Teaching Social Work Students about Alcohol and Other Drug Use Disorders: From Faculty Learning to Pedagogical Innovation

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The present article builds upon prior research—including articles in this Special Issue—demonstrating that intensive faculty training in alcohol and other drug (AOD) identification and treatment methods can result in meaningful increases in AOD knowledge and teaching efficacy (see Alford *et al.*, 2009; Amodeo & Litchfield, 1999; Lundgren *et al.*, 2018a). We build upon this research by presenting the ways in which faculty participants in the Alcohol

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This article builds upon prior research demonstrating that intensive faculty training in alcohol and other drug (AOD) identification and treatment methods can result in increases in AOD knowledge and teaching efficacy. We provide examples of how faculty participants in the Alcohol and Other Drugs Education Program have adapted their teaching in clinical practice, research methods, and addiction specialty courses as a result of participation in our immersion-based training program. Examples from three schools provide ideas for teaching innovations and serve as templates for faculty interested in advancing their teaching and the integration of AOD-related content into the social work curriculum.

and Other Drugs Education Program (ADEP), an immersion-based faculty education program designed to increase AOD-related knowledge and teaching efficacy, have begun translating their learning from the ADEP program into innovation in the classroom and beyond. Specifically, we provide several examples of how ADEP faculty participants have changed the ways they teach clinical practice, research methods, and addiction specialty courses as well as innovations they have made to the structure of an advance practice curriculum. Our hope is that such examples illustrate the value of faculty participation in the ADEP program, and are of heuristic value for all social work faculty interested in advancing their teaching and the integration of AOD-related content into the social work curriculum.

Building the Bridge from Faculty Learning to Pedagogical Innovation

The ADEP program is an immersion-based faculty education program designed to increase the knowledge and teaching efficacy of full-time clinical social work instructors with respect to AOD identification and treatment (see Lundgren *et al.*, 2018a). While described in greater detail elsewhere in this Special Issue, it is important, at the very least, to present the foundational logic and core components of the program here. The logic model of the ADEP program is rooted in the assumptions that: [1] empirically-supported AOD identification and treatment methods are not sufficiently taught in schools of social work due, in large part, to a lack of knowledge and formal training among social work faculty (see Bina *et al.*, 2008; Galvani, Dance, & Hutchison, 2013; Krull *et al.*, 2018; Russett & Williams, 2015; Wilkey, Lundgren, & Amodeo, 2013) and [2] high-quality training in these content areas will lead to increased faculty knowledge and teaching efficacy and, in turn, increases in social work student AOD knowledge and skill (see Alford *et al.*, 2009; Amodeo & Litchfield, 1999; Lundgren *et al.*, 2018b). The ADEP program includes a 4-day, on-site immersion training experience in which social work faculty engage in a variety of learning activities focused on AOD identification and treatment, including presentations, discussion sessions, clinical practice sessions, pedagogical skill building, and field visits to community-based groups and organizations working in the treatment of AOD use disorders. Particular modules touch on foundational content, including the importance of health disparities and social context in the etiology of AOD use, advances in our understanding of the role of genetics and neurobiology in AOD use disorders, the description of a range of evidence-based AOD assessment and treatment methods, and the highlighting of best practices for teaching social work students about AOD use disorders in a variety of social work courses.

The proximal goals of the immersion training program are increasing faculty knowledge of AOD identification and treatment methods, and increasing faculty teaching confidence in the area of AOD. Preliminary evidence indicates that participation in the immersion training program results in sizable increases in faculty AOD knowledge and confidence in teaching about AOD in general as well as in providing specific instruction on evidence-based practices for AOD use disorders (Lundgren *et al.*, 2018a). Promising as these findings may be, we also know that increases in knowledge and professional confidence do not invariably translate into improvements in professional practice (Mathieson, Barnfield, & Beumont, 2009; Miller & Mount, 2001). That is, it is not sufficient that faculty simply perceive themselves to be more knowledgeable and confident; rather, if we are to improve the quality of AOD-related education in social work, faculty must take active steps to integrate new

learning into their teaching. They must help students to make connections between core social work content and AOD–related issues, to use social work skills to address AOD problems, and to acquire specialized skills in situations where AOD problems require unique responses.

Cognizant of this fact, the ADEP program is explicitly designed to ensure that faculty participants are provided with resources that can effectively help them to integrate AOD content into their teaching, and that they are held accountable in doing so. For instance, from the outset of the program, training faculty and faculty participants are informed that the immersion-based learning should be thought of from a framework of *teaching teachers*—that is, all involved in the program should keep in mind that the end goal of all program learning is, ultimately, the improvement of social work teaching and student learning. Training faculty are specifically encouraged to frame content in a way that relates to future curriculum design and innovation, and faculty participants are continually asked to consider the ways in which ADEP content relates not just to their clinical practice, but to their classroom presentations, discussions, and course design. Similarly, faculty participants are formally given the task—during a pedagogy-focused session toward the end of the program —of beginning to *outline a teaching and curriculum integration plan* that they are asked to further develop, refine, and implement over the course of the following academic year. Beginning such work during the immersion program ensures that first steps are made and provides faculty participants with an opportunity to "workshop" their preliminary content with other participants and with training faculty. Importantly, as part of the ADEP program design, training evaluators contact faculty participants several times over the 12 months following the immersion program to hear about progress in content integration to ensure that AOD-related content is making its way into the curriculum.

Pedagogical Innovation: Course Content Changes and New Classroom Activities

In this section, we present examples of how faculty participants in an immersion-based training program assimilated program learning and, in turn, are integrating AOD-related content into their professional work of educating social workers. These examples illustrate the ways in which immersion-based faculty training can translate into classroom and curriculum innovations and, hopefully, can also serve as a resource for social work faculty seeking to integrate state-of-the-art AOD content into a variety of student learning activities. All of the examples come from participants in the 2017 ADEP immersion training program and each is written from the vantage point of a social work educator in the role of an ADEP program participant.

Advanced Practice Curriculum: Social Work Practice and Psychopathology Courses

Kimberly Fuller, Ph.D.

The clinical specialization of Cleveland State University's Master of Social Work (MSW) program prepares students for community-based practice in the city of Cleveland and its

surrounding suburbs. Courses in this sequence prepare students for clinical practice, including the assessment, diagnosis, and treatment of a variety of mental health conditions; however, relatively little content has been dedicated to consideration of AOD use disorders and the ways in which AOD use relates to psychological well-being and health. Building upon the learning garnered from my participation in the ADEP program, I am working with colleagues to integrate state-of-the-art AOD-related content into two of the foundational courses in our clinical specialization: *Core Competencies for Clinical Social Work Practice* and *Psychopathology*. Both of these foundational courses focus on developing social workers who are capable of using core clinical skills and engaging effectively with a diverse array of clients.

Core Competencies for Clinical Social Work Practice is designed to teach MSW students the foundational principles of being a social work clinician. Students learn a variety of clinical skills, including client intake and assessment, treatment plan development, rapport and relationship building, and ways to develop an effective therapeutic alliance. After participating in the ADEP program, we conducted a review and identified a number of places in this course where the integration of AOD-related content can occur very naturally. For example, one of the primary goals of the class is to teach students how to work with clients in a variety of clinical settings. And yet, it is clear to us that, as is frequently the case in social work training, our discussion of clinical settings tends to overlook contexts that are central to the treatment of AOD use disorders. A very straightforward innovation is simply to include AOD detoxification centers and outpatient/residential treatment centers as part of our discussion of clinical settings, and to use readily-available and compelling epidemiologic and treatment data to make the case that such settings are, in fact, critical locations for clinical practice (Center for Behavioral Health Statistics and Quality, 2017).

Similarly, another primary goal of *Core Competencies* is to introduce students to evidence-based clinical interventions that are commonly used in social work practice. And yet, despite a strong and growing evidence-base pointing to the utility of Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Motivational Interviewing (MI) in clinical practice, these interventions have not been part of our curriculum or classroom conversations (Babor *et al.*, 2007; Hohman, 2015). We now are now integrating an introduction to SBIRT and MI module as part of this course (including a combination of didactic lecture, new readings, and video examples), and provide students with opportunities to practice core SBIRT and MI skills in the classroom while receiving feedback from the instructor. Given that many organizations are transitioning toward integrated behavioral health care models that emphasize the importance of interventions like SBIRT and MI, it is clear that our students must develop a basic understanding of these approaches and have the opportunity to practice these techniques prior to graduation (Hunter, Goodie, Oordt, & Dobyeyer, 2009).

The second course we are revising, *Psychopathology*, provides students with an understanding of the classification and diagnosis of mental health conditions in accordance with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association, 2013). Until now, students in this course were exposed to content about the history of treatment of psychological disorders, introduced to the diagnostic criteria for a variety of mood and anxiety disorders, and given case examples to

illustrate the ways in which these conditions manifest in the lives of individuals. Notably, however, very little attention was given to AOD use disorders. Participation in the ADEP program has helped us to revisit the importance of AOD use disorders and to deepen the degree to which we provide our students with the instruction necessary to diagnose these critical conditions. In the course's newest iteration, we now take care to help students understand that roughly one in three Americans will meet criteria for an AOD use disorder in their lifetime—roughly equivalent to that of lifetime mood or anxiety disorders—and, consequently, social workers *must* be skilled in the diagnosis of these conditions (Merikangas & McClair, 2012). Similarly, we also now invite our students to consider the very high rates of co-occurrence between substance-related disorders and an array of mood, anxiety, and other mental disorders as well as the ways in which a basic understanding of the brain and its importance to all of the of aforementioned conditions is critical to clinical practice (Grant *et al.*, 2004; Salas-Wright, Vaughn, & Reingle Gonzalez, 2016).

To be sure, the teaching/curriculum innovations described above could certainly be made without having participated in an immersion-based faculty training program. And yet, the truth is that, despite our best efforts to provide comprehensive clinical training to our students, we were unaware—until we were tasked with considering the presence of AOD-related content in our teaching—of the ways in which AOD use disorders were being overlooked. But, perhaps more important, participation in an intensive faculty training program helped us to understand such content in-depth and to feel confident that we are able to educate our students in these areas with the authority that comes with content mastery. In other words, it is one thing to mention the importance of AOD use disorders in a clinical course, but it is another thing altogether to be able to teach new content that you truly understand and have discussed with experts and with colleagues who are striving to bring AOD-related content into the classroom.

Research Methods for Social Work Practice Course:

Cristina Mogro-Wilson, Ph.D.

As a faculty participant in the ADEP program and in my role as Research Curriculum chair for the MSW program at the University of Connecticut's School of Social Work, I am working to integrate state-of-the-art AOD-related material into our foundation curriculum. While many ADEP faculty participants are in the process of building in AOD content into advanced clinical or AOD-specific courses, I have taken the opportunity to integrate course material on AOD into a foundation-level course that, at first glance, few would associate with alcohol, drugs, or addiction— namely, *Research Methods for Social Work Practice*. Integrating such content into a foundation level course is, from my vantage point, valuable as it offers the opportunity to engage students who may not otherwise be exposed to AOD-related content or practice. Moreover, *Research Methods* is often a course that many students are reluctant to take and view as unenjoyable and unrelated to their practice aspirations. Making the case for the relevance of research methods in terms of addressing the nation's ongoing struggles with opioids and other drugs of abuse can, hopefully, increase student engagement and help future social workers to understand the importance of research, evaluation, and evidence-based practice.

The primary objectives of *Research Methods for Social Work Practice* are in line with the Council on Social Work Education (CSWE) Educational Policy and Accreditation Standards (EPAS; CSWE, 2015) which states that the research curriculum must effectively prepare students to evaluate practice. The primary course objectives in *Research Methods* are to use practice experience to inform scientific inquiry and research; apply critical thinking to engage analysis of quantitative and qualitative research methods and findings; and to use and translate research evidence to inform and improve practice, policy, and service delivery. Our hope is that students finish the course with the ability to understand the importance and complexity of research and the use of scientific evidence to inform practice. In our redesign of this course, we highlight AOD-related constructs through practical applications to issues that we know many students will continue to see in their practice.

The primary changes will be to focus the course content on ways in which research and evaluation can be applied to AOD use disorders. Doing so not only will deepen the understanding students have of a pressing social and public health issue, but we also hope that it will—drawing from Fink's (2003) taxonomy of significant learning—lead to interactive and relational learning in which students are asked to apply the often abstract constructs of the course to a very real social work practice issue. Rather than beginning the course by describing the rudiments of measurement or epistemology, the course will begin with a provocative Ted Talk by Johann Hari ("Everything You Think You Know about Addiction Is Wrong") in which the discussant questions conventional knowledge around AOD use disorders and, in turn, a classroom discussion about what we know about AOD and how we arrive at such knowledge. Subsequently, students will watch segments of the HBO series "Addiction" which combines the findings of cutting-edge drug abuse neuroscience epidemiology with clinically-relevant examples of real people struggling with AOD use disorders. While the primary objectives will remain the same, the emphasis of the course will shift from thinking about research in the abstract to working on research in a specific way—as a learning community examining a highly-relevant and pressing social and public health issue.

There are several ways we will draw from AOD-related content to engage students in learning about research methods. For example, in our introduction to single-case research designs (Kazdin, 2011), we will ask students to take part in an "abstinence project" in which they try to refrain from a—typically benign—regular activity that they find pleasurable (e.g., chewing gum, drinking soda, eating desserts). Students will monitor their behavior prior to, during, and following the week of attempted abstinence and analyze this single-case design study of their activities to see if the "intervention of abstinence" impacted their behavior. Such an opportunity allows us to discuss the broader topic of relapse and recovery and to understand an important study design in a way that is, hopefully, engaging and interesting to students. Another example of integrating AOD-related content relates to our discussion of sampling and study design. As we introduce sampling—primarily focusing on defining a target population and the decision-making around inclusion and exclusion criteria—students will be asked to design a study of individuals using AODs that includes individuals with posttraumatic stress disorder (PTSD). Students will be challenged to consider inclusion/exclusion criteria and tackle the logistics of recruitment and data collection. Subsequently, students will be able to earn extra credit if they attend an open 12-step meeting and complete

a journal assignment reflecting on the complexities of including and excluding potential participants based on study criteria. Again, we see the benefits as twofold: first, integrating AOD content in this way allows us to expose our students to key social work topics (i.e., the relationship between trauma and AOD use) and, second, it provides a template for taking research from the realm of abstraction into the domain of social/health phenomena that social workers will encounter in their professional work.

In sum, our aim is to innovate in the way we teach *Research Methods*—a course that many students are reluctant to take and one often perceived as being unrelated to social work practice and AOD use—by focusing the conversations of an entire semester around the ways in which research can and does play a powerful role in addressing the nation's challenges with AOD use disorders. In doing so, we hope to move from an examination of seemingly abstract principles to conversations that are clinically-relevant and emotionally engaging. Students will be exposed to content they might otherwise not encounter in their training and will engage in the process of application and translation we know to be critical to adult learning and content mastery (Ambrose *et al.*, 2010).

Advanced Practice Curriculum: CBT and Trauma Courses

David Pugh, PhD and Elaine Rinfrette, PhD

Following our participation in the ADEP program, we have undertaken to further infuse AOD-related content throughout the concentration/specialization year in the MSW Program at Edinboro University in Pennsylvania. Based on our learning gleaned from the immersion program, it became clear to us that focusing on the adaptation of a single course was not sufficient; rather, we felt that it was critical to rework multiple, interrelated parts of our training program such that students could engage with AOD-related content in a variety of different learning contexts and settings (Davis, 2009). Below we describe several of the ways we are integrating AOD content across our advanced practice curriculum.

Two courses that comprise our program's advance practice concentration are *Cognitive Behavioral Treatment* and *Trauma Theory and Treatment*. While both courses have natural overlap with evidence-based AOD identification and treatment methods, our integration of AOD content has previously been limited. For instance, despite the fact that cognitive behavioral treatment (CBT) is a pillar of AOD use disorder treatment (McHugh, Hearon, & Otto, 2010) and that CBT principles undergird the widely-used relapse prevention approach (Marlatt & Donovan, 2005), the disorders used as points of reference throughout the *CBT* course have been limited to depressive and anxiety disorders. A relatively straightforward adjustment is simply to include substance-related and addictive disorders as points of reference and integrate modules focused on the basic theory and skills used in contingency management and relapse prevention. Along the same lines, despite the overwhelming evidence of a reciprocal relationship between AOD use and trauma (Herman, 1992; Ouimette & Brown, 2003; Salas-Wright et al., 2016), our *Trauma Theory and Treatment* course has not taken full advantage of the opportunity to introduce students to the links between AOD and trauma. In our revised version of the course, we now discuss how AOD use is linked with increased risk for trauma and how the sequelae of trauma often includes increased AOD use, and we introduce students to the evidence-based program, Seeking

Safety, designed to target both posttraumatic stress disorder and AOD use (Najavits, 2002). After having completed the ADEP program, such content integration seemed quite obvious and natural. Indeed, it is clear that to fail to integrate such content is to provide future social workers with an incomplete introduction to these core clinical concepts and practices.

In addition to these two aforementioned courses, we have also improved the integration of AOD content into other parts of the advanced practice curriculum, such as: updating content and materials in our required course on AOD interventions, making space for discussions of AOD use disorders in a course on social work administration and supervision (as we know clinicians are not immune to problems with AOD use [Steen, Kravitz, & Straussner, 2017], and including AOD screening as a requirement in field education learning contracts. We view this final field-related innovation as particularly salient, given that all students must complete field placements and, moreover, given that integrating AOD assessment into learning contracts has an impact not only on MSW students but also on field instructors. All in all, our hope is that students in our advance practice concentration will not only develop a firm grasp of the basics of AOD etiology and treatment, but also become fluent in connecting AOD use as it occurs in a wide array of practice settings and situations. We view such connections as quite evident and natural, and our hope is that our students will feel the same way upon completing the coursework in our concentration.

Conclusion

Leaders in social work have identified the reduction and prevention of AOD use disorders and their consequences as a grand challenge for social work in the 21st century (Begun & Clapp, 2016). In response to this call and the pressing need to address the nation's AOD challenges, we have developed and implemented the first year of an immersion faculty training program focused on providing clinical faculty with state-of-the-art training in AOD identification and treatment methods as well as training designed to increase faculty confidence in teaching social work students about AOD (see Lundgren *et al.*, 2018a). To be sure, our program is but one among a number of ongoing efforts to help social work educators understand the importance of AOD in behavioral health, integrate evidence-based content effectively into social work instruction, and provide social work students with training in key modalities that are relevant to AOD identification and treatment (Begun, 2005; Carlson *et al.*, 2017; Truncali *et al.*, 2012; Sacco *et al.*, 2017; Senreich, Ogden, & Greenberg, 2017).

As presented elsewhere in this special issue—see Lundgren *et al.*, 2018b—participation in the ADEP program resulted in meaningful increases in faculty knowledge and AOD teaching confidence. As exciting as such results may be, the ultimate goal of our program is not simply the development of higher-quality faculty, but also improvements in social work education that can, in turn, help to produce a clinical workforce that has the skill and knowledge to address the needs of individuals impacted by AOD. Above we have presented several ways in which ADEP faculty participants have actively begun to innovate by integrating AOD-related content into MSW training. As is evident in their examples, there are many different ways to integrate such content into learning opportunities that present themselves in field seminars, advanced clinical coursework, and even training in social work

research methods. Our hope is that—in the face of the very real crisis faced by our nation and the critical demand for social workers who are skilled in working with AOD—social work faculty can continue to find ways to innovate and bring AOD-related content into social work education.

Acknowledgments

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