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Advancing Alcohol and Other Drug Education among Social Work Faculty: An Evaluation of Social Work Faculty Immersion Training

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Abstract

This study is an educational evaluation of participants ($N = 50$) in a four-day immersion training program funded by the National Institute of Alcohol Abuse and Alcoholism. Using a pretest-posttest design, clinical social work faculty participants showed statistically significant ($p < .001$) improvement in overall alcohol and other drug-related knowledge (Baseline: Mean[SD] = 8.75 [2.44]; Post-Intervention: Mean[SD] = 13.88[1.96], Cohen's $d = -2.16$) in the domains of screening/assessment, brief intervention, medication-assisted treatment, and recovery and relapse prevention. Corresponding increases were also observed for faculty confidence in teaching clinical skills related to alcohol and other drug screening, assessment, and treatment.

Keywords

Social Work; Substance Use Disorders: Education; Pedagogy; Alcohol And Other Drugs; Addiction; Curriculum

The present study examines baseline and post-intervention data on alcohol and other drug-related (AOD) knowledge and teaching confidence collected as part of the inaugural Social Work Immersion Faculty Training (SWIFT). SWIFT constitutes the initial phase of the Alcohol and Other Drugs Education Program, a year-long training program supported by the

National Institute on Alcohol Abuse and Alcoholism (NIAAA) that is designed to provide in-depth training in screening, assessment, and treatment of AOD use disorders. The training program targets full-time clinical faculty members in Council on Social Work Education (CSWE) accredited Master of Social Work (MSW) programs in the United States. SWIFT is based on the template of the Chief Resident Immersion Training (CRIT) program that has provided Addiction Medicine training for physician educators for more than a decade (Alford et al. 2009). SWIFT is a four-day immersion training includes a number of didactic modules and practice skills sessions focused on screening and assessment, brief intervention, medication-assisted treatment, and recovery and relapse prevention, as well as modules dedicated to pedagogy and faculty skill building (see Lundgren et al. [2018] in this Special Issue for greater detail as to the program design and curriculum).

BACKGROUND AND CONTEXT

Critical Need for AOD-Related Training in MSW Programs

Evidence from large-scale epidemiologic studies has made clear that AOD use and AOD use disorders are critically important outcomes that have profound implications for the health and well-being of the nation. For instance, recent findings from the National Epidemiologic Survey on Alcohol and Related Conditions indicate that the prevalence of alcohol use is on the rise and that, among alcohol users, the prevalence of past-year disorders increased from 13% in 2001–2002 to more than 17% in 2012–2013 (Grant et al., 2017). Beyond alcohol use disorder, we also know that lower levels of alcohol consumption can be a major risk factor for injury and unintentional death due to traffic accidents, drowning, falls, and violent victimization (Author's own, under review; Balakrishnan, Allender, Scarborough, Webster, & Rayner, 2009; Begun & DiNitto, 2017; Hingson, Zha, & Weitzman, 2009; Rehm et al., 2009). Alcohol is the most commonly used psychoactive substance in the US (Center for Behavioral Health Statistics and Quality, 2016); however, the misuse of prescribed controlled substances (e.g., opioid analgesics, benzodiazepines, etc.) and use of illicit drugs are also major social and public health issues. Substantial research has documented disconcerting increases in the use of marijuana, heroin, and other opioids among American adults, and corresponding increases have been observed in the prevalence of drug use disorders and other adverse consequences, including drug overdose (Compton, Han, Jones, Blanco, & Hughes, 2016; Dart et al., 2015; Rudd, Gmel, Sempas, & Trevisan, 2003; Salas-Wright et al., 2017).

It is evident that AOD use is a pressing issue that has a profound impact on individuals, families, and communities across the United States (Begun et al., 2016; Salas-Wright, Vaughn, & Reingle Gonzalez, 2016; Vaughn, Salas-Wright, & Maynard, 2014). It is, therefore, vital that social work educators have the requisite knowledge and pedagogical skill/confidence to effectively educate the next generation of clinicians in the most up-to-date, empirically-based approaches to AOD use screening, assessment, brief intervention, and treatment (Straussner & Senreich, 2002). That said, there are reasons to suspect that comprehensive content on AOD may not be sufficiently integrated into graduate social work education. For instance, recent evidence suggests that only a handful of social work programs offer specializations or concentrations in AOD/addiction and that roughly one in

three programs nationwide (36%) are without even a single elective course in this area (Wilkey, Lundgren, & Amodeo, 2013). Moreover, Krull and colleagues (2018) provide evidence—in this Special Issue—suggesting that AOD-related content tends to be superficial when faculty teach related social work topics, and that a majority of social work faculty view their own lack of AOD expertise as the most critical barrier to effectively teaching MSW students about AOD use disorders. These findings are noteworthy in light of recent research suggesting that exposure to AOD-related coursework and content is related not only to greater knowledge, but also more positive attitudes towards individuals struggling with AOD (Senreich & Straussner, 2013). Taken together, these findings suggest that social work faculty members' AOD-related knowledge and teaching confidence may be lacking, and that such gaps are not without consequence.

Prior and Ongoing Efforts to Increase AOD-Related Knowledge in Social Work

Citing the profound impact of AOD use disorders in the lives of individuals, families, and communities across a wide array of practice domains, leaders in social work education have made efforts to advance the quality of clinical training in this area. For instance, with the support of NIAAA, Begun (2005) led a project focused on the development of curricular resources designed to advance social work education in the areas of prevention and treatment of alcohol use disorder. Rooted in an evidence-based and user-friendly approach, this innovative curriculum provides text and PowerPoint lectures that can be used to launch specialized/elective courses in AOD/addiction or that can be inserted as modules into particular courses. Curriculum modules—designed by leading faculty from social work and other professional degree programs nationwide—touch on everything from epidemiology to screening and diagnosis to ethics, and examine the importance of alcohol use in reference to a number of special populations.

More recently, there have been efforts designed to generate interest and advance skill development in AOD use disorder research and treatment among graduate students in social work and other helping professions. One example is the Substance Abuse Research Education and Training (SARET) program that combines web-based learning with opportunities for students to collaborate with scientists focused on AOD-related research. A recent evaluation of SARET indicated that many students utilize the program's online resources and that mentoring relationships have led to substantively meaningful increases in interest in AOD and related research (Truncali et al., 2012). Additionally, we have seen a number of recent efforts targeting student AOD-related learning more directly. For instance, evidence from a number of recent studies suggests that training in Screening, Brief Intervention, and Referral to Treatment (SBIRT) results in sustained increases in student knowledge, confidence, and favorable attitudes towards individuals with AOD use disorders (Carlson et al., 2017; Putney, O'Brien, Collin, & Levine, 2017; Sacco et al., 2017; Senreich, Ogden, & Greenberg, 2017).

THE PRESENT STUDY

While clinical social workers regularly face the task of working with individuals who struggle with AOD use disorders, evidence suggests that graduate social work education in

this area is currently lacking. Cognizant of the demand for professional social workers to address the manifold AOD-related issues experienced by individuals in the United States, the present study examines the results of an educational evaluation of an NIAAA-funded immersion training program designed for clinical social work faculty. Building upon prior and ongoing efforts to advance the training of social work students in AOD-related content, we evaluate baseline and post-intervention data on AOD knowledge and faculty confidence collected as part of the inaugural immersion training program for social work faculty.

METHOD

Recruitment and Data Collection

During the 2016–2017 academic year, deans, directors, and other senior administrators were contacted at all 254 CSWE-accredited MSW programs in the United States. Deans/administrators were provided with a brief overview of the training program and encouraged to nominate two full-time, clinical practice faculty members from their school or department for an immersion training program in Boston, Massachusetts. Participants were screened for eligibility (i.e., full time faculty in CSWE-accredited MSW program) and enrollment followed a rolling admissions procedure (i.e., all eligible nominees were accepted until our maximum number was reached) with the 2017 program capped at 50 participants annually with waitlists developed for following years.

Baseline data were collected in June 2017, immediately prior to the initiation of the SWIFT program, using the Qualtrics survey data platform (Qualtrics, 2017). At the registration event in June 2017, faculty participants were informed of the baseline assessment and were provided a link to the survey via email. Participants were asked to independently complete the baseline survey prior to the beginning of the training without searching for relevant information online or elsewhere. Follow-up data (i.e., post-SWIFT) for AOD-related knowledge was collected immediately after each of the educational modules. Follow-up data for self-rated confidence in teaching AOD-related material was collected on the final day of the SWIFT program. Participants completed the survey using either their personal handheld device or laptop computer in a private setting at Boston University (BU). Consistent with the information provided to participants at enrollment, all data were de-identified in order to avoid breaches in data security and minimize social desirability bias. Members of the research team were available to assist with technical difficulties and address data collection issues.

Demographic and confidence-related survey items were based on the survey used in the evaluation of the CRIT program. Specifically, CRIT items were adapted to social work by members of the research team and, in turn, cognitive pretests ($N = 5$) were conducted to ensure that the survey was readily intelligible and appropriate for social work faculty (Nápoles-Springer et al. 2006). Items measuring clinical faculty knowledge of AOD-related topics were drafted by the training faculty selected to lead the didactics for each module and, in turn, evaluated by members of the research team. Items that were identified as failing to meet a minimum difficulty threshold and/or were identified by participants/research team members as confusing/unclear were discarded. No compensation was provided for completing the survey; however, all faculty participants were provided with food and travel/

accommodations during the immersion training program. Study procedures were approved by the BU Institutional Review Board.

Measures

AOD-Related Knowledge.—Participant knowledge was assessed in the domains of screening and assessment, brief intervention, medication-assisted treatment, and recovery and relapse prevention by means of 16 multiple choice and true/false questions. Sample questions include: “What is the maximum number of standard drinks per drinking session that are within the low-risk drinking range for a healthy 60-year-old woman?” (multiple choice) and “Research indicates that roughly half (40–60% or so) of people who complete substance use treatment remain entirely abstinent one year after discharge.” (true/false). The full list of questions/ prompts, as well as the corresponding correct response, can be seen in Table 2.

AOD-Related Teaching Confidence.—Participant confidence in teaching social work students was based on two related questions. First, participants were asked, “How confident do you feel in your ability to teach social work students about the following?” with categories including topics such as problem drinking and illicit drug use (see Table 3 for full list of topics). Next, respondents were asked, “How confident are you in your ability to teach social work students about the following *clinical skills and evidence-based approaches*?” The list of clinical skills/evidence-based approaches included motivational interviewing, relapse prevention, and other topics. These items were examined individually and composite indexes of AOD-related confidence in general ($\alpha_{\text{baseline}} = .92$, $\alpha_{\text{post-SWIFT}} = .89$) and clinical skills/evidence-based approaches ($\alpha_{\text{baseline}} = .93$, $\alpha_{\text{post-SWIFT}} = .93$) were also created. Additionally, participants were asked to rate their overall confidence in the aforementioned domains. For all confidence-related questions, respondents were asked to rate their confidence on a scale ranging from “not confident at all” (0) to “very confident” (10).

Demographic and Professional Factors.—Demographic factors include: age (continuous in years), gender (male, female), and race/ethnicity (non-Hispanic white, African-American, Hispanic, and American Indian/Alaska native). We also examined professional characteristics, including highest degree earned (MSW, PhD), active social work licensure (no, yes), time in practice (continuous in years), and primary field of practice (addiction/AOD treatment, other).

Statistical Analyses

Univariate descriptive statistics, gathered at baseline only, were reported for participant demographic and professional characteristics. Differences in baseline and post-SWIFT AOD-related knowledge were assessed for individual items using McNemar’s test. McNemar’s test is designed to be used to assess differences in dichotomous variables across groups in paired data and is commonly used in pretest-posttest designs (Lachenbruch & Lynch, 1998). Differences in category (e.g., screening and assessment, etc.) and overall knowledge scores, as well as self-rated AOD-related teaching confidence, were examined using paired-samples t-tests. In addition to assessing statistical significance, we also

examined effect size using Cohen's d , which provides an assessment—based on calculating the mean difference between groups and then dividing the difference by the pooled standard deviation—of the relative degree to which the means differ ($d = 0.2$ [small], $d = 0.5$ [medium], $d = .8$ [large]; Cohen, 1988; Lekens, 2013). The calculation of Cohen's d values was corrected for the dependence of the within-subject design by accounting for the correlation between the paired items (Morris & DeShon, 2002). All statistical analyses were conducted using Stata 14.1 (StataCorp, 2015). Missing data was limited (2% or less for all analyses) and was dealt with using listwise deletion.

RESULTS

Characteristics of Faculty Participants

A total of 50 full-time faculty members from 29 MSW programs in 18 states participated in the SWIFT program. Table 1 displays the descriptive characteristics of faculty participants measured at baseline. The mean age of participants was 50.1 years ($SD = 10.1$) and the majority of participants identified as female (68%) with the remainder identifying as male (32%). The majority of participants were non-Hispanic white (74%) with smaller proportions identifying as African-American (16%), Hispanic (8%), and American Indian/Alaska Native (2%). Twenty-eight percent of participants reported that an MSW was their highest degree while the remainder reported having earned a PhD (72%). Most faculty participants held an active social work license (84%) and, on average, participants reported substantial practice experience ($M = 17.8$ years, $SD = 10.2$) with 36% of faculty participants identifying addiction/AOD treatment as one of their primary fields of practice.

Knowledge of AOD Use Disorder Screening, Diagnosis, and Treatment

Table 2 presents the results of baseline and post-SWIFT assessments of clinical social work faculty AOD-related knowledge.

An examination of the baseline scores reveals a number of important gaps in AOD-related knowledge across multiple domains. For instance, fewer than one in five (18%) faculty were able to correctly identify NIAAA's maximum number of standard drinks per session that constituted safe drinking limits for women and fewer than one in three (30%) were able to correctly identify the maximum number of standard drinks per week that constituted safe drinking limits for men. Just over half (57%) were able to correctly identify that Naltrexone was an FDA approved medication for the treatment of alcohol use disorder.

Beyond alcohol-related content, we found that only one in three faculty participants were able to correctly identify the primary benefits of SBIRT (34%) and correctly respond to a true/false question on the rates of abstinence one year after discharge from AOD use treatment (38%). Low levels of knowledge were also identified with respect to *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) criteria for opioid use disorder among individuals receiving opioids for medical purposes (48%), and the identification of the FDA approved medication (i.e., buprenorphine with naloxone) for the treatment of opioid use disorder in office-based settings (52%). Greater levels of baseline knowledge were observed regarding the transtheoretical model of behavior change (i.e.,

ambivalence is a common experience and part of the change process; 74%) and the importance of change talk in brief interventions (i.e., the client is best able to make a compelling argument for reducing or quitting drinking; 72%). Most faculty were able to identify the distribution of naloxone as an evidence-based approach to decreasing opioid overdose mortality (70%).

Compared to the baseline assessment, clinical social work faculty participants showed significant improvement ($p < 0.001$) in overall AOD-related knowledge post-SWIFT. Specifically, the mean score for overall AOD-related knowledge increased from roughly 9/16 (56%) at baseline to 14/16 (87.5%) post-SWIFT, indicating very large intervention effects (Cohen's $d = -2.16$). Supplementary analyses revealed that significant ($p < .001$) increases in knowledge were observed among both those who identified addiction/AOD as a primary field of practice (Cohen's $d = -1.60$) and those who did not (Cohen's $d = -2.68$). Significant ($p < .001$) increases were also observed in contrasting the baseline and post-SWIFT category scores for screening and assessment (Cohen's $d = -1.49$), brief intervention (Cohen's $d = -1.28$), medication-assisted treatment (Cohen's $d = -1.08$), and recovery and relapse prevention (Cohen's $d = -0.81$).

Faculty Confidence in Teaching AOD-Related Content and Practice Skills

Table 3 displays mean values and significance tests for the baseline and post-SWIFT faculty self-assessments of confidence in teaching a variety of AOD-related topics and clinical skills.

Statistically significant ($p < .001$) increases in confidence were observed for all items—including respondent self-assessment of overall topical and clinical skills teaching confidence—with uniformly large effects (i.e., Cohen's $d = 0.80$ or higher). Beyond individual items, we also created composite indexes for confidence in teaching AOD-related topics in general and AOD-related clinical skills in general (see Figures 1 and 2). With respect to overall confidence in teaching AOD-related topics (e.g., problem drinking, illicit drug use, etc.), the mean confidence score at baseline of 5.64 out of 10 ($SD = 2.00$) reflected, on average, a moderate level of confidence. When surveyed after completing the SWIFT immersion training program, mean confidence increased into the moderate-to-high range ($M = 7.76$, $SD = 1.24$). Indeed, while only one in three faculty participants (32%) rated themselves highly (i.e., self-rated confidence = 8 or higher) at baseline, following the immersion training program, this proportion more than doubled with 68% of participants rating their confidence at 8 or higher and 43% rating themselves at nine or higher. Similar increases in overall confidence were observed for teaching clinical skills and evidence-based approaches. Specifically, values for the composite scores for baseline ($M = 5.64$, $SD = 2.00$) and post-SWIFT ($M = 7.76$, $SD = 1.24$) clinical teaching confidence were significantly different ($t = -8.27$, $p < .001$) with large effects (Cohen's $d = -1.27$).

Additional analyses (not shown) were also conducted to test for any variation in intervention effects among faculty participants who identified AOD/addictions as their primary field of practice (versus those who did not). With respect to confidence in teaching about general AOD-related topics (e.g., problem drinking, illicit drug use), significant increases were observed among those whose practice was primarily focused on addictions (Baseline: $M =$

7.32, $SD = 1.89$; Post-SWIFT: $M = 8.25$, $SD = 1.22$, two-tailed $p < .01$, $d = -0.82$) and those whose practice was primarily focused elsewhere (Baseline: $M = 5.10$, $SD = 2.26$; Post-SWIFT: $M = 7.46$, $SD = 1.43$, two-tailed $p < .001$, $d = -1.24$). Similarly, significant increases in confidence in teaching clinical skills and evidence-based approaches were observed for faculty with a practice focus on addictions (Baseline: $M = 6.56$, $SD = 1.70$; Post-SWIFT: $M = 7.95$, $SD = 1.14$, two-tailed $p < .001$, $d = -1.21$), as well as those not focused primarily on addictions (Baseline: $M = 5.43$, $SD = 2.63$; Post-SWIFT: $M = 8.02$, $SD = 1.33$, two-tailed $p < .001$, $d = -1.23$).

We also conducted supplementary tests of variation in intervention effects by education level (MSW versus PhD). Significant post-SWIFT increases in teaching-related confidence regarding AOD topics in general were observed among faculty participants with an MSW as their highest degree ($M = 5.43$, $SD = 2.63$; Post-SWIFT: $M = 8.02$, $SD = 1.33$, $p < .01$, $d = -1.24$) and those who completed doctoral studies ($M = 6.11$, $SD = 2.27$; Post-SWIFT: $M = 7.64$, $SD = 1.43$, $p < .001$, $d = -0.81$), with larger effects observed among faculty without a PhD. A similar pattern was identified for clinical skills confidence among those with an MSW (Baseline: $M = 5.64$, $SD = 2.12$; Post-SWIFT: $M = 8.10$, $SD = 1.13$, $p < .001$, $d = -1.44$) and those with a PhD (Baseline: $M = 5.63$, $SD = 1.99$; Post-SWIFT: $M = 7.61$, $SD = 1.28$, $p < .001$, $d = -1.18$).

Participant Satisfaction

We also conducted a brief assessment of participant satisfaction using several basic questions (available upon request) with Likert scale response options. Results indicate that the vast majority of participants found the training to be worthwhile (17% = Agree, 78% = Strongly Agree) and would recommend the training to a colleague (Agree = 13%, Strongly Agree = 78%). Moreover, participants rated the overall training very highly with 96% reporting that the immersion experience exceeded expectations.

DISCUSSION

Findings from the present study, conducted with baseline and post-immersion training data collected from clinical practice faculty from an array of MSW programs across the United States, provide critical information on two interrelated points. First, we see clear evidence that, prior to participation in an intensive immersion training program, faculty knowledge and teaching confidence with respect to AOD use disorders is disconcertingly low. We administered a test of faculty knowledge of AOD-related topics and found that, on average, faculty were able to correctly answer foundational questions in the domains of screening and assessment, brief intervention, medication-assisted treatment, and recovery and relapse prevention just over half the time. The identification of baseline deficits in knowledge corresponds with self-report data indicating that, without additional training, faculty confidence in teaching about major AOD-related topics and key evidence-based approaches is modest at best. Second, while baseline faculty knowledge and teaching confidence are lacking, we also see very compelling evidence that these factors are highly malleable, with large gains in knowledge and confidence observed after participation in a brief but intensive immersion training program. Below we examine these interrelated points in greater depth

and consider the next steps in research and training efforts to advance instruction on AOD use disorders in social work education.

Gaps in Faculty Knowledge and Teacher Confidence

Faculty Knowledge of AOD-Related Content—Our findings indicate that, prior to receipt of in-depth immersion training, many clinical social work faculty evidence a serious lack of knowledge with respect to screening, assessment, and treatment of AOD use disorders. Indeed, we found that, on average, faculty were able to correctly answer only 56% (9 out of 16) of AOD-related true/false and multiple choice questions administered at baseline. For instance, when asked basic questions about NIAAA's guidelines around low-risk and risky drinking, fewer than one in five (18%) faculty correctly identified the daily standard drink limit for women and only one in three (30%) identified the weekly limit for men. Of course, it is certainly plausible that these faculty may have been able to answer easier or less specific questions related to the NIAAA definition of low-risk and risky drinking (e.g., "Based on scientific research, NIAAA has identified daily and weekly low-risk drinking limits for adults" [true/false]). Nevertheless, the lack of specific alcohol-related knowledge among clinical social work faculty is troubling, given the profound relevance of alcohol-related problems to outcomes central to social work practice. Indeed, national estimates indicate that roughly 28% of American adults regularly exceed NIAAA's single day and/or weekly low-risk drinking limits (US Department of Health and Human Services [DHHS], 2016), and evidence is quite clear that problem drinking is related to risk for an array of adverse interpersonal/social consequences and serious health conditions (Rehm, Gmel, Sempos, & Trevisan, 2002; Salas-Wright et al., 2016).

Beyond alcohol, faculty also struggled to correctly answer key questions related to the diagnosis and treatment of opioid use disorder at baseline. Fewer than half (48%) were able to identify the diagnostic adjustments that should be made in the assessment of opioid use disorder among those taking pain medication under medical supervision (i.e., tolerance and withdrawal should not be considered as relevant criteria). Also, just over half (52%) of faculty correctly identified buprenorphine with naloxone as one of the FDA approved medications for the office-based treatment of opioid use disorder. That being said, a majority of faculty (78%) were able to correctly identify the community distribution of naloxone (or Narcan®) as an evidence-based medication to decrease opioid overdose mortality. Nevertheless, given the seriousness of the opioid epidemic in the United States (Dart et al., 2015; Rudd, Aleshire, Zibbell, & Matthew Gladden, 2016), critical gaps in knowledge among faculty responsible for the education of future social work clinicians should raise genuine concern.

To be sure, while gaps in baseline AOD-related knowledge among clinical social work faculty undoubtedly need to be highlighted, we should be careful to not overlook areas in which most faculty performed quite well. For instance, most faculty correctly answered questions relating to the normative nature of ambivalence in the change process (74%) and the importance of change talk in recovery (72%). This is, perhaps, a reflection of the congruence between social work practice and motivational interviewing (MI), as well as the transtheoretical model (TTM), and concerted efforts by scholars and practitioners to train

social workers and other mental health professionals in the basics of MI/TTM (Hohman, 2015; Miller & Rollnick, 2012). In addition to highlighting the areas in which most faculty demonstrated AOD-related knowledge, it is also worthwhile to note that multiple choice and true/false tests are not without limitations (Haladyna, 2012), and that a failure to recall specific facts/figures does not necessarily reflect an absolute lack of knowledge or an inability to, given sufficient time, integrate such content into social work lessons.

Confidence in Teaching AOD-Related Content—Consistent with baseline findings for AOD-related knowledge, we also found that—prior to participation in the immersion training program—faculty, on average, reported modest levels of confidence (roughly 5.5–6 out of 10) in teaching social work students about AOD-related topics and clinical skills. Only a minority of faculty reported elevated levels of confidence (i.e., 8 or greater out of 10) with respect to teaching about AOD-related topics in general (32%) and teaching social work students about AOD-related clinical skills (19%). This suggests that, despite the fact that AOD use disorders are relevant to virtually all aspects of clinical social work practice (National Association of Social Workers, 2013), the majority of clinical social work faculty lack confidence in their ability to effectively convey this material to students.

The highest levels of baseline confidence were reported for teaching about psychosocial causes and correlates of AOD use disorders, use of MI strategies, and identifying readiness to change in clients with AOD use disorders. The relatively elevated scores for psychosocial causes and correlates likely reflects overall levels of social work faculty expertise in terms of the importance of psychosocial factors and social context in general (Vaughn, DeLisi, & Matto, 2013) while the greater levels of baseline confidence for MI/readiness to change is, again, likely influenced by the general integration of principles from MI and the TTM into social work education and practice (Hohman, 2015). The lowest scores for confidence were found for clinical skills related to pharmacological treatment for AOD use disorders and the integration of psychosocial and pharmacological approaches to AOD use disorder treatment. This lack of confidence is noteworthy, given the profound importance of medication-assisted therapies for alcohol and opioid use disorders (Maisel, Blodgett, Wilbourne, Humphreys, & Finney, 2012; Volkow, Frieden, Hyde, & Cha, 2014).

Increasing Faculty Knowledge and Confidence for AOD-Related Topics

Pre-Test / Post-Test Results—The observed deficits in baseline faculty knowledge and confidence in AOD use disorder screening, assessment, and treatment raise concern. Fortunately, however, we also observed compelling evidence that participation in a short-term, intensive immersion training program can result in significant increases in faculty knowledge and teaching confidence. With respect to knowledge, while faculty, on average, were able to correctly answer only 56% (9 out of 16) of AOD-related questions at baseline, faculty increases in knowledge were such that participants, on average, correctly answered 87% (14 out of 16) of questions post-SWIFT. Moreover, increases in knowledge were observed in all categories examined, including screening and assessment, brief intervention, medication-assisted treatment, and recovery and relapse prevention. Simply put, while faculty performed rather poorly in terms of AOD-related knowledge at baseline, it is evident that meaningful gains in knowledge are possible in a rather circumscribed timeframe.

Beyond improvements in faculty knowledge, we also found that faculty confidence with respect to teaching AOD-related content can also be improved. For instruction on AOD-related topics in general and clinical skills for AOD use disorder, faculty increased—on average—from the moderate range of confidence (6 out of 10) to rather high levels of confidence (8 out of 10). Similarly, while only one in three participants reported elevated levels of confidence (i.e., 8 out of 10 or higher) at baseline, we found 68% of faculty scored themselves as eight or higher and 43% scored themselves at nine or higher following participation in the intensive immersion training program. Moreover, while significant and substantively meaningful gains were observed among faculty with a clinical practice focus on AOD/addictions and those focused on other areas of practice, particularly robust gains were observed among the majority of faculty for whom AOD use treatment was not a primary field of practice.

Immersion Training Shows Promise—Together the baseline and post-immersion training data suggest that noteworthy gaps in faculty competence with respect to teaching MSW students about AOD use disorders exist, and that SWIFT could prove to be an important means of addressing these gaps. Indeed, our immersion training program seems to offer a number of benefits, including large gains in knowledge and confidence over a short period of time. Moreover, we observed meaningful increases among faculty who teach with an MSW degree and with a PhD as well as among faculty with and without AOD practice expertise. This latter point is particularly relevant as it suggests that participation in SWIFT could help to deepen knowledge for those who currently teach AOD/addiction specialty courses or are well-positioned to do so, and among faculty who are generalists or who have expertise in other areas (e.g., child welfare, older adults). The observed gains among generalist and non-AOD-focused faculty practitioners are quite promising given that we know AOD use disorders touch the lives of individuals across the lifespan (Salas-Wright et al., 2016) and that AOD-related knowledge/skills are critical to any number of areas of practice (DHHS, 2016). Moreover, given that most students are not presently taking an AOD/addictions course as part of their MSW training (Wilkey, Lundgren, & Amodeo, 2013), it is critical that faculty who teach classes on topics other than AOD/addiction improve their knowledge and teaching skill.

While the present results suggest that SWIFT is promising in terms of increasing the knowledge and confidence of clinical faculty, there is no doubt that immersion training is but one part of more complex solution. Our immersion training program is largely intended to help faculty members to “catch up” on AOD-related knowledge that has been absent from their graduate training and continuing professional education. However, it also is imperative that we reach social work educators earlier on in their graduate training. To this end, it seems that continued efforts should be made to promote programs designed to generate interest in AOD use disorders among graduate students in social work and other professional schools (Truncali et al., 2012), and to integrate predoctoral and postdoctoral fellowships in AOD use disorder research and treatment into social work doctoral education. Moreover, projects designed to provide faculty with ready-made curriculum and classroom materials (e.g., Begun, 2005) that can be integrated into an array of subjects also seem critical as not all faculty will be able to participate in an intensive immersion training program. Finally, we

know that most schools do not include courses in AOD/addiction as part of the core curriculum, and that many CSWE-accredited programs are currently without advanced practice courses in AOD treatment or options for AOD concentration/specialization (Wilkey et al., 2013). Therefore, as we train faculty in AOD use disorders, efforts should also be made to advocate for the importance of integrating required and elective coursework in AOD use disorders into core social work education.

Study Limitations

Findings from the present study should be interpreted in light of several limitations. First, although faculty participants were recruited from MSW programs across the United States, our sample cannot be assumed to be representative of all faculty. Indeed, it is certainly plausible that participants in the present study may be more or less knowledgeable than clinical practice social work faculty in general, and that they may be particularly motivated and receptive to learning about AOD-related content. Second, a related limitation is that these data are based on a pretest/posttest design without randomization and a without control/comparison group. A randomized controlled trial would be preferable as it would minimize any selection biases and provide a more robust assessment of intervention effects (Concato, Shah, & Horwitz, 2000). Third, while touching on multiple domains of AOD use disorder screening, assessment, and treatment, the items used to measure faculty knowledge do not provide a comprehensive assessment of all topics. Moreover, the test of knowledge was designed to exceed a minimum threshold of difficulty and, therefore, excludes more basic questions that a greater proportion of faculty may have answered correctly (e.g., identifying the psychoactive effects of AOD use). Fourth, while our program focuses on AOD, it is not clear if the observed knowledge/confidence deficiencies (prior to training) and post-training gains are unique to AOD or may be very similar for a program focused on trauma/PTSD or another critical area of practice. Fifth, while faculty reports of teaching confidence provide information, it would be helpful to complement self-assessments with data from direct classroom observation, evaluation of student learning, course content integration, and improvements in student interaction with clients facing AOD-related issues. Indeed, prior research suggests that self-assessments of learning do not always translate into improvements in practice (Mathieson, Barnfield, & Beumont, 2009; Miller & Mount, 2001). Finally, our post-SWIFT assessments took place shortly after the immersion training; it is, therefore, unclear the degree to which faculty gains in knowledge and confidence will be sustained over time.

CONCLUSIONS

Results of the present study suggest that there is ample room for improvement with respect to social work clinical faculty knowledge and confidence in teaching AOD-related content. Participation in our short-term, immersion training program for the first cohort of trainees resulted in significant gains in both faculty knowledge and confidence. Notably, significant gains in knowledge and confidence were observed both for faculty with a practice focus on the treatment of AOD use disorders, and among those faculty whose practice experience is primarily oriented around other social work issues. We also observed significant increases among faculty with an MSW as their highest degree as well as among faculty who

completed doctoral studies, although larger gains were observed among faculty who did not complete doctoral training. In our future research, we will use a longitudinal design with a comparison group to examine the longer-term outcomes associated with participation in this training program (including potential declines in participant knowledge and confidence over time), as well as examine faculty AOD-related course content integration—see Salas-Wright et al. (2018) in this Special Issue—and student learning and practice. Finally, given the dynamic nature of AOD-related research and practice innovation, it is critical that our program and those of other social work educators continue to evolve and keep faculty informed on the most up-to-date information available.

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References

- Alford DP, Bridden C, Jackson AH, Saitz R, Amodeo M, Barnes HN, & Samet JH (2009). Promoting substance use education among generalist physicians: An evaluation of the Chief Resident Immersion Training (CRIT) program. *Journal of General Internal Medicine*, 24(1), 40–47. [PubMed: 18937015]
- Ashenberg Straussner SL, & Senreich E (2002). Educating social workers to work with individuals affected by substance use disorders. *Substance Abuse*, 23(S1), 319–340. [PubMed: 23581004]
- Balakrishnan R, Allender S, Scarborough P, Webster P, & Rayner M (2009). The burden of alcohol-related ill health in the United Kingdom. *Journal of Public Health*, 31(3), 366–373. [PubMed: 19493915]
- Begun A (2005). Social work education for the prevention and treatment of alcohol use disorders. Retrieved on July 25, 2017 from: <https://pubs.niaaa.nih.gov/publications/Social/main.html>
- Begun AL, & Clapp JD (2016). Reducing and preventing alcohol misuse and its consequences: A Grand Challenge for social work. *The International Journal of Alcohol and Drug Research*, 5(2), 73–83.
- Begun AL, & DiNitto DM (2017). Introduction to the special issue: Implementing the grand challenge of reducing and preventing alcohol misuse and its consequences. *Journal of Social Work Practice in the Addictions*, 17, 1–9.
- Carlson JM, Agle J, Gassman RA, McNelis AM, Schwindt R, Vannerson J, ... & Khaja K (2017). Effects and durability of an SBIRT Training curriculum for first-year MSW students. *Journal of Social Work Practice in the Addictions*, 17(1–2), 135–149.
- Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16–4984, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/>
- Cohen J (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Earlbaum Associates.
- Compton WM, Han B, Jones CM, Blanco C, & Hughes A (2016). Marijuana use and use disorders in adults in the USA, 2002–14: Analysis of annual cross-sectional surveys. *The Lancet Psychiatry*, 3(10), 954–964. [PubMed: 27592339]
- Concato J, Shah N, & Horwitz RI (2000). Randomized, controlled trials, observational studies, and the hierarchy of research designs. *New England Journal of Medicine*, 342(25), 1887–1892. [PubMed: 10861325]
- Dart RC, Surratt HL, Cicero TJ, Parrino MW, Severtson SG, Bucher-Bartelson B, & Green JL (2015). Trends in opioid analgesic abuse and mortality in the United States. *New England Journal of Medicine*, 372(3), 241–248. [PubMed: 25587948]

- Grant BF, Chou SP, Saha TD, Pickering RP, Kerridge BT, Ruan WJ, ... & Hasin DS (2017). Prevalence of 12-month alcohol use, high-risk drinking, and DSM-IV alcohol use disorder in the United States, 2001–2002 to 2012–2013: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *JAMA Psychiatry*. Advance online publication. doi: 10.1001/jamapsychiatry.2017.2161
- Haladyna TM (2012). *Developing and validating multiple-choice test items*. New York, NY: Routledge.
- Hingson RW, Zha W, & Weitzman ER (2009). Magnitude of and trends in alcohol-related mortality and morbidity among US college students ages 18–24, 1998–2005. *Journal of Studies on Alcohol and Drugs, Supplement*, (16), 12–20. [PubMed: 19538908]
- Hohman M (2015). *Motivational interviewing in social work practice*. New York, NY: The Guilford Press.
- Krull I, Salas-Wright CP, Amodeo M, Hall T, Alford DP, & Lundgren L (2018). Integrating alcohol and other drug content in the social work curriculum: Practices and perceived barriers. *Journal of Social Work Practice in the Addictions*.
- Lachenbruch PA, & Lynch CJ (1998). Assessing screening tests: Extensions of McNemar's test. *Statistics in Medicine*, 17(19), 2207–2217. [PubMed: 9802179]
- Lakens D (2013). Calculating and reporting effect sizes to facilitate cumulative science: A practical primer for t-tests and ANOVAs. *Frontiers in Psychology*, 4, 863. [PubMed: 24324449]
- Lundgren L, Salas-Wright CP, Amodeo M, Krull I, & Alford D (2018). The Alcohol and Other Drugs Education Program for social work faculty: A model for immersion training. *Journal of Social Work Practice in the Addictions*.
- Maisel NC, Blodgett JC, Wilbourne PL, Humphreys K, & Finney JW (2013). Meta-analysis of naltrexone and acamprosate for treating alcohol use disorders: When are these medications most helpful?. *Addiction*, 108(2), 275–293. [PubMed: 23075288]
- Mathieson FM, Barnfield T, & Beaumont G (2009). Are we as good as we think we are? Self-assessment versus other forms of assessment of competence in psychotherapy. *The Cognitive Behaviour Therapist*, 2(1), 43–50.
- Miller WR, & Mount KA (2001). A small study of training in motivational interviewing: Does one workshop change clinician and client behavior?. *Behavioural and Cognitive Psychotherapy*, 29(4), 457–471.
- Miller WR, & Rollnick S (2012). *Motivational interviewing: Helping people change*. New York, NY: The Guilford Press.
- Morris SB, & DeShon RP (2002). Combining effect size estimates in meta-analysis with repeated measures and independent-groups designs. *Psychological Methods*, 7(1), 105–125. [PubMed: 11928886]
- Nápoles-Springer AM, Santoyo-Olsson J, O'brien H, & Stewart AL (2006). Using cognitive interviews to develop surveys in diverse populations. *Medical Care*, 44(11), S21–S30. [PubMed: 17060830]
- National Association of Social Workers (2013). *NASW standards for social work practice with clients with substance use disorders*. Washington, DC: National Association of Social Workers.
- Putney JM, O'Brien KH, Collin CR, & Levine A (2017). Evaluation of Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training for Social Workers. *Journal of Social Work Practice in the Addictions*, 17(1–2), 169–187.
- Qualtrics (2017). *Qualtrics Survey Platform*. Provo, UT: Qualtrics.
- Rehm J, Gmel G, Sempo CT, & Trevisan M (2003). Alcohol-attributable mortality and morbidity. *Alcohol Research and Health*, 27(1), 39–51. [PubMed: 15301399]
- Rehm J, Mathers C, Popova S, Thavorncharoensap M, Teerawattananon Y, & Patra J (2009). Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *The Lancet*, 373(9682), 2223–2233.
- Rudd RA, Aleshire N, Zibbell JE, & Matthew Gladden R (2016). Increases in drug and opioid overdose deaths—United States, 2000–2014. *American Journal of Transplantation*, 16(4), 1323–1327.

- Sacco P, Ting L, Crouch TB, Emery L, Moreland M, Bright C, ... & DiClemente C. (2017). SBIRT Training in Social Work Education: Evaluating Change Using Standardized Patient Simulation. *Journal of Social Work Practice in the Addictions*, 17(1–2), 150–168.
- Salas-Wright CP, Amodeo M, Fuller K, Mogro-Wilson C, Pugh D, Rinfrette E, Furlong J, & Lundgren L (2018). Integrating alcohol and other drug content into social work education: From faculty learning to pedagogical innovation in the classroom and beyond. *Journal of Social Work Practice in the Addictions*.
- Salas-Wright CP, Vaughn MG, Cummings-Vaughn LA, Holzer KJ, Nelson EJ, AbiNader M, & Oh S (2017). Trends and correlates of marijuana use among late middle-aged and older adults in the United States, 2002–2014. *Drug and alcohol dependence*, 171, 97–106. [PubMed: 28063338]
- Salas-Wright CP, Vaughn MG, & Reingle Gonzalez JM (2016). *Drug Abuse and Antisocial Behavior: A Biosocial Life-Course Approach*. New York, NY: Palgrave Macmillan.
- StataCorp. 2015 Stata Statistical Software: Release 14. College Station, TX: StataCorp
- Senreich E, Ogden LP, & Greenberg JP (2017). Enhancing social work students' knowledge and attitudes regarding substance-using clients through SBIRT training. *Journal of Social Work Education*, 53(2), 260–275.
- Senreich E, & Straussner SLA (2013). Does bachelor's-level social work education impact students' knowledge and attitudes regarding substance-abusing clients?. *Journal of Teaching in Social Work*, 33(1), 87–103.
- Straussner SL, & Senreich E (2002). Educating social workers to work with individuals affected by substance use disorders. *Substance Abuse*, 23(S1), 319–340. [PubMed: 23581004]
- Truncali A, Kalet AL, Gillespie C, More F, Naegle M, Lee JD, ... & Gourevitch MN. (2012). Engaging Health Professional Students in Substance Abuse (SA) Research: Development and Early Evaluation of the SARET Program. *Journal of Addiction Medicine*, 6(3), 196. [PubMed: 22864401]
- US Department of Health and Human Services. (2016). *Rethinking drinking: Alcohol and your health*. NIH Pub, (15–3770).
- Vaughn MG, Salas-Wright CP, Maynard BR (2014). Drug abuse and addiction careers: A cell to society perspective In: Beaver KM, Barnes JC, Boutwell BB (Eds). *The nurture versus biosocial debate in criminology* (pp. 301–313). Thousand Oaks (CA): Sage Publications.
- Volkow ND, Frieden TR, Hyde PS, & Cha SS (2014). Medication-assisted therapies—tackling the opioid-overdose epidemic. *New England Journal of Medicine*, 370(22), 2063–2066. [PubMed: 24758595]
- Wilkey C, Lundgren L, & Amodeo M (2013). Addiction training in social work schools: A nationwide analysis. *Journal of Social Work Practice in the Addictions*, 13(2), 192–210.

Figure 1.

Clinical faculty confidence in ability to teach social work students about Alcohol and Other Drug (AOD)-related topics at baseline ($N = 50$) and after the Social Work Immersion Faculty Training (post-SWIFT). Topics include problem drinking, illicit drug use, AOD use in adolescents/families, and causes/correlates of AOD use disorders with data for a composite index ($\alpha_{\text{baseline}} = .92$, $\alpha_{\text{post-SWIFT}} = .89$) based on these items presented above. Confidence is measured on a scale of 0 (“not confident at all”) to 10 (“very confident”). Decimal values were rounded to the nearest integer for purposes of visual presentation. Mean values for the composite scores for baseline ($M = 5.91$, $SD = 2.37$) and post-SWIFT ($M = 7.75$, $SD = 1.40$) confidence were significantly different ($t = -6.75$, $p < .001$) with large effects (Cohen’s $d = -1.08$).

Figure 2.

Clinical faculty confidence in ability to teach social work students about Alcohol and Other Drug (AOD)-related clinical skills and evidence-based approaches baseline ($N = 50$) and after the Social Work Immersion Faculty Training (post-SWIFT). Prompts include use of validated screening tools, use of motivational interviewing, SBIRT, and pharmacological treatment of AOD use disorder with data for a composite index ($\alpha_{\text{baseline}} = .93$, $\alpha_{\text{post-SWIFT}} = .93$) based on these items presented above. Confidence is measured on a scale of 0 (“not confident at all”) to 10 (“very confident”). Decimal values were rounded to the nearest integer for purposes of visual presentation. Mean values for the composite scores for baseline ($M = 5.64$, $SD = 2.00$) and post-SWIFT ($M = 7.76$, $SD = 1.24$) confidence were significantly different ($t = -8.27$, $p < .001$) with large effects (Cohen’s $d = -1.32$).

Table 1

Demographic and Professional Characteristics of Faculty Participants

	2017 Participants (N = 50)	
	<i>n</i>	%
Demographic Factors		
Age (<i>M/SD</i>)	50.1	10.1
Gender		
Female	34	68.0
Male	16	32.0
Race/Ethnicity		
Non-Hispanic White	37	74.0
African American	8	16.0
Hispanic	4	8.0
American Indian/Alaska Native	1	2.0
Professional Training/Experience		
Highest Degree		
MSW	14	28.0
PhD/DSW	36	72.0
Social Work License		
No	8	16
Yes	42	84
Years in Practice (<i>M/SD</i>)	17.8	10.2
Primary Field of Practice		
Addiction/AOD Treatment	18	36.0
Other	32	64.0

Table 2

Results for Baseline and Post-SWIFT Test of AOD Knowledge

	Baseline (N = 50)		Post-SWIFT (N = 50)		χ^2 / t
	n	%	n	%	
Screening and Diagnosis					
What is the maximum number of standard drinks per week (on average) that are within the lower-risk drinking range for a healthy 45-year-old man? (No more than 14)	15	30.0	43	86.0	24.5***
What is the maximum number of standard drinks per drinking session that are within the low-risk drinking range for a healthy 60-year-old woman? (No more than 3)	9	18.0	35	70.0	22.5***
The DSM-5 Diagnostic Criteria classifies Substance Use Disorders as... (Mild, moderate, severe)	32	64.0	47	95.9	15.0***
In the DSM-5 which criteria is NOT considered to be met for those individuals taking opioids solely under appropriate medical supervision... (Tolerance and withdrawal)	24	48.0	43	87.8	15.7***
Category Score (M, SD)	1.61	1.00	3.43	0.89	10.43***
Brief Interventions					
SBIRT is most useful for... (Identifying people with risky substance use)	17	34.0	46	92.0	29.0***
Which of the following is true about ambivalence to change? (Ambivalence is a common experience and part of the change process)	37	74.0	44	80.0	5.4*
From a Brief Intervention perspective, who is best able to make a compelling argument for reducing or quitting drinking? (The client)	36	72.0	47	94.0	8.1**
The steps in a Brief Intervention are the following: (Explore the pros and cons of use, provide feedback, enhance readiness, negotiate a plan)	28	56.0	45	90.0	13.8***
Category Score (M, SD)	2.36	1.12	3.64	0.60	-8.31***
Medication-Assisted Treatment					
Which of the following is an FDA approved medication for the treatment of Alcohol Use Disorder: (Naltrexone)	28	57.1	40	81.6	8.1**
Which of the following is an FDA approved medication for the treatment of Cocaine Use Disorder: (None of the above)	34	68.0	46	92.0	12.0***
Which of the following is an FDA approved medication for the treatment of Opioid Use Disorder in office-based settings such as primary care: (Buprenorphine with naloxone)	26	52.0	42	85.7	14.2***
Which strategy has been associated in controlled studies to decrease opioid overdose mortality: (Community distribution of naloxone)	39	78.0	48	97.7	9.0**

	Baseline (N = 50)		Post-SWIFT (N = 50)		χ^2 / t
	n	%	n	%	
Category Score (<i>M, SD</i>)	2.56	0.92	3.56	0.68	-7.33***
Recovery and Relapse Prevention					
Participation in a self-help group is an essential component of treatment for people in early recovery. (<i>False</i>)	24	48.0	41	82.0	15.21***
The AA first step ("admitted I was powerless....") is incongruent with social work emphasis on client empowerment. (<i>False</i>)	37	74.0	42	84.0	2.3
For people in the early stage of recovery, cognitive-behavioral interventions must be paired with examination of the unconscious needs the substances may have filled: (<i>False</i>)	34	68.0	42	84.0	6.4*
Research indicates that roughly half (40–60% or so) of people who complete substance use treatment remain entirely abstinent one year after discharge. (<i>True</i>)	19	38.0	38	77.5	15.7***
Category Score (<i>M, SD</i>)	2.26	1.13	3.26	0.99	-5.64***
Overall AOD Knowledge Score (<i>M, SD</i>)	8.75	2.44	13.88	1.96	-14.73***

Table 3**Social Work Faculty Confidence at Baseline and Post-SWIFT**

	Baseline (<i>n</i> = 50)			Post-SWIFT (<i>n</i> = 49)					
	<i>M</i>	<i>SD</i>	Range	<i>M</i>	<i>SD</i>	Range	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
How confident are you in your ability to teach social work students...									
<i>About the following topics?</i>									
Problem drinking	6.12	2.64	0–10	7.82	1.67	4–10	−5.77	< .001	−0.92
Illicit drug use	5.89	2.61	0–10	7.85	1.64	4–10	−6.90	< .001	−1.13
AOD use in adolescents and families	5.42	2.30	0–10	7.00	1.73	3–10	−5.24	< .001	−0.79
Causes/correlates of AOD use disorders	6.72	2.17	1–10	8.46	1.39	5–10	−6.48	< .001	−1.03
AOD-related topics (overall)	6.02	2.44	0–10	7.91	1.38	5–10	−6.60	< .001	−1.16
<i>About the following clinical skills and evidence-based approaches?</i>									
Validated AOD use screening tools	5.78	2.41	0–10	7.91	1.38	5–10	−6.24	< .001	−0.99
Counseling clients with AOD use disorders	6.29	2.29	1–10	7.80	1.49	2–10	−5.66	< .001	−0.92
Motivational interviewing strategies for AOD use disorders	6.37	2.49	1–10	8.17	1.43	2–10	−5.76	< .001	−0.94
Identifying readiness to change in clients with AOD-related problems	6.67	2.36	1–10	8.18	1.43	2–10	−4.60	< .001	−0.73
Relapse prevention	5.50	2.46	0–10	7.83	1.48	4–10	−7.84	< .001	−1.23
SBIRT (i.e., Screening, Brief Intervention, and Referral to Treatment)	5.32	2.84	0–10	8.09	1.46	5–10	−6.48	< .001	−1.08
Pharmacological treatment for AOD use disorders	4.56	2.52	0–10	7.02	1.82	3–10	−6.90	< .001	−1.08
Integrating psychosocial / pharmacological treatment for AOD use disorders	4.67	2.66	0–10	7.31	1.61	4–10	−6.44	< .001	−1.05
AOD-related approaches (overall)	5.85	2.23	1–10	8.11	1.24	3–10	−7.71	< .001	−1.24

Note: AOD = Alcohol or other drug use; *M* = mean; *SD* = standard deviation. *t* = test statistic. *p* = significance of two-sided test. SWIFT refers to the “Social Work Immersion Faculty Training” which is the immersion component of the yearlong Alcohol and other Drug Education Program. Cohen's *d* is a measure of effect size or the magnitude of the difference between the mean values for the baseline and post-SWIFT responses (*d* = 0.2 [small], *d* = 0.5 [medium], *d* = .8 [large]). Due to the within-subject design and use of a paired-samples *t*-test, the calculation of Cohen's *d* was made while accounting for correlated measurement. Participant confidence is measured on a scale of 0 (“not confident at all”) to 10 (“very confident”).