned reading material will be discussed in online forums; these are not real time discussions but take place within a brief window of time (72+ hours). As it becomes relevant to discussion and learning the professor will recommend (not require) additional citations and references for consideration. Always feel free to ask for more. Instructions on how to access and navigate your individual Canvas course shells will be e-mailed by the Wurzweiler School before the start date of the course.

For Canvas LOGIN assistance, call the HELP DESK: 800-829-7418

For 24 + 7 + 365 Canvas assistance on general CALL: +1-844-747-4611
https://www.yu.edu/its/academic-computing/student-computing/eLearning/canvas

V. <u>COURSE REQUIREMENTS</u>

This class was initially designed to be offered in a fully asynchronous format, relying on Discussion Boards to meet 37.5 contact hours of instruction. The class may also be offered Live Online with the professor for 2 hours each week for 14 weeks and students will complete an additional 9.5 hours throughout the semester on interactive written discussion board and online mandatory CASAC certificate trainings.

Grading rubrics are attached to each assignment and will keep the grading standards objective; the professor retains the privilege of discretion for the final numerical grade for all assignments. Late work will be downgraded at least 10 points out of 100 for each full day late. Any late discussions will have reduced feedback.
Final grades for the course are issued in accordance with the student handbook.
A= 94-100 A-= 90-93 B+= 87-89 B= 83-86 B-=80-82 C+= 75-79 C=70-74 F<70

You are responsible for completing 7 substantial Discussion Boards, 7 quizzes based on the assigned readings, and 1 critical reflection paper. There are less Discussion Boards when the class is offered Live Online. Each is explained below. Also, see the table below in this syllabus for all deadlines. Watch for "Announcements" from the professor in Canvas (they come to your e-mail) for any date changes.

1) 12-Step Immersion, 10% of grade

Every day for the two weeks of the module open and read the AA Daily Reflection; this is done by over a million people in recovery each day and the theme is often discussed at that days
meeting: https://www.aa.org/daily-reflections

Each student will be required to locate, attend, and write about his or her experience attending one face to face or live online 12-Step Meeting in his or her community, such as AA (Alcoholics Anonymous). This should be an "Open" meeting as opposed to a "closed" meeting. Open meetings are just that, and anyone is welcome to attend. You may attend in person (recommended) or online. Here are the meeting lists for NY, NY.
https://www.nyintergroup.org/meetings/Links to an external site.
https://aa-intergroup.org/meetings/Links to an external site.

A written report (+ or - 5 pages) should include:
- The type of 12-Step meeting along with time, location, and the date attended. Include your observations, gut feelings, and thoughts about the meeting. Include a brief discussion your perception concerning efficacy of 12 steps as a treatment modality. Who at the meeting sticks out in your mind and why?
- Also, concerning the two weeks we spend studying self-help models, what surprised you the most about the 12-step program?
- What myths and misconceptions were dispelled by these readings?
- Report at least one thing you feel you still do not understand about the 12-step philosophy.
- Finally, looking just at the first step of the 12 steps, identify and state which of the DSM-5 - eleven diagnostic criteria for and alcohol use disorder you think <u>share a conceptual basis</u> with this step. Explain.

2) Discussions: **40% of grade.** There are 7 of these per semester with various due dates – pay close attention. **Live Online classes do not include all the Discussion assignments;** this percent of the grade will be attained through class participation and alternative work assigned by the professor.

The Discussion Board in Canvas is our classroom.

When you open the discussion board, picture yourself walking into the classroom filled with students. When you speak (write) everyone can hear (see) it; the same for the professor. For this course you should plan on spending at least 3 hours per week 'in class', writing discussions.

Before you come to class you will have completed the reading or audio/video assigned for the Module, so you are ready to participate in the classroom discussion. This will also take 3+ hours and varies from student to student.

> According to worldwidelearn.com: "Asynchronous communication is the relay of information with a time lag. Discussion forums and email are two examples of how asynchronous communication is employed in online learning. It is very helpful to communicate in this way, because students have plenty of time to formulate thoughts. By communicating [this way] students are able to respond in detail to a question or topic that they might have answered incompletely in a real-time conversation. This time lag in communication helps students internalize information by giving them time to *research certain ideas* (emphasis added) and extra time for contemplation." You get to think more before you 'speak.'

The professor poses a series of provocative questions and dilemmas to start, often relying on case vignettes and case studies; students formulate written posts to an open discussion board, and are keenly aware that not only the professor, but all members of the class (peers) will be carefully reading and scrutinizing everything they write, and this dynamic tends to elicit high-quality postings and optimal learning.

Students post an original contribution to the discussion within 72 hours of it opening and 3 briefer responses to others within the next 72 hours. Late posts lose grade points. The professor replies to each initial post by students and occasionally to reply posts. This is in writing and occasionally a student post may even elicit a brief video response lecture from the professor. As you decide who and what to respond to you will skim what others have contributed, sometimes reading their entire post, then select where to respond.

Grades are determined when posts are complete. In order to *lead* the discussion (and earn the top grade) students *must* post early and/or generate most responses from others.

A grading rubric will be applied to your discussion posts each class and includes the following criteria:
- Ideas, Arguments, & Analysis
- Connection to Course Materials
- Contribution to Learning Community
- Writing Quality

In the live online version of the class, each discussion is limited to one post by the student of less than 500 words summarizing learning for the module; there is no assignment to respond to students. This should take about 50 minutes of student time.

2) Quizzes/Tests: 30% of grade – Quizzes are open book and you may use the materials assigned to study. They are time limited though, and you won' have much time to look things up. They run between 10 and 30 questions. Quizzes and tests may never be taken outside of the time frame specified; there is usually a 48 hour window in which they are open and you have 1-2 hours to complete once started.

The tests are designed specifically to prepare you for testing to become a Credentialed Alcohol and Drug Abuse Counselor (CASAC) in NY and other states; they are also designed to prepare you to test and become a Licensed Clinical Social Worker (LCSW).

3) Clinical Role Play Video, 20% of grade - You will be randomly assigned to pairs to conduct the role play. Each student will have an opportunity to play the client and the social work clinician. Please reach out to your roleplay partner by email and set up a time to conduct your roleplay and schedule a session. More detailed explanation of the role play assignment tactics is found in the Canvas course shell Assignments section; a standardized grading rubric is applied to this assignment in Canvas.

Please read the following case description carefully
A client voluntarily enters a private non-profit organization seeking substance use treatment. The agency provides services to a mixed clientele from various cultural, racial, religious/spiritual, and socioeconomic backgrounds. Fortunately, clients have the ability to pay for the services provided with insurance. You are the social worker that is assigned to meet with the client for the role play assignment to provide screening, assessment, and treatment planning.

Role-play instructions
Use the above description as a basis for a 20-30 minute role play. Please incorporate the following components:
- Form a therapeutic alliance with your client
- Introduce and conduct the AUDIT (to detect alcohol use) and DAST-10 download (to detect other substance use) screening tools
- Score your screening tools and share the scores with your client
- Based on the screening tools, continue to probe your client about the frequency of use and impact using the 11 diagnostic criteria in the DSM 5
- Collaborate with your client and formulate the next steps that you both want to work on regarding their substance use
- Recap, answer any questions and terminate the session

Post-interview
At the end of your session, post a dozen key moments during the session that you would want to bring to your instructor for review and why? Include timestamps for each key moment. You have the opportunity to comment on speech rate, silence time, talk time, monologues, cross talks, silences, etc. For the developing clinician, there can be a tendency to be overly self-critical of your perceived skill deficiencies; do not dwell! Learn from what you have done improperly and move on to emphasize more proficient skills. Maintain balance on your analysis.

Template for Key Moments:

1:00: I should have asked this differently. Any suggestions?

3:25: What are some ways to motivate the client in this situation?

See the Canvas Course Assignment instructions for the most recent requirements for this assignment.

VI. <u>EVALUATION</u>
Students are provided opportunity to evaluate master courses. An evaluation form pertaining to the course and instructor will be conducted on-line. Evaluation is ongoing and students are encouraged to contribute feedback at any time.

VII. <u>OFFICE OF DISABILITIES SERVICES (ODS)</u> Students with disabilities who are enrolled in this course and who will be requesting documented for disability-related accommodations are asked to make an appointment with the Office of Disability Services, Abby Kelsen, Wilf Campus, 646-685-0118, akelsen@yu.edu, **during the first week of class.** After approval for accommodations is granted, please submit your accommodations letter to Disability Services Office immediately.

VIII. <u>E-RESERVES</u>
- This course does not use Electronic Reserves: all of your reading is either in the text or linked to directly in the Canva Learning Management System

IX. <u>PLAGIARISM</u>

 All written work submitted by students is to be their own. Ideas and concepts that are the work of others must be cited with proper attribution. The use of the written works of others that is submitted as one's own constitutes *plagiarism* and is a violation of academic standards. The School will not condone *plagiarism* in any form and will impose sanctions to acts of *plagiarism*. A student who presents someone else's work as his or her own work is stealing from the authors or persons who did the original thinking and writing. *Plagiarism* occurs when a student directly copies another's work without citation; when a student paraphrases major aspects of another's work without citation; and when a student combines the work of different authors into a new statement without reference to those authors. It is also *plagiarism* to use the ideas and/or work of another student and present them as your own.

 Using any artificial intelligence (AI) program to generate ideas, text or dialog for any assignment is considered cheating and not allowed under the plagiarism policy for this course. This includes all of the various AI programs (ChatGPT, Bard, Perplexity, and others) as well as the various homework helper sites (Khan Academy, Chegg, Brainly, and others). The work you are presenting is to be authentic, real, and the result of your own thoughts and efforts.

 It is **<u>NOT</u>** *plagiarism* to formulate your own presentation of an idea or concept as a reaction to someone else's work; however, the work to which you are reacting should be discussed and appropriately cited. If it is determined that a student has plagiarized any part of any assignment in a course, the student automatically **<u>FAIL</u>** the course. The student also will be placed on Academic Probation and will be referred to the Associate Dean for any additional disciplinary action which may include expulsion. A student may not submit the same paper or an assignment

from another class for credit. If students or faculty are concerned that written work is indeed plagiarized, they can use the following "plagiarism checker" websites, easily accessible, and generally free on Google: www.plagium.com/ www.plagscan.com/seesources/ www.duplichecker.com/ www.grammarly.com/plagiarism-checker

As a Wurzweiler student, maintaining good standing in the program is dependent on developing and maintaining high standards of ethical and professional behavior. Students are required to adhere to the Code of Ethics promulgated by the National Association of Social Workers (NASW).

AI POLICY

The objective of this protocol is to define clear guidelines for the appropriate use of Artificial Intelligence (AI) tools and platforms, such as ChatGPT, at WSSW. These guidelines aim to preserve academic integrity, prevent plagiarism, and promote independent scholarly work while acknowledging the potential benefits of AI tools in enhancing research and learning. Though AI tools do offer some potential for enhancing the learning experience, these tools also present significant risks related to academic dishonesty, particularly plagiarism, and the undermining of critical thinking and originality in scholarly work. Students may use AI tools for the following purposes, provided these uses are in addition to their own creative efforts and they are not relying exclusively on AI:

(1) **Research Assistance:** ChatGPT and other similar tools should not replace primary research and initial literature searches. Tools such as ProQuest, PubMed, and Google Scholar should first be consulted. Students may use other AI tools to supplement an initial search into a topic but only after academic databases, libraries, or other reputable scholarly sources are used and referenced. All sources derived from AI should be carefully checked, as they are frequently incorrect.

(2) **Language Support:** AI can assist with language translation, grammar checks, and vocabulary. WSSW's Writing Consultants should be sought for any writing beyond these areas. Tools such as Grammarly may be used to assist in proofreading, but they should not be used in any way to generate ideas, arguments, or content for assignments.

The use of AI language models, such as ChatGPT, for the purposes listed above, are subject to strict adherence to certain conditions. The intent of this policy is to reinforce the importance that students develop and use critical thinking, writing skills, and originality. AI may be seen as a useful tool, but it should not replace the intellectual work that is central to academic growth.

The following actions are prohibited and will be considered academic misconduct:

(1) **Content Generation:** Students are prohibited from using AI platforms, including ChatGPT, to generate any content submitted as original work.

(2) **Conceptualization and Analysis:** Students may not use AI tools to develop original arguments, ideas, analysis, hypotheses, conclusions or to structure, summarize, paraphrase, or contextualize content for assignments. The cognitive work of creating ideas, forming

arguments, and critically engaging with course material must be entirely the student's own effort.

If you are in need of assistance in these areas, we advise using the Writing Consultants. The use of AI language models, such as ChatGPT, will be checked by your professor to ensure that your work is your own. Turnitin and other plagiarism detection tools will be used to verify the originality of your work. Any submission that includes this content presented as the student's own work constitutes plagiarism (see WSSW Policy Manual). More specifically, any content created that is not your own qualifies as academic misconduct and will be referred to the Student Review Committee for further action. The intent of this policy is to reinforce the importance that students develop and use critical thinking, writing skills, and originality. AI may be seen as a useful tool, but it should not replace the intellectual work that is central to academic and professional growth. If there are questions regarding the authenticity of your work, your professor will contact you.

X. <u>HIPAA</u>
In line with HIPAA regulations concerning protected health information, it is important that you understand that any case information you present in class or coursework will need to be de-identified. What this means is that any information that would allow another to identify the person must be changed or eliminated. This includes obvious identifiers such as names and birth dates but may also contain other information that is so unique to the person that it will allow for identification, including diagnosis, race/ethnicity or gender. If diagnosis, race/ethnicity or gender is directly related to the case presentation, it can be included if it will not allow for identification.

XI.   <u>FERPA & OTHER UNIVERSITY POLICIES</u>
Wurzweiler's policies and procedures are in compliance with FERPA regulations. We comply with the Drug-Free University Policy. We adhere to the University Policy Statement on Non-Discrimination, Anti-Harassment, and Complaint procedures.

XII. <u>COURSE SCHEDULE</u>

Required Reading and Schedule of Activities

All deadlines are in Canvas under the "assignments" tab. The deadline for Discussion Board is for your initial post; you have the rest of the week for replies to others. Watch 'Announcements' for possible deadline changes.

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<u>MODULES</u>

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This course is organized into 7 Modules and may be taught in either a 7 week or a 14 week semester. When it is being taught in a 14 week format the readings are further broken down by week in the Canvas Learning Management System. Canvas is continuously being updated with the most contemporary material and **if there is a conflict between the syllabus and Canvas, Canvas is correct.**

Module 0: Getting started

Complete this module in the Canvas Learning Management System (LMS) prior to starting Module 1. This pre-course module welcomes you; tells you how to succeed in this course; how

to access technology support; provides some online learning resources and discusses net-etiquette.

There is a link to an ungraded discussion board where you will add some background information to share with all. Very importantly: there is a link to a quiz which provides the definition of plagiarism; you must answer one question indicating if you read and understand this (yes) or not (no). Students not clearly understanding plagiarism cannot participate; <u>students plagiarizing will be failed</u> and referred to the dean for additional consequence.

Module 1: Twelve Step Programs and Mutual Aids Groups

Overview: This module takes and in-depth look at the 12 step programs. Specifically, we will look at the old granddaddy of all 12 step programs: Alcoholics Anonymous. From this program, started officially in 1939, emanated Gambler's Anonymous, Al-Anon (for families), Narcotics Anonymous and now seemingly endless other spin offs.

We will look at the original steps themselves as well as some reading about the "Big Book" and other AA sources. Following that we will continue this with a look at 12 step facilitation therapy

Anticipated Outcomes: Your knowledge, understanding and practical ability as a professional social worker with substance use disordered clients will be enhanced by this module. Your principles and standards of behavior along with judgment of what is important will be challenged and developed.

Required Readings: All resources here may be linked to this through the Canvas LMS. Please read this material <u>in the order it is presented in the Canvas LMS</u>.

<u>Week 1</u>
- Conley, T. (2008). <u>The big book</u>. *Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery*. New York, NY: Sage.
- Conley, T. (2008). <u>The twelve steps</u>. *Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery*. New York, NY: Sage.
- Kelly, J.F., Bergman, B.G., & Cristello, J. (2016). <u>Alcoholics anonymous</u>. In Wenzel, A. (Ed.), *Sage Encyclopedia of Psychology*. Thousand Oaks, CA: SAGE Publishing.
- Alcoholics Anonymous World Services, Inc. (2007). <u>We agnostics</u>. *The big book* (pp. 44-57). New York, NY: Alcoholics Anonymous World Services.
- Alcoholics Anonymous World Services, Inc. (2007). <u>More about alcoholism</u>. *The big book* (pp. 30-43). New York, NY: Alcoholics Anonymous World Services.
- Alcoholics Anonymous World Services, Inc. (2007). <u>How it works</u>. *The big book* (pp. 30-43). New York, NY: Alcoholics Anonymous World Services.
- Video Lecture: Dr. Tim Conley discusses the 12 Step programs

<u>Week 2</u>
- <u>A.A. guidelines: Cooperation with the professional community</u> (Links to an external site.). (2017). Alcoholics Anonymous World Services, Inc.

- AA Grapevine, Inc. (2018). <u>If you are a professional . . . Alcoholics Anonymous wants to work with you</u> (Links to an external site.). New York, NY: Alcoholics Anonymous World Services, Inc.
- <u>Information on Alcoholics Anonymous</u> (Links to an external site.). (2018). Alcoholics Anonymous World Services, Inc.
- Krentzman, A.R. (2007). <u>The evidence base for the effectiveness of Alcoholics Anonymous: Implications for social work practice.</u> *Journal of Social Work Practice in the Addictions, 7*(4), 27-48.
- Kaskutas, L.A., Subbaraman, M., Witbrodt, J., & Zemore, S.E. (2009). <u>Effectiveness of making Alcoholics Anonymous easier: A group format 12-step facilitation approach.</u> *Journal of Substance Abuse Treatment, 37*(3), 228–239.
- Dennis, C.B., & Earlywine, M. (2013). <u>Assessing the attitudes substance abuse professionals have toward 12-step culture: Preliminary results.</u> *Journal of Social Work Practice in the Addictions*, *13*(4), 373-392.
- AA 12 Traditions Longform: https://yu.instructure.com/courses/40266/files/folder/12%20Traditions%20of%20AA?preview=1185652

<u>Optional Reading:</u>

- Miller et al. (2024). Electronic Book. **The ASAM Principles of Addiction Medicine** (7th ed). Philadelphia, PA: Wolters Kluwer.
    - Section 10, Chapter 84: Twelve Step, and Other Programs in Addiction Recovery
- Kelly, J. F., Hoeppner, B., Stout, R. L., & Pagano, M. (2012). Determining the relative importance of the mechanisms of behavior change within Alcoholics Anonymous: A multiple mediator analysis. Addiction, 107, 289-299.
- Young, L. B. (2011). Hitting bottom: help seeking among Alcoholics Anonymous members. Journal of Social Work Practice in the Addictions, 11, 321-335.
- Marc Galanter, Helen Dermatis & Cristal Sampson (2014) Spiritual Awakening in Alcoholics Anonymous: Empirical Findings, Alcoholism Treatment Quarterly, 32:2-3, 319-334, DOI:
- John F. Kelly & M. Claire Greene (2014) Toward an Enhanced Understanding of the Psychological Mechanisms by which Spirituality Aids Recovery in Alcoholics Anonymous, Alcoholism Treatment Quarterly, 32:2-3, 299-318, DOI: 10.1080/07347324.2014.907015
- E. J. Khantzian (2014) A Psychodynamic Perspective on the Efficacy of 12-Step Programs, Alcoholism Treatment Quarterly, 32:2-3, 225-236, DOI: 10.1080/07347324.2014.907027

Explore further:
- George E. Vaillant (2014) Positive Emotions and the Success of Alcoholics Anonymous, Alcoholism Treatment Quarterly, 32:2-3, 214-224, DOI: 10.1080/07347324.2014.907032
- Lindsay M. Bond & Thomas J. Csordas (2014) The Paradox of Powerlessness, Alcoholism Treatment Quarterly, 32:2-3, 141-156, DOI: 10.1080/07347324.2014.907050

- o A very good discussion of feminism and mis-perception of male patriarchy in AA
- Alcoholics Anonymous. (1970). A member's eye view of Alcoholics Anonymous. New York, NY: Alcoholics Anonymous World Services, Inc.
- Alcoholics Anonymous. (2004). Twelve steps and twelve traditions. New York, NY: Alcoholics Anonymous World Services, Inc.
- Alcoholics Anonymous. (2004). Living Sober. New York, NY: Alcoholics Anonymous World Services, Inc.
- Alcoholics Anonymous. (2004). Dr. Bob and the good oldtimers: A biography with recollections of early A.A. in the Midwest. (Links to an external site.) New York, NY: Alcoholics Anonymous World Services, Inc.
- Moss, H.B., Chung, C.M., & Yi, H.Y. (2007). Subtypes of alcohol dependence in a nationally representative sample. Drug and and Alcohol Dependence, 91(2-3),149-58.
- Moral psychology (link found in Canvas LMS)
- Gamblers Anonymous (link found in Canvas LMS)
- Narcotics Anonymous (link found in Canvas LMS)

Module 2) Common Client Payor Systems and Funding Sources: Continuum of Care (including OASAS licensed and/or funded).

Overview: In this module will examine the policies governing the payor system for substance use disorders treatment. Some of this is specific to NY state but is generalizable across political domains (states, provinces). This will include Medicaid and Medicare, Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) and Block Grants - including information on Fraud Prevention. We will briefly cover changes to the mandatory reporting of child abuse policy. *Anticipated Outcomes*: Your knowledge, understanding and practical ability as a social worker with substance use disordered clients will be professionally influenced by this module. Your appreciation for the macro-level context of direct services will increase.

Required Readings: All resource here may be linked to this through the Canvas LMS. Please read this material in the order it is presented in the Canvas LMS.

Boozang, P., Bachrach, D., & Detty, A. (2014). Coverage and delivery of adult substance abuse services in medicaid managed care. Retrieved from https://www.medicaid.gov/medicaid/benefits/downloads/cms-adult-substance-abuse-services-coverage.pdf

Centers for Medicare and Medicaid Services (2018a). Medicare and Medicaid basics. Retrieved from https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ProgramBasics.pdf

Centers for Medicare and Medicaid Services (2018b). National provider identifier standard (NPI). Retrieved from https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/

Centers for Medicare and Medicaid Services (2019a). Medicare coverage of substance abuse services. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1604.pdf

Centers for Medicare and Medicaid Services (2019b). What's medicare? Retrieved from https://www.medicare.gov/Pubs/pdf/11306-Medicare-Medicaid.pdf?

Substance Abuse and Mental Health Services Administration (2019). Substance abuse and
        mental health block grants. Retrieved from https://www.samhsa.gov/grants/block-grants
U.S. Department of Health and Human Services (n.d.). A roadmap for new physicians:
        Avoiding medicare and medicaid fraud and abuse. Retrieved from
        https://oig.hhs.gov/compliance/physician-education/roadmap_web_version.pdf

PowerPoint/Video Lecture:

Conley, T.B., & Kristy, A (n.d.). Behavioral health management of substance use disorder
        services [Video lecture] Retrieved from
        https://drive.google.com/file/d/1f0ZL4ysbq_IrqBomNvyxOn9PfmDNVNkl/view
Gonzalez-Sanchez, A., & Kent, R. (n.d.). Behavioral health management of substance use
        disorder services [PowerPoint]. Retrieved from
        https://www.health.ny.gov/health_care/medicaid/redesign/docs/2011-08-
        01_bhr_work_group_presentation.pdf

YouTube Videos:

Daman, N. (2018, January 26). *United healthcare, medicare made clear*. Retrieved from
        https://www.youtube.com/watch?v=yGw0LxrK_Ro
The TA Network (2018, September 10). *Question: What is MHBG? (Answer: Mental health
        block grant)*. Retrieved from https://www.youtube.com/watch?v=sCndl_dOERg

Module 3) Social, Political, Economic, and Cultural Systems Impact on Substance Use

Overview: In this module we will look at social, political and economic systems' impact on
substance use disorders. Also, we will look at the cultural values which impact client's decision
whether or not to seek substance use disorder treatment - and practitioners' decisions on who to
treat. *Anticipated Outcomes*: Your knowledge, understanding and practical ability as a social
worker with substance use disordered clients will be professionally influenced by this module.
Your principles and standards of behavior along with judgment of what is important will be
challenged and developed.

Required Readings: All resources here may be linked to this through the Canvas LMS. Please
read this material in the order it is presented in the Canvas LMS.

Conley, T.B., Allen-Blakney, H., & Stoeckel, E. (2013). The development of a standardized
        drug court data system in the rural western state of Montana. *Journal of Social Work
        Practice in the Addictions*, 13(*2*), 127-142. doi:10.1080/1533256X.2013.787319
Conley, T.B., & Lake, S. (2017). Evaluation of nexus treatment center: A community
        counseling and correctional services (CCCS) department of corrections contracted
        program.
Conley, T.B. & Lake, S. (2017). Evaluation of nexus treatment center: A Boyd Andrew
        community services (BACS) department of corrections and contracted program.
Lewis, B., Hoffman, L., Garcia, C.C., & Nixon, S. J. (2018). Race and socioeconomic status in
        substance use progression and treatment entry. *Journal of Ethnicity of Substance Abuse*,
        17 (*2*), 150-166. doi:10.1080/15332640.2017.1336959.

Sandman, D. (2017). Can New York curb the opioid epidemic? Retrieved from
        https://nyshealthfoundation.org/2017/03/14/can-new-york-curb-the-opioid-
        epidemic/?gclid=CjwKCAjwq4fsBRBnEiwANTahcIRunlr6dF0X54wD8rNjrH45DduuN
        TLukRE-MKy2aKc9TDPbfLwrdhoC92sQAvD_BwE
Substance Abuse and Mental Health Services Administration (2005). TIP 44: Substance abuse
        treatment for adults in the criminal justice system: 10 treatment for offenders under
        community supervision. Retrieved from
        https://www.ncbi.nlm.nih.gov/books/NBK64141/
Unger J. B. (2014). Special issue on culture and substance use. *Substance Use & Misuse*, 49(*8*),
        919–921. doi:10.3109/10826084.2014.887384
Zimmerman, K. (2014). The unfair sentencing act: Racial disparities and fiscal consequences of
        America's drug laws. *Themis: Research Journal of Justice Studies and Forensic Science*,
        2(*10*).

PowerPoint/Video Lecture:
Conley, T.B., Aristy, K. (n.d.). Different types of treatment centers. Link on Canvas LMS.

Website Review:
Passages Malibu (2019). The world's premier luxury addiction treatment center. Retrieved from
        https://passagesmalibu.com/?utm_source=bing&utm_medium=cpc&utm_campaign=Pass
        ages%2520Malibu&utm_term=passages%2520malibu&utm_content=Passages%2520Ma
        libu

YouTube Videos:

White House Television (2012, December 11). *President Clinton Signing the 'Crime Bill'*
        (1994). Retrieved from https://www.youtube.com/watch?v=cOY0xSpt6IA
The New York Times (2003, December 2). *3 Strikes and You're Out: After 20 Years, Is the Law*
        Working? Retrieved from https://www.youtube.com/watch?v=k_hTTiT0ATA

Module 4: Application of Diagnostic Criteria

Overview: this module will advance student knowledge skills and aptitude with regard to
diagnostic processes beyond what was covered in the initial course on addictions. We will
integrate DSM 5 criteria with the Addiction Severity Index (ASI) and see how diagnosis plays a
key role in determining American Society of Addiction Medicine (ASAM) level of care.
Students will gain familiarity with the NY State Level of Care for Alcohol and Drug Treatment
Referral (LOCADTR).

Required Readings: All resource here may be linked to this through the Canvas LMS. Please
        read this material <u>in the order it is presented in the Canvas LMS</u>.

Week 7
- NIDA. (n.d.) Commonly abuse drugs: Prescriptions and OTCs (and principles of effective
  treatment matrix). Retrieved from

https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/nida_commonlyabuseddrugs_rx_final_printready.pdf

- See this very handy diagnostic tool with a list of DSM 5 diagnosable substances codes with reference codes for both DSM and International Classification of Diseases 10th edition (ICD-10) https://cchealth.org/aod/pdf/DSM-5%20Diagnosis%20Reference%20Guide.pdf It is a keeper.
- Burlew, A.K., Copeland, V.C., Ahuama-Jonas, C. & Calsyn, D.A. (2013). Does cultural adaptation have a role in substance abuse treatment? *Social Work Public Health, 28(1), 440-460*
- Begun, A.L., & Murray, M.M. (2020). Appendix A: Diagnostic criteria for alcohol use disorder (AUD) and substance use disorder (SUD) in DSM-5 and ICD-11 protocols. In A.L. Begun, & M.M. Murray, (Eds.), *Routledge handbook of social work and addictive behavior.* London: Routledge. https://yu.instructure.com/courses/40266/files?preview=1193712

Addiction Severity Index
- On the Readings page in Canvas, link to a series of Addiction Severity Index documents (including the ASI adult, teen and Native American versions). This is a very widely used instrument in public clinics as it is in the public domain (free), unlike, say, the Substance Abuse Subtle Screening Inventory.
    T_ASI.pdf; T-ASI Guide.pdf; ASI_Tool_Blank.pdf; ASI-FAQ.pdf; ASI_NAV.pdf

- Listen to the lecture and Mock Interview in Canvas.
    ASI: Comments On ASI world.m4a by Dr. Tim Conley
    ASI Mock Interview.m4a also conducted by Dr. Tim Conley

Week 8
American Society for Addiction Medicine (ASAM)
- Review this web page concerning American Society of Addiction Medicine (ASAM): https://www.asamcontinuum.org/knowledgebase/what-are-the-six-dimensions-of-the-asam-criteria/
- Miller et al. (2024). Electronic Book. **The ASAM Principles of Addiction Medicine** (7th ed). Philadelphia, PA: Wolters Kluwer.
    o Section 4: Overview of Addiction Treatment; Chapter 47: ASAM Criteria and Matching Patients to Treatment
- Link to this video on ASAM. Watch this from the start through 37.25 minutes when the presenter starts talking about levels of care.   You could let it run but that's optional. https://www.youtube.com/watch?v=4Tid_A1fJQAvideo
- Link to this video and forward ahead to minute 43 concerning levels of care https://www.youtube.com/watch?v=3T6sUijiSuo
- Read: http://www.aetna.com/healthcare-professionals/documents-forms/asam-criteria.pdf
- Norcross, J.C., Krebs, P., & Prochaska, J.O., (2011). Stages of change. *Journal of Clinical Psychology: In Session*, 67(2), 143-154.
- Heather, N. & Hönekopp, J. (2008) A revised edition of the Readiness to Change Questionnaire [Treatment Version], *Addiction Research & Theory, 16*(5), 421-433. DOI: 10.1080/16066350801900321.

Clinical Documents for Discussion: See Canvas for case studies

Module 5: Testing and Toxicology; Treatment Courts
Overview: This module brings us to the Nexus of the addiction treatment system, and the criminal justice system. Students will become familiar with the key components of treatment courts. Moreover, we will look at the most common methods of monitoring and testing clients to determine if they are using substances. The ethical dilemmas associated with this will be addressed specifically.

Required Readings: All resource here may be linked to this through the Canvas LMS. Please read this material in the order it is presented in the Canvas LMS.

Week 9
- Adult Drug Court Best Practice Standards Chapter VII: *Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the Drug Court*. (p.26-38).
- Conley- Positive Monitoring Bracelet Readout with Note (Link in Canvas LMS)
- Conley, T., Allen, H., & McGuire, K. (2009). Measuring the performance of Montana drug courts. State of Montana Supreme Court, Office of Court Administrator, p. 1-31.
- Miller et al. (2024). Electronic Book. **The ASAM Principles of Addiction Medicine** (7th ed). Philadelphia, PA: Wolters Kluwer. Section
    - Section 15: Ethical, Legal, and Liability Issues in Addiction Practice
        - Chapter 127: Practical Considerations in Drug Testing
            - Read the entire chapter, except :Biomarkers of Alcohol Consumption" and the "Role of the Medical Review Officer." this chapter will provide you with a very solid foundation for understanding testing process and interpretation.
        - Chapter 128: Reducing Substance Use in Court Leverage Treatment
            - Read the entire chapter, including the insets.
- *Optional:* Patient-Centered Urine Drug Testing: Facts you Should Know! (Link on Canvas LMS)

Week 10
- Conley, T., Allen, H., Stoeckel, E., (2013). The development of a standardized drug court data system in the rural western state of Montana. Journal of Social Work Practice in the Addictions 13(2), 127-142.
- DUI Court evaluation report October 2018_Conley

YouTube Videos:
https://www.pharmacytimes.com/insights/pharmacists-knowledge-in-home-drug-testing/a-
        review-of-the-drug-testing-products
- There are 3 short videos here:
    - An understanding of in home drug testing;
    - Specifics of the hair drug testing products;
    - Specifics of the urine drug testing products

Please watch all 4 videos and follow along with the accompanying text of the lectures

Optional Reading:

From 2010 to 2019 Dr. Conley was involved in the startup and evaluation of a Drunk Driving Treatment Court in rural Montana. The following three documents give students and inside look at a treatment court client handbook, program operations manual and an evaluation report. This reading is a must for those who may be involved in the treatment court community at some point.
- DUI Court Handbook April 2018
- DUI Court Operation Manual 2018

Module 6: Treatment and Discharge Planning

Overview: the addiction treatment system is multifaceted in complex. In this module we take a look at the importance of consultation, collaboration, and integration of care. Of particular importance is a continuum of care from prevention, to early identification, on through treatment to the very important process of discharge planning. We know that discharge planning should begin at intake for any program. We will look at the importance of the traditional social work role of case management, considering all aspects of each case, and the heightened importance of this for clients presenting for treatment of substance use disorders.

Anticipated Outcomes:
- **Values:** students will consider both their own values, and the larger sociocultural values and attitudes toward addiction; will think critically about power and its uses in advocacy and case management. We will also look at systemic oppression of people with addictions and how to negotiate relationships with colleagues with different belief systems about addictive disorders.
- **Knowledge**: Give examples of social workers' roles and responsibilities in the case management process; identify most important tasks associated with discharge planning.
- **Skills and Abilities**: Writing an appropriate discharge and referral plan; negotiating a complex and multilayered often non-integrated system of care.

Required Readings: All resources here may be linked to this through the Canvas LMS. Please read this material in the order it is presented in the Canvas LMS.
   Week 11

- Miller et al. (2024). Electronic Book. **The ASAM Principles of Addiction Medicine** (7th ed). Philadelphia, PA: Wolters Kluwer.
   - In section 5, Chapter 26: Overview of Addiction Treatment
      - Chapter 45: Integrated Care for Substance Use Disorder
      - Chapter 46: Substance Use–Related Care—Interprofessional Collaborative Practice
      - Chapter 48: Linking Addiction Treatment with Other Medical and Psychiatric Treatment Systems "In both medical and addictive disorder treatment settings, the provision of comprehensive care for individuals

with alcohol and other drug use disorders presents challenges to clinicians who traditionally have been concerned only with issues reflecting their own training and perspectives." Read on for the whole chapter please.

Week 12

- "What is Addiction Treatment"?   This is not as basic as it sounds.
- Excerpts from Treatment Improvement Protocol 27: "Comprehensive Case Management for Substance Abuse Treatment"
- Feinberg, J. (nd). Continuing Care Plan, Relapse Prevention. Phoenix House Treatment Center
  - Review and listen to video lecture as well [Conley and Aristy]
- Connors, G.J., Donovan, D.M., Velasquez, M., & DiClemente, C. C. (2013). *Substance abuse treatment and the stages of change: Selecting and planning interventions.* New York: Guilford Press.
- Also, review the following forms for your assignments
  - Discharge Plan Form for use
  - Discharge_Plan_SUD Form for use
  - Initial Discharge Plan and Referral Form

Module 7: Integrated Care; Smoking Cessation

Overview: as we learned from Tom McLellan's chapter above, nicotine is the deadliest substance to which people are addicted. In this module we will revisit the anatomy and physiology of addictions specifically examining the many interventions available for cessation of smoking and other nicotine use. This dovetails nicely with the material on integrating care for this with mental illness for those involved with the psychiatric care system.
Anticipated Outcomes: Your knowledge, understanding and practical ability as a social worker with substance use disordered clients will be professionally influenced by this module. Your appreciation for the macro-level context of direct services will increase.
Required Readings: All resources here may be linked to this through the Canvas LMS. Please read this material in the order it is presented in the Canvas LMS.

Week 13

- Miller et al. (2024). Electronic Book. **The ASAM Principles of Addiction Medicine** (7th ed). Philadelphia, PA: Wolters Kluwer.
  - Section 12: Co Occurring Addiction and Other Psychiatric Disorders
    - Chapter 101: Co-Occurring Mood Disorders and Substance Use Disorders
- SAMHSA. (2010). Integrated treatment for co-occurring disorders evidence-based practices (EBP) kit. Retrieved from https://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4366
- Carey, K. B., & Correia, C. J. (1998). Severe mental illness and addictions: Assessment considerations. Addictive Behaviors, 23(6), 735-748.
- Training Frontline Staff Module 1: Basic Elements and Practice Principles
  - Module 1 actually starts on about page 15; read only this.

Week 14

- Miller et al. (2024). Electronic Book. **The ASAM Principles of Addiction Medicine** (7th ed). Philadelphia, PA: Wolters Kluwer.
    - Section 2: Pharmacology
        - Chapter 16: The Pharmacology of Nicotine and Tobacco
    - Section 8: Pharmacologic Intervention and Other Somatic Therapies
        - Chapter 65: Pharmacologic Intervention for Nicotine and Tobacco Use; read all
- FDA-Approved Medications for Smoking Cessation
- Mayo Clinic NDC Tobacco Dependence Treatment Medication Summary
- SAMHSA Quitting Tobacco (Pamphlet)
- Smoking Cessation Medication Prescribing Chart

Case study: Connors Evaluation and Final Case Study (posted on Canvas LMS)