Instructor: Tiffany B. Brown, Ph.D., LMFT
Office: HEDCO 263 (Office hours by appointment, cancel 24 hours in advance)
Office Phone: 541-346-2117
Class Time: Tuesday’s, 9-11:50 a.m.
Class Location: Lokey 276
Email: tiffanyb@uoregon.edu

Course Description
The focus of this course is to explore the multiple factors that contribute to addictive processes and recovery. The course is intended to provide practitioners with skills to recognize and intervene when addictive processes are present in clients, systems, and communities. Students will be encouraged to develop a systemic approach to understanding addiction and recovery, while recognizing the diversity among individuals, couples, families and communities who struggle from the impact of addiction.

Course Learning Outcomes:
1. To develop a clinical understanding of the nature of substance and behavioral addictions.
2. To develop strategies for addressing addiction in the therapy room, including the use of screenings and assessments.
3. To develop an awareness of the stereotypes, stigmas, and assumptions associated with the concept of addiction and those who seek treatment services.
4. To learn the family dynamics of addiction and how to work effectively at the family level.
5. To learn the various treatment approaches for addiction including how our work as CFT’s can compliment already established treatment approaches.
6. To demonstrate how the process of addiction, and the access to treatment/recovery, is impacted by other disorders, family, and sociocultural factors (e.g., culture, socialization, ethnicity, gender, social class, and sexual orientation).

COAMFTE Core Competencies Addressed in this Course:
1.2.2-- Consider health status, mental status, other therapy, and other systems involved in the clients’ lives (e.g., courts, social services).
2.1.3-- Understand the clinical needs and implications of persons with comorbid disorders (e.g., substance abuse and mental health; heart disease and depression).
2.1.5-- Understand the current models for assessment and diagnosis of mental health disorders, substance use disorders, and relational functioning.
2.2.5-- Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.
2.3.5-- Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.
3.1.1-- Know which models, modalities, and/or techniques are most effective for presenting problems.
3.1.4-- Understand recovery-oriented behavioral health services (e.g., self-help groups, 12-step programs, peer-to-peer services, supported employment).
4.1.1-- Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.
4.4.6-- Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes.
5.4.2-- Monitor attitudes, personal well-being, personal issues, and personal problems to ensure they do not impact the therapy process adversely or create vulnerability for misconduct.

Texts / Readings
- Additional readings are provided via blackboard.
COURSE REQUIREMENTS

Below is a list of assignments that link to the Student Learning Outcomes (SLO). For example, “SLO1” may be listed. Please refer to the back page of the syllabus for all Educational Outcomes, including a list of SLOs.

A. **Attendance and Participation (25 points; SLO1)**
Class attendance and participation is required, due to the experiential nature of the subject matter and because you are graduate students. Students are expected to complete reading assignments prior to each class and be prepared to discuss your reflections and questions. You are to come to class prepared to discuss the material and engage in the overall class process. If you miss more than one class period, you will be deducted 5 points for each missed class period thereafter.

In addition, this topic forces each of us to be cognizant of our own biases and experiences. The impact of addiction is far reaching and many of you in this class have your own experiences related to course content. For this reason, you may feel drawn to share personal experiences in class. Keep in mind that it is up to you to share as little or as much as you’d like and monitor your own self-disclosure as it fits in your comfort zone and the comfort zones of others. I ask that you be aware of “how you know what you know” throughout the course. There are many inherent biases about addiction and recovery as we have been socialized in various ways that lead to stigmas. These biases and stigmas have been present throughout society and continue to be so in social media, social networking, and in every day conversations. There are many misconceptions about the sociocultural impacts and how someone becomes addicted in the first place. I am hopeful that you will be Honest, Open, and Willing (H.O.W.) to look at your own biases and assumptions throughout the course.

B. **Recovery Simulation (15 points; SLO4)**
Each student will have a simulated understanding of what it is like to enter into “recovery” and work to maintain abstinence from a behavior or substance. Students will choose something they feel they are “dependent” on (i.e. soda, coffee, tobacco, candy, alcohol, sweets, television, ipod, facebook, text messaging, etc) and work to maintain abstinence for 28 consecutive days. You are also encouraged to propose your own idea. This is not meant to challenge already existing recovery, so please talk to me if you are concerned about your existing recovery and this project. Students are to abstain from the substance or behavior for the specified period of time and be prepared to discuss in class each week. At the end of the 28 days, we will have an in-class discussion where you will share your responses to the following questions. Please write up a 2-3 page (single spaced) bullet pointed outline to the following questions so you are prepared for the class discussion. You will receive 5 points for participating in the project and 10 points for the outline to the following questions and participating in the class discussion. To receive full points, you need to provide complete answers to the questions below.

*The outline for discussion should include your reflection to the following questions:*

1. Overall, what did you notice about yourself throughout the 28 days? What was the biggest challenge and how did you handle it? What went well in your experience?
2. How does this experience inform your understanding of addiction and recovery? Based on your experience, what role do you see relapse having in recovery?
3. What role does external supports play in recovery based on your experience?
4. What privileges do you think you have that intersect with your experience in this project? Discuss any marginalized identities that you hold that intersect with your experience in this project?
5. Given your experience only minimally “simulates” recovery, what nuances do you suppose were missed in the process? In essence, what other curiosities do you have about a clients’ recovery experience, based on what you learned?

C. **People in Recovery, Student Choice Assignment (20 points; SLO1, SLO4)**
This assignment is designed to give students an experiential learning experience to understand addiction and recovery features intimately. As a class, we will get into groups and discuss your experiences on the day that it is due. You will receive 10 points for participating in the activity related to the assignment and then 10 points for the outline and participation in the class discussion. Your bulleted outlines need to address the questions completely as indicated in each section below.

⇒ **Option A: Attend Two Recovery Meetings (SLO1, SLO4)**
In order to gain an understanding of the recovery community, students can attend “open” meetings of a 12-step group or other recovery groups focused on recovery from an identified addiction. Please find a recovery meeting in the community and it MUST be an OPEN meeting (open meetings mean that it’s not a closed group; outside people are
welcome to attend). Just like the experience of a person seeking recovery, it is your responsibility to find a list of meetings and do the exploration to find a meeting. Once you have attended the meetings you will prepare a bulleted responses to the following questions to discuss in class. Please address the following questions:

1. What was it like for you to engage in this experience? What did you notice about yourself in the process?
2. What do you believe to be the most important ‘take home message’ from the experience? What, specifically, from this experience will inform your work as a therapist?
3. What, if anything, was the most surprising part of the experience?
4. What do you want your colleagues to know most about your interview experience?
5. Include any additional personal/professional reflections. Tie your experience to what you have been reading/learning in class.

Responses from self-identified alcoholics and Alanon members when asked what they think about “normies” attending meetings:

- “They have open meetings and closed meetings and label them in the meeting guide. Open meetings are fine if you identify yourself as a ‘visitor.’ I’ve never heard of it being a problem at open meetings. That’s why some are open, so people can check them out that may not identify themselves as an alcoholic.”
- “Personally, I would be happy knowing someone is learning about alcoholism/addiction. The benefits vastly outweigh any insecurity I would have. We need as much help as we can get!”
- “Thematically students are there to simply support those in recovery and learn how to be an ally in their careers to those seeking recovery. It’s part of being a multi-culturally competent therapist. Learning the efficacy and true ‘ability’ of powerlessness, they will better meet the needs of those seeking recovery through 12-step. Just introduce yourself as a visitor.”
- “Although Alanon meetings can be closed, none in Eugene are designated as such. Anyone interested in learning more about Alanon and the effects of addiction on families/relationships is welcome. Most times visitors introduce themselves at the same time as newcomers. Your students are always welcome!”
- “I think that especially around campus people expect there to be visitors at open meetings. And I like to know that people are learning more about alcoholism in the ‘real world’ rather than from textbooks or movies. Especially with so many misconceptions out there.”

⇒ Option B: Interview a Person in Recovery (SLO1, SLO4)
If you choose this option, you are to find a person who identifies as having an addiction (substance or behavior; current or historical). Preferably this person has tried to enter into treatment/recovery at some point. The hope of this assignment is to offer you an intimate opportunity to talk to someone who has a history of what we are reviewing in class. If you are someone that is in recovery yourself, or know people intimately that are, I encourage you to use this assignment to stretch yourself. Interview someone that is different from what you are used to (for example, if you know many people with a history of alcoholism, perhaps find someone who has a history of drug addiction, or someone of a different age, etc). Second years, you may interview a client. I request that you check in with your supervisor FIRST to ensure that the client you are considering is a good candidate for this assignment. You can also interview someone in dyads, though it is required that you share the load of the question asking. Your interview should cover the following questions that are listed below. I encourage you to begin the interview letting the person know that they should share their answers as though you know nothing about addiction and be as descriptive as possible. Please also add in any follow up questions that make sense.

a. What is/was the nature of your addiction? (What, how long, who knows about it?)
b. What are your thoughts about how and why addiction manifests in people? Why do some people develop addictions and some do not?
c. What are your thoughts about how your identity (personality, cultural identity, familial experiences) has impacted your addiction and recovery experiences?
d. What was it like when you tried to stop? What do people need most as they attempt to stop their addiction?
e. What is the impact of addiction on friends/family members? What is the impact of friends/family members on the addiction?
f. What has your experience been like with mental health and medical professionals in regards to your addiction? What do you feel is most important for practitioners to know regarding addiction and recovery?
g. What are your experiences of the 12 steps? Do you have a sponsor? What has your experience been like in “working a recovery program?”

h. Anything I didn’t cover that you would like me to know?

After you complete the interview, please prepare your bulleted responses to the following questions in an outline format that will be used for an in-class discussion. Discussion questions include:

1. What was it like for you to engage in this experience? What did you notice about yourself in the process?
2. What do you believe to be the most important ‘take home message’ from the experience? What, specifically, from this experience will inform your work as a therapist?
3. What, if anything, was the most surprising part of the experience?
4. What do you want your colleagues to know most about your interview experience?
5. Include any additional personal/professional reflections. Tie your experience to what you have been reading/learning in class.

D. Addiction/Recovery Special Topics Presentation (20 points; SLO1, SLO2, SLO4, SLO5)

Students will be in small groups of approximately 8-10 and be able to work in partners within the group. Students will work with a partner to develop an informal 20-minute presentation and handout (to be distributed to each of your colleagues). Presentations will be given to your small group only. You will choose a specific addiction or recovery topic to review.

Topics could include (this is not an exhaustive list): video gaming (including online interactive gaming), sex/pornography, gambling, history of the 12 steps, recovery “movements” across the country and internationally (needs special approval from me—I will cover this in part), disability and addiction, binge eating/applicable eating disorders, veterans and addiction, smoking, mandated clients, co-occurring disorders/dual diagnosis, prescription drugs, specific drugs, Naloxone/Suboxone, collegiate recovery, specific populations and drugs, criminalization of drug use, social equity considerations, women and addiction/recovery, children of alcoholics, family members of addiction, college students and binge drinking. Also, feel free to propose your own topic.

You will work in dyads to collect the most up-to-date information (via a thorough literature search) about best practices and/or best knowledge for each of these topics. The hope is that we cover a great deal of information in this activity as a class that we will not be able to cover in the course schedule week to week. You will present your findings with a presentation during class week 5 (this will require you to start working on this project at the start of the term). In addition, you are required to develop a brief, summarized information sheet for your colleagues that you will have available during the presentation (covering same outline below—bold each of the main content areas with the necessary information). This informational handout should also include a resource list that is grouped into two categories: resources for clinicians and resources for clients. Presentations and handouts should specifically cover the following points (please use these 8 headings in your presentation):

1. CURRENT RESEARCH: Note prevalence rates (if applicable) and describe current research trends. What does the literature report in regards to this topic? Be thorough and access peer reviewed articles. I also encourage you to access important websites such as SAMHSA, CDC, NIDA, NIH, etc.

2. SCREENING/ASSESSMENT: What screening and assessment tools exist for this topic? Please make recommendations of at least two screening and/or assessment tools. You should base this recommendation on your knowledge of what makes an instrument reliable and valid. If one does not exist, suggest screening and assessment questions that therapists can use in practice.

3. THERAPIST ROLE: Discuss what is most important for clinicians to know working with this addictive process. What are important features of “good therapy” with a client presenting with this specific concern.

4. DIVERSITY/SOCIAL EQUITY: How does a client’s identity impact their ability to gain resources for this topic? How does power and privilege impact accessibility? Think about diversity, equity, and social justice in this section and provide important points for consideration.

5. RESOURCES FOR CLINICIANS: What are the key pieces of literature that aids in understanding this addictive process? Depending on the topic, there may be imperative articles to read, books to have handy, or handouts to have for your understanding in your career. Also address key local resources that provide treatment services (you may have to offer regional treatment services depending on your topic).
6. **RESOURCES FOR CLIENTS:** What are the key pieces of literature that aids in understanding this addictive process for clients? Depending on the topic, there may be imperative articles to read, books to have handy, or handouts to offer clients.

7. **FIVE KEY RECOMMENDATIONS FOR PRACTITIONERS:** What other recommendations do you have for this topic? What interventions have demonstrated efficacy? Are there specific groups that aid in treatment/recovery/relapse protection? Are there contraindications for intervening at an individual or relational level? This section should summarize 5 key recommendations that encompass best practices based on your intimate knowledge of the topic. This is a chance to summarize the most important points for your colleagues.

8. **REFERENCES:** Include a reference list. This is to be accountable to seeking peer reviewed, up to date literature, but also to provide your colleagues with important references should they choose to follow up (these are to be different from your resources for clinicians section---as that section is for learning more about the topic in generalized ways).

You will be graded on the completeness of the presentation in following the above format (reviews all sections thoroughly), the sophistication of your ideas, and the completeness/usability of your handout (does the handout offer your colleagues thorough information about your topic? Is it well organized? Do you demonstrate a sophisticated understanding that synthesizes the information available?) Your handout needs to be well organized and clear, meaning you will lose points if it’s hard to follow and overwhelming to look at. Readability/usability is pivotal to your grade. I will walk around and “peak in” to each group during the presentations.

**E. Professional Reflection (20 points; SLO1, SLO3, SLO4)**

In effort to punctuate your learning about addiction, you will write a professional reflection that consolidates your current thinking about working with clients struggling with, or impacted by, addiction and/or are in recovery. This reflection should be a sophisticated paper that outlines your comprehensive understanding of the course content across the term, including your systemic, contextual understanding of addiction and recovery. Papers should be 7-9 pages, double-spaced, and should demonstrate your critical thinking, knowledge base, and overall understanding. In addition to general writing elements and adherence to APA, students will be assessed on their ability to articulate course concepts and how these concepts will inform their work as a systemic therapist. This paper is meant to be a chance for you to consolidate your thinking from the term (as opposed to a final exam, for example). I will hand back your initial epistemology paragraph toward the end of the term, so you can see your initial positions and beliefs about addiction. I will not provide a great deal of written feedback on this paper, as I am more interested in you taking the time to work through the following questions. You will gain points for thoroughly addressing the following questions and if your paper is presented in a sophisticated, clear, thoughtful way.

1. Discuss, in depth, the concept of addiction as an illness. What is happening in the brain pathways that lead to a person developing addictive disorders? How does this impact the recovery process? Make a statement, in quotes, about what you could share with a client about the brain process in a therapy session. (~1.5 pages)

2. Given what you have learned across the term, discuss your clinical approach and theory to working with addiction/recovery. Include a commentary about how your ideas have shifted/not shifted from your initial paragraph (epistemology paper that you wrote on the first day). How will you apply course concepts in your clinical work? Include your therapeutic model in your response (demonstrate your current thinking about how you will utilize a therapeutic model/theory of change within addiction/recovery issues). (~3 pages)

3. Describe your position about the intersection of diversity/social justice and addiction/recovery. How will you maintain awareness of the accessibility issues related to treatment/recovery? What can you do to NOT perpetuate the stigma attached to addiction? (~1.5 pages)

4. What self-of-the-therapist issues arise as you consider working with clients struggling with addiction and recovery issues? How will you address these when they present for you? (~1 page)

5. Discuss any other relevant information/personal reflections from the course.

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<tr>
<th>Assignments</th>
<th>Points</th>
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<tr>
<td>Attendance, Participation</td>
<td>25</td>
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<td>Recovery Simulation</td>
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<td>People in Recovery</td>
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<td>Presentation/Handout</td>
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<td>Professional Reflection</td>
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Graduate courses require a grade of C+ or lower is not accepted for graduate credit although it may be computed in the G.P.A. Any assignment turned in beyond the deadline will be reduced in score by 25% for each day it is late. I do not take assignments via email, you are required to turn in assignments at the beginning of class on the day it is due. 😊

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<tr>
<th>TOTAL</th>
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Policies

Cell Phones & Laptops
Due to the fact that cell phones (e.g., text messaging, internet surfing) are disruptive to others in the classroom, cell phone use is prohibited during class time. Cell phones must be silenced and text messaging and cell phone internet access is not allowed during class. If you have an exceptional circumstance (e.g., ill child), and need to be on standby for a possible cell phone call, please set your cell to vibrate and exit the classroom if you receive a call. If an alternate learning ability requires the use of a laptop, please contact me on the first day of class about this. Additionally, if you use a laptop to take notes during class, please seek the permission of those around you. Typing notes during class can be very disruptive for people sitting near you – be sure that those around you are not distracted by your note taking. Computer laptop internet surfing is prohibited during class.

Request for Accommodations
Appropriate accommodations will be provided for students with documented disabilities. This documentation must come in writing from the Accessible Education Center in the Office of Academic Advising and Student Services. To obtain this document contact Molly Sirois at 346-1155 or sirois@uoregon.uoregon.edu. If you have a documented need and require accommodation, you must meet with the course instructor within the first two weeks of the term.

Disclosure of Personal Information
The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) standards requires the program to have “established policies for informing applicants and students regarding disclosure of their personal information.” (COAMFTE Standard 140.02, 2003) With this standard in mind, the program would like to highlight that the classroom is an environment where student personal disclosures are possible. Students should decide for themselves what information to disclose. Students are advised to be prudent when making self-disclosures. The program cannot guarantee confidentiality of student disclosures given in the group environment.

The AAMFT Code of Ethics states in standard 4.7 (2001) that Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. With this in mind, the program would like to highlight those clinical supervisors who share responsibility for supervisees will share relevant information without a written waiver in an effort to provide a quality standard of supervision, maintain coherent training throughout the program, and ensure client care.

Respect for Diversity:

College of Education Diversity Statement:
In order to thrive and excel, a culture must honor the rights, safety, dignity, and well being of all members no matter their race, gender, religion, sexual orientation, socioeconomic status, national origin, religious beliefs, or physical and cognitive ability. The concept of diversity encompasses acceptance and respect in understanding that each individual is unique. To the extent possible and appropriate, this course will explore these differences in a safe, positive, and supportive environment. Some of the readings in this class do not adequately address diversity so we will be discussing how we might be able to make clinical practices more sensitive to diversity.

It is the policy of the University of Oregon to support and value diversity. To do so requires that we:

- Respect the dignity and essential worth of all individuals
- Promote a culture of respect throughout the University community
- Respect the privacy, property, and freedom of others
- Reject bigotry, discrimination, violence, or intimidation of any kind
- Practice personal and academic integrity and expect it from others
- Promote the diversity of opinions, ideas and backgrounds which is the lifeblood of the university

CFT Program Values Statement:
The CFT program embraces a culture of respect and inclusion with a commitment to honoring diversity in all aspects of our program. The concept of diversity encompasses acceptance and respect in understanding that each individual is unique. Diversity includes, but is not limited to race, ethnicity, tribal affiliation, national origin, age, sexual orientation, gender, gender-expression/identity, socioeconomic status, disabilities, and spiritual/religious affiliations. We aim to honor and value diverse ways of learning, knowing, and experiencing. We also hope to create a forum where dialogues can take place that foster individual as well as collective self-awareness and growth. In keeping with our commitment to these values, we ask that everyone (students, faculty, staff and supervisors) partner in a shared responsibility to build inclusion, equity, and respect of
diversity across the CFT program. This can only happen if we continue to reflect on how our cultural backgrounds and diverse life experiences influence our work with clients. Thus, while we each bring unique perspectives to our professional work, as a program we expect that our students, faculty and staff, as human service professionals, will strive toward competency in meeting our clients’ diverse needs and respecting all people.

Student Conduct:
The College of Education (COE) Policy Regarding Dismissal of Students from Programs is contained in the COE Academic Policies and Procedures Handbook in Section A and in the UO Bulletin. The CFT program has a specific set of policies with regard to Professional Conduct and Ethical Standards that can be found in the CFT Program Handbook. It is the student’s responsibility to review these policies.

Academic Misconduct Policy:
All students are subject to the regulations stipulated in the UO Student Conduct Code (http://www.uoregon.edu/~conduct/). This code represents a compilation of important regulations, policies, and procedures pertaining to student life. It is intended to inform students of their rights and responsibilities during their association with this institution, and to provide general guidance for enforcing those regulations and policies essential to the educational and research missions of the University.

Conflict Resolution:
The mission of the College of Education is to “Make educational and social systems work for all.” Several options, both informal and formal are available to resolve conflicts for students who believe they have been subjected to or have witnessed bias, unfairness or other improper treatment. Within the College of Education, you can contact: Bill Young, COE Ombudsperson at 541-346-1401 or wdyoung@uoregon.edu or http://education.uoregon.edu/ombuds
Outside the College, you can contact: UO Bias Response Team: 541-346-1139 or http://darkwing.uoregon.edu/~brt/ UO Conflict Resolution Services 541-346-0617 or http://darkwing.uoregon.edu/~crs/ UO Affirmative Action and Equal Opportunity 541-346-3123 or http://aaeo.uoregon.edu/

Grievance Policy:
A student or group of students of the College of Education may appeal decisions or actions pertaining to admissions, programs, evaluation of performance and program retention and completion. Students who decide to file a grievance should follow the student grievance procedure, or alternative ways to file a grievance outlined in the Student Grievance Policy (http://education.uoregon.edu/feature.htm?id=399) or enter search: student grievance.

Inclement Weather Policy:
In the event the university operates on a curtailed schedule or closes, UO media relations will notify the Eugene-Springfield area radio and television stations as quickly as possible. In addition, a notice regarding the university’s schedule will be posted on the UO main homepage (in the “News” section) at http://www.uoregon.edu. College of Education students should contact their program department for further information.
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<th>DATE</th>
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<th>READING</th>
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<tr>
<td>Week 1</td>
<td>Jan. 6&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Course overview; Defining addiction</td>
<td>□ In class writing</td>
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<td>Week 2</td>
<td>Jan. 13&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Defining addiction; Addiction as an “illness” and “brain disease”</td>
<td>□ Presentation topic due</td>
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<td>Film in class: “Pleasure Unwoven” (70 minutes)</td>
<td>□ Recovery Project STARTS</td>
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<td>Guest Speaker: Brandon Marshall (10:30-11:50a)</td>
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<td>Week 3</td>
<td>Jan. 20&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Defining process/behavioral addictions; Self-harm/non-suicidal self-injury (NSSI) as an addiction</td>
<td>□ Denizet-Lewis, Ch. 13-20</td>
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<td>□ Halstead et al. (2014)</td>
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<td>Self-harm/ non-suicidal self-injury (NSSI); Gambling Addiction</td>
<td>□ Denizet-Lewis, Ch. 21-Conclusion</td>
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<td>Feb. 3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>Group presentations and discussion</td>
<td>□ Group presentations + handouts</td>
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<td>Feb. 10&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Screening and assessment; Motivational interviewing</td>
<td>□ Van Wormer &amp; Davis (2013) Ch. 7</td>
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<td>Guest Speaker: Janese Olalde (10:20-11:50a)</td>
<td>□ Miller &amp; Rollnick (2002) Chs. 4-10</td>
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<td>□ Hazelden (2010) “Project Match”</td>
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<td>Feb. 17&lt;sup&gt;th&lt;/sup&gt;</td>
<td>12 step approaches; The recovery “movement”</td>
<td>□ Van Wormer &amp; Davis (2013) Ch. 7</td>
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<td>Film in class: “Anonymous People” (90 minutes)</td>
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<td>Listen to a podcast from Dr. Kelly at:</td>
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<td>Week 8</td>
<td>Feb. 24&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Relational dynamics of addiction and recovery</td>
<td>□ Shumway &amp; Kimball, Intro – Ch. 2</td>
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<td>□ Vermig (2011)</td>
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<td>Week 9</td>
<td>Mar. 3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>Early recovery</td>
<td>□ Shumway &amp; Kimball, Chs. 3 &amp; 4</td>
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<td>Discussion in class: Recovery project</td>
<td>□ Laudet (2008)</td>
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<td>□ McCauley (no date) “Insomnia in early recovery”</td>
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<td>□ Depaul Research Team (2005)</td>
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<td>Week 10</td>
<td>Mar. 10&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Ongoing recovery; Recovery protection</td>
<td>□ Shumway &amp; Kimball, Chs. 5 – 7</td>
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<td>Finals</td>
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<td>Panel of Guest Speakers</td>
<td>□ Professional reflection DUE in my upstairs mailbox on March 17&lt;sup&gt;th&lt;/sup&gt;, 2015 by 3pm.</td>
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© = Chapter from assigned text ® = Reading on Blackboard
University of Oregon CFT Educational Outcomes

Student Learning Outcomes: As reflected in the CFT program’s mission statement and overall goal, students are expected to demonstrate the following knowledge and skills:

SLO1. Students will develop an understanding of professional conduct and ethical standards and will demonstrate an ability to effectively apply their knowledge in clinical practice.

SLO2. Students will develop an ability to critically evaluate the research literature and demonstrate an understanding of the relationship between research results and clinical decision making.

SLO3. Students will gain an understanding of the core theoretical assertions of couples and family therapy and will critically assess their own systems-oriented theory of change.

SLO4. Students will develop attitudes that value human diversity, will practice culturally-sensitive analysis and critical self-awareness when counseling diverse populations, and will demonstrate cultural competence in all professional activities.

SLO5. Students will develop an understanding of the unique systemically-oriented assessment and intervention competencies, will apply them effectively in practice, and will critically evaluate their own practice.

Faculty Outcomes: Based on the mission of the University of Oregon and the CFT program, in teaching, supervision, and interactions with students and community members, faculty are expected to:

FO1. CFT faculty will consistently receive high ratings for effective and culturally competent course instruction and clinical supervision.

FO2. CFT core faculty will meet high standards of scholarship including professional presentations, peer-reviewed publications, and the generation of knowledge through research.

FO3. CFT faculty will foster a rich learning environment that demonstrates inclusion, critical consciousness, self-exploration, sensitivity to diverse populations, and commitment to social justice.

Program Outcomes: The overall goal of the University of Oregon CFT program is to graduate systemically-minded, competent couples and family therapists. We value the creation of an inclusive learning environment that fosters socially-aware practitioners who, in partnership with their communities, promote social justice, systems change, and enhancement of individual well-being and community life. At the time of graduation and beyond, our program outcomes will be demonstrated in these ways:

PO1. Employers will report that CFT alumni are highly competent and well prepared for clinical practice.

PO2. Students will demonstrate critical analysis of culturally-competent, systemic practice.

PO3. Students will report high satisfaction with the CFT program, including cultural competency, high quality instruction, and career preparation.