

YESHIVA UNIVERSITY
WURZWEILER SCHOOL OF SOCIAL WORK

Social Work 6791: Practice with Addictions II

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 are 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.

Educational Goals:

Upon completion of the course, students will understand the following

- **Twelve Step Programs and Mutual Aids Groups:** Students will examine their own values relative to spirituality empowerment and powerlessness. Students will be able to identify and recognize major concepts from the 12 Steps. Students will develop the ability to foster congruity between 12 step program participation and other evidence-based practices.

- **Physical, Psychological, and Pharmacological Effects of Substance Use:** Students will be able to summarize the neurological and physiological effects of mind/mood altering substances which often result in pathological and disordered use, in essence addiction. Students will be able to identify major drugs of abuse; give examples of common neurological actions; describe perceptual and behavioral changes associated with each substance. Students will think critically about the scientific basis for substance use disorders, considering objective fact relative to subjective belief.
- **Application of Diagnostic Criteria:** Students will be able to identify the DSM 5 codes related to Substance use disorders; identify regulatory International Classification of Diseases (ICD) standards; exhibit the skill to generate a thorough assessment, evaluation and diagnostic summary.
- **Testing and Toxicology; Treatment Courts:** Students will resolve the ethical dilemmas (social work as social control, empowerment) associated with court ordered treatment and mandatory drug testing; Students will understand the similarities and differences for transdermal, blood, urine, hair and breath testing; identification of positive and negative screens.
- **Treatment and Discharge Planning:** Students will examine the importance of consultation, collaboration, and integrating care from prevention, to early identification, on through treatment to the very important process of discharge planning.
- **Integrated Care; Smoking Cessation:** Students will see how all disorders must be treated simultaneously; will identify FDA-Approved Medications for Smoking Cessation and other methods for treatment of nicotine dependence.

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) as follows.

Social Work Competencies

The following Council on Social Work Education Competencies 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.*

Required Reading

All required reading for this course is freely available through Canvas, the course Learning Management System (LMS). This is the case whether the course is offered live in the classroom, live online, or asynchronously fully online. 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 also 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 class or in online forums; fully online discussion 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 and/or contribute 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>

Assignments

Grading rubrics are attached to each assignment in Canvas 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.

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

1) Discussions: 40% of grade. There are 7 of these per semester with various due dates – pay close attention.

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

2) Quizzes/Tests: 40% of grade – Quizzes are open book and you may use the materials assigned to study. They are time limited though and you won't 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) Case study: 20% of grade. In order to assess your ability to apply what you are learning a detailed case study paper will be developed/presented which requires you to take an active role in developing an evidence based treatment plan, a discharge plan and a critique of the policy context in which you practice.

Required Reading and Schedule of Activities

You may fill in the assignment deadlines in a table format using the table below. 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.

Assignment	Due Date □11:59 p.m. on□
Module 1, Class Discussion Board 1	
Module 1, Quiz 1	
Module 2, Class Discussion Board 2	
Module 2, Quiz 2	
Module 3, Class Discussion Board 3	
Module 3, Quiz 3	
Module 4, Class Discussion Board 4	
Module 4, Quiz 4	
Module 5, Class Discussion Board 5	
Module 5, Quiz 5	
Module 6, Class Discussion Board 6	
Module 6, Quiz 6	
Module 7, Class Discussion Board 7	
Module 7, Quiz 7	
Case Study Due	

MODULES

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; students plagiarizing will be failed and referred to the dean for additional consequence.

Module 1: Twelve Step Programs and Mutual Aids Groups

Overview: This module takes an 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.

- **Values:** Students will examine their own values relative to spirituality empowerment and Powerlessness. Will engage in reflective expository written examination of personal values while working with persons of different beliefs and customs.
- **Knowledge:** Identify and recognize major concepts from the 12 Steps (such as powerlessness, spirituality). Students will recognize 12 guiding 'traditions' and how they have sustained this program for over 80 years.
- **Skills and Abilities:** Student will develop the ability to foster congruity between 12 step program participation and other evidence based practices, delineating similarities and differences with client populations and service organization.

Activities/Assignments: For this module you are to complete the assigned readings. Students will be quizzed on reading material. Students will also engage in the discussion board with your professor and each other. Pay close attention to the discussion points.

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 1

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

Week 2

- [A.A. guidelines: Cooperation with the professional community](#) (Links to an external site.). (2017). Alcoholics Anonymous World Services, Inc.
- AA Grapevine, Inc. (2018). [If you are a professional . . . Alcoholics Anonymous wants to work with you](#) (Links to an external site.). New York, NY: Alcoholics Anonymous World Services, Inc.
- [Information on Alcoholics Anonymous](#) (Links to an external site.). (2018). Alcoholics Anonymous World Services, Inc.
- Krentzman, A.R. (2007). [The evidence base for the effectiveness of Alcoholics Anonymous: Implications for social work practice](#). *Journal of Social Work Practice in the Addictions*, 7(4), 27-48.
- Kaskutas, L.A., Subbaraman, M., Witbrodt, J., & Zemore, S.E. (2009). [Effectiveness of making Alcoholics Anonymous easier: A group format 12-step facilitation approach](#). *Journal of Substance Abuse Treatment*, 37(3), 228–239.
- Dennis, C.B., & Earlywine, M. (2013). [Assessing the attitudes substance abuse professionals have toward 12-step culture: Preliminary results](#). *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>

Optional Reading:

- Ries, Richard, et al. The ASAM Principles of Addiction Medicine. Vol. Fifth edition, Wolters Kluwer Health, 2014.
 - Chapter 9: Mutual Help, Twelve Step, and Other Recovery Programs

- Kelly, J. F., Hoepfner, 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.

Explore Further: We looked primarily at AA to learn about the 12 steps here. Much more is available:

- 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 Alcohol Dependence*, 91(2-3), 149-58.
- Moral psychology. (n.d.). Wikipedia. [Link \(Links to an external site.\)](#)
- Gambler Anonymous [Link \(Links to an external site.\)](#)
- Narcotics Anonymous [Link](#)

Module 2 and 3: Physical, Psychological, and Pharmacological Effects of Substance Use. This topic is in place for the next four weeks (3,4,5,6)

Overview: In pharmacology the term 'agonist' refers to a substance which, under some conditions, activates a neuro-receptor that it binds to. 'Antagonist' generally refers to a substance binding to a receptor that does not activate a neuro-receptor and can actually block the activity of other agonists.

In these Modules we will be looking at the pharmacodynamics of drugs of abuse. There is some heavy reading ahead, so in order to make it reasonable, the professor has gone through each assigned chapter and listed each section you should read. Feel free to read more; most of what is suggested for skimming over is the heavy chemistry lessons. We will read chapters concerning alcohol; non alcohol sedative hypnotics; opioids, cocaine, amphetamines and other stimulants; caffeine; nicotine in tobacco; marijuana; hallucinogens; dissociative drugs (i.e. hallucinogens); inhalants; and steroids.

Modules 2 and 3 cover four weeks of the course and includes two quizzes and two discussion boards.

Anticipated Outcomes: Following these modules students will be able to summarize the neurological and physiological effects of mind/mood altering substances which often result in pathological and disordered use, in essence addiction.

- **Values:** Students will think critically about the scientific basis for substance use disorders, considering objective fact relative to subjective belief. Students will think critically about the nexus of ideology and science, experience and fact.
- **Knowledge:** Identification of major drugs of abuse; give examples of common neurological actions; describe perceptual and behavioral changes associated with each substance.
- **Skills and Abilities:** Students will explore how to relate to clients and organizations who operate more from ideology than science. Will also gain the ability to work with the facts they have in mind, accepting that all knowledge is not always readily available.

Activities/Assignments: For these modules you are to complete the assigned readings and engage in the classroom discussion. There will be two quizzes and two discussion boards.

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 Three

- Ries, Richard, et al. The ASAM Principles of Addiction Medicine. Vol. Fifth edition, Wolters Kluwer Health, 2014.
 - All readings are from section 2: Pharmacology.
 - Chapter 6: pharmacokinetic and pharmacodynamic principles
 - Basic pharmacology concepts; skip the equations but understand the definitions of major terms such as Agonist, Antagonist, Pharmacogenomics,
 - Chapter 7: Alcohol
 - Substances included in this class (of alcohol); formulations in methods of use; Clinical uses; Brief historical features; Epidemiology; pharmacokinetics; pharmacodynamics; Drug to drug interactions; neurobiology (mechanisms of addiction) but go easy on the hard chemistry; hello chick studies implicating other neurotransmitter systems; Pharmacodynamics. Understand Receptors but skip the chemistry unless interested. Study Tolerance, Sensitization, and Physical Dependence; Addiction liability, know no you percents and of course tolerance/dependence/
 - Chapter 8: Non-Alcohol Sedative Hypnotics
 - Introductory paragraph; list of brand names and comparison to barbiturates; historical features; epidemiology; pharmacodynamics; drug interactions; mechanism of

addiction; addiction liability; toxicity states; medical complications

Week Four

- Ries, Richard, et al. The ASAM Principles of Addiction Medicine. Vol. Fifth edition, Wolters Kluwer Health, 2014
 - All readings are from section 2: Pharmacology.
 - Chapter 9 Opioids
 - Read all – skim some on pharmacokinetics, skim less on pharmacodynamics. Go easy on the hard chemistry though you will appreciate much of even that.
 - Chapter 10 Cocaine, Amphetamines, And Other Stimulants
 - Substances included – some surprises here; formulations and methods of use and abuse; look hard at table 10-1 and 10.2; clinical uses; Non medical use, abuse, independence; Historical features; Epidemiology; pharmacokinetics (skip metabolism); elimination; drug-drug interactions; Pharmacodynamic actions, read all including intoxication, chronic effects, withdrawal, behavioral pharmacology, and other central nervous system effects, cardiovascular system and other organs through reproductive, fetal and neonatal health. Skip through and read endogenous opiates then skip again to conclusions.

Week Five

- Ries, Richard, et al. The ASAM Principles of Addiction Medicine. Vol. Fifth edition, Wolters Kluwer Health, 2014
 - All readings are from section 2: Pharmacology.
 - Chapter 11 Caffeine
 - Read from start through neurobiology then start skimming; focus again on physiological effects and read all through to genetics; focus again on effects on physical health and read all through to conclusions.
 - Watch video called “Bean Freak” starring Dr. Tim Conley as the businessman and former student Matt Radlowski (LCSW, LAC) as the ER based Motivational Interviewer.
 - Chapter 12 Nicotine and Tobacco
 - Read intro; drugs in class; methods of abuse; historical features; skim pharmacokinetics but don't skip it altogether. For example “Sex and race influence nicotine metabolism...” Read drug interactions; pharmacologic interactions; psychoactive effects; genetics; psychiatric comorbidity (fascinating); discrimination and self administration; Dependence, tolerance, and withdrawal, specifically withdrawal; the material on ‘neurobiologic mechanisms of action’ is heavy chemistry and may be at best skimmed; pick up again at ‘systemic toxicity’ including other physiologic

effects and toxicities and read through the rest of the chapter.

- Chapter 13 Marijuana
 - Read introduction straight through to the section on neurobiology and mostly skip that section. Remember, this is not a chemistry class, so focus selectively. Read 'relative addiction liability but skim pharmacokinetics. Read all of the toxicity/adverse effects section including major organ systems; read through the remainder of this long chapter.

Week Six

- Ries, Richard, et al. The ASAM Principles of Addiction Medicine. Vol. Fifth edition, Wolters Kluwer Health, 2014
 - All readings are from section 2: Pharmacology.
 - Chapter 14 Hallucinogens
 - Read intro; section on substances included (quiz question: what do the initials LSD stand for? DMT?); from there read everything through to Pharmacokinetics and pharmacodynamics well you can skim through the chemistry though read the material on pharmacodynamics (pupillary dilation, blood pressure etc.); the material on subjective effects is required and fascinating; Pharmacokinetics and Pharmacodynamics are reported for each hallucinogen – skim only. Look for commonalities. Focus in again on 'toxicity and adverse effects – some myth busting in here. Read drug-drug interactions; skim only (at best) neurobiology but focus in again when you get to 'relative addiction liability and read through to the end.
 - Chapter 15 Dissociatives
 - Read introduction closely to see which drugs we are studying here; skip the chemistry lesson but read on at 'formulations, methods of use, and abuse' through historical features; epidemiology; skim only pharmacokinetics and dynamics but watch for buzzwords in the pharmacodynamics piece: Ketamine is a 'date-rape' drug ("...one exception is the giving of large doses surreptitiously to an unsuspecting person, such as in the illegal act of drug-facilitated sexual assault"). Skip the neurobiology lesson but read 'addiction liability'; read again at 'intoxication and overdose; conclusions and further research.
 - Chapter 16 Inhalants
 - Read introduction; drugs in class (no gasoline or petrol related products?!); read the section on each substance; abuse of inhalants; absorption and metabolism; mechanisms of action (hardly known -ask yourself 'why'?); addiction liability; tolerance and dependence; information also seems lacking on 'clinical chemistry' and 'toxicity/adverse effects (acute, chronic, neuro...

continue to read all and ask 'where is the research?'). Read psychiatric disorders; effects on major organ systems; fetal solvent syndrome; and finally 'future research directions' and the green case material.

Optional Reading:

- Ries, Richard, et al. The ASAM Principles of Addiction Medicine. Vol. Fifth edition, Wolters Kluwer Health, 2014.
 - All readings are from section 2: Pharmacology.
 - Chapter 17: The Pharmacology of Anabolic–Androgenic Steroids

PowerPoint/Video Lecture: See Canvas

Discussion Questions and Ideas: Respond to each discussion question/topic with a meaningful and thoughtful response. Your initial post should have 250-500 words, and it is due by the due date listed.

Explore Further: See Canvas

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).

Anticipated Outcomes:

- **Values:** Students will learn to value the process and practice of evidence based assessment, evaluation and diagnostic processes; will explore their own beliefs and potential biases concerning potentially reductionistic schemas.
Knowledge: Students will be able to identify the DSM 5 codes related to Substance use disorders; identify regulatory International Classification of Diseases (ICD) standards; identify 5 major components of the ASI index; identify 5 criteria from the ASAM; identify 3 components of the LOCADTR.
- **Skills and Abilities:**
Students will exhibit the skill to generate a thorough assessment, evaluation and diagnostic summary, relying on the most common nomenclature used in the professional practice of addictions services.

Activities/Assignments: For this module you are to complete the assigned readings. The book chapters are heavy reading so budget your time: hours, not minutes. Students will be quizzed on reading material. Students will also engage in the discussion board with your professor and each other. Pay close attention to the discussion points.

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 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/>
- Ries, Richard, et al. The ASAM Principles of Addiction Medicine. Vol. Fifth edition, Wolters Kluwer Health, 2014.
 - Section 4: Overview of Addiction Treatment; Chapter 27: 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

Discussion Questions and Ideas: Respond to each discussion question/topic with a meaningful and thoughtful response. Your initial post should have 250-500 words, and it is due by the due date listed.

Explore Further: See Canvas

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.

Anticipated Outcomes:

- **Values:** Students will resolve the ethical dilemmas (social work as social control, empowerment) associated with court ordered treatment and mandatory drug testing. Monitoring as a reality check to client self report.
- **Knowledge:** Students will describe similarities and differences for transdermal, blood, urine, hair and breath testing; identification of positive and negative screens. Identify various roles of team members in treatment court; differentiate between sanctions and rewards; list 10 key components of treatment courts.
- **Skills and Abilities:** Apply strategies to determine what type of testing is best for client outcome in various circumstances and treatment settings including treatment courts. Will be able to identify the proper role of the treatment provider in a treatment court team/system.

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

- Ries, Richard, et al. The ASAM Principles of Addiction Medicine. Vol. Fifth edition, Wolters Kluwer Health, 2014.
 - Section 14: Clinical, Ethical and Legal Consideration in Prescribing Drugs with Abuse Potential
 - Chapter 112: The Science and Clinical Uses of Drug Testing

- Read the entire chapter – skim some of the material concerning the Medical Review Officer
 - Chapter 113: Drug Treatment Courts and the Treatment of Persons in the Criminal Justice System
 - Read the entire chapter including insets
- 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, 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.

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
- Conley_Positive Monitoring Bracelet Readout with Note

YouTube Videos:

<https://www.pharmacytimes.com/insights/pharmacists-knowledge-in-home-drug-testing/a-review-of-the-drug-testing-products>

- There are 4 short videos here:
 - Improving customer in pharmacist knowledge;
 - 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

Activities/Assignments: For this module you are to complete the assigned readings and engage in the discussion board with your professor and the other students. Pay close attention to the discussion points. There will be a multiple answer quiz for this module.

Discussion Questions and Ideas: Respond to each discussion question/topic with a meaningful and thoughtful response. Your initial post should have 250-500 words, and it is due by the due date listed.

Explore Further: See Canvas

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

- Ries, Richard, et al. The ASAM Principles of Addiction Medicine. Vol. Fifth edition, Wolters Kluwer Health, 2014.
 - In section 4: Overview of Addiction Treatment;
 - Read Chapter 25: Moving Toward Integrated Care for Substance Use Disorders: Lessons from History and the Rest of Health Care
 - Tom McLellan is a giant in the field and we all have much to learn from him. Notice how he mentions nicotine first? That's because it kills the most. He mentions alcohol 2nd for the same reason. Let's read every word of this excellent chapter.
 - Read Chapter 28: 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.

- Read Chapter 29: Alternative Therapies for Alcohol and Drug Addiction. This covers acupuncture very thoroughly. Read around the hard chemistry and this will address many questions about alternative therapies.

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

YouTube Videos: See Canvas

Activities/Assignments: For this module you are to complete the assigned readings, watch the videos and engage in the classroom discussion. There will be a Quiz for part of the module.

Discussion Questions and Ideas: Respond to each discussion question/topic with a meaningful and thoughtful response. Your initial post should have 250-500 words, and it is due by the due date listed.

Explore Further: See Canvas

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.

- **Values:** This module will challenge students to see how all disorders must be treated simultaneously: mental illness, all addictive substances and to advance the values of integrated treatment planning and client care.
- **Knowledge:** Students will identify FDA-Approved Medications for Smoking Cessation and other methods for treatment of nicotine dependence. Will list commonalities between addiction and other forms of mental illness; recognize common elements of integrated treatment plans.
- **Skills and Abilities:** Skill to work with individuals afflicted with multiple disorders and to implement smoking cessation treatment goals despite whatever else is going on in the client brain and life.

Activities/Assignments: For this module you are to complete the assigned readings, watch the videos and engage in the classroom discussion. There will be a Quiz for part of the module.

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

- Ries, Richard, et al. The ASAM Principles of Addiction Medicine. Vol. Fifth edition, Wolters Kluwer Health, 2014.
 - Section 1: Basic Science and Core Concepts
 - Chapter 3: The anatomy of addictions; read all, skim the chemistry, pick your facts.
- 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

- Ries, Richard, et al. The ASAM Principles of Addiction Medicine. Vol. Fifth edition, Wolters Kluwer Health, 2014.
 - Section 7: Pharmacologic Intervention
 - Chapter 53: Pharmacologic Intervention for Tobacco Dependence; 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

PowerPoint/Video Lecture: See Canvas

YouTube Videos: See Canvas

Discussion Questions and Ideas: Respond to each discussion question/topic with a meaningful and thoughtful response. Your initial post should have 250-500 words, and it is due by the due date listed.

Explore Further: See Canvas

Disabilities

Students with disabilities who are enrolled in this course and who will be requesting documented disability-related accommodations should make an appointment with the Office of Disability Services, akelsen@yu.edu or 646-592-4280 during the first week of class. Once you have been approved for accommodations, contact me to ensure the successful implementation of those accommodations.

HIPAA Alert

In line with the new HIPAA regulations concerning protected health information, it is important that you understand that any case information you present from your work, will need to be de-identified. What this means is that any information that would allow another to identify the person needs to be changed or eliminated. This includes obvious things like 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.

Confidentiality

Given the nature of classroom discussion boards and the presentation of case materials, and at times personal revelation in class, students are reminded that the same commitment to confidentiality with clients extends to classmates. What is shared in class stays in class.