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Introduction to the Special Issue: Educating Social Workers about Alcohol and Other Drug Use Disorders

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Abstract

This Special Issue of *Journal of Social Work Practice in the Addictions* focuses on an emerging effort, the Alcohol and Other Drugs Education Program (ADEP), designed to advance social work faculty knowledge and teaching in the area of alcohol and other drug (AOD) use. In June 2017, with grant support from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the inaugural ADEP program provided in-depth, immersion-based training to 50 full-time, clinical faculty from social work programs across the United States. As detailed in this Special Issue, the preliminary results of our program were highly promising and we look forward to training more social work faculty in June 2018, and in years to come. The ADEP program is predicated on the idea that faculty training in evidence-based AOD identification and treatment methods will help faculty to provide higher-quality instruction in AOD and, in turn, that their students will be better prepared to serve clients experiencing AOD-related problems. While this Special Issue focuses primarily on the ADEP program, we do so with the hope that the work presented here reaches far beyond the specifics of our faculty training program to underscore the need to advance AOD-related training and offer a template for social work educators looking adapt their teaching to address the nation's very serious challenges with AOD.

The Case for Faculty Training in AOD Identification and Treatment

The starting point for this Special Issue—and our efforts to advance AOD training in social work education—is the conviction that AOD use is a widespread and critically-important problem, with serious consequences that impact the lives of individuals, families, and communities across the United States (Salas-Wright, Vaughn, Reingle Gonzalez, 2016). To be sure, there is ample evidence to support this conviction. Epidemiologic data make plain that problem drinking and illicit drug use are disconcertingly common. While many Americans consume alcohol in ways that are considered “low risk” by the NIAAA, we know that a surprisingly high proportion—nearly one in three American adults—regularly drink in

ways that place them at increased risk for serious injury, health problems, and alcohol use disorder (US Department of Health and Human Services [DHHS], 2016). Similarly, national data also indicate that, although still classified as a *Schedule 1 Drug* by the United States federal government, as many as one in eight (13%) American adults use marijuana each year (Compton, Han, Jones, Blanco, & Hughes, 2016; Salas-Wright *et al.*, 2017). Evidence also suggests that marijuana use is far from a “harmless pleasure” as nearly one in three marijuana users meets diagnostic criteria for marijuana use disorder and regular use has been found to be associated with a number of neurocognitive problems and health conditions (Hasin *et al.*, 2015; Volkow, Baler, Compton, & Weiss, 2014). And, of course, we are also witnessing a very serious crisis related to the increased use of opioids, opioid overdose, and opioid use disorder (Dart *et al.*, 2015; Rudd, Aleshire, Zibbell, & Gladden, 2016). Simply, it is evident, from even a cursory review of AOD use in the United States, that we face profound challenges as a nation when it comes to the use of alcohol and other psychoactive drugs.

As social workers, we are well-positioned to respond to these challenges. Embedded in community centers, schools, health clinics, hospitals, child welfare, correctional settings, and specialty treatment facilities across the country, the overwhelming majority of social workers are already engaging with individuals experiencing AOD-related problems in their own lives or the lives of people close to them (Smith, Whitaker, & Weismiller, 2006). Few, if any, professions are better situated to carry out AOD screening and intervention, provide psychoeducation around AOD use and its consequences, conduct in-depth psychosocial assessments and diagnosis of AOD use disorders, and provide contextualized and comprehensive treatment rooted in scientific evidence. And yet, ample evidence suggests that social workers, in general, have a lot of room for growth in terms of implementing state-of-the-art practices for addressing AOD-related problems. Indeed, a rather large body of research suggests that many social work students and MSW-level social workers feel underprepared to engage with individuals experiencing problems with AOD, and that significant gaps in AOD-related clinical skills and knowledge exist (Bina *et al.*, 2008; Fisher, McCleary, Dimock, & Rohovit, 2014; Galvani, Dance, & Hutchison, 2012; Galvani & Hughes, 2010; Hutchison, Galvani, & Dance, 2013). Overall, it appears that, despite our strategic *presence* in communities and organizations where AOD screening, brief intervention, and treatment could be implemented, we are often woefully *underprepared* to address AOD-related problems with clinical skill and scientific knowledge.

In recent years, numerous leaders in social work education have recognized these shortcomings and have taken steps to advance AOD-related social work training. For instance, with grant support from NIAAA, Audrey Begun (2005) worked with social work educators across the country to develop easy-to-use materials that faculty could draw from in integrating AOD-related content into their coursework. More recently we have also seen efforts to stimulate interest in AOD research and teaching among graduate students in social work and other professional disciplines (Truncali *et al.*, 2012), as well as targeted efforts to develop student clinical skills in motivational interviewing, brief intervention, and harm reduction for work with AOD (Begun & Clapp, 2016; Begun & DiNitto, 2017; Estreet, Archibald, Tirmazi, Goodman, & Cudjoe, 2017). The ADEP program marks the most recent effort to increase the AOD knowledge and clinical skills of social workers. While our

program certainly has unique features and a distinct immersion-based approach, ADEP is in keeping with other efforts inasmuch as it is rooted in a sense of urgency that social workers receive better training when it comes to AOD assessment and diagnosis, brief intervention, and treatment. There is consensus that, in the face of a profoundly serious national crisis, we must find ways to improve the knowledge and skill of social workers in addressing AOD-related problems.

The Articles in this Special Issue

The articles in this Special Issue are intended to build upon one another in laying out the case for the importance of the ADEP program and, in turn, its impact and relevance to social work education. In the *first article*, Lundgren and colleagues (2018a) provide a rationale for and overview of the ADEP program. Specifically, the article discusses the prevalence of AOD use and its consequences and the ways in which working with individuals experiencing AOD-related problems is part and parcel of social work practice. In turn, the article reviews prior research suggesting that not enough social workers are prepared to address the nation's issues with AOD and makes the case for faculty training as a strategic approach to addressing this shortcoming. Finally, the article provides an in-depth description of the ADEP program including the program's primary assumptions and logic, guiding principles, training format and logistics, and the evaluation of key outcomes. Our hope is that this conceptual piece will serve as the primary reference for the ADEP program and will be of heuristic value to schools and faculty looking to develop immersion-based programs, whether those programs are focused on AOD or other salient social and health problems.

In the *second article*, Krull and colleagues (2018) provide an in-depth examination of existing AOD-related teaching practices and barriers to teaching about AOD perceived by clinical social work faculty. Drawing from baseline data collected from participants prior to their immersion in the ADEP program, the article suggests that AOD-related topics tend to be covered only superficially in courses focused on a number of key life course, social environmental, and health-related social work content areas. More precisely, although many faculty report regularly *mentioning* AOD in their teaching on a variety of social work topics, only a stark minority of faculty report integrating AOD content *in depth* into discussions of topics such as pregnancy and childbirth, HIV and AIDS, aging and older adults, and intimate partner violence. The article also reveals that faculty, on average, perceive that AOD-related content is only integrated to a low-to-moderate degree in their respective social work programs, and that the main barriers to integration are a lack of faculty knowledge/expertise and limited space in the social work curriculum. Notably, the findings from this second paper are very much in keeping with the core assumptions and logic of the ADEP program.

In the *third article*, Lundgren and colleagues (2018b) present the results of an educational evaluation of faculty participants in our four-day ADEP immersion training program. Baseline data suggest that, prior to participation in the immersion program, faculty knowledge of core AOD content and confidence in teaching AOD-related material are disconcertingly low (even among the select group of clinical faculty that participated in our program). Using a pretest-posttest design, the article documents that participants showed large and statistically significant increases in AOD knowledge in screening and assessment,

brief intervention, medication assisted treatment, and recovery and relapse prevention following participation in the ADEP program. Additionally, meaningful increases were also observed with respect to confidence in teaching AOD-related content in general and clinical skills in AOD screening, assessment, brief intervention, and treatment. While follow-up studies will be needed to add confidence to these findings, the evidence presented in this third paper provides compelling preliminary support for the efficacy of our immersion-based program.

In the *fourth article*, Salas-Wright and colleagues (2018) extend the quantitative findings presented in the third article by describing the ways in which ADEP faculty participants are actively striving to improve their teaching by integrating AOD-related content into social work education in new and innovative ways. Ultimately, the end goal of the ADEP program is not simply the development of higher-quality faculty, but the improvement of the quality of AOD education in social work classrooms which we hope, in turn, will lead to a more competent workforce. This fourth article provides exciting examples of how ADEP faculty participants are adapting their teaching in clinical practice, research methods, and addiction specialty courses as a result of participation in our immersion-based program. This article provides not only additional evidence as to the impact of the ADEP program, but—perhaps more importantly—it provides ideas for teaching innovations and can serve as a template for faculty interested in integrating additional AOD content into their teaching in a variety of subject areas.

In the *fifth article*, Sprague Martinez and colleagues (2018) bring to the surface the importance of social context, racial justice, and community empowerment in educational efforts designed to advance AOD and other behavioral health training in social work. This final article is critically important as it underscores the centrality of contextual factors such as access to treatment, treatment retention, and cultural competency in the treatment of AOD use disorders. In other words, faithful to the core insights and commitments of the profession, the article situates conversations about AOD knowledge and evidence-based practice within an ecological framework that reflects the reality of many who struggle with and seek help for AOD-related problems. Simply put, this final article gives greater depth to one of the central assertions of the ADEP program, namely: AOD training must be evidence-based and rooted in social context, including an emphasis on the importance of social determinants and racial- and ethnicity-based disparities; family, neighborhood, social, and cultural contexts; and client access to services (see Lundgren et al., 2018a).

Finally, our Special Issue concludes with an interview and a reflective “Endpage” piece, both featuring participants in the 2017 ADEP program. In the *interview*, Dr. Miesha Marzell—Assistant Professor in Binghamton University’s Department of Social Work—discusses her experience as an ADEP participant with Janice Furlong, LICSW (Clinical Associate Professor at Boston University and the training faculty member responsible for ADEP’s “Teaching Pedagogy” module). Additionally, in the *Endpage*, Dr. Anthony De Jesús—Associate Professor in University of Saint Joseph’s School of Social Work—reflects on his own experience in the ADEP program with a particular emphasis on the importance of integrating social context and culture into AOD identification and treatment methods. Both of these pieces are designed to give readers a “taste” of the experience of ADEP participants

and to further showcase the ways in which our faculty participants are integrating the learning from the program into their teaching and professional development.

The Road Ahead

This Special Issue provides an in-depth introduction to the ADEP program and examines the preliminary impact of faculty participation in this new immersion-based training opportunity for social work faculty. Certainly, we hope that readers come away with a clear understanding of our program and a sense of how faculty participants are benefiting in terms of increased AOD knowledge, teaching confidence, and pedagogical innovation. We greatly enjoyed the opportunity to train 50 full-time clinical faculty in 2017, and we look forward to training many more cohorts of faculty far into the future. We feel confident that the ADEP program offers something unique and very valuable, and that our faculty participants complete the program far more prepared than they were previously to advance AOD training in social work.

The articles in this Special Issue are focused primarily on ADEP; however, we believe that the work presented here reaches far beyond the specifics of our faculty training program. The underlying fact is that the United States faces very serious challenges with respect to AOD use and that social work has the potential to play a uniquely important role in helping to curb the current crisis. Preliminary evidence suggests that the ADEP program has the potential to increase the AOD competence of social work faculty who, in turn, can influence the AOD competence of emerging social work professionals, preparing them to provide high-quality clinical care to those with AOD-related problems. As exciting as this may be, there is absolutely no doubt that our contribution is only part of a much larger puzzle. AOD use represents a massive challenge with profound social and health consequences, and making measurable improvements will take a coordinated effort from educators, practitioners, and leaders from across the profession and beyond. We are grateful to be part of the effort to address the challenge of AOD use in the United States, and we look forward to continuing to work with colleagues to produce a high-quality workforce that can meet the needs of those who struggle with AOD-related problems.

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